

To reclass unearned premium and tax adjustment



**ANNUAL STATEMENT**  
**FOR THE YEAR ENDING DECEMBER 31, 2024**  
**OF THE CONDITION AND AFFAIRS OF THE**

**Horizon Healthcare of New Jersey, Inc.**

(Name)

NAIC Group Code 1202 (Current Period) , 1202 (Prior Period) NAIC Company Code 95529 Employer's ID Number 22-2651245

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

Country of Domicile United States

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

Incorporated/Organized 10/24/1985 Commenced Business 06/01/1986

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

Main Administrative Office 3 Penn Plaza East Ste PP-15D (Street and Number) Newark, NJ, US 07105-2248 (Area Code) (Telephone Number)

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

Primary Location of Books and Records 3 Penn Plaza East Ste PP-15D (Street and Number) Newark, NJ, US 07105-2248 (Area Code) (Telephone Number) (Extension)

Internet Web Site Address www.horizonblue.com

Statutory Statement Contact Jordan Greenberg (Name) 973-803-0441 (Area Code) (Telephone Number) (Extension)  
jordan\_greenberg@horizonblue.com (E-Mail Address) 973-466-7110 (Fax Number)

**OFFICERS**

Name <u>Gary Dean St. Hilaire</u>	Title <u>Chair &amp; CEO</u>	Name <u>Nicholas Herbert Peterson</u>	Title <u>Secretary</u>
Name <u>David Jeffrey Rosenberg</u>	Title <u>CFO and Treasurer</u>	Name <u>Mark Leon Barnard</u>	Title <u>President</u>

**OTHER OFFICERS**

<u>Joshua S. Ardise</u>	<u>Chief Medical Officer</u>	<u>Christopher Michael Lepre</u>	<u>Executive Vice President</u>
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**DIRECTORS OR TRUSTEES**

<u>Mark Leon Barnard</u>	<u>Gary Dean St. Hilaire</u>	<u>Jennifer Gail Velez</u>	<u>Andrea Harris</u>
<u>Christopher Michael Lepre</u>	<u>Joshua S. Ardise</u>	<u>David Jeffrey Rosenberg</u>	

State of New Jersey

ss

County of Essex

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

Nicholas Herbert Peterson  
Secretary

David Jeffrey Rosenberg  
CFO and Treasurer

a. Is this an original filing? Yes  No   
b. If no:  
1. State the amendment number \_\_\_\_\_  
2. Date filed \_\_\_\_\_  
3. Number of pages attached \_\_\_\_\_

Subscribed and sworn to before me this  
day of \_\_\_\_\_,



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Horizon Healthcare of New Jersey, Inc.

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Horizon Healthcare of New Jersey, Inc.

2. \_\_\_\_\_

(LOCATION)

NAIC Group Code	1202	BUSINESS IN THE STATE OF New Jersey		DURING THE YEAR 2024							NAIC Company Code	95529			
		1	Comprehensive Hospital & Medical)	4	5	6	7	8	9	10					
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:															
1. Prior Year .....		1,160,378		76					20,132	1,140,170					
2. First Quarter .....		1,240,671		962					19,793	1,219,916					
3. Second Quarter .....		1,606,949		855					355,044	1,251,050					
4. Third Quarter .....		1,232,346		164					20,411	1,211,771					
5. Current Year		991,181		75					20,989	970,117					
6. Current Year Member Months		12,410,235		853					248,259	12,161,123					
Total Member Ambulatory Encounters for Year:															
7. Physician .....		16,593,786	5	1,262						16,592,519					
8. Non-Physician .....		4,929,377		618						4,928,759					
9. Total		21,523,163	5	1,880	0	0	0	0	0	21,521,278	0	0	0	0	0
10. Hospital Patient Days Incurred		440,935		3					34,532	406,400					
11. Number of Inpatient Admissions		79,733		1					3,840	75,892					
12. Health Premiums Written (b) .....		9,368,501,529		160,377					754,112,859	8,614,228,293					
13. Life Premiums Direct .....		0													
14. Property/Casualty Premiums Written .....		0													
15. Health Premiums Earned .....		9,354,936,281		173,788					758,534,200	8,596,228,293					
16. Property/Casualty Premiums Earned .....		0													
17. Amount Paid for Provision of Health Care Services .....		8,578,463,990	91,807	4,838,558					620,342,287	7,953,191,338					
18. Amount Incurred for Provision of Health Care Services .....		8,610,210,831	94,377	4,745,906					618,690,835	7,986,679,713					

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 438,944,433



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REPORT FOR: 1. CORPORATION

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(LOCATION)

NAIC Group Code	1202	BUSINESS IN THE STATE OF Consolidated			DURING THE YEAR 2024										NAIC Company Code	95529	
		1	Comprehensive Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14		
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health		
Total Members at end of:																	
1. Prior Year .....		1,160,378	0	.76	.0	0	0	0	20,132	1,140,170	0	0	0	0	0	0	
2. First Quarter .....		1,240,671	0	.962	.0	0	0	0	19,793	1,219,916	0	0	0	0	0	0	
3. Second Quarter .....		1,606,949	0	.855	.0	0	0	0	355,044	1,251,050	0	0	0	0	0	0	
4. Third Quarter .....		1,232,346	0	.164	.0	0	0	0	20,411	1,211,771	0	0	0	0	0	0	
5. Current Year .....		991,181	0	.75	0	0	0	0	20,989	970,117	0	0	0	0	0	0	
6. Current Year Member Months .....		12,410,235	0	853	0	0	0	0	248,259	12,161,123	0	0	0	0	0	0	
Total Member Ambulatory Encounters for Year:																	
7. Physician .....		16,593,786	5	1,262	.0	0	0	0	0	16,592,519	0	0	0	0	0	0	
8. Non-Physician .....		4,929,377	0	.618	.0	0	0	0	0	4,928,759	0	0	0	0	0	0	
9. Total .....		21,523,163	5	1,880	0	0	0	0	0	21,521,278	0	0	0	0	0	0	
10. Hospital Patient Days Incurred .....		440,935	0	3	0	0	0	0	34,532	406,400	0	0	0	0	0	0	
11. Number of Inpatient Admissions .....		79,733	0	1	0	0	0	0	3,840	75,892	0	0	0	0	0	0	
12. Health Premiums Written (b) .....		9,368,501,529	0	160,377	.0	0	0	0	754,112,859	8,614,228,293	0	0	0	0	0	0	
13. Life Premiums Direct .....		0	0	0	.0	0	0	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written .....		0	0	0	.0	0	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned .....		9,354,936,281	0	173,788	.0	0	0	0	758,534,200	8,596,228,293	0	0	0	0	0	0	
16. Property/Casualty Premiums Earned .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services .....		8,578,463,990	91,807	4,838,558	.0	0	0	0	620,342,287	7,953,191,338	0	0	0	0	0	0	
18. Amount Incurred for Provision of Health Care Services .....		8,610,210,831	94,377	4,745,906	0	0	0	0	618,690,835	7,986,679,713	0	0	0	0	0	0	

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....438,944,433

**ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Horizon Healthcare of New Jersey, Inc.**

**SCHEDULE S - PART 7**

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	892,440,226		892,440,226
2. Accident and health premiums due and unpaid (Line 15).....	9,599,174		9,599,174
3. Amounts recoverable from reinsurers (Line 16.1).....	0		0
4. Net credit for ceded reinsurance.....	XXX	1,107,297,304	1,107,297,304
5. All other admitted assets (Balance).....	82,224,532		82,224,532
6. Total assets (Line 28) .....	984,263,932	1,107,297,304	2,091,561,236
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1).....	123,033,034	1,107,297,304	1,230,330,338
8. Accrued medical incentive pool and bonus payments (Line 2).....	223,943		223,943
9. Premiums received in advance (Line 8).....	18,392		18,392
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount).....	0		0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount).....	0		0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount).....	0		0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount).....	0		0
14. All other liabilities (Balance).....	329,207,971		329,207,971
15. Total liabilities (Line 24).....	452,483,340	1,107,297,304	1,559,780,644
16. Total capital and surplus (Line 33).....	531,780,591	XXX	531,780,591
17. Total liabilities, capital and surplus (Line 34) .....	984,263,932	1,107,297,304	2,091,561,236
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18. Claims unpaid.....	1,107,297,304		
19. Accrued medical incentive pool.....	0		
20. Premiums received in advance .....	0		
21. Reinsurance recoverable on paid losses .....	0		
22. Other ceded reinsurance recoverables .....	0		
23. Total ceded reinsurance recoverables .....	1,107,297,304		
24. Premiums receivable .....	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers .....	0		
26. Unauthorized reinsurance .....	0		
27. Reinsurance with Certified Reinsurers.....	0		
28. Funds held under reinsurance treaties with Certified Reinsurers.....	0		
29. Other ceded reinsurance payables/offsets .....	0		
30. Total ceded reinsurance payables/offsets .....	0		
31. Total net credit for ceded reinsurance .....	1,107,297,304		