## Department of Health and Human Services, Centers for Medicare and Medicaid Services Medical Loss Ratio Quarterly Reporting Form - "Mini-Med" Plans

		Medical Loss Ratio Quarter		- "Mini-Med" Plans				
		Report for: - Corporation - (Fill in below)	Part 1					
		reportion - Corporation - (i iii in below)		NAIC Group Code:				
		Location: - (Select from the drop-down menu below)		Business in the State of:				
				NAIC Company Code:				
		Corporation Contact Information						
		Please provide contact information for the issuer regarding this filing	_	Quarter:				
	1	Name:		Year:				
		Telephone:						
	İ	·						
		Email:						
		Mailing Address:						
	L				"A fini	-Med"	_	
				1	2	3	$\top$	
			NAIC SHCE Cross Reference	Individual	Small Group	Large Group Employe	ar	
_			Closs Releience		Employer			
1		ted premium:						
	1.1	Direct premium earned		\$ -	\$ -	\$ -	3	
	1.2	Federal high risk pools State high risk pools	Pt 1, Ln 1.2 Pt 1, Ln 1.3				3	
	1.4	Federal taxes and federal assessments	Pt 1, Ln 1.5				3	
	1.5	State insurance, premium and other taxes	Pt 1, Ln 1.6				3	
	1.6	Regulatory authority licenses and fees	Pt 1, Ln 1.7				3	
	1.7	Adjusted premium (Lines 1.1 + 1.2 + 1.3 – 1.4 – 1.5 – 1.6)		\$ -	\$ -	\$ -	3	
2	2. Claim:	S						
	2.1	Incurred claims excluding presecription drugs	Pt 1, Ln 2.1				\$	
	2.2	Prescription drugs	Pt 1, Ln 2.2				3	
	2.3	Pharmaceutical rebates	Pt 1, Ln 2.3				3	
3	2.4	State stop loss, market stabilization and claim/census based assessments ed medical incentive pools and bonues	Pt 1, Ln 2.4 Pt 1, Ln 3	\$ -	\$ -	\$ -	5	
4		ctible Fraud and Abuse Recoveries.	Pt 1, Ln 4	\$ -	\$ -	\$ -		
-		Incurred Claims (Lines 2.1 + 2.2 – 2.3 – 2.4 + 3) (Should equal Part 2, Line 2.16)	Ft 1, LII 4	\$ -	\$ -	\$ -	33	
6	_	ving Health Care Quality Expenses Incurred:		*				
	6.1	Type A. Expenses for health improvements other than Health Information Technology	Pt 1, Ln 6.1				9	
	6.2	Type B. Health Information Technology expenses related to health improvement	Pt 1, Ln 6.2				5	
L	6.3	Total of defined expenses incurred for improving health care quality (Lines 6.1 + 6.2)	Pt 1, Ln 6.3	\$ -	\$ -	\$ -	5	
7	_	ninary MLR (Lines 4 + 5 + 6.3 divided by Line 1.7)		#DIV/0!	#DIV/0!	#DIV/0	ı!	
8		Claims Costs:					Ŧ	
	8.1	Cost Containment expenses not included in quality of care expenses in Line 6.3	Pt 1, Ln 8.1				3	
	8.2 8.3	All other claims adjustment expenses  Direct sales salaries and benefits	Pt 1, Ln 8.2 Pt 1, Ln 10.1				3	
	8.3	Agents and brokers fees and commissions	Pt 1, Ln 10.1 Pt 1, Ln 10.2				3	
1	0.4	Agenta and brokers ices and commissions	1 1 1, 111 10.2				,	

4 Total Mini-Med 1+2+3

XXX

See instructions provided in accompanying document.

Pt 1, Ln 10.3

Pt 1, Ln 10.4

Pt 1, Ln 16

Pt 1, Ln 11

Pt 1 Other, Ln 1

Pt 1 Other, Ln 2

Pt 1 Other, Ln 3

Pt 1 Other, Ln 4

8.6 Other general and administrative expenses

9. Underwriting gain/(loss) (Lines 1.7 – 5 – 6.3 – 8.7)

Other Indicators:

1. Number of certificates/policies

3. Number of groups

Member Months

2. Number of covered lives

8.7 Total non-claims expense (Lines 8.1 + 8.2 + 8.3 + 8.4 + 8.5 + 8.6)
8.8 ICD-10 Implementation expenses (informational only)

## Department of Health and Human Services, Centers for Medicare and Medicaid Services Medical Loss Ratio Quarterly Reporting Form - "Mini-Med" Plans Part 2

		"Mini-Med"			
	NAIC SHCE Cross Reference	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Total Mini-Med 1 + 2 + 3
1. Premium					
1.1 Direct premium written	Pt 2, Ln 1.1				\$ -
1.2 Unearned premium, as of end of prior year	Pt 2, Ln 1.2				\$ -
1.3 Unearned premium, as of end of current quarter	Pt 2, Ln 1.3				\$ -
1.4 Premium write-offs	incl. in Pt 2, Ln 1.8				\$ -
1.5 Group conversion charges	incl. in Supp Form, Ln 2				\$ -
1.6 Adjusted direct premiums earned (Lines 1.1 + 1.2 – 1.3 – 1.4 + 1.5)		\$ -	\$ -	\$ -	\$ -
2. Claims					
2.1 Paid claims	Pt 2, Ln 2.1				\$ -
2.2 Direct claim liability, as of end of current quarter	Pt 2, Ln 2.2				\$ -
2.3 Direct claim liability, as of end of prior year	Pt 2, Ln 2.3				\$ -
2.4 Direct claim reserves, as of end of current quarter	Pt 2, Ln 2.4				\$ -
2.5 Direct claim reserves, as of end of prior year	Pt.2, Ln 2.5				\$ -
2.6 Direct contract reserves, as of end of current quarter	Pt 2, Ln 2.6				\$ -
2.7 Direct contract reserves, as of end of prior year	Pt.2, Ln 2.7				\$ -
2.8 Paid rate credits	Supp Form, Ln 7				\$ -
2.9 Reserve for rate credits, as of end of current quarter	Supp Form, Ln 7				\$ -
2.10 Reserve for rate credits, as of end of prior year	Supp Form, Ln 7				\$ -
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b – 2.11c)	Pt 2, Ln 2.8	\$ -	\$ -	\$ -	\$ -
2.11a. Paid medical incentive pools and bonuses as of end of current quarter	Pt 2, Ln 2.8a				\$ -
2.11b. Accrued medical incentive pools and bonuses, as of end of current quarter	Pt 2, Ln 2.8b				\$ -
2.11c. Accrued medical incentive pools and bonuses, as of end of prior year	Pt 2, Ln 2.8c				\$ -
2.12 Healthcare receivables (Lines 2.12a – 2.12b)	Pt 2, Ln 2.9	\$ -	\$ -	\$ -	\$ -
2.12a. Healthcare receivables, as of end of current quarter	Pt 2, Ln 2.9a				\$ -
2.12b. Healthcare receivables, as of end of prior year	Pt 2, Ln 2.9b				\$ -
2.13 Contingent Benefit and Lawsuit reserves, as of end of current quarter	Supp Form, Ln 9				\$ -
2.14 Group conversion charges	incl. in Supp Form, Ln 5				\$ -
2.15 Multi-option coverage blended rate adjustment	incl. in Supp Form, Ln 5				\$ -
2.16 Total incurred claims (Lines 2.1 + 2.2 – 2.3 + 2.4 – 2.5 + 2.6 – 2.7 + 2.8 + 2.9 – 2.10 + 2.11 – 2.12 + 2.13 + 2.14 + 2.15)		\$ -	\$ -	\$ -	\$ -
3. Deductible Fraud and Abuse recovery expense					
3.1 Total Fraud and Abuse recoveries expense (informational only)	Pt 3, Col 7, Ln x.11				\$ -
3.2 Total Fraud and Abuse recoveries of paid claims (informational only)					\$ -
3.3 Deductible Fraud and Abuse recovery expense (the lesser of Line 3.1 or 3.2)	Pt 1, Ln 4	\$ -	\$ -	\$ -	\$ -

See instructions provided in accompanying document.

## Department of Health and Human Services, Centers for Medicare and Medicaid Services Medical Loss Ratio Quarterly Reporting Form - Expatriate Plans

Report for: - Corporation - (Fill in below)		
	NAIC Group Code:	
Location: - (Select from the drop-down menu below)	Business in the State of: (List All)	
	NAIC Company Code:	
Corporation Contact Information		
Please provide contact information for the issuer regarding this filing	Quarter:	
Name:		
	Year:	
Telephone:		
Email:		
Mailing Address:		

		Expatriate		
	NAIC SHCE Cross Reference	1 Small Group National Aggregation	2 Large Group National Aggregation	3 Total Expatriate 1 + 2
1. Adjusted premium:				
1.1 Direct premium earned		\$ -	\$ -	\$ -
1.2 Federal high risk pools	Pt 1, Ln 1.2			\$ -
1.3 State high risk pools	Pt 1, Ln 1.3			\$ -
1.4 Federal taxes and federal assessments	Pt 1, Ln 1.5			\$
1.5 State insurance, premium and other taxes	Pt 1, Ln 1.6			\$ -
1.6 Regulatory authority licenses and fees	Pt 1, Ln 1.7			\$
1.7 Adjusted premium (Lines 1.1 + 1.2 + 1.3 – 1.4 – 1.5 – 1.6)		\$ -	\$ -	\$ -
2. Claims				
2.1 Incurred claims excluding presecription drugs	Pt 1, Ln 2.1			\$
2.2 Prescription drugs	Pt 1, Ln 2.2			\$
2.3 Pharmaceutical rebates	Pt 1, Ln 2.3			\$ -
2.4 State stop loss, market stabilization and claim/census based assessments	Pt 1, Ln 2.4			\$ -
3. Incurred medical incentive pools and bonues	Pt 1, Ln 3	\$ -	\$ -	\$ -
Deductible Fraud and Abuse Recoveries.	Pt 1, Ln 4	\$ -	\$ -	\$ -
5. Total Incurred Claims (Lines 2.1 + 2.2 – 2.3 – 2.4 + 3) (Should equal Part 2, Line 2.16)		\$ -	\$ -	\$ -
6. Improving Health Care Quality Expenses Incurred:				
6.1 Type A. Expenses for health improvements other than Health Information Technology	Pt 1, Ln 6.1			\$ -
6.2 Type B. Health Information Technology expenses related to health improvement	Pt 1, Ln 6.2			\$ -
6.3 Total of defined expenses incurred for improving health care quality (Lines 6.1 + 6.2)	Pt 1, Ln 6.3	\$ -	\$ -	\$ -
7. Preliminary MLR (Lines 4 + 5 + 6.3 divided by Line 1.7)		#DIV/0!	#DIV/0!	XXX
8. Non-Claims Costs:				
8.1 Cost Containment expenses not included in quality of care expenses in Line 6.3	Pt 1, Ln 8.1			\$
8.2 All other claims adjustment expenses	Pt 1, Ln 8.2			\$ -
8.3 Direct sales salaries and benefits	Pt 1, Ln 10.1			\$ -
8.4 Agents and brokers fees and commissions	Pt 1, Ln 10.2			\$
8.5 Other taxes	Pt 1, Ln 10.3			\$ -
8.6 Other general and administrative expenses	Pt 1, Ln 10.4			\$ -
8.7 Total non-claims expense (Lines 8.1 + 8.2 + 8.3 + 8.4 + 8.5 + 8.6)		\$ -	\$ -	\$ -
8.8 ICD-10 Implementation expenses (informational only)	Pt 1, Ln 16			\$ -
9. Underwriting gain/(loss) (Lines 1.7 – 5 – 6.3 – 8.7)	Pt 1, Ln 11	\$ -	\$ -	\$ -
Other Indicators:				
Number of certificates/policies	Pt 1 Other, Ln 1			-
2. Number of covered lives	Pt 1 Other, Ln 2			-
3. Number of groups	Pt 1 Other, Ln 3			
4. Member Months	Pt 1 Other, Ln 4			

See instructions provided in accompanying document.

## Department of Health and Human Services, Centers for Medicare and Medicaid Services Medical Loss Ratio Quarterly Reporting Form - Expatriate Plans Part 2

			Expatriate		
		NAIC SHCE Cross Reference	1 Small Group National Aggregation	2 Large Group National Aggregation	3 Total Expatriate 1 + 2
1. Prer	mium				
1.1	1 Direct premium written	Pt 2, Ln 1.1			\$ -
1.2	2 Unearned premium, as of end of prior year	Pt 2, Ln 1.2			\$ -
1.3	3 Unearned premium, as of end of current quarter	Pt 2, Ln 1.3			\$ -
1.4	4 Premium write-offs	incl. in Pt 2, Ln 1.8			\$ -
1.5	5 Group conversion charges	incl. in Supp Form, Ln 2			\$ -
1.6	6 Adjusted direct premiums earned (Lines 1.1 + 1.2 – 1.3 – 1.4 + 1.5)		-	-	-
2. Clair	ms				
2.1	1 Paid claims	Pt 2, Ln 2.1			\$ -
2.2	2 Direct claim liability, as of end of current quarter	Pt 2, Ln 2.2			-
2.3	Direct claim liability, as of end of prior year	Pt 2, Ln 2.3			-
2.4	4 Direct claim reserves, as of end of current quarter	Pt 2, Ln 2.4			\$ -
2.5	5 Direct claim reserves, as of end of prior year	Pt.2, Ln 2.5			-
2.6	6 Direct contract reserves, as of end of current quarter	Pt 2, Ln 2.6			-
2.7	7 Direct contract reserves, as of end of prior year	Pt.2, Ln 2.7			\$ -
2.8	· · ·	Supp Form, Ln 7			\$ -
2.9	9 Reserve for rate credits, as of end of current quarter	Supp Form, Ln 7			\$
2.10	Reserve for rate credits, as of end of prior year	Supp Form, Ln 7			\$ -
2.11	1 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b – 2.11c)	Pt 2, Ln 2.8	\$ -	\$ -	\$ -
	2.11a. Paid medical incentive pools and bonuses as of end of current guarter	Pt 2, Ln 2.8a			\$ -
	2.11b. Accrued medical incentive pools and bonuses, as of end of current guarter	Pt 2, Ln 2.8b			\$ -
	2.11c. Accrued medical incentive pools and bonuses, as of end of prior year	Pt 2, Ln 2.8c			\$ -
2.12	2 Healthcare receivables (Lines 2.12a – 2.12b)	Pt 2. Ln 2.9	\$ -	\$ -	\$ -
	2.12a. Healthcare receivables, as of end of current quarter	Pt 2. Ln 2.9a	·		\$ -
	2.12b. Healthcare receivables, as of end of prior year	Pt 2, Ln 2.9b			\$ -
2.13	Contingent Benefit and Lawsuit reserves, as of end of current quarter	Supp Form, Ln 9			\$ -
	4 Group conversion charges	incl. in Supp Form, Ln 5			\$ -
	5 Multi-option coverage blended rate adjustment	incl. in Supp Form, Ln 5			\$ -
	6 Total incurred claims (Lines 2.1 + 2.2 – 2.3 + 2.4 – 2.5 + 2.6 – 2.7 + 2.8 + 2.9 – 2.10 + 2.11 – 2.12 + 2.13 + 2.14 + 2.15)	, 200	\$ -	\$ -	\$ -
3. Ded	uctible Fraud and Abuse recovery expense				
3.1	1 Total Fraud and Abuse recoveries expense (informational only)	Pt 3, Col 7, Ln x.11			\$ -
3.2	2 Total Fraud and Abuse recoveries of paid claims (informational only)				\$ -
	Deductible Fraud and Abuse recovery expense (the lesser of Line 3.1 or 3.2)	Pt 1, Ln 4	\$ -	\$ -	\$ -

See instructions provided in accompanying document.