FILED

AUG 13 2025

INSURANCE REGULATION
Docketed by:

OFFICE OF INSURANCE REGULATION

MICHAEL YAWORSKY
COMMISSIONER

Index: OIR 2025-123

IN THE MATTER OF: CASE NO.: 401761-25-CO

AMERIHEALTH CARITAS FLORIDA, INC.
_____/

CONSENT ORDER

THIS CAUSE came for consideration upon the rate filing of AMERIHEALTH CARITAS FLORIDA, INC. ("AMERIHEALTH CARITAS") with the FLORIDA OFFICE OF INSURANCE REGULATION ("OIR"). Following a complete review of the entire record, and upon consideration thereof, and being otherwise advised in the premises, the OIR finds as follows:

1. The OIR has jurisdiction over the subject matter and the parties herein.

2. AMERIHEALTH CARITAS is a domestic health maintenance organization authorized to transact health insurance in Florida and offers health insurance plans on the Federal Facilitated Marketplace, the federally operated healthcare exchange formed in conjunction with the Patient Protection and Affordable Care Act ("ACA").

3. AMERIHEALTH CARITAS was issued a Certificate of Authority by the OIR on July 9, 2012, and is subject to regulation by the OIR pursuant to the Florida Insurance Code.

4. On or before June 11, 2025, AMERIHEALTH CARITAS submitted a rate filing, Filing ID #25-034124 ("FILING"), to the OIR requesting approval of its ACA product(s) rates for plan year 2026.

5. The OIR approves AMERIHEALTH CARITAS's FILING for plan year 2026.

6. AMERIHEALTH CARITAS agrees that upon this Consent Order's execution through December 31, 2026, AMERIHEALTH CARITAS shall be subject to the following terms and conditions:

a. AMERIHEALTH CARITAS agrees to request and obtain the OIR's prior written approval in advance of AMERIHEALTH CARITAS declaring any dividend or distributing any dividend payments or other assets to its stockholders.

b. AMERIHEALTH CARITAS must provide a distribution or dividend request ("Request") to the OIR at least thirty days prior to any proposed declaration or distribution date, whichever is earlier.

c. AMERIHEALTH CARITAS's Request must include:

i. A detailed explanation as to the planned use of the funds being requested.

ii. Updated proforma financial statements, presented on a monthly basis, through end-of-year 2027.

iii. Such other information as the OIR determines is relevant to its review of the Request.

d. To approve AMERIHEALTH CARITAS's Request, the OIR must determine that the proposed distribution or dividend declaration will not jeopardize the financial condition of AMERIHEALTH CARITAS. In the OIR's determination,

i. The OIR must consider the liquidity, quality, and diversification of AMERIHEALTH CARITAS's assets and the effect of the Request on its ability to meet its obligations.

ii. The OIR must consider the impact of the Request on AMERIHEALTH CARITAS's investment portfolio and investment income.

iii. The OIR must consider the impact of the Request on AMERIHEALTH CARITAS's written premium to surplus ratios, as required by the Florida Insurance Code.

iv. The OIR may consider industrywide financial conditions.

v. The OIR must consider the impact of the Request in relation to AMERIHEALTH CARITAS's prior dividend distributions.

vi. The OIR must consider whether the Request relates exclusively to a "pass-through" dividend from a subsidiary of AMERIHEALTH CARITAS.

e. AMERIHEALTH CARITAS shall provide the OIR with the following data monthly:

i. enrollment data broken down by month, quarter, and plan year, including the total number of primary enrollees and covered lives;

ii. total number of claims received in the month; and

iii. a list of the top-25 ICD 10 codes by frequency and cost.

7. Any prior orders, consent orders, or corrective action plans that AMERIHEALTH CARITAS has entered into with the OIR prior to the execution of this Consent Order shall apply and remain in full force and effect for AMERIHEALTH CARITAS, except where provisions of such orders, consent orders, or corrective action plans have expired; have been superseded by subsequent orders, consent orders, or corrective action plans; or are inconsistent with this Consent Order.

8. Any deadlines, reporting requirements, other provisions, or requirements set forth

in this Consent Order may be altered or terminated by written approval of the OIR. Such approval must be requested in writing prior to any proposed deviation from the terms of this Consent Order.

9. AMERIHEALTH CARITAS affirms that all requirements set forth herein are material to the issuance of this Consent Order.

10. AMERIHEALTH CARITAS expressly waives a hearing in this matter, the making of findings of fact and conclusions of law by the OIR, and all further and other proceedings herein to which it may be entitled by law or rules of the OIR. AMERIHEALTH CARITAS hereby knowingly and voluntarily waive all rights to challenge or to contest this Consent Order in any forum available to it, now or in the future, including the right to any administrative proceeding, state or federal court action, or any appeal.

11. Each party to this action shall bear its own costs and fees.

12. AMERIHEALTH CARITAS agrees that, upon execution of this Consent Order, failure to adhere to one or more of the terms and conditions contained herein may result, without further proceedings, in the OIR suspending, revoking, or taking other administrative action as it deems appropriate upon the Certificate of Authority of AMERIHEALTH CARITAS in this state in accordance with sections 120.569(2)(n) and 120.60(6), Florida Statutes.

(The remainder of the page is intentionally left blank.)

13. The parties agree that this Consent Order shall be deemed to be executed when the OIR has signed a copy of this Consent Order bearing the notarized signatures of the individuals or authorized representatives of AMERIHEALTH CARITAS.

WHEREFORE, the agreement between AMERIHEALTH CARITAS FLORIDA, INC. and the FLORIDA OFFICE OF INSURANCE REGULATION, the terms and conditions of which are set forth above, is APPROVED.

FURTHER, all terms and conditions contained herein are hereby ORDERED.

DONE and ORDERED this 13 day of August, 2025.

Michael Yaworsky, Commissioner
Office of Insurance Regulation

By execution hereof, AMERIHEALTH CARITAS FLORIDA, INC., consents to entry of this Consent Order, agrees without reservation to all of the above terms and conditions and shall be bound by all provisions herein. The undersigned represents that they have the authority to bind AMERIHEALTH CARITAS FLORIDA, INC., to the terms and conditions of this Consent Order.

AMERIHEALTH CARITAS FLORIDA, INC.

By: Kathy C. Warner

[Corporate Seal]

Print Name: Kathy Warner

Title: President

Date: 08/07/2025 02:33 PM EDT

STATE OF Pennsylvania

COUNTY OF Delaware

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☒ online notarization, this 7th day of August 2025, by Kathy C. Warner (name of person)

as President (type of authority; e.g., officer, trustee, attorney in fact) for AmeriHealth Caritas Florida, Inc. (company name)

Commonwealth of Pennsylvania - Notary Seal
JOEL RICKETTS - Notary Public
Delaware County
My Commission Expires June 5, 2029
Commission Number 1249301

Online Notary Public. This notarial act involved the use of online audio/video communication technology. Notarization facilitated by SIGNiX®

Joel Ricketts 08/07/2025 02:37 PM EDT

(Signature of the Notary)

Joel Ricketts

(Print, Type or Stamp Commissioned Name of Notary)

Personally Known X OR Produced Identification _____

Type of Identification Produced _____

My Commission Expires June 5, 2029

COPIES FURNISHED TO:

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