

TEXAS HEALTH INSURANCE RISK POOL
Y2008 Regular & Y2009 Interim Assessments

Due Date for Filing Completed Reporting Forms: April 15, 2009

Texas Insurance Code, Chapter 1506, requires each "Health Benefit Plan Issuer" to report the number of Texas residents enrolled in its "health benefit plans" as: 1) **individual policyholders and certificate holders covered under association or discretionary group (non-employee) policies**; or 2) **employees under group health benefit plans**. Issuers shall report each person, as described in Chapter 1506, for whom coverage is provided under a fully-insured plan or an excess-loss, stop-loss, or reinsurance policy issued to an employer or group health benefit plan, including Texas employees covered by a group policy or employer plan issued in another state. All Health Benefit Plan Issuers must also report premiums for those covered lives.

Certain coverages are not included in the definition of Health Benefit Plan. See Subsections 1506.002 (b), (c) and (d) for a description of those coverages. In addition, individuals enrolled in the following health benefit plans are **not** subject to Pool assessment: **Small Employer** plans subject to Subchapters D-H, Chapter 1501 (does not include Co-ops treated as large employers); plans issued to the **Employees Retirement System** or the **Teacher Retirement System**; **Medicare Supplement** plans subject to Chapter 1652 (including Medicare Select); **Federal Employees Health Benefits Program**; **Medicaid**; **Medicare**; **TRICARE**; **CHAMPUS**; and the **Children's Health Insurance Program**.

Each Health Benefit Plan Issuer must complete the two enclosed forms: the Covered Lives Reporting Form and the Health Benefit Plan Premiums Reporting Form. Please read through the updated FAQs and Notices posted to the Company Assessment page of the Pool's web site, www.txhealthpool.org, before filing your forms. Return your completed and signed reporting forms, along with all supporting documentation, to:

**Texas Health Insurance Risk Pool
1701 Directors Boulevard, Suite 120
Austin, Texas 78744**

Name of Company: _____

Company NAIC #: _____

Describe any changes to the Company Name or NAIC # shown above, since the last Report, including any prior year mergers:

Data Call Reporting Form Contact:

Name: _____ **Title:** _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone: _____ **E-mail:** _____

Assessment Payment Contact (for receipt of invoice or refund):

Name: _____ **Title:** _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone: _____ **E-mail:** _____

COVERED LIVES REPORTING FORM INSTRUCTIONS:

In determining the number of individuals to report on the Covered Lives Reporting Form, the Issuer shall **exclude**: 1) **Dependents** of the employee, of the individual policyholder, or of the certificate holder under an association or discretionary group (non-employee) policy; and 2) **retired employees** who are **65** years of age or older. An Issuer providing excess-loss, stop-loss, or reinsurance coverage to a primary Issuer should deduct any covered lives that are already reported by that primary Issuer.

For lives covered by Stop Loss, complete **Section I** to determine the **total** number of Texas-resident **employees**, subject to Health Pool assessment as described above, that were covered under a policy of **excess-loss insurance, stop-loss insurance, or reinsurance as of 12/31/2008, even if issued in another state**, as calculated on that form. (Important note: Report the **total** numbers here; the Pool will calculate the 1/10th statutory assessment rate applicable to these employees.)

For other lives (not covered by Stop Loss), complete **Section II** to determine the **total** number of Texas-resident **employees, plus individual policyholders, plus certificate holders covered under association or discretionary group (non-employee) policies**, subject to Health Pool assessment as described above, that were covered under **fully-insured** health benefit plans **as of 12/31/2008**, as calculated on that form.

HEALTH BENEFIT PLAN PREMIUMS REPORTING FORM INSTRUCTIONS:

On line 1, enter the total health insurance premiums for Texas, as reported for calendar year 2008 on Schedule T or Page 20 of the Annual Statement. This figure includes stop loss premiums as well as premiums on Texas resident employees or certificate holders covered under group policies issued in other states. Deduct on line 2 the amount of stop loss premiums written in 2008. The exemptions listed in lines 4-19 will be totaled on line 20 and subtracted from line 3 to produce the line 21 amount of assessable fully insured, non-stop loss premiums, used to determine the allocation of the fully-insured assessment.

(See REVERSE SIDE)

**TEXAS HEALTH INSURANCE RISK POOL
COVERED LIVES REPORTING FORM Due April 15, 2009
All Reported Data as of 12/31/2008**

<NAIC.CO NAME>

I. Covered Lives Calculation For Excess-Loss, Stop-Loss, and Reinsurance Only; Include all Texas-resident employees covered under out-of-state employer plans:

1. Total number of Texas-resident employees (active & former) covered	1.
2. Number of Line 1 employees also covered and reported by a primary Issuer	2.
3. Of those remaining (Line 1 minus Line 2), number of retired employees age 65 and over	3.
4. TOTAL NUMBER of stop-loss, excess-loss, and reinsured Texas-resident employees subject to assessment (Line 1 minus Lines 2 & 3)	4.

II. Covered Lives Calculation For Fully-Insured individual and group plans; Include all Texas residents covered under out-of-state group policies:

1. Total number of Texas-resident employees (active & former) covered under <u>all employer group plans, including non-Texas plans</u>	1.
2. Number of Line 1 employees covered under <u>Small Employer</u> group health plans, subject to Subchapters D-H, Ch. 1501 (does not include Co-ops treated as large employers)	2.
3. Remaining number of employees covered (Line 1 minus Line 2)	3.
4. Of those remaining on Line 3, number of retired employees age 65 and over	4.
5. Remaining total number of employees covered (Line 3 minus Line 4)	5.
6. Total number of covered Texas-residents who are:	
a. individual policyholders	6 a.
b. certificate holders under association or discretionary group (non-employee) policies, even if policies issued out-of-state	6 b.
7. Remaining number of employees & individuals covered (Line 5 plus Lines 6a. and 6b.)	7.
8. Of the number on Line 7, list the number of employees and individuals covered solely by an exempt product category below (do not count a person already deducted above and do not list an exempt person below more than once):	
a. Accident Only or Disability Income or any combination of those coverages	8 a.
b. Credit-Only Insurance	8 b.
c. Coverage issued as a Supplement to Liability coverage; Liability insurance, including general liability and automobile liability; and Coverage for On-site Medical Clinics	8 c.
d. Workers' Compensation or Similar Insurance	8 d.
e. Automobile Medical Payment Insurance	8 e.
f. Insurance under which benefits are payable With or Without Regard to Fault & which is statutorily required to be contained in any liability insurance policy or equivalent self-insurance	8 f.
g. Other similar coverage, specified by federal regulations under HIPAA , under which benefits for medical care are secondary or incidental to other insurance benefits	8 g.
h. Stand-alone Coverage for:	
1) Limited scope Dental or Vision benefits	8 h. 1)
2) Benefits for Long-term Care, Nursing Home Care, Home Health Care, Community-based Care or any combination of these benefits	8 h. 2)
3) Other similar, limited benefits specified by federal regulations under HIPAA	8 h. 3)
i. Stand-alone Coverage , with no combination of benefits with and not contingent on any group health plan maintained by the same plan sponsor, for:	
1) Coverage only for a Specified Disease or Illness	8 i. 1)
2) Hospital Indemnity or Other Fixed Indemnity	8 i. 2)
j. Medicare Supplement Insurance, subject to Ch. 1652, including Medicare Select	8 j.
k. Employees Retirement System, Ch.1551, & Teacher Retirement System, Ch.1575	8 k.
l. Federal Employees Health Benefits (FEHB) Program, 5 U.S.C. §8909	8 l.
m. Medicare, Title XVIII, & Medicaid, Title XIX, Social Security Act	8 m.
n. TRICARE & CHAMPUS, 32 CFR 199	8 n.
o. Children's Health Insurance Program (CHIP), Title XXI, Social Security Act	8 o.
9. Total Number of Exempt Category Employees & Individuals (total of Lines 8 a. through 8 o.)	9.
10. TOTAL NUMBER of fully-insured Texas-resident employees & individuals subject to assessment (Line 7 minus Line 9)	10.

I hereby certify that the above information is, to the best of my knowledge, true and correct.

Print Preparer's Name: _____ Print Preparer's Title: _____

Preparer's Signature: _____ Date Prepared: _____