

**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 QUARTER ENDING

September 30, 2023

To be filed 45 days from fiscal quarter 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

QUARTERLY STATEMENT

FOR THE QUARTER ENDING September 30, 2023

OF THE CONDITION AND AFFAIRS OF

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

A Municipal Cooperative Health Benefit Plan organized under the laws of the State of New York made to the New York State Department of Financial Services pursuant to the laws thereof.

Date Certified As An MCHBP: January 1, 2018
 Commenced Business: January 1, 2004
 Mailing Address: 3599 Big Ridge Road, Spencerport, NY 14559
 Address of Main Administrative Office: 3599 Big Ridge Road, Spencerport, NY 14559
 Telephone Number: 585-352-2400 Employer's ID Number: 82-2738684
 Principal Location of Books and Records: 3599 Big Ridge Road, Spencerport, NY 14559
 Name of Administrator: _____
 Name of Statement Contact Person: Jennifer Talbot
 Statement Contact Person E-mail: jennifer.talbot@monroe2boces.org Telephone Number: 585-352-2441
 Service Areas (Counties): Monroe

OFFICERS*

President: Scott Covell Other Officers: Vice Chairperson - John Abbott
 Secretary: Lou Alaimo Deputy Treasurer - Jennifer Talbot
 Chief Financial Officer: Steve Roland

GOVERNING BOARD*

Name	Title	Municipality
Scott Covell	Chairperson	Monroe 1 BOCES
Steve Roland	Treasurer	Monroe 2 - Orleans BOCES
Lou Alaimo	Secretary	Brighton Central School District
Darrin Winkley	Director	Brockport Central School District
Matthew DeAmaral	Director	Churchville-Chili Central School District
John Abbott	Director	East Irondequoit Central School District
Staci SanSoucie	Director	East Rochester Union Free School District
Matthew Stevens	Director	Fairport Central School District
Mitchell Ball	Director	Gates Chili Central School District
Romeo Colilli	Director	Greece Central School District
Adam Giest	Director	Hilton Central School District
Colin Pierce	Director	Honeoye Falls-Lima Central School District
Dan Drifill	Director	Penfield Central School District
Michael Vespi	Director	Pittsford Central School District
Andrew Whitmore	Director	Rush-Henrietta Central School District
Rick Wood	Director	Spencerport Central School District
Brian Freeman	Director	Webster Central School District
James Brennan	Director	West Irondequoit Central School District
Jessica Jackson	Director	Wheatland-Chili Central School District
Charlotte Kimberly-Haag	Director	Brighton Central School District (NYSUT Representative)
Kathy Occhioni	Director	Churchville-Chili Central School District (NYSUT Representative)
Dwayne Carbone	Director	Pittsford Central School District (NYSUT Representative)
Kevin Thomson	Director	Greece Central School District (NYSUT Representative)
Bill Gregory	Director	SAANYS

STATE OF New York

COUNTY OF Monroe

Scott Covell , President, Lou Alaimo , Secretary,
Steve Roland , Chief Financial Officer (or Corresponding person having charge of the financial

records of the MCHBP) of the Rochester Area School Health Plan II Municipal Cooperative Health Benefit Plan , being duly sworn, each for himself deposes and says that they are the above described officers of the said MCHBP, and that on the reporting period stated above, all of the herein assets were the absolute property of the said MCHBP, 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 MCHBP as of the reporting period stated above, and of its income and deductions therefrom for the period reported, according to the best of their information, knowledge and belief, respectively.

Subscribed And Sworn To Before Me This 18th Day of _____, _____, President

November 2023 (Month) _____, _____, Secretary

(Year) _____, _____, Chief Financial Officer

Melanie M. Dickson
 NOTARY PUBLIC
 (Seal)

 (Corporate Seal)

MELANIE M. DICKSON
 Notary Public, State of New York
 No. 01D16084720
 Qualified in Monroe County
 Commission Expires Dec. 16, 2024

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

- (b) If no:
- (i) state the amendment number _____
 - (ii) date filed _____
 - (iii) number of pages attached _____

*Show full name (initials not acceptable) and indicate by number sign (#) those officers and directors who did not occupy the indicated position in the previous statement.

QUARTERLY STATEMENT

FOR THE QUARTER ENDING September 30, 2023

OF THE CONDITION AND AFFAIRS OF

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

A Municipal Cooperative Health Benefit Plan organized under the laws of the State of New York made to the New York State Department of Financial Services pursuant to the laws thereof.

Date Certified As An MCHBP: January 1, 2018
Commenced Business: January 1, 2004
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Address of Main Administrative Office: 3599 Big Ridge Road, Spencerport, NY 14559
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Principal Location of Books and Records: 3599 Big Ridge Road, Spencerport, NY 14559
Name of Administrator:
Name of Statement Contact Person: Jennifer Talbot
Statement Contact Person E-mail: jennifer.talbot@monroe2boces.org Telephone Number: 585-352-2441
Service Areas (Counties): Monroe

OFFICERS*

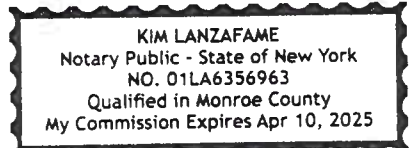
President: Scott Covell Other Officers: Vice Chairperson - John Abbott
Secretary: Lou Alaimo Deputy Treasurer - Jennifer Talbot
Chief Financial Officer: Steve Roland

GOVERNING BOARD*

Table with columns: Name, Title, Municipality. Lists board members such as Scott Covell (Chairperson), Steve Roland (Treasurer), and various school district representatives.

STATE OF New York COUNTY OF Monroe
Scott Covell, President, Lou Alaimo, Secretary, Steve Roland, Chief Financial Officer (or Corresponding person having charge of the financial records of the MCHBP) of the Rochester Area School Health Plan II Municipal Cooperative Health Benefit Plan, being duly sworn, each for himself deposes and says that they are the above described officers of the said MCHBP, and that on the reporting period stated above, all of the herein assets were the absolute property of the said MCHBP, 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 MCHBP as of the reporting period stated above, and of its income and deductions therefrom for the period reported, according to the best of their information, knowledge and belief, respectively.

Subscribed And Sworn To Before Me This 2nd Day of November 2023
Notary Public Seal: Kim Lanzafame
Signatures of President, Secretary, and Chief Financial Officer.



(a) IS THIS AN ORIGINAL FILING? Yes [X] No []
(b) If no: (i) state the amendment number, (ii) date filed, (iii) number of pages attached

*Show full name (initials not acceptable) and indicate by number sign (#) those officers and directors who did not occupy the indicated position in the previous statement.

REPORT #1 — PART A: ASSETS

	Current Quarter	Previous Year *
	1 Total	2 Total
1. Bonds (Schedule B line 0199999, Page NY 9)	60,793,773	55,223,611
2. Stocks:		
2.1 Preferred stocks (Schedule B line 0299999, Page NY9)	-	-
2.2 Common stocks (Schedule B line 0399999, Page NY 9)	-	-
3. Real estate		
4.1 Cash (Schedule A Line 0399999, Page NY 8)	12,250,299	21,389,811
4.2 Cash equivalents (Schedule A Line 0499999, Page NY 8)	64,567,212	62,535,277
4.3 Total Cash and Cash equivalents (Schedule A Line 0599999, Page NY 8)	76,817,511	83,925,088
5. Premiums receivable (Schedule C, NY 10)	12,020,980	6,045,460
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)	149,632,264	145,194,159
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)	149,632,264	145,194,159

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 Quarter	Previous Year *
	1	2
	Total	Total
1.1 Unpaid claims (Schedule F Line 4, Col D + E, Page NY 11)	41,509,793	35,142,014
1.2 Additional amount required by Section 4706(a)(1)	-	-
1.3 Total claims payable	41,509,793	35,142,014
2. Premiums received in advance	-	2,293,271
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)	358,230	345,971
12. Claim stabilization reserve	5,704,126	5,288,152
13. Unearned premiums	-	-
14. Loans and notes payable	-	-
15. Aggregate write-ins for current liabilities	-	-
16. Total liabilities (Lines 1.3 to 15)	47,572,149	43,069,408
17. Aggregate write-ins for special surplus funds	-	-
18. Gross paid-in and contributed surplus	-	-
19. Unassigned funds (surplus)	86,895,792	87,743,183
20. Surplus notes	-	-
21. Surplus per Section 4706(a)(5) **	15,164,323	14,381,568
22. Total capital and surplus (Lines 17 to 21)	102,060,115	102,124,751
23. Total liabilities, capital, and surplus (Lines 16 + 22)	149,632,264	145,194,159
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 3, 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 3, 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 3, item 17)	-	-

* As reported on Prior Year End filed Annual Statement.

** Calculation of current year reserves shown on NY14 (Schedule K).

REPORT #2 STATEMENT OF REVENUE, EXPENSES AND SURPLUS

	Current Fiscal Year to Date	Prior Fiscal Year to Date	Prior Fiscal Year*	Current Fiscal Year to Date	Prior Fiscal Year*
	1	2	3	4	5
	Total	Total	Total	PMPM	PMPM
1. Member Months	346,335	348,867	464,848	XXX	XXX
2. Net premium income:					
2.1 Basic	159,225,396	151,008,878	201,341,956	459.74	433.14
2.2 Drugs	68,239,455	64,718,091	86,289,409	197.03	185.63
2.3 Total	227,464,851	215,726,969	287,631,365	656.78	618.76
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	300,967	1,818,434	1,818,434	0.87	3.91
5. Non-health revenues	2,250,687	182,027	393,448	XXX	XXX
6. Total revenues (Items 2 to 5)	230,016,505	217,727,430	289,843,247	664.14	623.52
Hospital and Medical:					
7. Hospital/medical benefits	85,772,867	77,780,920	104,615,355	247.66	225.05
8. Other professional services	52,033,073	50,758,058	67,770,811	150.24	145.79
9. Outside referrals	-	-	-	-	-
10. Emergency room and out-of-area	7,597,509	6,418,928	8,671,568	21.94	18.65
11. Prescription drugs	66,471,514	59,238,616	79,848,115	191.93	171.77
12. Aggregate write-ins for other hospital and medical	7,653,728	3,172,015	2,296,392	22.10	4.94
13. Incentive pool, withhold adjustments and bonus amounts	-	-	-	-	-
14. Aggregate write-ins for other expenses	415,974	(33,453)	19,032	1.20	0.04
15. Subtotal (Lines 7 to 14)	219,944,665	197,335,084	263,221,273	635.06	566.25
Less:					
16. Net reinsurance recoveries	(87,253)	(86,169)	(114,876)	(0.25)	(0.25)
17. Total hospital and medical (Lines 15-16)	220,031,918	197,421,253	263,336,149	635.32	566.50
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	31,845	45,671	57,031	0.09	0.12
19.6 Administration Fees	6,583,906	6,497,395	8,678,818	19.01	18.67
19.7 Consulting Fees	-	-	-	-	-
19.8 Aggregate write-ins for other administrative expenses	3,433,472	3,395,041	4,550,078	9.91	9.79
19.9 Total administrative expenses	10,049,223	9,938,107	13,285,927	29.02	28.58
20. Increase in reserves for A&H contracts	-	-	-	-	-
21. Total underwriting deductions (Lines 17 to 20)	230,081,141	207,359,360	276,622,076	664.33	595.08
22. Net underwriting gain or (loss) (Lines 6 - 21)	(64,636)	10,368,070	13,221,171	(0.19)	28.44
23. Net investment income earned	-	-	-	-	-
24. Net realized capital gains or (losses) less capital gains taxes	-	-	-	-	-
25. Net investment gains or (losses) (Lines 23 + 24)	-	-	-	-	-
26. Aggregate write-ins for other income or expenses	-	-	(1)	-	(0.00)
27. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 22 + 25 + 26)	(64,636)	10,368,070	13,221,170	(0.19)	28.44
28. Federal income taxes incurred	-	-	-	-	-
29. Net income (loss) (Lines 27 - 28)	(64,636)	10,368,070	13,221,170	(0.19)	28.44
DETAILS OF WRITE-INS AGGREGATED AT ITEM 4 FOR OTHER HEALTH CARE RELATED REVENUES					
0401. <u>Excellus Performance Guarantee</u>	300,967	1,730,434	1,730,434	0.87	3.72
0402. <u>Excellus Reimbursement for share of DFS audit fee</u>	-	88,000	88,000	-	0.19
0403. <u></u>	-	-	-	-	-
0404. <u></u>	-	-	-	-	-
0405. <u></u>	-	-	-	-	-
0498. Summary of remaining write-ins for Item 4 from overflow page	-	-	-	-	-
0499. TOTALS (Items 0401 thru 0405 plus 0498) (Page 4, Item 4)	300,967	1,818,434	1,818,434	0.87	3.91
DETAILS OF WRITE-INS AGGREGATED AT ITEM 12 FOR OTHER HOSPITAL AND MEDICAL					
1201. <u>Other Hospital and Medical Claims</u>	2,565,866	2,633,071	3,317,932	7.41	7.14
1202. <u>Change in Claims Payable</u>	5,087,862	538,944	(1,021,540)	14.69	(2.20)
1203. <u></u>	-	-	-	-	-
1204. <u></u>	-	-	-	-	-
1205. <u></u>	-	-	-	-	-
1298. Summary of remaining write-ins for Item 12 from overflow page	-	-	-	-	-
1299. TOTALS (Items 1201 thru 1205 plus 1298) (Page 4, item 12)	7,653,728	3,172,015	2,296,392	22.10	4.94
DETAILS OF WRITE-INS AGGREGATED AT ITEM 14 FOR OTHER EXPENSES					
1401. <u>Change in Stabilization Reserve</u>	415,974	(33,453)	19,032	1.20	0.04
1402. <u></u>	-	-	-	-	-
1403. <u></u>	-	-	-	-	-
1404. <u></u>	-	-	-	-	-
1405. <u></u>	-	-	-	-	-
1498. Summary of remaining write-ins for Item 14 from overflow page	-	-	-	-	-
1499. TOTALS (Items 1401 thru 1405 plus 1498) (Page 4, item 14)	415,974	(33,453)	19,032	1.20	0.04
DETAILS OF WRITE-INS AGGREGATED AT ITEM 19.8 FOR OTHER ADMINISTRATIVE EXPENSES					
19.801. <u>PCORI and Reinsurance Fees</u>	85,090	79,632	79,632	0.25	0.17
19.802. <u>Covered Lives Assessment</u>	3,215,602	3,003,706	4,112,645	9.28	8.55
19.803. <u>AEA Fees</u>	80,462	87,511	113,616	0.23	0.24
19.804. <u>Miscellaneous Expenses</u>	14,861	-	19,896	0.04	0.04
19.805. <u>DFS Audit fees</u>	-	183,724	183,821	-	0.40
19.898. Summary of remaining write-ins for Item 19.8 from overflow page	37,457	40,468	40,468	0	0
19.899. TOTALS (Items 19.801 thru 19.805 plus 19.898) (Page 4, item 19.8)	3,433,472	3,395,041	4,550,078	9.91	9.79
DETAILS OF WRITE-INS AGGREGATED AT ITEM 26 FOR OTHER INCOME OR EXPENSES					
2601. <u>Change in Additional amount required by Section 4706(a)(1)</u>	-	-	(1)	-	(0.00)
2602. <u></u>	-	-	-	-	-
2603. <u></u>	-	-	-	-	-
2604. <u></u>	-	-	-	-	-
2605. <u></u>	-	-	-	-	-
2698. Summary of remaining write-ins for Item 26 from overflow page	-	-	-	-	-
2699. TOTALS (Items 2601 thru 2605 plus 2698) (Page 4, item 26)	-	-	(1)	-	(0.00)

* As reported on Prior Year End filed Annual Statement.

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

CAPITAL & SURPLUS ACCOUNT	Current Quarter		Previous Year *	
	1	2	1	2
	Total		Total	
30. Capital and surplus prior reporting year				
GAINS AND LOSSES TO CAPITAL & SURPLUS:				
31. Net income or (loss) from Line 29				
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)				
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				
47. Net change in capital and surplus (Lines 31 to 46)				
48. Capital and surplus end of reporting period (Line30 + 47)**				
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 5, item 45)				
DETAILS OF WRITE-INS AGGREGATED AT ITEM 46 FOR GAINS OR (LOSSES) IN SURPLUS				
4601. Change in Surplus	\$	97,407	\$	(826,828)
4602.				
4603.				
4604.				
4605.				
4698. Summary of remaining write-ins for Item 46 from overflow page				
4699. TOTALS (Items 4601 thru 4605 plus 4698) (Page 5, item 46)		97,407		(826,828)

* As reported on Prior Year End filed Annual Statement.

** Must agree with Page NY 3 Line 22

GENERAL INTERROGATORIES

1. a) Has any change been made since the last reporting date in the municipal cooperation agreement; administration agreement; plan document or the number of participating municipal corporations (or school districts)?
 Yes [] No [X]
- b) If "Yes", when was the filing request to change the agreements or documents filed with the Department of Financial Services?
 Date: N/A
- i) If "approved", when was the filing request approved?
 Date: _____
 Date: _____
 Date: _____
 Date: _____
- ii) If not "approved" yet, what is the status of the filing request and the status date?

 Date: N/A
 Date: _____
 Date: _____
 Date: _____

- c) If "Yes", attach current copies of the documents if they have not been previously submitted.
2. a) State as of what date the latest financial examination of the MCHBP was made or is being made.
 Date: 12/31/20
- b) State the as of date that the latest financial examination report became available from either the state or the company. This date should be the date of the examined balance sheet and not the date the report was completed or released.
 Date: N/A

3. a) Did any person, while an officer, director or trustee of the reporting entity, receive directly or indirectly, during the period covered by this statement, any commission on the business transactions of the reporting entity?
 Yes [] No [X]
- b) If "Yes", give particulars:

4. a) Was money loaned, directly or indirectly, during the period covered by this report to any employee, officer, or director of the MCHBP? If "Yes", please complete the schedule below.
 Yes [] No [X]

1 Name of Borrower	2 Position with MCHBP	3 Description of Loan	3 Original Loan Amount	4 Amount of Loan Principal Outstanding at Quarter End	5 Date Original Loan Was Issued
Totals					

b) Was money loaned, directly or indirectly, prior to the period covered by this report, with an amount still outstanding, to any employee, officer, or director of the MCHBP? If "Yes", please complete the schedule below.
 Yes [] No [X]

1 Name of Borrower	2 Position with MCHBP	3 Description of Loan	3 Original Loan Amount	4 Amount of Loan Principal Outstanding at Quarter End	5 Date Original Loan Was Issued
Totals					

5. a) Is the fiscal officer of the MCHBP covered by a fidelity bond?
 Yes [X] No []
- b) If "Yes", give name of the surety company, and amount of coverage:
Traveler's Casualty and Surety Co. of America - \$1,000,000 limit with retention of \$10,000 for each claim effective June 1, 2023 through June 1, 2024

6. a) Were all the stocks, bonds, and other securities owned as of the reporting period in the actual possession of the MCHBP on the said date?
 Yes [X] No []
- b) If "No", give location:

7. a) Excluding real estate and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a direct custodial agreement with a qualified bank or trust company in accordance with Section 1, III – General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC *Financial Condition Examiners Handbook*?
 Yes [X] No []

b) For agreements that conform to the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian's Address
M&T Bank	28 E Main Street, Rochester, NY 14614
JP Morgan Chase Bank	1 S. Clinton Ave, Floor 7, Rochester, NY 14604
Five Star Bank	55 North Main St. Warsaw, NY 14569

c) For all agreements that do not conform to the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)
N/A		

8. a) Is the purchase or sale of all investments of the MCHBP passed upon by either the Board of Governors or a subordinate committee thereof?
 Yes [] No [X]
- b) If "No", state who has the authority:
Treasurer / Deputy Treasurer
9. a) Has any present or former officer, director or any other person or firm filed any claim of any nature whatsoever against the MCHBP which is not included in the financial statements?
 Yes [] No [X]
- b) If "Yes", give details:

10. a) Has the MCHBP been subject to any administrative orders, cease and desist orders, fines or suspensions by any government entity during the reporting period?
 Yes [] No [X]
- b) If "Yes", give details (You need not report an action, either formal or informal, if a confidentiality clause is part of the agreement)

GENERAL INTERROGATORIES (Continued)

11. a) What is the percentage that the MCHBP uses for its claims payable reserve?

Hospital and Medical	Prescription
17%	5%
- b) Is the percentage used for claims payable reserve equal to the minimum requirement of 25% as per Insurance Law § 4706(a)(1)?

Yes []	No [X]	Yes []	No [X]
---------	----------	---------	----------
- c) If b) is "No", did the MCHBP file a request to use a lower percentage with the Department of Financial Services as per Insurance Law § 4706(a)(1)?

Yes [X]	No []	Yes [X]	No []
-----------	--------	-----------	--------
- d) If c) is "Yes", answer the following:
- i) When was the request filed with the Department of Financial Services? Date:

08/12/15	08/12/15
----------	----------
- ii) When was the request approved? Date:

12/29/17	12/29/17
----------	----------
- iii) If approved, please attach a copy of the approval letter.
12. 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: _____
13. a) Was the MCHBP's prior year's annual statement amended?

Yes [X]	No []
-----------	--------
- 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

1

- ii) Date of amendment

07/13/23

14. Does the reporting entity keep a complete permanent record of the proceedings of its governing board and all subordinate committees thereof?

Yes [X]	No []
-----------	--------
15. a) What is the 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 paid and provide the amount 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 |
|--|-----------|------------------|
| | N/A | |
| | | |
| | | |
| | | |
16. 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 (or school districts) during the next 90 days?

Yes []	No [X]
---------	----------

 Note: Planned refunds of any amounts in excess of reserves and surplus required by § 4706 of the New York Insurance Law occurring after the submission of this statement, but before the next required statement filing, should be reported to the Department with 30-days advance notice.
- b) If a) is "Yes", provide the following:
- i) Anticipated date of distribution. Date:

N/A

- ii) Anticipated amount of distribution.

--
17. 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 []
-----------	--------
- 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:

10/26/17

- iii) If approved, please attach a copy of the current community rating methodology as well as 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

18. a) Does the MCHBP maintain Stop-loss insurance as required by Insurance Law Section 4707(a)?

Yes [X]	No []
-----------	--------
- b) If a) is "No", was a waiver granted pursuant to Section 4707(b) of the Insurance Law?

Yes []	No []
---------	--------
- c) If b) is "Yes", answer the following
- i) When was the request filed with the Department of Financial Services? Date:

N/A

- ii) When was the request approved? Date:

N/A

- iii) If approved, please attach a copy of the approval letter.
- d) If b) is "No", the MCHBP is in violation of Section 4707(a) of the Insurance Law. Please explain how the MCHBP intends to correct this violation?

N/A

19. a) Has the MCHBP changed its CPA since the last Annual Statement filing?

Yes []	No [X]
---------	----------
- i) 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 []
---------	--------
- ii) If answer is No, please attach the required notifications to this submission. In addition, please provide the following information for the new CPA:
- iii) Name

N/A

- iv) Address

--
- v) Telephone Number

--
- vi) Email Address

--

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 Current Quarter	Amount of Interest Due & Accrued at end of Current Quarter	Balance
Depository -- Cash	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
M&T Checking Account		XXX	3.000	XXX	XXX	117,076	-	11,672,117
Chase Savings		XXX	2.970	XXX	XXX	3,358	-	578,170
Five Star Money Market		XXX	0.001	XXX	XXX	-	-	12
		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	120,434	-	12,250,299
0299999 Cash in Company's Office	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0399999 Total -- Cash	XXX	XXX	XXX	XXX	XXX	120,434	-	12,250,299
Description -- Cash Equivalent	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Five Star CD's (multiple)			4.25-5.36%			204,106		58,115,413
NYCLASS			5.140			7,300		1,007,399
Excellus - cash advance			0.000			-		5,444,400
0499999 Total -- Cash Equivalent	XXX	XXX	XXX	XXX	-	211,406	-	64,567,212
0599999 Total -- Cash and Cash Equivalent	XXX	XXX	XXX	XXX	\$ -	\$ 331,840	\$ -	\$ 76,817,511
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
Brighton CSD	79,193				-	\$ 79,193
East Rochester CSD	355,119	1,167			-	356,286
Fairport CSD	1,796,152				-	1,796,152
Greece CSD	3,074,753				-	3,074,753
Hilton CSD	1,114,288	1,111,859	1,105,717		-	3,331,864
Monroe I BOCES	1,790,299				-	1,790,299
Rush-Henrietta CSD	1,592,433				-	1,592,433
					-	-
					-	-
					-	-
0199999 Individually Listed Receivables	9,802,237	1,113,026	1,105,717	-	-	12,020,980
0299999 Receivables Not Individually Listed					-	-
0399999 Gross Premiums Receivable	9,802,237	1,113,026	1,105,717	-	-	12,020,980
0499999 Less Allowance for Doubtful Accounts						
0599999 Premiums Receivable						12,020,980

N.Y. SCHEDULE F — QUARTERLY UNPAID CLAIMS DEVELOPMENT SCHEDULE

A Description of Claims	Claims Paid During the Current Fiscal Year		Claims Unpaid at End of Current Quarter Viz: Estimated Liability at End of Current Quarter		F Total Claims Paid During the Fiscal Year and Claims Unpaid at End of Current Quarter on Claims Incurred in Prior Years (B + D)	G Estimated Liability of Unpaid Claims at End of Previous Fiscal Year	H Amount Unpaid Claims is Over or (Under) Reserved
	B On Claims Incurred Prior to the Current Fiscal Year	C On Claims Incurred During the Current Fiscal Year	D On Claims Unpaid at End of Previous Year	E On Claims Incurred During the Year			
1. Hospital & Medical Claims	10,038,035	85,810,955		23,375,731	10,038,035	19,751,472	9,713,437
2. Drug Claims	(723,704)	67,195,218		4,703,665	(723,704)	4,010,472	4,734,176
3. Other	3,146,836	49,302,210		13,430,397	3,146,836	11,380,070	8,233,234
4. TOTAL	12,461,167	202,308,383	-	41,509,793	12,461,167	35,142,014	22,680,847

NOTE: The sum of the amounts reported on Line 4, Column D+E must equal the amount reported on Page NY 3, Line 1.1, Column 1

NOTE: The amount reported on Line 4, Column G must equal the amount reported on Page NY 3, Line 1.1, Column 2, which must equal NY 3, Line 1.1, Column 1 of the previous annual statement.

NOTE: The Additional Amount Required by Section 4706(a)(1) of the New York Insurance Law is no longer included on this Schedule, but is now included on line 1.2 of page NY 3.

SCHEDULE G — ACCOUNTS PAYABLE

Individually list all creditors of \$5,000 or more or 10% of total trade accounts payable, whichever is larger. Group the total of all other payables and enter on the line titled, "Aggregate Accounts Not Individually Listed - Due". Report accounts payable from the initial date of billing or due date under contract.

Account	1 1-30 Days	2 31-60 Days	3 61-90 Days	4 91 - 120 Days	5 Over 120 Days	6 Total
Excelsus - Covered Lives Assessment - September	358,230					358,230
0199999 Total Accounts Payable - Individually Listed	358,230					358,230
0299999 Aggregate Accounts Not Individually Listed - Due						
0399999 Aggregate Accounts Not Individually Listed - Accrued but Not Yet Due						
9999999 Total Accounts Payable	358,230					358,230

The columns for future quarters should be left blank; however, all previous quarters and prior year end columns should be completed. In addition, please note that you are not to add the current quarter to the previous quarter or prior year end values as these columns are an actual count as of the last day of the quarter and are not cumulative.

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	

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

A	B Prior Year End	C 1st Quarter	D 2nd Quarter	E 3rd Quarter	F 4th Quarter
Number of employees and retirees enrolled	14,521	14,515	14,444	14,523	

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	38,669	38,589	38,382	38,536	

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

	Current Quarter
1. Number of participating Municipal Corporations (or school districts)	19
2. Number of enrolled members	14,523
3. Maintains Stop-loss insurance as required by 4707(a)	Yes
4. Percentage used to calculate the Surplus per Section 4706(a)(5)	5.0%
5. Annualized Net premium income	303,286,468
6. Surplus per Section 4706(a)(5) using Annualized Net Premium Income	15,164,323
7. Surplus per Section 4706(a)(5) From last Fiscal Year Statement	14,381,568
8. Surplus per Section 4706(a)(5) to be reported on page NY 3, Line 21, Col 1	15,164,323

OVERFLOW PAGE FOR WRITE-INS

	Current Quarter 1 Total	Prior Year to Date 2 Total	Previous Year * 3 Total	Current Quarter 4 PMPM	Previous Year * 5 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	37,457	40,468	40,468	0	0
19.807.				-	-
19.808.				-	-
19.809.				-	-
19.810.				-	-
19.898. TOTALS (Items 19.806 thru 19.810)	37,457	40,468	40,468	0	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 Quarter	Previous Year *
	1	3
	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.

From: Youngs, Warren (DFS) [mailto:Warren.Youngs@dfs.ny.gov]
Sent: Tuesday, August 08, 2017 5:39 PM
To: Lugo, Alexandra E.
Cc: Hurley, Thomas; Wiest, Stephen (DFS); Gralton, Christine A (DFS); Blackman, Andre (DFS)
Subject: Rochester Area School Health Plan II (RASHP II or Plan): Application for Certificate of Authority (COA) - 8/8/17 DFS comments/questions/requests

Ms. Lugo:

The New York State Department of Financial Services (DFS) has the following comments/questions/requests related to RASHP II's COA application and supporting documentation:

1. At this time DFS is not in a position to grant the Plan's request for a waiver of the stop loss requirements under Section 4707 of the New York Insurance Law (NYIL). Therefore, the Plan is required to obtain stop-loss coverage in full compliance with the requirements of Section 4707 of the NYIL. The projections will have to be updated to reflect the stop-loss coverage. In addition, a statement, certified by the governing board, that adequate aggregate and specific stop loss insurance coverage has been obtained and maintained, to the extent required by Section 4707 of the NYIL, and a copy of the written commitment, binder or stop-loss policy or policies must be submitted. **Gallagher, please confirm the financials we submitted justify a waiver of the stop-loss requirement.**
2. The Plan's request to reduce the required NYIL Section 4706(a)(1) reserve percentage from 25% to 5% for prescriptions and 17% for all other benefits is granted; however, the determination of each reserve (prescription & medical) must be shown separately in the financial projections (i.e. an average of 14% cannot be used). **Gallagher, can you prepare?**
3. Please submit revised projections taking into account items 1 & 2 above. Please indicate the Plan's intention regarding when it anticipates beginning operations as a NYIL Article 47 cooperative (i.e. if a COA could be issued in 2017, is the Plan ready to begin operations under NYIL Article 47 in 2017 or would the Plan prefer that the COA be issued effective 1/1/18?). Given the fact that Excellus needs 90 days to make the switch, we think it makes sense to request that a COA be issued effective 1/1/18. We should use this request to impress upon DFS that Excellus will need 90 days to transition, and that we need assurances before 10/1/17 that a COA will be issued effective 1/1/18. The projections should be 2018 through 2020. Gallagher, can you prepare? If the Plan anticipates beginning operations in 2017 under NYIL Article 47, then projections covering part of 2017 will also have to be submitted.
4. Please provide a projected balance sheet for the Plan at the following periods: Pre-Day One (Last day under the Minimum Premium Arrangement) and Day One (First Day as an Article 47 Municipal Cooperative). Gallagher, can you prepare?
5. Chief Fiscal Officer Bond Information – until DFS has reviewed the amended version of the Crime Policy, it cannot be determined if the previously noted DFS concerns have been adequately addressed. Please submit the revised policy as soon as possible. I have reached out to Greg Hawk to see if Travelers has finalized the amended policy yet.
6. Administrative Services Agreement (ASA) between RASHP II and Excellus Health Plan, Inc. (ExcellusBCBS) Section 6.4 Security for Run-out Claims: As RASHP II is going to setup a secured account established pursuant to a security agreement, the draft security agreement needs to be submitted now rather than later as the agreement needs to be reviewed. If the Plan does not submit the draft agreement until a later time it could delay completion of the COA application review. Scott and Mike -- let's discuss the timing on this.

7. ASA Section 6.4 Security for Run-out Claims: Please provide the calculation of the \$14,105,300 initial principal amount to cover payment of run-out claims. Gallagher, can you prepare a response?
8. ASA Section 3.5 Security for Performance: "Excellus BlueCross BlueShield will furnish a surety bond, irrevocable letter of credit or equivalent security, in a form and amount acceptable to the Municipal Consortium, to secure its performance under this Agreement. Excellus has provided acceptable security to Municipal Consortium in the form of Errors & Omissions Insurance and Financial Institutions Bond Insurance (Crime Policy) that would cover losses related to Excellus' administration of the Plan." Please explain how Errors & Omissions Insurance and Financial Institutions Bond Insurance fall within the requirements of the first sentence of the noted section. In addition, in the previous version of the ASA (September) ExcellusBCBS was supposed to provide security in the amount of \$18,000,000, even if the two noted policies are within the parameters of the first sentence, how much coverage is being provided? HSE will work with Excellus to prepare a response.
9. As previously noted to the Plan, regarding the three bank accounts that show Monroe 2 Orleans BOCES – RASHP II as the account holder, as a NYIL Article 47 entity, RASHP II has to be the owner of the accounts containing its assets. Thus, the Plan will need to establish accounts that it owns to hold its assets. Your 3/30/17 e-mail response has been considered; however, other NYIL Article 47 municipal cooperative health benefit plans do have bank accounts set up with the NYIL Article 47 entity as the owner of the account, thus, RASHP II needs to setup accounts that it owns to hold the Plan's assets. Scott -- let's discuss. To the extent the Plan needs to secure a federal tax ID in order to open its own accounts, the IRS website indicates this can be secured within a week or two <https://www.irs.gov/businesses/small-businesses-self-employed/how-long-will-it-take-to-get-an-ein>.
10. Coordination Services Agreement: Deletion of paragraph 2 A: Based on your 3/30/17 e-mail response, it is not clear that the agreements with the other parties referenced (i.e. Gallagher, Excellus) actually cover each of the items noted in paragraph 2 A. Please provide specific references to the provisions in the other agreements that cover each of the entities/persons noted in said paragraph. HSE to prepare response.
11. Your 3/30/17 e-mail response indicates that Lou Alaimo takes board of directors meeting minutes. Please identify Mr. Alaimo's employer and his position. Scott -- please confirm that Lou is the Assistant Superintendent for Administrative Services for the Brighton Central School District.
12. Per your 3/30/17 e-mail response "... They are charged as an annual administrative fee which is a base fee per member structure that was agreed upon by the participants. That administrative fee (\$5.18 per person enrolled in RASHP per year) incorporates the entire suite of services provided by Monroe 2 for RASHP..." (emphasis added) Please confirm that "per member" and "per person enrolled in RASHP per year" has the same meaning. We will confirm. Please provide the basis for the \$5.18 charge. Scott -- this request is ridiculous, but we need to provide a response nonetheless. My thought is to respond that the charge is the product of negotiation between the districts and unions, and is intended to reimburse Monroe 2 for its direct costs incurred in the administration of the Plan. I would also like to note to DFS that this is well below market rates for plan administration services. Please confirm that the \$5.18 charge is paid 100% by the Plan participants and that the Plan is not billed for any portion of such fee. Scott -- my understanding is that this is correct but please confirm.
13. Per the 12/31/16 CPA audit report Note 5, the claim deposit fund (minimum average weekly claims) was \$3,773,700 as of December 31, 2016. Per the ASA Section 6.2 the claim deposit fund is \$366,600 (approximate equivalent of anticipated claims volume for one week). Please explain

- why the “weekly claim volume” amounts under the current fully insured plan versus the proposed self-funded plan are so vastly different. Gallagher, can you prepare a response?
14. Please provide a breakdown of the approximately \$15.7 million Accounts payable amount shown in the 12/31/16 CPA audit report and the 12/31/16 Treasurer’s Report. Gallagher, can you prepare a response?
 15. In 2016 and 2015 RASHP II lost significant amounts, \$11,721,011 and \$6,276,403, respectively. Please explain the reason(s) for the significant losses and what the Plan has done to reverse this negative trend for 2017. In addition, please provide the Treasurer’s Report as of 7/31/17, if available, otherwise then as of 6/30/17. Gallagher, can you prepare a response?

The DFS review of the RASHP II COA application continues and any additional questions/comments on the items submitted will be sent under separate cover.

Please respond as soon as possible.

Thanks.

Warren Youngs
Supervising Insurance Examiner, Health Bureau

NYS Department of Financial Services
One State Street, New York, NY 10004
(212) 480-3883 | warren.youngs@dfs.ny.gov

www.dfs.ny.gov

NY7 17b) iii

David Boyd, David A (DFS) [mailto:David.Boyd@dfs.ny.gov]

Sent: Friday, October 27, 2017 1:25 PM

To: Lugo, Alexandra E.; Blackman, Andre (DFS); Wiest, Stephen (DFS); Youngs, Warren (DFS); Gralton, Christine A (DFS); Donovan, Emily A (DFS); Mensah, Kofi (DFS)

Cc: Hurley, Thomas

Subject: RE: RASHP II 2018 Rates for DFS

The attached premium equivalent rates for 2018 have been found acceptable.

When the final Summary Plan Documents are submitted, please include a rates sheet for the plans covering the applicable time period.

David Boyd, PhD, ASA

Principal Actuary
Health Bureau

New York State Department of Financial Services
One Commerce Plaza, Albany, NY 12257
Ph: (518) 474-5394 | David.Boyd@dfs.ny.gov

www.dfs.ny.gov

From: Lugo, Alexandra E. [mailto:alugo@hselaw.com]

Sent: Thursday, October 26, 2017 2:28 PM

To: Blackman, Andre (DFS) <Andre.Blackman@dfs.ny.gov>; Wiest, Stephen (DFS) <stephen.wiest@dfs.ny.gov>; Youngs, Warren (DFS) <Warren.Youngs@dfs.ny.gov>; Gralton, Christine A (DFS) <christine.gralton@dfs.ny.gov>; Boyd, David A (DFS) <David.Boyd@dfs.ny.gov>; Donovan, Emily A (DFS) <Emily.Donovan@dfs.ny.gov>; Mensah, Kofi (DFS) <Kofi.Mensah@dfs.ny.gov>

Cc: Hurley, Thomas <thurley@hselaw.com>

Subject: FW: RASHP II 2018 Rates for DFS

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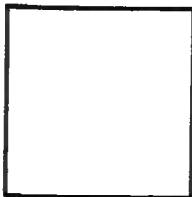
All,

Please find attached the rate setting exhibit prepared by Gallagher regarding the rates approved by the RASHP board a few weeks ago. Gallagher has also provided a description of the exhibit in their email below.

Let me know if you have any questions, or whether it would be helpful to set up a call with Gallagher to discuss anything. Please also note that the revised projections and pre-day one and day one balance sheets requested in Mr. Blackman's email sent yesterday will be sent very soon, as Gallagher is close to finishing those revisions.

Thank you,

Alexandra



Alexandra E. Lugo, Associate
Harter Secrest & Emery LLP, Attorneys and Counselors
50 Fountain Plaza, Suite 1000, Buffalo, NY 14202-2293
Firm 716.853.1616 Direct 716.844.3750 Fax 716.853.1617
ALugo@hselaw.com vCard Bio
www.hselaw.com

Rochester Area Schools Health Plan II
2018 Rate Setting

Gallagher Actuary Calculation - 2018
Current Minimum Premium

Budget	
Contracts	15,175
Current Premium	238,485,000

	9/2015 - 8/2016	9/2016 - 8/2017
Starting Claims Base	199,846,024	206,524,121
Medical Trend	6.0%	6.0%
Rx Trend	10.0%	10.0%
Trend	7.0%	7.0%
Midpoint to Midpoint Months	28	36
Impact of Contract Loss in period	98.97%	99.54%

RASHP Board Approved Budget - 2018
Current Minimum Premium

Budget	
Contracts	15,175
Current Premium	238,485,000

Adjustments
Expected Claims Loaded 1.2% for Conservatism
Contribution to Reserve Increased for Conservatism
MIT reflects increased claims

RASHP Proposed Self-Funded - 2018
Self-Funded

Budget	
Contracts	15,175
Current Premium	238,485,000

Adjustments
Add Stoploss Premium
Eliminate Health Insurer Tax
Reduce Administration Fee
Increase Contribution to Reserve

Estimated Expenses		
Estimated Claims	227,735,109	0.1%
Other Expenses	200,000	
Cash Cap Recoup	-	
Stoploss Premium	-	
Estimated Administration	9,857,228	
Estimated Covered Lives Assessment	4,554,321	
Cedillac Tax	-	
Estimated Health Insurer Tax	7,598,392	3.2%
Estimated PCORI Tax	93,855	
Estimated Reinsurance Fee	-	
Contribution to Reserve	2,846,659	1.2%
Total Estimated Expenses	\$ 252,973,588	6.1%
Estimated Revenue		
Preliminary Premium Income	\$ 252,973,588	
Anticipated Contract Migration	\$ (2,762,000)	
Anticipated Premium Income	\$ 250,211,588	
Estimated Rate Shortfall	\$ 2,762,000	1.2%
Total Estimated Premium Income	\$ 252,973,588	7.2%
Adjusted Increase		
Extended	9.3%	
Select	7.9%	
Value	7.1%	
HDHP	7.1%	
Bronze	18.6%	

Estimated Expenses		
Estimated Claims	230,468,000	0.1%
Other Expenses	200,000	
Cash Cap Recoup	-	
Stoploss Premium	-	
Estimated Administration	9,857,228	
Estimated Covered Lives Assessment	4,554,321	
Cedillac Tax	-	
Estimated Health Insurer Tax	7,691,620	3.2%
Estimated PCORI Tax	93,855	
Estimated Reinsurance Fee	-	
Contribution to Reserve	2,995,000	1.3%
Total Estimated Expenses	\$ 255,961,024	7.3%
Estimated Revenue		
Preliminary Premium Income	\$ 255,961,024	
Anticipated Contract Migration	\$ (2,762,000)	
Anticipated Premium Income	\$ 253,199,024	
Estimated Rate Shortfall	\$ 2,762,000	1.2%
Total Estimated Premium Income	\$ 255,961,024	8.5%
Adjusted Increase		
Extended	10.6%	
Select	9.3%	
Value	8.4%	
HDHP	8.4%	
Bronze	19.5%	

Estimated Expenses		
Estimated Claims	230,468,000	
Other Expenses	200,000	
Cash Cap Recoup	-	
Stoploss Premium	1,985,748	
Estimated Administration	7,651,842	
Estimated Covered Lives Assessment	4,554,321	
Cedillac Tax	-	
Estimated Health Insurer Tax	-	
Estimated PCORI Tax	93,855	
Estimated Reinsurance Fee	-	
Contribution to Reserve	11,607,259	
Total Estimated Expenses	\$ 255,961,024	7.3%
Estimated Revenue		
Preliminary Premium Income	\$ 255,961,024	
Anticipated Contract Migration	\$ (2,762,000)	
Anticipated Premium Income	\$ 253,199,024	
Estimated Rate Shortfall	\$ 2,762,000	1.2%
Total Estimated Premium Income	\$ 255,961,024	8.5%
Adjusted Increase		
Extended	10.6%	
Select	9.3%	
Value	8.4%	
HDHP	8.4%	
Bronze	19.5%	

EXCELLUS HEALTH PLAN, INC
ROCHESTER REGION

GROUP INFORMATION

STOP LOSS QUOTE

ASC
Local Proposal

Group Name: RASHP II
Group Numbers: 00044333
Contract Effective Date: January 1, 2018
Contract Basis: 12/18
Incurred: 1/01/18 - 12/31/18
Paid: 1/01/18 - 6/30/19
Number of Contracts, per Month: 15,012

Contract Basis
Incurred in 12, Paid in 18

SPECIFIC DEDUCTIBLE	Aggregating Specific Deductible Amount	Premium Per Contract, Per Month	Specific Lifetime Reimbursement per Covered Person	Expected Specific Annual Premium	ACCEPTED	
\$1,000,000	\$50,000	\$7.51	Unlimited	\$1,353,322	YES NO	
AGGREGATE with 125% Corridor		Premium Per Contract, Per Month	Expected Annual Premium	Monthly Aggregate Deductible Factor	Expected Annual Aggregate Deductible	ACCEPTED
With \$1Mil Specific		\$0.18	\$32,426	\$1,687.51	\$303,995,522	YES NO

COMMENTS

Please indicate the Stop Loss proposal you are accepting by circling Yes or No above and sign below
A Contract and Application have also been provided for your signature.

THE AGGREGATING SPECIFIC DEDUCTIBLE AMOUNT FOR THIS POLICY PERIOD IS \$50,000 AND IF CHOSEN WILL OPERATE AS FOLLOWS
A SPECIFIC STOP LOSS REIMBURSEMENT WILL NOT BE PAID BY EXCELLUS TO RASHP II UNTIL THE AGGREGATING SPECIFIC DEDUCTIBLE HAS BEEN SATISFIED

THE ABOVE QUOTE IS SUBJECT TO FINAL LARGE CLAIMANT REVIEW & CURRENT DATA ANALYSIS
COVERED BENEFITS INCLUDE MEDICAL AND RX
SHOULD ENROLLMENT VARY BY +/-15%, WE RESERVE THE RIGHT TO RE-QUOTE.
A SURCHARGE FOR THIRD PARTY REPORTING WILL APPLY IF THE STOP LOSS COVERAGE IS PURCHASED THROUGH AN EXTERNAL VENDOR.
THE ABOVE QUOTE IS BASED ON 15,012 CONTRACTS
AGGREGATE ONLY COVERAGE IS NOT OFFERED
THE QUOTE IS BASED ON AN ANNUAL AGGREGATE MAXIMUM REIMBURSEMENT OF \$1,000,000
RASHP II MEDICARE ELIGIBLE RETIREES ARE INCLUDED IN THE ABOVE QUOTE.
THERE IS NO COMMISSION INCLUDED IN THE RATES LISTED
THE ABOVE QUOTE MUST BE ACCEPTED BY NOVEMBER 17, 2017 OTHERWISE RATES MAY BE RE-QUOTED.

Accepted By _____

Date _____

Title _____



EXHIBIT E
APPLICATION FOR APPROVAL OF COMMUNITY RATING METHODOLOGY

1. Self Funding Renewal Premium Equivalent Rates 2017 Renewal and 2018 Proposed

	2017 Headcount	2017 Rates	Projected 2018 Headcount	Proposed 2018 Rates
Extended Plan*				
Employee Only	84	\$838.20	43	\$927.00
Employee + Spouse	45	\$1,927.10	24	\$2,131.40
Employee + Child(ren)	2	\$2,110.50	1	\$2,334.20
Employee + Family	21	\$2,220.70	11	\$2,456.10
Select Plan*				
Employee Only	876	\$708.40	457	\$774.30
Employee + Spouse	610	\$1,630.30	318	\$1,781.90
Employee + Child(ren)	46	\$1,785.10	24	\$1,951.10
Employee + Family	819	\$1,878.30	427	\$2,053.00
Value Plan*				
Employee Only	3,034	\$605.80	3,266	\$656.70
Employee + Spouse	3,050	\$1,393.90	3,283	\$1,511.00
Employee + Child(ren)	480	\$1,525.90	517	\$1,654.10
Employee + Family	5,867	\$1,605.70	6,315	\$1,740.60
HDHP				
Employee Only	103	\$436.20	218	\$472.80
Employee + Spouse	48	\$1,003.50	102	\$1,087.80
Employee + Child(ren)	11	\$1,098.60	23	\$1,190.90
Employee + Family	62	\$1,156.00	131	\$1,253.10
Bronze HDHP				
Employee Only	10	\$359.64	10	\$431.20
Employee + Spouse	5	\$708.14	5	\$849.10
Employee + Child(ren)	0	\$658.81	0	\$789.90
Employee + Family	2	\$1,097.90	2	\$1,316.40

* Approximately 3% of employees have a slightly more rich vision benefit as part of the plan. The impact on premium for these employees is approximately 0.3%.