

Amended Explanation Page

SummaCare, Inc.  
Amended Cover Page  
12/31/17

SummaCare, Inc. has amended the 12/31/17 Annual Statement to reflect changes to hospital / medical benefits and claims unpaid as recommended by the Company’s audit firm, RSM US LLP. Additionally, the Company has reclassified an investment from Bonds to Health Care and Other Amounts Receivable at the recommendation of RSM US LLP. The financial statement changes are as follows:

- Assets:
- Line 1, Bonds decreased by \$1,000,000.
  - Line 2.2, Common stocks decreased by \$1,053,901
  - Line 24, Health care and other amounts receivable increased by \$1,000,000.
  - Line 18.1, Federal income taxes recoverable decreased by \$46,099.

- Liabilities:
- Line 1, Claims unpaid decreased by \$1,100,000.

- Statement of Revenues and Expenses:
- Line 9, Hospital / Medical benefits decreased by \$1,100,000.
  - Line 31, Federal taxes incurred increased by \$46,099.

The Annual Statement pages affected by these changes were:

2	15	37	E10
3	17	42	E12
4	19	SI01	E14
5	20	SI03	E16
7	21	SI04	SAO
9	26	SI05	
10	27	SI07	
11	29	SI08	
12	30	SI09	



ANNUAL STATEMENT  
For the Year Ending DECEMBER 31, 2017  
OF THE CONDITION AND AFFAIRS OF THE  
SummaCare, Inc.

NAIC Group Code	3259 (Current Period)	3259 (Prior Period)	NAIC Company Code	95202	Employer's ID Number	34-1726655
Organized under the Laws of	Ohio		State of Domicile or Port of Entry	OH		
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health[ ] Dental Service Corporation[ ] Other[ ]		Property/Casualty[ ] Vision Service Corporation[ ] Is HMO Federally Qualified? Yes[ ] No[ ] N/A[X]		Hospital, Medical & Dental Service or Indemnity[ ] Health Maintenance Organization[X]	
Incorporated/Organized	10/23/1992		Commenced Business	03/01/1993		
Statutory Home Office	10 North Main Street (Street and Number)		Akron, OH, 44308 (City or Town, State, Country and Zip Code)			
Main Administrative Office	Akron, OH, 44308 (City or Town, State, Country and Zip Code)		10 North Main Street (Street and Number)		(330)996-8410 (Area Code) (Telephone Number)	
Mail Address	P.O. Box 3620 (Street and Number or P.O. Box)		Akron, OH, 44309-3620 (City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	Akron, OH, 44308 (City or Town, State, Country and Zip Code)		10 North Main Street (Street and Number)		(330)996-8410 (Area Code) (Telephone Number)	
Internet Website Address	SummmaCare.com					
Statutory Statement Contact	Roy Douglas Hall (Name)		(330)996-8981 (Area Code)(Telephone Number)(Extension)			
	hallroy@summahealth.org (E-Mail Address)					
			(Fax Number)			

OFFICERS

Name	Title
Kathleen Tirbovich Geier	Chair
Robert Andrew Gerberry	Secretary
Dennis Dale Pijor	President #
Michael Anthony O'Neill	Assistant Treasurer #

OTHERS

Anne Armao, VP - Marketing & Medicare  
Stephen Adamson, VP, Chief Operations Officer  
Kevin Cavalier, VP - Sales  
Michael O'Neill, Chief Financial Officer #  
Charles Zonfa M.D., Chief Medical Officer

DIRECTORS OR TRUSTEES

Lydia Alexander Cook M.D.  
Rajiv Vishnu Taliwal M.D.  
Benjamin Paul Sutton  
Russell Floyd Mohawk  
Thomas Clifford Deveny M.D. #  
Robert Jeffrey Copeland #  
Kathleen Tirbovich Geier  
James Ross Mclvaine  
Henry Leigh Gerstenberger  
Caroline Fisher Pearson  
Dennis Dale Pijor #

State of Ohio  
County of Summit ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of the 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.

(Signature)	(Signature)	(Signature)
Dennis Dale Pijor	Michael Anthony O'Neill	Stephen Michael Adamson
(Printed Name)	(Printed Name)	(Printed Name)
1.	2.	3.
President	Chief Financial Officer	Vice President, Chief Operations Officer
(Title)	(Title)	(Title)

Subscribed and sworn to before me this 23rd day of March, 2018  
a. Is this an original filing? Yes[ ] No[X]  
b. If no, 1. State the amendment number 1  
2. Date filed 03/23/2018  
3. Number of pages attached

(Notary Public Signature)

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
<b>Pharmaceutical Rebate Receivables</b>						
Medimpact .....	1,481,462			1,882,336	1,882,336	1,481,462
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed .....						
0199999 Subtotal - Pharmaceutical Rebate Receivables .....	1,481,462			1,882,336	1,882,336	1,481,462
0299998 Claim Overpayment Receivables - Not Individually Listed .....						
0299999 Subtotal - Claim Overpayment Receivables .....						
0399998 Loans and Advances to Providers - Not Individually Listed .....						
0399999 Subtotal - Loans and Advances to Providers .....						
<b>Capitation Arrangements Receivables</b>						
CMS revenue due from membership true-up .....	40,172					40,172
0499998 Capitation Arrangement Receivables - Not Individually Listed .....						
0499999 Subtotal - Capitation Arrangement Receivables .....	40,172					40,172
<b>Risk Sharing Receivables</b>						
Medicare gap receivables due from pharmaceutical companies .....	863,512					863,512
0599998 Risk Sharing Receivables - Not Individually Listed .....						
0599999 Subtotal - Risk Sharing Receivables .....	863,512					863,512
<b>Other Receivables</b>						
University Hospitals Marketing and Sales Expenses .....	448,809					448,809
IRG Rent Subsidy .....	87,538					87,538
U.S. Treasury Note .....	1,000,000					1,000,000
0699998 Other Receivables - Not Individually Listed .....						
0699999 Subtotal - Other Receivables .....	1,536,347					1,536,347
0799999 Gross health care receivables .....	3,921,493			1,882,336	1,882,336	3,921,493

EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
Type of Health Care Receivable						
1. Pharmaceutical rebate receivables .....	2,513,006	2,549,026		3,363,798	2,513,006	2,836,268
2. Claim overpayment receivables .....						71,507
3. Loans and advances to providers .....						
4. Capitation arrangement receivables .....	31,520			40,172	31,520	31,520
5. Risk sharing receivables .....	1,163,598	1,430,072		863,512	1,163,598	1,163,598
6. Other health care receivables .....				1,536,347		
7. TOTALS (Lines 1 through 6) .....	3,708,124	3,979,098		5,803,829	3,708,124	4,102,893

Note that the accrued amounts in Columns 3, 4, and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)  
Aging Analysis of Unpaid Claims

1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
0299999 Aggregate Accounts Not Individually Listed - Uncovered .....						
0399999 Aggregate Accounts Not Individually Listed - Covered .....	15,230,407	2,917,000	1,558,000	790,000	1,590,000	22,085,407
0499999 Subtotals .....	15,230,407	2,917,000	1,558,000	790,000	1,590,000	22,085,407
0599999 Unreported claims and other claim reserves .....						
0699999 TOTAL Amounts Withheld .....						
0799999 TOTAL Claims Unpaid .....						22,085,407
0899999 Accrued Medical Incentive Pool and Bonus Amounts .....						927,900



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: SummaCare, Inc. 2. LOCATION: BUSINESS IN THE STATE OF OHIO DURING THE YEAR NAIC Group Code 3259 NAIC Company Code 95202

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
TOTAL Members at end of:										
1. Prior Year	23,714							23,714		
2. First Quarter	24,598							24,598		
3. Second Quarter	24,413							24,413		
4. Third Quarter	24,219							24,219		
5. Current Year	23,959							23,959		
6. Current Year Member Months	291,871							291,871		
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	112,155							112,155		
8. Non-Physician	167,402							167,402		
9. TOTAL	279,557							279,557		
10. Hospital Patient Days Incurred	502,210							502,210		
11. Number of Inpatient Admissions	9,036							9,036		
12. Health Premiums Written (b)	245,957,400							245,957,400		
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	245,957,400							245,957,400		
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	229,675,636							229,675,636		
18. Amount Incurred for Provision of Health Care Services	228,173,664							228,173,664		

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0.  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....245,957,400



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: SummaCare, Inc. 2. LOCATION:  
BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR  
NAIC Group Code 3259 NAIC Company Code 95202

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
TOTAL Members at end of:										
1. Prior Year	23,714							23,714		
2. First Quarter	24,598							24,598		
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(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....245,957,400

30 Grand Total

SCHEDULE S - PART 7  
Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	66,252,787		66,252,787
2. Accident and health premiums due and unpaid (Line 15) .....	3,686,106		3,686,106
3. Amounts recoverable from reinsurers (Line 16.1) .....			
4. Net credit for ceded reinsurance .....	X X X		
5. All other admitted assets (Balance) .....	5,355,022		5,355,022
6. TOTAL Assets (Line 28) .....	75,293,915		75,293,915
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1) .....	22,085,407		22,085,407
8. Accrued medical incentive pool and bonus payments (Line 2) .....	927,900		927,900
9. Premiums received in advance (Line 8) .....	394,978		394,978
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount) .....			
11. Reinsurance in unauthorized companies (Line 20 minus inset amount) .....			
12. Reinsurance with Certified Reinsurers (Line 20 inset amount) .....			
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount) .....			
14. All other liabilities (Balance) .....	15,505,564		15,505,564
15. TOTAL Liabilities (Line 24) .....	38,913,849		38,913,849
16. TOTAL Capital and Surplus (Line 33) .....	36,380,066	X X X	36,380,066
17. TOTAL Liabilities, Capital and Surplus (Line 34) .....	75,293,915		75,293,915
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18. Claims unpaid .....			
19. Accrued medical incentive pool .....			
20. Premiums received in advance .....			
21. Reinsurance recoverable on paid losses .....			
22. Other ceded reinsurance recoverables .....			
23. TOTAL Ceded Reinsurance Recoverables .....			
24. Premiums receivable .....			
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers .....			
26. Unauthorized reinsurance .....			
27. Reinsurance with Certified Reinsurers .....			
28. Funds held under reinsurance treaties with Certified Reinsurers .....			
29. Other ceded reinsurance payables/offsets .....			
30. TOTAL Ceded Reinsurance Payables/Offsets .....			
31. TOTAL Net Credit for Ceded Reinsurance .....			

SCHEDULE Y  
PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/(Disburse- ments) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
10649	34-1809108	SUMMA INS CO INC				(25,010,822)	(15,944,772)				(40,955,594)	
	34-1887844	SUMMA HEALTH NETWORK, LLC					(77,365)				(77,365)	
	34-1961463	APEX BENEFITS SERVICES, LLC					3,220,625				3,220,625	
	34-0714755	AKRON CITY & ST. THOMAS HOSPITALS										
	34-1895396	OHIO HEALTH CHOICE INC										
95202	34-1726655	SUMMACARE INC				(65,679,401)	(16,929,575)				(82,608,976)	
		MIDDLEBURY ASSURANCE COMPANY					23,912				23,912	
	34-1790929	SUMMA PHYSICIANS INC.				10,198,602					10,198,602	
	26-1375072	SUMMA BARBERTON HOSPITAL										
	34-6549371	SUMMA WADSWORTH-RITTMAN HOSPITAL										
	27-3857055	SUMMA ACCOUNTABLE CARE ORGANIZATION				2,661,188					2,661,188	
	46-1145832	SUMMA MANAGEMENT SERVICES ORGANIZATION					26,885,393				26,885,393	
	34-1887844	SUMMA HEALTH SYSTEM				77,830,433	2,821,782				80,652,215	
9999999 Control Totals									X X X			

Schedule Y Part 2 Explanation:

OVERFLOW PAGE FOR WRITE-INS

ASSETS

	Current Year			Prior Year
	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols.1-2)	Net Admitted Assets
1197. Summary of remaining write-ins for Line 11 (Lines 1104 through 1196) .....	.....	.....	.....	.....
2504. Premium Tax Recoverable .....	.....	.....	.....	.....
2597. Summary of remaining write-ins for Line 25 (Lines 2504 through 2596) .....	.....	.....	.....	.....

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1	2	3
	Uncovered	Total	Total
0697. Summary of remaining write-ins for Line 6 (Lines 0604 through 0696) .....	..... X X X .....	.....	.....
0704. Proceeds from the Sale of the Medicaid Product Line .....	..... X X X .....	.....	.....
0797. Summary of remaining write-ins for Line 7 (Lines 0704 through 0796) .....	..... X X X .....	.....	.....
1497. Summary of remaining write-ins for Line 14 (Lines 1404 through 1496) .....	.....	.....	.....
2997. Summary of remaining write-ins for Line 29 (Lines 2904 through 2996) .....	.....	.....	.....