

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 30, 2015**

OF THE **AECC Total Vision Health Plan of Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION 'ION / 2. DIVISION **CONSOLIDATED**

(Location)

EXHIBIT II (Filed Annually and Quarterly)

ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES

Indicate Reporting Period: **Current Quarter**

| | 1. Total | 2. COMMERCIAL RISK (Omit Provider HMO Business) | 3. MEDICARE (Omit Provider HMO Business) | | | 4. MEDICAID (Omit Provider HMO Business) | 5. POINT OF SERVICE RIDER COVERAGE | 6. ASSUMED RISK (as Provider HMO) | 7. CHILDREN'S HEALTH INSURANCE PLAN | 8. OTHER |
|---|-------------|--|--|-----------|--------|--|---|--|---|-------------|
| | | | BASIC | ADVANTAGE | PART D | | | | | |
| 1. ENROLLEES AT THE END OF REPT PERIOD..... | 1,702,522 | 0 | 0 | 0 | 0 | 0 | 0 | 1,464,620 | 0 | 237,902 |
| 2. MEMBER MONTHS..... | 3,615,910 | 0 | 0 | 0 | 0 | 0 | 0 | 2,905,949 | 0 | 709,961 |
| 3. Direct Premium Income..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXXXXXXX | 0 | 0 |
| 4. Net Premium Income..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5. Change in unearned premium reserve and reserve for rate credits..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6. Fee-for-Service (gross revenues)..... | 152,699 | XXXXXXXX | 0 | 0 | 0 | 0 | XXXXXXXX | XXXXXXXX | XXXXXXXX | 152,699 |
| 7. Risk Revenue..... | 10,787,535 | XXXXXXXX | 0 | 0 | 0 | XXXXXXXX | XXXXXXXX | 10,787,535 | XXXXXXXX | 0 |
| 8. Agg write-in for Other Health Related Revenues..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9. Aggregate write-ins for other non-health revenues..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10. TOTAL REVENUE (L4 to L9)..... | 10,940,234 | 0 | 0 | 0 | 0 | 0 | 0 | 10,787,535 | 0 | 152,699 |
| 11. Hospital & Medical Benefits..... | 9,707,734 | 0 | 0 | 0 | 0 | 0 | 0 | 9,707,734 | 0 | 0 |
| 12. Net Reins Recoveries Incurred..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 13. TOTAL MEDICAL & HOSP (L11 less L12)..... | 9,707,734 | 0 | 0 | 0 | 0 | 0 | 0 | 9,707,734 | 0 | 0 |
| 14. Claims Adjustment Expenses..... | 675,321 | 0 | 0 | 0 | 0 | 0 | 0 | 665,851 | 0 | 9,470 |
| 15. General Administrative Expenses..... | 406,451 | 0 | 0 | 0 | 0 | 0 | 0 | 400,751 | 0 | 5,700 |
| 16. Increase in Reserves for A&H contracts..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16)..... | 10,789,506 | 0 | 0 | 0 | 0 | 0 | 0 | 10,774,336 | 0 | 15,170 |
| 18. NET UNDERWRITING GAIN/LOSS (L10 - L17)..... | 150,728 | 0 | 0 | 0 | 0 | 0 | 0 | 13,199 | 0 | 137,529 |
| 19. Net Investments Gains / (Losses)..... | 28,699 | 0 | 0 | 0 | 0 | 0 | 0 | 28,699 | 0 | 0 |
| 20. Aggregate write-ins for other expenses..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20)..... | 179,427 | 0 | 0 | 0 | 0 | 0 | 0 | 41,898 | 0 | 137,529 |
| 22. Federal and foreign income taxes incurred..... | 62,301 | 0 | 0 | 0 | 0 | 0 | 0 | 61,723 | 0 | 578 |
| 23. NET INCOME/(LOSS) (L21 less L22)..... | 117,126 | 0 | 0 | 0 | 0 | 0 | 0 | (19,825) | 0 | 136,951 |
| 24 Medical Loss Ratio | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |
| NON-TAXABLE COMMERCIAL RISK ENROLLEES..... | | 0 | (Examples of non-taxable enrollees are State | | | * Other (identify products(s); eg Non-Risk Business, PPO): | | | | |
| NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS..... | | 0 | of Texas enrollees and Federal employees.) | | | 0 | | | | |

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STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 30, 2015**

OF THE **AECC Total Vision Health Plan of Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION 'ION / 2. DIVISION **CONSOLIDATED**

(Location)

EXHIBIT II (Filed Annually and Quarterly)

ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES

Indicate Reporting Period: Year-to-Date

| | 1. Total | 2. COMMERCIAL RISK (Omit Provider HMO Business) | 3. MEDICARE (Omit Provider HMO Business) | | | 4. MEDICAID (Omit Provider HMO Business) | 5. POINT OF SERVICE RIDER COVERAGE | 6. ASSUMED RISK (as Provider HMO) | 7. CHILDREN'S HEALTH INSURANCE PLAN | 8. OTHER |
|---|-------------|--|--|-----------|--------|--|---|--|---|-------------|
| | | | BASIC | ADVANTAGE | PART D | | | | | |
| 1. ENROLLEES AT THE END OF REPT PERIOD..... | 1,702,522 | 0 | 0 | 0 | 0 | 0 | 0 | 1,464,620 | 0 | 237,902 |
| 2. MEMBER MONTHS..... | 14,735,796 | 0 | 0 | 0 | 0 | 0 | 0 | 12,634,920 | 0 | 2,100,876 |
| 3. Direct Premium Income..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXXXXXXX | 0 | 0 |
| 4. Net Premium Income..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5. Change in unearned premium reserve and reserve for rate credits..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6. Fee-for-Service (gross revenues)..... | 459,782 | XXXXXXXX | 0 | 0 | 0 | 0 | XXXXXXXX | XXXXXXXX | XXXXXXXX | 459,782 |
| 7. Risk Revenue..... | 31,142,100 | XXXXXXXX | 0 | 0 | 0 | XXXXXXXX | XXXXXXXX | 31,142,100 | XXXXXXXX | 0 |
| 8. Agg write-in for Other Health Related Revenues..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9. Aggregate write-ins for other non-health revenues..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10. TOTAL REVENUE (L4 to L9)..... | 31,601,882 | 0 | 0 | 0 | 0 | 0 | 0 | 31,142,100 | 0 | 459,782 |
| 11. Hospital & Medical Benefits..... | 25,787,164 | 0 | 0 | 0 | 0 | 0 | 0 | 25,787,164 | 0 | 0 |
| 12. Net Reins Recoveries Incurred..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 13. TOTAL MEDICAL & HOSP (L11 less L12)..... | 25,787,164 | 0 | 0 | 0 | 0 | 0 | 0 | 25,787,164 | 0 | 0 |
| 14. Claims Adjustment Expenses..... | 1,810,487 | 0 | 0 | 0 | 0 | 0 | 0 | 1,784,146 | 0 | 26,341 |
| 15. General Administrative Expenses..... | 1,089,666 | 0 | 0 | 0 | 0 | 0 | 0 | 1,073,812 | 0 | 15,854 |
| 16. Increase in Reserves for A&H contracts..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16)..... | 28,687,317 | 0 | 0 | 0 | 0 | 0 | 0 | 28,645,122 | 0 | 42,195 |
| 18. NET UNDERWRITING GAIN/LOSS (L10 - L17)..... | 2,914,565 | 0 | 0 | 0 | 0 | 0 | 0 | 2,496,978 | 0 | 417,587 |
| 19. Net Investments Gains / (Losses)..... | 77,566 | 0 | 0 | 0 | 0 | 0 | 0 | 77,566 | 0 | 0 |
| 20. Aggregate write-ins for other expenses..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20)..... | 2,992,131 | 0 | 0 | 0 | 0 | 0 | 0 | 2,574,544 | 0 | 417,587 |
| 22. Federal and foreign income taxes incurred..... | 1,110,946 | 0 | 0 | 0 | 0 | 0 | 0 | 1,094,783 | 0 | 16,163 |
| 23. NET INCOME/(LOSS) (L21 less L22)..... | 1,881,185 | 0 | 0 | 0 | 0 | 0 | 0 | 1,479,761 | 0 | 401,424 |
| 24 Medical Loss Ratio | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |
| NON-TAXABLE COMMERCIAL RISK ENROLLEES..... | | 0 | (Examples of non-taxable enrollees are State | | | * Other (identify products(s); eg Non-Risk Business, PPO): | | | | |
| NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS..... | | 0 | of Texas enrollees and Federal employees.) | | | 0 | | | | |