

STATE OF NEW YORK
DEPARTMENT OF FINANCIAL SERVICES

DATA REQUIREMENTS FOR
MUNICIPAL COOPERATIVE HEALTH BENEFIT PLANS

Rochester Area School Health Plan II Municipal Cooperative Health Benefit Plan

Name of MCHBP

FOR THE FISCAL YEAR ENDING

December 31, 2020

To be filed 120 days from fiscal year end

Two copies of this Form bearing original signatures and notarization should be filed with
the Department of Financial Services at the following address:

New York State Department of Financial Services

Health Bureau

One State Street, 11th Floor

New York, New York 10004

position in the previous statement.

REPORT #1 — PART A: ASSETS

	Current Year	Previous Year *
	1 Total	2 Total
1. Bonds (Schedule B line 0199999)	-	17,844,124
2. Stocks:		
2.1 Preferred stocks (Schedule B line 0299999)	-	-
2.2 Common stocks (Schedule B line 0399999)	-	-
3. Real estate (Schedule J line 0199999)	-	-
4.1 Cash (Schedule A Line 0399999)	117,795,298	77,614,966
4.2 Cash equivalents (Schedule A Line 0499999)	4,680,200	4,316,900
4.3 Total Cash and Cash equivalents (Schedule A Line 0599999)	122,475,498	81,931,866
5. Premiums receivable (Schedule C, NY 10)	10,656,965	3,919,344
6. Other invested assets		
7. Receivable for securities		
8. Aggregate write-in for invested assets	-	-
9. Subtotal cash and invested assets (Lines 1 to 8)	133,132,463	103,695,334
10. Investment income due and accrued		
11. Reinsurance:		
11.1 Amounts recoverable from reinsurers		
11.2 Funds held by or deposited with reinsured companies		
11.3 Other amounts receivable under reinsurance contracts		
12.1 Current federal income tax recoverable and interest thereon		
12.2 Net deferred tax asset		
13. Electronic data processing equipment and software		
14. Furniture and equipment, including health care delivery assets		
15. Health care and other amounts receivable		
16. Aggregate write-in for other than invested assets	-	-
17. Total Assets(Lines 9 to 16)	133,132,463	103,695,334
DETAILS OF WRITE-INS AGGREGATED AT ITEM 8 FOR INVESTED ASSETS		
0801. _____		
0802. _____		
0802. _____		
0804. _____		
0805. _____		
0898. Summary of remaining write-ins for Item 8 from overflow page	-	-
0899. TOTALS (Items 0801 thru 0805 plus 0898) (Page 2, item 8)	-	-
DETAILS OF WRITE-INS AGGREGATED AT ITEM 16 FOR OTHER THAN INVESTED ASSETS		
1601. _____		
1602. _____		
1603. _____		
1604. _____		
1605. _____		
1698. Summary of remaining write-ins for Item 16 from overflow page	-	-
1699. TOTALS (Items 1601 thru 1605 plus 1698) (Page 2, item 16)	-	-

* As reported on Prior Year End filed Annual Statement.

REPORT #1 — PART B: LIABILITIES AND SURPLUS

	Current Year	Previous Year *
	1	2
	Total	Total
1.1 Unpaid claims (Schedule F, NY11)	30,117,427	31,840,195
1.2 Additional amount required by Section 4706(a)(1)	0	159,924
1.3 Total claims payable	30,117,427	32,000,119
2. Premiums received in advance		
3. General expenses due or accrued		
4.1 Current federal income tax payable and interest thereon		
4.2 Net deferred tax liability		
5. Ceded reinsurance premiums payable		
6. Amounts withheld or retained for the account of others		
7. Borrowed money and interest thereon		
8. Payable for securities		
9. Funds held under reinsurance treaties		
10. Aggregate write-ins for other liabilities	-	-
11. Accounts payable (Schedule G, NY12)	470,985	358,979
12. Claim stabilization reserve	4,533,740	4,727,182
13. Unearned premiums		
14. Loans and notes payable	-	-
15. Aggregate write-ins for current liabilities	-	-
16. Total liabilities (Lines 1 to 16)	35,122,152	37,086,280
17. Aggregate write-ins for special surplus funds	-	-
18. Gross paid-in and contributed surplus		
19. Unassigned funds (surplus)	84,583,899	54,037,624
20. Surplus notes	-	-
21. Surplus per Section 4706(a)(5) **	13,426,412	12,571,430
22. Total capital and surplus (Lines 17 to 21)	98,010,311	66,609,054
23. Total liabilities, capital, and surplus (Lines 16 + 22)	133,132,463	103,695,334

DETAILS OF WRITE-INS AGGREGATED AT ITEM 10 FOR OTHER LIABILITIES

1001.		
1002.		
1003.		
1004.		
1005.		
1098. Summary of remaining write-ins for Item 10 from overflow page	-	-
1099. TOTALS (Items 1001 thru 1005 plus 1098) (Page NY3, item 10)	-	-

DETAILS OF WRITE-INS AGGREGATED AT ITEM 15 FOR CURRENT LIABILITIES

1501.		
1502.		
1503.		
1504.		
1505.		
1598. Summary of remaining write-ins for Item 15 from overflow page	-	-
1599. TOTALS (Items 1501 thru 1505 plus 1598) (Page NY3, item 15)	-	-

DETAILS OF WRITE-INS AGGREGATED AT ITEM 17 FOR SPECIAL SURPLUS FUNDS

1701.		
1702.		
1703.		
1704.		
1705.		
1798. Summary of remaining write-ins for Item 17 from overflow page	-	-
1799. TOTALS (Items 1701 thru 1705 plus 1798) (Page NY3, item 17)	-	-

* As reported on Prior Year End filed Annual Statement.

** Calculation of current year reserves shown on NY16 (Schedule K).

Rochester Area School Health Plan II Municipal Cooperative Health

STATEMENT AS OF

December 31, 2020
(Year Ending)

OF THE

Benefit Plan
(Name)

REPORT #2 STATEMENT OF REVENUE, EXPENSES AND SURPLUS

	Current Year	Previous Year *	Current Year	Previous Year *
	1	2	3	4
	Total	Total	PMPM	PMPM
1. Member Months	479,095	482,644	XXX	XXX
2. Net premium income:				
2.1 Basic	187,969,761	176,000,022	392.34	364.66
2.2 Drugs	80,558,469	75,428,581	168.15	156.28
2.3 Total	268,528,230	251,428,604	560.49	520.94
3. Change in unearned premium reserves and reserve for rate credits:				
3.1 Basic	-	-	-	-
3.2 Drugs	-	-	-	-
3.3 Total	-	-	-	-
4. Aggregate write-ins for other health care related revenues	231,923	(254,197)	0.48	(0.53)
5. Non-health revenues	2,019	24,263	XXX	XXX
6. Total revenues (Items 2 to 5)	268,762,172	251,198,670	560.98	520.46
Hospital and Medical:				
7. Hospital/medical benefits	84,780,005	88,872,421	176.96	184.14
8. Other professional services	62,448,160	66,459,819	130.35	137.70
9. Outside referrals	-	-	-	-
10. Emergency room and out-of-area	8,307,809	8,773,928	17.34	18.18
11. Prescription drugs	68,085,452	69,931,418	142.11	144.89
12. Aggregate write-ins for other hospital and medical	579,895	5,310,842	1.21	11.00
13. Incentive pool, withhold adjustments and bonus amounts	-	-	-	-
14. Aggregate write-ins for other expenses	569,478	389,124	1.19	0.81
15. Subtotal (Lines 7 to 14)	224,770,799	239,737,551	469.16	496.72
Less:				
16. Net reinsurance recoveries	(376,929)	2,196,533	(0.79)	4.55
17. Total hospital and medical (Lines 15-16)	225,147,728	237,541,018	469.94	492.17
18. Claims adjustment expenses, including cost containment expenses	-	-	-	-
19. General administrative expenses				
19.1 Compensation	-	-	-	-
19.2 Interest expense	-	-	-	-
19.3 Occupancy, depreciation, and amortization	-	-	-	-
19.4 Marketing	-	-	-	-
19.5 Professional Fees	36,513	111,131	0.08	0.23
19.6 Administration Fees	9,217,859	8,267,419	19.24	17.13
19.7 Consulting Fees	-	-	-	-
19.8 Aggregate write-ins for other administrative expenses	3,319,558	3,694,482	6.93	7.65
19.9 Total administrative expenses	12,573,930	12,073,032	26.25	25.01
20. Increase in reserves for A&H contracts	-	-	-	-
21. Total underwriting deductions (Lines 17 to 20)	237,721,658	249,614,050	496.19	517.18
22. Net underwriting gain or (loss) (Lines 6 - 21)	31,040,514	1,584,620	64.79	3.28
23. Net investment income earned	360,743	346,572	0.75	0.72
24. Net realized capital gains or (losses) less capital gains taxes	-	-	-	-
25. Net investment gains or (losses) (Lines 23 + 24)	360,743	346,572	0.75	0.72
26. Aggregate write-ins for other income or expenses	-	-	-	-
27. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 22 + 25 + 26)	31,401,257	1,931,192	65.54	4.00
28. Federal income taxes incurred	-	-	-	-
29. Net income (loss) (Lines 27 - 28)	31,401,257	1,931,192	65.54	4.00
DETAILS OF WRITE-INS AGGREGATED AT ITEM 4 FOR OTHER HEALTH CARE RELATED REVENUES				
0401. Change in Non-Admitted Receivables	231,923	(254,197)	0.48	(0.53)
0402. _____	-	-	-	-
0403. _____	-	-	-	-
0404. _____	-	-	-	-
0405. _____	-	-	-	-
0498. Summary of remaining write-ins for Item 4 from overflow page	-	-	-	-
0499. TOTALS (Items 0401 thru 0405 plus 0498) (Page NY4, Item 4)	231,923	(254,197)	0	(1)
DETAILS OF WRITE-INS AGGREGATED AT ITEM 12 FOR OTHER HOSPITAL AND MEDICAL				
1201. Other Hospital and Medical	3,065,582	2,794,747	6.40	5.79
1202. Change in Claims Payable	(2,485,687)	2,516,095	(5.19)	5.21
1203. _____	-	-	-	-
1204. _____	-	-	-	-
1205. _____	-	-	-	-
1298. Summary of remaining write-ins for Item 12 from overflow page	-	-	-	-
1299. TOTALS (Items 1201 thru 1205 plus 1298) (Page NY4, item 12)	579,895	5,310,842	1	11
DETAILS OF WRITE-INS AGGREGATED AT ITEM 14 FOR OTHER EXPENSES				
1401. Change in Stabilization Reserve	(193,442)	389,124	(0.40)	0.81
1402. Administrative fee portion needing to be under Hospital and Medical	762,920	-	1.59	-
1403. _____	-	-	-	-
1404. _____	-	-	-	-
1405. _____	-	-	-	-
1498. Summary of remaining write-ins for Item 14 from overflow page	-	-	-	-
1499. TOTALS (Items 1401 thru 1405 plus 1498) (Page NY4, item 14)	569,478	389,124	1	1
DETAILS OF WRITE-INS AGGREGATED AT ITEM 19.8 FOR OTHER ADMINISTRATIVE EXPENSES				
19.801. PCORI and Reinsurance Fees	75,249	73,159	0.16	0.15
19.802. Covered Lives Assessment	3,853,642	3,917,442	8.04	8.12
19.803. AEA Fees	96,279	98,068	0.20	0.20
19.804. Miscellaneous Expenses	22,643	46,109	0.05	0.10
19.805. Prior Year Claims Adjustments	-	(473,220)	-	(0.98)
19.898. Summary of remaining write-ins for Item 19.8 from overflow page	(728,255)	32,924	(2)	0
19.899. TOTALS (Items 19.801 thru 19.805 plus 19.898) (Page NY4, item 19.8)	3,319,558	3,694,482	7	8
DETAILS OF WRITE-INS AGGREGATED AT ITEM 26 FOR OTHER INCOME OR EXPENSES				
2601. _____	-	-	-	-
2602. _____	-	-	-	-
2603. _____	-	-	-	-
2604. _____	-	-	-	-
2605. _____	-	-	-	-
2698. Summary of remaining write-ins for Item 26 from overflow page	-	-	-	-
2699. TOTALS (Items 2601 thru 2605 plus 2698) (Page NY4, item 26)	-	-	-	-

* As reported on Prior Year End filed Annual Statement.

REPORT #2 STATEMENT OF REVENUE, EXPENSES AND SURPLUS (Continued)

CAPITAL & SURPLUS ACCOUNT	Current Year	Previous Year *
	1 Total	2 Total
30. Capital and surplus prior reporting year	66,609,054	64,677,862
GAINS AND LOSSES TO CAPITAL & SURPLUS:		
31. Net income or (loss) from Line 29	31,401,257	1,931,192
32. Change in valuation basis of aggregate policy and claim reserve		
33. Change in net unrealized capital gains and losses less capital gains tax		
34. Change in net deferred income tax		
35. Change in nonadmitted assets		
36. Change in unauthorized reinsurance		
37. Change in surplus notes		
38. Cumulative effect of changes in accounting principles		
39. Capital Changes		
39.1 Paid in		
39.2 Transferred to surplus		
40. Surplus adjustments:		
40.1 Paid in		
40.2 Transferred from capital		
41. Dividends to participating municipal corporations (or school districts)		
42. Change in surplus per Section 4706(a)(5)	854,982	(99,568)
43. Change in retained earnings/fund balance		
44. Interest on surplus notes		
45. Aggregate write-ins for changes in other net worth items	-	-
46. Aggregate write-ins for gains or (losses) in surplus	(854,982)	99,568
47. Net change in capital and surplus (Lines 31 to 46)	31,401,257	1,931,192
48. Capital and surplus end of reporting year (Line 30 + 47)**	98,010,311	66,609,054
DETAILS OF WRITE-INS AGGREGATED AT ITEM 45 FOR CHANGES IN OTHER NET WORTH ITEMS		
4501. _____		
4502. _____		
4503. _____		
4504. _____		
4505. _____		
4598. Summary of remaining write-ins for Item 46 from overflow page	-	-
4599. TOTALS (Items 4501 thru 4505 plus 4598) (Page NY5, item 45)	-	-
DETAILS OF WRITE-INS AGGREGATED AT ITEM 46 FOR GAINS OR (LOSSES) IN SURPLUS		
4601. Change in Surplus	\$ (854,982)	\$ 99,568
4602. _____		
4603. _____		
4604. _____		
4605. _____		
4698. Summary of remaining write-ins for Item 47 from overflow page	-	-
4699. TOTALS (Items 4601 thru 4605 plus 4698) (Page NY5, item 46)	(854,982)	99,568

* As reported on Prior Year End filed Annual Statement.

** Must agree with Page NY 3 Line 22

REPORT #3 CASH FLOW STATEMENT

	Current Year	Prior Year
	1	2
Cash from Operations	Total	Total
1. Premiums collected net of reinsurance	262,022,532	259,679,746
2. Net investment income	360,743	179,453
3. Miscellaneous income	2,019	24,263
4. Total (Lines 1 through 3)	262,385,294	259,883,462
5. Benefit and loss related payments	235,715,314	234,475,876
6. Expenses paid and aggregate write-ins for deductions	3,970,472	12,814,896
7. Federal and foreign income taxes paid (recovered) net of \$..... tax on capital gains (losses)		
8. Total (Lines 5 through 7)	239,685,786	247,290,772
9. Net cash from operations (Line 4 minus Line 8)	22,699,508	12,592,690
Cash from Investments		
10. Proceeds from investments sold, matured or repaid:		
10.1 Bonds	75,639,258	18,820,547
10.2 Stocks		
10.3 Real estate		
10.4 Net gains or (losses) on cash, cash equivalents and short-term investments		
10.5 Miscellaneous proceeds		
10.6 Total investment proceeds (Lines 10.1 to 10.5)	75,639,258	18,820,547
11. Cost of investments acquired (long-term only):		
11.1 Bonds	57,795,134	36,497,552
11.2 Stocks		
11.3 Real estate		
11.4 Miscellaneous applications		
11.5 Total investments acquired (Lines 11.1 to 11.4)	57,795,134	36,497,552
12. Net increase (decrease) in contract loans and premium notes		
13. Net cash from investments (Line 10.6 minus Line 11.5 minus Line 12)	17,844,124	(17,677,005)
Cash from Financing and Miscellaneous Sources		
14. Cash provided (applied):		
14.1 Surplus notes		
14.2 Capital and paid in surplus		
14.3 Borrowed funds		
14.4 Dividends to participants		
14.5 Other cash provided (applied)		
15. Net cash from financing and miscellaneous sources (Lines 14.1 to 14.3 minus Line 14.4 plus Line 14.5)	-	-
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
16. Net change in cash, cash equivalents and short-term investments (Line 9, plus Lines 13 and 15)	40,543,632	(5,084,315)
17. Cash, cash equivalents and short-term investments:		
17.1 Beginning of year	81,931,866	87,016,181
17.2 End of year (Line 16 plus Line 17.1)*	122,475,498	81,931,866

* Line 17.2 should be the same amount reported on NY2, Line 4.3

GENERAL INTERROGATORIES (Continued)

13 a) Provide the following information on the MCHBP's general liability insurance coverage:

- i) Name of Carrier: New York State Insurance Reciprocal
- ii) Limits of Coverage: General Liability: \$1,000,000 Excell Umbrella \$15,000,000
- iii) Expiration Date: 7/1/21

14 Complete the Itemization of Stop-Loss Fund Recoveries schedule below.

	Itemization of Stop-Loss Fund Recoveries		
	1 Current Year	2 Prior Year	3 Projected
1. Aggregate Stop-Loss Coverage Per Insurance Law § 4707(a)(1)	0	0	
2. Specific Stop-Loss Coverage Per Insurance Law § 4707(a)(2)	0	1,798,801	
3. Total	0	1,798,801	

15 a) Provide the following information on the MCHBP's reinsurance (stop-loss) coverage:

- i) Name of Carrier: Excellus Blue Cross Blue Shield
- ii) Limits of Coverage: Contact period: 1/1/20 - 12/31/20
Specific Deductible: \$2,000,000 with \$500,000 Aggregating Specific Deductible Incurred 1/1/20 - 12/31/20 Paid 1/1/20-6/30/21 Lifetime limit per person
Aggregate Stop-Loss: Monthly aggregate factor \$1,764.88 per employee composite
Minimum annual deductible \$286,501,442 with \$1 Million limitation of liability
- iii) Expiration Date: 12/31/20
- iv) **Please attach a copy of the stop-loss policy.**
- v) **Please attach a copy of the actuary's certification of expected claims for current fiscal year.**
- b) If the MCHBP does not have this coverage, explain:
N/A

16 a) Does the MCHBP set up its claim liability for hospital and other medical services on a service date basis? Yes [X] No []

- b) If No, give details: N/A

17 a) Was the MCHBP's prior year's annual statement amended? Yes [] No [X]

b) If yes, furnish the following information regarding the last amendment to the prior year's annual statement filed with the MCHBP's state of domicile

- i) Amendment number: N/A
- ii) Date of amendment: N/A

18 a) What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?

Mengel Metzger Barr and Co. LLP
Raymond F Wager CPA Division
100 Chestnut Street, Suite 1200
Rochester, NY 14604

- b) Has the independent certified public accountant or accounting firm changed since the prior years annual audit? Yes [] No [X]
- c) If answer is Yes, did the MCHBP submit the required notifications as outlined in New York State Department of Financial Services Insurance Regulation No. 118 (11NYCRR 89.4(c))? Yes [] No [X]
- d) If answer is No, please attach the required notifications to this submission.

19 What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?

Robert Jordan, A.S.A., M.A.A.A., F.C.A. Arthur J. Gallagher 125-310 Village Boulevard Princeton, NJ 08540-5753

20 Does the reporting entity keep a complete permanent record of the proceedings of its governing board and all subordinate committees thereof? Yes [X] No []

21 a) Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? \$0

b) List the name of the firm and the amount paid if any such payment represented 5% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
<u>N/A</u>	<u>N/A</u>

22 a) Does the MCHBP plan to refund any amounts in excess of reserves and surplus required by § 4706 of the New York Insurance Law and anticipated expenses in the plan's joint funds to participating municipal corporations during the next 90 days? Yes [] No [X]

b) If a) is "Yes", provide the following:

- i) Anticipated date of distribution. Date: N/A
- ii) Anticipated amount of distribution. N/A

23 a) Has the MCHBP's current community rating methodology been filed with and approved by the superintendent as required by § 4705(d)(5)(B) of the New York Insurance Law? Yes [X] No [X]

b) If a) is "Yes", answer the following:

- i) When was the request filed with the Department of Financial Services? Date: 10/26/17
- ii) When was the request approved? Date: 10/27/17

iii) **If approved, please attach a copy of the approval letter.**

c) If a) is "No", give particulars, including when the community rating methodology will be filed with the Department of Financial Services:

N/A
N/A

SCHEDULE A — CASH AND CASH EQUIVALENTS

1	2	3	4	5	6	7	8	9
Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Received During Fiscal Year	Amount of Interest Due & Accrued at end of Current Fiscal Year	Balance
Depository -- Cash	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
M & T - Checking		XXX		XXX	XXX	-		78,587,656
M & T - Savings		XXX		XXX	XXX	955		461,119
JPMorgan Chase - Savings		XXX		XXX	XXX	1,064		38,746,523
		XXX		XXX	XXX			
		XXX		XXX	XXX			
		XXX		XXX	XXX			
		XXX		XXX	XXX			
		XXX		XXX	XXX			
		XXX		XXX	XXX			
		XXX		XXX	XXX			
0199999 Total -- Cash on Deposit	XXX	XXX	XXX	XXX	XXX	2,019	-	117,795,298
0299999 Cash in Company's Office	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0399999 Total -- Cash	XXX	XXX	XXX	XXX	XXX	2,019	-	117,795,298
Description -- Cash Equivalent	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
RASHP II Required Cash Advance with Excellus								4,680,200
0499999 Total -- Cash Equivalent	XXX	XXX	XXX	XXX	-	-	-	4,680,200
0599999 Total -- Cash and Cash Equivalent	XXX	XXX	XXX	XXX	\$ -	\$ 2,019	\$ -	\$ 122,475,498
NOTE: Negotiable certificates of deposit to be reported in Schedule B.								

SCHEDULE C — PREMIUMS RECEIVABLE (Other than Affiliates)

Individually list all Municipal Corporations with account balances the greater of 10% of gross Premiums Receivable or \$5,000.

Name of Debtor	1 1-30 Days	2 31-60 Days	3 61-90 Days	4 Over 90 Days	5 Non-Admitted	6 Admitted
Gates Chili CSD	1,076,553	-	-	-	-	\$ 1,076,553
Greece CSD	2,658,992	-	-	-	-	2,658,992
Monroe I BOCES	1,642,949	1,666,339	1,582,886	-	-	4,892,174
Pittsford CSD	1,788,295	-	5,219	25,013	25,013	1,793,514
						-
						-
						-
						-
						-
						-
						-
0199999 Individually Listed Receivables	7,166,789	1,666,339	1,588,105	25,013	25,013	10,421,233
0299999 Receivables Not Individually Listed	\$ 235,732					235,732
0399999 Gross Premiums Receivable	7,402,521	1,666,339	1,588,105	25,013	25,013	10,656,965
0499999 Less Allowance for Doubtful Accounts						
0599999 Premiums Receivable					25,013	10,656,965

**N.Y. SCHEDULE F — CLAIMS PAYABLE ANALYSIS
(ON A FISCAL YEAR BASIS)**

Calculation of Unpaid Claims Reserves at Year End

Unpaid claims reserve = [(percent approved by the department expressed as a decimal)*(Paid claims CY - Unpaid claims PY)] / (1-percent approved by the department expressed as a decimal)

	A	B	C	
	Hospital, Medical and Other	Prescription	Total	
Reserve requirement	17%	5%	XXXXXXX	As Approved by the Department of Financial Services (Formerly the Insurance Department)
Paid claims CY	\$ 158,785,043	\$ 68,085,452	\$ 226,870,495	From Section I, Col B, Line 4 below
Unpaid claims PY	\$ 28,336,427	\$ 3,503,767	\$ 31,840,194	From Section I, Col C, Line 4 below. Includes expenses on claims reported and not yet paid, and expenses on claims incurred but not yet reported
Result	\$ 26,718,391	\$ 3,399,036	\$ 30,117,427	Department of Financial Services estimate of Expected Incurred Claims based on § 4706(a)(1)
Total Claim Payable Per Actuary	\$ 26,718,391	\$ 3,399,036	\$ 30,117,427	To be reported on page NY 3 Line 1.1. Includes expenses on claims reported and not yet paid, and expenses on claims incurred but not yet reported
Total Additional Amount Required by Section 4706(a)(1)	\$ 0	\$ 0	\$ 0	To be reported on Page NY 3 Line 1.2
Total Claims Payable	\$ 26,718,391	\$ 3,399,036	\$ 30,117,427	To be reported on Page NY 3 line 1.3

SECTION I — CLAIMS INCURRED

A	B	C	D	E
Description of Claims	Paid During Year	Unpaid Prior Year	Unpaid Current Year	Incurred This Year* (B - C + D)
1. Hospital & Medical Claims - Per Actuary	96,530,325	16,801,639	16,329,972	96,058,658
2. Drug Claims - Per Actuary	68,085,452	3,503,767	3,399,036	67,980,721
3. Other - Per Actuary	62,254,718	11,534,788	10,388,419	61,108,349
4. Total	226,870,495	31,840,194	30,117,427	225,147,728

*Must equal hospital and medical expenses incurred which are reported on Report #2, page NY4, Line 17

SECTION II — ANALYSIS OF UNPAID CLAIMS — CURRENT FISCAL YEAR

A	B	C	D
Description of Claims	Reported Claims in Process of Adjustment	Estimated Incurred but Unreported	Total—Claims Payable* (Columns B + C)
1. Hospital & Medical Claims - Per Actuary	-	16,329,972	16,329,972
2. Drug Claims - Per Actuary	-	3,399,036	3,399,036
3. Other - Per Actuary	-	10,388,419	10,388,419
4. Total	-	30,117,427	30,117,427

* Must equal Section 1, Col. D.

SECTION III — ANALYSIS OF UNPAID CLAIMS — PREVIOUS FISCAL YEAR

A	B		C		F	G**	H
	Claims Paid During the Year*		Claims Unpaid at End of Current Year Viz: Estimated Liability at End of Current Year				
	On Claims Incurred Prior to Current Year	On Claims Incurred During the Year	On Claims Unpaid at End of Previous Year	On Claims Incurred During the Year			
Description of Claims							
1. Hospital & Medical Claims	7,716,554	88,813,771		16,329,972	7,716,554	16,801,639	9,085,085
2. Drug Claims	(895,188)	68,980,640		3,399,036	(895,188)	3,503,767	4,398,955
3. Other	3,115,699	59,139,019		10,388,419	3,115,699	11,534,788	8,419,089
4. TOTAL	9,937,065	216,933,430	-	30,117,427	9,937,065	31,840,194	21,903,129

* Must equal Section 1, Col. B.

** Must equal Section 1, Col. C.

NOTE: The sum of the amounts reported on Line 4, Column D+E must equal the amount reported on Schedule F, Section II, Line 4, Column D.

NOTE: All three sections must be reported on a fiscal year basis.

N.Y. SCHEDULE H — FIVE-YEAR HISTORICAL DATA

A	B Current Year 2020	C 2019	D 2018	E 2017	F 2016
BALANCE SHEET ITEMS (Page NY2, NY3)					
1. Total Assets	133,132,463	103,695,334	99,440,864		
2. Total Liabilities	35,122,152	37,086,280	34,763,001		
3. Total Capital and Surplus	98,010,311	66,609,054	64,677,863		
4. Contingency Reserve	13,426,412	12,571,430	12,670,998		
5. Total Net Worth	98,010,311	66,609,054	64,677,863		
INCOME STATEMENT ITEMS (Page NY4)					
6. Net Premium Income	268,528,230	251,428,604	253,419,953		
7. Total Revenues	268,762,172	251,198,670	255,773,496		
8. Total Hospital and Medical expenses	225,147,728	237,541,018	219,927,684		
9. Total Administration expenses	12,573,930	12,073,032	12,100,452		
10. Net Income	31,401,257	1,931,192	23,745,361		
11. Member Months	479,095	482,644	485,867		
12. Net Premium Income (PMPM)	560.49	520.94	521.58	#DIV/0!	#DIV/0!
13. Total Revenues(PMPM)	560.98	520.46	526.43	#DIV/0!	#DIV/0!
14. Total Hospital And Medical Expenses (PMPM)	469.94	492.17	452.65	#DIV/0!	#DIV/0!
15. Total Administration Expenses (PMPM)	26.25	25.01	24.90	#DIV/0!	#DIV/0!
16. Net Income (PMPM)	65.54	4.00	48.87	#DIV/0!	#DIV/0!
FORMULAS					
17. Other Invested Assets/Total Assets	0.00	0.00			
18. Total Hospital and Medical Expenses / Net Premium IncomePremium	0.84	0.94			
19. Total Administration Expenses / Total Revenues	0.05	0.05			
UNPAID CLAIMS ANALYSIS					
20. Total Claims Paid During the Year etc. (From Schedule F, Section III, Col. F, Line 4)	9,937,065	14,079,234	9,462,920		
21. Estimated Liability of Unpaid Claims— Previous Year	31,840,194	29,324,100	30,095,351		

SCHEDULE I-1 — PARTICIPATING MUNICIPAL CORPORATIONS (OR SCHOOL DISTRICTS)

A	B Prior Year End	C 1st Quarter	D 2nd Quarter	E 3rd Quarter	F 4th Quarter
Number of Participating Municipal Corporations	19	19	19	19	19

SCHEDULE I-2 — EMPLOYEES AND RETIREES OF THE MUNICIPAL CORPORATION ENROLLED (OR SCHOOL DISTRICTS)

A	B Prior Year End	C 1st Quarter	D 2nd Quarter	E 3rd Quarter	F 4th Quarter
Number of employees and retirees enrolled	15,027	15,074	14,993	14,826	14,695

SCHEDULE I-3 — ENROLLMENT DATA (Participants)

A	B Prior Year End	C 1st Quarter	D 2nd Quarter	E 3rd Quarter	F 4th Quarter
Number of total lives covered	40,152	40,317	40,085	39,712	39,300

SCHEDULE J — REAL ESTATE

1 Description of Property	Location		4 Date Acquired	5 Date of Last Appraisal	6 Actual Cost	7 Amount of Encumbrances	8 Book/Adjusted Carrying Value Less Encumbrances	9 Fair Value Less Encumbrances	Change in Book/Adjusted Carrying Value Less Encumbrances			14 Gross Income Earned Less Interest Incurred on Encumbrances	15 Taxes, Repairs, and Expenses Incurred	
	2 City	3 State							10 Current Year's Depreciation	11 Current Year's Other Than Temporary Impairment Recognized	12 Current Year's Change in Encumbrances			13 Total Change in B./A.C.V. (12-10-11)
N/A														
0199999 Totals														

STATEMENT AS OF

December 31, 2020
(Year Ending)

OF THE

Rochester Area School Health Plan II Municipal
Cooperative Health Benefit Plan
(Name)

SCHEDULE K —CALCULATION OF SURPLUS PER SECTION 4706(a)(5)

	Current Year
1. Number of participating Municipal Corporations	19
2. Number of enrolled members	14,695
3. Maintains Stop-loss insurance as required by 4707(a)	Yes
3. Percentage used to calculate the Surplus per Section 4706(a)(5)	5.0%
4. Net premium income	268,528,230
5. Surplus per Section 4706(a)(5)	13,426,412

OVERFLOW PAGE FOR WRITE-INS

	Current Year 1 Total	Previous Year * 2 Total	Current Year 3 PMPM	Previous Year * 4 PMPM
Page NY 2				
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT				
ITEM 8 FOR INVESTED ASSETS				
0806.			XXX	XXX
0807.			XXX	XXX
0808.			XXX	XXX
0809.			XXX	XXX
0810.			XXX	XXX
0898. TOTALS (Items 0806 thru 0810)	-	-	XXX	XXX
Page NY 2				
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT				
ITEM 16 FOR OTHER THAN INVESTED ASSETS				
1606.			XXX	XXX
1607.			XXX	XXX
1608.			XXX	XXX
1609.			XXX	XXX
1610.			XXX	XXX
1698. TOTALS (Items 1606 thru 1610)	-	-	XXX	XXX
Page NY 3				
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT				
ITEM 10 FOR OTHER LIABILITIES				
1006.			XXX	XXX
1007.			XXX	XXX
1008.			XXX	XXX
1009.			XXX	XXX
1010.			XXX	XXX
1098. TOTALS (Items 1006 thru 1010)	-	-	XXX	XXX
Page NY 3				
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT				
ITEM 15 FOR CURRENT LIABILITIES				
1506.			XXX	XXX
1507.			XXX	XXX
1508.			XXX	XXX
1509.			XXX	XXX
1510.			XXX	XXX
1598. TOTALS (Items 1506 thru 1510)	-	-	XXX	XXX
Page NY 3				
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT				
ITEM 17 FOR SPECIAL SURPLUS FUNDS				
1706.			XXX	XXX
1707.			XXX	XXX
1708.			XXX	XXX
1709.			XXX	XXX
1710.			XXX	XXX
1798. TOTALS (Items 1706 thru 1710)	-	-	XXX	XXX
Page NY 4				
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT				
ITEM 4 FOR OTHER HEALTH CARE RELATED REVENUES				
0406.			-	-
0407.			-	-
0408.			-	-
0409.			-	-
0410.			-	-
0498. TOTALS (Items 0406 thru 0410)	-	-	-	-
Page NY 4				
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT				
ITEM 12 FOR OTHER HOSPITAL AND MEDICAL				
1206.			-	-
1207.			-	-
1208.			-	-
1209.			-	-
1210.			-	-
1298. TOTALS (Items 1206 thru 1210)	-	-	-	-
Page NY 4				
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT				
ITEM 14 FOR OTHER EXPENSES				
1406.			-	-
1407.			-	-
1408.			-	-
1409.			-	-
1410.			-	-
1498. TOTALS (Items 1406 thru 1410)	-	-	-	-
Page NY 4				
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT				
ITEM 19.8 FOR OTHER ADMINISTRATIVE EXPENSES				
19.806. Liability and Fiduciary Insurance	34,665	32,924	0	0
19.807. Administrative fee needing to be classified in Hospital and Medical	(762,920)		(2)	-
19.808.			-	-
19.809.			-	-
19.810.			-	-
19.898. TOTALS (Items 19.806 thru 19.810)	(728,255)	32,924	(2)	0
Page NY 4				
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT				
ITEM 26 FOR OTHER INCOME OR EXPENSES				
2606.			-	-
2607.			-	-
2608.			-	-
2609.			-	-
2610.			-	-
2698. TOTALS (Items 2606 thru 2610)	-	-	-	-

* As reported on Prior Year End filed Annual Statement

OVERFLOW PAGE FOR WRITE-INS

	Current Year		Previous Year *	
	1	2	1	2
	Total		Total	
Page NY5				
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT				
ITEM 45 FOR CHANGES IN OTHER NET WORTH ITEMS				
4506.				
4507.				
4508.				
4509.				
4510.				
4598. TOTALS (Items 4506 thru 4510)		-		-
Page NY5				
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT				
ITEM 46 FOR GAINS OR (LOSSES) IN SURPLUS				
4606.				
4607.				
4608.				
4609.				
4610.				
4698. TOTALS (Items 4606 thru 4610)		-		-

* As reported on Prior Year End filed Annual Statement.

OVERFLOW PAGE FOR SCHEDULE B — INVESTMENTS (BONDS)

1	2	Codes			6	7	Fair Value		10	11	Change in Book/Adjusted Carrying Value				Interest				Dates			
		3	4	5			8	9			12	13	14	15	16	17	18	19	20	21	22	
CUSIP Identification	Description	Code	Foreign	Bond Characteristics	NAIC Designation	Actual Cost	Rate Used to Obtain Fair Value	Fair Value	Par Value	Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Foreign Exchange Change in B./A. C. V.	Rate of	Effective Rate of	When Paid	Admitted Amount Due & Accrued	Amount Received During Year	Acquired	Stated Contractual Maturity Date	
XXX	List Bonds	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	N/A																					
0199998	Total Overflow Bonds					\$ -	XXX	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	XXX	XXX	XXX	XXX	\$ -	\$ -	XXX	XXX	

