

Correction of P7 Col 8



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2021
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 300 E Business Way, Suite 220, Cincinnati, OH, US 45241
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 8000 Norman Center Dr, Suite 1200
(Street and Number)
Minneapolis, MN, US 55437, 612-238-1321
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 8000 Norman Center Dr, Suite 1200, Minneapolis, MN, US 55437
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 8000 Norman Center Dr, Suite 1200
(Street and Number)
Minneapolis, MN, US 55437, 612-238-1321
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.brighthealthcare.com

Statutory Statement Contact Chelsea Marie McGee, 605-216-2433
(Name) (Area Code) (Telephone Number)
cmcgee@brighthealthgroup.com, (E-mail Address) (FAX Number)

OFFICERS

Chief Executive Officer and
President Simeon Schindelman Chief Financial Officer Kara Rios
Secretary George Lyford Chief Medical Officer Tomas Valdivia M.D.

OTHER

DIRECTORS OR TRUSTEES

Simeon Schindelman Nicolas Alvin Christianson Keith Nelsen

State of _____ SS _____
County of _____

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 05/18/2022
3. Number of pages attached..... 1

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Bright Health Insurance Company of Ohio, Inc.

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Net premium income	6,340,639	0	0	0	0	0	6,340,639	0	0	0
2. Change in unearned premium reserves and reserve for rate credit	(1,295,398)	0	0	0	0	0	(1,295,398)	0	0	0
3. Fee-for-service (net of \$ medical expenses)	0	0	0	0	0	0	0	0	0	XXX
4. Risk revenue	0	0	0	0	0	0	0	0	0	XXX
5. Aggregate write-ins for other health care related revenues	0	0	0	0	0	0	0	0	0	XXX
6. Aggregate write-ins for other non-health care related revenues	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
7. Total revenues (Lines 1 to 6)	5,045,241	0	0	0	0	0	5,045,241	0	0	0
8. Hospital/medical benefits	4,886,951	0	0	0	0	0	4,886,951	0	0	XXX
9. Other professional services	85,045	0	0	0	0	0	85,045	0	0	XXX
10. Outside referrals	0	0	0	0	0	0	0	0	0	XXX
11. Emergency room and out-of-area	0	0	0	0	0	0	0	0	0	XXX
12. Prescription drugs	685,456	0	0	0	0	0	685,456	0	0	XXX
13. Aggregate write-ins for other hospital and medical	0	0	0	0	0	0	0	0	0	XXX
14. Incentive pool, withhold adjustments and bonus amounts	43,968	0	0	0	0	0	43,968	0	0	XXX
15. Subtotal (Lines 8 to 14)	5,701,420	0	0	0	0	0	5,701,420	0	0	XXX
16. Net reinsurance recoveries	(12,012)	0	0	0	0	0	(12,012)	0	0	XXX
17. Total medical and hospital (Lines 15 minus 16)	5,713,432	0	0	0	0	0	5,713,432	0	0	XXX
18. Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
19. Claims adjustment expenses including \$44,982 cost containment expenses	204,178	0	0	0	0	0	204,178	0	0	0
20. General administrative expenses	1,445,563	0	0	0	0	0	1,445,563	0	0	0
21. Increase in reserves for accident and health contracts	(1,611,466)	0	0	0	0	0	(1,611,466)	0	0	XXX
22. Increase in reserves for life contracts	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
23. Total underwriting deductions (Lines 17 to 22)	5,751,707	0	0	0	0	0	5,751,707	0	0	0
24. Total underwriting gain or (loss) (Line 7 minus Line 23)	(706,466)	0	0	0	0	0	(706,466)	0	0	0
DETAILS OF WRITE-INS										
0501.										XXX
0502.										XXX
0503.										XXX
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0	XXX
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0	XXX
0601.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301.										XXX
1302.										XXX
1303.										XXX
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0	0	0	0	0	XXX
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0	0	0	0	XXX