



ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2022
 OF THE CONDITION AND AFFAIRS OF THE

Horizon Healthcare of New Jersey, Inc.

(Name)

NAIC Group Code 1202 , 1202 NAIC Company Code 95529 Employer's ID Number 22-2651245
(Current Period) (Prior Period)

Organized under the Laws of New Jersey , State of Domicile or Port of Entry New Jersey

Country of Domicile United States

Licensed as business type: Life, Accident & Health [] Property/Casualty [] Hospital, Medical & Dental Service or Indemnity []
 Dental Service Corporation [] Vision Service Corporation [] Health Maintenance Organization [X]
 Other [] Is HMO, Federally Qualified? Yes [] No []

Incorporated/Organized 10/24/1985 Commenced Business 06/01/1986

Statutory Home Office 3 Penn Plaza East Ste PP-15D , Newark, NJ, US 07105-2248
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 3 Penn Plaza East Ste PP-15D
(Street and Number)
Newark, NJ, US 07105-2248 973-466-5607
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 3 Penn Plaza East Ste PP-15D , Newark, NJ, US 07105-2248
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 3 Penn Plaza East Ste PP-15D
(Street and Number)
Newark, NJ, US 07105-2248 , 973-466-5607
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number) (Extension)

Internet Web Site Address www.horizonblue.com

Statutory Statement Contact Jordan Greenberg , 973-466-4962
(Name) (Area Code) (Telephone Number) (Extension)
jordan_greenberg@horizonblue.com 973-466-7110
(E-Mail Address) (Fax Number)

OFFICERS

Name	Title	Name	Title
<u>Gary Dean St. Hilaire</u>	<u>Chair & CEO</u>	<u>Nicholas Herbert Peterson #</u>	<u>Secretary</u>
<u>David Jeffrey Rosenberg</u>	<u>SVP and CFO</u>	<u>Mark Leon Barnard</u>	<u>President</u>

OTHER OFFICERS

<u>Donald Liss M.D.</u>	<u>Chief Medical Officer</u>	<u>Christopher Michael Lepre</u>	<u>Executive Vice President</u>
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DIRECTORS OR TRUSTEES

<u>Mark Leon Barnard</u>	<u>Gary Dean St. Hilaire</u>	<u>Jennifer Gail Velez</u>	<u>Suzanne Kunis</u>
<u>Christopher Michael Lepre</u>	<u>Donald Liss MD</u>	<u>David Jeffrey Rosenberg</u>	

State of

County of

ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions and Accounting Practices and Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

 Nicholas Herbert Peterson
 Secretary

 David Jeffrey Rosenberg
 SVP and CFO

Subscribed and sworn to before me this _____ day of _____,

a. Is this an original filing? Yes [X] No []

b. If no:

1. State the amendment number _____
2. Date filed _____
3. Number of pages attached _____

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Horizon Healthcare of New Jersey, Inc.

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals						
Group subscribers:						
.....						
.....						
.....						
.....						
.....						
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.....						
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.....						
.....						
0299997 Group subscriber subtotal	0	0	0	0	0	0
0299998 Premiums due and unpaid not individually listed	(59,526)	(58,755)	(11,602)	(29,991)	1,768	(161,642)
0299999 Total group	(59,526)	(58,755)	(11,602)	(29,991)	1,768	(161,642)
0399999 Premiums due and unpaid from Medicare entities						
0499999 Premiums due and unpaid from Medicaid entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	(59,526)	(58,755)	(11,602)	(29,991)	1,768	(161,642)

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Horizon Healthcare of New Jersey, Inc.

EXHIBIT 3A – ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivable	Health Care Receivables Collected or Offset During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5 Health Care Receivables from Prior Years (Cols. 1 + 3)	6 Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Claims Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year		
1. Pharmaceutical rebate receivables	1,610,552			1,759,196	1,610,552	1,610,552
2. Claim overpayment receivables	2,726,034			2,311,643	2,726,034	2,726,034
3. Loans and advances to providers .....					.0	
4. Capitation arrangement receivables .....					.0	
5. Risk sharing receivables .....					.0	
6. Other health care receivables	6,211		.0	(2,442)	6,211	6,211
7. Totals (Lines 1 through 6)	4,342,797	0	0	4,068,397	4,342,797	4,342,797

Note that the accrued amounts in columns 3, 4 and 6 are the total health care receivables, not just the admitted portion.

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Horizon Healthcare of New Jersey, Inc.

EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)	46,298,354					46,298,354
0199999 Individually listed claims unpaid	46,298,354	0	0	0	0	46,298,354
0299999 Aggregate accounts not individually listed-uncovered						0
0399999 Aggregate accounts not individually listed-covered						0
0499999 Subtotals	46,298,354	0	0	0	0	46,298,354
0599999 Unreported claims and other claim reserves						972,052,089
0699999 Total amounts withheld						
0799999 Total claims unpaid						1,018,350,443
0899999 Accrued medical incentive pool and bonus amounts						847,224

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
NONE							
0199999 Individually listed receivables	0	0	0	0	0	0	0
0299999 Receivables not individually listed							
0399999 Total gross amounts receivable	0	0	0	0	0	0	0

EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	48,855,916	.0.7		.0.0		48,855,916
2. Intermediaries	103,136,290	.1.5		.0.0		103,136,290
3. All other providers .....	.0	.0.0		.0.0		
4. Total capitation payments	151,992,206	2.2	0	0.0	0	151,992,206
Other Payments:						
5. Fee-for-service	367,804,891	.5.2	XXX	XXX		367,804,891
6. Contractual fee payments	6,526,292,274	92.6	XXX	XXX		6,526,292,274
7. Bonus/withhold arrangements - fee-for-service .....	.0	.0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments .....	.0	.0.0	XXX	XXX		
9. Non-contingent salaries .....	.0	.0.0	XXX	XXX		
10. Aggregate cost arrangements .....	.0	.0.0	XXX	XXX		
11. All other payments .....	.0	.0.0	XXX	XXX		
12. Total other payments	6,894,097,165	97.8	XXX	XXX	0	6,894,097,165
13. Total (Line 4 plus Line 12)	7,046,089,371	100 %	XXX	XXX	0	7,046,089,371

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
	CareCentrix	146,094	12,175		
	Care Core National	87,534,644	7,294,554		
	Care Transition	1,423,695	118,641		
	LabCorp	14,031,857	1,169,321		
9999999 Totals		103,136,290	XXX	XXX	XXX

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment	3,874,159		3,874,159			
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment	5,107,033	2,564,588	7,669,381	2,239	2,239	
6. Total	8,981,192	2,564,588	11,543,541	2,239	2,239	0



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Horizon Healthcare of New Jersey, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Horizon Healthcare of New Jersey, Inc.

2.

(LOCATION)

NAIC Group Code	1202	BUSINESS IN THE STATE OF New Jersey		DURING THE YEAR 2022										NAIC Company Code		95529
	1 Total	Comprehensive Hospital & Medical		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health		
		2 Individual	3 Group													
Total Members at end of:																
1. Prior Year	1,132,888	63	1,761	0	0	0	0	16,805	1,114,259	0	0	0	0	0		
2. First Quarter	1,149,784	62	1,268	0	0	0	0	17,449	1,131,005	0	0	0	0	0		
3. Second Quarter	1,169,721	65	1,240	0	0	0	0	17,870	1,150,546	0	0	0	0	0		
4. Third Quarter	1,198,411	55	1,161	0	0	0	0	18,368	1,178,827	0	0	0	0	0		
5. Current Year	1,221,329	50	1,103	0	0	0	0	19,051	1,201,125	0	0	0	0	0		
6. Current Year Member Months	14,127,757	699	14,524	0	0	0	0	216,357	13,896,177	0	0	0	0	0		
Total Member Ambulatory Encounters for Year:																
7. Physician	20,231,294	764	16,281	0	0	0	0	1,648,002	18,566,247	0	0	0	0	0		
8. Non-Physician	3,982,946	362	10,369	0	0	0	0	962,813	3,009,402	0	0	0	0	0		
9. Total	24,214,240	1,126	26,650	0	0	0	0	2,610,815	21,575,649	0	0	0	0	0		
10. Hospital Patient Days Incurred	522,604	0	481	0	0	0	0	68,989	453,134					0		
11. Number of Inpatient Admissions	91,078	0	81	0	0	0	0	6,600	84,397	0	0	0	0	0		
12. Health Premiums Written (b)	8,756,711,025	807,027	10,533,443	0	0	0	0	521,201,397	8,224,169,158	0	0	0	0	0		
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
15. Health Premiums Earned	8,756,917,985	808,541	10,738,889	0	0	0	0	521,201,397	8,224,169,158	0	0	0	0	0		
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
17. Amount Paid for Provision of Health Care Services	7,046,089,370	894,803	16,065,684	0	0	0	0	399,381,118	6,629,747,765	0	0	0	0	0		
18. Amount Incurred for Provision of Health Care Services	7,432,658,508	828,108	16,482,802	0	0	0	0	428,012,336	6,987,335,262	0	0	0	0	0		

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$312,727,629

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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Horizon Healthcare of New Jersey, Inc.

2.

(LOCATION)

NAIC Group Code	1202	BUSINESS IN THE STATE OF Consolidated		DURING THE YEAR 2022										NAIC Company Code		95529
	1 Total	Comprehensive Hospital & Medical		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health		
		2 Individual	3 Group													
Total Members at end of:																
1. Prior Year	1,132,888	63	1,761	0	0	0	0	16,805	1,114,259	0	0	0	0	0		
2. First Quarter	1,149,784	62	1,268	0	0	0	0	17,449	1,131,005	0	0	0	0	0		
3. Second Quarter	1,169,721	65	1,240	0	0	0	0	17,870	1,150,546	0	0	0	0	0		
4. Third Quarter	1,198,411	55	1,161	0	0	0	0	18,368	1,178,827	0	0	0	0	0		
5. Current Year	1,221,329	50	1,103	0	0	0	0	19,051	1,201,125	0	0	0	0	0		
6. Current Year Member Months	14,127,757	699	14,524	0	0	0	0	216,357	13,896,177	0	0	0	0	0		
Total Member Ambulatory Encounters for Year:																
7. Physician	20,231,294	764	16,281	0	0	0	0	1,648,002	18,566,247	0	0	0	0	0		
8. Non-Physician	3,982,946	362	10,369	0	0	0	0	962,813	3,009,402	0	0	0	0	0		
9. Total	24,214,240	1,126	26,650	0	0	0	0	2,610,815	21,575,649	0	0	0	0	0		
10. Hospital Patient Days Incurred	522,604	0	481	0	0	0	0	68,989	453,134	0	0	0	0	0		
11. Number of Inpatient Admissions	91,078	0	81	0	0	0	0	6,600	84,397	0	0	0	0	0		
12. Health Premiums Written (b)	8,756,711,025	807,027	10,533,443	0	0	0	0	521,201,397	8,224,169,158	0	0	0	0	0		
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
15. Health Premiums Earned	8,756,917,985	808,541	10,738,889	0	0	0	0	521,201,397	8,224,169,158	0	0	0	0	0		
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
17. Amount Paid for Provision of Health Care Services	7,046,089,370	894,803	16,065,684	0	0	0	0	399,381,118	6,629,747,765	0	0	0	0	0		
18. Amount Incurred for Provision of Health Care Services	7,432,658,508	828,108	16,482,802	0	0	0	0	428,012,336	6,987,335,262	0	0	0	0	0		

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$312,727,629

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SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type Of Reinsurance Assumed	7 Type Of Business Assumed	8 Premiums	9 Unearned Premiums	10 Reserve Liability Other Than For Unearned Premiums	11 Reinsurance Payable on Paid and Unpaid Losses	12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
NONE												
9999999 Totals							0	0	0	0	0	0

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses	
Accident and Health - Affiliates - U.S. - Other							
55069	22-0999690	01/01/2017	HORIZON HLTHCARE SERV INC	NJ	0	765,758,939	
1399999 - Accident and Health - Affiliates - U.S. - Other					0	765,758,939	
1499999 - Accident and Health - Affiliates - U.S. - Total					0	765,758,939	
1899999 - Accident and Health - Affiliates - Total Affiliates					0	765,758,939	
2299999 - Accident and Health - Total Accident and Health					0	765,758,939	
2399999 - Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)					0	765,758,939	
9999999 Totals—Life, Annuity and Accident and Health						0	765,758,939

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Horizon Healthcare of New Jersey, Inc.

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
General Account - Unauthorized - Non-Affiliates - Non-U.S. Non-Affiliates													
55069	22-0999690	01/01/2017	HORIZON HLTHCARE SERV INC	NJ	QA/I	CMM	7,508,034	71,051	1,224,630				
55069	22-0999690	01/01/2017	HORIZON HLTHCARE SERV INC	NJ	QA/I	MR	339,824,485	8,607,053	41,955,300				
55069	22-0999690	01/01/2017	HORIZON HLTHCARE SERV INC	NJ	QA/I	MC	5,369,621,630	3,381,058	722,579,009				
2099999 - General Account - Unauthorized - Non-Affiliates - Non-U.S. Non-Affiliates							5,716,954,149	12,059,162	765,758,939	0	0	0	0
2199999 - General Account - Unauthorized - Non-Affiliates - Total Unauthorized Non-Affiliates							5,716,954,149	12,059,162	765,758,939	0	0	0	0
2299999 - General Account - Unauthorized - Total General Account Unauthorized							5,716,954,149	12,059,162	765,758,939	0	0	0	0
4599999 - General Account - Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified							5,716,954,149	12,059,162	765,758,939	0	0	0	0
9299999 - Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 3999999, 4299999, 5199999, 5499999, 6299999, 6599999, 7399999, 7699999, 8499999 and 8799999)							5,716,954,149	12,059,162	765,758,939	0	0	0	0
9999999 Totals							5,716,954,149	12,059,162	765,758,939	0	0	0	0

Schedule S - Part 4

NONE

Schedule S - Part 5

NONE

SCHEDULE S – PART 6

Five-Year Exhibit of Reinsurance Ceded Business
(\$000 Omitted)

	1 2022	2 2021	3 2020	4 2019	5 2018
A. OPERATIONS ITEMS					
1. Premiums.....	7,508	15,873	17,555	17,478	21,330
2. Title XVIII-Medicare.....	339,824	372,740	326,881	260,674	157,351
3. Title XIX-Medicaid.....	5,369,622	6,540,770	5,094,547	4,640,240	4,673,107
4. Commissions and reinsurance expense allowance.....	0	0	0	0	0
5. Total hospital and medical expenses.....	2,590,283,215	655,353,673	505,904,266	490,367,971	469,661,063
B. BALANCE SHEET ITEMS					
6. Premiums receivable.....	103,990,777	112,016,641	105,232,087	92,277,073	88,899,256
7. Claims payable.....	765,758,939	716,954,276	550,285,080	415,988,180	349,337,720
8. Reinsurance recoverable on paid losses.....	0	0	0	0	0
9. Experience rating refunds due or unpaid.....	0	0	0	0	0
10. Commissions and reinsurance expense allowances due.....	0	0	0	0	0
11. Unauthorized reinsurance offset.....	0	0	0	0	0
12. Offset for reinsurance with Certified Reinsurers.....	0	0	0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F).....	0	0	0	0	0
14. Letters of credit (L).....	0	0	0	0	0
15. Trust agreements (T).....	0	0	0	0	0
16. Other (O).....	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust.....	0	0	0	0	0
18. Funds deposited by and withheld from (F).....	0	0	0	0	0
19. Letters of credit (L).....	0	0	0	0	0
20. Trust agreements (T).....	0	0	0	0	0
21. Other (O).....	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Horizon Healthcare of New Jersey, Inc.

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	1,753,360,564		1,753,360,564
2. Accident and health premiums due and unpaid (Line 15).....	(161,642)		(161,642)
3. Amounts recoverable from reinsurers (Line 16.1).....	0		0
4. Net credit for ceded reinsurance.....	XXX	765,758,939	765,758,939
5. All other admitted assets (Balance).....	33,214,677		33,214,677
6. Total assets (Line 28)	1,786,413,599	765,758,939	2,552,172,538
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	252,591,504	765,758,939	1,018,350,443
8. Accrued medical incentive pool and bonus payments (Line 2).....	847,224		847,224
9. Premiums received in advance (Line 8).....	66,280		66,280
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount).....	285,967,072		285,967,072
11. Reinsurance in unauthorized companies (Line 20 minus inset amount).....	0		0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount).....	0		0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount).....	0		0
14. All other liabilities (Balance).....	686,552,764		686,552,764
15. Total liabilities (Line 24).....	1,226,024,844	765,758,939	1,991,783,783
16. Total capital and surplus (Line 33).....	560,388,755	XXX	560,388,755
17. Total liabilities, capital and surplus (Line 34)	1,786,413,599	765,758,939	2,552,172,538
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid.....	765,758,939		
19. Accrued medical incentive pool.....	0		
20. Premiums received in advance	0		
21. Reinsurance recoverable on paid losses	0		
22. Other ceded reinsurance recoverables	0		
23. Total ceded reinsurance recoverables	765,758,939		
24. Premiums receivable	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26. Unauthorized reinsurance	0		
27. Reinsurance with Certified Reinsurers.....	0		
28. Funds held under reinsurance treaties with Certified Reinsurers.....	0		
29. Other ceded reinsurance payables/offsets	0		
30. Total ceded reinsurance payables/offsets	0		
31. Total net credit for ceded reinsurance	765,758,939		

**SCHEDULE T – PART 2
INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN**

Allocated By States and Territories

States, Etc.	Direct Business Only					
	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama	AL					0
2. Alaska	AK					0
3. Arizona	AZ					0
4. Arkansas	AR					0
5. California	CA					0
6. Colorado	CO					0
7. Connecticut	CT					0
8. Delaware	DE					0
9. District of Columbia	DC					0
10. Florida	FL					0
11. Georgia	GA					0
12. Hawaii	HI					0
13. Idaho	ID					0
14. Illinois	IL					0
15. Indiana	IN					0
16. Iowa	IA					0
17. Kansas	KS					0
18. Kentucky	KY					0
19. Louisiana	LA					0
20. Maine	ME					0
21. Maryland	MD					0
22. Massachusetts	MA					0
23. Michigan	MI					0
24. Minnesota	MN					0
25. Mississippi	MS					0
26. Missouri	MO					0
27. Montana	MT					0
28. Nebraska	NE					0
29. Nevada	NV					0
30. New Hampshire	NH					0
31. New Jersey	NJ					0
32. New Mexico	NM					0
33. New York	NY					0
34. North Carolina	NC					0
35. North Dakota	ND					0
36. Ohio	OH					0
37. Oklahoma	OK					0
38. Oregon	OR					0
39. Pennsylvania	PA					0
40. Rhode Island	RI					0
41. South Carolina	SC					0
42. South Dakota	SD					0
43. Tennessee	TN					0
44. Texas	TX					0
45. Utah	UT					0
46. Vermont	VT					0
47. Virginia	VA					0
48. Washington	WA					0
49. West Virginia	WV					0
50. Wisconsin	WI					0
51. Wyoming	WY					0
52. American Samoa	AS					0
53. Guam	GU					0
54. Puerto Rico	PR					0
55. US Virgin Islands	VI					0
56. Northern Mariana Islands	MP					0
57. Canada	CAN					0
58. Aggregate Other Alien	OT					0
59. Totals		0	0	0	0	0

NONE

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Horizon Healthcare of New Jersey, Inc.

**SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
01202	BCBS of NJ Group	55069	22-0999690				Horizon Healthcare Services, Inc.	NJ	UIP			0.0			0
01202	BCBS of NJ Group	00000	22-2561496				Horizon Healthcare Plan Holding Company, Inc.	NJ	UDP	Horizon Healthcare Services, Inc.	Ownership	100.0	Horizon Healthcare Services, Inc.		0
01202	BCBS of NJ Group	00000	22-3346524				Horizon Casualty Services, Inc.	NJ	NIA	Horizon Healthcare Plan Holding Company, Inc.	Ownership	100.0	Horizon Healthcare Services, Inc.		0
01202	BCBS of NJ Group	11146	22-3331515				Horizon Healthcare Dental, Inc.	NJ	IA	Horizon Healthcare Plan Holding Company, Inc.	Ownership	100.0	Horizon Healthcare Services, Inc.		0
01202	BCBS of NJ Group	95529	22-2651245				Horizon Healthcare of New Jersey, Inc.	NJ	IA	Horizon Healthcare Plan Holding Company, Inc.	Ownership	100.0	Horizon Healthcare Services, Inc.		0
01202	BCBS of NJ Group	00000	13-4290405				Enterprise Property Holdings, LLC	NJ	NIA	Horizon Healthcare Services, Inc.	Ownership	100.0	Horizon Healthcare Services, Inc.		0
01202	BCBS of NJ Group	00000	27-1179993				Three Penn Plaza Property Holdings Urban Renewal, LLC	NJ	NIA	Horizon Healthcare Services, Inc.	Ownership	100.0	Horizon Healthcare Services, Inc.		0
01202	BCBS of NJ Group	14690	46-1362174				Horizon Insurance Company.	NJ	IA	Horizon Healthcare Plan Holding Company, Inc.	Ownership	100.0	Horizon Healthcare Services, Inc.		0
01202	BCBS of NJ Group	00000	20-0522405				Horizon Charitable Foundation, Inc.	NJ	NIA	Horizon Healthcare Services, Inc.	Ownership	100.0	Horizon Healthcare Services, Inc.		0
01202	BCBS of NJ Group	00000	46-2605607				Multistate Professional Services, Inc.	NJ	NIA	Horizon Healthcare Services, Inc.	Ownership	100.0	Horizon Healthcare Services, Inc.		0
01202	BCBS of NJ Group	00000	47-4428396				Multistate Investment Services, Inc.	NJ	NIA	Horizon Healthcare Services, Inc.	Ownership	100.0	Horizon Healthcare Services, Inc.		0
01202	BCBS of NJ Group	00000	84-2280217				NJ Collaborative Care, LLC	NJ	UDP	Horizon Healthcare Services, Inc.	Ownership	50.0	Horizon Healthcare Services, Inc.		0
01202	BCBS of NJ Group	16714	84-3673030				Healthier New Jersey Insurance Company, Inc.	NJ	NIA	Horizon Healthcare Plan Holding Company, Inc.	Ownership	100.0	Horizon Healthcare Services, Inc.		0
00000	BCBS of NJ Group	00000	86-1229594				Greenwood Insurance Company, Inc.	NJ	NIA	Horizon Healthcare Plan Holding Company, Inc.	Ownership	100.0	Horizon Healthcare Services Inc.		0

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Asterisk	Explanation

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Horizon Healthcare of New Jersey, Inc.

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
11146	22-3331515	Horizon Healthcare Dental, Inc.									.0	
	22-2561496	Horizon Healthcare Plan Holding Company									.0	
95529	22-2651245	Horizon Healthcare of New Jersey, Inc.									.0	
	22-3346524	Horizon Casualty Services, Inc.									.0	
	46-2605607	Multistate Professional Services, Inc.									.0	
55069	22-0999690	Horizon Healthcare Services, Inc.									.0	
00000	13-4290405	Enterprise Property Holdings, LLC									.0	
	27-1179993	3 Penn Plaza Prop. Urban Renewal Holding									.0	
14690	46-1362174	Horizon Insurance Company									.0	
	47-4428396	Multistate Investment Services, Inc.									.0	
	84-3673030	Healthier New Jersey Insurance Company									.0	
	86-1229594	Greenwood Insurance Company, Inc.									.0	
	84-2280217	NJ Collaborative Care, LLC									.0	
9999999 Control Totals			0	0	0	0	0	0	XXX	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Horizon Healthcare of New Jersey, Inc.

SCHEDULE Y

PART 3 – ULTIMATE CONTROLLING PARTY AND LISTING OF OTHER U.S. INSURANCE GROUPS OR ENTITIES UNDER THAT ULTIMATE CONTROLLING PARTY'S CONTROL

1 Insurers in Holding Company	2 Owners with Greater than 10% Ownership	3 Ownership Percentage Column 2 of Column 1	4 Granted Disclaimer of Control/Affiliation of Column 2 Over Column 1 (Yes/No)	5 Ultimate Controlling Party	6 U.S. Insurance Groups or Entities Controlled by Column 5	7 Ownership Percentage (Columns 5 of Column 6)	8 Granted Disclaimer of Control/Affiliation of Column 5 Over Column 6 (Yes/No)
		%				%	
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SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

REQUIRED FILINGS

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

Responses

- 1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?YES.....
- 2. Will an actuarial opinion be filed by March 1?YES.....
- 3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?YES.....
- 4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?YES.....

APRIL FILING

- 5. Will Management's Discussion and Analysis be filed by April 1?YES.....
- 6. Will the Supplemental Investment Risks Interrogatories be filed by April 1?YES.....
- 7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?YES.....

JUNE FILING

- 8. Will an audited financial report be filed by June 1?YES.....
- 9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?YES.....

SUPPLEMENTAL FILINGS

The following supplemental reports are required to be filed as part of your statement filing **if your company is engaged in the type of business covered by the supplement. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below.** If the supplement is required of your company but is not being filed for whatever reason, enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

- 10. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?NO.....
- 11. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?NO.....
- 12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?NO.....
- 13. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?NO.....
- 14. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?NO.....
- 15. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?NO.....
- 16. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?NO.....
- 17. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?NO.....
- 18. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed with electronically with the NAIC by March 1?NO.....

APRIL FILING

- 19. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?NO.....
- 20. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?NO.....
- 21. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?YES.....
- 22. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?YES.....
- 23. Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1?YES.....

AUGUST FILING

- 24. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?YES.....

Explanation:

Bar code:



SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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OVERFLOW PAGE FOR WRITE-INS

M002 Additional Aggregate Lines for Page 02 Line 25.

*ASSETS - Assets

	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 – 2)	Net Admitted Assets
2504. ACA Risk Adjustment Receivable.....	180,166		180,166	37,664
2505.			0	0
2597. Summary of remaining write-ins for Line 25 from Page 2	180,166	0	180,166	37,664

M014 Additional Aggregate Lines for Page 14 Line 25.

*EXEXP - Underwriting and Investment Exhibit - Part 3

	1	2	3	4	5
	Cost Containment Expenses	Other Claim Adjustment Expenses	General Administrative Expenses	Investment Expenses	Total
2504.		(271,334)			(271,334)
2597. Summary of remaining write-ins for Line 25 from Page 14	0	(271,334)	0	0	(271,334)