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.

	Carrier Information		
	1. Carrier's name:	2.	NAIC Number: ccident and health premium in
	3. Full name of all affiliate New Jersey	ed carriers reporting any ac	ecident and health premium in
Dowt D	Information of Person C	Completing this Deposit	
	1. Name (print or type):		2. Title:
	3. Telephone No.:		
2	mail:4. Mailing Address:		
complete affiliates a Membe Non-men	and return one copy of the attac listed above. If any of the affilia r and shall record the amount be aber and the carrier shall check to Member's net earned premi	thed "Exhibit K-Part C Premium ates has any net earned premium clow. If no affiliates have net ea the Non-member box below. Itum, including all affiliates	n premium in New Jersey MUST n Data Worksheet" for each of the n for the two-year period, the carrier is arned premium, then the carrier is a s, for the two-year period:
	\$ € Non-member of	; or the IHC Program with no	net earned premium
workshe Workshee attached	Members MUST complete and r	return one copy of the attached dabove that issued or renewed	"Exhibit K Part D Enrollment Data non-group enrollment as listed on the
Part E.	Member's Net Paid Gai a. PREMIUM EARNED b. CLAIMS PAID c. NET INVESTMENT IN d. NET PAID GAIN (LOS	COME	Iealth Benefits Plans

Part F. Certification

I certify that I am an officer of	f the company, that the information prov	vided in this report and all attachments is
accurate and complete, and th	at it has been prepared in accordance wi	th the provisions of N.J.A.C. 11:20-8.
Name of Officer	Title	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; Medicare + Choice contracts (premium should be limited to premium from insureds); Medicare Cost and Risk; premium from Medicare Demonstration plans, Medicaid; New Jersey FamilyCare Part A and NJ KidCare Part A; accident medical; student accident and health medical if expense incurred; specified disease if expense incurred; and limited benefits if expense incurred; and Champus or TriCare. The attached report provides a carrier with a framework for accurately calculating its net earned premium. The definitions of "net earned premium" and "health benefits plans" are 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

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 Ye Premium for 2 nd Two-Year Total
	2-Year Period of 2-Year Period
Amount of Accident & Health Premium on New Je	ey NAIC States
Blank:	

Section 2: List of Excepted Benefits and Premium	Premium for 2 nd 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 A 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 automobil liability insurance	\$ \$	\$
i. workers' compensation or similar insurance	\$ \$	\$
i. automobile medical payment insurance	\$ \$	\$
k. credit-only insurance	\$ \$	\$
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 insurbenefits	\$ \$	\$
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 regulation	\$ \$	\$
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 pla sponsor, and those benefits are paid with respect to an event without rega 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 T 10, United States Code (10 U.S.C. § 1071 et seq.)	\$	\$
s. similar supplemental coverage provided to coverage under a group heaplan	\$ \$	\$
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 2-Year Period	Premium for 2 Year of 2-Year Period	2-Year Net Earned Prei Total
Net Earned Premium = (Section 1 premium – Section 2 premium))	\$	\$	\$

Exhibit K Part D Enrollment Data Worksheet for the Two-Year Calculation Period _ Name of Affiliate: Name of Carrier on Exhibit K:

Carrie	s shall compl	ete and return t	his page with E	Exhibit K.		
quarter describ reporti	during the Took below, arong no covered	Two-Year Calcody the two-year d lives in any	ulation Period or total for eac	ered lives as of the end for each of the catego th category. Non-mer es below because pren nium.	ries of covera nbers should	
a. or basi	c and essentia	ıl health care se	ervices plans	health benefits plans	Total Q1-Q8	
	Q1	_ Q2	Q3	Q4		
	Q5	_ Q6	Q7	Q8		
b.	Community	rated conversio	n policy persor	ns		
	Q1	Q2	Q3	Q4		
	Q5	_ Q6	Q7	Q8		
c. Medicaid recipients (Include NJ FamilyCare Part A, NJ KidCare Part A but no other NJ FamilyCare or NJ KidCare lives)						
	Q1	Q2	Q3	Q4		
	Q5	_ Q6	Q7	Q8		
d.	Medicare Plus Choice lives, Medicare Risk and Cost lives, Medicare Demonstration Project lives (Do <u>not</u> include Medicare Supplement)					
	Q1	Q2	Q3	Q4		
	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 \boldsymbol{K}

Part D (line e divided by 8):