Health Service Corporation Information Statement Pursuant to N.J.S.A. 17:48E-3h (P.L. 2017, c. 100)

INSTRUCTIONS: Pursuant to N.J.S.A. 17:48E-3h, this Health Service Corporation (HSC) Information Statement is required to be filed annually with, and in a form and manner prescribed by, the Department of Banking and Insurance. For the reports for year-end 2016 and year-end 2017, a health service corporation shall on or before April 30, 2018, file an original and two copies of this HSC Information Statement, providing fully completed information for all sections and requests below as of year-end 2016. For all subsequent years, a health service corporation shall annually on or before April 30th file an original and 2 copies of its fully completed HSC Information Statement with the Department providing fully completed information for all sections and requests below as of the end of the preceding calendar year. Please be advised that the Department anticipates that portions of the information requested herein will also be reported in the HSC's Annual Financial Statement. However, to be fully complete, this Information Statement requires submission of the actual information and data requested, and cross-references to the Annual Financial Statement will not be sufficient.

The HSC Information Statements shall be sent to the New Jersey Department of Banking and Insurance, 20 W. State Street, Trenton, NJ 08625, Attn: Assistant Commissioner - Office of Solvency Regulation.

The HSC Information Statement and the information provided herein shall be certified as true and correct by a senior officer of the filing health service corporation. This Information Statement will be evaluated by the Department for its annual report to the Governor and the Legislature on compliance with P.L. 2017, c. 100 beginning on or before June 30, 2019, as required by N.J.S.A. 17:48E-3i.

I) General Information

Report as of Year-End:	2021
Name of Health Service	Horizon Healthcare Services, Inc. dba Horizon Blue Cross Blue Shield of New Jersey ("Horizon
Corporation (HSC):	BCBSNJ")
Principle Address: 3 Penn Plz E, Newark, NJ US 07105-2248	
Primary Location of	3 Penn Plz E, Newark, NJ US 07105-2248
Books and Records:	
Contact Person for	Catherine Merlino, Controller
Filing:	Tel: 973-466-5954, Fax: 973-466-4632
	catherine_merlino@horizonblue.com
Location/Date of	New Jersey/December 7, 1932
Formation:	

A) Subsidiaries & Affiliates - List all Subsidiaries and Affiliates of the HSC and a brief description of their activities and identifying services that are provided to the HSC (insert rows as needed):

Name of Subsidiary/Affiliate ¹	Description of Activities & HSC Services Provided
Horizon Casualty Services, Inc. (HCS)	A managed care workers' compensation company which offers integrated care and administrative services to insurers employers, and third-party administrators.
Horizon Healthcare Dental, Inc. (HHD)	A New Jersey dental plan organization offering dental products.
Horizon Healthcare of New Jersey, Inc. (HHNJ)	A health maintenance organization ("HMO") operating in New Jersey offering commercial HMO, Dual Special Needs Plans ("DSNP"), and contracted with the NJ Division of Medical Assistance and Human Services to provide managed Medicaid services.
Horizon Insurance Company, Inc. (HIC)	A health insurer operating in New Jersey offering senior and ancillary products, including Medicare Advantage plans, Medicare supplemental plans and managed vision plans.

¹ The list of subsidiaries and affiliates reflect operating companies within the holding system.

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Healthier New Jersey Insurance Company (HNJIC)	A health insurer operating in New Jersey offering Medicare Advantage products in 8 counties in Northern New Jersey. HNJIC is held by New Jersey Collaborative Care, LLC, which in turn is jointly held by Horizon Healthcare Services, Inc., Hackensack Meridian Health, Inc., and Barnabas Health, Inc.
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B) Management & Governance:

1) Briefly describe the management and governance structure of the HSC below:

Horizon BCBSNJ is a health service corporation organized and operating under the Health Service Corporation Act. N.J.S.A. 17:48E-1 et seq. As of December 31, 2021, the Board of Directors was a 14 member board including: a Chair, Horizon BCBSNJ's Chief Executive Officer and President, eleven (11) elected directors, two (2) gubernatorial appointees, and one (1) appointee by the Speaker of the New Jersey Assembly. There were three vacancies on the Board of Directors for public directors. In 2022 two of the three vacancies have been filled by the appointment of former Senator Christopher "Kip" Bateman as a gubernatorial appointee and former Senator Loretta Weinberg as an appointee of the Senate President.

The Board of Directors as of December 31, 2021 is as listed in Exhibit I-B-2. The Board of Directors acts as the ultimate decision-making body of Horizon BCBSNJ and advises and oversees Management. Management is responsible for the day-to-day operations and management of Horizon BCBSNJ. Todd C. Brown is the Chair of the Board and Gary D. St. Hilaire is the Chief Executive Officer and President.

2) Attach as Exhibit IB2 a chart of all officers, directors, senior management and trustees, their titles, and a brief description of their responsibilities.

II) Mission:

A) Describe the HSC's mission and how it fulfills the statutory mission pursuant to N.J.S.A. 17:48E-3a.

Under N.J.S.A. 17:48E-3a, a health service corporation shall not be established as a corporation organized for pecuniary profit. It should operate for the benefit of its subscribers. The Health Service Corporation Act states that a health service corporation's mission shall be to: (1) provide affordable and accessible health insurance to its subscribers; and (2) promote the integration of the health care system to meet the needs of its subscribers.

Horizon BCBSNJ's mission statement is as follows: "We empower our members to achieve their best health".

B) Provide a chart with the group's New Jersey Medical Loss Ratio Results for the Individual, Small Employer and Large Group markets pursuant to N.J.A.C. 11:20-6.3, -7.4 and -7.5, N.J.A.C. 11:21-7A.4, -7A.5, and -9.3, and N.J.S.A. 17:48-10.1 respectively, for most recent policy year as follows: Premiums; Claims; Loss Ratio; and NJ Refund Liability (net any Federal Liability):

Market	Premiums	Claims	Loss Ratio	NJ Refund
				Liability (net any
				Federal Liability)
Individual	\$1,519,720,178	\$1,462,554,020	96%	\$0

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Small Employer	\$1,498,509,331	\$1,360,714,954	91%	\$0	
Large Group	\$3,101,578,113	\$2,920,881,767	94%	\$0	

Note:

The above information is preliminary and is subject to change upon the filing of the actual reports in August 2022.

Per N.J.A.C. 11:20-7.4 and N.J.A.C. 11:21-7A, the individual, small employer and large group loss ratio filing requires a 6 month run-out of claims data which is not reflected. Additionally, this submission does not account for any final risk adjustment impact for the 2021 year or other regulator adjustment. A complete submission will be available on the New Jersey Department of Banking and Insurance's ("DOBI") website at http://www.nj.us/dobi/ on or after August 1 of each year.

III) Activities:

A) Describe in detail the most significant business activities of the HSC and all material subsidiaries and affiliates.

In 2021, Horizon BCBSNJ continued to provide its members with access to affordable, high quality health coverage in all market segments. Horizon BCBSNJ provided health insurance coverage to roughly 3.8 million members through commercial and governmental health plans. See below chart for details on our enrollment by customer type and funding method.

Customer Type:	Number of Members		
Large Group	1,381,312		
State Health Benefits Program	622,539		
Federal Employee Program	126,422		
Small Group	206,297		
Individual	230,973		
Medicaid	1,114,259		
Medicare	121,038		
Total members	3,802,840		
Funding Method:			
Fully-insured	2,046,707		
Self-insured	1,756,133		
Total members	3,802,840		

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Commercial Markets

Horizon BCBSNJ provided a wide array of commercial health insurance products to its enrollees in 2021 with leading market shares in both the individual and group markets. Horizon BCBSNJ was one of three carriers on the Health Insurance Marketplace and played a significant role in the individual market. It also provided quality health insurance solutions to many employers, ranging from small to large private employers, local municipals, the State of New Jersey, federal employees, and many others.

At the end of 2021, Horizon BCBSNJ had in excess of 2.56 million insured and self-funded commercial health plan members.

Individual Market

The Individual market consists of New Jersey residents who do not have health insurance benefits through their employer or otherwise not enrolled in Medicare, Medicaid, or other governmental health plans. In June of 2019, Governor Murphy signed legislation to establish a State-Based Exchange (SBE) to be funded by an assessment on premiums. New Jersey transitioned to a SBE on the Federal Platform for plan year 2020 as part of the ultimate transition to a State Based Exchange for plan year 2021. Individual health plans were available on the SBE on the Federal Platform or directly from the carriers. In 2021, New Jersey fully transitioned to a SBE as expected.

Plans in the individual market are offered pursuant to the requirements applicable to all carriers under the New Jersey Individual Health Coverage Program ("IHC"). Horizon BCBSNJ offered two EPO plan design options on and off the marketplace, the Horizon EPO Advantage broad network plans and the Horizon OMNIA_{SM} tiered network plans. Additionally, an HMO option was sold off the marketplace through an affiliate, Horizon Healthcare of New Jersey, Inc.

Horizon BCBSNJ's total Individual membership at the end of 2021 stood at 230,973. For Horizon BCBSNJ's individual market, on a statutory accounting basis ("STAT"), it incurred \$1,439,998,770 in claims and earned \$1,599,532,904 in premiums.

Small Employer Market

The Small Employer market consists of companies with up to 50 employees who provide an employer-sponsored health plan. Plans in this market segment comply with the NJ Small Employer Health Coverage Program ("SEH") rules.

In 2021, Horizon BCBSNJ offered a range of ACA compliant plans. Plan designs included closed panel HMO and EPO plans such as the Horizon HMO, Horizon Advantage EPO and Horizon OMNIA_{SM} plans as well as plans with out-of-network coverage such as the Horizon Direct Access. Horizon BCBSNJ also allowed for the renewal of "grandmothered" transitional policy plans issued prior to the ACA market reform rules pursuant to the federal transitional policy rules as adopted by the New Jersey Department of Banking and Insurance.

As of the end of 2021, Horizon BCBSNJ's total small employer membership stood at 206,297. For Horizon BCBSNJ's small employer market, on a STAT basis, Horizon BCBSNJ incurred \$1,378,243,393 in claims and earned \$1,503,723,825 in premiums.

Large Employer Market

A majority of the commercial health plans are through employers with 51+ employees. Large employer customers can range from local employers to multistate national accounts, and includes labor unions, municipals, and the federal employee health plans.

These markets can be insured or self-insured. Horizon BCBSNJ issued insured large employer plans covering 374,140

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lives, and administered self-funded large employer plans covering 1,133,594 lives. There is greater variability in the plan designs, benefit structures and actuarial values as compared to the IHC and SEH plans. Further, pricing in the large employer market is more variable due to experience rating. As of the end of 2021, Horizon BCBSNJ offered HMO, EPO, including OMNIA, PPO, and Direct Access health plans in these market segments.

For insured large employer plans, Horizon BCBSNJ incurred 2,718,304,080 in claims and earned 2,947,516,833 in premiums. For self-funded large employer plans, on a STAT basis, Horizon BCBSNJ incurred \$6,533,064,296 in employer-funded claims and earned \$288,032,809 in administration fees/charges.

State Health Benefits Program and the School Employees' Health Benefits Program

The State Health Benefits Program ("SHBP") and School Employees' Health Benefits Program ("SEHBP") together represent one of the largest public sector group health plans in the country. All New Jersey State active employees, employees of state colleges and universities, and retirees, are covered by the SHBP. Additionally, local government groups, such as municipalities and counties, may elect to participate in the SHBP to provide coverage for their active employees, retirees, and eligible dependents. Employees of local boards of education and community colleges may elect to participate in the SEHBP for their active employees, retirees, and eligible dependents.

Horizon BCBSNJ has held the honor of being the medical carrier for the state of New Jersey's State Health Benefits Program (SHBP) and the School Employees' Health Benefits Program (SEHBP) since 1996. The most recent SHBP/SEHBP contract was awarded in 2019 for an effective date of January 1, 2020. Horizon BCBSNJ is the sole administrator of the SHBP and SEHBP programs for the active members. Plan options includes PPO, HMO, and High-Deductible Health Plan (HDHP) offerings to active members, with the same programs being made available to the under-65 retirees. The contract term is for three years with the potential for two one-year extensions.

As of the end of 2021, Horizon BCBSNJ's total membership in the SHBP and SEHBP market was 655,539. On a STAT basis, Horizon BCBSNJ incurred 4,796,232,749 in self-funded claims for the SHBP/SEHBP and earned 108,498,597 in administration fees/charges.

Federal and State Governmental Health Programs (Medicare, Medicaid, etc.)

The Government Programs division of Horizon BCSBNJ manages all lines of government business; serving members across both Medicare and Medicaid lines of business, with special attention to Aged, Blind & Disabled (ABD), Managed Long-Term Services & Supports ("MLTSS"), Dual-Eligible, and other specialized populations.

Medicaid Markets

The Medicaid business, operated by Horizon Healthcare of New Jersey, Inc., a New Jersey HMO doing business as Horizon NJ Health, is New Jersey's largest Medicaid managed care organization serving 1,114,259 beneficiaries (as of 12/31/21) through the NJ FamilyCare and MLTSS programs. On a STAT basis, Horizon NJ Health incurred \$6,161,952,334 in claims for the Medicaid Managed Care and MLTSS population and earned \$7,267,522,471 in premium/fees for service.

Horizon NJ Health has developed targeted member-centered services, innovative programs and community outreach to serve the diverse needs of its members. Additionally, Horizon NJ Health is accredited by the National Committee for Quality Assurance (NCQA).

One of the primary missions of Horizon NJ Health is to reduce the persistent gaps in health care access and quality that disproportionately affects New Jerseyans from diverse racial and ethnic backgrounds. Many who experience disparate care live in neighborhoods lacking access to quality health services or to providers. To address these persistent gaps, members of Horizon NJ Health's staff interact extensively with community members on a daily basis, offering health education to

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adults and children, providing health screenings, and taking steps to assure that community members receive all health benefits that are available to them.

Medicare Markets

The Government Programs division markets and sells a competitive and wide-ranging line of senior market products that serves New Jersey beneficiaries that are Medicare eligible for reasons of age or disability. Horizon BCBSNJ's Medicare plans include Medicare Advantage, Medicare Part D, Medicare Supplemental and Dual Special Needs (DSNP) plans. For Medicare Advantage, Horizon offers options in 13 counties while the remaining 8 counties are served by Healthier New Jersey Insurance Company dba Braven Health, which is a provider-payer joint venture Medicare Advantage Plan between Horizon, Hackensack Meridian Health, and RWJ Barnabas Health.

For total Medicare market, Horizon together with its affiliates insured 121,038 lives, earned premiums totaling \$1,035,967,283 and incurred claims totaling \$928,891,923.

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Assets, Liabilities, Revenue, Expenses:

- B) Provide a separate and distinct summary of the financial information from the HSC's most recent Annual Statement filing on the following:
 - 1) Assets; see below

	AS	SETS			
			Current Year	_	Prior Year
		1	2	3	4
		Assets	Nonedmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Net Admitted Assets
1.	Bonds (Schedule D)	2,952,669,206		2,952,669,306	2,827,996,296
2.	Stodia (Schedule D):				
	2.1 Preferred stocks	1,772,950		1,772,990	4,459,152
١.	2.2 Common stocks	1,924,902,228		1,924,902,228	1,800,022,865
۵.	3.1 Find liens	0	0		0
	3.2 Other than first liens				0
4.	Real estate (Schedule A):				
	4.1 Properties occupied by the company (less				
	\$encumbrances)				
	4.2 Properties held for the production of income (less \$ encumbrances)		0		
	4.3 Properties held for sale (less				
	\$encumbrances)		0		
5.	Cash (\$(265,788,862) , Schedule E-Part 1), cash equivalents		l		
	(\$69,996,049 , Schedule E-Part 2) and short-term				
۱.	Investments (\$14_148_571 , Schedule DA)	(281,644,242)	0	(281,644,242)	(193, 221, 962)
7.	Contract loans (including \$premium notes) Derivatives (Schedule DB)				
8.	Other Invested assets (Schedule BA)	46 297 279		46 297 279	10, 175, 585
9.	Receivables for securities	7 040 522		7 040 522	9,882,925
10.	Securities lending reinvested collateral assets (Schedule DL)		0		0
11.	Aggregate write-ins for invested assets				
12.		A_651_129_154	0	A_651_129_154	A_462_196_780
13.	Title plants less \$charged off (for Title insurers				
	only)	16_581_292		16_581_292	17,012,779
	Premiums and considerations:	10,301,232		10,301,232	
	15.1 Uncollected premiums and agents' balances in the course of		l		
	collection	240, 342, 445	1,229,909	227_002_528	219,568,458
	15.2 Deferred premiums, agents' balances and installments booked but		l		
	deferred and not yet due (including \$earned				
	but unbilled premiums).				
	15.3 Accrued retrospective premiums (\$) and contracts subject to redetermination (\$)		0		
16.	Reinsurance:				
	16.1 Amounts recoverable from reinsurers	254,817,224	0	254,817,224	172,000,000
	16.2 Funds held by or deposited with reinsured companies		0		0
	16.3 Other amounts receivable under reinsurance contracts	26,118,224	0	26,118,224	268,805,950
	Amounts receivable relating to uninsured plans	A45,267,298	12,889,804	#22_477_494	A25,136,482
	Current federal and foreign income tax recoverable and interest thereon	48,789,202		48,789,202	
	Guaranty funds receivable or on deposit	14 596 968	0	14 596 968	25 222 242
	Electronic data processing equipment and software	28,808,112		28,808,112	21, 205, 257
	Furniture and equipment, including health care delivery assets				
	(\$)	281,101,454	281, 101, 454		0
	Net adjustment in assets and liabilities due to foreign exchange rates			477 777 777	000 110 000
	Receivables from perent, subsidiaries and affiliates Health care (\$215,835,107) and other amounts receivable	420,272,095 529,291,781	0 57.890.715	#30_272_096 #71_428_066	280_142_985 427_202_041
	Aggregate write-ins for other-than-invested assets	344,792,918	241,565,626	102 227 290	118,645,238
26.	Total assets excluding Separate Accounts, Segregated Accounts and				
	Protected Cell Accounts (Lines 12 to 25)	7,412,118,265	696,750,508	6,715,267,857	6,592,985,671
27.	From Separate Accounts, Segregated Accounts and Protected				
	Cell Accounts_	2 402 402 005			
28.	Total (Lines 25 and 27)	7,412,118,365	696,750,508	6,715,267,857	6,992,985,671
1101.	S OF WICTE-MS		0		
1102.					
1103.					
1196.	Summary of remaining write-ins for Line 11 from overflow page		0		
1199.	Totals (Lines 1101 through 1103 plus 1196) (Line 11 above)	0	0	0	0
2501.	Prepaid Expenses.	227 972 564	217,972,964	-	
2502. 2503.	Non-Qankab le checks	2,590,062	2,590,062 0		
2503.	Summary of remaining write-ins for Line 25 from overflow page	102 227 290		102 227 290	
2500	Totals (Lines 2501 through 2503 plus 2590) (Line 25 above)	244,792,918	241,565,626	102, 227, 290	116,645,236
	The state of the s	2.7,140,010			,,

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2) Liabilities; see below

LIABILITIES, CAPITAL AND SURPLUS

	LIABILITIES, CAF	<u>'IIAL ANI</u>		JS	
		1	Current Year 2	3	Prior Year 4
<u> </u>		Covered	Uncovered	Total	Total
	Claims unpaid (less \$ reinsurance ceded)	1,967,174,199		1,567,174,199	1,275,840,492
	Accrued medical incentive pool and bonus amounts	10,988,201	0	10,986,201	9,677,807
	Unpaid claims adjustment expenses Aggregate health policy reserves, including the liability of	10,300,201		10,300,201	3,911,007
1	for medical loss ratio rebate per the Public				
	Health Service Act.	210,411,925		210,411,925	448,797,219
5.	Aggregate life policy reserves	0	0		0
6.	Property/casualty unearned premium reserves		0	0	0
	Aggregate health claim reserves.	0	0	0	0
	Premiuma received in advance	100,645,252	0	102,645,252	88,416,224
	General expenses due or accrued	1,144,424,272		1,144,424,272	1,107,912,890
	5 on realized capital gains (losses))	0	0	9	0
10.2	2 Net deferred tax liability		0		
11.	Ceded reinsurance premiums payable	0	0	0	0
12.	Amounts withheld or retained for the account of others	9,152,990	0	9,152,990	22,941,882
	Remittances and items not allocated				
14.	Borrowed money (including \$ ourrent) and				
	interest thereon \$ (including \$ ourrent)	61,045,222	0	61,045,222	71 343 004
15	Amounts due to parent, subsidiaries and affiliates	92 209 228	0	92 209 228	71,240,962 85,514,285
	Derivatives	0		0	0
	Payable for securities	.644,522		644,522	7,869,461
	Payable for securities lending		0		0
19.	Funds held under reinsurance treaties (with \$				
	authorized reinaurers, \$ unauthorized			_	
	reinsurers and \$ certified reinsurers).				
20.	Reinsurance in unauthorized and certified (5) companies.				,
21.	Net adjustments in assets and liabilities due to foreign exchange rates	0	0	0	0
	Liability for amounts held under uninsured plans	9,240,000	0	9,240,000	7,464,000
23.	Aggregate write-ins for other liabilities (including \$				
	current)	272,992,792	0	272,992,792	257,074,824
	Total liabilities (Lines 1 to 23)	2,582,126,586	0	2,582,126,986	2,522,750,251
	Aggregate write-ins for special surplus funds	XXX	XXX		
	Common capital stock Preferred capital stock	XXX	300X	0	
	Gross paid in and contributed surplus	XXX	700X		
	Surplus notes	XXX	XXX	9	0
	Aggregate write-ins for other-than-special surplus funds	XXX	XXX	2,122,240,870	3,089,225,420
	Unassigned funds (surplus)	XXX	XXX		
32.	Less tressury stock, at cost:				
	32.1shares common (value included in Line 26				
	\$)	XXX	3000		
	32.2shares preferred (value included in Line 27	xxx	XXX		
-	Total capital and surplus (Lines 25 to 31 minus Line 32)	200	700	2 122 240 870	2 089 225 420
	Total liabilities, capital and surplus (Lines 25 to 31 minus Line 32) Total liabilities, capital and surplus (Lines 24 and 33)	XXX	30X	6,715,367,856	6,532,985,671
DETAIL	OF WRITE-INS	7700			
	Deposits from other organizations	160,950,158	0	162,950,158	158,734,518
	Liability for post-retirement benefits	96,877,002	0	96,877,002	107 ,575 ,420
	Risk Adjustment Psyable	12,165,632	0	12,165,622	130,764,876
I	Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
	Totals (Lines 2301 through 2303 plus 2395) (Line 23 above)	272,992,792	0	272_992_792	297,074,824
2501.		XXX	3000		
2502.		XXX	XXX		
2503.		XXX	3000		
	Summary of remaining write-ins for Line 25 from overflow page	3000	xxx		
$\overline{}$	Totals (Lines 2501 through 2503 plus 2595) (Line 25 above)	XXX	300X	1 420 555 657	1 004 470 000
	Special contingent surplus-Individual contracts	XXX	3000	1,423,598,657	1,294,479,665
	Special contingent surplus-other	XXX		1,709,684,212	1,674,755,755
3003.		,000	XXX		
	Summary of remaining write-ins for Line 30 from overflow page	XXX		2 692 340 670	9 000 205 420
3099.	Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	300X	2,122,240,870	2,089,225,420

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3) Revenues;

STATEMENT OF REVENUE AND EXPENSES

	STATEMENT OF REVENUE A	IND EXPE	NSES	
		Curren		Prior Year
L		Uncovered	2 Total	3 Total
1.	Member Months.	xxx	15,078,425	14,792,648
	Net premium income (including \$0 non-health premium income)	XXX	12,799,688,964	12,272,215,288
	Change in uneamed premium reserves and reserve for rate credits	xxx	2,606,845	2,287,882
	Fee-for-service (net of \$medical expenses)	XXX		
5.	Risk revenue	XXX	0	0
6.	Aggregate write-ins for other health care related revenues	2000		
7.	Aggregate write-ins for other non-health revenues	3000	0	0
8.	Total revenues (Lines 2 to 7)	xxx	12,762,295,809	12,275,702,270
Hos	pital and Medical:			
9.	Hospital/medical benefits		4,727,486,405	4,222,819,067
10.	Other professional services		211,462,229	219,784,575
11.	Outside referrals		208,947,658	
12.	Emergency room and out-of-eres		25,441,617	22,969,485
	Prescription drugs		880,484,178	682,954,418
	Aggregate write-ins for other hospital and medical.			0
15.		-	0	0
	Subtotal (Lines 9 to 15)		6,176,822,197	5,262,514,477
Less		_	/F 885 555	
	Net reinsurance recoveries		(5,968,257,966)	(4,777,698,746)
	Total hospital and medical (Lines 15 minus 17)		12_145_080_162	10,140,212,222
19.	The second secon	-	000,400,040	077 477 677
	Claims adjustment expenses, including \$222,250,641 cost containment expenses		342,422,343	275,185,928
	General administrative expenses	-	1,706,418,120	1,625,994,229
22.	Increase in reserves for life and accident and health contracts (including	0		
	\$increase in reserves for life only]. Total underwriting deductions (Lines 18 through 22)		14,190,920,606	12,141,222,280
	Net underwriting gain or (loss) (Lines 8 minus 23)	xxx	(420,624,827)	134 369 890
25			108, 425, 572	86,211,821
-	Net resized capital gains (losses) less capital gains tax of \$12_952_200		48 724 944	(15, 191, 288)
27.			157 160 517	71,120,422
	Net gain or (loss) from agental or premium balances charged off [jamount recovered			11,120,42
	5) (amount charged off 5))	0	0	0
29.	Aggregate write-ins for other income or expenses		0	0
	Net income or (loss) after capital gains tax and before all other federal income taxes.			
	(Lines 24 plus 27 plus 28 plus 29)	XXXX	(272,464,210)	205,490,222
31.	Federal and foreign income taxes incurred	2000	(48 575 750)	(147, 975, 208)
32.	Net Income (loss) (Lines 30 minus 31)	XXX	(224,888,560)	252,465,529
	S OF WRITE-INS			
0801.		XXX		
0602.		3000	0	0
0803.		XXX	0	
0898.	Summary of remaining write-ins for Line 6 from overflow page	XXX		
0699.	Totals (Lines 0601 through 0603 plus 0695) (Line 6 above)	XXX	0	0
0701.		3000		
0702.		3000		
0703.		XXX		
0798.	Summary of remaining write-ins for Line 7 from overflow page	3000		
	Totals (Lines 0701 through 0703 plus 0795) (Line 7 above)	XXX	0	0
1401.				0
1402.			0	0
1403.				
1498.	Summary of remaining write-ins for Line 14 from overflow page		0	0
1400.	Totals (Lines 1401 through 1403 plus 1495) (Line 14 above)	0	0	0
2901.				
2902.				
2903.			0	
2998.	Summary of remaining write-ins for Line 29 from overflow page		0	
2999.	Totals (Lines 2901 through 2903 plus 2995) (Line 29 above)	0	0	0

<u>Health Service Corporation Information Statement</u> Pursuant to N.J.S.A. 17:48E-3h (P.L. 2017, c. 100)

STATEMENT OF REVENUE AND EXPENSES (Continued)

	STATEMENT OF REVENUE AND EXICUSES	Comunico	
		Current Year	2 Prior Year
	CAPITAL & SURPLUS ACCOUNT		
33.	Capital and surplus prior reporting year	1,069,225,420	2,722,680,177
34.	Net Income or (loss) from Line 32	(224,888,560)	252,485,529
35.	Change in valuation basis of aggregate policy and claim reserves		0
36.	Change in net unrealized capital gains (losses) less capital gains tax of \$	68,429,428	96,692,995
37.	Change in net unresized foreign exchange capital gain or (loss)	(5,424,020)	4,214,112
38.	Change in net deferred income tax	4,071,084	(123,043,436
39.	Change in nonadmitted assets	212,405,449	8,156,750
40.	Change in unauthorized and certified reinsurance		0
41.	Change in treasury stock		0
42.	Change in surplus notes		0
43.	Cumulative effect of changes in accounting principles		0
44.	Capital Changes:		
	44.1 Peld in		0
	44.2 Transferred from surplus (Stock Dividend)		0
	44.3 Transferred to surplus		0
45.	Surplus adjustments:		
	45.1 Paid in		0
	45.2 Transferred to capital (Stock Dividend)		0
	45.3 Transferred from capital		0
46.	Dividends to stockholders		0
47.	Aggregate write-ins for gains or (losses) in surplus	9,422,099	(2,020,907
48.	Net change in capital and surplus (Lines 34 to 47)	64,005,450	238,555,043
49.	Capital and surplus and of reporting year (Line 33 plus 45)	2,122,240,870	2,069,225,420
DETAIL	S OF WRITE-INS		
4701.	Adjustment to PY Change in Reserves_		(879, 228
4702.	Adjustment to PY Change in Mkt Value of Stocks.		9,028
4703.	Change in Pension10PCQ	9,422,099	(2,160,607
4798.	Summary of remaining write-ins for Line 47 from overflow page		0
4799.	Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	9,422,099	(2,020,907

4) Expenses; See above

<u>Health Service Corporation Information Statement</u> Pursuant to N.J.S.A. 17:48E-3h (P.L. 2017, c. 100)

IV) Compensation Data²:

A) Provide the total compensation paid during the reporting year to each of the HSC's current and former officers, directors, trustees, and the five other highest compensated employees who are not an officer, director or trustee by completing the following table (add rows as needed):

Name & Title	TOTAL COMPENSATION
Officers	
Gary D. St. Hilaire, President & CEO	\$6,319,273
Christopher M. Lepre, Executive Vice President, Commercial Business	\$4,234,331
Mark L. Barnard, Executive Vice President, Government Programs and Operations	\$3,856,560
Allen J. Karp, Executive Vice President, Health Care Transformation and Management	\$3,621,585
Linda A. Willett, Executive Vice President, General Counsel and Secretary	\$3,203,699
Douglas R. Simpson, Executive Vice President and Chief Financial Officer	\$2,561,104
William D. Georges, Senior Vice President and Chief Strategy Officer	\$1,655,519
Nicholas L. Coussoule, Senior Vice President, Enterprise Business and Technology Solutions	\$1,226,165
Timothy S. Susanin, Senior Vice President, Audit, Risk, and Compliance	\$876,377
Patrick S. Aylward, Senior Vice President and Chief of Staff	\$800,637
Steven J. Krupinski, Senior Vice President, Chief Human Resources Officer	\$741,650
Five Other Highest Compensated Employees	
David Rosenberg, Vice President, Corporate Finance and Chief Accounting Officer	\$1,778,486
Vincent Alonge, Vice President, Enterprise Operations	\$1,560,995
Santo Barravecchio, Vice President, Human Resources	\$1,509,092
Michelle Machemer, Vice President, Chief Information Officer	\$1,469,792
Douglas Falduto, Vice President, Administration and Chief Security Officer	\$1,359,973

² Horizon BCBSNJ submits the compensation for Officers and the five other highest compensated employees who were employed, appointed, or elected in 2021.

<u>Health Service Corporation Information Statement</u> Pursuant to N.J.S.A. 17:48E-3h (P.L. 2017, c. 100)

Directors		
John J. Ballantyne	\$79,083	
Todd C. Brown	\$244,167	
Leonard S. Coleman Jr.	\$131,417	
Kevin P. Conlin ³	\$52,083	
Laurence M. Downes	\$126,500	
Leonard G. Feld	\$118,917	
Aristides W. Georgantas ⁴	\$15,000	
Michelle A. Gourdine	\$115,417	
Paul A. Juliano	\$79,083	
Brian M. Kinkead	\$131,417	
Joseph M. Kyrillos	\$117,417	
Carlos A. Medina	\$110,000	
Joseph M. Muniz	\$79,083	
Joanne Pace	\$145,000	
Joseph J. Roberts	\$120,917	
Gary D. St. Hilaire	\$0	

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 $^{^3}$ Kevin P. Conlin retired from the position of Chair on March 15, 2021.

⁴ Aristides W. Georgantas retired from the Board of Directors on February 25, 2021. Page 12 of 13.

<u>Health Service Corporation Information Statement</u> Pursuant to N.J.S.A. 17:48E-3h (P.L. 2017, c. 100)

CERTIFICATION

I hereby certify on behalf of Horizon Healthcare Services, Inc. dba Horizon Blue Cross Blue Shield of New Jersey that the information submitted in this report pursuant to N.J.S.A. 17:48E-3h is true and correct, and can be relied upon by the Department for the purposes of making its report required by N.J.S.A. 17:48E-3i.

4/30/2022

Dated

Name: Nicholas H. Peterson

Title: Vice President and Corporate Secretary