

AMENDED EXPLANATION COVER

Reasons for Amended Filing:

1. During the audit of the 2014 statutory basis financial statements, necessary adjustments pertaining to certain risk sharing agreements were discovered related to the 2014 Annual Statement previously filed by the Company with the ODI. These adjustments resulted in an increase in revenue of \$10,019,425 and an increase in medical expense of \$10,019,425. There was no effect on net income or surplus as reported in the previously filed Annual Statement.
2. In the original filing of the Annual Statement, all schedules related to premium revenue and uncollected premiums and agents' balances in the course of collection did not tie. All supporting schedules in the Annual Statement that were affected have now been corrected.



ANNUAL STATEMENT
FOR THE YEAR ENDED DECEMBER 31, 2014
OF THE CONDITION AND AFFAIRS OF THE

Mount Carmel Health Plan, Inc

NAIC Group Code 2838, 2838 NAIC Company Code 95655 Employer's ID Number 31-1471229
(Current Period) (Prior Period)

Organized under the Laws of Ohio, State of Domicile or Port of Entry Ohio

Country of Domicile US

Licensed as business type:

Life, Accident and Health [] Property/Casualty [] Hospital, Medical and Dental Service or Indemnity []
Dental Service Corporation [] Vision Service Corporation [] Other []
Health Maintenance Organization [X] Is HMO Federally Qualified? Yes () No (X)

Incorporated/Organized August 6, 1996 Commenced Business April 1, 1997

Statutory Home Office 6150 East Broad Street, EE320, Columbus, Ohio, US 43213
(Street and Number, City or Town, State, Country and Zip Code)

Main Administrative Office 6150 East Broad Street, EE320, Columbus, Ohio 43213 (614) 546-3211
(Street and Number, City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 6150 East Broad Street, EE320, Columbus, Ohio 43213
(Street and Number or P. O. Box, City or Town, State, Country and Zip Code)

Primary Location of Books and Records 6150 East Broad Street, EE320, Columbus, Ohio 43213
(Street and Number, City or Town, State, Country and Zip Code)
(614) 546-3211
(Area Code) (Telephone Number)

Internet Website Address www.medigold.com

Statutory Statement Contact Robert S. Watson (614) 546-3211
(Name) (Area Code) (Telephone Number) (Extension)
robert.watson@mchs.com
(E-Mail Address) (Fax Number)

OFFICERS

Keith Coleman (Chairperson) Hugh Jones (Treasurer)
Sister Barbara Hahl (Secretary) Robert Paskowski (President and Chief Executive Officer)

OTHER OFFICERS

DIRECTORS OR TRUSTEES

Robert Paskowski
Claus von Zychlin
Daniel Wendorff, MD
Robert Griffith, MD
Keith Coleman
Hugh Jones
Sister Barbara Hahl

State of Ohio }
County of Franklin } SS

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. . Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Keith Coleman Robert Paskowski Hugh Jones
Chairperson President and Chief Executive Officer Treasurer

Subscribed and sworn to before me this 22nd day of June, 2015
a. Is this an original filing? Yes () No (X)
b. If no: 1. State the amendment number 1
2. Date filed June 22, 2015
3. Number of pages attached 32

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0299998 - Premiums due and unpaid not individually listed	10,330,271					10,330,271
0299999 - TOTAL - Group	10,330,271					10,330,271
0599999 - Accident and health premiums due and unpaid (Page 2, Line 15)	10,330,271					10,330,271

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Mount Carmel Health Plan , Inc

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups						
2. Intermediaries						
3. All other providers						
4. Total capitation payments						
Other Payments:						
5. Fee-for-service	38,124,117	8.889	X X X	X X X		38,124,117
6. Contractual fee payments	390,778,774	91.111	X X X	X X X	100,284,892	290,493,882
7. Bonus/withhold arrangements - fee-for-service			X X X	X X X		
8. Bonus/withhold arrangements - contractual fee payments			X X X	X X X		
9. Non-contingent salaries			X X X	X X X		
10. Aggregate cost arrangements			X X X	X X X		
11. All other payments			X X X	X X X		
12. Total other payments	428,902,891	100.000	X X X	X X X	100,284,892	328,617,999
13. Total (Line 4 plus Line 12)	428,902,891	100%	X X X	X X X	100,284,892	328,617,999

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
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NONE



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Mount Carmel Health Plan , Inc

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Mount Carmel Health Plan , Inc

2. Ohio

(LOCATION)

NAIC Group Code: 2838

NAIC Company Code: 95655

BUSINESS IN THE STATE OF OHIO DURING THE YEAR 2014

	1	Comprehensive (Hospital and Medical)		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	37,769							37,769		
2. First Quarter	45,746							45,746		
3. Second Quarter	45,775							45,775		
4. Third Quarter	45,879							45,879		
5. Current Year	45,901							45,901		
6. Current Year Member Months	549,475							549,475		
Total Member Ambulatory Encounters for Year:										
7. Physician	86,858							86,858		
8. Non-Physician	278,295							278,295		
9. Total	365,153							365,153		
10. Hospital Patient Days Incurred	108,166							108,166		
11. Number of Inpatient Admissions	9,140							9,140		
12. Health Premiums Written (b)	483,221,661							483,221,661		
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	470,095,845							470,095,845		
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	428,902,891							428,902,891		
18. Amount Incurred for Provision of Health Care Services	435,607,785							435,607,785		

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 483,221,661 .



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2. Ohio

(LOCATION)

NAIC Group Code: 2838

NAIC Company Code: 95655

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR 2014

	1	Comprehensive (Hospital and Medical)		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
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