

**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, 2023

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

MUNICIPAL COOPERATIVE HEALTH BENEFIT PLANS (MCHBP) — NEW YORK DATA REQUIREMENTS

ANNUAL STATEMENT

FOR THE PERIOD ENDING December 31, 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 A 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*

Table with 3 columns: Name, Title, Municipality. Lists board members such as Scott Covell (Chairperson), Steve Roland (Treasurer), Lou Alaimo (Secretary), and various directors from municipalities like Monroe I BOCES, Brighton Central School District, etc.

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 depose and say 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 14th Day of April, 2024
Notary Public: Kelly M. Mutschler
President, Secretary, Chief Financial Officer

NOTARY PUBLIC (Seal)
KELLY M. MUTSCHLER
Notary Public-State of New York
No. 01MU6407319
Qualified in Monroe County
Commission Expires 05/26/2024

- (a) Is this an original filing? Yes [] 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.

ANNUAL STATEMENT

FOR THE PERIOD ENDING December 31, 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.

Form fields for Date Certified As A MCHBP, Commenced Business, Mailing Address, Address of Main Administrative Office, Telephone Number, Principal Location of Books and Records, Name of Administrator, Name of Statement Contact Person, Statement Contact Person E-mail, and Service Areas (Counties).

OFFICERS*

Form fields for President (Scott Covell), Secretary (Lou Alaimo), Chief Financial Officer (Steve Roland), and Other Officers (Vice Chairperson - John Abbott, Deputy Treasurer - Jennifer Talbot).

GOVERNING BOARD*

Table with columns for Name, Title, and Municipality. Lists board members such as Scott Covell (Chairperson), Steve Roland (Treasurer), Lou Alaimo (Secretary), and various directors from municipalities including Monroe, Brighton, and West Irondequoit.

STATE OF New York

COUNTY OF Monroe

Notarization text: 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 depose and say that they are the above described officers of the said MCHBP...

Subscribed And Sworn To Before Me This 21st Day of March 2024

Notary Public signature and seal: LISA HARTMAN, Notary Public, State of New York, County of Monroe, Commission Expires June 21, 2021

Signatures of officers: Scott Covell (President), Lou Alaimo (Secretary), Steve Roland (Chief Financial Officer)

Form for filing status: (a) Is this an original filing? Yes [] 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.

STATEMENT AS OF

December 31, 2023
(Year Ending)

OF THE

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

REPORT #1 — PART A: ASSETS

	Current Year	Previous Year *
	1 Total	2 Total
1. Bonds (Schedule B line 0199999)	58,959,481	55,223,611
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)	16,969,306	21,389,811
4.2 Cash equivalents (Schedule A Line 0499999)	62,884,386	62,535,277
4.3 Total cash and cash equivalents (Schedule A Line 0599999)	79,853,692	83,925,088
5. Premiums receivable (Schedule C, NY 10)	5,135,553	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)	143,948,726	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)	143,948,726	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 NY2, 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 NY2, item 16)	-	-

* As reported on Prior Year End filed Annual Statement.

REPORT #1 — PART B: LIABILITIES AND SURPLUS

	Current Year	Previous Year *
	1 Total	2 Total
1.1 Unpaid claims (Schedule F, NY11)	39,694,442	35,142,014
1.2 Additional amount required by Section 4706(a)(1)	0	
1.3 Total claims payable	39,694,442	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)	372,907	345,971
12. Claim stabilization reserve	5,926,646	5,288,152
13. Unearned premiums		
14. Loans and notes payable	-	-
15. Aggregate write-ins for current liabilities	-	-
16. Total liabilities (Lines 1 to 16)	45,993,995	43,069,408
17. Aggregate write-ins for special surplus funds	-	-
18. Gross paid-in and contributed surplus		
19. Unassigned funds (surplus)	82,771,562	87,743,183
20. Surplus notes		
21. Surplus per Section 4706(a)(5) **	15,183,169	14,381,568
22. Total capital and surplus (Lines 17 to 21)	97,954,731	102,124,751
23. Total liabilities, capital, and surplus (Lines 16 + 22)	143,948,726	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 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).

REPORT #2 STATEMENT OF REVENUE, EXPENSES AND SURPLUS

	Current Year 1 Total	Previous Year * 2 Total	Current Year 3 PMPM XXX	Previous Year * 4 PMPM XXX
1. Member Months	461,917	464,848		
2. Net premium income:				
2.1 Basic	212,564,367	201,341,956	460.18	433.14
2.2 Drugs	91,099,014	86,289,409	197.22	185.63
2.3 Total	303,663,381	287,631,365	657.40	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	300,968	1,818,434	0.65	3.91
5. Non-health revenues	3,676,178	393,448	XXX	XXX
6. Total revenues (Items 2 to 5)	307,640,527	289,843,247	666.01	623.52
Hospital and Medical:				
7. Hospital/medical benefits	120,580,453	104,615,355	261.04	225.05
8. Other professional services	70,482,369	67,770,811	152.59	145.79
9. Outside referrals	-	-	-	-
10. Emergency room and out-of-area	10,264,272	8,671,568	22.22	18.65
11. Prescription drugs	91,740,308	79,848,115	198.61	171.77
12. Aggregate write-ins for other hospital and medical	4,591,750	2,296,392	9.94	4.94
13. Incentive pool, withhold adjustments and bonus amounts	-	-	-	-
14. Aggregate write-ins for other expenses	638,494	19,032	1.38	0.04
15. Subtotal (Lines 7 to 14)	298,297,646	263,221,273	645.78	566.25
Less:				
16. Net reinsurance recoveries	(116,454)	(114,876)	(0.25)	(0.25)
17. Total hospital and medical (Lines 15-16)	298,414,100	263,336,149	646.03	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	33,083	57,031	0.07	0.12
19.6 Administration Fees	8,806,697	8,678,818	19.07	18.67
19.7 Consulting Fees	-	-	-	-
19.8 Aggregate write-ins for other administrative expenses	4,556,667	4,550,078	9.86	9.79
19.9 Total administrative expenses	13,396,447	13,285,927	29.00	28.58
20. Increase in reserves for A&H contracts	-	-	-	-
21. Total underwriting deductions (Lines 17 to 20)	311,810,547	276,622,076	675.04	595.08
22. Net underwriting gain or (loss) (Lines 6 - 21)	(4,170,020)	13,221,171	(9.03)	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)	(4,170,020)	13,221,170	(9.03)	28.44
28. Federal income taxes incurred	-	-	-	-
29. Net income (loss) (Lines 27 - 28)	(4,170,020)	13,221,170	(9.03)	28.44
DETAILS OF WRITE-INS AGGREGATED AT ITEM 4 FOR OTHER HEALTH CARE RELATED REVENUES				
0401. Excellus Performance Guarantee	300,968	1,730,434	0.65	3.72
0402. Excellus reimbursement for share of DFS audit fees	-	88,000	-	0.19
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)	300,968	1,818,434	0.65	3.91
DETAILS OF WRITE-INS AGGREGATED AT ITEM 12 FOR OTHER HOSPITAL AND MEDICAL				
1201. Other Hospital and Medical Claims	3,264,883	3,317,932	7.07	7.14
1202. Change in Claims Payable	1,326,867	(1,021,540)	2.87	(2.20)
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)	4,591,750	2,296,392	9.94	4.94
DETAILS OF WRITE-INS AGGREGATED AT ITEM 14 FOR OTHER EXPENSES				
1401. Change in Stabilization Reserve	638,494	19,032	1.38	0.04
1402. _____	-	-	-	-
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)	638,494	19,032	1.38	0.04
DETAILS OF WRITE-INS AGGREGATED AT ITEM 19.8 FOR OTHER ADMINISTRATIVE EXPENSES				
19.801. PCORI and Reinsurance Fees	85,089	79,632	0.18	0.17
19.802. Covered Lives Assessment	4,289,588	4,112,645	9.29	8.85
19.803. AEA Fees	110,940	113,616	0.24	0.24
19.804. Miscellaneous expenses	33,593	19,896	0.07	0.04
19.805. DFS Audit fees	-	183,821	-	0.40
19.898. Summary of remaining write-ins for Item 19.8 from overflow page	37,457	40,488	0	0
19.899. TOTALS (Items 19.801 thru 19.805 plus 19.898) (Page NY4, item 19.8)	4,556,667	4,550,078	9.86	9.79
DETAILS OF WRITE-INS AGGREGATED AT ITEM 26 FOR OTHER INCOME OR EXPENSES				
2601. Change in Additional amount required by Section 4706(a)(1)	-	(1)	-	(0.00)
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)	-	(1)	-	(0.00)

* As reported on Prior Year-end filed Annual Statement.

Rochester Area School Health Plan II Municipal Cooperative Health Benefit

STATEMENT AS OF December 31, 2023 OF THE Plan
 (Year Ending) (Name)

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

CAPITAL & SURPLUS ACCOUNT	Current Year	Previous Year *
	1	2
	Total	Total
30. Capital and surplus prior reporting year	102,124,751	88,903,581
GAINS AND LOSSES TO CAPITAL & SURPLUS:		
31. Net income or (loss) from Line 29	(4,170,020)	13,221,170
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)	801,601	826,828
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	(801,601)	(826,828)
47. Net change in capital and surplus (Lines 31 to 46)	(4,170,020)	13,221,170
48. Capital and surplus end of reporting year (Line 30 + 47)**	97,954,731	102,124,751
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	\$ (801,601)	\$ (826,828)
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)	(801,601)	(826,828)

* As reported on Prior Year End filed Annual Statement.
 ** Must agree with Page NY3 Line 22

REPORT #3 CASH FLOW STATEMENT

	Current Year	Prior Year
	1	2
	Total	Total
Cash from Operations		
1. Premiums collected net of reinsurance	302,280,017	285,378,750
2. Net investment income	3,676,178	393,448
3. Miscellaneous income	300,968	1,818,434
4. Total (Lines 1 through 3)	306,257,163	287,590,632
5. Benefit and loss related payments	293,223,178	264,818,010
6. Expenses paid and aggregate write-ins for deductions	13,369,511	13,305,119
7. Federal and foreign income taxes paid (recovered) net of \$..... tax on capital gains (losses)		
8. Total (Lines 5 through 7)	306,592,689	278,123,129
9. Net cash from operations (Line 4 minus Line 8)	(335,526)	9,467,503
Cash from Investments		
10. Proceeds from investments sold, matured or repaid:		
10.1 Bonds	100,426,094	22,435,158
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)	100,426,094	22,435,158
11. Cost of investments acquired (long-term only):		
11.1 Bonds	104,161,964	77,658,769
11.2 Stocks		
11.3 Real estate		
11.4 Miscellaneous applications		
11.5 Total investments acquired (Lines 11.1 to 11.4)	104,161,964	77,658,769
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)	(3,735,870)	(55,223,611)
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)	(4,071,396)	(45,756,108)
17. Cash, cash equivalents and short-term investments:		
17.1 Beginning of year	83925088	129681196
17.2 End of year (Line 16 plus Line 17.1) *	79,853,692	83,925,088

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

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? Yes No

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: N/A
 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 plan. 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. Has the MCHBP an established procedure for annual disclosure to its Board of Governors of any material interest or affiliation on the part of any of its officers, directors or responsible employees which is in, or is likely to conflict with the official duties of such person? Yes No

4. 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

b) If "Yes", give particulars:

5. 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

1 Name of Borrower	2 Position with MCHBP	3 Description of Loan	3 Original Loan Amount	4 Amount of Loan Principal Outstanding at Year End
0599999. Totals				

6. a) Is the fiscal officer of the MCHBP covered by a fidelity bond? Yes No

b) If "Yes", give name of surety company, amount of coverage and the effective period of the fidelity bond:
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

7. a) Were all the stocks, bonds, and other securities owned as of the reporting period in the actual possession of the MCHBP on the statement date? Yes No

b) If "No", give location: _____

8. 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 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		

9. 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

b) If "No", state who has the authority: Treasurer / Deputy Treasurer

10. 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

b) If "Yes", give details:

11. a) Has the MCHBP been subject to any administrative orders, cease and desist orders, fines or suspensions by any government entity during the reporting year? Yes No

b) If "Yes", give details (You need not report an action, either formal or informal, if a confidentiality clause is part of the agreement)

12. 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

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

GENERAL INTERROGATORIES (Continued)

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

- i) Name of Carrier: Travelers Excess and Surplus Lines Company
- ii) Limits of Coverage: General Liability: \$1,000,000
- iii) Expiration Date: June 1, 2024

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	0
2. Specific Stop-Loss Coverage Per Insurance Law § 4707(a)(2)	0	0	0
3. Total	0	0	0

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: Contract period 01/01-23 - 12/31/2023
Specific Deductible: \$5,000,000 Incurred 1/1/23-12/31/23 Paid 1/1/24 - 6/30/24 Lifetime limit per person
Aggregate Stop-Loss Monthly Aggregate Factor \$2,154.12 per employee composite
Minimum annual aggregate deductible \$372,179,483 with \$1 Million limitation of liability
- iii) Expiration Date: 12/31/2023

- 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:

17 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

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
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., Arthur J. Gallagher 125-310 Village Boulevard, Princeton, NJ 05840-5753

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 180 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. 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 []

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 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

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 Account		XXX	0.030	XXX	XXX	410,135		15,322,067
JP Morgan Chase Savings		XXX	0.021	XXX	XXX	21,815		1,647,199
Five Star Money Market		XXX	0.001	XXX	XXX	38		40
		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	431,988	-	16,969,306
0299999 Cash in Company's Office	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0399999 Total -- Cash	XXX	XXX	XXX	XXX	XXX	431,988	-	16,969,306
Description -- Cash Equivalent	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
NYCLASS			0.053			27,183		1,277,283
Five Star Certificates of Deposit			4.20 - 5.36%			1,543,101		56,162,703
Excelsus Cash Advance			N/A					5,444,400
0499999 Total -- Cash Equivalent	XXX	XXX	XXX	XXX	-	1,570,284	-	62,884,386
0599999 Total -- Cash and Cash Equivalent	XXX	XXX	XXX	XXX	\$ -	\$ 2,002,272	\$ -	\$ 79,853,692
NOTE: Negotiable certificates of deposit to be reported in Schedule B.								

SCHEDULE B — INVESTMENTS

1	2	3	Codes		5	6	7	Fair Value		10	11	Change in Book/Adjusted Carrying Value				Interest		19	20	21	Dates	
			4	Foreign				Book/ Adjusted Carrying Value	Rate Per Share Used to Obtain 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
CUSIP Identification	Description	Code	Foreign	Bond Characteristics	NAIC Designation	Actual Cost	Fair Value	Rate Per Share Used to Obtain 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	
912797GP6	US Treasury Bill					487,461	487,461	487,461	500,000	487,461	XXX	XXX	XXX	XXX	0.054	0.052	12,539	XXX	XXX	9/31/2023	2/29/2024	
912796Y45	US Treasury Bill					487,397	487,397	487,397	500,000	487,397	XXX	XXX	XXX	XXX	0.052	0.052	12,603	XXX	XXX	12/28/2023	6/27/2024	
9127975B7	US Treasury Bill					480,202	480,202	480,202	500,000	480,202	XXX	XXX	XXX	XXX	0.053	0.055	19,798	XXX	XXX	7/13/2023	7/11/2024	
912797GZ4	US Treasury Bill					486,760	486,760	486,760	500,000	486,760	XXX	XXX	XXX	XXX	0.055	0.054	13,240	XXX	XXX	10/27/2023	4/4/2024	
912797GW1	US Treasury Bill					711,012	711,012	711,012	750,000	711,012	XXX	XXX	XXX	XXX	0.054	0.047	38,988	XXX	XXX	10/5/2023	10/3/2024	
912797LL9	US Treasury Bill					1,915,739	1,915,739	1,915,739	2,000,000	1,915,739	XXX	XXX	XXX	XXX	0.047	0.042	197,949	XXX	XXX	3/23/2023	3/21/2024	
912797LL9	US Treasury Bill					4,802,051	4,802,051	4,802,051	5,000,000	4,802,051	XXX	XXX	XXX	XXX	0.053	0.054	197,949	XXX	XXX	3/23/2023	3/21/2024	
912797FS1	US Treasury Bill					3,607,589	3,607,589	3,607,589	4,000,000	3,607,589	XXX	XXX	XXX	XXX	0.054	0.054	132,411	XXX	XXX	6/15/2023	6/13/2024	
912796ZV8	US Treasury Bill					486,836	486,836	486,836	500,000	486,836	XXX	XXX	XXX	XXX	0.054	0.054	13,064	XXX	XXX	1/26/2023	1/25/2024	
01999998	From Overflow Page (NY 19)					45,294,824	45,294,824	45,294,824	50,000,000	45,294,824	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
01999999	Total Bonds					\$ 56,959,481	\$ 56,959,481	\$ 56,959,481	\$ 61,313,000	\$ 56,959,481	\$	\$	\$	\$	XXX	XXX	XXX	\$	\$	\$	XXX	XXX
02999998	From Overflow Page (NY 20)					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
02999999	Total Preferred Stocks					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
03999998	From Overflow Page (NY 21)					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
03999999	Total Common Stocks					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
04999999	Total Common & Preferred Stocks					\$	\$	\$	\$	\$	\$	\$	\$	\$	XXX	XXX	XXX	\$	\$	\$	XXX	XXX

STATEMENT AS OF December 31, 2023
(Year Ending)

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

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
East Rochester UFSD	368,748				-	\$ 368,748
Greece CSD	3,122,444				-	3,122,444
Rush-Henrietta CSD	1,644,361				-	1,644,361
					-	-
					-	-
					-	-
					-	-
					-	-
					-	-
					-	-
					-	-
					-	-
					-	-
01999999 Individually Listed Receivables	5,135,553	-	-	-	-	5,135,553
02999999 Receivables Not Individually Listed					-	-
03999999 Gross Premiums Receivable	5,135,553	-	-	-	-	5,135,553
04999999 Less Allowance for Doubtful Accounts						
05999999 Premiums Receivable					-	5,135,553

**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	\$ 202,483,222	\$ 91,378,450	\$ 293,861,672	From Section I, Col B, Line 4 below
Unpaid claims PY	\$ 31,131,542	\$ 4,010,472	\$ 35,142,014	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	\$ 35,096,127	\$ 4,598,315	\$ 39,694,442	Department of Financial Services estimate of Expected Incurred Claims based on § 4706(a)(1)
Total Claim Payable Per Actuary	\$ 35,096,127	\$ 4,598,315	\$ 39,694,442	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	To be reported on Page NY 3 Line 1.2
Total Claims Payable	\$ 35,096,127	\$ 4,598,315	\$ 39,694,442	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	131,362,360	19,751,472	22,860,061	134,470,949
2. Drug Claims - Per Actuary	91,378,450	4,010,472	4,598,315	91,966,293
3. Other - Per Actuary	71,120,862	11,380,070	12,236,066	71,976,858
4. Total	293,861,672	35,142,014	39,694,442	298,414,100

* 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	-	22,860,061	22,860,061
2. Drug Claims - Per Actuary	-	4,598,315	4,598,315
3. Other - Per Actuary	-	12,236,066	12,236,066
4. Total	-	39,694,442	39,694,442

* Must equal Section 1, Col. D.

SECTION III — ANALYSIS OF UNPAID CLAIMS — PREVIOUS FISCAL YEAR

A	Claims Paid During the Year*		Claims Unpaid at End of Current Year Viz: Estimated Liability at End of Current Year		F Total Claims Paid During the Year and Claims Unpaid at End of Current Year on Claims Incurred in Prior Years (B + D)	G** Estimated Liability of Unpaid Claims at End of Previous Year	H Amount Unpaid Claims is Over or (Under) Reserved
	B	C	D	E			
	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			
1. Hospital & Medical Claims	10,447,566	120,914,794		22,860,061	10,447,566	19,751,472	9,303,906
2. Drug Claims	(757,695)	92,136,145		4,598,315	(757,695)	4,010,472	4,768,167
3. Other	3,225,155	67,895,707		12,236,066	3,225,155	11,380,070	8,154,915
4. TOTAL	12,915,026	280,946,646	-	39,694,442	12,915,026	35,142,014	22,226,988

* 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 2023	C 2022	D 2021	E 2020	F 2019
BALANCE SHEET ITEMS (Page NY2, NY3)					
1. Total Assets	143,948,726	145,194,159	133,924,938	133,132,463	103,695,334
2. Total Liabilities	45,993,995	43,069,408	45,021,357	35,122,152	37,086,280
3. Total Capital and Surplus	97,954,731	102,124,751	88,903,581	98,010,311	66,609,054
4. Contingency Reserve	15,183,169	14,381,568	13,554,740	13,426,412	12,571,430
5. Total Net Worth	97,954,731	102,124,751	88,903,581	98,010,311	66,609,054
INCOME STATEMENT ITEMS (Page NY4)					
6. Net Premium Income	303,663,381	287,631,365	271,094,808	268,528,230	251,428,604
7. Total Revenues	307,640,527	289,843,247	271,169,905	268,762,172	251,198,670
8. Total Hospital and Medical expenses	298,414,100	263,336,149	266,635,639	224,987,804	237,541,018
9. Total Administration expenses	13,396,447	13,285,927	13,640,997	12,573,930	12,073,032
10. Net Income	(4,170,020)	13,221,170	(9,106,730)	31,401,257	1,931,192
11. Member Months	461,917	464,848	467,394	479,095	482,644
12. Net Premium Income (PMPM)	657.40	618.76	580.01	560.49	520.94
13. Total Revenues(PMPM)	666.01	623.52	580.17	560.98	520.46
14. Total Hospital And Medical Expenses (PMPM)	646.03	566.50	570.47	469.61	492.17
15. Total Administration Expenses (PMPM)	29.00	28.58	29.19	26.25	25.01
16. Net Income (PMPM)	(9.03)	28.44	(19.48)	65.54	4.00
FORMULAS					
17. Other Invested Assets/Total Assets	-	-	0.00	0.00	0.00
18. Total Hospital and Medical Expenses / Net Premium IncomePremium	0.98	0.92	0.98	0.84	0.94
19. Total Administration Expenses / Total Revenues	0.04	0.05	0.05	0.05	0.05
UNPAID CLAIMS ANALYSIS					
20. Total Claims Paid During the Year etc. (From Schedule F, Section III, Col. F, Line 4)	12,915,026	12,211,285	11,438,989	9,937,065	14,079,234
21. Estimated Liability of Unpaid Claims— Previous Year	35,142,014	36,642,906	30,117,427	31,840,194	29,324,100

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	14,521	14,515	14,444	14,523	14,530

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	38,487

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

	Current Year
1. Number of participating Municipal Corporations	19
2. Number of enrolled members	14,530
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	303,663,381
5. Surplus per Section 4706(a)(5)	15,183,169

OVERFLOW PAGE FOR WRITE-INS

	Current Year	Previous Year *	Current Year	Previous Year *
	1	2	3	4
	Total	Total	PMPM	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	0	0
19.807.			-	-
19.808.			-	-
19.809.			-	-
19.810.			-	-
19.898. TOTALS (Items 19.806 thru 19.810)	37,457	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.

STATEMENT AS OF

December 31, 2023
(Year Ending)

Rochester Area School Health Plan II Municipal Cooperative Health Benefit

Plan
(Name)

OVERFLOW PAGE FOR WRITE-INS

	Current Year	Previous Year *
	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.

STATEMENT AS OF December 31, 2023 OF THE Rochester Area School Health Plan II Municipal Cooperative Health Benefit Plan
 (Year Ending) (Name)

OVERFLOW PAGE FOR SCHEDULE B — INVESTMENTS (BONDS)

1	2	Codes			5	6	7	8 Fair Value		10	11	12 Change in Book/Adjusted			14	15	16	17	18 Interest		20	21	22
		3	4	Code				Foreign	Bond			NAIC	Actual	Used to					Fair Value	Par Value			
Identification	Description	Code	Code	Characteristics	Designation	Cost	Obtain	Fair Value	Fair Value	Value	Carrying	Valuation	(Amortization)/	Temporary	Foreign	Rate of	Rate of	Paid	Amount Due	Received	Dates	Contractual	
XXX	List Bonds	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
912797GB7	US Treasury Bill					475903		475903	500000	475903					XXX	XXX	0.0523	24097	XXX	XXX	XXX	7/13/2023	7/11/2024
912796CX5	US Treasury Bill					486782		486782	500000	486782					XXX	XXX	0.0546	13218	XXX	XXX	XXX	4/20/2023	4/18/2024
912796ZY8	US Treasury Bill					5735010		5735010	6000000	5735010					XXX	XXX	0.04582	264990	XXX	XXX	XXX	1/26/2023	1/25/2024
912796CX5	US Treasury Bill					3820517		3820517	4000000	3820517					XXX	XXX	0.04659	179483	XXX	XXX	XXX	4/10/2023	4/18/2024
912797GK7	US Treasury Bill					4746717		4746717	5000000	4746717					XXX	XXX	0.05277	253283	XXX	XXX	XXX	6/10/2023	6/8/2024
912797HX8	US Treasury Bill					2457100		2457100	2500000	2457100					XXX	XXX	0.05372	42900	XXX	XXX	XXX	9/5/2023	1/22/2024
912797HB3	US Treasury Bill					2859528		2859528	3000000	2859528					XXX	XXX	0.05067	140472	XXX	XXX	XXX	5/19/2023	5/18/2024
912797GM3	US Treasury Bill					5840447		5840447	6000000	5840447					XXX	XXX	0.05404	159553	XXX	XXX	XXX	1/12/2023	5/2/2024
912797S1	US Treasury Bill					2616897		2616897	2750000	2616897					XXX	XXX	0.05338	133103	XXX	XXX	XXX	10/5/2023	10/3/2024
912797S1	US Treasury Bill					499845		499845	513000	499845					XXX	XXX	0.05333	13155	XXX	XXX	XXX	8/10/2023	2/8/2024
912797GC5	US Treasury Bill					1902910		1902910	2000000	1902910					XXX	XXX	0.05371	97090	XXX	XXX	XXX	6/15/2023	6/13/2024
912797GM1	US Treasury Bill					1947912		1947912	2000000	1947912					XXX	XXX	0.05319	52088	XXX	XXX	XXX	6/13/2023	1/11/2024
912797GL5	US Treasury Bill					4742672		4742672	5000000	4742672					XXX	XXX	0.05366	257328	XXX	XXX	XXX	10/5/2023	10/5/2024
912797LL9	US Treasury Bill					2371336		2371336	2500000	2371336					XXX	XXX	0.05366	128664	XXX	XXX	XXX	9/7/2023	9/5/2024
						4790758		4790758	5000000	4790758					XXX	XXX	0.04404	209242	XXX	XXX	XXX	3/23/2023	3/21/2024
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NY6 12d) iii

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

NY 715 iv

EXCELLUS HEALTH PLAN, INC

STOP LOSS QUOTE

Group Name: RASHP II
 Group Numbers: 00044333
 Contract Effective Date: January 1, 2023
 Contract Basis: 12/18
 Incurred: 1/01/23 - 12/31/23
 Paid: 1/01/23 - 6/30/24
 Number of Contracts, per Month: 14,398

ASC
Local Renewal

Contract Basis
Incurred in 12, Paid in 18

SPECIFIC DEDUCTIBLE	Premium Rate Per Contract, Per Month	Broker Commission Included In Premium Rate	Specific Lifetime Reimbursement per Covered Person	Expected Specific Annual Premium	ACCEPTED YES NO
\$5,000,000	\$0.49	0%	Unlimited	\$84,660	<input checked="" type="radio"/> YES <input type="radio"/> NO

Aggregate w/ 125% Corridor	Premium Per Contract, Per Month	Expected Annual Premium	Broker Commission Included In Premium Rate	Monthly Aggregate Deductible Factor	Expected Annual Aggregate Deductible	ACCEPTED YES NO
\$5,000,000	\$0.19	\$32,827	0%	\$2,154.12	\$372,179,483	<input checked="" type="radio"/> YES <input type="radio"/> NO

COMMENTS
 Please indicate the Excess Risk proposal you are accepting by circling Yes or No above and sign below
 Once we have been advised of your selection, a renewal application will be provided for your signature.

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 14,398 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.
 THE ABOVE QUOTE MUST BE ACCEPTED BY DECEMBER 1, 2022 OTHERWISE RATES MAY BE RE-QUOTED.

Scott Coull
 Accepted By _____

 Chairman
 Title

10/27/22
Date

EXCELLUS HEALTH PLAN, INC.

APPLICATION FOR STOP LOSS INSURANCE COVERAGE

1. Applicant (Contract Holder): **RASHP II**
Address: **3599 Big Ridge Rd.**
City, State, Zip Code: **Spencerport, NY 14559**
2. Proposed Effective Date: **January 1, 2023**
3. Coverage Applied For: **Specific and Aggregate Stop Loss Insurance**

SCHEDULE OF STOP LOSS INSURANCE

1. Contract Period from **1/1/2023** through **12/31/2023**
2. Enrollment (Covered Units) at Effective Date **14,398**
3. Specific Stop Loss Coverage: Yes No
 - a. Claims Basis: Incurred and Paid [12/12] Paid Run-In [15/12]
 Run-Out [12/15] Other **Incurred and Paid (12/18)**
 - b. Benefit Period: Eligible Plan Benefits
Incurred from **1/01/23** through **12/31/23**
and Paid from **1/01/23** through **6/30/24**
 - c. Specific Deductible per Covered Person **\$5,000,000**
 - d. Lifetime Limit of Liability per Covered Person **Unlimited**
 - e. Specific percentage reimbursable after Deductible **100%**
4. Aggregate Stop Loss Coverage: Yes No
 - a. Claims Basis: Incurred and Paid [12/12] Paid Run-In [15/12]
 Run-Out [12/15] Other **Incurred and Paid (12/18)**
 - b. Benefit Period: Eligible Plan Benefits
Incurred from **1/01/23** through **12/31/23**
and Paid from **1/01/23** through **6/30/24**
 - c. Aggregate percentage reimbursable after Deductible **100 %**
 - d. Monthly Aggregate Deductible Factors

	Employee/Composite	\$2,154.12
e.	Minimum Annual Aggregate Deductible	\$334,962,213
f.	Limit of Liability for the Contract Period	\$1,000,000
g.	Loss Limit per Covered Person for the Contract Period	\$5,000,000
h.	Monthly Aggregate Accommodation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

5. Premiums:

a.	Specific Stop Loss Coverage	
	Rate per Employee/Composite Covered Unit per Month	\$ 0.49
b.	Aggregate Stop Loss Coverage	
	Rate per Employee/Composite Covered Unit per Month	\$ 0.19

6. Plan Benefits Included:

- a. Specific Stop Loss Coverage
- Medical
 - Free Standing Drug Program
 - Other _____
- b. Aggregate Stop Loss Coverage
- Medical
 - Free Standing Drug Program
 - Dental
 - Vision
 - Other _____

7. Contract Holder's Affiliates/Subsidiaries included under this Contract:

N/A

8. Contract Holder's Retirees included under this Contract: Yes No

9. Third Party Administrator: Excellus Health Plan, Inc.

If coverage is accepted, this SCHEDULE OF STOP LOSS INSURANCE will become part of the Contract.

The applicant hereby applies for Stop Loss Insurance Coverage and:

1. Represents that the answers included in this Application for Stop Loss Insurance Coverage have been reviewed and are true and complete; and
2. Understands and agrees that the insurance applied for shall not become effective until the Application for Stop Loss Insurance Coverage is approved by the Company and the initial premium deposit is received.

This Application for Stop Loss Insurance Coverage will become part of the Contract.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Applicant (Contract Holder): RASHP II

By: 

Title: Chairman

Date: 11/17/22



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NY 715 v)

March 4, 2024

Scott R. Covell
Assistant Superintendent for Management Services
Monroe #1 BOCES
41 O'Connor Road
Fairport, NY 14450

Re: Calendar Year 2023 Rate Development for Rochester Area Schools Health Plan #2 for rates effective January 1, 2023.

Dear Mr. Covell,

Rochester Area Schools Health Plan #2 (RASHP) has requested that Health & Benefits, a division of Gallagher Benefit Services, Inc., provide a premium rate development for RASHP II for the period of January 1, 2023 through December 31, 2023.

Identification Section

I, Robert L. Jordan, Senior Actuarial Consultant, am associated with Healthcare Analytics, a division of the firm of Arthur J. Gallagher. I am a member in good standing of the American Academy of Actuaries and have been retained by the Rochester Area Schools Health Plan #2 (RASHP) with regard to providing an opinion on the soundness of premium equivalent rates. I meet the qualification standards for rendering the opinion.

Rate Development

The rate development used incurred claim experience from August 1, 2020 through July 31, 2022. The claims were completed and trended into the experience period of January 1, 2023 to December 31, 2023 using a medical trend of 6.0% and a pharmacy trend of 8.5%.

The rate development is attached (Exhibit 1) with the incurred and completed medical claims (Exhibit 3) and pharmacy claims (Exhibit 4).

Historical Rx Rebates as well as projections for 2023 are included in Exhibit 5.



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Qualifications

I, Robert L. Jordan, am a Member of the American Academy of Actuaries. I meet the Academy qualification standards for rendering this statement of actuarial opinion. I am not aware of any relationship between myself or other members of my firm and RASHP that could create a conflict of interest that would impair, or appear to impair, my objectivity.

I further certify that I have prepared this filing in accordance with:

- ASOP No. 5, Incurred Health and Disability Claims
- ASOP No. 8, Regulatory Filings for Rates and Financial Projections for Health Plans
- ASOP No. 23, Data Quality
- ASOP No. 31, Documentation in Health Benefit Plan Ratemaking

Please let me know if you have any questions.

Sincerely,

Robert L. Jordan, ASA, MAAA, FCA
National Director, Financial & Actuarial Consulting – Health Pools, Trusts & Coalitions
GBS Health & Benefits

cc: Mark Rosenberg
Charles Mclauchlin



Rochester Area Schools Health Plan #2
Self Funding Renewal Premium Equivalent Rates
Exhibit 2
January 1, 2023 through December 31, 2023

Extended Plan	Projected Contracts	2022 Rates	2023 Rates Self Funded
Employee Only	28	\$1,464.00	\$1,564.00
Employee + One	16	\$3,412.10	\$3,691.00
Employee + Children	0	\$3,558.50	\$3,738.00
Employee + Family	<u>1</u>	<u>\$3,880.40</u>	<u>\$4,144.30</u>
Total Monthly	48	\$111,107	\$119,425
Total Annual		\$1,333,286	\$1,433,102
Change Over Current			7.5%
HFL Extended Plan	Projected Contracts	2022 Rates	2023 Rates Self Funded
Employee Only	1	\$1,468.90	\$1,568.80
Employee + One	2	\$3,422.50	\$3,702.40
Employee + Children	0	\$3,569.40	\$3,749.40
Employee + Family	<u>0</u>	<u>\$3,892.70</u>	<u>\$4,157.40</u>
Total Monthly	3	\$8,314	\$8,974
Total Annual		\$99,767	\$107,683
Change Over Current			7.9%
Select Plan	Projected Contracts	2022 Rates	2023 Rates Self Funded
Employee Only	363	\$954.80	\$1,027.40
Employee + One	206	\$2,224.70	\$2,424.70
Employee + Children	20	\$2,320.20	\$2,455.50
Employee + Family	<u>347</u>	<u>\$2,531.60</u>	<u>\$2,724.00</u>
Total Monthly	936	\$1,729,750	\$1,866,772
Total Annual		\$20,756,998	\$22,401,269
Change Over Current			7.9%
HFL Select Plan	Projected Contracts	2022 Rates	2023 Rates Self Funded
Employee Only	5	\$959.00	\$1,031.90
Employee + One	4	\$2,235.50	\$2,435.30
Employee + Children	0	\$2,330.40	\$2,466.20
Employee + Family	<u>1</u>	<u>\$2,541.30</u>	<u>\$2,734.40</u>
Total Monthly	13	\$23,902	\$25,838
Total Annual		\$286,826	\$310,060
Change Over Current			8.1%
Value Plan	Projected Contracts	2022 Rates	2023 Rates Self Funded
Employee Only	3,196	\$803.10	\$857.70
Employee + One	2,618	\$1,871.20	\$2,024.20
Employee + Children	451	\$1,951.50	\$2,049.90
Employee + Family	<u>5,465</u>	<u>\$2,128.50</u>	<u>\$2,273.20</u>
Total Monthly	11,730	\$19,977,888	\$21,388,108
Total Annual		\$239,734,658	\$256,657,292
Change Over Current			7.1%
HFL Value Plan	Projected Contracts	2022 Rates	2023 Rates Self Funded
Employee Only	52	\$806.10	\$860.90
Employee + One	83	\$1,878.20	\$2,031.70
Employee + Children	7	\$1,958.80	\$2,057.60
Employee + Family	<u>144</u>	<u>\$2,135.30</u>	<u>\$2,280.50</u>
Total Monthly	286	\$519,003	\$556,193
Total Annual		\$6,228,031	\$6,674,317
Change Over Current			7.2%
HDDHP	Projected Contracts	2022 Rates	2023 Rates Self Funded
Employee Only	562	\$578.10	\$617.40
Employee + One	301	\$1,347.00	\$1,457.10
Employee + Children	87	\$1,404.80	\$1,475.60
Employee + Family	<u>557</u>	<u>\$1,532.40</u>	<u>\$1,636.60</u>
Total Monthly	1,507	\$1,706,104	\$1,825,529
Total Annual		\$20,473,243	\$21,906,352
Change Over Current			7.0%
Bronze	Projected Contracts	2022 Rates	2023 Rates Self Funded
Employee Only	8	\$313.20	\$382.70
Employee + One	3	\$616.92	\$753.87
Employee + Children	0	\$573.84	\$701.31
Employee + Family	<u>3</u>	<u>\$256.40</u>	<u>\$1,168.73</u>
Total Monthly	14	\$7,226	\$8,829
Total Annual		\$86,707	\$105,953
Change Over Current			22.2%
All Plans	Projected Contracts	2022 Rates	2023 Rates Self Funded
Total Annual	14,537	\$288,999,517	\$309,596,028
Change Over Current			7.1%



RASHP II
IBNR Analysis
Based on Pharmacy Claims Paid Through July 31, 2022
Exhibit 4

Incurral Month	Subscribers	Paid to Date Claims by Incurral Date	Completion Factor	Incurred Claims
Aug-20	14,865	\$5,446,423	1.0000	\$5,446,423
Sep-20	14,809	\$5,853,710	1.0000	\$5,853,710
Oct-20	14,762	\$5,768,274	1.0000	\$5,768,274
Nov-20	14,749	\$5,224,860	1.0000	\$5,224,860
Dec-20	14,695	\$6,128,937	1.0000	\$6,128,937
Jan-21	14,707	\$5,579,129	1.0000	\$5,579,129
Feb-21	14,670	\$5,701,678	1.0000	\$5,701,678
Mar-21	14,609	\$6,325,564	1.0000	\$6,325,564
Apr-21	14,567	\$6,162,121	1.0000	\$6,162,121
May-21	14,526	\$5,790,423	1.0000	\$5,790,423
Jun-21	14,521	\$5,972,058	1.0000	\$5,972,058
Jul-21	14,406	\$5,370,861	1.0000	\$5,370,861
Aug-21	14,436	\$6,127,438	1.0000	\$6,127,438
Sep-21	14,609	\$5,985,300	1.0000	\$5,985,300
Oct-21	14,567	\$5,961,532	1.0000	\$5,961,532
Nov-21	14,564	\$6,314,886	1.0000	\$6,314,886
Dec-21	14,551	\$6,418,049	1.0000	\$6,418,049
Jan-22	14,579	\$6,459,505	1.0000	\$6,459,505
Feb-22	14,570	\$5,832,542	1.0000	\$5,832,542
Mar-22	14,552	\$7,034,027	1.0000	\$7,034,027
Apr-22	14,537	\$6,603,593	0.9999	\$6,604,263
May-22	14,509	\$6,704,780	0.9997	\$6,706,760
Jun-22	14,493	\$7,001,463	0.9997	\$7,003,666
Jul-22	14,398	\$4,275,813	0.6535	\$6,543,214
Aug 20 - Jul 21	175,886	\$69,324,038	\$0	\$69,324,038
Aug 21 - Jul 22	174,365	\$74,718,928	\$2,272,254	\$76,991,183



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STATEMENT OF ACTUARIAL OPINION

**ACTUARY STATEMENT AS TO
CALCULATION OF UNPAID CLAIMS RESERVES AT YEAR END**

TABLE OF KEY INDICATORS

This Opinion is Unqualified Qualified Adverse Inconclusive

IDENTIFICATION SECTION

Prescribed Wording Only Prescribed Wording with Additional Wording Revised Wording

SCOPE SECTION

Prescribed Wording Only Prescribed Wording with Additional Wording Revised Wording

RELIANCE SECTION

Prescribed Wording Only Prescribed Wording with Additional Wording Revised Wording

OPINION SECTION

Prescribed Wording Only Prescribed Wording with Additional Wording Revised Wording

IDENTIFICATION SECTION

I, Robert L. Jordan, Senior Actuarial Consultant, am associated with Healthcare Analytics, a division of the firm of Arthur J. Gallagher. I am a member of the American Academy of Actuaries and have been retained by the Rochester Area Schools Health Plan #2 (RASHP) to render an opinion with regard to loss reserves, actuarial liabilities, and related items. I was appointed on August 10, 2016 in accordance with the requirements of the annual statement instructions. I meet the qualification standards for rendering the opinion.



Gallagher

Insurance | Risk Management | Consulting

Signature of Actuary

Robert L. Jordan, ASA, MAAA, FCA

Printed Name of Actuary

125-310 Village Blvd, Princeton, NJ 08540-5736

Address of Actuary

781-291-9338

Telephone number of Actuary

March 4, 2024

Date Opinion was Rendered

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

NY 7 23c

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

ATTENTION: This email came from an external source. Do not open attachments or click on links from unknown senders or unexpected emails.

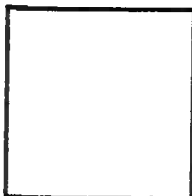
All,

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
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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

	<u>9/2015 - 8/2016</u>	<u>9/2016 - 8/2017</u>
Starting Claims Base	199,846,024	206,524,121
Medical Trend	6.0%	6.0%
Rt Trend	10.0%	10.0%
Trend	7.0%	7.0%
Midpoint to Midpoint Months	28	16
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 1.3% for Conservatism
Contribution to Reserve Increased for Conservatism
HIT 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	227,735,103	0.1%
Other Expenses	200,000	
Cash Cap Recoup	-	
Stoploss Premium	-	
Estimated Administration	9,957,228	
Estimated Covered Lives Assessment	4,554,321	
Cedillac Tax	-	
Estimated Health Insurer Tax	7,546,392	3.2%
Estimated PCORI Tax	93,855	
Estimated Reinsurance Fee	-	
Contribution to Reserve	2,845,689	1.2%
Total Estimated Expenses	\$ 232,973,588	6.1%
Estimated Revenue		
Preliminary Premium Income	\$ 232,973,588	
Anticipated Contract Migration	\$ (2,762,000)	
Anticipated Premium Income	\$ 230,211,588	
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	7.3%	
Bronze	11.6%	

Estimated Expenses		
Estimated Claims	230,468,000	0.1%
Other Expenses	200,000	
Cash Cap Recoup	-	
Stoploss Premium	-	
Estimated Administration	9,957,228	
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	8.6%	
HDHP	8.4%	
Bronze	19.5%	

Estimated Expenses		
Estimated Claims	230,468,000	
Other Expenses	200,000	
Stoploss 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	11,607,258	
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	8.6%	
HDHP	8.4%	
Bronze	19.9%	

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%.