

Quarter two membership was entered in the quarter three row of the premium, enrollment, and utilization page.



HEALTH QUARTERLY STATEMENT
 AS OF JUNE 30, 2020
 OF THE CONDITION AND AFFAIRS OF THE
Bright Health Insurance Company of Ohio, Inc.

NAIC Group Code 4887 4887 NAIC Company Code 16353 Employer's ID Number 37-1873205
 (Current) (Prior)

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

Is HMO Federally Qualified? Yes [] No []

Incorporated/Organized 10/26/2017 Commenced Business 01/01/2019

Statutory Home Office 219 N 2nd St, Suite 401, Minneapolis, MN, US 55401
 (Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 219 N 2nd St, Suite 401
 (Street and Number)
Minneapolis, MN, US 55401, 612-238-1321
 (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 219 N 2nd St, Suite 401, Minneapolis, MN, US 55401
 (Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 219 N 2nd St, Suite 401
 (Street and Number)
Minneapolis, MN, US 55401, 612-238-1321
 (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.brighthouseplan.com

Statutory Statement Contact Marie Theresa Vyvyan, 612-238-1321
 (Name) (Area Code) (Telephone Number)
mvyvyan@brighthouseplan.com, _____
 (E-mail Address) (FAX Number)

OFFICERS

President RaeAnn Grossman # Chief Financial Officer Kara Rios #
 Secretary George Lyford # Chief Executive Officer Simeon Schindelman #

OTHER

Tomas David Valdivia M.D., Chief Medical Officer

DIRECTORS OR TRUSTEES

Simeon Schindelman # Nicolas Alvin Christianson # Keith Nelsen #

State of Minnesota SS:
 County of Hennepin

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.

 Simeon Schindelman
 Chief Executive Officer

 Kara Rios
 Chief Financial Officer

 George Lyford
 Secretary

Subscribed and sworn to before me this _____ day of _____

a. Is this an original filing? Yes [] No [X]
 b. If no,
 1. State the amendment number 1
 2. Date filed 10/19/2020
 3. Number of pages attached 1

STATEMENT AS OF JUNE 30, 2020 OF THE Bright Health Insurance Company of Ohio, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	413	0	0	0	0	0	0	413	0	0
2. First Quarter	657	0	0	0	0	0	0	657	0	0
3. Second Quarter	656	0	0	0	0	0	0	656	0	0
4. Third Quarter	0	0	0	0	0	0	0	0	0	0
5. Current Year	0	0	0	0	0	0	0	0	0	0
6. Current Year Member Months	3,916	0	0	0	0	0	0	3,916	0	0
Total Member Ambulatory Encounters for Period:										
7. Physician	1,510	0	0	0	0	0	0	1,510	0	0
8. Non-Physician	584	0	0	0	0	0	0	584	0	0
9. Total	2,094	0	0	0	0	0	0	2,094	0	0
10. Hospital Patient Days Incurred	250	0	0	0	0	0	0	250	0	0
11. Number of Inpatient Admissions	45	0	0	0	0	0	0	45	0	0
12. Health Premiums Written (a)	3,287,138	0	0	0	0	0	0	3,287,138	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	3,297,879	0	0	0	0	0	0	3,297,879	0	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services.....	2,016,840	0	0	0	0	0	0	2,016,840	0	0
18. Amount Incurred for Provision of Health Care Services	2,446,750	0	0	0	0	0	0	2,446,750	0	0

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$3,287,138