

Found an error in the calculation of Premiums written for 2019. Pages 4, 7, 8, 30 and 38 have been amended.



ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2019
 OF THE CONDITION AND AFFAIRS OF THE

Horizon Healthcare Services, Inc.

(Name)

NAIC Group Code 1202 , 1202 NAIC Company Code 55069 Employer's ID Number 22-0999690
(Current Period) (Prior Period)

Organized under the Laws of New Jersey , State of Domicile or Port of Entry New Jersey

Country of Domicile United States

Licensed as business type: Life, Accident & Health [] Property/Casualty [] Hospital, Medical & Dental Service or Indemnity [X]
 Dental Service Corporation [] Vision Service Corporation [] Health Maintenance Organization []
 Other [] Is HMO, Federally Qualified? Yes [] No []

Incorporated/Organized 12/07/1932 Commenced Business 12/07/1932

Statutory Home Office 3 Penn Plaaz East Ste PP-15D , Newark, NJ, US 07105-2248
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 3 Penn Plaza East Ste PP-15D
(Street and Number)
Newark, NJ, US 07105-2248 973-466-5607
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 3 Penn Plaaz East Ste PP-15D , Newark, NJ, US 07105-2248
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 3 Penn Plaza East Ste PP-15D
(Street and Number)
Newark, NJ, US 07105-2248 973-466-5607
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number) (Extension)

Internet Web Site Address www.horizonblue.com

Statutory Statement Contact Thomas D Protentis , 973-466-5607
(Name) (Area Code) (Telephone Number) (Extension)
thomas_protentis@horizonblue.com 973-466-7110
(E-Mail Address) (Fax Number)

OFFICERS

Name	Title	Name	Title
<u>Kevin Patrick Conlin</u>	<u>Chairman/CEO/President</u>	<u>Linda Anne Willett</u>	<u>Senior Vice President, General Counsel & Secretary</u>
<u>Douglas Richard Simpson</u>	<u>Senior Vice President/CFO</u>		

OTHER OFFICERS

<u>Mark Leon Barnard</u>	<u>Executive Vice President</u>	<u>Douglas Eaton Blackwell</u>	<u>Senior Vice President/CIO</u>
<u>Margaret Mary Coons</u>	<u>Senior Vice President</u>	<u>William Delano Georges</u>	<u>Senior Vice President/Chief Strategy Officer</u>
<u>Allen James Karp</u>	<u>Executive Vice President</u>	<u>Christopher Michael Lepre</u>	<u>Executive Vice President</u>

DIRECTORS OR TRUSTEES

<u>Kevin Patrick Conlin</u>	<u>John Joyce Ballantyne</u>	<u>Michele Ann Brown</u>	<u>Todd Curtis Brown</u>
<u>Leonard Smith Coleman</u>	<u>Laurence Michael Downes</u>	<u>Leonard Gary Feld MD</u>	<u>Aristides William Georgantas</u>
<u>Michelle Ann Gourdine</u>	<u>Brian Michael Kinkead</u>	<u>Joseph Mansour Kyrillos</u>	<u>Carlos Arturo Medina</u>
<u>Joseph Manuel Muniz</u>	<u>Joanne Pace</u>	<u>Joseph James Roberts</u>	

State of New Jersey

ss

County of Essex

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, 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 reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions* and *Accounting Practices and Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Linda Anne Willett
 Senior Vice President, General Counsel
 & Secretary

Douglas Richard Simpson
 Senior Vice President/CFO

Subscribed and sworn to before me this _____ day of _____,

a. Is this an original filing? Yes [] No [X]
 b. If no:
 1. State the amendment number 1
 2. Date filed 02/28/2020
 3. Number of pages attached 6

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX	14,898,941	15,567,601
2. Net premium income (including \$0 non-health premium income).....	XXX	11,611,553,406	12,597,770,766
3. Change in unearned premium reserves and reserve for rate credits	XXX	(64,002,373)	(141,293,660)
4. Fee-for-service (net of \$ medical expenses)	XXX	0	0
5. Risk revenue	XXX	0	0
6. Aggregate write-ins for other health care related revenues	XXX	0	0
7. Aggregate write-ins for other non-health revenues	XXX	0	0
8. Total revenues (Lines 2 to 7)	XXX	11,547,551,033	12,456,477,106
Hospital and Medical:			
9. Hospital/medical benefits	0	4,316,420,285	4,006,632,186
10. Other professional services	0	169,113,179	179,806,472
11. Outside referrals	0	188,535,752	233,056,473
12. Emergency room and out-of-area	0	30,580,615	45,474,223
13. Prescription drugs	0	699,506,306	951,059,402
14. Aggregate write-ins for other hospital and medical	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....	0	0	0
16. Subtotal (Lines 9 to 15)	0	5,404,156,137	5,416,028,756
Less:			
17. Net reinsurance recoveries	0	(4,701,561,616)	(5,347,182,043)
18. Total hospital and medical (Lines 16 minus 17)	0	10,105,717,753	10,763,210,799
19. Non-health claims (net).....	0	0	0
20. Claims adjustment expenses, including \$231,326,208 cost containment expenses.....	0	344,960,254	286,400,721
21. General administrative expenses.....	0	1,330,523,114	1,499,377,079
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only).....	0	0	0
23. Total underwriting deductions (Lines 18 through 22)	0	11,781,201,121	12,548,988,599
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	(233,650,088)	(92,511,493)
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....	0	80,198,037	83,749,614
26. Net realized capital gains (losses) less capital gains tax of \$	0	9,252,275	35,481,288
27. Net investment gains (losses) (Lines 25 plus 26)	0	89,450,312	119,230,902
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$)]	0	0	0
29. Aggregate write-ins for other income or expenses	0	0	0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29).....	XXX	(144,199,776)	26,719,409
31. Federal and foreign income taxes incurred	XXX	(145,422,689)	(309,390,297)
32. Net income (loss) (Lines 30 minus 31)	XXX	1,222,913	336,109,706
DETAILS OF WRITE-INS			
0601.	XXX	0	0
0602.	XXX	0	0
0603.	XXX	0	0
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	XXX	0	0
0701.	XXX	0	0
0702.	XXX	0	0
0703.	XXX	0	0
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above)	XXX	0	0
1401.	0	0	0
1402.	0	0	0
1403.	0	0	0
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)	0	0	0
2901.	0	0	0
2902.	0	0	0
2903.	0	0	0
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Horizon Healthcare Services, Inc.

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Net premium income	11,611,553,406	5,154,257,149	236,495,020	131,563,592	0	874,954,885	510,471,309	4,640,240,090	63,571,361	0
2. Change in unearned premium reserves and reserve for rate credit	(64,002,373)	(63,658,175)	265,195	(192,136)	0	373,283	571,277	(1,360,117)	(1,700)	0
3. Fee-for-service (net of \$ medical expenses)	0	0	0	0	0	0	0	0	0	XXX
4. Risk revenue	0	0	0	0	0	0	0	0	0	XXX
5. Aggregate write-ins for other health care related revenues	0	0	0	0	0	0	0	0	0	XXX
6. Aggregate write-ins for other non-health care related revenues	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
7. Total revenues (Lines 1 to 6)	11,547,551,033	5,090,598,974	236,760,215	131,371,456	0	875,328,168	511,042,586	4,638,879,973	63,569,661	0
8. Hospital/medical benefits	4,316,420,285	3,381,828,152	0	99,357,813	0	808,271,009	0	0	26,963,311	XXX
9. Other professional services	169,113,179	154,809,964	0	0	0	14,303,215	0	0	0	XXX
10. Outside referrals	188,535,752	188,535,752	0	0	0	0	0	0	0	XXX
11. Emergency room and out-of-area	30,580,615	30,580,615	0	0	0	0	0	0	0	XXX
12. Prescription drugs	699,506,306	699,506,306	0	0	0	0	0	0	0	XXX
13. Aggregate write-ins for other hospital and medical	0	0	0	0	0	0	0	0	0	XXX
14. Incentive pool, withhold adjustments and bonus amounts	0	0	0	0	0	0	0	0	0	XXX
15. Subtotal (Lines 8 to 14)	5,404,156,137	4,455,260,789	0	99,357,813	0	822,574,224	0	0	26,963,311	XXX
16. Net reinsurance recoveries	(4,701,561,616)	132,730,995	(186,445,117)	0	0	0	(420,511,320)	(4,198,602,040)	(28,734,134)	XXX
17. Total hospital and medical (Lines 15 minus 16)	10,105,717,753	4,322,529,794	186,445,117	99,357,813	0	822,574,224	420,511,320	4,198,602,040	55,697,445	XXX
18. Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
19. Claims adjustment expenses including \$ 231,326,208 cost containment expenses	344,960,253	192,942,364	5,380,587	4,228,192	0	13,777,409	14,814,628	112,992,182	824,891	0
20. General administrative expenses	1,330,523,115	744,185,085	20,753,103	16,308,278	0	53,139,922	57,140,512	435,814,585	3,181,630	0
21. Increase in reserves for accident and health contracts	0	0	0	0	0	0	0	0	0	XXX
22. Increase in reserves for life contracts	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
23. Total underwriting deductions (Lines 17 to 22)	11,781,201,121	5,259,657,243	212,578,807	119,894,283	0	889,491,555	492,466,460	4,747,408,807	59,703,966	0
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	(233,650,088)	(169,058,269)	24,181,408	11,477,173	0	(14,163,387)	18,576,126	(108,528,834)	3,865,695	0
DETAILS OF WRITE-INS										
0501.	0	0	0	0	0	0	0	0	0	XXX
0502.	0	0	0	0	0	0	0	0	0	XXX
0503.	0	0	0	0	0	0	0	0	0	XXX
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0	XXX
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0	XXX
0601.	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0602.	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0603.	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0698. Summary of remaining write-ins for Line 6 from overflow page	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301.	0	0	0	0	0	0	0	0	0	XXX
1302.	0	0	0	0	0	0	0	0	0	XXX
1303.	0	0	0	0	0	0	0	0	0	XXX
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0	0	0	0	0	XXX
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0	0	0	0	XXX

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Horizon Healthcare Services, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT
PART 1 - PREMIUMS

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Cols. 1+2-3)
1. Comprehensive (hospital and medical)	5,143,390,182	16,209,057	5,342,090	5,154,257,149
2. Medicare Supplement .....	.0	236,495,020	.0	236,495,020
3. Dental only.....	131,563,592	.0	.0	131,563,592
4. Vision only.....	.0	.0	.0	.0
5. Federal Employees Health Benefits Plan	874,954,885	.0	.0	874,954,885
6. Title XVIII - Medicare .....	.0	510,471,309	.0	510,471,309
7. Title XIX - Medicaid.....	.0	4,640,240,090	.0	4,640,240,090
8. Other health.....	34,137,967	29,433,394	.0	63,571,361
9. Health subtotal (Lines 1 through 8)	6,184,046,626	5,432,848,870	5,342,090	11,611,553,406
10. Life .....	.0	.0	.0	.0
11. Property/casualty.....	.0	.0	.0	.0
12. Totals (Lines 9 to 11)	6,184,046,626	5,432,848,870	5,342,090	11,611,553,406

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Horizon Healthcare Services, Inc.

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

State, Etc.	1 Active Status (a)	Direct Business Only							9 Deposit-Type Contracts	
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Plan Premiums	6 Life & Annuity Premiums & Other Considerations	7 Property/Casualty Premiums	8 Total Columns 2 Through 7		
1. Alabama	AL	N							0	0
2. Alaska	AK	N							0	0
3. Arizona	AZ	N							0	0
4. Arkansas	AR	N							0	0
5. California	CA	N							0	0
6. Colorado	CO	N							0	0
7. Connecticut	CT	N							0	0
8. Delaware	DE	N							0	0
9. District of Columbia	DC	N							0	0
10. Florida	FL	N							0	0
11. Georgia	GA	N							0	0
12. Hawaii	HI	N							0	0
13. Idaho	ID	N							0	0
14. Illinois	IL	N							0	0
15. Indiana	IN	N							0	0
16. Iowa	IA	N							0	0
17. Kansas	KS	N							0	0
18. Kentucky	KY	N							0	0
19. Louisiana	LA	N							0	0
20. Maine	ME	N							0	0
21. Maryland	MD	N							0	0
22. Massachusetts	MA	N							0	0
23. Michigan	MI	N							0	0
24. Minnesota	MN	N							0	0
25. Mississippi	MS	N							0	0
26. Missouri	MO	N							0	0
27. Montana	MT	N							0	0
28. Nebraska	NE	N							0	0
29. Nevada	NV	N							0	0
30. New Hampshire	NH	N							0	0
31. New Jersey	NJ	L	5,309,091,742	0	0	874,954,885	0	0	6,184,046,627	0
32. New Mexico	NM	N							0	0
33. New York	NY	N							0	0
34. North Carolina	NC	N							0	0
35. North Dakota	ND	N							0	0
36. Ohio	OH	N							0	0
37. Oklahoma	OK	N							0	0
38. Oregon	OR	N							0	0
39. Pennsylvania	PA	N							0	0
40. Rhode Island	RI	N							0	0
41. South Carolina	SC	N							0	0
42. South Dakota	SD	N							0	0
43. Tennessee	TN	N							0	0
44. Texas	TX	N							0	0
45. Utah	UT	N							0	0
46. Vermont	VT	N							0	0
47. Virginia	VA	N							0	0
48. Washington	WA	N							0	0
49. West Virginia	WV	N							0	0
50. Wisconsin	WI	N							0	0
51. Wyoming	WY	N							0	0
52. American Samoa	AS	N							0	0
53. Guam	GU	N							0	0
54. Puerto Rico	PR	N							0	0
55. U.S. Virgin Islands	VI	N							0	0
56. Northern Mariana Islands	MP	N							0	0
57. Canada	CAN	N							0	0
58. Aggregate other alien	OT	XXX	0	0	0	0	0	0	0	0
59. Subtotal	XXX		5,309,091,742	0	0	874,954,885	0	0	6,184,046,627	0
60. Reporting entity contributions for Employee Benefit Plans	XXX								0	
61. Total (Direct Business)	XXX		5,309,091,742	0	0	874,954,885	0	0	6,184,046,627	0
DETAILS OF WRITE-INS										
58001.	XXX									
58002.	XXX									
58003.	XXX									
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX		0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX		0	0	0	0	0	0	0	0

(a) Active Status Counts
L – Licensed or Chartered – Licensed insurance carrier or domiciled RRG 1 R – Registered – Non-domiciled RRGs 0
E – Eligible – Reporting entities eligible or approved to write surplus lines in the state 0 Q – Qualified – Qualified or accredited reinsurer 0
N – None of the above – Not allowed to write business in the state lines in the state 56

(b) Explanation of basis of allocation of premiums by states, etc.
Situs of contract