Quarterly Small Employer Group Carrier-Reported Estimates of Earned Premiums and Enrollment as of October 1 - December 31, 2015

This information is compiled from financial statement and enrollment data filed by each Small Employer Group Carrier. It has not been audited or independently verified.



Florida Office of Insurance Regulation Market Research Unit

Data Retrieval Date: May 5, 2016

Data Source: NAIC OLTPPROD and FLOIR DCAM schema

The Florida Office of Insurance Regulation (Office) releases this report on a quarterly basis to provide information on the number of basic, standard, and other small employer group health benefit plans in force. Information includes the number of plans with a Health Savings Account (HSA) and a Health Reimbursement Arrangement (HRA). The report also provides the number of enrollees (by employers, employees and their dependents), the total amount of premiums earned and the percentage of earned premiums from new enrollment.

The **Employee Health Care Access Act**, defined in <u>Section 627.6699, FS</u>, was established to promote the availability of health insurance coverage to small employers regardless of their claims experience or their employees' health status, and to improve the overall fairness and efficiency of the small group health insurance market.

The terms used in this report are defined as follows:

- "Carrier" means a person or entity that provides health benefit plans in this state, including an authorized insurer, a health maintenance organization, certain multiple-employer welfare arrangement, or any other person providing a health benefit plan that is subject to insurance regulation in this state.
- "Small employer carrier" means a carrier that offers health benefit plans covering eligible employees of one or more small employers.
- "Health benefit plan" means any hospital or medical policy or certificate, hospital or medical service plan contract, or health maintenance organization subscriber contract. The term does not include accident-only, specified disease, individual hospital indemnity, credit, dental-only, vision-only, Medicare supplement, long-term care, or disability income insurance; similar supplemental plans provided under a separate policy, certificate, or contract of insurance, which cannot duplicate coverage under an underlying health plan and are specifically designed to fill gaps in the underlying health plan, coinsurance, or deductibles; coverage issued as a supplement to liability insurance; workers' compensation or similar insurance; or automobile medical-payment insurance.
- "Basic health benefit plans" and "standard health benefit plans" mean low-cost health care plans developed pursuant to subsection (12) of the Florida Employee Health Care Access Act. The Act allows small businesses to provide group health insurance coverage for its employees on a guarantee-issue basis regardless of health circumstances, preexisting conditions, or claims history.
- "Employer" means, in connection with a health benefit plan with respect to a calendar year and a plan year, any person, sole proprietor, self-employed individual, independent contractor, firm, corporation, partnership, or association that is actively engaged in business, has its principal place of business in this state, employed an average of at least 1 but not more than 50 eligible employees on business days during the preceding calendar year, and employe at least 1 employee on the first day of the plan year. For purposes of this reporting, a sole proprietor, an independent contractor, or a self-employed individual is considered a small employer only if all of the conditions and criteria established in Section 627.6699, FS, are met.
- "Employee" means an employee who works full time, having a normal workweek of 25 or more hours, and who has met any applicable waiting-period requirements or other requirements of this act. The term includes a self-employed individual, a sole proprietor, a partner of a partnership, or an independent contractor, if the sole proprietor, partner, or independent contractor is included as an employee under a health benefit plan of a small employer, but does not include a part-time, temporary, or substitute employee.
- "Dependent" means the spouse or child of an eligible employee, subject to the applicable terms of the health benefit plan covering that employee.
- "Covered Lives" means the simple sum of reported "Employees" and "Dependents."
- "Earned Premium" means the portion of premiums paid by the insured "Employer" and/or his "Employees" that has been allocated, in an accounting sense, to the "Carrier's" loss experience, expenses and profit year to date during the reporting period.

For more information about Florida's Small Employer Group Health Market:

- * The participating carriers websites' are listed in the report for your convenience.
- * Call your insurance agent.
- * Visit the Small Group Rate Comparison Tool webpage @ https://choices.fldfs.com/landh/SmallGroup

Thursday, May 05, 2016

AETNA HEALTH INC.

NAIC Company Code 95088

Market Participation Status pursuant to Sections 627.6699(10) and 627.6699(11), Florida Statutes

Risk Assuming Carrier

Aetna.HMOReporting@aetna.com

\$60.958.174



Other Plans In Force W/ No HRA or HSA

Reporting Quarter
4Q2015
10/1/2015 - 12/31/2015

	Reporting Quarter 4Q2015 10/1/2015 - 12/31/2015	EMPLOYERS at the end of the Reporting Quarter	EMPLOYEES at the end of the Reporting Quarter	DEPENDENTS at the end of the Reporting Quarter	Total ENROLLEES at the end of the Reporting Quarter	Total PREMIUMS EARNED during the Reporting Quarter	Percentage of EARNED PREMIUMS from New Enrollment
	Reporting Date	5,779	33,620	16,880	50,500	\$63,150,212	1.18%
4-	3/1/2016						
TOTAL BASIC HEALTH BENEFIT PL	ANS IN FORCE	13	19	11	30	\$77,583	0.00%
Basic Plans In Force W/ Health Savings Account (HSA)		0	0	0	0	\$0	0.00%
Basic Plans In Force W/ Health R	eimbursement Arrangement (HRA)	0	0	0	0	\$0	0.00%
Basic Plans In Force W/ No HRA	or HSA	13	19	11	30	\$77,583	0.00%
TOTAL STANDARD HEALTH BENEF	IT PLANS IN FORCE	5	5	5	10	\$23,868	0.00%
Standard Plans In Force W/ Healt	h Savings Account (HSA)	0	0	0	0	\$0	0.00%
Standard Plans In Force W/ Healt	h Reimbursement Arrangement (HRA	. 0	0	0	0	\$0	0.00%
Standard Plans In Force W/ No H	RA or HSA	5	5	5	10	\$23,868	0.00%
TOTAL OTHER SMALL GROUP PLANS (STREET PLANS) IN FORCE		5,761	33,596	16,864	50,460	\$63,048,761	1.18%
Other Plans In Force W/ Health S	avings Account (HSA)	617	3,459	2,097	5,556	\$2,090,587	4.77%
Other Plans In Force W/ Health R	eimbursement Arrangement (HRA)	0	0	0	0	\$0	0.00%

14.767

44.904

1.06%

30,137

AETNA LIFE INSURANCE COMPANY

NAIC Company Code 60054

Market Participation Status pursuant to Sections 627.6699(10) and 627.6699(11), Florida Statutes

Risk Assuming Carrier

www.aetna.com

\$8,741,318



Other Plans In Force W/ No HRA or HSA

Reporting Quarter
4Q2015
10/1/2015 - 12/31/2015

	Reporting Quarter 4Q2015 10/1/2015 - 12/31/2015	EMPLOYERS at the end of the Reporting Quarter	EMPLOYEES at the end of the Reporting Quarter	DEPENDENTS at the end of the Reporting Quarter	Total ENROLLEES at the end of the Reporting Quarter	Total PREMIUMS EARNED during the Reporting Quarter	Percentage of EARNED PREMIUMS from New Enrollment
	Reporting Date 2/26/2016	972	3,705	2,493	6,198	\$10,349,159	3.46%
TOTAL BASIC HEALTH BENEFIT PLA		8	12	3	15	\$56,797	0.00%
Basic Plans In Force W/ Health Sa	vings Account (HSA)	2	2	0	2	\$9,569	0.00%
Basic Plans In Force W/ Health Re	imbursement Arrangement (HRA)	0	0	0	0	\$0	0.00%
Basic Plans In Force W/ No HRA or HSA		6	10	3	13	\$47,228	0.00%
TOTAL STANDARD HEALTH BENEFIT PLANS IN FORCE		7	11	5	16	\$52,919	0.00%
Standard Plans In Force W/ Health Savings Account (HSA)		0	0	0	0	\$0	0.00%
Standard Plans In Force W/ Health	Reimbursement Arrangement (HRA	0	0	0	0	\$0	0.00%
Standard Plans In Force W/ No HRA or HSA		7	11	5	16	\$52,919	0.00%
TOTAL OTHER SMALL GROUP PLAN	S (STREET PLANS) IN FORCE	957	3,682	2,485	6,167	\$10,239,443	3.50%
Other Plans In Force W/ Health Sa	vings Account (HSA)	170	543	482	1,025	\$1,498,125	2.08%
Other Plans In Force W/ Health Re	imbursement Arrangement (HRA)	0	0	0	0	\$0	0.00%

2.003

5.142

3.74%

3,139

ALL SAVERS INSURANCE COMPANY

NAIC Company Code 82406

Market Participation Status pursuant to Sections 627.6699(10) and 627.6699(11), Florida Statutes

Risk Assuming Carrier

MyAllSavers.com

\$2,722,291



Other Plans In Force W/ No HRA or HSA

Reporting Quarter
4Q2015
10/1/2015 - 12/31/2015

	Reporting Quarter 4Q2015 10/1/2015 - 12/31/2015	EMPLOYERS at the end of the Reporting Quarter	EMPLOYEES at the end of the Reporting Quarter	DEPENDENTS at the end of the Reporting Quarter	Total ENROLLEES at the end of the Reporting Quarter	Total PREMIUMS EARNED during the Reporting Quarter	Percentage of EARNED PREMIUMS from New Enrollment
	Reporting Date	194	1,536	746	2,282	\$2,722,291	1.25%
4.	2/12/2016						
TOTAL BASIC HEALTH BENEFIT PLA	ANS IN FORCE	0	0	0	0	\$0	0.00%
Basic Plans In Force W/ Health Sa	avings Account (HSA)	0	0	0	0	\$0	0.00%
Basic Plans In Force W/ Health Reimbursement Arrangement (HRA)		0	0	0	0	\$0	0.00%
Basic Plans In Force W/ No HRA or HSA		0	0	0	0	\$0	0.00%
TOTAL STANDARD HEALTH BENEF	IT PLANS IN FORCE	0	0	0	0	\$0	0.00%
Standard Plans In Force W/ Healtl	h Savings Account (HSA)	0	0	0	0	\$0	0.00%
Standard Plans In Force W/ Healtl	h Reimbursement Arrangement (HRA	0	0	0	0	\$0	0.00%
Standard Plans In Force W/ No HF	RA or HSA	0	0	0	0	\$0	0.00%
TOTAL OTHER SMALL GROUP PLANS (STREET PLANS) IN FORCE		194	1,536	746	2,282	\$2,722,291	1.25%
Other Plans In Force W/ Health Sa	avings Account (HSA)	0	0	0	0	\$0	0.00%
Other Plans In Force W/ Health Re	eimbursement Arrangement (HRA)	0	0	0	0	\$0	0.00%

746

2.282

1.25%

1,536

AVMED, INC.

NAIC Company Code 95263

Market Participation Status pursuant to Sections 627.6699(10) and 627.6699(11), Florida Statutes

Risk Assuming Carrier

www.avmed.org



Reporting Quarter
4Q2015
10/1/2015 - 12/31/2015

	Reporting Quarter 4Q2015	EMPLOYERS at the end of the Reporting Quarter	EMPLOYEES at the end of the Reporting Quarter	DEPENDENTS at the end of the Reporting Quarter	Total ENROLLEES at the end of the Reporting Quarter	Total PREMIUMS EARNED during the Reporting Quarter	Percentage of EARNED PREMIUMS from New Enrollment
	10/1/2015 - 12/31/2015 Reporting Date	3,896	28,939	13,567	42,506	\$48,457,204	34.83%
	2/26/2016						
TOTAL BASIC HEALTH BENEFIT PLA	ANS IN FORCE	0	0	0	0	\$0	0.00%
Basic Plans In Force W/ Health Sa	vings Account (HSA)	0	0	0	0	\$0	0.00%
Basic Plans In Force W/ Health Re	eimbursement Arrangement (HRA)	0	0	0	0	\$0	0.00%
Basic Plans In Force W/ No HRA	or HSA	0	0	0	0	\$0	0.00%
TOTAL STANDARD HEALTH BENEFI	T PLANS IN FORCE	0	0	0	0	\$0	0.00%
Standard Plans In Force W/ Health	n Savings Account (HSA)	0	0	0	0	\$0	0.00%
Standard Plans In Force W/ Health	n Reimbursement Arrangement (HRA	. 0	0	0	0	\$0	0.00%
Standard Plans In Force W/ No HR	RA or HSA	0	0	0	0	\$0	0.00%
TOTAL OTHER SMALL GROUP PLAN	IS (STREET PLANS) IN FORCE	3,896	28,939	13,567	42,506	\$48,457,204	34.83%
Other Plans In Force W/ Health Sa	vings Account (HSA)	82	191	179	370	\$540,065	1.82%
Other Plans In Force W/ Health Re	eimbursement Arrangement (HRA)	0	0	0	0	\$0	0.00%
Other Plans In Force W/ No HRA o	or HSA	3,814	28,748	13,388	42,136	\$47,917,139	35.20%

BLUE CROSS & BLUE SHIELD OF FLORIDA, INC.

NAIC Company Code 98167

Market Participation Status pursuant to Sections 627.6699(10) and 627.6699(11), Florida Statutes

Risk assuming carrier

http://www.bcbsfl.com

\$169,456,805



Other Plans In Force W/ No HRA or HSA

Reporting Quarter
4Q2015
10/1/2015 - 12/31/2015

	Reporting Quarter 4Q2015 10/1/2015 - 12/31/2015	EMPLOYERS at the end of the Reporting Quarter	EMPLOYEES at the end of the Reporting Quarter	DEPENDENTS at the end of the Reporting Quarter	Total ENROLLEES at the end of the Reporting Quarter	Total PREMIUMS EARNED during the Reporting Quarter	Percentage of EARNED PREMIUMS from New Enrollment
	Reporting Date	16,763	99,374	67,078	166,452	\$231,874,412	1.48%
TOTAL BASIC HEALTH BENEFIT PLA	3/2/2016 NS IN FORCE	9	11	6	17	\$33,187	0.00%
Basic Plans In Force W/ Health Sav	rings Account (HSA)	0	0	0	0	\$0	0.00%
Basic Plans In Force W/ Health Rei	mbursement Arrangement (HRA)	0	0	0	0	\$0	0.00%
Basic Plans In Force W/ No HRA or HSA		9	11	6	17	\$33,187	0.00%
TOTAL STANDARD HEALTH BENEFIT	PLANS IN FORCE	56	99	78	177	\$399,234	0.00%
Standard Plans In Force W/ Health Savings Account (HSA)		0	0	0	0	\$0	0.00%
Standard Plans In Force W/ Health	Reimbursement Arrangement (HRA	0	0	0	0	\$0	0.00%
Standard Plans In Force W/ No HR	A or HSA	56	99	78	177	\$399,234	0.00%
TOTAL OTHER SMALL GROUP PLANS (STREET PLANS) IN FORCE		16,698	99,264	66,994	166,258	\$231,441,991	1.48%
Other Plans In Force W/ Health Sav	rings Account (HSA)	4,988	24,556	26,542	51,098	\$61,985,186	1.24%
Other Plans In Force W/ Health Rei	mbursement Arrangement (HRA)	0	0	0	0	\$0	0.00%

40.452

115.160

1.57%

74,708

CAPITAL HEALTH PLAN, INC.

Other Plans In Force W/ No HRA or HSA

NAIC Company Code 95112

Market Participation Status pursuant to Sections 627.6699(10) and 627.6699(11), Florida Statutes

Risk Assuming Carrier

http://CapitalHealth.com

\$15.838.890



Reporting Quarter
4Q2015
10/1/2015 - 12/31/2015

	Reporting Quarter 4Q2015	EMPLOYERS at the end of the Reporting Quarter	EMPLOYEES at the end of the Reporting Quarter	DEPENDENTS at the end of the Reporting Quarter	Total ENROLLEES at the end of the Reporting Quarter	Total PREMIUMS EARNED during the Reporting Quarter	Percentage of EARNED PREMIUMS from New Enrollment
	10/1/2015 - 12/31/2015 Reporting Date	1,547	7,828	5,849	13,677	\$16,932,117	0.80%
-	3/1/2016						
TOTAL BASIC HEALTH BENEFIT PL	ANS IN FORCE	89	485	356	841	\$968,186	0.00%
Basic Plans In Force W/ Health Savings Account (HSA)		0	0	0	0	\$0	0.00%
Basic Plans In Force W/ Health Reimbursement Arrangement (HRA)		0	0	0	0	\$0	0.00%
Basic Plans In Force W/ No HRA or HSA		89	485	356	841	\$968,186	0.00%
TOTAL STANDARD HEALTH BENEF	IT PLANS IN FORCE	11	51	32	83	\$125,041	0.00%
Standard Plans In Force W/ Healt	h Savings Account (HSA)	0	0	0	0	\$0	0.00%
Standard Plans In Force W/ Healt	h Reimbursement Arrangement (HRA	0	0	0	0	\$0	0.00%
Standard Plans In Force W/ No H	RA or HSA	11	51	32	83	\$125,041	0.00%
TOTAL OTHER SMALL GROUP PLANS (STREET PLANS) IN FORCE		1,447	7,292	5,461	12,753	\$15,838,890	0.86%
Other Plans In Force W/ Health Sa	avings Account (HSA)	0	0	0	0	\$0	0.00%
Other Plans In Force W/ Health R	eimbursement Arrangement (HRA)	0	0	0	0	\$0	0.00%

5.461

12.753

0.86%

7.292

COVENTRY HEALTH AND LIFE INSURANCE COMPANY

NAIC Company Code 81973

Market Participation Status pursuant to Sections 627.6699(10) and 627.6699(11), Florida Statutes

Risk Assuming Carrier

www.aetna.com

\$0



Other Plans In Force W/ No HRA or HSA

Reporting Quarter
4Q2015
10/1/2015 - 12/31/2015

	Reporting Quarter 4Q2015	EMPLOYERS at the end of the Reporting Quarter	EMPLOYEES at the end of the Reporting Quarter	DEPENDENTS at the end of the Reporting Quarter	Total ENROLLEES at the end of the Reporting Quarter	Total PREMIUMS EARNED during the Reporting Quarter	Percentage of EARNED PREMIUMS from New Enrollment
	10/1/2015 - 12/31/2015 Reporting Date	30	208	170	378	\$218,620	0.46%
4-	3/9/2016						
TOTAL BASIC HEALTH BENEFIT PLA	ANS IN FORCE	0	0	0	0	\$0	0.00%
Basic Plans In Force W/ Health Sa	vings Account (HSA)	0	0	0	0	\$0	0.00%
Basic Plans In Force W/ Health Re	imbursement Arrangement (HRA)	0	0	0	0	\$0	0.00%
Basic Plans In Force W/ No HRA	or HSA	0	0	0	0	\$0	0.00%
TOTAL STANDARD HEALTH BENEFI	T PLANS IN FORCE	0	0	0	0	\$0	0.00%
Standard Plans In Force W/ Health	Savings Account (HSA)	0	0	0	0	\$0	0.00%
Standard Plans In Force W/ Health	n Reimbursement Arrangement (HRA	0	0	0	0	\$0	0.00%
Standard Plans In Force W/ No HF	RA or HSA	0	0	0	0	\$0	0.00%
TOTAL OTHER SMALL GROUP PLAN	IS (STREET PLANS) IN FORCE	30	208	170	378	\$218,620	0.46%
Other Plans In Force W/ Health Sa	vings Account (HSA)	0	0	0	0	\$0	0.00%
Other Plans In Force W/ Health Re	imbursement Arrangement (HRA)	30	208	170	378	\$218,620	0.46%
			•				

0.00%

COVENTRY HEALTH CARE OF FLORIDA, INC.

NAIC Company Code 95114

Market Participation Status pursuant to Sections 627.6699(10) and 627.6699(11), Florida Statutes

Risk Assuming Carrier

www.chcflorida.com

\$0



Other Plans In Force W/ No HRA or HSA

Reporting Quarter
4Q2015
10/1/2015 - 12/31/2015

Reporting Date	
2/29/2016	

Reporting Quarter 4Q2015		EMPLOYERS at the end of the Reporting Quarter	EMPLOYEES at the end of the Reporting Quarter	DEPENDENTS at the end of the Reporting Quarter	Total ENROLLEES at the end of the Reporting Quarter	Total PREMIUMS EARNED during the Reporting Quarter	Percentage of EARNED PREMIUMS from New Enrollment
	Reporting Date	811	7,329	3,034	10,363	\$9,241,652	0.56%
	2/29/2016						
TOTAL BASIC HEALTH BENEFIT PLA	ANS IN FORCE	0	0	0	0	\$0	0.00%
Basic Plans In Force W/ Health Sa	vings Account (HSA)	0	0	0	0	\$0	0.00%
Basic Plans In Force W/ Health Re	imbursement Arrangement (HRA)	0	0	0	0	\$0	0.00%
Basic Plans In Force W/ No HRA o	r HSA	0	0	0	0	\$0	0.00%
TOTAL STANDARD HEALTH BENEFI	T PLANS IN FORCE	0	0	0	0	\$0	0.00%
Standard Plans In Force W/ Health	Savings Account (HSA)	0	0	0	0	\$0	0.00%
Standard Plans In Force W/ Health	Reimbursement Arrangement (HRA	. 0	0	0	0	\$0	0.00%
Standard Plans In Force W/ No HR	A or HSA	0	0	0	0	\$0	0.00%
TOTAL OTHER SMALL GROUP PLAN	IS (STREET PLANS) IN FORCE	811	7,329	3,034	10,363	\$9,241,652	0.56%
Other Plans In Force W/ Health Sa	vings Account (HSA)	0	0	0	0	\$0	0.00%
Other Plans In Force W/ Health Re	imbursement Arrangement (HRA)	811	7,329	3,034	10,363	\$9,241,652	0.56%
		_	0	_	_		

0.00%

Risk Assuming Carrier

FLORIDA HEALTH CARE PLAN, INC.

NAIC Company Code 13567

Market Participation Status pursuant to Sections 627.6699(10) and 627.6699(11), Florida Statutes

www.fhcp.com



Reporting Quarter
4Q2015
10/1/2015 - 12/31/2015

	Reporting Quarter 4Q2015 10/1/2015 - 12/31/2015	EMPLOYERS at the end of the Reporting Quarter	EMPLOYEES at the end of the Reporting Quarter	DEPENDENTS at the end of the Reporting Quarter	Total ENROLLEES at the end of the Reporting Quarter	Total PREMIUMS EARNED during the Reporting Quarter	Percentage of EARNED PREMIUMS from New Enrollment
	Reporting Date 3/1/2016	565	2,821	1,000	3,821	\$5,622,307	0.34%
TOTAL BASIC HEALTH BENEFIT PL		2	11	0	11	\$16,441	0.00%
Basic Plans In Force W/ Health Sa	avings Account (HSA)	0	0	0	0	\$0	0.00%
Basic Plans In Force W/ Health Re	eimbursement Arrangement (HRA)	0	0	0	0	\$0	0.00%
Basic Plans In Force W/ No HRA	or HSA	2	11	0	11	\$16,441	0.00%
TOTAL STANDARD HEALTH BENEF	IT PLANS IN FORCE	94	286	88	374	\$623,053	0.00%
Standard Plans In Force W/ Healt	h Savings Account (HSA)	0	0	0	0	\$0	0.00%
Standard Plans In Force W/ Healt	h Reimbursement Arrangement (HRA	0	0	0	0	\$0	0.00%
Standard Plans In Force W/ No Hi	RA or HSA	94	286	88	374	\$623,053	0.00%
TOTAL OTHER SMALL GROUP PLAI	NS (STREET PLANS) IN FORCE	469	2,524	912	3,436	\$4,982,813	0.38%
Other Plans In Force W/ Health Sa	avings Account (HSA)	0	0	0	0	\$0	0.00%
Other Plans In Force W/ Health Re	eimbursement Arrangement (HRA)	0	0	0	0	\$0	0.00%
Other Plans In Force W/ No HRA	or HSA	469	2,524	912	3,436	\$4,982,813	0.38%

HEALTH FIRST HEALTH PLANS, INC.

NAIC Company Code 95019

Market Participation Status pursuant to Sections 627.6699(10) and 627.6699(11), Florida Statutes

Risk Assuming Carrier

www.health-first.org

\$11.455.682



Other Plans In Force W/ No HRA or HSA

Reporting Quarter
4Q2015
10/1/2015 - 12/31/2015

	orting Quarter 4Q2015	EMPLOYERS at the end of the Reporting Quarter	EMPLOYEES at the end of the Reporting Quarter	DEPENDENTS at the end of the Reporting Quarter	Total ENROLLEES at the end of the Reporting Quarter	Total PREMIUMS EARNED during the Reporting Quarter	Percentage of EARNED PREMIUMS from New Enrollment
Rep	orting Date	774	5,145	2,575	7,720	\$11,597,268	10.76%
TOTAL BASIC HEALTH BENEFIT PLANS IN FOR	CE	0	0	0	0	\$0	0.00%
Basic Plans In Force W/ Health Savings Acco	unt (HSA)	0	0	0	0	\$0	0.00%
Basic Plans In Force W/ Health Reimburseme	nt Arrangement (HRA)	0	0	0	0	\$0	0.00%
Basic Plans In Force W/ No HRA or HSA		0	0	0	0	\$0	0.00%
TOTAL STANDARD HEALTH BENEFIT PLANS IN	FORCE	2	5	1	6	\$6,938	0.00%
Standard Plans In Force W/ Health Savings A	ccount (HSA)	0	0	0	0	\$0	0.00%
Standard Plans In Force W/ Health Reimburse	ement Arrangement (HRA	0	0	0	0	\$0	0.00%
Standard Plans In Force W/ No HRA or HSA		2	5	1	6	\$6,938	0.00%
TOTAL OTHER SMALL GROUP PLANS (STREET	PLANS) IN FORCE	772	5,140	2,574	7,714	\$11,590,330	10.76%
Other Plans In Force W/ Health Savings Acco	unt (HSA)	21	64	53	117	\$134,648	0.00%
Other Plans In Force W/ Health Reimburseme	nt Arrangement (HRA)	0	0	0	0	\$0	0.00%

2.521

7.597

10.89%

5,076

HEALTH FIRST INSURANCE, INC.

Other Plans In Force W/ No HRA or HSA

NAIC Company Code 14140

Market Participation Status pursuant to Sections 627.6699(10) and 627.6699(11), Florida Statutes

Risk Assuming Carrier

www.health-first.org

\$504.471



Reporting Quarter
4Q2015
10/1/2015 - 12/31/2015

	Reporting Quarter 4Q2015 10/1/2015 - 12/31/2015	EMPLOYERS at the end of the Reporting Quarter	EMPLOYEES at the end of the Reporting Quarter	DEPENDENTS at the end of the Reporting Quarter	Total ENROLLEES at the end of the Reporting Quarter	Total PREMIUMS EARNED during the Reporting Quarter	Percentage of EARNED PREMIUMS from New Enrollment
	Reporting Date	53	228	231	459	\$504,471	25.55%
	3/1/2016						
TOTAL BASIC HEALTH BENEFIT PLA	ANS IN FORCE	0	0	0	0	\$0	0.00%
Basic Plans In Force W/ Health Sa	vings Account (HSA)	0	0	0	0	\$0	0.00%
Basic Plans In Force W/ Health Re	imbursement Arrangement (HRA)	0	0	0	0	\$0	0.00%
Basic Plans In Force W/ No HRA o	r HSA	0	0	0	0	\$0	0.00%
TOTAL STANDARD HEALTH BENEFI	T PLANS IN FORCE	0	0	0	0	\$0	0.00%
Standard Plans In Force W/ Health	Savings Account (HSA)	0	0	0	0	\$0	0.00%
Standard Plans In Force W/ Health	Reimbursement Arrangement (HRA	0	0	0	0	\$0	0.00%
Standard Plans In Force W/ No HR	A or HSA	0	0	0	0	\$0	0.00%
TOTAL OTHER SMALL GROUP PLAN	IS (STREET PLANS) IN FORCE	53	228	231	459	\$504,471	25.55%
Other Plans In Force W/ Health Sa	vings Account (HSA)	0	0	0	0	\$0	0.00%
Other Plans In Force W/ Health Re	imbursement Arrangement (HRA)	0	0	0	0	\$0	0.00%

231

459

25.55%

228

HEALTH OPTIONS, INC.

NAIC Company Code 95089

Market Participation Status pursuant to Sections 627.6699(10) and 627.6699(11), Florida Statutes

Risk Assuming Carrier

http://www.bcbsfl.com

\$47.387.589



Other Plans In Force W/ No HRA or HSA

Reporting Quarter
4Q2015
10/1/2015 - 12/31/2015

	Reporting Quarter 4Q2015 10/1/2015 - 12/31/2015	EMPLOYERS at the end of the Reporting Quarter	EMPLOYEES at the end of the Reporting Quarter	DEPENDENTS at the end of the Reporting Quarter	Total ENROLLEES at the end of the Reporting Quarter	Total PREMIUMS EARNED during the Reporting Quarter	Percentage of EARNED PREMIUMS from New Enrollment
	Reporting Date	4,325	28,947	13,243	42,190	\$54,037,196	2.62%
4.	3/2/2016						
TOTAL BASIC HEALTH BENEFIT PLA	ANS IN FORCE	7	7	7	14	\$27,928	0.00%
Basic Plans In Force W/ Health Sa	ivings Account (HSA)	0	0	0	0	\$0	0.00%
Basic Plans In Force W/ Health Re	eimbursement Arrangement (HRA)	0	0	0	0	\$0	0.00%
Basic Plans In Force W/ No HRA	or HSA	7	7	7	14	\$27,928	0.00%
TOTAL STANDARD HEALTH BENEF	T PLANS IN FORCE	15	22	8	30	\$62,856	0.00%
Standard Plans In Force W/ Healtl	n Savings Account (HSA)	0	0	0	0	\$0	0.00%
Standard Plans In Force W/ Healtl	n Reimbursement Arrangement (HRA	. 0	0	0	0	\$0	0.00%
Standard Plans In Force W/ No HF	RA or HSA	15	22	8	30	\$62,856	0.00%
TOTAL OTHER SMALL GROUP PLAN	NS (STREET PLANS) IN FORCE	4,303	28,918	13,228	42,146	\$53,946,412	2.63%
Other Plans In Force W/ Health Sa	vings Account (HSA)	591	3,643	2,456	6,099	\$6,558,823	1.11%
Other Plans In Force W/ Health Re	eimbursement Arrangement (HRA)	0	0	0	0	\$0	0.00%

10.772

36.047

2.84%

25,275

HUMANA HEALTH INSURANCE COMPANY OF FLORIDA, INC.

NAIC Company Code 69671

Market Participation Status pursuant to Sections 627.6699(10) and 627.6699(11), Florida Statutes

Risk Assuming Carrier

www.humana.com

\$1.095.251



Other Plans In Force W/ No HRA or HSA

Reporting Quarter
4Q2015
10/1/2015 - 12/31/2015

	Reporting Quarter 4Q2015 10/1/2015 - 12/31/2015	EMPLOYERS at the end of the Reporting Quarter	EMPLOYEES at the end of the Reporting Quarter	DEPENDENTS at the end of the Reporting Quarter	Total ENROLLEES at the end of the Reporting Quarter	Total PREMIUMS EARNED during the Reporting Quarter	Percentage of EARNED PREMIUMS from New Enrollment
	Reporting Date	113	398	234	632	\$1,205,990	2.05%
TOTAL BASIC HEALTH BENEFIT PLA	ANS IN FORCE	0	0	0	0	\$0	0.00%
Basic Plans In Force W/ Health Sa	vings Account (HSA)	0	0	0	0	\$0	0.00%
Basic Plans In Force W/ Health Re	imbursement Arrangement (HRA)	0	0	0	0	\$0	0.00%
Basic Plans In Force W/ No HRA	or HSA	0	0	0	0	\$0	0.00%
TOTAL STANDARD HEALTH BENEFI	T PLANS IN FORCE	0	0	0	0	\$0	0.00%
Standard Plans In Force W/ Health	Savings Account (HSA)	0	0	0	0	\$0	0.00%
Standard Plans In Force W/ Health	Reimbursement Arrangement (HRA	0	0	0	0	\$0	0.00%
Standard Plans In Force W/ No HF	RA or HSA	0	0	0	0	\$0	0.00%
TOTAL OTHER SMALL GROUP PLAN	IS (STREET PLANS) IN FORCE	113	398	234	632	\$1,205,990	2.05%
Other Plans In Force W/ Health Sa	vings Account (HSA)	11	30	36	66	\$110,739	0.00%
Other Plans In Force W/ Health Re	imbursement Arrangement (HRA)	0	0	0	0	\$0	0.00%

198

566

2.26%

368

HUMANA MEDICAL PLAN, INC.

Other Plans In Force W/ No HRA or HSA

NAIC Company Code 95270

Market Participation Status pursuant to Sections 627.6699(10) and 627.6699(11), Florida Statutes

Risk Assuming Carrier

www.humana.com

\$65.987.529



Reporting Quarter
4Q2015
10/1/2015 - 12/31/2015

	Reporting Quarter 4Q2015 10/1/2015 - 12/31/2015	EMPLOYERS at the end of the Reporting Quarter	EMPLOYEES at the end of the Reporting Quarter	DEPENDENTS at the end of the Reporting Quarter	Total ENROLLEES at the end of the Reporting Quarter	Total PREMIUMS EARNED during the Reporting Quarter	Percentage of EARNED PREMIUMS from New Enrollment
	Reporting Date	2,322	39,332	17,603	56,935	\$67,342,189	3.49%
4-	3/1/2016						
TOTAL BASIC HEALTH BENEFIT PLA	ANS IN FORCE	5	16	5	21	\$50,619	0.00%
Basic Plans In Force W/ Health Sa	vings Account (HSA)	0	0	0	0	\$0	0.00%
Basic Plans In Force W/ Health Re	eimbursement Arrangement (HRA)	0	0	0	0	\$0	0.00%
Basic Plans In Force W/ No HRA o	or HSA	5	16	5	21	\$50,619	0.00%
TOTAL STANDARD HEALTH BENEFI	T PLANS IN FORCE	1	5	0	5	\$13,317	0.00%
Standard Plans In Force W/ Health	n Savings Account (HSA)	0	0	0	0	\$0	0.00%
Standard Plans In Force W/ Health	n Reimbursement Arrangement (HRA	0	0	0	0	\$0	0.00%
Standard Plans In Force W/ No HF	RA or HSA	1	5	0	5	\$13,317	0.00%
TOTAL OTHER SMALL GROUP PLAN	IS (STREET PLANS) IN FORCE	2,316	39,311	17,598	56,909	\$67,278,253	3.49%
Other Plans In Force W/ Health Sa	vings Account (HSA)	83	948	444	1,392	\$1,290,724	0.09%
Other Plans In Force W/ Health Re	eimbursement Arrangement (HRA)	0	0	0	0	\$0	0.00%

17.154

55.517

3.56%

38,363

JOHN ALDEN LIFE INSURANCE COMPANY

NAIC Company Code 65080

Market Participation Status pursuant to Sections 627.6699(10) and 627.6699(11), Florida Statutes

Risk Assuming Carrier

www.assuranthealth.com

\$1,307



Other Plans In Force W/ No HRA or HSA

Reporting Quarter
4Q2015
10/1/2015 - 12/31/2015

	Reporting Quarter 4Q2015	EMPLOYERS at the end of the Reporting Quarter	EMPLOYEES at the end of the Reporting Quarter	DEPENDENTS at the end of the Reporting Quarter	Total ENROLLEES at the end of the Reporting Quarter	Total PREMIUMS EARNED during the Reporting Quarter	Percentage of EARNED PREMIUMS from New Enrollment
	10/1/2015 - 12/31/2015 Reporting Date 3/1/2016	2	5	4	9	\$12,757	0.00%
TOTAL BASIC HEALTH BENEFIT PL		0	0	0	0	\$0	0.00%
Basic Plans In Force W/ Health Sa	avings Account (HSA)	0	0	0	0	\$0	0.00%
Basic Plans In Force W/ Health Re	eimbursement Arrangement (HRA)	0	0	0	0	\$0	0.00%
Basic Plans In Force W/ No HRA	or HSA	0	0	0	0	\$0	0.00%
TOTAL STANDARD HEALTH BENEF	T PLANS IN FORCE	0	0	0	0	\$0	0.00%
Standard Plans In Force W/ Health	n Savings Account (HSA)	0	0	0	0	\$0	0.00%
Standard Plans In Force W/ Health	n Reimbursement Arrangement (HRA	. 0	0	0	0	\$0	0.00%
Standard Plans In Force W/ No Hi	RA or HSA	0	0	0	0	\$0	0.00%
TOTAL OTHER SMALL GROUP PLAI	NS (STREET PLANS) IN FORCE	2	5	4	9	\$12,757	0.00%
Other Plans In Force W/ Health Sa	avings Account (HSA)	1	3	3	6	\$11,450	0.00%
Other Plans In Force W/ Health Re	eimbursement Arrangement (HRA)	0	0	0	0	\$0	0.00%
			•				

0.00%

NEIGHBORHOOD HEALTH PARTNERSHIP, INC.

NAIC Company Code 95123

Market Participation Status pursuant to Sections 627.6699(10) and 627.6699(11), Florida Statutes

Risk Assuming Carrier

www.mynhp.com

\$42.213.536



Other Plans In Force W/ No HRA or HSA

Reporting Quarter
4Q2015
10/1/2015 - 12/31/2015

	Reporting Quarter 4Q2015	EMPLOYERS at the end of the Reporting Quarter	EMPLOYEES at the end of the Reporting Quarter	DEPENDENTS at the end of the Reporting Quarter	Total ENROLLEES at the end of the Reporting Quarter	Total PREMIUMS EARNED during the Reporting Quarter	Percentage of EARNED PREMIUMS from New Enrollment
	10/1/2015 - 12/31/2015 Reporting Date	2,997	19,322	11,045	30,367	\$42,213,536	1.33%
	2/29/2016						
TOTAL BASIC HEALTH BENEFIT PL	ANS IN FORCE	0	0	0	0	\$0	0.00%
Basic Plans In Force W/ Health Sa	avings Account (HSA)	0	0	0	0	\$0	0.00%
Basic Plans In Force W/ Health Re	eimbursement Arrangement (HRA)	0	0	0	0	\$0	0.00%
Basic Plans In Force W/ No HRA	or HSA	0	0	0	0	\$0	0.00%
TOTAL STANDARD HEALTH BENEF	T PLANS IN FORCE	0	0	0	0	\$0	0.00%
Standard Plans In Force W/ Health	n Savings Account (HSA)	0	0	0	0	\$0	0.00%
Standard Plans In Force W/ Health	n Reimbursement Arrangement (HRA	0	0	0	0	\$0	0.00%
Standard Plans In Force W/ No Hi	RA or HSA	0	0	0	0	\$0	0.00%
TOTAL OTHER SMALL GROUP PLAI	NS (STREET PLANS) IN FORCE	2,997	19,322	11,045	30,367	\$42,213,536	1.33%
Other Plans In Force W/ Health Sa	avings Account (HSA)	0	0	0	0	\$0	0.00%
Other Plans In Force W/ Health Re	eimbursement Arrangement (HRA)	0	0	0	0	\$0	0.00%

11.045

30.367

1.33%

19,322

TIME INSURANCE COMPANY

NAIC Company Code 69477

Market Participation Status pursuant to Sections 627.6699(10) and 627.6699(11), Florida Statutes

Risk Assuming Carrier

www.assuranthealth.com



Reporting Quarter
4Q2015
10/1/2015 - 12/31/2015

	Reporting Quarter 4Q2015 10/1/2015 - 12/31/2015	EMPLOYERS at the end of the Reporting Quarter	EMPLOYEES at the end of the Reporting Quarter	DEPENDENTS at the end of the Reporting Quarter	Total ENROLLEES at the end of the Reporting Quarter	Total PREMIUMS EARNED during the Reporting Quarter	Percentage of EARNED PREMIUMS from New Enrollment
	Reporting Date	29	129	56	185	\$185,948	0.00%
-	3/1/2016						
TOTAL BASIC HEALTH BENEFIT PLA	ANS IN FORCE	0	0	0	0	\$0	0.00%
Basic Plans In Force W/ Health Sa	vings Account (HSA)	0	0	0	0	\$0	0.00%
Basic Plans In Force W/ Health Re	eimbursement Arrangement (HRA)	0	0	0	0	\$0	0.00%
Basic Plans In Force W/ No HRA	or HSA	0	0	0	0	\$0	0.00%
TOTAL STANDARD HEALTH BENEFI	T PLANS IN FORCE	0	0	0	0	\$0	0.00%
Standard Plans In Force W/ Health	n Savings Account (HSA)	0	0	0	0	\$0	0.00%
Standard Plans In Force W/ Health	n Reimbursement Arrangement (HRA	0	0	0	0	\$0	0.00%
Standard Plans In Force W/ No HF	RA or HSA	0	0	0	0	\$0	0.00%
TOTAL OTHER SMALL GROUP PLAN	IS (STREET PLANS) IN FORCE	29	129	56	185	\$185,948	0.00%
Other Plans In Force W/ Health Sa	vings Account (HSA)	5	23	5	28	\$25,356	0.00%
Other Plans In Force W/ Health Re	eimbursement Arrangement (HRA)	1	6	15	21	\$20,399	0.00%
Other Plans In Force W/ No HRA o	or HSA	23	100	36	136	\$140.193	0.00%

UNITEDHEALTHCARE INSURANCE COMPANY

NAIC Company Code 79413

Market Participation Status pursuant to Sections 627.6699(10) and 627.6699(11), Florida Statutes

Risk Assuming Carrier

www.uhc.com



Reporting Quarter
4Q2015
10/1/2015 - 12/31/2015

	Reporting Quarter 4Q2015	EMPLOYERS at the end of the Reporting Quarter	EMPLOYEES at the end of the Reporting Quarter	DEPENDENTS at the end of the Reporting Quarter	Total ENROLLEES at the end of the Reporting Quarter	Total PREMIUMS EARNED during the Reporting Quarter	Percentage of EARNED PREMIUMS from New Enrollment
	10/1/2015 - 12/31/2015 Reporting Date	7,956	38,609	27,390	65,999	\$86,112,432	1.56%
4-	2/29/2016						
TOTAL BASIC HEALTH BENEFIT PLANS IN FORCE		0	0	0	0	\$0	0.00%
Basic Plans In Force W/ Health Savings Account (HSA)		0	0	0	0	\$0	0.00%
Basic Plans In Force W/ Health Reimbursement Arrangement (HRA)		0	0	0	0	\$0	0.00%
Basic Plans In Force W/ No HRA or HSA		0	0	0	0	\$0	0.00%
TOTAL STANDARD HEALTH BENEFIT PLANS IN FORCE		0	0	0	0	\$0	0.00%
Standard Plans In Force W/ Health Savings Account (HSA)		0	0	0	0	\$0	0.00%
Standard Plans In Force W/ Health Reimbursement Arrangement (HRA		A 0	0	0	0	\$0	0.00%
Standard Plans In Force W/ No HRA or HSA		0	0	0	0	\$0	0.00%
TOTAL OTHER SMALL GROUP PLANS (STREET PLANS) IN FORCE		7,956	38,609	27,390	65,999	\$86,112,432	1.56%
Other Plans In Force W/ Health Savings Account (HSA)		0	0	0	0	\$0	0.00%
Other Plans In Force W/ Health Reimbursement Arrangement (HRA)		0	0	0	0	\$0	0.00%
Other Plans In Force W/ No HRA or HSA		7,956	38,609	27,390	65,999	\$86,112,432	1.56%

UNITEDHEALTHCARE OF FLORIDA, INC.

NAIC Company Code 95264

Market Participation Status pursuant to Sections 627.6699(10) and 627.6699(11), Florida Statutes

Risk Assuming Carrier

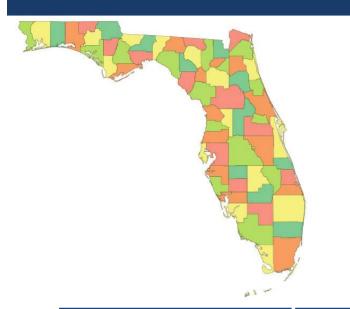
www.uhc.com



Reporting Quarter				
4Q2015				
10/1/2015 - 12/31/2015				

	Reporting Quarter 4Q2015 10/1/2015 - 12/31/2015 Reporting Date	EMPLOYERS at the end of the Reporting Quarter	EMPLOYEES at the end of the Reporting Quarter	DEPENDENTS at the end of the Reporting Quarter	Total ENROLLEES at the end of the Reporting Quarter	Total PREMIUMS EARNED during the Reporting Quarter	Percentage of EARNED PREMIUMS from New Enrollment
		4,897	31,137	16,745	47,882	\$61,725,706	12.78%
	2/29/2016						
TOTAL BASIC HEALTH BENEFIT PLANS IN FORCE		0	0	0	0	\$0	0.00%
Basic Plans In Force W/ Health Savings Account (HSA)		0	0	0	0	\$0	0.00%
Basic Plans In Force W/ Health Reimbursement Arrangement (HRA)		0	0	0	0	\$0	0.00%
Basic Plans In Force W/ No HRA or HSA		0	0	0	0	\$0	0.00%
TOTAL STANDARD HEALTH BENEFIT PLANS IN FORCE		0	0	0	0	\$0	0.00%
Standard Plans In Force W/ Health Savings Account (HSA)		0	0	0	0	\$0	0.00%
Standard Plans In Force W/ Health Reimbursement Arrangement (HRA		0	0	0	0	\$0	0.00%
Standard Plans In Force W/ No HRA or HSA		0	0	0	0	\$0	0.00%
TOTAL OTHER SMALL GROUP PLANS (STREET PLANS) IN FORCE		4,897	31,137	16,745	47,882	\$61,725,706	12.78%
Other Plans In Force W/ Health Savings Account (HSA)		432	2,215	3,822	6,037	\$4,478,510	12.44%
Other Plans In Force W/ Health Reimbursement Arrangement (HRA)		8	56	83	139	\$98,690	10.36%
Other Plans In Force W/ No HRA or HSA		4,457	28,866	12,840	41,706	\$57,148,506	12.81%

Quarterly Small Employer Group Carrier Reported Estimates of Earned Premiums and Enrollment Quarterly Aggregate



Reporting Quarter

4Q2015

10/1/2015 - 12/31/2015

EMPLOYERS at the end of the Reporting Quarter EMPLOYEES at the end of the Reporting Quarter

TOTAL ENROLLEES at the end of the Reporting Quarter

TOTAL DIRECT PREMIUMS EARNED at the end of the Reporting Quarter

54,025

348,612

548,555

\$713,505,467