Point of Service

This form is required to be filed by all companies licensed as HMO’s and LHSO’s transacting Point of Service business in the State of Illinois for year-ended 2018, and for future quarters in 2019.

Company Name: ______________________________________

Contact Name: ________________________________________

Contact Phone #: _______________________________________

NAIC Cocode: ____________

Annual/Quarterly Reporting Date: ____________________

Current Date: _______________

POS Projected claims for most recent year-end: _________________________________

POS Actual Claims for current quarter: ___________________________________

POS Actual Claims for current year to date: ______________________________

Total Medical and Hospital Expenses current quarter: ________________________

POS Total Medical and Hospital Expenses current quarter: ____________________

HMO:

**Net Worth Requirements**: (215 ILCS 125/2-4) (d-5) A health maintenance organization that offers a point-of-service product must maintain minimum net worth of not less than:

1. the greater of 300% of the "authorized control level" as defined by Article IIA of the Illinois Insurance Code; or
2. $3,500,000 if the health maintenance organization's annual projected out-of-plan claims are less than $500,000; or
3. $4,500,000 if the health maintenance organization's annual projected out-of-plan claims are equal to or greater than $500,000 but less than $1,000,000; or
4. $6,000,000 if the health maintenance organization's annual projected out-of-plan claims are $1,000,000 or greater.
Statutory Requirements: (215 ILCS 125/2-6) (b) An organization that offers a point-of-service product, as permitted by Article 4.5, must maintain an additional deposit in an amount that is not less than the greater of 125% of the organization's annual projected point-of-service claims or $300,000.

LHSO:

Net Worth Requirements: (215 ILCS 130/2004) (a) A limited health service organization issued a certificate of authority shall have and at all times maintain net worth of not less than the greater of:
(1) $50,000; or
(2) 2% of the organization's annual gross premium income, up to a maximum of $500,000.

...(c) A limited health service organization that has been approved by the Director to offer a POS contract shall have and at all times maintain net worth of not less than the greater of:
(1) $100,000 if the LHSO's expenditures for out-of-plan covered services do not exceed 10% of its total limited health expenditure in any calendar quarter; or
(2) $100,000 plus an additional $10,000 for each percentage point that the LHSO's expenditures for out-of-plan covered services exceeds 10% of its total limited health service expenditure in any calendar quarter up to $200,000; or
(3) the amount set forth in item (2) of subsection (a).

Statutory Requirements: (215 ILCS 130/2006) (b) An LHSO that offers a POS contract shall, in addition to the deposit required by subsection (a), deposit and maintain with the Director cash or securities that are authorized investments under Section 1003 having a fair market value equal to the greater of:
(1) $50,000 if the LHSO's expenditures for out-of-plan covered services do not exceed 10% of its total limited health expenditures in any calendar quarter; or
(2) $100,000 if the LHSO's expenditures for out-of-plan covered services exceeds 10% but are less than 20% of its total limited health services expenditure in any calendar quarter; or
(3) 120% of its current actual monthly out-of-plan covered service claims expense plus incurred but not reported balances for out-of-plan covered services.
(c) The combined deposit amount required in subsections (a) and (b) shall not exceed $200,000.