

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



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

**Horizon Healthcare Services, Inc.**

(Name)

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

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

Country of Domicile United States

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

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

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

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

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

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

Internet Web Site Address www.horizonblue.com

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

**OFFICERS**

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

**OTHER OFFICERS**

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

**DIRECTORS OR TRUSTEES**

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

State of New Jersey

**ss**

County of Essex

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

Linda Anne Willett  
 Senior Vice President, General Counsel  
 & Secretary

Douglas Richard Simpson  
 Senior Vice President/CFO

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

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



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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Horizon Healthcare Services, Inc.

2.

(LOCATION)

NAIC Group Code	1202	BUSINESS IN THE STATE OF New Jersey		DURING THE YEAR 2019				NAIC Company Code 55069		
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	1,253,675	176,905	561,998	0	0	390,214	124,558	0	0	0
2. First Quarter	1,242,148	177,720	537,891	0	0	401,440	125,097	0	0	0
3. Second Quarter	1,235,165	172,519	538,347	0	0	400,051	124,248	0	0	0
4. Third Quarter	1,242,474	167,079	549,657	0	0	402,224	123,514	0	0	0
5. Current Year	1,238,975	161,682	551,510	0	0	401,521	124,262	0	0	0
6. Current Year Member Months	14,898,941	2,064,197	6,528,645	0	0	4,820,203	1,485,896	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	11,641,038	2,420,207	7,197,704	0	0	0	2,023,127	0	0	0
8. Non-Physician	9,777,874	1,489,082	5,426,216	0	0	29,528	2,833,048	0	0	0
9. Total	21,418,912	3,909,289	12,623,920	0	0	29,528	4,856,175	0	0	0
10. Hospital Patient Days Incurred	252,895	64,589	147,203	0	0	0	41,103	0	0	0
11. Number of Inpatient Admissions	51,033	11,171	31,732	0	0	0	8,130	0	0	0
12. Health Premiums Written (b)	6,184,046,626	1,186,195,541	3,957,194,641	0	0	131,563,592	874,954,885	0	0	34,137,967
13. Life Premiums Direct	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
15. Health Premiums Earned	6,120,548,599	1,152,590,429	3,927,120,578	0	0	131,371,457	875,328,168	0	0	34,137,967
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	5,340,209,159	1,094,426,344	3,292,849,140	0	0	99,623,813	828,190,551	0	0	25,119,311
18. Amount Incurred for Provision of Health Care Services	5,404,156,137	1,121,678,736	3,333,582,053	0	0	99,357,813	822,574,224	0	0	26,963,311

(a) For health business: number of persons insured under PPO managed care products .....627,823 and number of persons insured under indemnity only products .....3,062

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....0

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

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(LOCATION)

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Total Members at end of:										
1. Prior Year	1,253,675	176,905	561,998	0	0	390,214	124,558	0	0	0
2. First Quarter	1,242,148	177,720	537,891	0	0	401,440	125,097	0	0	0
3. Second Quarter	1,235,165	172,519	538,347	0	0	400,051	124,248	0	0	0
4. Third Quarter	1,242,474	167,079	549,657	0	0	402,224	123,514	0	0	0
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Total Member Ambulatory Encounters for Year:										
7. Physician	11,641,038	2,420,207	7,197,704	0	0	0	2,023,127	0	0	0
8. Non-Physician	9,777,874	1,489,082	5,426,216	0	0	29,528	2,833,048	0	0	0
9. Total	21,418,912	3,909,289	12,623,920	0	0	29,528	4,856,175	0	0	0
10. Hospital Patient Days Incurred	252,895	64,589	147,203	0	0	0	41,103	0	0	0
11. Number of Inpatient Admissions	51,033	11,171	31,732	0	0	0	8,130	0	0	0
12. Health Premiums Written (b)	6,184,046,626	1,186,195,541	3,957,194,641	0	0	131,563,592	874,954,885	0	0	34,137,967
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16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0
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(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....0

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