

Michigan Health Insurance Enrollment, Premiums & Losses

Note: This form satisfies the reporting requirement under MCL 500.2213b(10).

Submission Required By: ALL Authorized Property & Casualty Insurers, Life & Health Insurers, HMOs, HMDI, AFDS and Fraternal Benefit Societies	2024
	DUE 4/1/25

This form has been moved to an online system effective with the 2015 submission. You may use this form as a guide to complete the online submission, but only online submissions will be accepted. All companies listed in the "Submission Required By..." box must submit this form.

Name of Company

NAIC number

Complete all columns for each line where business is reported as of December 31 of the reporting year.
Enter all monetary amounts in whole dollars.

PART 1: VERIFY REQUIREMENT TO COMPLETE FORM

Complete the amounts below for your statement type.

Select
One

- | | |
|---|--|
| <input type="checkbox"/> Property & Casualty Statement | Sum of Accident & Health lines 13-15 on Exhibit of Premiums & Losses (Statutory Page 14) |
| <input type="checkbox"/> Life, Accident & Health Statement | Line 46-Totals from the Accident and Health Insurance State Page. |
| <input type="checkbox"/> Fraternal Statement | Line 46-Totals from the Accident and Health Insurance State Page. |
| <input type="checkbox"/> Health Statement | Lines 15 and 18, Column 1 Total from the Exhibit of Premiums, Enrollment and Utilization State Page. |

Michigan Direct Premiums Earned	Michigan Direct Claims/Losses Incurred

**** If the above amounts are zero, you may skip Part 2 and proceed to Part 3. ****

PART 2: MICHIGAN ENROLLMENT, PREMIUMS, AND LOSSES

The Michigan Health Insurance Enrollment, Premiums, and Losses form (FIS 0322) requires carriers provide Michigan-specific data consistent with the NAIC Accident and Health Policy Experience Exhibit ("AHPE Exhibit") Except as noted below, please follow the instructions and definitions for the AHPE Exhibit included in the Annual Statement Instructions for completing the FIS 0322.

Specific Michigan Instructions

- Section A** **Lines 1a-1b:** **Separate experience for plans eligible for Health Savings Accounts (HSA) from other comprehensive major medical plans, and experience for plans purchased on and off the Health Insurance Marketplace (Healthcare.gov)**
- Line 2a:** **Include Short term and One-Time Limited Duration business as defined in MCL 500.2213b with 6 months or less duration.**
- Line 2b:** **Include Short term and One-Time Limited Duration business as defined in MCL 500.2213b over 6 months duration.**
- Line 10a-10b:** **Separate experience of policies written under the Partnership program (MCL 500.3957) from all other Long-Term Care policies.**
- Line 17a-17c:** **Separate stand-alone Vision and Prescription experience from Other Individual business.**
- Section B** **Lines 1.1a-1.3b:** **As in Section A, provide experience separately for HSA-eligible and non-HSA eligible policies. In addition, separate experience for large groups between employers with 51-100 employees and 101 or greater employees and experience for plans purchased on and off**

the Health Insurance Marketplace (Healthcare.gov).

Lines 2a-2c: List experience separately for Small Group, Large Group 51-100 and Large Group 101+.

Lines 12a-12b: Separate experience of policies written under the Partnership program (MCL 500.3957) from all other Long-Term Care policies.

Line 19a-19c: Separate stand-alone Vision and Prescription experience from Other Group business.

	1 Premiums Earned	2 Incurred Claims Amount	3 Change in Contract Reserves	4 Loss Ratio (2 + 3)/1	5 Number of Policies or Certificates as of Dec. 31	6 Number of Lives Covered as of Dec. 31	7 Member Months
A. INDIVIDUAL BUSINESS							
1a-1 Comprehensive Major Medical (With No HSA) – Purchased ON Marketplace							
1a-2 Comprehensive Major Medical (With No HSA) – Purchased OFF Marketplace							
1b-1. Comprehensive Major Medical (w/HSA) -- Purchased ON Marketplace							
1b-2. Comprehensive Major Medical (w/HSA) -- Purchased OFF Marketplace							
2a. Short Term Medical/1-Time Limited Duration – 6 Months or Less							
2b. Short-Term Medical/1-Time Limited Duration - Over 6 Months							
3. Other Medical (Not comprehensive)							
4. Specified/Named Disease							
5. Limited Benefit							
6. Student							
7. Accident Only or AD&D							
8. Disability Income -Short -Term							
9. Disability Income – Long- Term							
10a. Long Term Care – Partnership							
10b. Long Term Care – Other than Partnership							
11. Medicare Supplement (Medigap)							
12. Dental – Stand Alone							
13. Children’s Health Insurance Program (MiChild)							
14 Medicare Advantage							
15. Medicaid							
16. Medicare Part D – Stand Alone							
17a. Vision							

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17b. Prescription							
17c. Other Coverage – Individual Write-In							
18. Total – Individual							
B. GROUP BUSINESS							
1.1a - 1. Small Employer (2-50) Comprehensive (With No HSA) -- Purchased ON Marketplace							
1.1a - 2. Small Employer (2-50) Comprehensive (With No HSA) -- Purchased OFF Marketplace							
1.1b - 1 Small Employer (2-50) Comprehensive (W/HSA) – Purchased ON Marketplace							
1.1b - 2. Small Employer (2-50) Comprehensive (W/HSA) -- Purchased OFF Marketplace							
1.2a. Large Employer (51 - 100) Comprehensive (With No HSA)							
1.2b Large Employer (51 - 100) Comprehensive (W/HSA)							
1.3a. Large Employer (101+) (With No HSA)							
1.3b Large Employer (101+) (W/HSA)							
2a. Multiple Employer Associations and Trusts – Small Group (2-50)							
2b. Multiple Employer Associations and Trusts – Large Group (51-100)							
2c. Multiple Employer Associations and Trusts Large Group (101 +)							
3. Other Associations and Trusts							
4. Other Comprehensive Major Medical							
4a. Short Term or 1-Time Limited Duration							
5. Other Group							
6. Specified/Named Disease							
7. Limited Benefit and/or Indemnity							
8. Student							
9. Accident Only/AD&D							
10. Disability Income – Short-Term							
11. Disability Income – Long- Term							
12a. Long-Term Care – Partnership							
12b. Long-Term Care – Other than Partnership							
13. Medicare Supplement (Medigap)							
14. Federal Employees Health Benefit Plans							
15. Tricare							
16. Dental							

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17. Medicare						
18. Medicare Part D – Stand Alone						
19a. Vision						
19b. Prescription						
19c. Other Coverage – Group Write-In						
20. Total - Group						
C. Other Business						
1. Credit (Individual and Group)						
2. Stop Loss/Excess Loss						
3. Administrative Services Only	XXX	XXX	XXX	XXX		
4. Administrative Services Contracts	XXX	XXX	XXX	XXX		
5. Total – Other						
D. Grand Total Individual, Group, and Other Business						

<p>Address questions regarding this form to:</p> <p>DIFS- Office of Insurance Rates and Forms Life and Health Section Toll Free: 877-999-6442 Email: DIFS-FIS0322-annualsubmission@michigan.gov</p>	<p>Submit this form ELECTRONICALLY on or before the due date. Detailed instructions for electronic submission will be provided in a separate email to your company's Statutory Statement Contact on or before March 1.</p>
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PART 3: CERTIFICATION

I certify that I have the authority to prepare and file this form, and I verified the Grand Totals in Part 2, Columns 1 and 2, equal amounts reported as Michigan business on the company's annual statement, as shown in Part 1 of this form.

I have examined this form thoroughly, and it is true, complete, and correct to the best of my knowledge and belief.

***** An electronic signature will be captured online.*****

PA 218 of 1956 as amended requires filing by all insurers, HMOs and AFDS. Failure to file properly could result in a compliance action against the company.

