

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

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 March 1, 2003 and by March 1 of the first year of each two-year calculation period thereafter, to the Executive Director, IHC Program, PO Box 325, (20 West State Street), Trenton, NJ 08625-0325.

Part A. Carrier Information

1. Carrier's name: _____ 2. NAIC Number: _____
3. Full name of all affiliated carriers reporting any accident and health premium in New Jersey

Part B. Information of Person Completing this Report

1. Name (print or type): _____ 2. Title: _____
3. Telephone No.: _____ Facsimile No.: _____ E-mail: _____
4. 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
€ 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 as listed on the attached Worksheet.

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 | \$ _____ |

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 _____ - _____

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 1 st Year of 2-Year Period	Premium for 2 nd Year of 2-Year Period	Two-Year Total
Amount of Accident & Health Premium on New Jersey NAIC State Blank:			

Section 2: List of Excepted Benefits and Premium	Premium for 1 st Year of 2-Year Period	Premium for 2 nd Year of 2-Year Period	Total for 2-year Period
a. Medicare + Choice coverage (excepted premium amount is limited to amounts paid by federal government and does not include premium paid insureds)	\$	\$	\$
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 1 st Year of 2-Year Period	Premium for 2 nd Year of 2-Year Period	2-Year Net Earned Premium Total
Net Earned Premium = (Section 1 premium – Section 2 premium))	\$	\$	\$

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

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.

- | | Total Q1-Q8 |
|--|--------------|
| <p>a. Persons covered under standard individual health benefits plans or basic and essential health care services plans</p> <p style="margin-left: 40px;">Q1 _____ Q2 _____ Q3 _____ Q4 _____</p> <p style="margin-left: 40px;">Q5 _____ Q6 _____ Q7 _____ Q8 _____</p> | <p>_____</p> |
| <p>b. Community rated conversion policy persons</p> <p style="margin-left: 40px;">Q1 _____ Q2 _____ Q3 _____ Q4 _____</p> <p style="margin-left: 40px;">Q5 _____ Q6 _____ Q7 _____ Q8 _____</p> | <p>_____</p> |
| <p>c. Medicaid recipients (Include NJ FamilyCare Part A, NJ KidCare Part A but no other NJ FamilyCare or NJ KidCare lives)</p> <p style="margin-left: 40px;">Q1 _____ Q2 _____ Q3 _____ Q4 _____</p> <p style="margin-left: 40px;">Q5 _____ Q6 _____ Q7 _____ Q8 _____</p> | <p>_____</p> |
| <p>d. Medicare Plus Choice lives, Medicare Risk and Cost lives, Medicare Demonstration Project lives (Do <u>not</u> include Medicare Supplement)</p> <p style="margin-left: 40px;">Q1 _____ Q2 _____ Q3 _____ Q4 _____</p> <p style="margin-left: 40px;">Q5 _____ Q6 _____ Q7 _____ Q8 _____</p> | <p>_____</p> |
| <p>e. Two-Year non-group enrollment total (Total Q1-Q8 for a through d):</p> | <p>_____</p> |
| <p>f. Average two-year non-group enrollment to be reported on Exhibit K</p> | |

Part D (line e divided by 8):
