Exhibit A

Proposed Order

At IAS Part 35 of the Supreme Court of the State of New York, County of New York, at the courthouse located at 60 Centre Street, New York City, New York, on the __ day of _____, 2016.

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NEW YORK

----------x	Index No. 450500/2016
In the Matter of the Liquidation of : HEALTH REPUBLIC INSURANCE OF : NEW YORK, CORP. : : ----------x	ORDER APPROVING THE PROCEDURE FOR THE LIQUIDATOR'S ADJUDICATION OF CLAIMS

Maria T. Vullo, Superintendent of Financial Services of the State of New York, as liquidator (the "Liquidator") of Health Republic Insurance of New York, Corp. ("HRINY"), by Scott D. Fischer, Special Deputy Superintendent and agent of the Liquidator, having moved this Court by verified petition dated September 9, 2016 (the "Verified Petition"), for an order approving a procedure (the "Claims Adjudication Procedure") for judicial review of the Liquidator's adjudication of claims for payment under insurance policies issued by HRINY (collectively, "Policy Claims") made in this proceeding, and it appearing from the Verified Petition that the Claims Adjudication Procedure will best serve the interests of HRINY, the holders of Policy Claims, and all other interested persons, and that it should be approved and implemented;

NOW, based upon the application of the Liquidator, it is hereby ordered that:

1. The Claims Adjudication Procedure is approved.

2. This Court finds that the Claims Adjudication Procedure is required for the orderly administration of the HRINY estate. The Claims Adjudication Procedure will enable the Liquidator to seek allowance or disallowance of Policy Claims on an ongoing basis while offering due process to claimants who object to her recommendations.

3. The Claims Adjudication Procedure is as follows:

a. The Claims Adjudication Procedure shall apply to Policy Claims of persons who were covered by an insurance policy issued by HRINY ("Members") and health care professionals, providers and facilities that provided health care services to Members ("Providers").

b. The Claims Adjudication Procedure shall not apply to any claims other than the Policy Claims referenced in paragraph 3(a) above, and the Liquidator is authorized in her discretion to continue to refrain from adjudicating claims other than claims for actual and necessary expenses and costs incurred by the Liquidator in the administration of this liquidation proceeding and Policy Claims.

c. To the extent anything contained herein is inconsistent with the contracts and policies governing Policy Claims, the Claims Adjudication Procedure shall govern.

d. The explanation of benefits/allowance ("EOB") for Members and Providers substantially in the form attached hereto as Exhibit "1" is approved;

e. The EOB shall serve as a "Notice of Determination" for each Policy Claim. The EOB shall be referred to below as the "Notice of Determination." Service shall be made by email or first class mail pursuant to paragraph "h" below. The Notice of Determination shall advise each claimant that:

i. The Liquidator has examined the claim and the amount, if any, which the Liquidator has recommended for allowance;

ii. In the event that the amount recommended for allowance is zero, that the Liquidator has recommended the claim for disallowance and the reason therefor.

f. The Liquidator shall send Notices of Determination on a rolling basis. The Notice of Determination will allocate charges for rendered services between HRINY, the Provider, and the Member, as applicable.

g. To the extent a Provider or Member disputes a determination contained in the Notice of Determination, the Provider or Member shall have 60 days from the date the Notice of Determination is sent to submit any appeal of a Notice of Determination via the online portal located at www.healthrepublicny.org or via hard copy to be submitted to Health Republic Insurance of New York Case Administration c/o GCG, P.O. Box 10266, Dublin, OH 43017-5766. Providers and Members will be directed to submit all relevant information supporting their appeal at that time. A Provider's or Member's appeal must include any and all determinations set forth in the Notice of Determination that such Member or Provider wishes to dispute by the deadline, or be forever barred from disputing those determinations. If a Provider or Member requires more time to submit their appeal, they may submit a written request to the Liquidator setting forth good cause to extend the deadline. If the Liquidator and the Provider or Member, as applicable, are unable to agree to an extension of time within 30 days of the Liquidator's receipt of such request, or such longer time as both the Liquidator and the Provider or Member agree, the Provider or Member may seek relief from the Court.

h. Notices of Determination and all other correspondence pursuant to this Order shall be made to the email address or physical address of each claimant as reflected in HRINY's records, unless superseded by a new email or physical address provided by a Member, Provider, or authorized representative via the online portal located at www.healthrepublicny.org. If any Notice of Determination or other mail is returned as undeliverable, the Liquidator shall use commercially reasonable efforts to determine the current address of the Provider or Member.

i. The Liquidator or her agents shall review each appeal and, within 60 days of receipt of the appeal, shall either grant the appeal and issue a revised Notice of Determination or deny the appeal, and provide the reasons for the denial.

j. In the event the Liquidator or her agents deny the appeal, the Provider and/or Member shall have 30 days from the date the notice of denial is sent to file an objection to the denial of the appeal. All such objections must be submitted via the online portal located at www.healthrepublicny.org or via hard copy to be submitted to Health Republic Insurance of New York Case Administration c/o GCG, P.O. Box 10266, Dublin, OH 43017-5766.

k. In the event an objection to the denial of an appeal of a Notice of Determination is filed, the Liquidator may, in her sole discretion, direct any such Policy Claims to mediation. Such direction must be made no more than 60 days after the Liquidator's receipt of the Provider's or Member's objection to the denial of an appeal; *provided*, that the Liquidator shall have the right, in her sole discretion, to extend said time period for an additional 15 days without approval of the Court, and *provided further*, that the Liquidator shall retain the right to apply to the Court at any subsequent time for further extensions. Upon the Liquidator's direction, the holders of such claims will be required to attend mediation with the Liquidator and her agents. The mediator will rely upon the documentation submitted in connection with the appeal, and will not review any additional materials.

l. Any unresolved objection to the denial of an appeal of a Notice of Determination will be referred to a referee or healthcare qualified claim examiner appointed by separate order of this Court. The Liquidator will have discretion to determine whether an unresolved objection is suitable for referral to a referee or healthcare qualified claim examiner. Such referral must be made within the later of (i) 60 days after the Liquidator's receipt of the Provider's or Member's objection to the denial of an appeal or (ii) 30 days after the completion of any unsuccessful mediation; *provided*, that the Liquidator shall have the right, in her sole discretion, to extend said time period for an additional 30 days without approval of the Court, and *provided further*, that the Liquidator shall retain the right to apply to the Court at any subsequent time for further extensions. A referee will review the objection on the disputed Notice of Determination for appeals that did not include a disputed determination of medical necessity and will issue a final determination upon consent of the parties or report to this Court his or her recommendation on the objection. To the extent an appeal implicates a medical necessity determination, those appeals will be determined by a healthcare qualified claims examiner, and will be submitted to the Court for approval unless the parties consent to a final determination. The referee or healthcare qualified claims examiner, as applicable, will base his or her review upon the materials submitted in connection with the appeal, and will not consider any additional documentation as part of the review.

m. Within 30 days of the referee's or healthcare qualified claims examiner's report and recommendation on a disputed Notice of Determination (a "Disputed Recommendation Claim"), a hearing shall be scheduled by the Liquidator, in her sole discretion, to finally determine the amount of the Disputed Resolution Claim.

n. The Liquidator shall, consistent with Insurance Law Section 7433, on a periodic basis, prepare for the Court a list of Policy Claims that have been examined or otherwise resolved by mutual consent of the parties in that period, and which sets forth the claimant's name, last known address, and the amount, if any, recommended for allowance (the "Policy Claim List"). The Policy Claim List will be filed under seal with the Court; however, those Members and Providers with Policy Claims that have been included on the Policy Claim List will be notified by email or first class mail and will be able to securely review the disposition of their Policy Claim on HRINY's website located at www.healthrepublicny.org.

o. The Policy Claim List shall reflect the disposition of (i) Policy Claims for which no appeal was initiated within the timeframe set forth in the Claims Adjudication Procedure; (ii) Policy Claims for which no objection was filed within the timeframe set forth in the Claims Adjudication Procedure disputing the Liquidator's determination of an appeal; (iii) Policy Claims as to which the Provider/Member and the Liquidator have reached a settlement or resolution; (iv) Policy Claims as to which a referee or healthcare qualified claims examiner has reached a final and binding recommendation with the consent of both the Provider/Member and the Liquidator; and (v) Disputed Recommendation Claims, once resolved by order of the Court.

p. Policy Claims will be fully and finally determined by the Court in the amounts set forth on the Policy Claim List.

q. Nothing herein shall preclude the Liquidator or her agents from settling or otherwise resolving any Policy Claim by mutual consent of the parties at any time. The Liquidator shall have the right to amend or revise the Claims Adjudication Procedure at any time, in her sole discretion as necessary to promote the orderly and efficient administration of HRINY's estate; provided, however, that any material modifications to the Claims Adjudication Procedure shall be approved by the Court.

r. The claims process maps attached to the Verified Petition as Exhibit C provide an accurate description of the Claims Adjudication Procedure for Members and Providers and are hereby approved.

ENTER

_____

J.S.C.