



HEALTH ANNUAL STATEMENT

AS OF DECEMBER 31, 2020
OF THE CONDITION AND AFFAIRS OF THE

Aetna Better Health Inc. (a New Jersey corporation)

NAIC Group Code 0001 0001 NAIC Company Code 15611 Employer's ID Number 46-3203088
(Current) (Prior)

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

Country of Domicile United States of America

Licensed as business type: Health Maintenance Organization

Is HMO Federally Qualified? Yes [] No [X]

Incorporated/Organized 05/01/2013 Commenced Business 01/01/2015

Statutory Home Office 3 Independence Way, Suite 400 Princeton, NJ, US 08540
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 3 Independence Way, Suite 400
(Street and Number)
Princeton, NJ, US 08540 855-232-3596
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 151 Farmington Avenue, RT21 Hartford, CT, US 06156
(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 3 Independence Way, Suite 400
(Street and Number)
Princeton, NJ, US 08540 855-232-3596
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.aetnabetterhealth.com

Statutory Statement Contact Kim E. Roth 215-775-6508
(Name) (Area Code) (Telephone Number)
StatutoryReporting@aetna.com 860-262-7767
(E-mail Address) (FAX Number)

OFFICERS

Chief Executive Officer and President Glenn Andrew MacFarlane # Vice President and Secretary Robert Mark Kessler

OTHER

Kevin James Casey, Senior Investment Officer Peter Keller, Assistant Controller Bryan James Lane, Assistant Controller
Gregory Stephen Martino, Vice President Whitney Dorothy Lavoie, Assistant Controller # Cara Sue Mullen, Assistant Controller
Robert Joseph Parslow, Principal Financial Officer and Controller Kelli Kathleen Smith, Chief Financial Officer # Tracy Louise Smith, Vice President and Treasurer

DIRECTORS OR TRUSTEES

Debra Jean Bacon # Glenn Andrew MacFarlane # Kelli Kathleen Smith #

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.

Glenn Andrew MacFarlane
Chief Executive Officer and President

Robert Mark Kessler
Vice President and Secretary

State of..... Connecticut
County of..... Hartford

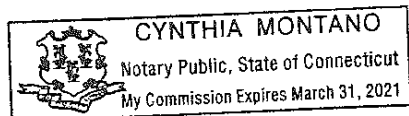
State of..... Arizona
County of..... Maricopa

Subscribed and sworn to before me this
5th day of February, 2021

Subscribed and sworn to before me this
_____ day of _____, 2021

Cynthia Montano
NOTARY PUBLIC (Seal)

NOTARY PUBLIC (Seal)



- a. Is this an original filing? Yes [X] No []
b. If no,
1. State the amendment number.....
2. Date filed
3. Number of pages attached.....



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County of..... Hartford

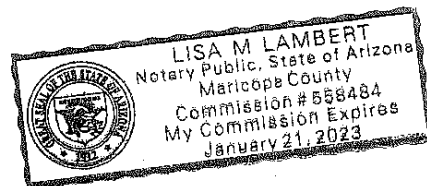
State of..... Arizona
County of..... Maricopa

Subscribed and sworn to before me this
_____ day of _____, 2021

Subscribed and sworn to before me this
27 day of January, 2021

Lisa M Lambert
NOTARY PUBLIC (Seal)

NOTARY PUBLIC (Seal)



- a. Is this an original filing? Yes [X] No []
b. If no,
1. State the amendment number.....
2. Date filed
3. Number of pages attached.....

ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D)	122,200,932	0	122,200,932	99,430,497
2. Stocks (Schedule D):				
2.1 Preferred stocks	0	0	0	0
2.2 Common stocks	0	0	0	0
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens	0	0	0	0
3.2 Other than first liens	0	0	0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$0 encumbrances)	0	0	0	0
4.2 Properties held for the production of income (less \$0 encumbrances)	0	0	0	0
4.3 Properties held for sale (less \$0 encumbrances)	0	0	0	0
5. Cash (\$(2,438,744) , Schedule E - Part 1), cash equivalents (\$92,842,713 , Schedule E - Part 2) and short-term investments (\$0 , Schedule DA)	90,403,969	0	90,403,969	32,683,768
6. Contract loans, (including \$0 premium notes)	0	0	0	0
7. Derivatives (Schedule DB)	0	0	0	0
8. Other invested assets (Schedule BA)	0	0	0	0
9. Receivables for securities	783,438	0	783,438	96,375
10. Securities lending reinvested collateral assets (Schedule DL)	0	0	0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	213,388,339	0	213,388,339	132,210,640
13. Title plants less \$0 charged off (for Title insurers only)	0	0	0	0
14. Investment income due and accrued	590,948	0	590,948	515,226
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	14,469,656	0	14,469,656	6,902,754
15.2 Deferred premiums and agents' balances and installments booked but deferred and not yet due (including \$0 earned but unbilled premiums)	0	0	0	0
15.3 Accrued retrospective premiums (\$0) and contracts subject to redetermination (\$0)	0	0	0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	0	0	0	0
16.2 Funds held by or deposited with reinsured companies	0	0	0	0
16.3 Other amounts receivable under reinsurance contracts	0	0	0	0
17. Amounts receivable relating to uninsured plans	0	0	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon	0	0	0	1,926,306
18.2 Net deferred tax asset	2,118,204	0	2,118,204	516,869
19. Guaranty funds receivable or on deposit	0	0	0	0
20. Electronic data processing equipment and software	0	0	0	0
21. Furniture and equipment, including health care delivery assets (\$0)	0	0	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates	0	0	0	0
23. Receivables from parent, subsidiaries and affiliates	21,822,756	0	21,822,756	4,670,997
24. Health care (\$295,264) and other amounts receivable	2,115,501	1,820,237	295,264	0
25. Aggregate write-ins for other than invested assets	0	0	0	194,217
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	254,505,404	1,820,237	252,685,167	146,937,009
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0	0
28. Total (Lines 26 and 27)	254,505,404	1,820,237	252,685,167	146,937,009
DETAILS OF WRITE-INS				
1101.	0	0	0	0
1102.	0	0	0	0
1103.	0	0	0	0
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	0	0	0	0
2501. Current state income tax receivable	0	0	0	194,217
2502.	0	0	0	0
2503.	0	0	0	0
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	0	0	0	194,217

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ 159,085 reinsurance ceded)	75,994,020	13,138,848	89,132,868	57,203,566
2. Accrued medical incentive pool and bonus amounts	1,560,718	0	1,560,718	873,932
3. Unpaid claims adjustment expenses	2,681,228	0	2,681,228	1,698,432
4. Aggregate health policy reserves, including the liability of \$ 0 for medical loss ratio rebate per the Public Health Service Act	28,718,038	0	28,718,038	11,929,875
5. Aggregate life policy reserves	0	0	0	0
6. Property/casualty unearned premium reserves	0	0	0	0
7. Aggregate health claim reserves	0	0	0	0
8. Premiums received in advance	0	0	0	0
9. General expenses due or accrued	24,351,720	0	24,351,720	9,199,847
10.1 Current federal and foreign income tax payable and interest thereon (including \$ 0 on realized capital gains (losses))	657,753	0	657,753	0
10.2 Net deferred tax liability	0	0	0	0
11. Ceded reinsurance premiums payable	0	0	0	0
12. Amounts withheld or retained for the account of others	0	0	0	0
13. Remittances and items not allocated	138,225	0	138,225	104,397
14. Borrowed money (including \$ 0 current) and interest thereon \$ 0 (including \$ 0 current)	0	0	0	0
15. Amounts due to parent, subsidiaries and affiliates	0	0	0	271,040
16. Derivatives	0	0	0	0
17. Payable for securities	750,000	0	750,000	0
18. Payable for securities lending	0	0	0	0
19. Funds held under reinsurance treaties (with \$ 0 authorized reinsurers, \$ 0 unauthorized reinsurers and \$ 0 certified reinsurers)	0	0	0	0
20. Reinsurance in unauthorized and certified (\$ 0) companies	0	0	0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates	0	0	0	0
22. Liability for amounts held under uninsured plans	0	0	0	0
23. Aggregate write-ins for other liabilities (including \$ 0 current)	882,768	0	882,768	900,805
24. Total liabilities (Lines 1 to 23)	135,734,470	13,138,848	148,873,318	82,181,894
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	5,271,400
26. Common capital stock	XXX	XXX	0	0
27. Preferred capital stock	XXX	XXX	0	0
28. Gross paid in and contributed surplus	XXX	XXX	56,000,000	21,000,000
29. Surplus notes	XXX	XXX	0	0
30. Aggregate write-ins for other than special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	47,811,849	38,483,715
32. Less treasury stock, at cost:				
32.1 0 shares common (value included in Line 26 \$ 0)	XXX	XXX	0	0
32.2 0 shares preferred (value included in Line 27 \$ 0)	XXX	XXX	0	0
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	103,811,849	64,755,115
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	252,685,167	146,937,009
DETAILS OF WRITE-INS				
2301. Escheat Payable	882,768	0	882,768	900,805
2302.	0	0	0	0
2303.	0	0	0	0
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 thru 2303 plus 2398)(Line 23 above)	882,768	0	882,768	900,805
2501. Estimated Health Insurer Fee	XXX	XXX	0	5,271,400
2502.	XXX	XXX	0	0
2503.	XXX	XXX	0	0
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	XXX	XXX	0	5,271,400
3001.	XXX	XXX	0	0
3002.	XXX	XXX	0	0
3003.	XXX	XXX	0	0
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 thru 3003 plus 3098)(Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX	1,077,688	767,050
2. Net premium income (including \$0 non-health premium income)	XXX	651,346,482	459,839,546
3. Change in unearned premium reserves and reserve for rate credits	XXX	(14,833,025)	(492,222)
4. Fee-for-service (net of \$0 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	636,513,457	459,347,324
Hospital and Medical:			
9. Hospital/medical benefits	41,403,142	358,367,420	300,488,530
10. Other professional services	0	67,943,754	12,735,761
11. Outside referrals	14,863,753	14,863,753	15,705,425
12. Emergency room and out-of-area	4,392,992	30,296,497	24,705,040
13. Prescription drugs	9,996,421	68,940,834	42,526,700
14. Aggregate write-ins for other hospital and medical	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts	0	3,367,932	936,835
16. Subtotal (Lines 9 to 15)	70,656,308	543,780,190	397,098,291
Less:			
17. Net reinsurance recoveries	0	210,039	10,072
18. Total hospital and medical (Lines 16 minus 17)	70,656,308	543,570,151	397,088,219
19. Non-health claims (net)	0	0	0
20. Claims adjustment expenses, including \$21,118,268 cost containment expenses	0	31,794,000	23,793,380
21. General administrative expenses	0	57,375,793	28,638,154
22. Increase in reserves for life and accident and health contracts (including \$0 increase in reserves for life only)	0	1,955,138	0
23. Total underwriting deductions (Lines 18 through 22)	70,656,308	634,695,082	449,519,753
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	1,818,375	9,827,571
25. Net investment income earned (Exhibit of Net Investment Income, Line 17)	0	3,024,031	3,011,258
26. Net realized capital gains (losses) less capital gains tax of \$64,451	0	(21,219)	6,529
27. Net investment gains (losses) (Lines 25 plus 26)	0	3,002,812	3,017,787
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$0) (amount charged off \$0)]	0	0	0
29. Aggregate write-ins for other income or expenses	0	376,256	58,123
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	5,197,443	12,903,481
31. Federal and foreign income taxes incurred	XXX	2,864,551	681,845
32. Net income (loss) (Lines 30 minus 31)	XXX	2,332,892	12,221,636
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 thru 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 thru 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 thru 1403 plus 1498)(Line 14 above)	0	0	0
2901. Regulatory Fines	0	376,256	58,123
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 thru 2903 plus 2998)(Line 29 above)	0	376,256	58,123

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
CAPITAL AND SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year.....	64,755,115	52,889,343
34. Net income or (loss) from Line 32.....	2,332,892	12,221,636
35. Change in valuation basis of aggregate policy and claim reserves.....	0	0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ 0	0	0
37. Change in net unrealized foreign exchange capital gain or (loss).....	0	0
38. Change in net deferred income tax.....	1,561,041	(842,653)
39. Change in nonadmitted assets.....	162,801	486,789
40. Change in unauthorized and certified reinsurance.....	0	0
41. Change in treasury stock.....	0	0
42. Change in surplus notes.....	0	0
43. Cumulative effect of changes in accounting principles.....	0	0
44. Capital Changes:		
44.1 Paid in.....	0	0
44.2 Transferred from surplus (Stock Dividend).....	0	0
44.3 Transferred to surplus.....	0	0
45. Surplus adjustments:		
45.1 Paid in.....	35,000,000	0
45.2 Transferred to capital (Stock Dividend).....	0	0
45.3 Transferred from capital.....	0	0
46. Dividends to stockholders.....	0	0
47. Aggregate write-ins for gains or (losses) in surplus.....	0	0
48. Net change in capital and surplus (Lines 34 to 47).....	39,056,734	11,865,772
49. Capital and surplus end of reporting period (Line 33 plus 48)	103,811,849	64,755,115
DETAILS OF WRITE-INS		
4701.	0	0
4702.	0	0
4703.	0	0
4798. Summary of remaining write-ins for Line 47 from overflow page.....	0	0
4799. Totals (Lines 4701 thru 4703 plus 4798)(Line 47 above)	0	0

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Aetna Better Health Inc. (a New Jersey corporation)

CASH FLOW

	1	2
	Current Year	Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance	643,779,580	458,859,882
2. Net investment income	2,762,901	3,058,049
3. Miscellaneous income	0	0
4. Total (Lines 1 through 3)	646,542,481	461,917,931
5. Benefit and loss related payments	511,126,820	386,091,454
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	72,464,651	50,451,928
8. Dividends paid to policyholders	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ 0 tax on capital gains (losses)	344,943	3,989,233
10. Total (Lines 5 through 9)	583,936,414	440,532,615
11. Net cash from operations (Line 4 minus Line 10)	62,606,067	21,385,316
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	48,296,665	41,233,455
12.2 Stocks	0	0
12.3 Mortgage loans	0	0
12.4 Real estate	0	0
12.5 Other invested assets	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	79	33
12.7 Miscellaneous proceeds	750,000	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	49,046,744	41,233,488
13. Cost of investments acquired (long-term only):		
13.1 Bonds	70,838,539	46,240,236
13.2 Stocks	0	0
13.3 Mortgage loans	0	0
13.4 Real estate	0	0
13.5 Other invested assets	0	0
13.6 Miscellaneous applications	687,063	28,437
13.7 Total investments acquired (Lines 13.1 to 13.6)	71,525,602	46,268,673
14. Net increase (decrease) in contract loans and premium notes	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	(22,478,858)	(5,035,185)
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes	0	0
16.2 Capital and paid in surplus, less treasury stock	35,000,000	0
16.3 Borrowed funds	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0
16.5 Dividends to stockholders	0	0
16.6 Other cash provided (applied)	(17,407,008)	(3,467,963)
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	17,592,992	(3,467,963)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	57,720,201	12,882,168
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	32,683,768	19,801,600
19.2 End of year (Line 18 plus Line 19.1)	90,403,969	32,683,768
Note: Supplemental disclosures of cash flow information for non-cash transactions:		
20.0001. Non-cash investment exchanges	1,247,475	13,751,486

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Aetna Better Health Inc. (a New Jersey corporation)

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 Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Net premium income	651,346,482	0	0	0	0	0	0	651,346,482	0	0
2. Change in unearned premium reserves and reserve for rate credit	(14,833,025)	0	0	0	0	0	0	(14,833,025)	0	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)	636,513,457	0	0	0	0	0	0	636,513,457	0	0
8. Hospital/medical benefits	358,367,420	0	0	0	0	0	0	358,367,420	0	XXX
9. Other professional services	67,943,754	0	0	0	0	0	0	67,943,754	0	XXX
10. Outside referrals	14,863,753	0	0	0	0	0	0	14,863,753	0	XXX
11. Emergency room and out-of-area	30,296,497	0	0	0	0	0	0	30,296,497	0	XXX
12. Prescription drugs	68,940,834	0	0	0	0	0	0	68,940,834	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	3,367,932	0	0	0	0	0	0	3,367,932	0	XXX
15. Subtotal (Lines 8 to 14)	543,780,190	0	0	0	0	0	0	543,780,190	0	XXX
16. Net reinsurance recoveries	210,039	0	0	0	0	0	0	210,039	0	XXX
17. Total medical and hospital (Lines 15 minus 16)	543,570,151	0	0	0	0	0	0	543,570,151	0	XXX
18. Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
19. Claims adjustment expenses including \$ 21,118,268 cost containment expenses	31,794,000	0	0	0	0	0	0	31,794,000	0	0
20. General administrative expenses	57,375,793	0	0	0	0	0	0	57,375,793	0	0
21. Increase in reserves for accident and health contracts	1,955,138	0	0	0	0	0	0	1,955,138	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)	634,695,082	0	0	0	0	0	0	634,695,082	0	0
24. Total underwriting gain or (loss) (Line 7 minus Line 23)	1,818,375	0	0	0	0	0	0	1,818,375	0	0
DETAILS OF WRITE-INS										
0501.										XXX
0502.										XXX
0503.										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 thru 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0	XXX
0601.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0603.		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 thru 0603 plus 0698) (Line 6 above)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301.										XXX
1302.										XXX
1303.										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 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0	0	0	0	XXX

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Aetna Better Health Inc. (a New Jersey corporation)

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)	0	0	0	0
2. Medicare Supplement	0	0	0	0
3. Dental only	0	0	0	0
4. Vision only	0	0	0	0
5. Federal Employees Health Benefits Plan	0	0	0	0
6. Title XVIII - Medicare	0	0	0	0
7. Title XIX - Medicaid	651,854,918	0	508,436	651,346,482
8. Other health	0	0	0	0
9. Health subtotal (Lines 1 through 8)	651,854,918	0	508,436	651,346,482
10. Life	0	0	0	0
11. Property/casualty	0	0	0	0
12. Totals (Lines 9 to 11)	651,854,918	0	508,436	651,346,482

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - CLAIMS INCURRED DURING THE YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Payments during the year:										
1.1 Direct	508,496,628	0	0	0	0	0	0	508,496,628	0	0
1.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
1.3 Reinsurance ceded	50,954	0	0	0	0	0	0	50,954	0	0
1.4 Net	508,445,674	0	0	0	0	0	0	508,445,674	0	0
2. Paid medical incentive pools and bonuses	2,681,146	0	0	0	0	0	0	2,681,146	0	0
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	89,291,953	0	0	0	0	0	0	89,291,953	0	0
3.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded	159,085	0	0	0	0	0	0	159,085	0	0
3.4 Net	89,132,868	0	0	0	0	0	0	89,132,868	0	0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct	0	0	0	0	0	0	0	0	0	0
4.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
4.4 Net	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year	1,560,718	0	0	0	0	0	0	1,560,718	0	0
6. Net healthcare receivables (a)	172,757	0	0	0	0	0	0	172,757	0	0
7. Amounts recoverable from reinsurers December 31, current year	0	0	0	0	0	0	0	0	0	0
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	57,203,566	0	0	0	0	0	0	57,203,566	0	0
8.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
8.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
8.4 Net	57,203,566	0	0	0	0	0	0	57,203,566	0	0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct	0	0	0	0	0	0	0	0	0	0
9.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
9.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
9.4 Net	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year	873,932	0	0	0	0	0	0	873,932	0	0
11. Amounts recoverable from reinsurers December 31, prior year	0	0	0	0	0	0	0	0	0	0
12. Incurred Benefits:										
12.1 Direct	540,412,258	0	0	0	0	0	0	540,412,258	0	0
12.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded	210,039	0	0	0	0	0	0	210,039	0	0
12.4 Net	540,202,219	0	0	0	0	0	0	540,202,219	0	0
13. Incurred medical incentive pools and bonuses	3,367,932	0	0	0	0	0	0	3,367,932	0	0

(a) Excludes \$ 0 loans or advances to providers not yet expensed.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Reported in Process of Adjustment:										
1.1 Direct	11,236,495	.0	.0	.0	.0	.0	.0	11,236,495	.0	.0
1.2 Reinsurance assumed .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.3 Reinsurance ceded .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.4 Net	11,236,495	.0	.0	.0	.0	.0	.0	11,236,495	.0	.0
2. Incurred but Unreported:										
2.1 Direct	78,055,458	.0	.0	.0	.0	.0	.0	78,055,458	.0	.0
2.2 Reinsurance assumed .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.3 Reinsurance ceded	159,085	.0	.0	.0	.0	.0	.0	159,085	.0	.0
2.4 Net	77,896,373	.0	.0	.0	.0	.0	.0	77,896,373	.0	.0
3. Amounts Withheld from Paid Claims and Capitations:										
3.1 Direct .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3.2 Reinsurance assumed .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3.3 Reinsurance ceded .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3.4 Net .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. TOTALS:										
4.1 Direct	89,291,953	.0	.0	.0	.0	.0	.0	89,291,953	.0	.0
4.2 Reinsurance assumed .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4.3 Reinsurance ceded	159,085	.0	.0	.0	.0	.0	.0	159,085	.0	.0
4.4 Net	89,132,868	0	0	0	0	0	0	89,132,868	0	0

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Aetna Better Health Inc. (a New Jersey corporation)

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5 Claims Incurred In Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1	2	3	4		
	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid December 31 of Prior Year	On Claims Incurred During the Year		
1. Comprehensive (hospital and medical)	0	0	0	0	0	0
2. Medicare Supplement	0	0	0	0	0	0
3. Dental Only	0	0	0	0	0	0
4. Vision Only	0	0	0	0	0	0
5. Federal Employees Health Benefits Plan	0	0	0	0	0	0
6. Title XVIII - Medicare	0	0	0	0	0	0
7. Title XIX - Medicaid	64,082,642	444,363,032	5,682,780	83,450,088	69,765,422	57,203,566
8. Other health	0	0	0	0	0	0
9. Health subtotal (Lines 1 to 8)	64,082,642	444,363,032	5,682,780	83,450,088	69,765,422	57,203,566
10. Healthcare receivables (a)	0	2,115,501	0	0	0	1,942,744
11. Other non-health	0	0	0	0	0	0
12. Medical incentive pools and bonus amounts	0	2,681,146	24,930	1,535,788	24,930	873,932
13. Totals (Lines 9 - 10 + 11 + 12)	64,082,642	444,928,677	5,707,710	84,985,876	69,790,352	56,134,754

(a) Excludes \$0 loans or advances to providers not yet expensed.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

Section A - Paid Health Claims - Comprehensive (Hospital & Medical)

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2016	2 2017	3 2018	4 2019	5 2020
1. Prior	NONE				
2. 2016					
3. 2017					
4. 2018					
5. 2019					
6. 2020					

Section B - Incurred Health Claims - Comprehensive (Hospital & Medical)

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2016	2 2017	3 2018	4 2019	5 2020
1. Prior	NONE				
2. 2016					
3. 2017					
4. 2018					
5. 2019					
6. 2020					

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Comprehensive (Hospital & Medical)

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense (Col. 3/2)	4 Percent	5 Claim and Claim Adjustment Expense Payments (Col. 5/1)	6 Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2016	NONE									
2. 2017										
3. 2018										
4. 2019										
5. 2020										

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
 (\$000 Omitted)

Section A - Paid Health Claims - Medicare Supplement

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2016	2 2017	3 2018	4 2019	5 2020
1. Prior	NONE				
2. 2016					
3. 2017					
4. 2018					
5. 2019					
6. 2020					

Section B - Incurred Health Claims - Medicare Supplement

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2016	2 2017	3 2018	4 2019	5 2020
1. Prior	NONE				
2. 2016					
3. 2017					
4. 2018					
5. 2019					
6. 2020					

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Medicare Supplement

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense (Col. 3/2)	4 Percent	5 Claim and Claim Adjustment Expense Payments (Col. 5/1)	6 Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2016	NONE									
2. 2017										
3. 2018										
4. 2019										
5. 2020										

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
(\$000 Omitted)

Section A - Paid Health Claims - Dental Only

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2016	2 2017	3 2018	4 2019	5 2020
1. Prior	NONE				
2. 2016					
3. 2017					
4. 2018					
5. 2019					
6. 2020					

Section B - Incurred Health Claims - Dental Only

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2016	2 2017	3 2018	4 2019	5 2020
1. Prior	NONE				
2. 2016					
3. 2017					
4. 2018					
5. 2019					
6. 2020					

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Dental Only

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2016	NONE									
2. 2017										
3. 2018										
4. 2019										
5. 2020										

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

Section A - Paid Health Claims - Vision Only

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2016	2 2017	3 2018	4 2019	5 2020
1. Prior	NONE				
2. 2016					
3. 2017					
4. 2018					
5. 2019					
6. 2020					

Section B - Incurred Health Claims - Vision Only

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2016	2 2017	3 2018	4 2019	5 2020
1. Prior	NONE				
2. 2016					
3. 2017					
4. 2018					
5. 2019					
6. 2020					

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Vision Only

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense (Col. 3/2)	4 Percent	5 Claim and Claim Adjustment Expense Payments (Col. 5/1)	6 Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2016	NONE									
2. 2017										
3. 2018										
4. 2019										
5. 2020										

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

Section A - Paid Health Claims - Federal Employees Health Benefits Plan Premium

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2016	2 2017	3 2018	4 2019	5 2020
1. Prior	NONE				
2. 2016					
3. 2017					
4. 2018					
5. 2019					
6. 2020					

Section B - Incurred Health Claims - Federal Employees Health Benefits Plan Premium

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2016	2 2017	3 2018	4 2019	5 2020
1. Prior	NONE				
2. 2016					
3. 2017					
4. 2018					
5. 2019					
6. 2020					

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Federal Employees Health Benefits Plan Premium

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense (Col. 3/2)	4 Percent	5 Claim and Claim Adjustment Expense Payments (Col. 4/3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2016	NONE									
2. 2017										
3. 2018										
4. 2019										
5. 2020										

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
 (\$000 Omitted)

Section A - Paid Health Claims - Title XVIII

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2016	2 2017	3 2018	4 2019	5 2020
1. Prior	NONE				
2. 2016					
3. 2017					
4. 2018					
5. 2019					
6. 2020					

Section B - Incurred Health Claims - Title XVIII

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2016	2 2017	3 2018	4 2019	5 2020
1. Prior	NONE				
2. 2016					
3. 2017					
4. 2018					
5. 2019					
6. 2020					

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Title XVIII

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense (Col. 3/2)	4 Per Cent	5 Claim and Claim Adjustment Expense Payments (Col. 5/1)	6 Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2016	NONE									
2. 2017										
3. 2018										
4. 2019										
5. 2020										

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

Section A - Paid Health Claims - Title XIX

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2016	2 2017	3 2018	4 2019	5 2020
1. Prior	9,036	9,865	9,865	9,865	9,865
2. 2016	84,914	106,850	106,850	106,850	106,850
3. 2017	XXX	153,232	182,128	182,128	182,128
4. 2018	XXX	XXX	266,266	305,958	305,958
5. 2019	XXX	XXX	XXX	344,457	408,540
6. 2020	XXX	XXX	XXX	XXX	444,929

Section B - Incurred Health Claims - Title XIX

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2016	2 2017	3 2018	4 2019	5 2020
1. Prior	11,235	9,898	9,898	9,898	9,898
2. 2016	117,362	107,959	107,959	107,959	107,959
3. 2017	XXX	189,067	218,531	218,531	218,531
4. 2018	XXX	XXX	313,567	357,844	357,844
5. 2019	XXX	XXX	XXX	397,949	467,739
6. 2020	XXX	XXX	XXX	XXX	529,915

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Title XIX

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2016	137,983	106,850	7,984	7.5	114,834	83.2	0	0	114,834	83.2
2. 2017	233,756	182,128	10,270	5.6	192,398	82.3	0	0	192,398	82.3
3. 2018	364,147	305,958	17,159	5.6	323,117	88.7	0	0	323,117	88.7
4. 2019	459,347	408,540	23,946	5.9	432,486	94.2	5,708	0	438,194	95.4
5. 2020	636,513	444,929	31,794	7.1	476,723	74.9	84,986	2,681	564,390	88.7

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

Section A - Paid Health Claims - Other

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2016	2 2017	3 2018	4 2019	5 2020
1. Prior	NONE				
2. 2016					
3. 2017					
4. 2018					
5. 2019					
6. 2020					

Section B - Incurred Health Claims - Other

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2016	2 2017	3 2018	4 2019	5 2020
1. Prior	NONE				
2. 2016					
3. 2017					
4. 2018					
5. 2019					
6. 2020					

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Other

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense (Col. 3/2)	4 Percent	5 Claim and Claim Adjustment Expense Payments (Col. 5/1)	6 Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2016	NONE									
2. 2017										
3. 2018										
4. 2019										
5. 2020										

12.01

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

Section A - Paid Health Claims - Grand Total

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2016	2 2017	3 2018	4 2019	5 2020
1.	Prior	9,036	9,865	9,865	9,865	9,865
2.	2016	84,914	106,850	106,850	106,850	106,850
3.	2017	XXX	153,232	182,128	182,128	182,128
4.	2018	XXX	XXX	266,266	305,958	305,958
5.	2019	XXX	XXX	XXX	344,457	408,540
6.	2020	XXX	XXX	XXX	XXX	444,929

Section B - Incurred Health Claims - Grand Total

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2016	2 2017	3 2018	4 2019	5 2020
1.	Prior	11,235	9,898	9,898	9,898	9,898
2.	2016	117,362	107,959	107,959	107,959	107,959
3.	2017	XXX	189,067	218,531	218,531	218,531
4.	2018	XXX	XXX	313,567	357,844	357,844
5.	2019	XXX	XXX	XXX	397,949	467,739
6.	2020	XXX	XXX	XXX	XXX	529,915

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Grand Total

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2016	137,983	106,850	7,984	7.5	114,834	83.2	0	0	114,834	83.2
2. 2017	233,756	182,128	10,270	5.6	192,398	82.3	0	0	192,398	82.3
3. 2018	364,147	305,958	17,159	5.6	323,117	88.7	0	0	323,117	88.7
4. 2019	459,347	408,540	23,946	5.9	432,486	94.2	5,708	0	438,194	95.4
5. 2020	636,513	444,929	31,794	7.1	476,723	74.9	84,986	2,681	564,390	88.7

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

	1	2	3	4	5	6	7	8	9
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
1. Unearned premium reserves	0	0	0	0	0	0	0	0	0
2. Additional policy reserves (a)	1,955,138	0	0	0	0	0	0	1,955,138	0
3. Reserve for future contingent benefits	0	0	0	0	0	0	0	0	0
4. Reserve for rate credits or experience rating refunds (including \$0) for investment income	26,762,900	0	0	0	0	0	0	26,762,900	0
5. Aggregate write-ins for other policy reserves	0	0	0	0	0	0	0	0	0
6. Totals (gross)	28,718,038	0	0	0	0	0	0	28,718,038	0
7. Reinsurance ceded	0	0	0	0	0	0	0	0	0
8. Totals (Net)(Page 3, Line 4)	28,718,038	0	0	0	0	0	0	28,718,038	0
9. Present value of amounts not yet due on claims	0	0	0	0	0	0	0	0	0
10. Reserve for future contingent benefits	0	0	0	0	0	0	0	0	0
11. Aggregate write-ins for other claim reserves	0	0	0	0	0	0	0	0	0
12. Totals (gross)	0	0	0	0	0	0	0	0	0
13. Reinsurance ceded	0	0	0	0	0	0	0	0	0
14. Totals (Net)(Page 3, Line 7)	0	0	0	0	0	0	0	0	0
DETAILS OF WRITE-INS									
0501.									
0502.									
0503.									
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0
1101.									
1102.									
1103.									
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0	0	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above)	0	0	0	0	0	0	0	0	0

(a) Includes \$1,955,138 premium deficiency reserve.

UNDERWRITING AND INVESTMENT EXHIBIT**PART 3 - ANALYSIS OF EXPENSES**

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$0 for occupancy of own building)	0	169,597	858,113	4,282	1,031,992
2. Salary, wages and other benefits	14,645,919	5,143,086	11,376,669	106,446	31,272,120
3. Commissions (less \$0 ceded plus \$0 assumed)	0	0	0	0	0
4. Legal fees and expenses	110,332	38,744	85,704	0	234,780
5. Certifications and accreditation fees	0	0	0	0	0
6. Auditing, actuarial and other consulting services	0	906,673	4,587,516	26,033	5,520,222
7. Traveling expenses	0	33,140	167,681	198	201,019
8. Marketing and advertising	0	152,159	769,881	0	922,040
9. Postage, express and telephone	0	177,366	897,421	350	1,075,137
10. Printing and office supplies	0	69,250	350,384	125	419,759
11. Occupancy, depreciation and amortization	0	0	0	760	760
12. Equipment	0	70,137	354,875	2,910	427,922
13. Cost or depreciation of EDP equipment and software	0	306,970	1,553,185	2,240	1,862,395
14. Outsourced services including EDP, claims, and other services	4,657,403	1,635,501	3,617,781	19,813	9,930,498
15. Boards, bureaus and association fees	53,041	18,626	41,201	416	113,284
16. Insurance, except on real estate	0	61,624	311,798	78	373,500
17. Collection and bank service charges	0	9,525	48,196	12,293	70,014
18. Group service and administration fees	0	0	0	0	0
19. Reimbursements by uninsured plans	0	0	0	0	0
20. Reimbursements from fiscal intermediaries	0	0	0	0	0
21. Real estate expenses	0	0	436,591	8	436,599
22. Real estate taxes	0	0	101,429	0	101,429
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes	0	0	385,103	0	385,103
23.2 State premium taxes	0	0	0	0	0
23.3 Regulatory authority licenses and fees	0	0	24,129,027	0	24,129,027
23.4 Payroll taxes	1,651,573	579,969	1,282,910	8,012	3,522,464
23.5 Other (excluding federal income and real estate taxes)	0	0	5,216,880	0	5,216,880
24. Investment expenses not included elsewhere	0	0	0	0	0
25. Aggregate write-ins for expenses	0	1,303,365	803,448	0	2,106,813
26. Total expenses incurred (Lines 1 to 25)	21,118,268	10,675,732	57,375,793	183,964	(a) 89,353,757
27. Less expenses unpaid December 31, current year	1,780,930	900,298	24,351,720	0	27,032,948
28. Add expenses unpaid December 31, prior year	1,261,181	437,251	9,199,847	0	10,898,279
29. Amounts receivable relating to uninsured plans, prior year	0	0	0	0	0
30. Amounts receivable relating to uninsured plans, current year	0	0	0	0	0
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	20,598,519	10,212,685	42,223,920	183,964	73,219,088
DETAILS OF WRITE-INS					
2501. Miscellaneous	0	0	(183,964)	0	(183,964)
2502. Loss adjustment expense	0	0	982,797	0	982,797
2503. Interest expense	0	1,303,365	4,615	0	1,307,980
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	0	1,303,365	803,448	0	2,106,813

(a) Includes management fees of \$57,331,970 to affiliates and \$0 to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. government bonds	(a) 1,119,230	1,099,874
1.1 Bonds exempt from U.S. tax	(a) 0	0
1.2 Other bonds (unaffiliated)	(a) 1,709,910	1,805,001
1.3 Bonds of affiliates	(a) 0	0
2.1 Preferred stocks (unaffiliated)	(b) 0	0
2.11 Preferred stocks of affiliates	(b) 0	0
2.2 Common stocks (unaffiliated)	0	0
2.21 Common stocks of affiliates	0	0
3. Mortgage loans	(c) 0	0
4. Real estate	(d) 0	0
5. Contract Loans	0	0
6. Cash, cash equivalents and short-term investments	(e) 155,141	155,141
7. Derivative instruments	(f) 0	0
8. Other invested assets	0	0
9. Aggregate write-ins for investment income	147,979	147,979
10. Total gross investment income	3,132,260	3,207,995
11. Investment expenses		(g) 175,952
12. Investment taxes, licenses and fees, excluding federal income taxes		(g) 8,012
13. Interest expense		(h) 0
14. Depreciation on real estate and other invested assets		(i) 0
15. Aggregate write-ins for deductions from investment income		0
16. Total deductions (Lines 11 through 15)		183,964
17. Net investment income (Line 10 minus Line 16)		3,024,031
DETAILS OF WRITE-INS		
0901. Miscellaneous interest income	147,979	147,979
0902.		
0903.		
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above)	147,979	147,979
1501.		
1502.		
1503.		
1598. Summary of remaining write-ins for Line 15 from overflow page		0
1599. Totals (Lines 1501 thru 1503 plus 1598) (Line 15, above)		0

- (a) Includes \$ 301,740 accrual of discount less \$ 116,332 amortization of premium and less \$ 154,290 paid for accrued interest on purchases.
- (b) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ 0 paid for accrued dividends on purchases.
- (c) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ 0 paid for accrued interest on purchases.
- (d) Includes \$ 0 for company's occupancy of its own buildings; and excludes \$ 0 interest on encumbrances.
- (e) Includes \$ 155,114 accrual of discount less \$ 0 amortization of premium and less \$ 0 paid for accrued interest on purchases.
- (f) Includes \$ 0 accrual of discount less \$ 0 amortization of premium.
- (g) Includes \$ 0 investment expenses and \$ 0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
- (h) Includes \$ 0 interest on surplus notes and \$ 0 interest on capital notes.
- (i) Includes \$ 0 depreciation on real estate and \$ 0 depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1	2	3	4	5
	Realized Gain (Loss) On Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Columns 1 + 2)	Change in Unrealized Capital Gain (Loss)	Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds	0	(22,959)	(22,959)	0	0
1.1 Bonds exempt from U.S. tax	0	0	0	0	0
1.2 Other bonds (unaffiliated)	131,101	(64,989)	66,112	0	0
1.3 Bonds of affiliates	0	0	0	0	0
2.1 Preferred stocks (unaffiliated)	0	0	0	0	0
2.11 Preferred stocks of affiliates	0	0	0	0	0
2.2 Common stocks (unaffiliated)	0	0	0	0	0
2.21 Common stocks of affiliates	0	0	0	0	0
3. Mortgage loans	0	0	0	0	0
4. Real estate	0	0	0	0	0
5. Contract loans	0	0	0	0	0
6. Cash, cash equivalents and short-term investments	79	0	79	0	0
7. Derivative instruments	0	0	0	0	0
8. Other invested assets	0	0	0	0	0
9. Aggregate write-ins for capital gains (losses)	0	0	0	0	0
10. Total capital gains (losses)	131,180	(87,948)	43,232	0	0
DETAILS OF WRITE-INS					
0901.					
0902.					
0903.					
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above)	0	0	0	0	0

EXHIBIT OF NON-ADMITTED ASSETS

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D)	0	0	0
2. Stocks (Schedule D):			
2.1 Preferred stocks	0	0	0
2.2 Common stocks	0	0	0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens	0	0	0
3.2 Other than first liens.....	0	0	0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company	0	0	0
4.2 Properties held for the production of income.....	0	0	0
4.3 Properties held for sale	0	0	0
5. Cash (Schedule E - Part 1), cash equivalents (Schedule E - Part 2) and short-term investments (Schedule DA)	0	0	0
6. Contract loans	0	0	0
7. Derivatives (Schedule DB)	0	0	0
8. Other invested assets (Schedule BA)	0	0	0
9. Receivables for securities	0	0	0
10. Securities lending reinvested collateral assets (Schedule DL)	0	0	0
11. Aggregate write-ins for invested assets	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	0	0	0
13. Title plants (for Title insurers only)	0	0	0
14. Investment income due and accrued	0	0	0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection	0	0	0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due	0	0	0
15.3 Accrued retrospective premiums and contracts subject to redetermination	0	0	0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers	0	0	0
16.2 Funds held by or deposited with reinsured companies	0	0	0
16.3 Other amounts receivable under reinsurance contracts	0	0	0
17. Amounts receivable relating to uninsured plans	0	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon	0	0	0
18.2 Net deferred tax asset	0	40,294	40,294
19. Guaranty funds receivable or on deposit	0	0	0
20. Electronic data processing equipment and software	0	0	0
21. Furniture and equipment, including health care delivery assets	0	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates	0	0	0
23. Receivable from parent, subsidiaries and affiliates	0	0	0
24. Health care and other amounts receivable	1,820,237	1,942,744	122,507
25. Aggregate write-ins for other than invested assets	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	1,820,237	1,983,038	162,801
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0
28. Total (Lines 26 and 27)	1,820,237	1,983,038	162,801
DETAILS OF WRITE-INS			
1101.			
1102.			
1103.			
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	0	0	0
2501.			
2502.			
2503.			
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	0	0	0

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations	65,834	75,729	89,695	100,132	107,062	1,077,688
2. Provider Service Organizations	0	0	0	0	0	0
3. Preferred Provider Organizations	0	0	0	0	0	0
4. Point of Service	0	0	0	0	0	0
5. Indemnity Only	0	0	0	0	0	0
6. Aggregate write-ins for other lines of business	0	0	0	0	0	0
7. Total	65,834	75,729	89,695	100,132	107,062	1,077,688
DETAILS OF WRITE-INS						
0601.						
0602.						
0603.						
0698. Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Aetna Better Health Inc. (a New Jersey corporation)

NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

The accompanying statutory financial statements of Aetna Better Health Inc. (a New Jersey Corporation) (the “Company”), indirectly a wholly-owned subsidiary of CVS Health Corporation (“CVS Health”), have been prepared in conformity with accounting practices prescribed or permitted by the State of New Jersey Department of Banking and Insurance (“New Jersey Department”) (“New Jersey Accounting Practices”). The New Jersey Department recognizes statutory accounting practices prescribed or permitted by the State of New Jersey for determining and reporting the financial condition and results of operations of an insurance company, which include accounting practices and procedures adopted by the National Association of Insurance Commissioners’ (“NAIC”) *Accounting Practices and Procedures Manual* (“NAIC SAP”).

A reconciliation of the Company’s net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the State of New Jersey for the years ending December 31, 2020 and 2019 is as follows:

	SSAP #	F/S Page	F/S Line #	2020	2019
NET INCOME					
(1) State basis (Page 4, Line 32, Columns 2 & 3)	XXX	XXX	XXX	\$ 2,332,892	\$ 12,221,636
(2) State Prescribed Practices that increase/(decrease) NAIC SAP:	N/A	N/A	N/A	—	—
(3) State Permitted Practices that increase/(decrease) NAIC SAP:	N/A	N/A	N/A	—	—
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	\$ 2,332,892	\$ 12,221,636
SURPLUS					
(5) State basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 103,811,849	\$ 64,755,115
(6) State Prescribed Practices that increase/(decrease) NAIC SAP:	N/A	N/A	N/A	—	—
(7) State Permitted Practices that increase/(decrease) NAIC SAP:	N/A	N/A	N/A	—	—
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	\$ 103,811,849	\$ 64,755,115

B. Use of Estimates in the Preparation of the Financial Statements

The preparation of these financial statements in conformity with New Jersey Accounting Practices requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and revenue and expenses. Actual results could differ from those estimates.

C. Accounting Policies

The Company applies the following significant accounting policies:

(1) Cash, Cash Equivalents and Short-Term Investments

Cash, cash equivalents and short-term investments, consisting primarily of money market instruments and other debt issues with an original maturity of up to one year, are carried at amortized cost. Short-term investments consist primarily of investments purchased with an original maturity date of greater than three months but less than one year. Cash equivalents consist of highly liquid instruments, which mature within three months from the date of purchase. The carrying amount of cash, cash equivalents and short-term investments approximates fair value. Cash accounts with positive balances shall not be reported separately from cash accounts with negative balances. If in the aggregate, the reporting entity has a net negative cash balance, it shall be reported as a negative asset and shall not be recorded as a liability.

NOTES TO FINANCIAL STATEMENTS

(2) Bonds

Bonds, which include special deposits, are carried at amortized cost except for those bonds with an NAIC designation of 3 through 6, which are carried at the lower of amortized cost or fair value. The amount carried at fair value is not material to the financial statements. Bond premiums and discounts are amortized using the scientific interest method. When quoted prices in active markets for identical assets are available, the Company uses these quoted market prices to determine the fair value of bonds. This is used primarily for U.S. government securities. In other cases where a quoted market price for identical assets in an active market is either not available or not observable, the Company estimates fair values using valuation methodologies based on available and observable market information or by using a matrix pricing model. If quoted market prices are not available, the Company determines fair value using broker quotes or an internal analysis of each investment's financial performance and cash flow projections. The Company had no investments where fair value was determined using broker quotes or an internal analysis of financial performance and cash flow projections at December 31, 2020 and 2019. Bonds include all investments whose maturity is greater than one year when purchased. Loan-backed and structured securities are carried at amortized cost adjusted for unamortized premiums and discounts and are accounted for using the retrospective adjustment method. Premiums and discounts on loan-backed and structured securities are amortized using the scientific method over the estimated remaining term of the securities, adjusted for anticipated prepayments. All adjustments between amortized cost and carrying value are reflected in unrealized capital gains and losses and are reported as direct adjustments to surplus.

Bonds are recorded as purchases or sales on the trade date.

The Company periodically reviews its bonds to determine whether a decline in fair value below the carrying value is other-than-temporary. For bonds, other than loan-backed and structured securities ("LB&SS"), an other-than-temporary impairment ("OTTI") shall be recorded if it is probable that the Company will be unable to collect all amounts due according to the contractual terms in effect at the date of acquisition. Declines deemed to be OTTI in the cost basis are recognized as realized capital losses. Yield-related impairments are deemed other-than-temporary when the Company intends to sell an investment at the reporting date before recovery of the cost of the investment.

For LB&SS, the Company records OTTI when the fair value of the loan-backed or structured security is less than the amortized cost basis at the balance sheet date and (1) the Company intends to sell the investment, or (2) the Company does not have the intent and ability to retain the investment for the time sufficient to recover the amortized cost basis, or (3) the Company does not expect to recover the entire amortized cost basis of the security, even if it does not intend to sell the security and has the intent and ability to hold. If it is determined an OTTI has occurred because of (1) or (2), the amount of the OTTI is equal to the difference between the amortized cost and the fair value of the security at the balance sheet date and this difference is recorded as a realized capital loss. If it is determined an OTTI has occurred because of (3), the amount of the OTTI is equal to the difference between the amortized cost and the present value of cash flows expected to be collected, discounted at the loan-backed or structured security's effective interest rate and this difference is also accounted for as a realized capital loss.

The Company analyzes all relevant facts and circumstances for each investment when performing its analysis to determine whether an OTTI exists. Among the factors considered in evaluating whether a decline is other-than-temporary, management considers whether the decline in fair value results from a change in the quality of the investment security itself, whether the decline results from a downward movement in the market as a whole, the prospects for realizing the carrying value of the bond based on the investee's current and short-term prospects for recovery and other factors. The risks inherent in assessing the impairment of an investment include the risk that market factors may differ from the Company's expectations and the risk that facts and circumstances factored into its assessment may change with the passage of time. Unexpected changes to market factors and circumstances that were not present in past reporting periods may result in a current period decision to sell securities that were not other-than-temporarily-impaired in prior reporting periods.

The Company had no Securities Valuation Office-identified investments that are being reported at a different measurement method from the prior year annual statement.

- (3) The Company did not own any common stock at December 31, 2020 or 2019.
- (4) The Company did not own any preferred stock at December 31, 2020 or 2019.
- (5) The Company did not have any mortgage loans at December 31, 2020 or 2019.
- (6) The Company did not have any investments in subsidiaries, controlled or affiliated companies at December 31, 2020 or 2019.
- (7) The Company did not have any investments in any joint ventures, partnerships and limited liability companies at December 31, 2020 or 2019.
- (8) The Company did not have any derivatives at December 31, 2020 or 2019.
- (9) Aggregate Health Policy Reserves and Related Expenses

Premium deficiency reserves ("PDR") are recognized when it is probable that the expected future hospital and medical costs, including maintenance costs, will exceed anticipated future premiums and reinsurance recoveries on existing contracts. Anticipated investment income is not considered in the calculation of any PDR. For purposes of calculating a

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Aetna Better Health Inc. (a New Jersey corporation)

NOTES TO FINANCIAL STATEMENTS

PDR, contracts are grouped in a manner consistent with the method of acquiring, servicing and measuring the profitability of such contracts.

Unearned premium reserves (“UEP”) are recognized for premiums that are recorded by the Company that have not been earned as of the statement date. The Company had no UEP at December 31, 2020 and 2019 .

The Company is required to make premium rebate payments to the State of New Jersey if specific minimum annual Medicaid medical loss ratios (“MLR”) were not met in the prior year. The Company's results for full year 2020 and 2019 include estimates of 750,431 and \$11,929,875, respectively, of minimum Medicaid MLR rebates, which were included in aggregate health policy reserves in the Statutory Statements of Liabilities and Capital and Surplus.

The Company is required to make premium rebate payments to the State of New Jersey under a Medicaid risk corridor program. The Company's results for full year 2020 or 2019 include estimates of \$26,012,469 and \$0, respectively, for risk corridor rebates, which were included in aggregate health policy reserves in the Statutory Statements of Liabilities and Capital and Surplus.

(10) Hospital and Medical Costs and Claims Adjustment Expenses and Related Reserves

Hospital and medical costs consist principally of fee-for-service medical claims and capitation costs. Claims unpaid and aggregate health claim reserves include the Company's estimate of payments to be made on claims reported but not yet paid and for health care services rendered to enrollees but not yet reported to the Company as of the Statutory Statements of Assets and Liabilities, Capital and Surplus date. Such estimates are developed using actuarial principles and assumptions, which consider, among other things, historical and projected claim submission and processing payment patterns, medical cost trends, historical utilization of health care services, claim inventory levels, medical inflation, contract requirement changes in membership and product mix, seasonality and other relevant factors. The Company reflects changes in estimates in hospital and medical costs in the Statutory Statements of Revenue and Expenses in the period they are determined. Capitation costs, which are recorded in hospital and medical expenses in the Statutory Statements of Revenue and Expenses, represent contractual monthly fees paid to participating physicians and other medical providers for providing medical care, regardless of the medical services provided to the enrollee.

The Company uses the triangulation method to estimate reserves for claims incurred but not reported. The method of triangulation makes estimates of completion factors that are then applied to the total paid claims (net of coordination of benefits) to date for each incurral month. This provides an estimate of the total projected incurred claims and total amount outstanding or claims incurred but not reported (claims unpaid). For the most current dates of service where there is insufficient paid claim data to rely solely on the triangulation method, the Company examines cost and utilization trends as well as environmental factors, plan changes, provider contracts, changes in membership and/or benefits, and historical seasonal patterns to estimate the reserve required for these months.

Claims adjustment expenses, which include cost containment expenses, represent the costs incurred related to the claim settlement process such as costs to record, process and adjust claims. These expenses are included in the Company's management agreement with an affiliate described in Note 10.

(11) The Company has not modified its capitalization policy from the prior period.

(12) Pharmaceutical Rebate Receivables

The Company estimates pharmaceutical rebate receivables based upon historical payment trends, actual utilization and other variables. Pharmaceutical rebates for a quarter are billed to the vendor within one month of the completion of the quarter with any adjustment to previously recorded amounts reflected at the time of billing. The Company reports pharmaceutical rebate receivables as health care receivables. Pharmacy rebate receivables not in accordance with SSAP No. 84 – *Health Care and Government Insured Plan Receivables* or are over 90 days past due are nonadmitted. All rebates are processed and settled monthly with an affiliated entity, including adjustments to previously billed periods. The pharmaceutical rebate receivables are more fully discussed in Note 28.

(13) Premiums and Amounts Due and Unpaid

Premium revenue for prepaid health or dental care products is recognized as income in the month in which enrollees are entitled to health or dental care services. Premiums collected before the effective period are reported as premiums received in advance. Premiums related to unexpired contractual coverage periods are reported as unearned premiums and are included in aggregate health policy reserves in the Statutory Statements of Liabilities, Capital and Surplus.

Nonadmitted amounts consist of all premiums due and unpaid greater than 90 days past due, with the exception of amounts due under government insured plans, which may be admitted assets under certain circumstances. In addition, for any customer for which the premiums due and unpaid greater than 90 days past due is more than a de minimus portion of the entire balance of premiums due and unpaid for that customer, the entire balance of premiums due and unpaid for that customer is nonadmitted. Management also performs a specific review of accounts and based on the results of the review, additional amounts may be nonadmitted. Uncollectible amounts are generally written-off and charged to revenue in the period in which the customer reconciliations are completed and agreed to by the customer (retroactivity) or when the account is determined to be uncollectible by the Company.

(14) Investment Income Due and Accrued

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Accrued investment income consists primarily of interest. Interest is recognized on an accrual basis and dividends are recorded as earned on the ex-dividend date. Due and accrued income is not recorded on: (a) bonds in default; and (b) bonds delinquent more than 90 days or where collection of interest is improbable. At December 31, 2020 and 2019, the Company did not have any nonadmitted investment income due and accrued.

(15) Covered and Uncovered Expenses and Related Liabilities

Covered expenses and related liabilities represent costs for health care expenses for which a member is not responsible in the event of the insolvency of the Company. Uncovered expenses and related liabilities represent costs to the Company for health care services that are the obligation of the Company and for which a member may also be liable in the event of the Company's insolvency.

(16) Fees Paid to the Federal Government by Health Insurers

SSAP No. 106 - *Affordable Care Act Section 9010 Assessment* ("SSAP No. 106") required (1) that the annual fee be recognized in full on January 1 of the fee year (the calendar year in which the assessment must be paid to the federal government), in the operating expense category of general administrative expenses, excluding federal income taxes and (2) that in each data year preceding a fee year a reporting entity pro-ratably accrue by reclassifying from unassigned surplus to special surplus funds an amount equal to its estimated subsequent fee year assessment. This reclassification has no impact on total capital and surplus and is reversed in full on January 1 of the fee year. See Note 22 for disclosure of all amounts related to the annual fee for the Company.

(17) Federal and State Income Taxes

Aetna Inc. ("Aetna") and its wholly-owned subsidiaries are included in the consolidated federal income tax return of its ultimate parent company, CVS Health, pursuant to the terms of a tax sharing agreement. In accordance with the agreement, the Company's current federal and state income tax provisions are generally computed as if the Company were filing a separate federal and state income tax return; current income tax benefits, including those resulting from net operating losses, are recognized to the extent expected to be realized in the consolidated return. Pursuant to the agreement, the Company has the enforceable right to recoup federal and state income taxes paid in prior years in the event of future net losses, which it may incur, or to recoup its net losses carried forward as an offset to future net income subject to federal and state income taxes.

Income taxes are accounted for under the asset and liability method. Deferred income tax assets ("DTAs") and liabilities ("DTLs") represent the expected future tax consequences of temporary differences generated by statutory accounting as defined in SSAP No. 101 - *Income Taxes*. DTAs and DTLs are measured using enacted tax rates expected to apply to taxable income in the years in which those temporary differences are expected to be recovered or settled. DTAs and DTLs are computed by means of identifying temporary differences which are measured using a balance sheet approach whereby statutory and tax basis balance sheets are compared. Current income tax recoverables include all current income taxes, including interest, reasonably expected to be recovered in a subsequent accounting period.

Pursuant to SSAP No. 101, gross DTAs are first reduced by a statutory valuation allowance adjustment to an amount that is more likely than not to be realized ("adjusted gross DTAs"). Adjusted gross DTAs are then admitted in an amount equal to the sum of paragraphs a. b. and c. below:

- a. Federal income taxes paid in prior years that can be recovered through loss carrybacks for existing temporary differences that reverse during a timeframe corresponding with Internal Revenue Code ("IRC") tax loss carryback provisions.
- b. The amount of adjusted gross DTAs, after the application of paragraph a. above, expected to be realized within the applicable period and that is no greater than the applicable percentage as determined using the applicable Realization Threshold Limitation Table. The applicable period refers to the number of years in which the DTA will reverse in the Company's tax return and the applicable percentage refers to the percentage of the Company's statutory capital and surplus as required to be shown on the statutory balance sheet adjusted to exclude any net DTAs, electronic data processing equipment and operating system software and any net positive goodwill ("Stat Cap ExDTA").

The Realization Threshold Limitation Tables allow DTAs to be admitted based upon either realization within 3 years and 15% of Stat Cap ExDTA, 1 year and 10% of Stat Cap ExDTA, or no DTA admitted pursuant to this paragraph b. In general, the Realization Threshold Limitation Tables allow the Company to admit more DTAs if total DTAs as reported by the Company are a smaller percentage of statutory capital and surplus.

- c. The amount of gross DTAs, after the application of paragraphs a. and b. above that can be offset against existing gross DTLs. In applying this offset, the Company considers the character (i.e. ordinary versus capital) of the DTAs and DTLs such that offsetting would be permitted in the tax return under existing enacted federal income tax laws and regulations and the reversal patterns of temporary differences.

Changes in DTAs and DTLs are recognized as a separate component of gains and losses in surplus ("Change in net deferred income tax") except to the extent allocated to changes in unrealized gains and losses. Changes in DTAs and DTLs allocated to unrealized gains and losses are netted against the related changes in unrealized gains and losses and

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are reported as “Change in net unrealized capital gains (losses)”, also a separate component of gains and losses in surplus.

The Company is subject to state income taxes in various states. State income tax expense is recorded in general administrative expenses in the Statutory Statements of Revenue and Expenses. For the years ended December 31, 2020 and 2019, the Company incurred state income tax expenses (benefits) of \$385,103 and (\$333,733), respectively. The Company had state income tax payables of \$779,139 at December 31, 2020 and no state income taxes payable at December 31, 2019 included in general expenses due or accrued in the Statutory Statements of Liabilities, Capital and Surplus. The Company had no state income tax receivables at December 31, 2020 and there were \$194,217 of state income tax receivables at December 31, 2019. These balances were included as aggregate write-ins for other than invested assets in the Statutory Statements of Assets.

(18) Reinsurance

In the normal course of business, the Company seeks to reduce the loss that may arise from catastrophes or other events that cause unfavorable underwriting results and to help balance its risks and capital by reinsuring certain levels of risk with other insurance enterprises. The reinsurance coverage does not relieve the Company of its primary obligations. Reinsurance premiums and reserves related to reinsured business are accounted for on a basis consistent with those used in accounting for the original policies issued and the terms of the reinsurance contracts. Premiums and claims ceded and the related unpaid reserves have been reported as reductions of these items. The reinsurance agreements are more fully discussed in Note 23.

D. Going Concern

As of February 25, 2021, management evaluated whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Company’s ability to continue as a going concern and management has determined that it is not probable that the Company will be unable to meet its obligations as they become due within one year after the financial statements are available to be issued. Management will continuously evaluate the Company’s ability to continue as a going concern and will take appropriate action and will make appropriate disclosures if there is any change in any condition or events that would raise substantial doubt about the Company’s ability to continue as a going concern.

2. Accounting Changes and Corrections of Errors

The Company did not have any accounting changes or correction of errors in the years ended December 31, 2020 and 2019.

3. Business Combinations and Goodwill

The Company was not a part of any business combinations that involved the statutory purchase method, a statutory merger, an assumption reinsurance, or an impairment loss in the years ending December 31, 2020 and 2019.

4. Discontinued Operations

The Company did not have any operations receiving discontinued operations accounting treatment during the years ending December 31, 2020 and 2019.

5. Investments

A. The Company did not have any mortgage loans, including Mezzanine Real Estate Loans, at December 31, 2020 and 2019.

B. The Company did not have any debt restructuring in the years ending December 31, 2020 and 2019.

C. The Company did not have any reverse mortgages at December 31, 2020 or 2019.

D. Loan-Backed Securities

(1) Prepayment assumptions for single class and multi-class mortgage-backed/loan-backed securities were obtained from industry market sources.

(2) The Company did not recognize any other-than-temporary impairments (“OTTI”) on loan-backed and structured securities in which the Company had the (1) intent to sell, (2) did not have the intent and ability to retain for a period of time sufficient to recover the amortized cost basis or (3) present value of cash flows expected to be collected is less than the amortized cost basis of the securities in accordance with SSAP No. 43R - *Loan-Backed and Structured Securities* (“SSAP No. 43R”) at December 31, 2020.

(3) The Company had no recognized OTTI on loan-backed and structured securities currently held, in which the present value of cash flows expected to be collected is less than the amortized cost basis at December 31, 2020.

(4) The Company’s unrealized loss position on loan-backed and structured securities held by the Company at December 31, 2020 is as follows:

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a. The aggregate amount of unrealized losses:		
1. Less than 12 months	\$	(1,939)
2. 12 Months or Longer		—
b. The aggregate related fair value of securities with unrealized losses:		
1. Less than 12 months	\$	498,062
2. 12 Months or Longer		—

(5) The Company has reviewed the loan-backed and structured securities in accordance with SSAP No. 43R in the table above and has concluded that these are performing assets generating investment income to support the needs of the business. Furthermore, the Company has no intention to sell the securities at December 31, 2020 before their cost can be recovered and does have the intent and ability to retain the securities for the time sufficient to recover the amortized cost basis; therefore, no OTTI write-down to fair value was determined to have occurred on these securities.

- E. The Company had no dollar repurchase agreements and/or securities lending transactions at December 31, 2020.
- F. The Company did not have any repurchase agreements transactions accounted for as secured borrowing at December 31, 2020.
- G. The Company did not have any reverse repurchase agreements transactions accounted for as secured borrowing at December 31, 2020.
- H. The Company did not have any repurchase agreements transactions accounted for as a sale at December 31, 2020.
- I. The Company did not have any reverse repurchase agreements transactions accounted for as a sale at December 31, 2020.
- J. The Company did not have any real estate at December 31, 2020.
- K. The Company did not have any low-income housing tax credits at December 31, 2020 or 2019.
- L. Restricted Assets

(1) Restricted assets (including pledged):

Restricted Category	1 Total Gross (Admitted & Nonadmitted) Restricted from Current Year	2 Total Gross (Admitted & Nonadmitted) Restricted from Prior Year	3 Increase/ (Decrease) (1 minus 2)	4 Total Current Year Nonadmitted Restricted	5 Total Current Year Admitted Restricted (1 minus 4)	6 Gross (Admitted & Nonadmitted) Restricted to Total Assets (a)	7 Admitted Restricted to Total Admitted Assets (b)
a. Restricted Asset Category: Subject to contractual obligation for which liability is not shown	—		—	—	—	0.0	0.0
b. Collateral held under security lending agreements	—		—	—	—	0.0	0.0
c. Subject to repurchase agreements	—		—	—	—	0.0	0.0
d. Subject to reverse repurchase agreements	—		—	—	—	0.0	0.0
e. Subject to dollar repurchase agreements	—		—	—	—	0.0	0.0
f. Subject to dollar reverse repurchase agreements	—		—	—	—	0.0	0.0
g. Placed under option contracts	—		—	—	—	0.0	0.0
h. Letter stock or securities restricted as to sale - excluding FHLB capital stock	—		—	—	—	0.0	0.0
i. FHLB capital stock	—		—	—	—	0.0	0.0
j. On deposit with states	\$ 69,275,774	\$ 52,047,754	\$ 17,228,020	\$ —	\$ 69,275,774	27	27
k. On deposit with other regulatory bodies	—		—	—	—	0.0	0.0
l. Pledged collateral to FHLB (including assets backing funding agreements)	—		—	—	—	0.0	0.0
m. Pledged as collateral not captured in other categories	—		—	—	—	0.0	0.0
n. Other restricted assets	—		—	—	—	0.0	0.0
o. Total Restricted Assets	\$ 69,275,774	\$ 52,047,754	\$ 17,228,020	\$ —	\$ 69,275,774	27	27

(a) Column 1 divided by Asset Page, Column 1, Line 28
(b) Column 5 divided by Asset Page, Column 3, Line 28

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(2) The Company did not have any assets pledged as collateral not captured in other categories at December 31, 2020 and 2019.

(3) The Company did not have any other restricted assets at December 31, 2020 or 2019.

(4) The Company did not have any collateral received and reflected within its financial statements at December 31, 2020.

M. The Company did not have any working capital finance investments at December 31, 2020.

N. The Company did not have any offsetting and netting of derivative, repurchase and reverse repurchase, and securities borrowing and securities lending assets or liabilities at December 31, 2020.

O. The Company did not have any 5GI securities at December 31, 2020 or 2019.

P. The Company did not have any short sales within the reporting period.

Q. Prepayment Penalty and Acceleration Fees at December 31, 2020.

Prepayment Penalty and Acceleration Fees

	General Account
1. Number of CUSIPs	5
2. Aggregate Amount of Investment Income	\$ 94,089

6. Joint Ventures, Partnerships, and Limited Liability Companies

A. The Company did not have any joint ventures, partnerships, or limited liability companies that exceeded 10% of its admitted assets at December 31, 2020 or 2019.

B. The Company does not have any impaired investments in joint ventures, partnerships, or limited liability companies at December 31, 2020 or 2019.

7. Investment Income

A. Due and accrued income was excluded from surplus on the following bases:

Bonds - where collection of interest is uncertain.

B. There was no amount excluded at December 31, 2020 or 2019.

8. Derivative Instruments

The Company did not have any derivative instruments at December 31, 2020 or 2019.

9. Income Taxes

A.

(1) The components of the net DTAs recognized in the Company's Statutory Statements of Assets and Liabilities, Capital and Surplus are as follows:

	12/31/2020			12/31/2019			Change		
	(1) Ordinary	(2) Capital	(3) (Col. 1 + 2) Total	(4) Ordinary	(5) Capital	(6) (Col. 4 + 5) Total	(7) (Col. 1 - 4) Ordinary	(8) (Col. 2 - 5) Capital	(9) (Col. 7 + 8) Total
(a) Gross Deferred Tax Assets	\$2,130,555	\$ 231,995	\$2,362,550	\$ 598,969	\$ 187,148	\$ 786,117	\$ 1,531,586	\$ 44,847	\$ 1,576,433
(b) Statutory Valuation Allowance Adjustment	—	—	—	—	—	—	—	—	—
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	2,130,555	231,995	2,362,550	598,969	187,148	786,117	1,531,586	44,847	1,576,433
(d) Deferred Tax Assets Nonadmitted	—	—	—	—	40,294	40,294	—	(40,294)	(40,294)
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	2,130,555	231,995	2,362,550	598,969	146,854	745,823	1,531,586	85,141	1,616,727
(f) Deferred Tax Liabilities	55,146	189,200	244,346	82,100	146,854	228,954	(26,954)	42,346	15,392
(g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)	\$2,075,409	\$ 42,795	\$2,118,204	\$ 516,869	\$ —	\$ 516,869	\$ 1,558,540	\$ 42,795	\$ 1,601,335

(2) The amount of admitted gross DTAs admitted under each component of SSAP No. 101:

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	12/31/2020			12/31/2019			Change		
	(1) Ordinary	(2) Capital	(3) (Col. 1 + 2) Total	(4) Ordinary	(5) Capital	(6) (Col. 4 + 5) Total	(7) (Col. 1 - 4) Ordinary	(8) (Col. 2 - 5) Capital	(9) (Col. 7 + 8) Total
Admission Calculation Components SSAP No. 101									
(a) Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks.	\$2,117,178	\$ 64,451	\$2,181,629	\$ 597,059	\$ —	\$ 597,059	\$ 1,520,119	\$ 64,451	\$ 1,584,570
(b) Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 Below)	13,377	—	13,377	1,910	—	1,910	11,467	—	11,467
1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date.	13,377	—	13,377	1,910	—	1,910	11,467	—	11,467
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.	XX	XX	15,254,047	XX	XX	9,635,737	XX	XX	5,618,310
(c) Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities.	—	167,544	167,544	—	146,854	146,854	—	20,690	20,690
(d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101. Total (2(a) + 2(b) + 2(c))	\$2,130,555	\$ 231,995	\$2,362,550	\$ 598,969	\$ 146,854	\$ 745,823	\$ 1,531,586	\$ 85,141	\$ 1,616,727

(3)

	2020	2019
(a) Ratio Percentage Used To Determine Recovery Period And Threshold Limitation Amount.	454 %	385 %
(b) Amount Of Adjusted Capital And Surplus Used To Determine Recovery Period And Threshold Limitation In 2(b)2 Above.	\$ 101,693,645	\$ 64,238,246

(4) The impact of tax planning strategies is as follows:

	12/31/2020		12/31/2019		(5) (Col. 1 - 3) Ordinary	(6) (Col. 2 - 4) Capital
	(1) Ordinary	(2) Capital	(3) Ordinary	(4) Capital		
Impact of Tax Planning Strategies:						
(a) Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage.						
1. Adjusted Gross DTAs amount from Note 9A1(c)	\$2,130,555	\$ 231,995	\$ 598,969	\$ 187,148	\$ 1,531,586	\$ 44,847
2. Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies	— %	— %	— %	— %	— %	— %
3. Net Admitted Adjusted Gross DTAs amount from Note 9A1(e)	2,130,555	231,995	598,969	146,854	1,531,586	85,141
4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies	— %	— %	— %	— %	— %	— %

(b) Do the Company's tax-planning strategies include the use of reinsurance? Yes [] No [X]

B. There are no DTLs that were not recognized at December 31, 2020 or 2019.

C. Current income taxes incurred consist of the following major components:

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	(1) 12/31/2020	(2) 12/31/2019	(3) (Col. 1 - 2) Change
1. Current Income Tax			
(a) Federal	\$ 2,864,551	\$ 681,845	\$ 2,182,706
(b) Foreign	—	—	—
(c) Subtotal	2,864,551	681,845	2,182,706
(d) Federal income tax on net capital gains	64,451	(14,208)	78,659
(e) Utilization of capital loss carry-forwards	—	—	—
(f) Other	—	—	—
(g) Federal and foreign income taxes incurred	2,929,002	667,637	2,261,365
2. Deferred Tax Assets:			
(a) Ordinary:			
(1) Discounting of unpaid losses	1,337,726	190,993	1,146,733
(2) Unearned premium reserve	—	—	—
(3) Policyholder reserves	410,579	—	410,579
(4) Investments	—	—	—
(5) Deferred acquisition costs	—	—	—
(6) Policyholder dividends accrual	—	—	—
(7) Fixed Assets	—	—	—
(8) Compensation and benefits accrual	—	—	—
(9) Pension accrual	—	—	—
(10) Receivables - nonadmitted	382,250	407,976	(25,726)
(11) Net operating loss carry-forward	—	—	—
(12) Tax credit carry-forward	—	—	—
(13) Other (including items <5% of total ordinary tax assets)	—	—	—
(99) Subtotal	2,130,555	598,969	1,531,586
(b) Statutory valuation allowance adjustment	—	—	—
(c) Nonadmitted	—	—	—
(d) Admitted ordinary deferred tax assets (2a99 - 2b - 2c)	2,130,555	598,969	1,531,586
(e) Capital:			
(1) Investments	231,995	187,148	44,847
(2) Net capital loss carry-forward	—	—	—
(3) Real estate	—	—	—
(4) Other (including items <5% of total ordinary tax assets)	—	—	—
(99) Subtotal	231,995	187,148	44,847
(f) Statutory valuation allowance adjustment	—	—	—
(g) Nonadmitted	—	40,294	(40,294)
(h) Admitted capital deferred tax assets (2e99 - 2f - 2g)	231,995	146,854	85,141
(i) Admitted deferred tax assets (2d + 2h)	2,362,550	745,823	1,616,727
3. Deferred Tax Liabilities:			
(a) Ordinary:			
(1) Investments	22,992	41,907	(18,915)
(2) Fixed assets	—	—	—
(3) Deferred and uncollected premium	—	—	—
(4) Policyholder reserves	—	—	—
(5) Other (including items <5% of total ordinary tax liabilities)	32,154	40,193	(8,039)
(99) Subtotal	55,146	82,100	(26,954)
(b) Capital:			
(1) Investments	189,200	146,854	42,346
(2) Real estate	—	—	—
(3) Other (including items <5% of total capital tax liabilities)	—	—	—
(99) Subtotal	189,200	146,854	42,346
(c) Deferred tax liabilities (3a99 + 3b99)	244,346	228,954	15,392
4. Net deferred tax assets/liabilities (2i - 3c)	\$ 2,118,204	\$ 516,869	\$ 1,601,335

The change in net deferred income taxes is comprised of the following:

	12/31/2020	12/31/2019	Change
Total Deferred Tax Assets	\$ 2,362,550	\$ 786,117	\$ 1,576,433
Total Deferred Tax Liabilities	(244,346)	(228,954)	(15,392)
Net Deferred Tax Assets/(Liabilities)	2,118,204	557,163	1,561,041
Tax Effect of Unrealized Gains/(Losses)			—
Change in Net Deferred Income Tax			<u>\$ 1,561,041</u>

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Aetna Better Health Inc. (a New Jersey corporation)

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There was no valuation allowance adjustment to gross DTAs as of December 31, 2020 or 2019. The Company bases its estimates of the future realization of DTAs primarily on historic taxable income and existing DTLs.

- D. The provision for federal income taxes is different from that which would be obtained by applying the statutory federal income tax rate to income before income taxes. The items causing this difference were as follows:

	12/31/2020	Effective Tax Rate	12/31/2019	Effective Tax Rate
Provision computed at statutory rate	\$ 1,105,000	21.0 %	\$ 2,706,764	21.0 %
Health insurer fee	1,090,005	20.7 %	—	0.0 %
Transfer pricing adjustment	(1,127,461)	(21.4)%	(1,187,370)	(9.2)%
Tax-exempt interest	(16,758)	(0.3)%	(10,019)	(0.1)%
Change in nonadmitted assets	25,726	0.5 %	99,041	0.8 %
Prior year true-up	370,466	7.0 %	(85,904)	(0.7)%
Other	(79,017)	(1.5)%	(12,204)	(0.1)%
Total	<u>\$ 1,367,961</u>	<u>26.0 %</u>	<u>\$ 1,510,290</u>	<u>11.7 %</u>
Federal and foreign income taxes incurred	\$ 2,929,002	55.7 %	\$ 667,637	5.3 %
Change in net deferred income taxes	(1,561,041)	(29.7)%	842,653	6.5 %
Total statutory income taxes	<u>\$ 1,367,961</u>	<u>26.0 %</u>	<u>\$ 1,510,290</u>	<u>11.7 %</u>

The transfer pricing adjustment allows taxpayers to apply different methods to price current period intercompany services at arm's length prices (i.e., prices at which unrelated entities would be willing to transact), which results in a permanent deduction for tax reporting purposes.

- E.

- (1) At December 31, 2020 and 2019, the Company had no net capital loss or net operating loss carryforwards for tax purposes.
- (2) The amount of federal income taxes incurred that is available for recoupment in the event of future net losses is as follows:

Year	Ordinary	Capital	Total
2020	\$ 1,765,595	\$ 64,451	\$ 1,830,046
2019	876,739	—	876,739
2018 Stub 2	388,755	—	388,755
Total	<u>\$ 3,031,089</u>	<u>\$ 64,451</u>	<u>\$ 3,095,540</u>

- (3) The Company did not report any deposits as admitted assets under Internal Revenue Code Section 6603 at December 31, 2020 and 2019.

- F.

- (1) At December 31, 2020, the Company's Federal Income Tax Return was consolidated with the following entities:

@ Credentials Inc.	ACCENDO INSURANCE COMPANY
ACS Acqco Corp.	Active Health Management, Inc.
ADMINCO, Inc.	Administrative Enterprises, Inc.
Advanced Care Scripts, Inc.	Aetna Better Health Inc. (Georgia)
Aetna Better Health Inc. (NJ)	Aetna Better Health Inc. (NY)
Aetna Better Health Inc. (OH)	Aetna Better Health Inc. (Tennessee)
Aetna Better Health of California, Inc.	Aetna Better Health of Florida, Inc.
Aetna Better Health of Illinois Inc.	Aetna Better Health of Kansas Inc.
Aetna Better Health of Kentucky Insurance Co.	Aetna Better Health of Michigan, Inc.
Aetna Better Health of Missouri LLC	Aetna Better Health of Nevada Inc.
Aetna Better Health of North Carolina, Inc.	Aetna Better Health of Oklahoma Inc.
Aetna Better Health of Texas, Inc.	Aetna Better Health of Washington, Inc.
Aetna Better Health Premier Plan MMAI Inc.	Aetna Better Health, Inc. (Connecticut)
Aetna Better Health, Inc. (LA)	Aetna Better Health, Inc. (PA)
Aetna Dental Inc. (New Jersey)	Aetna Dental Inc. (Texas)
Aetna Dental of California, Inc.	Aetna Florida, Inc.
Aetna Health Inc. (Connecticut)	Aetna Health Inc. (Florida)
Aetna Health Inc. (Georgia)	Aetna Health Inc. (LA)

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Aetna Health Inc. (Maine)
Aetna Health Inc. (NY)
Aetna Health Inc. (Texas)
Aetna Health Insurance Company of New York
Aetna Health of Iowa, Inc
Aetna Health of Ohio, Inc.
Aetna HealthAssurance Pennsylvania, Inc.
Aetna Integrated Informatics, Inc.
Aetna Ireland Inc.
Aetna Risk Assurance Company of Connecticut
ALABAMA CVS PHARMACY, L.L.C.
Apria Finance Holdings, Inc.
BRUIN ACQUISITION CO., INC.
Carefree Insurance Services, Inc.
Claims Administration Corporation
CONNECTICUT CVS PHARMACY, L.L.C.
Coram Clinical Trials, Inc.
CORAM HEALTHCARE CORPORATION OF FLORIDA
Coram Healthcare Corporation of Greater New York
Coram Healthcare Corporation of Massachusetts
Coram Healthcare Corporation of Nevada
Coram Healthcare Corporation of Northern California
CORAM HEALTHCARE CORPORATION OF SOUTHERN FLORIDA
Coventry Consumer Advantage, Inc.
Coventry Health Care National Accounts, Inc.
Coventry Health Care of Illinois, Inc.
Coventry Health Care of Missouri, Inc.
Coventry Health Care of Virginia, Inc.
Coventry Health Plan of Florida, Inc.
Coventry Prescription Management Services, Inc.
Coventry Transplant Network, Inc.
CVS ARCLIGHT, INC.
CVS FOREIGN, INC. #9736
CVS INTERNATIONAL, L.L.C.
CVS PR Center, Inc.
CVS WWRE, INC.
Delaware Physicians Care, Inc.
Echo Merger Sub, Inc
Evergreen Pharmaceutical of California, Inc.
First Health Life and Health Insurance Company
Group Dental Service of Maryland, Inc.
Health and Human Resource Center, Inc.
Health Re, Inc.
HOLIDAY CVS, L.L.C.
JHC Acquisition, LLC
Managed Care Coordinators, Inc.
MASSACHUSETTS CVS PHARMACY, INC.
MELVILLE REALTY CO., INC.
Mental Health Network of New York IPA, Inc.
MHNet Life and Health Insurance Company
MINUTECLINIC DIAGNOSTIC OF ILLINOIS, LLC
MinuteClinic Telehealth Services of Texas Association
NCS Healthcare, LLC
NeighborCare Pharmacy Services, Inc.
NeighborCare, Inc.
NORTH CAROLINA CVS PHARMACY, L.L.C.
Omnicare Holding Company
PayFlex Holdings, Inc.
PENNSYLVANIA LIFE INSURANCE COMPANY
Precision Benefit Services, Inc.
Prodigy Health Group, Inc.
Resources for Living, LLC
RICHMOND HEIGHTS ACQUISITION CORP.
SILVERSCRIPT INSURANCE COMPANY
T2 Medical, Inc.
The Vasquez Group, Inc.
UAC HOLDING, INC.
Work & Family Benefits, Inc.
Aetna Health Inc. (New Jersey)
Aetna Health Inc. (Pennsylvania)
Aetna Health Insurance Co
Aetna Health of California Inc.
Aetna Health of Michigan Inc.
Aetna Health of Utah, Inc.
Aetna Inc.
Aetna International Inc.
Aetna Life & Casualty (Bermuda) Limited
Aetna Student Health Agency, Inc.
American Health Holding, Inc.
AUSHC Holdings, Inc. (CT)
bswift, LLC
CAREMARK ULYSSES HOLDING CORP.
Cofinity, Inc.
CORAM ALTERNATE SITE SERVICES, INC.
Coram Healthcare Corporation of Alabama
CORAM HEALTHCARE CORPORATION OF GREATER D.C.
Coram Healthcare Corporation of Indiana
Coram Healthcare Corporation of Mississippi
Coram Healthcare Corporation of North Texas
Coram Healthcare Corporation of Southern California
Coram Healthcare Corporation of Utah
Coventry Health and Life Insurance Company
Coventry Health Care National Network, Inc.
Coventry Health Care of Kansas, Inc.
Coventry Health Care of Nebraska, Inc.
Coventry Health Care of West Virginia, Inc.
Coventry HealthCare Management Corporation
Coventry Rehabilitation Services, Inc.
CVS AOC Corporation
CVS CAREMARK INDEMNITY LTD.
CVS HEALTH CORPORATION
CVS PHARMACY INC.
CVS RX SERVICES, INC. #0886
DELAWARE CVS PHARMACY, L.L.C.
E.T.B., INC.
ECKERD CORPORATION OF FL, INC.
First Health Group Corp.
Florida Health Plan Administrators, LLC
Group Dental Service, Inc.
Health Data & Management Solutions, Inc.
HealthAssurance Pennsylvania, Inc.
IOWA CVS PHARMACY, L.L.C.
KENTUCKY CVS PHARMACY, L.L.C.
MARYLAND CVS PHARMACY, L.L.C.
Med World Acquisition Corp.
Mental Health Associates, Inc.
Meritain Health, Inc.
MHNet of Florida, Inc.
MinuteClinic Physician Practice of Texas
NCS Healthcare of Kentucky, Inc.
NeighborCare Holdings, Inc.
NeighborCare Services Corporation
Niagara Re, Inc.
OKLAHOMA CVS PHARMACY, L.L.C.
Omnicare, Inc.
PayFlex Systems USA, Inc.
Performax, Inc.
PrimeNet, Inc.
Professional Risk Management, Inc.
RETRAC, INC. #107
Schaller Anderson Medical Administrators Inc
SKY ACQUISITION LLC
TENNESSEE CVS PHARMACY, L.L.C.
U.S. Healthcare Properties, Inc.
VIRGINIA CVS PHARMACY, L.L.C.

NOTES TO FINANCIAL STATEMENTS

(2) As explained in Note 1, the Company participates in a tax sharing agreement with its parent and affiliates.

G. The Company does not have any tax loss contingencies for which it is reasonably possible that the total liability will significantly increase within twelve months of the reporting date.

H. The Company was not subject to the Repatriation Transition Tax at December 31, 2020 and 2019.

I. The Company did not recognize any gross Alternative Minimum Tax credit at December 31, 2020 and 2019.

10. Information Concerning Parent, Subsidiaries, Affiliates, and Other Related Parties

A. and B.:

Transactions occurring between the Company and its parent, subsidiaries and affiliates excluding reinsurance transactions and non-insurance transactions involving less than ½ of 1% of the Company’s total admitted assets and cost allocation transactions follow:

December 31, 2020

Date of transaction	Explanation of transaction	Name of reporting entity	Name of affiliate	Assets received by insurer		Assets transferred by insurer	
				Statement value	Statement description	Statement value	Statement description
December 28, 2020	Capital contribution	Aetna Better Health Inc. (a New Jersey corporation)	Aetna Health Holdings, LLC	\$35,000,000	Cash	—	—

The Company did not have any transactions during 2019 with its parent, subsidiaries and affiliates excluding reinsurance transactions and non-insurance transactions involving less than ½ of 1% of the Company’s total admitted assets.

C. The Company did not have any transactions with related parties who are not reported on Schedule Y at December 31, 2020.

D. At December 31, 2020 and 2019, the Company had the following amounts due to and due from affiliates, which exclude amounts related to pharmacy rebate transactions as discussed more fully in Note 28 and the Company’s reinsurance agreements if applicable.

	December 31	
	2020	2019
Amounts due to affiliates		
Aetna Health Management, LLC	\$ —	\$ 271,040
Total due to affiliates	\$ —	\$ 271,040

	December 31	
	2020	2019
Amounts due from affiliates		
Aetna Medicaid Administrators, LLC	\$ 21,822,756	\$ 4,670,997
Total due from affiliates	\$ 21,822,756	\$ 4,670,997

The terms of settlement require that these amounts be settled within 45 days after the end of the calendar quarter.

E. As of and for the years ended December 31, 2020 and 2019, the Company had the following significant transactions with affiliates:

The Company and Aetna Medicaid Administrators LLC (“AMA”) are parties to an administrative services agreement, under which AMA and certain of its affiliates provides certain administrative services, including cash management and accounting and processing of premiums and claims. Under this agreement, the Company will remit a percentage of its earned premium revenue, as applicable, to AMA as a fee. For these services, the Company was charged \$57,331,970 and \$41,391,206 in 2020 and 2019, respectively.

The Company, AMA and Aetna Health Management, LLC (“AHM”), indirectly a wholly-owned subsidiary of CVS Health, entered into a plan joinder agreement. Under this agreement, AHM has contracted with Caremark PCS Health, LLC (“Caremark”), an affiliate, to deliver pharmacy benefit management services to the Company. The Company will make payments to AMA in accordance with the administrative services agreement.

The Company has an insolvency agreement with Aetna Health Insurance Company (“AHIC”), a wholly-owned subsidiary of Aetna. This agreement provides that in the event that the Company ceases operations or becomes insolvent, AHIC will

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Aetna Better Health Inc. (a New Jersey corporation)

NOTES TO FINANCIAL STATEMENTS

continue to pay benefits for any members confined as inpatients on the date of insolvency until their discharge. This agreement also provides that AHIC will continue benefits for any member until the end of the contract period for which premium has been paid, but for no longer than thirty-one days. AHIC will also make available to members, for a period of thirty-one days, replacement insurance policies.

As explained in Note 1, Aetna and its wholly-owned subsidiaries, including the Company, participate in a tax sharing agreement with CVS Health. All federal income tax receivables/payables are due from/due to CVS Health.

- F. The Company does not have any guarantees or undertakings, written or otherwise, at December 31, 2020
- G. All outstanding shares of the Company are owned by Aetna Health Holdings, LLC, whose ultimate parent is CVS Health.
- H. At December 31, 2020, the Company did not own shares of an upstream intermediate entity or CVS Health, either directly or indirectly.
- I. At December 31, 2020, the Company did not hold any investments in any subsidiary, controlled or affiliated (“SCA”) entity that exceeded 10% of the Company’s admitted assets.
- J. At December 31, 2020, the Company did not hold any investments in any impaired SCA entity.
- K. At December 31, 2020, the Company did not hold any investments in any foreign insurance subsidiaries.
- L. At December 31, 2020, the Company did not hold any investments in a downstream noninsurance holding company.
- M. At December 31, 2020, the Company did not have any SCA investments.
- N. At December 31, 2020, the Company did not have any investments in an insurance SCA.
- O. The Company did not have any SCA or SSAP No. 48 entity investments where the Company's share of losses in the SCA exceeds its investment in the SCA.

11. Debt

- A. The Company did not have any items related to debt, including capital notes at December 31, 2020.
- B. The Company did not have any Federal Home Loan Bank agreements at December 31, 2020.

12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

The Company did not have a retirement plan, deferred compensation plan, or other postretirement benefit plan at December 31, 2020 or 2019.

13. Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations

- A. The Company had 10,000 shares of common capital stock authorized, with 100 shares issued and outstanding with a par value of \$0 per share at December 31, 2020 and 2019.
- B. The Company had no shares of preferred stock issued and outstanding at December 31, 2020 and 2019.
- C. Dividend Restrictions

Under the laws of the State of New Jersey, the Company shall not pay out dividends without the prior written approval of the New Jersey Department. The New Jersey Department may disapprove the dividend request for a period of 30 days after the receipt of notification.

Pursuant to New Jersey statute, no domestic insurer shall pay an extraordinary distribution to its shareholders until: (a) thirty days after the New Jersey Department has received notice of the declaration thereof and has not within such period disapproved such payment, or (b) the New Jersey Department approves such payment within the 30-day period. An extraordinary dividend or distribution is any dividend or distribution of cash or other property, whose fair market value together with that of other dividends or distributions made within the preceding twelve months exceeds the greater of: (a) 10% of the Company’s surplus as regards to policyholders as of the 31st day of December next preceding, or (b) the net income, not including realized gains, for the 12 month period ending the 31st day of December next preceding, but shall not include pro rata distributions of any class of the Company’s own securities.

- D. The Company did not pay any dividends in 2020 or 2019.

The Company received \$35,000,000 as a capital contribution from its parent on December 28, 2020. The Company did not receive any capital contributions from its parent in 2019.

NOTES TO FINANCIAL STATEMENTS

- E. At December 31, 2020 and 2019, there was \$10,381,185 and \$12,215,107, respectively, of the Company's profits that may be paid as ordinary dividends to its shareholder without prior approval from the New Jersey Department. There were no restrictions placed on the Company's surplus, including for whom the surplus was being held at December 31, 2020 or 2019, except as noted in Note 21.
- F. There were no restrictions placed on the Company's surplus, including for whom the surplus is being held.
- G. The Company had no advances to surplus not repaid.
- H. The Company did not hold any stock for any special purposes at December 31, 2020 or 2019.
- I. Changes in the balances of special surplus funds from the prior year are due to the accrual of estimated 2020 ACA health insurer fees reclassified from unassigned funds (surplus) to aggregate write-ins for special surplus funds as discussed more fully in Note 1.
- J. At December 31, 2020 and 2019, there were no unassigned funds that was represented or reduced by unrealized gains and losses.
- K. The Company has not issued any surplus notes or debentures or similar obligations at December 31, 2020 or 2019.
- L. The Company did not participate in any quasi-reorganizations during the statement year.
- M. The Company did not participate in any quasi-reorganizations in the past 10 years.

14. Liabilities, Contingencies and Assessments

- A. The Company did not have any contingent commitments at December 31, 2020 or 2019.

B. Assessments

Guaranty Fund Assessments

- (1) Under guaranty fund laws existing in all states, insurers doing business in those states can be assessed (in most states up to prescribed limits) for certain obligations of insolvent insurance companies to policyholders and claimants. The life and health insurance guaranty associations in which the Company participates that operate under these laws respond to insolvencies of long-term care insurers and life insurers as well as health insurers. The Company's assessments generally are based on a formula relating to the Company's health care premiums in the state compared to the premiums of other insurers. Certain states allow assessments to be recovered over time as offsets to premium taxes. Some states have similar laws relating to HMOs and/or other payers such as not-for-profit consumer-governed health plans established under the ACA.

The Company did not have any contingent assessments at December 31, 2020 or 2019.

- C. The Company did not have any gain contingencies at December 31, 2020 or 2019.
- D. The Company did not have any claims related extra contractual obligation and bad faith losses stemming from lawsuits at December 31, 2020 or 2019.
- E. The Company did not have any joint and several liability arrangements at December 31, 2020 or 2019.
- F. Various liabilities arise in the normal course of the Company's business and have been recorded. In the opinion of management, any ultimate contingent losses will not have a material adverse effect on the Company's future results of operations and financial position. The Company, to the best of its knowledge, has no assets that it considers impaired that are not already recorded in the Company's books.

The Company maintains insurance coverage for certain litigation exposures in an amount it believes is reasonable.

15. Leases

The Company did not have any material lease obligations at December 31, 2020 or 2019.

16. Information about Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk

The Company did not have any financial instruments with off-balance sheet risk or financial instruments with concentrations of credit risk at December 31, 2020 or 2019.

NOTES TO FINANCIAL STATEMENTS

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

A. Transfers of Receivables Reported as Sales

The Company did not have any transfers of receivables reported as sales for the years ending December 31, 2020 or 2019.

B. Transfer and Servicing of Financial Assets

(1) The Company did not have any loaned securities at December 31, 2020 or 2019.

(2) and (3):

The Company did not have any servicing assets or liabilities at December 31, 2020 or 2019.

(4) The Company did not have any securitized financial assets at December 31, 2020 or 2019.

(5) The Company did not have any transfers of financial assets accounted for as secured borrowing at December 31, 2020 or 2019.

(6) The Company did not have any transfers of receivables with recourse at December 31, 2020 or 2019.

(7) The Company did not have any dollar repurchase or reverse repurchase agreements at December 31, 2020 or 2019.

C. Wash Sales

(1) In the course of the Company's asset management, securities are sold and reacquired within 30 days of the sale date to enhance the Company's yield on its investment portfolio.

(2) The Company had no securities sold during the year for the year ended December 31, 2020 and reacquired within 30 days of the sale date.

18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

A. The Company did not serve as an Administrative Services Only ("ASO") plan administrator for uninsured accident and health plans or the uninsured portion of partially insured plans for the period ended December 31, 2020.

B. The Company did not serve as an Administrative Services Contract ("ASC") plan administrator for uninsured accident and health plans or the uninsured portion of partially insured plans for the period ended December 31, 2020.

C. The Company did not have any Medicare or other similarly structured cost based reimbursement contracts for the period ended December 31, 2020.

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

The Company did not have any material direct premiums written through/produced by managing general agents or third party administrators for the years ended December 31, 2020 and 2019.

20. Fair Value Measurements

A.

(1) The Company had no material assets and liabilities that are measured and reported at fair value in the financial statements as of December 31, 2020 and 2019.

(2) There were no material realized and unrealized capital gains, purchases, sales, settlements, or transfers into or out of the Company's Level 3 financial assets during December 31, 2020 and 2019.

(3) Transfers in and out of all levels are recognized at the end of the reporting period of which the transfer occurred.

(4) The Company's fair value measurement valuation techniques are described in B. below.

(5) The Company did not have any derivative instruments at December 31, 2020 and 2019.

B. The fair values of the Company's financial instruments are based on valuations that include inputs that can be classified within one of three levels of a hierarchy. The following are the levels of the hierarchy and a brief description of the type of valuation information ("inputs") that qualifies a financial asset or liability for each level:

- **Level 1** – Unadjusted quoted prices for identical assets or liabilities in active markets.

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- **Level 2** – Inputs other than Level 1 that are based on observable market data. These include: quoted prices for similar assets in active markets, quoted prices for identical assets in inactive markets, inputs that are observable that are not prices (such as interest rates and credit risks) and inputs that are derived from or corroborated by observable markets.
- **Level 3** – Developed from unobservable data, reflecting the Company's own assumptions.

Financial assets and liabilities are classified based upon the lowest level of input that is significant to the valuation. When quoted prices in active markets for identical assets and liabilities are available, the Company uses these quoted market prices to determine the fair value of financial assets and liabilities and classifies these assets and liabilities as Level 1. In other cases where a quoted market price for identical assets and liabilities in an active market is either not available or not observable, the Company estimates fair value using valuation methodologies based on available and observable market information or by using a matrix pricing model. These financial assets and liabilities would then be classified as Level 2. If quoted market prices are not available, the Company determines fair value using broker quotes or an internal analysis of each investment's financial performance and cash flow projections. Thus, financial assets and liabilities may be classified in Level 3 even though there may be some significant inputs that may be observable.

The valuation methods and assumptions used by the Company in estimating the fair value of debt securities are discussed in Note 1.

- C. The carrying values and estimated fair values of the Company's financial instruments at December 31, 2020 and 2019 were as follows:

December 31, 2020

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Bonds, Short Term, and Cash Equivalents	\$ 219,528,821	\$ 215,043,645	\$ 96,376,748	\$ 123,152,073	\$ —	\$ —	\$ —

December 31, 2019

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Bonds, Short Term, and Cash Equivalents	\$ 133,405,882	\$ 131,630,202	\$ 55,800,364	\$ 77,605,518	\$ —	\$ —	\$ —

In evaluating the Company's management of interest rate and liquidity risk and currency exposures, the fair values of all assets and liabilities should be taken into consideration, not only those presented above.

- D. The Company did not have any financial instruments where it was not practicable to estimate the fair value.
- E. The Company has not elected to use the net asset value practical expedient to fair value to measure its investments.

21. Other Items

A. Unusual or Infrequent Items

The Company did not have any unusual or infrequent items for the years ended December 31, 2020 and 2019.

B. Troubled Debt Restructuring

The Company did not have any troubled debt restructuring in the years ended December 31, 2020 and 2019.

C. Other Disclosures

Minimum Capital and Surplus

Under the laws of the State of New Jersey, the Company is required to maintain a minimum capital and surplus equal to the greater of (1) \$1,000,000 adjusted annually by the Consumer Price Index; (2) 2% of the annual premium revenues as reported by the Company on its most recent annual financial statement filed with the Commissioner of Health and Commissioner of Banking and Insurance for the first \$150,000,000 of premium reported and 1% of the annual premium in excess of the first \$150,000,000 of premium reported; (3) an amount equal to the sum of three months of uncovered health care expenditures; or (4) an amount equal to the sum of 8% of the annual health care expenditures (not including those expenditures paid on a capitated basis and those made on a managed hospital payment basis) plus 4% of the annual hospital expenditures paid on a managed hospital payment basis. At December 31, 2020 and 2019, the Company's capital and surplus exceeded all such requirements.

NOTES TO FINANCIAL STATEMENTS

The NAIC utilizes risk-based capital (“RBC”) standards for health organizations, including HMOs, that are designed to identify weakly capitalized companies by comparing each company’s adjusted capital and surplus to its required capital and surplus (the “RBC Ratio”). The RBC Ratio is designed to reflect the risk profile of a company. Within certain ratio ranges, regulators have increasing authority to take action as the RBC Ratio decreases. There are four levels of regulatory action, ranging from requiring insurers to submit a comprehensive plan to the state insurance commissioner to requiring the state insurance commissioner to place the insurer under regulatory control. At December 31, 2020 and 2019, the Company had capital and surplus that exceeded the highest threshold specified by the RBC rules.

COVID-19

The Coronavirus Disease 2019 (“COVID-19”) pandemic continues to evolve. The Company believes COVID-19’s impact on the Company’s businesses, operating results, cash flows and/or financial condition primarily will be driven by the geographies impacted and the severity and duration of the pandemic; the pandemic’s impact on the U.S. and global economies and consumer behavior and health care utilization patterns; and the timing, scope and impact of stimulus legislation as well as other federal, state and local governmental responses to the pandemic. Those primary drivers are beyond the Company’s knowledge and control. As a result, the impact COVID-19 will have on the Company’s businesses, operating results, cash flows and/or financial condition is uncertain, but the impact could be adverse and material. COVID-19 also may result in legal and regulatory proceedings, investigations and claims against the Company.

Health Care Reform

The Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act (collectively, the “ACA”), made broad-based changes to the United States health care system. The United State Supreme Court is expected to rule on the constitutionality of the ACA by June 2021. If the ACA is deemed unconstitutional, there will likely be significant changes to the laws and rules that govern the Company’s businesses. If the ACA is deemed constitutional, there may nevertheless be continued efforts to invalidate, modify, repeal or replace it or portions of it, and the Company expects aspects of the ACA to continue to significantly impact its business operations and operating results, including pricing, medical benefit ratios (“MBRs”) and the geographies in which the Company’s products are available.

While most of the significant aspects of the ACA became effective during or prior to 2014, parts of the ACA continue to evolve through the promulgation of executive orders, legislation, regulations and guidance as well as ongoing litigation. Additional changes to the ACA and those regulations and guidance at the federal and/or state level are likely, and those changes are likely to be significant. Growing federal and state budgetary pressures make it more likely that any changes, including changes at the state level in response to changes to, or invalidation, repeal or replacement of, the ACA and/or changes in the funding levels and/or payment mechanisms of federally supported benefit programs, will be adverse to the Company. For example, if any elements of the ACA are invalidated or repealed at the federal level, the Company expects that some states would seek to enact similar requirements, such as prohibiting pre-existing condition exclusions, prohibiting rescission of insurance coverage, requiring coverage for dependents up to age 26, requiring guaranteed renewability of insurance coverage and prohibiting lifetime limits on insurance coverage.

Potential repeal of the ACA, ongoing legislative, regulatory and administrative policy changes to the ACA, the results of federal and state level elections, pending litigation challenging the constitutionality of the ACA or funding for the law and federal budget negotiations continue to create uncertainty about the ultimate impact of the ACA. Given the inherent difficulty of foreseeing the nature and scope of future changes to the ACA and how states, businesses and individuals will respond to those changes, the Company cannot predict the impact on it of future changes to the ACA. It is reasonably possible that invalidation, repeal or replacement of or other changes to the ACA and/or states’ responses to such changes, in the aggregate, could have a significant adverse effect on the Company’s businesses, results of operations and cash flows.

Medicaid

The Company’s Medicaid products also are heavily regulated by CMS and state Medicaid agencies, which have the right to audit the Company’s performance to determine compliance with CMS contracts and regulations. The Company’s Medicaid products also are subject to complex federal and state regulations and oversight by state Medicaid agencies regarding the services the Company provides to Medicaid enrollees, payment for those services, network requirements (including mandatory inclusion of specified high-cost providers), and other aspects of these programs, and by external review organizations which audit Medicaid plans on behalf of the state Medicaid agencies. The laws, regulations and contractual requirements applicable to the Company and other participants in Medicaid programs, including requirements that the Company submit encounter data to the applicable state agency, are extensive, complex and subject to change. The Company has invested significant resources to comply with these standards, and its Medicaid program compliance efforts will continue to require significant resources. CMS and/or state Medicaid agencies may fine the Company, withhold payments to the Company, seek premium and other refunds, terminate the Company’s existing contracts, elect not to award the Company new contracts or not to renew the Company’s existing contracts, prohibit the Company from continuing to market and/or enroll members in or refuse to automatically assign members to one or more of the Company’s Medicaid products, exclude the Company from participating in one or more Medicaid programs and/or institute other sanctions and/or civil monetary penalties against the Company if it fails to comply with CMS or state regulations or the Company’s contractual requirements. The Company cannot predict whether pending or future federal or state legislation or court proceedings will change various aspects of the Medicaid program, nor can it predict the impact those changes will have on its business operations or financial results, but the effects could be materially adverse.

- D. The Company did not have any business interruption insurance recoveries for the years ending December 31, 2020 or 2019.
- E. The Company did not have any state transferable and non-transferable tax credits for the years ending December 31, 2020 or 2019.

NOTES TO FINANCIAL STATEMENTS

- F. The Company did not have any subprime mortgage related risk exposures at December 31, 2020 or 2019.
- G. The Company did not have any retained assets at December 31, 2020 or 2019.
- H. The Company did not have any insurance-linked securities (“ILS”) contracts at December 31, 2020 or 2019.
- I. The Company did not have amounts that could be realized on life insurance at December 31, 2020 or 2019.

22. Events Subsequent

Type I - Recognized Subsequent Events

Subsequent events have been considered through February 25, 2021 for the statutory statement issued on February 26, 2021.

The Company had no known reportable recognized subsequent events.

Type II - Nonrecognized Subsequent Events

Subsequent events have been considered through February 25, 2021 for the statutory statement issued on February 26, 2021.

On January 1, 2020, the Company was subject to an annual fee under Section 9010 of the ACA. This annual fee was allocated to individual health insurers based on the ratio of the amount of the entity’s net premiums written during the preceding calendar year to the amount of health insurance for any U.S. health risk that was written during the preceding calendar year. A health insurance entity’s portion of the annual fee becomes payable once the entity provides health insurance for any U.S. health risk for each calendar year beginning on or after January 1 of the year the fee is due. In December 2019, the annual fee was repealed beginning in 2021. As a result of this repeal, there is no annual fee payable in 2021 and thereafter and therefore no estimated subsequent fee year assessment was required to be reclassified from unassigned funds to special surplus funds at December 31, 2020.

	Current Year	Prior Year
A. Did the reporting entity write accident and health insurance premium that is subject to Section 9010 of the Federal Affordable Care Act (YES/NO)?	Yes	
B. ACA fee assessment payable for the upcoming year	\$ —	\$ 5,271,400
C. ACA fee assessment paid	5,190,500	—
D. Premium written subject to ACA 9010 assessment	—	261,718,496
E. Total Adjusted Capital before surplus adjustment (Five-Year Historical Line 14)	103,811,849	—
F. Total Adjusted Capital after surplus adjustment (Five-Year Historical Line 14 minus 22B above)	103,811,849	—
G. Authorized Control Level (Five-Year Historical Line 15)	22,418,494	—
H. Would reporting the ACA assessment as of Dec. 31, 2020 have triggered an RBC action level (YES/NO)?	No	

23. Reinsurance

A. Ceded Reinsurance Report

Section 1 – General Interrogatories

- (1) Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the company or by any representative, officer, trustee, or director of the company?

Yes () No (X)

If yes, give full details. N/A

- (2) Have any policies issued by the company been reinsured with a company chartered in a country other than the United States (excluding U.S. branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or an insured or any other person not primarily engaged in the insurance business?

Yes () No (X)

NOTES TO FINANCIAL STATEMENTS

If yes, give full details. N/A

Section 2 – Ceded Reinsurance Report – Part A

- (1) Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than nonpayment of premium or other similar credit?

Yes () No (X)

- a. If yes, what is the estimated amount of the aggregate reduction in surplus of a unilateral cancellation by the reinsurer as of the date of this statement, for those agreements in which cancellation results in a net obligation of the reporting entity to the reinsurer, and for which such obligation is not presently accrued? Where necessary, the reporting entity may consider the current or anticipated experience of the business reinsured in making this estimate. N/A.
- b. What is the total amount of reinsurance credits taken, whether as an asset or as a reduction of liability for these agreements in this statement? N/A.

- (2) Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies?

Yes () No (X)

If yes, give full details. N/A

Section 3 – Ceded Reinsurance Report – Part B

- (1) What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the insurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement? Where necessary, the company may consider the current or anticipated experience of the business reinsured in making this estimate. N/A.

- (2) Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement?

Yes () No (X)

If yes, what is the amount of reinsurance credit, whether an asset or a reduction of liability, taken for such new agreements or amendments? N/A.

B. The Company did not have uncollectible reinsurance at December 31, 2020 or 2019.

C. The Company did not have any commutation of ceded reinsurance at December 31, 2020 or 2019.

D. The Company's certified reinsurer's rating has not been downgraded or its status subject to revocation at December 31, 2020 or 2019.

E. The Company had no reinsurance contracts to which the reinsurance credit disclosure applies at December 31, 2020.

24. Retrospectively Rated Contracts and Contracts Subject to Redetermination

A. The Company estimates accrued retrospective premiums for its state sponsored programs in accordance with the provisions in its contracts with the State of New Jersey.

B. Accrued retrospective are recorded as an adjustment to earned premiums and are estimated based on calculations that compare the Company's expected financial results for the contract against the appropriate medical benefit ratio target.

C. Contracts Subject to Retrospective Rating Features

The Company had net premiums written of \$651,346,482 that were subject to retrospective rating features for the year ending December 31, 2020 representing 100% of total net premiums written.

D. Medical Loss Ratio Rebates Required Pursuant to the Public Health Service Act

The Company did not have any medical loss ratio rebates required pursuant to the Public Health Service Act in 2020 or 2019.

E. Risk Sharing Provisions of the Affordable Care Act (ACA)

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Aetna Better Health Inc. (a New Jersey corporation)

NOTES TO FINANCIAL STATEMENTS

(1) Did the reporting entity write accident and health insurance premium which is subject to the ACA risk sharing provisions (YES/NO)? Yes [] No [X]

(2) through (5): Not applicable.

25. Change in Incurred Claims and Claims Adjustment Expense

The following table shows the components of the change in claims unpaid, unpaid claims adjustment expense and aggregate health claim reserves for the years ended December 31, 2020 and 2019.

	2020	2019
Balance, January 1	\$ 59,775,931	\$ 49,719,727
Health care receivable	\$ (1,942,744)	\$ (2,730,878)
Balance, January 1, net of health care receivable	\$ 57,833,187	\$ 46,988,849
Incurred related to:		
Current year	\$ 563,651,297	\$ 424,473,287
Prior years	\$ 11,712,854	\$ (3,591,688)
Total incurred	\$ 575,364,151	\$ 420,881,599
Paid related to:		
Current year	\$ 476,156,950	\$ 368,494,613
Prior years	\$ 65,781,074	\$ 41,542,648
Total paid	\$ 541,938,024	\$ 410,037,261
Balance, December 31, net of health care receivable	\$ 91,259,314	\$ 57,833,187
Health care receivable	\$ 2,115,501	\$ 1,942,744
Balance, December 31	<u>\$ 93,374,814</u>	<u>\$ 59,775,931</u>

A. Reserves for incurred claims and claim adjustment expenses attributable to insured events of prior years increased by \$11,712,854 in 2020. Changes in prior periods' estimates represents the effect of unfavorable development of prior period health care cost estimates on current year net income, at each financial statement date. The unfavorable development of these reserves is primarily a result of the actual claim submission times for health care claims being longer than the Company had anticipated, as well as higher than expected health care cost trends in determining claims unpaid at prior financial statement date for 2020. Reserves for incurred claims and claim adjustment expenses attributable to insured events of prior years decreased by \$3,591,688 in 2019. Changes in prior periods' estimates represents the effect of favorable development of prior period health care cost estimates on current year net income, at each financial statement date. The favorable development of these reserves is primarily a result of the actual claim submission times for health care claims being shorter than the Company had anticipated, as well as lower than expected health care cost trends in determining claims unpaid at prior financial statement date for 2019. Original estimates are increased or decreased, as additional information becomes known regarding individual claims.

B. There has been no significant change in the Company's methodologies and assumptions used in calculating the liability for unpaid claims and claim adjustment expenses.

26. Intercompany Pooling Arrangements

The Company did not have any intercompany pooling arrangements at December 31, 2020 or 2019.

27. Structured Settlements

The Company did not have any structured settlements at December 31, 2020 or 2019.

28. Health Care Receivables

A. Pharmaceutical Rebate Receivables

The Company receives pharmaceutical rebates from AHM pursuant to the plan joinder agreement between the Company, AMA and AHM discussed in Note 10. AHM has contracted with Caremark, an affiliate, to deliver pharmacy benefit management services to the Company. The Company receives rebates from AHM that relate to the Company's membership. The Company estimates pharmaceutical rebate receivables based upon the historical payment trends, actual utilization and other variables. Actual rebates collected are applied to the collection periods below, using a first in first out methodology. At December 31, 2020, the Company had pharmaceutical rebate receivables of \$295,264 and there were no pharmaceutical

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Aetna Better Health Inc. (a New Jersey corporation)

NOTES TO FINANCIAL STATEMENTS

rebates receivable at December 31, 2019, respectively (refer to the Company's accounting practices related to pharmaceutical rebate receivables in Note 1).

The following table discloses the quarterly revenue and subsequent cash collections relating to the pharmaceutical rebates discussed in Note 10:

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More Than 180 Days After Billing
12/31/2020	\$ 584,211	\$ —	\$ 288,947 ¹	\$ —	\$ —
9/30/2020	522,800	584,211	584,211	—	—
6/30/2020	469,675	522,489	522,489	—	—
3/31/2020	501,633	466,658	466,658	—	—
12/31/2019	424,963	492,807	492,807	—	—
9/30/2019	462,056	441,890	424,963	16,926	—
6/30/2019	415,424	461,957	140,727	321,230	—
3/31/2019	289,632	444,537	150,444	294,093	—
12/31/2018	316,510	351,924	149,282	202,447	195
9/30/2018	280,100	316,352	112,509	191,135	12,708
6/30/2018	304,015	279,981	63,043	213,488	3,450
3/31/2018	246,438	222,697	76,508	144,688	1,502

¹ Represents a portion of the estimated rebates for the quarter ending December 31, 2020, which were paid by AHM to the Company prior to December 31, 2020 and invoicing in 2021.

B. Risk sharing receivables

The Company did not have any admitted risk sharing receivables at December 31, 2020 or 2019.

29. Participating Policies

The Company did not have any participating policies at December 31, 2020 or 2019.

30. Premium Deficiency Reserves

	December 31, 2020
1. Liability carried for premium deficiency reserves	\$1,955,138
2. Date of the most recent evaluation of this liability	12/31/2020
3. Was anticipated investment income utilized in the calculation?	No

31. Anticipated Salvage and Subrogation

The Company did not reduce its liability for unpaid claims/losses by any estimated anticipated salvage and subrogation at December 31, 2020 or 2019 as the Company records salvage and subrogation on a paid basis when cash is received.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES GENERAL

- 1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes No
If yes, complete Schedule Y, Parts 1, 1A and 2
- 1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent, or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes No N/A
- 1.3 State Regulating? New Jersey
- 1.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes No
- 1.5 If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. 0000064803
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes No
- 2.2 If yes, date of change:
- 3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2015
- 3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2015
- 3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 06/26/2017
- 3.4 By what department or departments?
New Jersey Department of Banking and Insurance
- 3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes No N/A
- 3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes No N/A
- 4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity), receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
4.11 sales of new business? Yes No
4.12 renewals? Yes No
- 4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
4.21 sales of new business? Yes No
4.22 renewals? Yes No
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes No
If yes, complete and file the merger history data file with the NAIC.
- 5.2 If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.
- | 1
Name of Entity | 2
NAIC Company Code | 3
State of Domicile |
|---------------------|------------------------|------------------------|
| | | |
- 6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes No
- 6.2 If yes, give full information:
- 7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes No
- 7.2 If yes,
7.21 State the percentage of foreign control; 0.0 %
7.22 State the nationality(s) of the foreign person(s) or entity(s) or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact; and identify the type of entity(s) (e.g., individual, corporation or government, manager or attorney in fact).

1 Nationality	2 Type of Entity

GENERAL INTERROGATORIES

- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [] No [X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
.....
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [] No [X]
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
Ernst & Young LLP; 200 Clarendon Street; Boston, MA 02116
- 10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes [] No [X]
- 10.2 If the response to 10.1 is yes, provide information related to this exemption:
.....
- 10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes [] No [X]
- 10.4 If the response to 10.3 is yes, provide information related to this exemption:
.....
- 10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes [X] No [] N/A []
- 10.6 If the response to 10.5 is no or n/a, please explain
.....
11. 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?
Katie L. Panasci, A.S.A., M.A.A.A.; Aetna; 151 Farmington Ave., RS12; Hartford, CT 06156
- 12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [] No [X]
- 12.11 Name of real estate holding company
- 12.12 Number of parcels involved 0
- 12.13 Total book/adjusted carrying value \$ 0
- 12.2 If, yes provide explanation:
.....
- 13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:**
- 13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?
N/A
- 13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [] No []
- 13.3 Have there been any changes made to any of the trust indentures during the year? Yes [] No []
- 13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [] No [] N/A []
- 14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [X] No []
- a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- c. Compliance with applicable governmental laws, rules and regulations;
- d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- e. Accountability for adherence to the code.
- 14.11 If the response to 14.1 is No, please explain:
.....
- 14.2 Has the code of ethics for senior managers been amended? Yes [X] No []
- 14.21 If the response to 14.2 is yes, provide information related to amendment(s).
In the Conflict of Interest (COI) Disclosure, Added the Conflicts of Interest mailbox (COI@CVSHealth.com) to provide another channel for contacting the COI Team. In the Gambling section, Updated the language to indicate that all forms of gambling with a pay in or pay out of money or other benefit or item of value is prohibited. In the Gifts, Meals, Entertainment or Other Things of Value section, Added the Compliance Questions mailbox (Compliance.Questions@CVSHealth.com) as a resource for employees. Added a prohibited gift card example to the Q&A graphic. In the Business Firewalls section, updated the language to include examples of prohibited use of competitively-sensitive information, examples of why firewalls are important, and how information firewalls maintain commercial relations with CVS Health clients and suppliers. In the Supplier Engagement section, added a new section on Trade Compliance describing the Company's policy to comply with applicable laws and regulations relating to the import and export of products, goods, and services.
- 14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No [X]
- 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).
.....

GENERAL INTERROGATORIES

- 15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes [] No [X]
- 15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof? Yes [X] No []
17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? Yes [X] No []
18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict with the official duties of such person? Yes [X] No []

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes [] No [X]
- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- | | | |
|--|----|---|
| 20.11 To directors or other officers..... | \$ | 0 |
| 20.12 To stockholders not officers..... | \$ | 0 |
| 20.13 Trustees, supreme or grand (Fraternal Only)..... | \$ | 0 |
- 20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
- | | | |
|--|----|---|
| 20.21 To directors or other officers..... | \$ | 0 |
| 20.22 To stockholders not officers..... | \$ | 0 |
| 20.23 Trustees, supreme or grand (Fraternal Only)..... | \$ | 0 |
- 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes [] No [X]
- 21.2 If yes, state the amount thereof at December 31 of the current year:
- | | | |
|---------------------------------|----|---|
| 21.21 Rented from others..... | \$ | 0 |
| 21.22 Borrowed from others..... | \$ | 0 |
| 21.23 Leased from others..... | \$ | 0 |
| 21.24 Other..... | \$ | 0 |
- 22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? Yes [X] No []
- 22.2 If answer is yes:
- | | | |
|---|----|------------|
| 22.21 Amount paid as losses or risk adjustment \$ | | 0 |
| 22.22 Amount paid as expenses..... | \$ | 24,129,027 |
| 22.23 Other amounts paid..... | \$ | 0 |
- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [X] No []
- 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ 0

INVESTMENT

- 24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.03)..... Yes [X] No []
- 24.02 If no, give full and complete information relating thereto
.....
- 24.03 For securities lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)
N/A
- 24.04 For the reporting entity's securities lending program, report amount of collateral for conforming programs as outlined in the Risk-Based Capital Instructions. \$ 0
- 24.05 For the reporting entity's securities lending program, report amount of collateral for other programs. \$ 0
- 24.06 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes [] No [] N/A [X]
- 24.07 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [] No [] N/A [X]
- 24.08 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities lending Agreement (MSLA) to conduct securities lending? Yes [] No [] N/A [X]

GENERAL INTERROGATORIES

24.09 For the reporting entity's securities lending program state the amount of the following as of December 31 of the current year:

24.091	Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2	\$	0
24.092	Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2	\$	0
24.093	Total payable for securities lending reported on the liability page	\$	0

25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity, or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03) Yes No

25.2 If yes, state the amount thereof at December 31 of the current year:

25.21	Subject to repurchase agreements	\$	0
25.22	Subject to reverse repurchase agreements	\$	0
25.23	Subject to dollar repurchase agreements	\$	0
25.24	Subject to reverse dollar repurchase agreements	\$	0
25.25	Placed under option agreements	\$	0
25.26	Letter stock or securities restricted as to sale - excluding FHLB Capital Stock	\$	0
25.27	FHLB Capital Stock	\$	0
25.28	On deposit with states	\$	69,275,774
25.29	On deposit with other regulatory bodies	\$	0
25.30	Pledged as collateral - excluding collateral pledged to an FHLB	\$	0
25.31	Pledged as collateral to FHLB - including assets backing funding agreements	\$	0
25.32	Other	\$	0

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes No

26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes No N/A
If no, attach a description with this statement.

LINES 26.3 through 26.5: FOR LIFE/FRATERNAL REPORTING ENTITIES ONLY:

26.3 Does the reporting entity utilize derivatives to hedge variable annuity guarantees subject to fluctuations as a result of interest rate sensitivity? .. Yes No

26.4 If the response to 26.3 is YES, does the reporting entity utilize:

26.41	Special accounting provision of SSAP No. 108	Yes <input type="checkbox"/>	No <input type="checkbox"/>
26.42	Permitted accounting practice	Yes <input type="checkbox"/>	No <input type="checkbox"/>
26.43	Other accounting guidance	Yes <input type="checkbox"/>	No <input type="checkbox"/>

26.5 By responding YES to 26.41 regarding utilizing the special accounting provisions of SSAP No. 108, the reporting entity attests to the following: Yes No

- The reporting entity has obtained explicit approval from the domiciliary state.
- Hedging strategy subject to the special accounting provisions is consistent with the requirements of VM-21.
- Actuarial certification has been obtained which indicates that the hedging strategy is incorporated within the establishment of VM-21 reserves and provides the impact of the hedging strategy within the Actuarial Guideline Conditional Tail Expectation Amount.
- Financial Officer Certification has been obtained which indicates that the hedging strategy meets the definition of a Clearly Defined Hedging Strategy within VM-21 and that the Clearly Defined Hedging Strategy is the hedging strategy being used by the company in its actual day-to-day risk mitigation efforts.

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes No

27.2 If yes, state the amount thereof at December 31 of the current year. \$ 0

28. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans 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 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

28.01 For agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian's Address
State Street Bank and Trust Company	State Street Financial Center; One Lincoln Street; Boston, MA 02111-2900

GENERAL INTERROGATORIES

28.02 For all agreements that do not comply with 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)

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year?..... Yes [] No []

28.04 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason

28.05 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. ["...that have access to the investment accounts"; "...handle securities"]

1 Name of Firm or Individual	2 Affiliation
Kevin J. Casey as Sr. Investment Officer	A.....

28.0597 For those firms/individuals listed in the table for Question 28.05, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's invested assets?..... Yes [] No []

28.0598 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 28.05, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets?..... Yes [] No []

28.06 For those firms or individuals listed in the table for 28.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1	2	3	4	5
Central Registration Depository Number	Name of Firm or Individual	Legal Entity Identifier (LEI)	Registered With	Investment Management Agreement (IMA) Filed
N/A	Kevin J. Casey	N/A	Not registered	

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D, Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5(b)(1)])? Yes [] No []

29.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
29.2999 - Total		0

29.3 For each mutual fund listed in the table above, complete the following schedule:

1	2	3	4
Name of Mutual Fund (from above table)	Name of Significant Holding of the Mutual Fund	Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	Date of Valuation

GENERAL INTERROGATORIES

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1	2	3
	Statement (Admitted) Value	Fair Value	Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds	215,040,195	219,525,371	4,485,176
30.2 Preferred stocks	0	0	0
30.3 Totals	215,040,195	219,525,371	4,485,176

30.4 Describe the sources or methods utilized in determining the fair values:

Fair value of long term bonds and preferred stocks are determined based on quoted market prices when available, fair values using valuation methodologies based on available and observable market information or by using matrix pricing. If quoted market prices are not available, we determine fair value using broker quoted or an internal analysis of each investment's financial performance and cash flow projections. Short Term investments are carried at amortized cost which approximated fair value.

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes [] No [X]

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes [] No []

31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:
.....

32.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? Yes [X] No []

32.2 If no, list exceptions:
.....

33. By self-designating 5GI securities, the reporting entity is certifying the following elements of each self-designated 5GI security:
 a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
 b. Issuer or obligor is current on all contracted interest and principal payments.
 c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.
 Has the reporting entity self-designated 5GI securities? Yes [] No [X]

34. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:
 a. The security was purchased prior to January 1, 2018.
 b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
 c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
 d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.
 Has the reporting entity self-designated PLGI securities? Yes [] No [X]

35. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:
 a. The shares were purchased prior to January 1, 2019.
 b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
 c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
 d. The fund only or predominantly holds bonds in its portfolio.
 e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
 f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.
 Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria? Yes [] No [X]

36. By rolling/renewing short-term or cash equivalent investments with continued reporting on Schedule DA, Part 1 or Schedule E Part 2 (identified through a code (%) in those investment schedules), the reporting entity is certifying to the following:
 a. The investment is a liquid asset that can be terminated by the reporting entity on the current maturity date.
 b. If the investment is with a nonrelated party or nonaffiliate, then it reflects an arms-length transaction with renewal completed at the discretion of all involved parties.
 c. If the investment is with a related party or affiliate, then the reporting entity has completed robust re-underwriting of the transaction for which documentation is available for regulator review.
 d. Short-term and cash equivalent investments that have been renewed/rolled from the prior period that do not meet the criteria in 36.a - 36.c are reported as long-term investments.
 Has the reporting entity rolled/renewed short-term or cash equivalent investments in accordance with these criteria? Yes [X] No [] N/A []

GENERAL INTERROGATORIES

OTHER

37.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any?\$0

37.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid

38.1 Amount of payments for legal expenses, if any?\$0

38.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid

39.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any?\$0

39.2 List the name of the firm and the amount paid if any such payment represented 25% 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

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? Yes [] No [X]

1.2 If yes, indicate premium earned on U.S. business only \$ 0

1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? \$ 0

1.31 Reason for excluding

1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above \$ 0

1.5 Indicate total incurred claims on all Medicare Supplement Insurance \$ 0

1.6 Individual policies:

Most current three years:

1.61 Total premium earned \$ 0

1.62 Total incurred claims \$ 0

1.63 Number of covered lives 0

All years prior to most current three years:

1.64 Total premium earned \$ 0

1.65 Total incurred claims \$ 0

1.66 Number of covered lives 0

1.7 Group policies:

Most current three years:

1.71 Total premium earned \$ 0

1.72 Total incurred claims \$ 0

1.73 Number of covered lives 0

All years prior to most current three years:

1.74 Total premium earned \$ 0

1.75 Total incurred claims \$ 0

1.76 Number of covered lives 0

2. Health Test:

	1 Current Year	2 Prior Year
2.1 Premium Numerator	651,346,482	459,839,546
2.2 Premium Denominator	651,346,482	459,839,546
2.3 Premium Ratio (2.1/2.2)	1.000	1.000
2.4 Reserve Numerator	119,411,624	70,007,373
2.5 Reserve Denominator	119,411,624	70,007,373
2.6 Reserve Ratio (2.4/2.5)	1.000	1.000

3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits? Yes [] No [X]

3.2 If yes, give particulars:

4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency? Yes [X] No []

4.2 If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered? Yes [] No [X]

5.1 Does the reporting entity have stop-loss reinsurance? Yes [X] No []

5.2 If no, explain:

5.3 Maximum retained risk (see instructions)

5.31 Comprehensive Medical \$ 0

5.32 Medical Only \$ 500,000

5.33 Medicare Supplement \$ 0

5.34 Dental & Vision \$ 0

5.35 Other Limited Benefit Plan \$ 0

5.36 Other \$ 0

6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:
 The Company assures that members are not liable for its debts if it becomes insolvent

7.1 Does the reporting entity set up its claim liability for provider services on a service date basis? Yes [X] No []

7.2 If no, give details

8. Provide the following information regarding participating providers:

8.1 Number of providers at start of reporting year 16,047

8.2 Number of providers at end of reporting year 18,003

9.1 Does the reporting entity have business subject to premium rate guarantees? Yes [] No [X]

9.2 If yes, direct premium earned:

9.21 Business with rate guarantees between 15-36 months.. \$ 0

9.22 Business with rate guarantees over 36 months \$ 0

GENERAL INTERROGATORIES

- 10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? Yes [X] No []
- 10.2 If yes:
- 10.21 Maximum amount payable bonuses.....\$1,560,718
- 10.22 Amount actually paid for year bonuses.....\$2,681,146
- 10.23 Maximum amount payable withholds.....\$0
- 10.24 Amount actually paid for year withholds.....\$0
- 11.1 Is the reporting entity organized as:
- 11.12 A Medical Group/Staff Model, Yes [] No [X]
- 11.13 An Individual Practice Association (IPA), or, Yes [] No [X]
- 11.14 A Mixed Model (combination of above)? Yes [] No [X]
- 11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements? Yes [X] No []
- 11.3 If yes, show the name of the state requiring such minimum capital and surplus. New Jersey
- 11.4 If yes, show the amount required. \$ 44,836,988
- 11.5 Is this amount included as part of a contingency reserve in stockholder's equity? Yes [] No [X]
- 11.6 If the amount is calculated, show the calculation
See Notes to Financial Statement - Note 21, Other Items, C., Other Disclosures.

12. List service areas in which reporting entity is licensed to operate:

1 Name of Service Area
Atlantic, Bergen, Burlington, Camden, Cape May, Cumberland, Essex, Gloucester, Hudson, Hunterdon, Mercer, Middlesex, Monmouth, Morris, Ocean, Passaic, Salem, Somerset, Sussex, Union and Warren Counties

- 13.1 Do you act as a custodian for health savings accounts? Yes [] No [X]
- 13.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$0
- 13.3 Do you act as an administrator for health savings accounts? Yes [] No [X]
- 13.4 If yes, please provide the balance of funds administered as of the reporting date. \$0
- 14.1 Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers? Yes [] No [] N/A [X]
- 14.2 If the answer to 14.1 is yes, please provide the following:

1 Company Name	2 NAIC Company Code	3 Domiciliary Jurisdiction	4 Reserve Credit	Assets Supporting Reserve Credit		
				5 Letters of Credit	6 Trust Agreements	7 Other

15. Provide the following for individual ordinary life insurance* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded):
- 15.1 Direct Premium Written\$0
- 15.2 Total Incurred Claims\$0
- 15.3 Number of Covered Lives0

*Ordinary Life Insurance Includes
Term(whether full underwriting, limited underwriting, jet issue, "short form app")
Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")
Variable Life (with or without secondary gurarantee)
Universal Life (with or without secondary gurarantee)
Variable Universal Life (with or without secondary gurarantee)

16. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? Yes [] No [X]
- 16.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? Yes [] No [X]

FIVE-YEAR HISTORICAL DATA

	1 2020	2 2019	3 2018	4 2017	5 2016
Balance Sheet (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	252,685,167	146,937,009	133,013,144	134,619,762	119,562,326
2. Total liabilities (Page 3, Line 24)	148,873,318	82,181,894	80,123,801	98,332,149	84,228,578
3. Statutory minimum capital and surplus requirement	44,836,988	33,383,908	26,573,350	22,409,014	9,038,188
4. Total capital and surplus (Page 3, Line 33)	103,811,849	64,755,115	52,889,343	36,287,613	35,333,748
Income Statement (Page 4)					
5. Total revenues (Line 8)	636,513,457	459,347,324	374,461,307	233,756,302	137,983,073
6. Total medical and hospital expenses (Line 18)	543,570,151	397,088,219	307,647,345	182,811,322	94,075,723
7. Claims adjustment expenses (Line 20)	31,794,000	23,793,380	17,158,695	11,901,220	7,403,303
8. Total administrative expenses (Line 21)	57,375,793	28,638,154	30,618,399	16,966,129	11,093,993
9. Net underwriting gain (loss) (Line 24)	1,818,375	9,827,571	19,036,868	22,077,631	25,410,054
10. Net investment gain (loss) (Line 27)	3,002,812	3,017,787	2,607,347	1,971,768	839,791
11. Total other income (Lines 28 plus 29)	376,256	58,123	367,128	(531,155)	(459,999)
12. Net income or (loss) (Line 32)	2,332,892	12,221,636	17,263,819	16,249,689	16,081,913
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	62,606,067	21,385,316	2,052,303	27,415,429	48,559,906
Risk-Based Capital Analysis					
14. Total adjusted capital	103,811,849	64,755,115	52,889,343	36,287,613	35,333,748
15. Authorized control level risk-based capital	22,418,494	16,691,954	13,286,675	7,885,411	4,519,094
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	107,062	65,834	58,386	45,655	33,335
17. Total members months (Column 6, Line 7)	1,077,688	767,050	668,755	482,008	355,658
Operating Percentage (Page 4) (Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19)	85.4	86.4	82.2	78.2	68.2
20. Cost containment expenses	3.3	3.8	3.6	3.4	3.3
21. Other claims adjustment expenses	1.7	1.3	1.0	1.7	2.1
22. Total underwriting deductions (Line 23)	99.7	97.9	94.9	90.6	81.6
23. Total underwriting gain (loss) (Line 24)	0.3	2.1	5.1	9.4	18.4
Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5)	69,790,352	44,277,179	29,464,440	23,906,860	11,234,985
25. Estimated liability of unpaid claims-[prior year (Line 13, Col. 6)]	56,134,754	45,137,989	35,383,872	30,162,313	34,521,118
Investments In Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1)	0	0	0	0	0
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)	0	0	0	0	0
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)	0	0	0	0	0
29. Affiliated short-term investments (subtotal included in Schedule DA Verification, Col. 5, Line 10)	0	0	0	0	0
30. Affiliated mortgage loans on real estate	0	0	0	0	0
31. All other affiliated	0	0	0	0	0
32. Total of above Lines 26 to 31	0	0	0	0	0
33. Total investment in parent included in Lines 26 to 31 above	0	0	0	0	0

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors? Yes [] No []
 If no, please explain:

SCHEDULE T PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

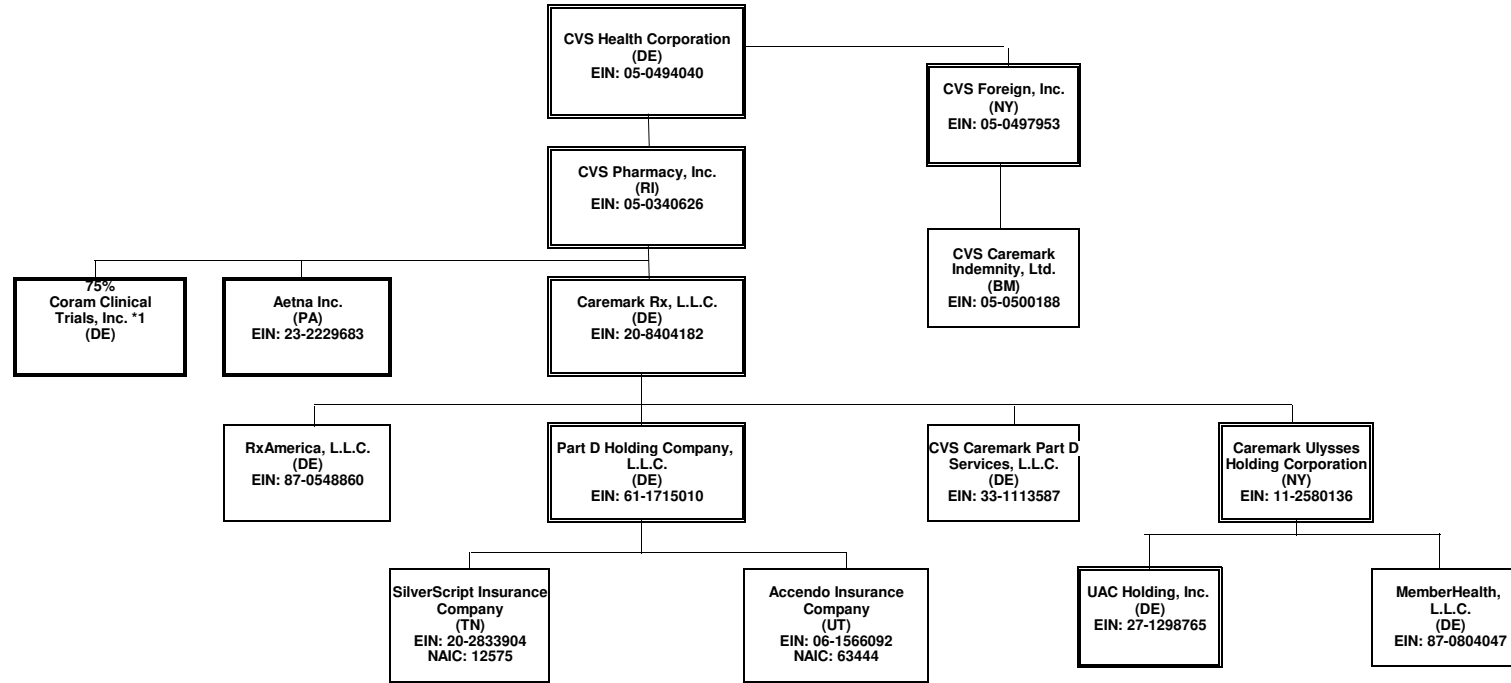
1	Direct Business Only								
	2	3	4	5	6	7	8	9	
States, etc.	Active Status (a)	Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Plan Premiums	Life & Annuity Premiums & Other Considerations	Property/Casualty Premiums	Total Columns 2 Through 7	Deposit-Type Contracts
1. Alabama	AL	N	0	0	0	0	0	0	0
2. Alaska	AK	N	0	0	0	0	0	0	0
3. Arizona	AZ	N	0	0	0	0	0	0	0
4. Arkansas	AR	N	0	0	0	0	0	0	0
5. California	CA	N	0	0	0	0	0	0	0
6. Colorado	CO	N	0	0	0	0	0	0	0
7. Connecticut	CT	N	0	0	0	0	0	0	0
8. Delaware	DE	N	0	0	0	0	0	0	0
9. District of Columbia	DC	N	0	0	0	0	0	0	0
10. Florida	FL	N	0	0	0	0	0	0	0
11. Georgia	GA	N	0	0	0	0	0	0	0
12. Hawaii	HI	N	0	0	0	0	0	0	0
13. Idaho	ID	N	0	0	0	0	0	0	0
14. Illinois	IL	N	0	0	0	0	0	0	0
15. Indiana	IN	N	0	0	0	0	0	0	0
16. Iowa	IA	N	0	0	0	0	0	0	0
17. Kansas	KS	N	0	0	0	0	0	0	0
18. Kentucky	KY	N	0	0	0	0	0	0	0
19. Louisiana	LA	N	0	0	0	0	0	0	0
20. Maine	ME	N	0	0	0	0	0	0	0
21. Maryland	MD	N	0	0	0	0	0	0	0
22. Massachusetts	MA	N	0	0	0	0	0	0	0
23. Michigan	MI	N	0	0	0	0	0	0	0
24. Minnesota	MN	N	0	0	0	0	0	0	0
25. Mississippi	MS	N	0	0	0	0	0	0	0
26. Missouri	MO	N	0	0	0	0	0	0	0
27. Montana	MT	N	0	0	0	0	0	0	0
28. Nebraska	NE	N	0	0	0	0	0	0	0
29. Nevada	NV	N	0	0	0	0	0	0	0
30. New Hampshire	NH	N	0	0	0	0	0	0	0
31. New Jersey	NJ	L	0	651,854,918	0	0	0	651,854,918	0
32. New Mexico	NM	N	0	0	0	0	0	0	0
33. New York	NY	N	0	0	0	0	0	0	0
34. North Carolina	NC	N	0	0	0	0	0	0	0
35. North Dakota	ND	N	0	0	0	0	0	0	0
36. Ohio	OH	N	0	0	0	0	0	0	0
37. Oklahoma	OK	N	0	0	0	0	0	0	0
38. Oregon	OR	N	0	0	0	0	0	0	0
39. Pennsylvania	PA	N	0	0	0	0	0	0	0
40. Rhode Island	RI	N	0	0	0	0	0	0	0
41. South Carolina	SC	N	0	0	0	0	0	0	0
42. South Dakota	SD	N	0	0	0	0	0	0	0
43. Tennessee	TN	N	0	0	0	0	0	0	0
44. Texas	TX	N	0	0	0	0	0	0	0
45. Utah	UT	N	0	0	0	0	0	0	0
46. Vermont	VT	N	0	0	0	0	0	0	0
47. Virginia	VA	N	0	0	0	0	0	0	0
48. Washington	WA	N	0	0	0	0	0	0	0
49. West Virginia	WV	N	0	0	0	0	0	0	0
50. Wisconsin	WI	N	0	0	0	0	0	0	0
51. Wyoming	WY	N	0	0	0	0	0	0	0
52. American Samoa	AS	N	0	0	0	0	0	0	0
53. Guam	GU	N	0	0	0	0	0	0	0
54. Puerto Rico	PR	N	0	0	0	0	0	0	0
55. U.S. Virgin Islands	VI	N	0	0	0	0	0	0	0
56. Northern Mariana Islands	MP	N	0	0	0	0	0	0	0
57. Canada	CAN	N	0	0	0	0	0	0	0
58. Aggregate other alien	OT	XXX	0	0	0	0	0	0	0
59. Subtotal	XXX	0	0	651,854,918	0	0	0	651,854,918	0
60. Reporting entity contributions for Employee Benefit Plans	XXX	0	0	0	0	0	0	0	0
61. Total (Direct Business)	XXX	0	0	651,854,918	0	0	0	651,854,918	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.....56

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

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURANCE MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART



This organizational chart reflects the insurance entity reporting system and identifies the relationship between the ultimate parent and all member insurers. The ultimate controlling company is a Fortune 7 company with numerous subsidiaries, the majority of which do not interact with the insurance entities.

(1) Insurers/HMO's

Percentages are rounded to the nearest whole percent and based on ownership of voting rights.

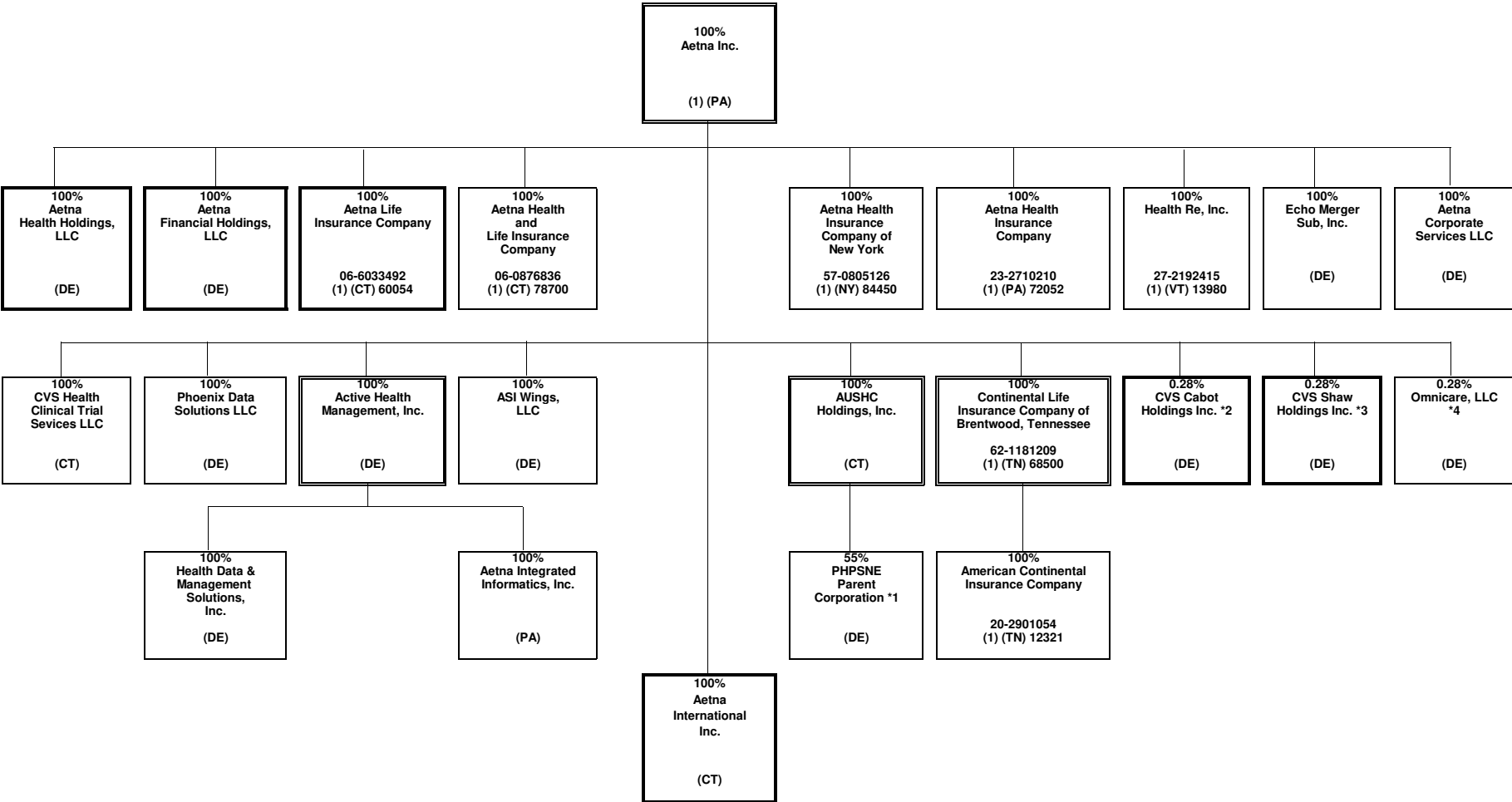
Double borders indicate entity has subsidiaries shown on the same page.

Bold borders indicate entity has subsidiaries shown on a separate page.

*1 Coram Clinical Trials, Inc. is also 25% owned by Aetna Life Insurance Company

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Aetna Better Health Inc. (a New Jersey corporation)
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURANCE MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

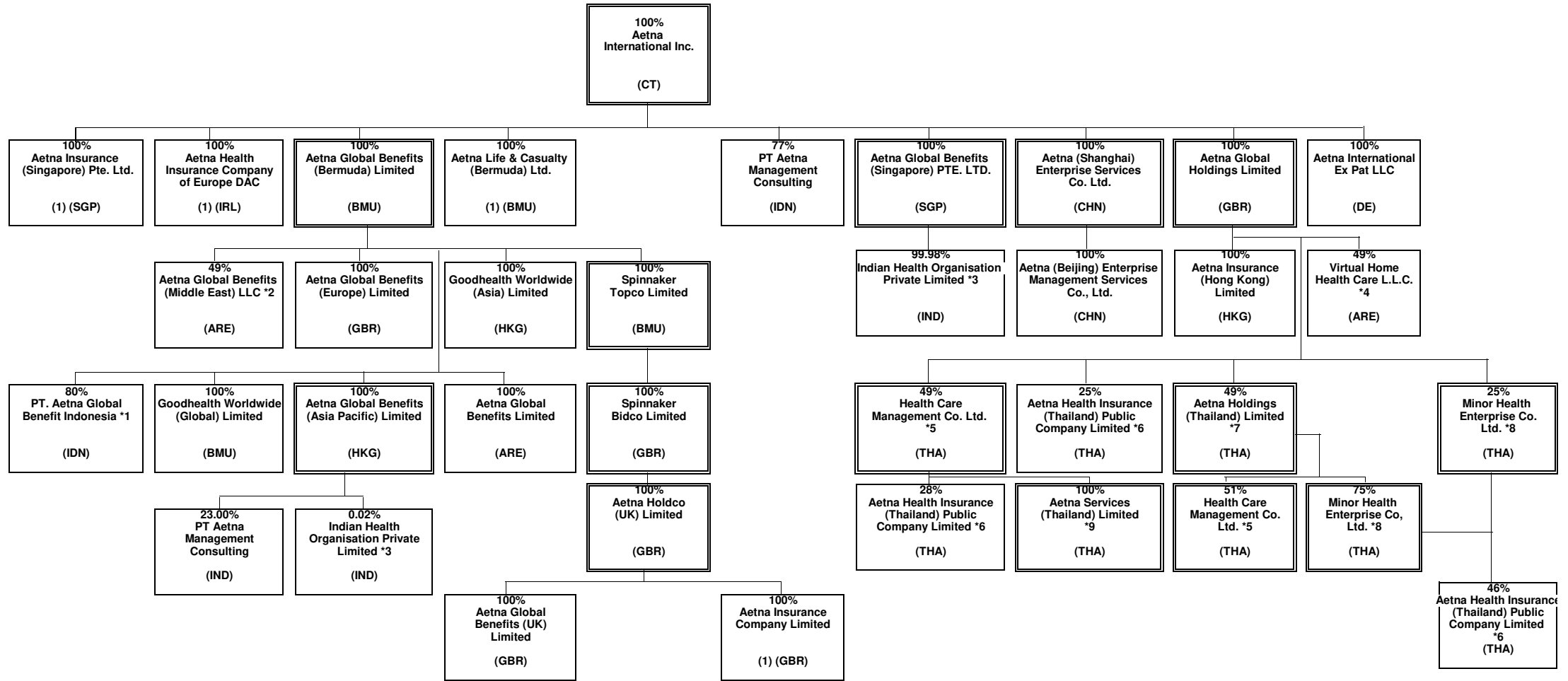


*1 PHSNE Parent Corporation is also 45% owned by third parties.
 *2 CVS Cabot Holdings Inc. is also 99.72% owned by Coram Clinical Trials, Inc.
 *3 CVS Shaw Holdings Inc. is also 99.72% owned by Coram Clinical Trials, Inc.
 *4 Omnicare, LLC is also owned by CVS Cabot Holdings Inc and CVS Shaw Holdings Inc., each with 49.86% ownership.

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Aetna Better Health Inc. (a New Jersey corporation)

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURANCE MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART



*1 PT. Aetna Global Benefits Indonesia is also 20% owned by Suhatsyah Rivai, Aetna's Nominee.

*2 Aetna Global Benefits (Middle East) LLC is also 51% is owned by Euro Gulf LLC, Aetna's Nominee.

*3 Indian Health Organisation Private Limited is 0.019857% owned by Aetna Global Benefits (Asia Pacific) and 99.980143% owned by Aetna Global Benefits (Singapore) PTE. LTD.

*4 Virtual Home Health Care L.L.C. is also 51% owned by CBD Commercial Brokers LLC, Aetna's Nominee

*5 Health Care Management Co. Ltd. is also owned by Aetna Global Benefits (Bermuda) Limited (1 share).

*6 Aetna Health Insurance (Thailand) Public Company Limited is also owned by Aetna Global Benefits (Bermuda) Limited (1 share), Ms. Srisa-ard Sansanapongperchar (1 Share), Mr. Jitphasong Itsaraphakde (1 Share); Mrs. Suphee Wattana (1 Share); and Mr. Buncha Tanphragorn (1 Share)

*7 Aetna Holdings (Thailand) Limited is also 51% owned by Mr. Paiboon Sutantivorakoon plus Aetna Benefits (Bermuda) Limited owns 1 share.

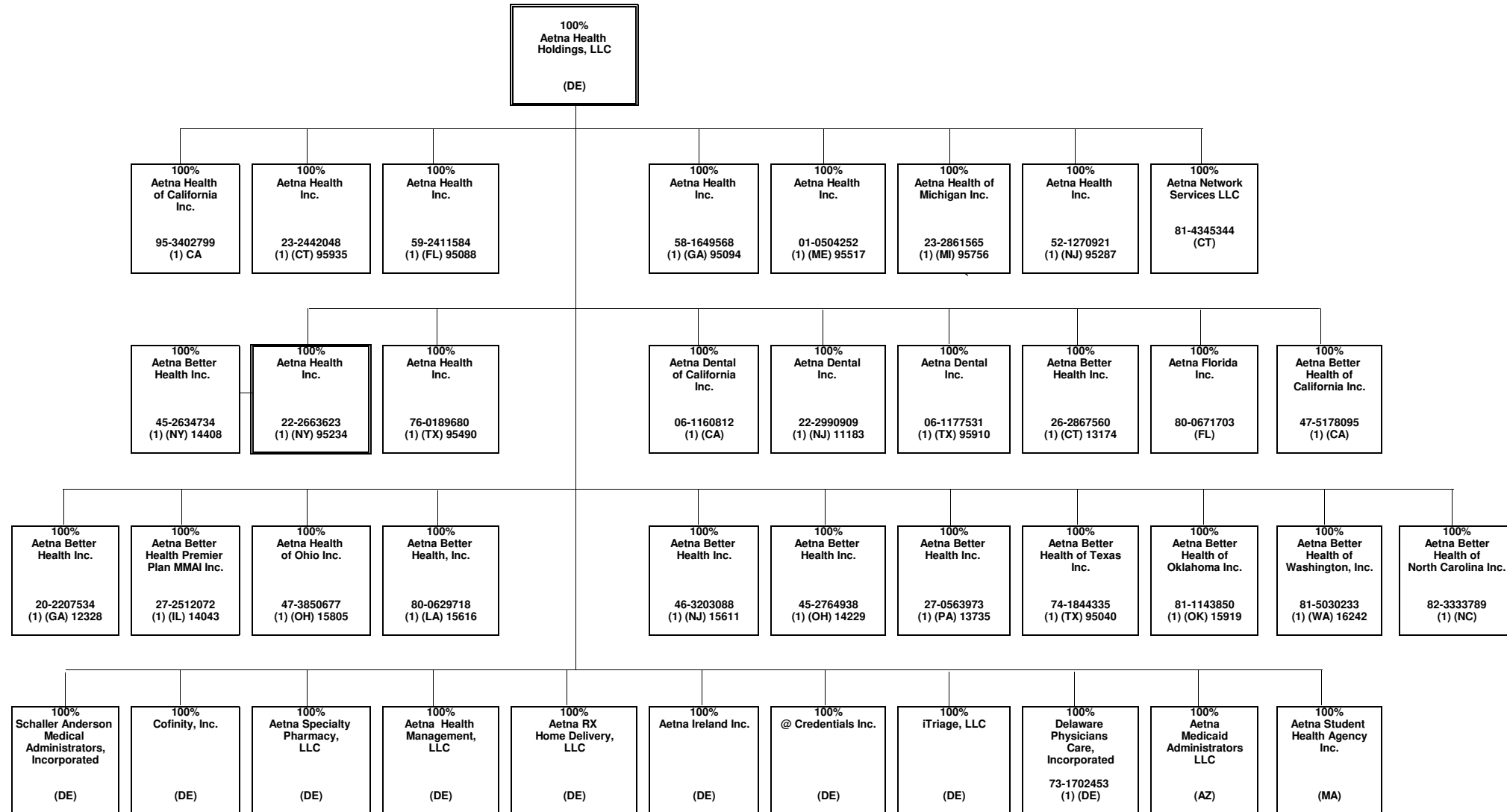
*8 Minor Health Enterprise Co, Ltd is also (1 share) owned by Aetna Global Benefits (Bermuda) Limited

*9 Aetna Services (Thailand) Limited is also (1 share) owned by Aetna Global Benefits (Bermuda) Limited and (1 share) owned by Aetna Global Holdings Limited

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Aetna Better Health Inc. (a New Jersey corporation)

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURANCE MEMBERS OF A HOLDING COMPANY GROUP

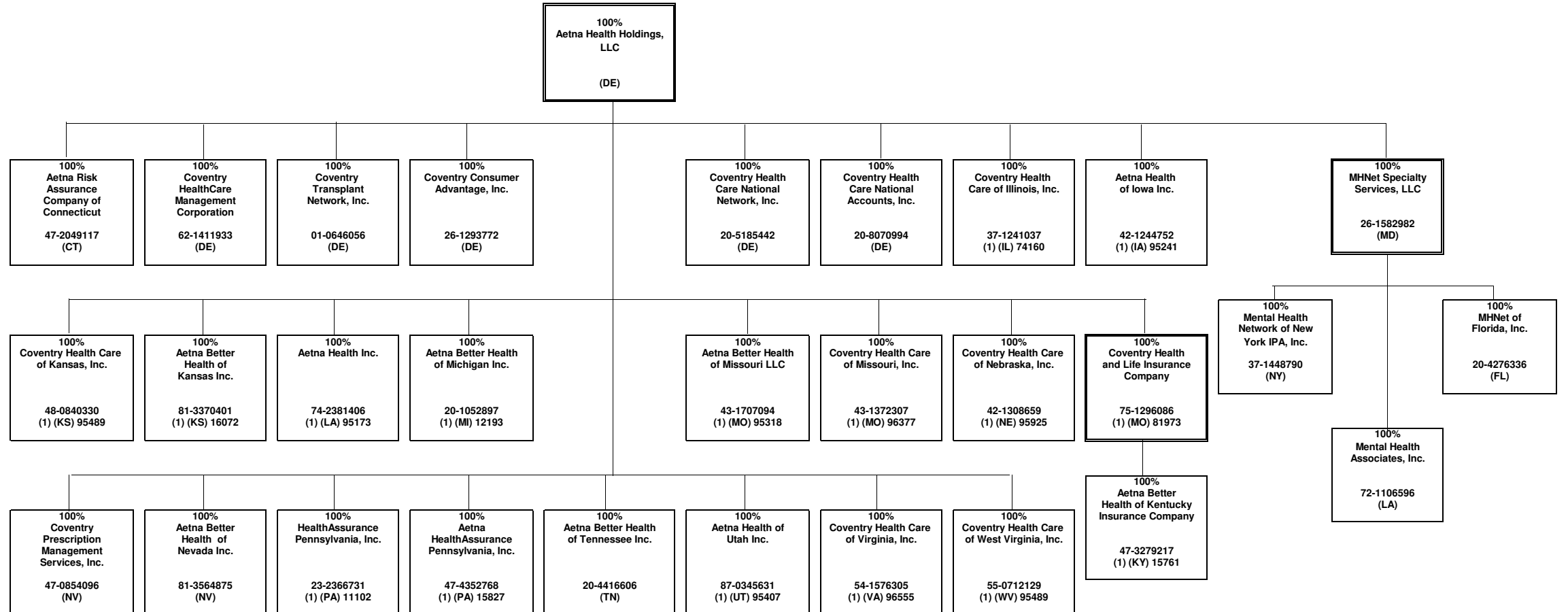
PART 1 - ORGANIZATIONAL CHART



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Aetna Better Health Inc. (a New Jersey corporation)

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURANCE MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

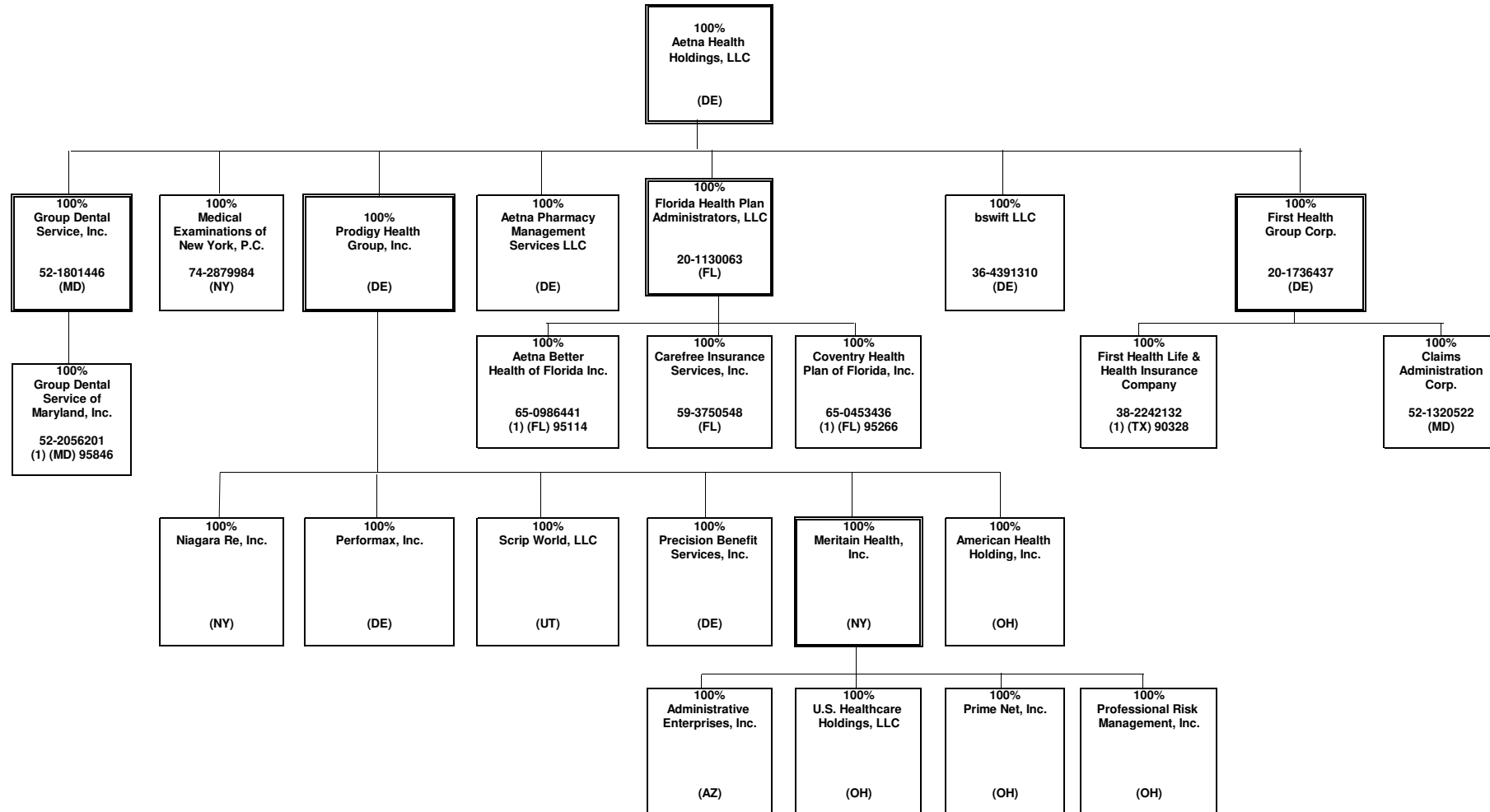


40.4

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Aetna Better Health Inc. (a New Jersey corporation)

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURANCE MEMBERS OF A HOLDING COMPANY GROUP

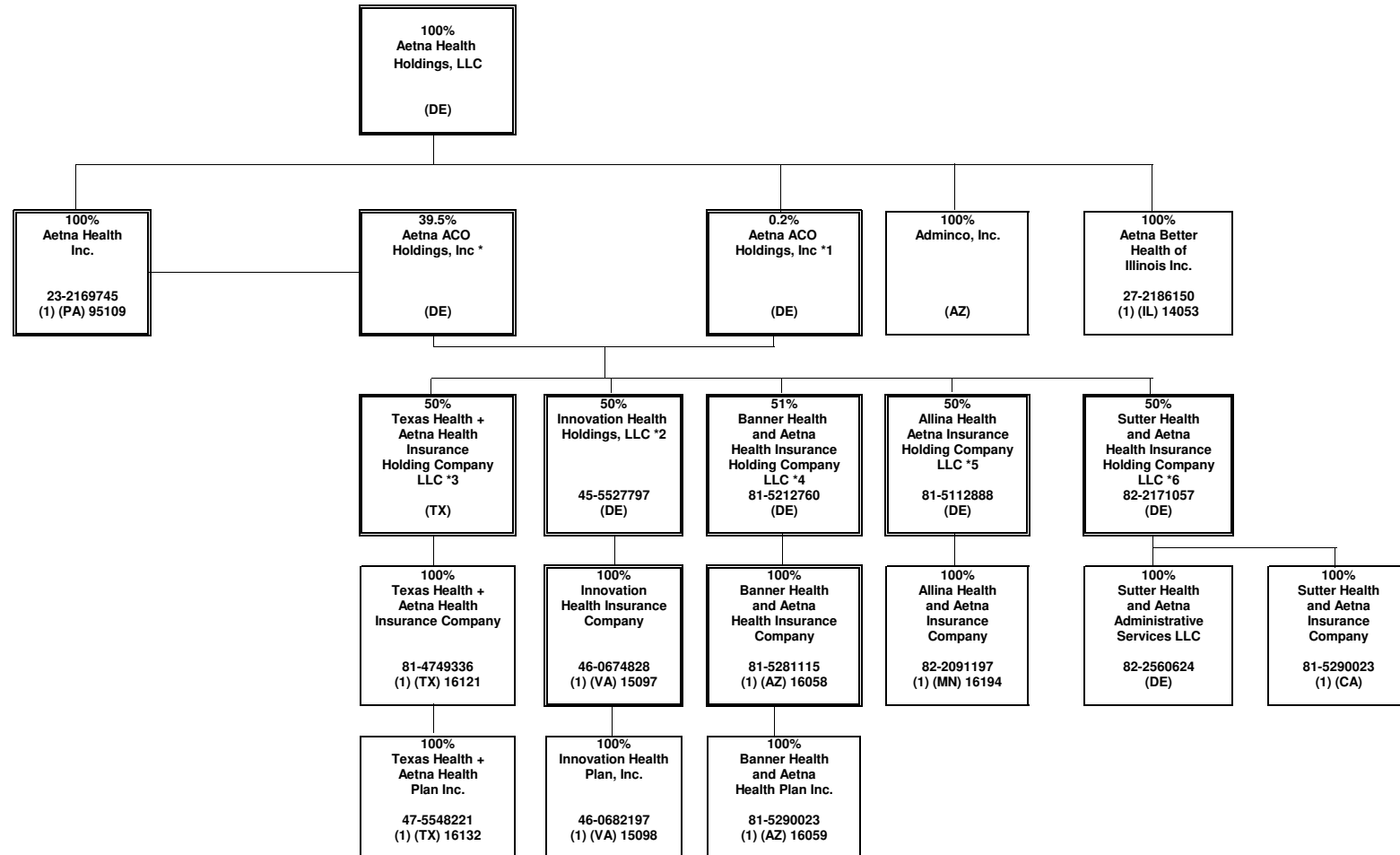
PART 1 - ORGANIZATIONAL CHART



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Aetna Better Health Inc. (a New Jersey corporation)

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURANCE MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART



*1 Aetna ACO Holdings Inc. is owned by Aetna Life Insurance Company (302 shares); Aetna Health Inc. (PA) (198 shares); and Aetna Health Holdings, LLC (1 share).

*2 Innovation Health Holdings, LLC is also 50% owned by Inova Health System Foundation.

*3 Texas Health + Aetna Health Insurance Holding Company LLC is also 50% owned by Texas Health Resources.

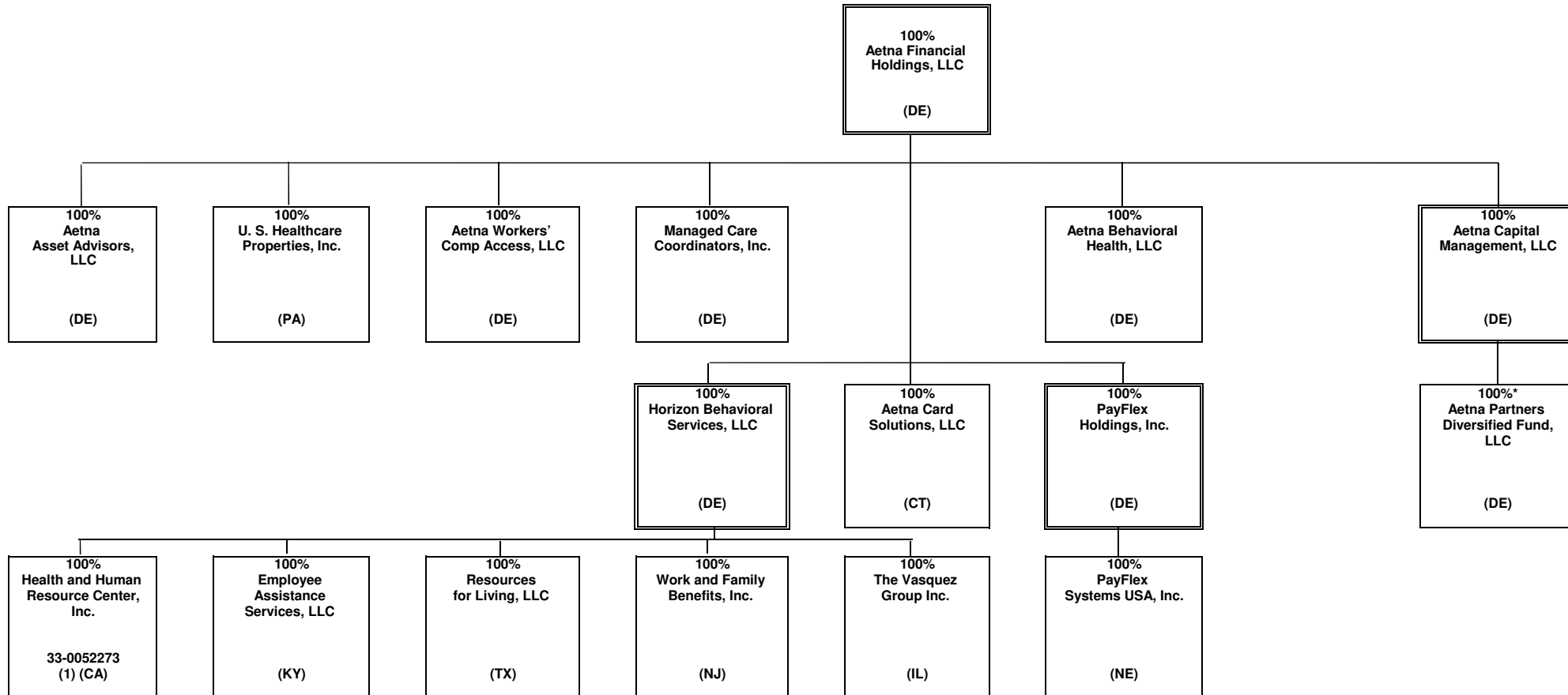
*4 Banner Health and Aetna Health Insurance Holding Company LLC is also 49% owned by Banner Health.

*5 Allina Health and Aetna Insurance Holding Company LLC is also 50% owned by Allina Health.

*6 Sutter Health and Aetna Insurance Holding Company LLC is also 50% owned by Sutter Health Plan Products Organization, LLC.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURANCE MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

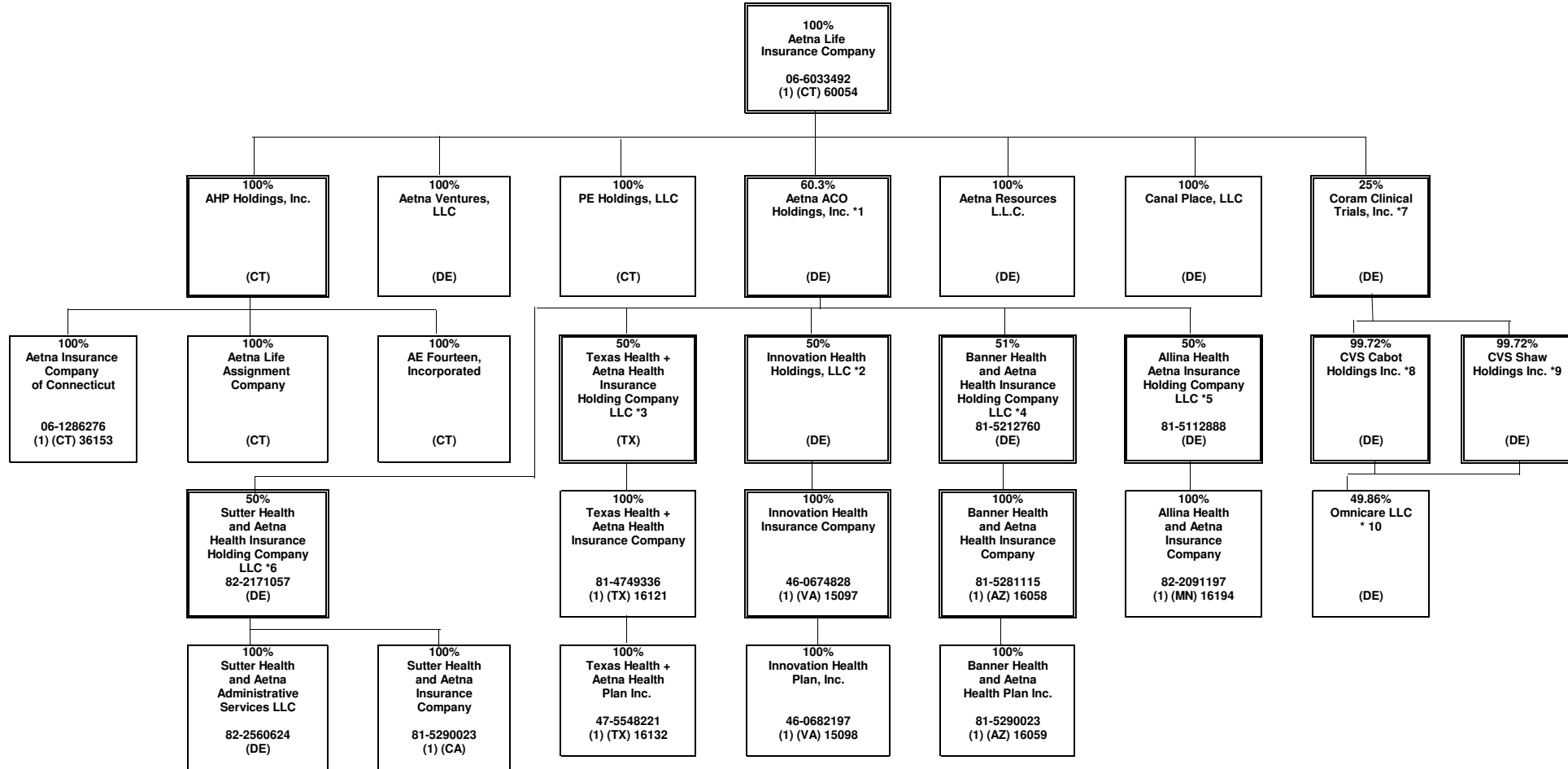


* Aetna Capital Management, LLC owns 100% of the voting rights of Aetna Partners Diversified Fund, LLC ("APDF"). APDF is a fund of hedge funds and certain subsidiaries of CVS Health Group invest in this fund, which does not confer any managing or controlling ownership interests in APDF.

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Aetna Better Health Inc. (a New Jersey corporation)

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURANCE MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART



*1 Aetna ACO Holdings Inc. is owned by Aetna Life Insurance Company (302 shares); Aetna Health Inc. (PA) (198 shares); and Aetna Health Holdings, LLC (1 share).

*2 Innovation Health Holdings, LLC is also 50% owned by Inova Health System Foundation.

*3 Texas Health + Aetna Health Insurance Holding Company LLC is also 50% owned by Texas Health Resources.

*4 Banner Health and Aetna Health Insurance Holding Company LLC is also 49% owned by Banner Health.

*5 Allina Health and Aetna Insurance Holding Company LLC is also 50% owned by Allina Health.

*6 Sutter Health and Aetna Insurance Holding Company LLC is also 50% owned by Sutter Health Plan Products Organization, LLC.

*7 Coram Clinical Trials, Inc. is also 75% owned by CVS Pharmacy, Inc.

*8 CVS Cabot Holdings Inc. is also .28% owned by Aetna Inc.

*9 CVS Shaw Holdings Inc. is also .28% owned by Aetna Inc.

*10 Remaining .28% owned by Aetna Inc. CVS Cabot Holdings Inc. and CVS Shaw Holdings Inc. each owning 49.86%.

OVERFLOW PAGE FOR WRITE-INS

NONE