

**EXHIBIT K: New Jersey Individual Health Coverage Program Assessment Report
For the Two-Year Calculation Period 20XX-20XX**

All carriers reporting accident and health premium to the New Jersey Department of Banking and Insurance shall submit this report and attachments in accordance with the provisions of N.J.A.C. 11:20-8. Reports must be completed and returned on or before April 1, 20XX.

Part A. Carrier Information

Carrier's Name:			
NAIC Number:			
Affiliated Carriers: (Name and NAIC Number)			

Part B. Information of Person completing this Report

Name:			
Title:			
Phone:		Fax:	
Email:			
Mailing Address:			

Part C. Program Membership for the Two-Year Calculation Period (Attach worksheet(s))

Members and Non-members with reportable accident and health premium in New Jersey MUST complete and return one copy of the attached "Exhibit K-Part C Premium Data Worksheet" for each of the affiliates listed above. If any of the affiliates has any net earned premium for the two-year period, the carrier is a Member and shall record the amount below. If no affiliates have net earned premium, then the carrier is a Non-member and the carrier shall check the Non-member box below.

Member's net earned premium, including all affiliates, for the two-year period:	\$
OR <input type="checkbox"/> Non-member of the IHC Program with no net earned premium.	

Part D. Number of Non-group Persons Enrolled by Member Carrier (Attach worksheet(s))

Members MUST complete and return one copy of the attached "Exhibit K Part D Enrollment Data Worksheet" for each of the affiliates listed above that issued or renewed non-group enrollment.

Average non-group enrollment for the two-year period:	
---	--

Part E. Member's Net Paid Gain (Loss) for Individual Health Benefits Plans

a. Premium Earned	\$
b. Claims Paid	\$
c. Net Investment Income	\$
d. Net Paid Gain (Loss) [115% (a+c)]-b	\$

Part F. Certification

I certify that I am an officer of the company, that the information provided in this report and all attachments is accurate and complete, and that it has been prepared in accordance with the provisions of N.J.A.C. 11:20-8.

Printed Name:			
Title:			
Signature:		Date:	

--

Exhibit K Part C Premium Data Worksheet

The purpose of this Part C Premium Data Worksheet is to demonstrate whether a carrier is a member of the IHC Program by virtue of having any "net earned premium" during the two-year calculation period. "Net earned premium" means the premiums earned in this State on "health benefits plans," less return premiums thereon and dividends paid or credited to policy or contract holders on the health benefits plan business. Health benefits plans include, but may not be limited to the following coverages: health insurance for individuals or groups of any size; Medicaid; and New Jersey FamilyCare Part A. Net earned premium shall not include premium earned from plans excluded from the definition of "health benefits plan" as set forth at N.J.A.C. 11:20-1.2.

Directions:

Copy the attached worksheet, if necessary, and provide the following information for each affiliate:

- The name of the affiliate.
 - Section 1: The total accident and health premium reported on the annual NAIC statement blank for both calendar years of the two-year calculation period for that affiliate.
 - Section 2: The total premium amounts earned in each calendar year of the two-year calculation period for each of the excepted types of coverage listed on the worksheet for each affiliate.
 - Section 3: To arrive at the net earned premium in section 3, subtract the total excepted premium totals reported in Section 2 from the accident and health premium totals reported in Section 1. All premium that is not from some type of excepted coverage is net earned premium from health benefits plans.
 - Each affiliate's worksheet shall be attached to the carrier's one-page Exhibit K.

Members shall report the combined two-year net earned premium calculated from each affiliate's Exhibit K Part C Premium Data Worksheet on Part C of the Exhibit K Assessment Report.

If the combined two-year net earned premium total from each affiliate's Exhibit K Part C Premium Data Worksheet is zero either because all of the premium is from excepted coverages or because the carrier had no accident and health premium, then the carrier shall assert Non-member status by checking the Non-member box on Exhibit K Part C, and completing the certification in Part F.

Exhibit K Part C Premium Data Worksheet for the Two-Year Calculation Period 20XX-20XX

Name of Affiliate: _____

Name of Carrier on Exhibit K: _____

Carriers shall complete and return this page for each affiliate along with Exhibit K.

Section 1: Total A&H Premium	Premium for 20XX	Premium for 20XX	Two-Year Total
Amount of Accident & Health Premium on New Jersey NAIC Statement Blank:	\$	\$	\$

Section 2: List of Excepted Benefits and Premium	Premium for 20XX	Premium for 20XX	Two-Year Total
a. Medicare Advantage and Medicare + Choice coverage and Medicare Demonstration and Medicare Part D Coverage	\$	\$	\$
b. contracts funded pursuant to the "Federal Employee Health Benefits Act of 1959," 5 U.S.C. § 8901-8914	\$	\$	\$
c. excess risk or stop loss insurance coverage issued by a carrier in connection with any self insured health benefits plan	\$	\$	\$
d. Medicare supplement policies or contracts	\$	\$	\$
e. non-expense incurred specified disease coverage	\$	\$	\$
f. coverage only for accident, disability income insurance, or any combination	\$	\$	\$
g. coverage issued as a supplement to liability insurance	\$	\$	\$
h. liability insurance, including general liability insurance and automobile liability insurance	\$	\$	\$
i. workers' compensation or similar insurance	\$	\$	\$
j. automobile medical payment insurance	\$	\$	\$
k. credit-only insurance	\$	\$	\$
l. coverage for on- site medical clinics	\$	\$	\$
m. other similar insurance coverage, as specified in federal regs., under which benefits for medical care are secondary or incidental to other insurance benefits	\$	\$	\$
n. limited scope dental or vision benefits*	\$	\$	\$
o. benefits for long-term care, nursing home care, home health care, community-based care, or any combination thereof *	\$	\$	\$
p. such other similar, limited benefits as are specified in federal regulations*	\$	\$	\$
q. hospital confinement indemnity coverage if the benefits are provided under a separate policy, certificate or contract of insurance, there is no coordination between the provision of the benefits and any exclusion of benefits under any group health benefits plan maintained by the same plan sponsor, and those benefits are paid with respect to an event without regard to whether benefits are provided with respect to such an event under any group health plan maintained by the same plan sponsor	\$	\$	\$
r. coverage supplemental to the coverage provided under chapter 55 of Title 10, United States Code (10 U.S.C. § 1071 et seq.)	\$	\$	\$
s. similar supplemental coverage provided to coverage under a group health plan	\$	\$	\$
Total excepted premium:	\$	\$	\$

*Include as an excepted benefit if the coverage is provided under a separate policy, certificate or contract of insurance or is otherwise not an integral part of the plan.

Section 3: Calculation of "Net Earned Premium"	Premium for 20XX	Premium for 20XX	Two-Year Total
Net Earned Premium = (Section 1 premium – Section 2 premium)	\$	\$	\$

**Exhibit K Part D Enrollment Data Worksheet
for the Two-Year Calculation Period 20XX-20XX**

Name of Affiliate: _____ Name of Carrier on Exhibit K: _____

Carriers shall complete and return this page with Exhibit K.

For a through e below, provide the number of covered lives as of the end of each calendar quarter during the Two-Year Calculation Period for each of the categories of coverage described below, and the two-year total for each category. Non-members should be reporting no covered lives in any of the categories below because premium from all of the coverage listed below result in net earned premium.

- a. Persons covered under standard individual health benefits plans or basic and essential health care services plans

Q1	Q2	Q3	Q4	Total Q1-Q8
Q5	Q6	Q7	Q8	

- b. Community rated conversion policy persons

Q1	Q2	Q3	Q4	Total Q1-Q8
Q5	Q6	Q7	Q8	

- c. Medicaid recipients (Include NJ FamilyCare Part A, but no other NJ FamilyCare lives)

Q1	Q2	Q3	Q4	Total Q1-Q8
Q5	Q6	Q7	Q8	

- d. Medicare Advantage and Medicare Plus Choice lives, Medicare Risk and Cost lives, Medicare Demonstration Project lives (Do not include Medicare Supplement)

Q1	Q2	Q3	Q4	Total Q1-Q8
Q5	Q6	Q7	Q8	

- e. Two-Year non-group enrollment total

(Total Q1- Q8 for a through d):

- f. Average two-year non-group enrollment to be reported on Exhibit K Part D

(Line e divided by 8):