

**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

June 30, 2020

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

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

QUARTERLY STATEMENT

FOR THE QUARTER ENDING June 30, 2020

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 Rd, Spencerport, NY 14559
 Address of Main Administrative Office: 3599 Big Ridge Rd, Spencerport, NY 14559
 Telephone Number: 585 352-2400 Employer's ID Number: 82-2738684
 Principal Location of Books and Records: 3599 Big Ridge Rd, Spencerport, NY 14559
 Name of Administrator: _____
 Name of Statement Contact Person: Mary Beth Luther
 Statement Contact Person E-mail: mluther@monroe2boces.org Telephone Number: 585 352-2441
 Service Areas (Counties): _____

OFFICERS*

President: Scott Covell Other Officers: Vice Chairperson: John Abbott
 Secretary: Lou Alaimo Deputy Treasurer: Mary Beth Luther
 Chief Financial Officer: Steve Roland

GOVERNING BOARD*

Name	Title	Municipality
Scott Covell	Chairperson	Monroe I BOCES
Steve Roland	Treasurer	Monroe 2 - Orleans BOCES
Lou Alaimo	Secretary	Brighton Central School District
Darrin Winkley	Director	Brockport Central School District
Frank Nardone	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
Scott Massie	Director	Hilton Central School District
Bruce Capron	Director	Honeoye Falls-Lima Central School District
Mark Sansouci	Director	Penfield Central School District
Darrin Kenney	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
Kathy Occhioni	Director	Churchville-Chili Central School District
Dwayne Cerbone	Director	Pittsford Central School District
Scott Steinberg	Director	West Irondequoit Central School District
Bill Gregory	Director	SANNYS

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 _____ Day of _____, _____ President
 _____ Secretary
 _____ Chief Financial Officer

 (Month) (Year)

NOTARY PUBLIC
(Seal)

(Corporate Seal)

(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)	37,798,884	17,844,124
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)	83,805,436	77,614,966
4.2 Cash equivalents (Schedule A Line 0499999, Page NY 8)	4,680,200	4,316,900
4.3 Total Cash and Cash equivalents (Schedule A Line 0599999, Page NY 8)	88,485,636	81,931,866
5. Premiums receivable (Schedule C, NY 10)	320,630	3,919,344
6. Other invested assets	-	-
7. Receivable for securities	-	-
8. Aggregate write-in for invested assets	-	-
9. Subtotal cash and invested assets (Lines 1 to 8)	126,605,150	103,695,334
10. Investment income due and accrued	-	-
11. Reinsurance:		
11.1 Amounts recoverable from reinsurers	-	-
11.2 Funds held by or deposited with reinsured companies	-	-
11.3 Other amounts receivable under reinsurance contracts	-	-
12.1 Current federal income tax recoverable and interest thereon	-	-
12.2 Net deferred tax asset	-	-
13. Electronic data processing equipment and software	-	-
14. Furniture and equipment, including health care delivery assets	-	-
15. Health care and other amounts receivable	-	-
16. Aggregate write-in for other than invested assets	-	-
17. Total Assets(Lines 9 to 16)	126,605,150	103,695,334

DETAILS OF WRITE-INS AGGREGATED AT ITEM 8 FOR
INVESTED ASSETS

0801. _____		
0802. _____		
0802. _____		
0804. _____		
0805. _____		
0898. Summary of remaining write-ins for Item 8 from overflow page	-	-
0899. TOTALS (Items 0801 thru 0805 plus 0898) (Page 2, item 8)	-	-

DETAILS OF WRITE-INS AGGREGATED AT ITEM 16 FOR OTHER
THAN INVESTED ASSETS

1601. _____		
1602. _____		
1603. _____		
1604. _____		
1605. _____		
1698. Summary of remaining write-ins for Item 16 from overflow page	-	-
1699. TOTALS (Items 1601 thru 1605 plus 1698) (Page 2, item 16)	-	-

* As reported on Prior Year End filed Annual Statement.

REPORT #1 — PART B: LIABILITIES AND SURPLUS

	Current Quarter		Previous Year *	
	1	2	1	2
	Total		Total	
1.1 Unpaid claims (Schedule F Line 4, Col D + E, Page NY 11)	28,785,990		31,840,194	
1.2 Additional amount required by Section 4706(a)(1)	159,924		159,924	
1.3 Total claims payable	28,945,914		32,000,118	
2. Premiums received in advance	-		-	
3. General expenses due or accrued	-		-	
4.1 Current federal income tax payable and interest thereon	-		-	
4.2 Net deferred tax liability	-		-	
5. Ceded reinsurance premiums payable	-		-	
6. Amounts withheld or retained for the account of others	-		-	
7. Borrowed money and interest thereon	-		-	
8. Payable for securities	-		-	
9. Funds held under reinsurance treaties	-		-	
10. Aggregate write-ins for other liabilities	-		-	
11. Accounts payable (Schedule G, NY12)	322,494		358,979	
12. Claim stabilization reserve	4,285,069		4,727,182	
13. Unearned premiums	-		-	
14. Loans and notes payable	-		-	
15. Aggregate write-ins for current liabilities	-		-	
16. Total liabilities (Lines 1.3 to 15)	33,553,477		37,086,279	
17. Aggregate write-ins for special surplus funds	-		-	
18. Gross paid-in and contributed surplus	-		-	
19. Unassigned funds (surplus)	79,499,679		54,037,624	
20. Surplus notes	-		-	
21. Surplus per Section 4706(a)(5) **	13,551,994		12,571,430	
22. Total capital and surplus (Lines 17 to 21)	93,051,673		66,609,055	
23. Total liabilities, capital, and surplus (Lines 16 + 22)	126,605,150		103,695,334	
DETAILS OF WRITE-INS AGGREGATED AT ITEM 10 FOR OTHER LIABILITIES				
1001. _____	-		-	
1002. _____	-		-	
1003. _____	-		-	
1004. _____	-		-	
1005. _____	-		-	
1098. Summary of remaining write-ins for Item 10 from overflow page	-		-	
1099. TOTALS (Items 1001 thru 1005 plus 1098) (Page 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	241,683	241,873	482,644	XXX	XXX
2. Net premium income:					
2.1 Basic	94,863,956	88,393,034	176,000,022	392.51	364.66
2.2 Drugs	40,655,981	37,882,729	75,428,581	168.22	156.28
2.3 Total	135,519,937	126,275,763	251,428,603	560.73	520.94
3. Change in unearned premium reserves and reserve for rate credits:					
3.1 Basic	-	-	-	-	-
3.2 Drugs	-	-	-	-	-
3.3 Total	-	-	-	-	-
4. Aggregate write-ins for other health care related revenues	255,029	-	(254,197)	1.06	(0.53)
5. Non-health revenues	157,433	22,282	24,263	XXX	XXX
6. Total revenues (Items 2 to 5)	135,932,399	126,298,045	251,198,670	562.44	520.46
Hospital and Medical:					
7. Hospital/medical benefits	37,992,415	45,515,314	88,872,421	157.20	184.14
8. Other professional services	28,400,954	33,048,243	66,459,819	117.51	137.70
9. Outside referrals	-	-	-	-	-
10. Emergency room and out-of-area	4,058,001	4,494,424	8,773,928	16.79	18.18
11. Prescription drugs	34,995,902	33,781,698	69,931,418	144.80	144.89
12. Aggregate write-ins for other hospital and medical	(2,107,316)	1,392,115	5,310,842	(8.72)	11.00
13. Incentive pool, withhold adjustments and bonus amounts	-	-	-	-	-
14. Aggregate write-ins for other expenses	(442,113)	404,849	389,124	(1.83)	0.81
15. Subtotal (Lines 7 to 14)	102,897,844	118,636,643	239,737,551	425.76	496.72
Less:					
16. Net reinsurance recoveries	(396,444)	540,831	2,196,533	(1.64)	4.55
17. Total hospital and medical (Lines 15-16)	103,294,288	118,095,812	237,541,018	427.40	492.17
18. Claims adjustment expenses, including cost containment expenses	-	-	-	-	-
19. General administrative expenses					
19.1 Compensation	-	-	-	-	-
19.2 Interest expense	-	-	-	-	-
19.3 Occupancy, depreciation, and amortization	-	-	-	-	-
19.4 Marketing	-	-	-	-	-
19.5 Professional Fees	23,369	70,998	111,131	0.10	0.23
19.6 Administration Fees	4,150,446	3,810,220	8,267,419	17.17	17.13
19.7 Consulting Fees	-	-	-	-	-
19.8 Aggregate write-ins for other administrative expenses	2,021,677	1,598,341	3,694,482	8.36	7.65
19.9 Total administrative expenses	6,195,492	5,479,559	12,073,032	25.63	25.01
20. Increase in reserves for A&H contracts	-	-	-	-	-
21. Total underwriting deductions (Lines 17 to 20)	109,489,780	123,575,371	249,614,050	453.03	517.18
22. Net underwriting gain or (loss) (Lines 6 - 21)	26,442,619	2,722,674	1,584,620	109.41	3.28
23. Net investment income earned	-	-	346,572	-	0.72
24. Net realized capital gains or (losses) less capital gains taxes	-	-	-	-	-
25. Net investment gains or (losses) (Lines 23 + 24)	-	-	346,572	-	0.72
26. Aggregate write-ins for other income or expenses	-	-	-	-	-
27. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 22 + 25 + 26)	26,442,619	2,722,674	1,931,192	109.41	4.00
28. Federal income taxes incurred	-	-	-	-	-
29. Net income (loss) (Lines 27 - 28)	26,442,619	2,722,674	1,931,192	109.41	4.00
DETAILS OF WRITE-INS AGGREGATED AT ITEM 4 FOR OTHER HEALTH CARE RELATED REVENUES					
0401. Change in Non-Admitted Receivables	255,029	-	(254,197)	1.06	(0.53)
0402. _____	-	-	-	-	-
0403. _____	-	-	-	-	-
0404. _____	-	-	-	-	-
0405. _____	-	-	-	-	-
0498. Summary of remaining write-ins for Item 4 from overflow page	-	-	-	-	-
0499. TOTALS (Items 0401 thru 0405 plus 0498) (Page 4, Item 4)	255,029	-	(254,197)	1	(1)
DETAILS OF WRITE-INS AGGREGATED AT ITEM 12 FOR OTHER HOSPITAL AND MEDICAL					
1201. Other Hospital and Medical	1,679,447	1,732,997	2,794,747	6.95	5.79
1202. Change in Claims Payable	(3,786,763)	(340,882)	2,516,095	(15.67)	5.21
1203. _____	-	-	-	-	-
1204. _____	-	-	-	-	-
1205. _____	-	-	-	-	-
1298. Summary of remaining write-ins for Item 12 from overflow page	-	-	-	-	-
1299. TOTALS (Items 1201 thru 1205 plus 1298) (Page 4, item 12)	(2,107,316)	1,392,115	5,310,842	(9)	11
DETAILS OF WRITE-INS AGGREGATED AT ITEM 14 FOR OTHER EXPENSES					
1401. Change in Stabilization Reserve	(442,113)	404,849	389,124	(1.83)	0.81
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 4, item 14)	(442,113)	404,849	389,124	(2)	1
DETAILS OF WRITE-INS AGGREGATED AT ITEM 19.8 FOR OTHER ADMINISTRATIVE EXPENSES					
19.801. PCORI and Reinsurance Fees	-	-	73,159	-	0.15
19.802. Covered Lives Assessment	1,948,371	1,960,111	3,917,442	8.06	8.12
19.803. AEA Fees	38,586	47,728	98,068	0.16	0.20
19.804. Miscellaneous Expenses	55	30,798	46,109	0.00	0.10
19.805. Prior Year Claims Adjustment	-	(473,220)	(473,220)	-	(0.98)
19.898. Summary of remaining write-ins for Item 19.8 from overflow page	34,665	32,924	32,924	0	0
19.899. TOTALS (Items 19.801 thru 19.805 plus 19.898) (Page 4, item 19.8)	2,021,677	1,598,341	3,694,482	8	8
DETAILS OF WRITE-INS AGGREGATED AT ITEM 26 FOR OTHER INCOME OR EXPENSES					
2601. _____	-	-	-	-	-
2602. _____	-	-	-	-	-
2603. _____	-	-	-	-	-
2604. _____	-	-	-	-	-
2605. _____	-	-	-	-	-
2698. Summary of remaining write-ins for Item 26 from overflow page	-	-	-	-	-
2699. TOTALS (Items 2601 thru 2605 plus 2698) (Page 4, item 26)	-	-	-	-	-

* 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	66,609,055		64,677,863	
GAINS AND LOSSES TO CAPITAL & SURPLUS:				
31. Net income or (loss) from Line 29	26,442,619		1,931,192	
32. Change in valuation basis of aggregate policy and claim reserve	-		-	
33. Change in net unrealized capital gains and losses less capital gains tax	-		-	
34. Change in net deferred income tax	-		-	
35. Change in nonadmitted assets	-		-	
36. Change in unauthorized reinsurance	-		-	
37. Change in surplus notes	-		-	
38. Cumulative effect of changes in accounting principles	-		-	
39. Capital Changes				
39.1 Paid in	-		-	
39.2 Transferred to surplus	-		-	
40. Surplus adjustments:				
40.1 Paid in	-		-	
40.2 Transferred from capital	-		-	
41. Dividends to participating municipal corporations (or school districts)	-		-	
42. Change in surplus per Section 4706(a)(5)	980,564		(99,568)	
43. Change in retained earnings/fund balance	-		-	
44. Interest on surplus notes	-		-	
45. Aggregate write-ins for changes in other net worth items	-		-	
46. Aggregate write-ins for gains or (losses) in surplus	(980,564)		99,568	
47. Net change in capital and surplus (Lines 31 to 46)	26,442,619		1,931,192	
48. Capital and surplus end of reporting period (Line30 + 47)**	93,051,673		66,609,055	
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	\$ (980,564)		\$ 99,568	
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)	(980,564)		99,568	

* 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

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

ii) If not "approved" yet, what is the status of the filing request and the status date?
 Date: N/A
 Date: N/A
 Date: N/A
 Date: N/A

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: 05/06/20

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: 12/31/19

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

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

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

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

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

b) If "Yes", give name of the surety company, and amount of coverage:
Traveller's Casualty and Surety Co of America - \$5,000,000

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 No

b) If "No", give location: N/A

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 No

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

1	2
Name of Custodian(s)	Custodian's Address
M & T Bank	28 E Main St Rochester, NY 14614
JPMorgan Chase Bank	1 S Clinton Ave Floor 7, Rochester, NY 14604
JPMorgan Securities LLC	4 Chase Metrotech Center, Brooklyn, NY 11245-0001

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	2	3
Name(s)	Location(s)	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

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

b) If "Yes", give details:
N/A

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

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

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: N/A
13. a) Was the MCHBP's prior year's annual statement amended? Yes [] No [X]
- b) If yes, furnish the following information regarding the last amendment to the prior year's annual statement filed with the MCHBP's state of domicile
- i) Amendment number N/A
- ii) Date of amendment N/A
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 | 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]
- b) If a) is "Yes", provide the following:
- i) Anticipated date of distribution. Date:

N/A

- ii) Anticipated amount of distribution.

N/A

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: 10/27/17
- 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
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
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
- 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		XXX		XXX	XXX		-	82,602,006
M & T - Savings		XXX		XXX	XXX	115	-	460,891
JPMorgan Chase - Savings		XXX		XXX	XXX	10,883	-	742,539
		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	10,998	-	83,805,436
0299999 Cash in Company's Office	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0399999 Total -- Cash	XXX	XXX	XXX	XXX	XXX	10,998	-	83,805,436
Description -- Cash Equivalent	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Rashp II Required Cash Advance with Excellus								4,680,200
0499999 Total -- Cash Equivalent	XXX	XXX	XXX	XXX	-	-	-	4,680,200
0599999 Total -- Cash and Cash Equivalent	XXX	XXX	XXX	XXX	\$ -	\$ 10,998	\$ -	\$ 88,485,636
NOTE: Negotiable certificates of deposit to be reported in Schedule B.								

STATEMENT AS OF

June 30, 2020
(Quarter 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	311,309	-	-	-	-	\$ 311,309
	-	-	-	-	-	-
	-	-	-	-	-	-
	-	-	-	-	-	-
	-	-	-	-	-	-
	-	-	-	-	-	-
	-	-	-	-	-	-
	-	-	-	-	-	-
	-	-	-	-	-	-
	-	-	-	-	-	-
0199999 Individually Listed Receivables	311,309	-	-	-	-	311,309
0299999 Receivables Not Individually Listed	\$ 5,506	\$ 1,907	\$ 1,907	\$ 1,907	1,907	9,321
0399999 Gross Premiums Receivable	316,815	1,907	1,907	1,907	1,907	320,630
0499999 Less Allowance for Doubtful Accounts					-	-
0599999 Premiums Receivable					1,907	320,630

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	7,944,386	36,181,921	-	14,821,510	7,944,386	16,801,639	8,857,253
2. Drug Claims	(901,809)	35,897,711	-	3,778,706	(901,809)	3,503,767	4,405,576
3. Other	3,093,568	24,865,273	-	10,185,774	3,093,568	11,534,788	8,441,220
4. TOTAL	10,136,146	96,944,904	-	28,785,990	10,136,146	31,840,194	21,704,048

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.

STATEMENT AS OF June 30, 2020
(Quarter Ending)

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

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
Excellus - Covered Lives Assessment	322,494	-	-	-	-	322,494
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
0199999 Total Accounts Payable - Individually Listed	322,494	-	-	-	-	322,494
0299999 Aggregate Accounts Not Individually Listed - Due						-
0399999 Aggregate Accounts Not Individually Listed - Accrued but Not Yet Due						-
9999999 Total Accounts Payable	322,494	-	-	-	-	322,494

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	-	-

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	15,027	15,074	14,993	-	-

SCHEDULE I-3 — ENROLLMENT DATA (PARTICIPANTS)

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

STATEMENT AS OF

June 30, 2020
(Quarter Ending)

OF THE

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

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

	Current Quarter
1. Number of participating Municipal Corporations (or school districts)	19
2. Number of enrolled members	14,993
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	271,039,874
6. Surplus per Section 4706(a)(5) using Annualized Net Premium Income	13,551,994
7. Surplus per Section 4706(a)(5) From last Fiscal Year Statement	12,571,430
8. Surplus per Section 4706(a)(5) to be reported on page NY 3, Line 21, Col 1	13,551,994

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	34,665	32,924	32,924	0	0
19.807.				-	-
19.808.				-	-
19.809.				-	-
19.810.				-	-
19.898. TOTALS (Items 19.806 thru 19.810)	34,665	32,924	32,924	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.