



# ANNUAL STATEMENT

## For the Year Ending DECEMBER 31, 2021

### OF THE CONDITION AND AFFAIRS OF THE

# OhioHealthy Insurance Company

NAIC Group Code 5005 , 0000 NAIC Company Code 17028 Employer's ID Number 85-3626444  
(Current Period) (Prior Period)

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

Country of Domicile United States

Licensed as business type: Life, Accident & Health[X] Property/Casualty[ ] Hospital, Medical & Dental Service or Indemnity[ ]  
 Dental Service Corporation[ ] Vision Service Corporation[ ] Health Maintenance Organization[ ]  
 Other[ ] Is HMO Federally Qualified? Yes[ ] No[ ] N/A[X]

Incorporated/Organized 10/19/2020 Commenced Business 04/12/2021

Statutory Home Office 3430 OhioHealth Parkway , Columbus, OH, US 43202  
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 3430 OhioHealth Parkway  
(Street and Number)  
Columbus, OH, US 43202 (380)210-2311  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 3430 OhioHealth Parkway , Columbus, OH, US 43202  
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 3430 OhioHealth Parkway  
(Street and Number)  
Columbus, OH, US 43202 (380)210-2311  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.ohiohealthyplans.com

Statutory Statement Contact Jeffrey C Snyder (757)252-8023  
(Name) (Area Code)(Telephone Number)(Extension)  
jcsnyder@sentara.com (757)252-8030  
(E-Mail Address) (Fax Number)

### OFFICERS

Name	Title
Stephen Cindrich	President
Jeffrey Snyder	Chief Financial Officer
Jeffrey Smith	Controller
Clint Koenig	Medical Director

### OTHERS

### DIRECTORS OR TRUSTEES

Stephen Markovich	Michael Browning
Carrie Harris-Mueller	Robert Broermann
James Hilbert	Dennis Matheis

State of \_\_\_\_\_  
 County of \_\_\_\_\_ 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.



(Signature)

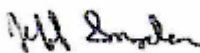
Stephen Cindrich

(Printed Name)

1.

President

(Title)



(Signature)

Jeffrey Snyder

(Printed Name)

2.

Chief Financial Officer

(Title)



(Signature)

Jeffrey Smith

(Printed Name)

3.

Controller

(Title)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2022

- a. Is this an original filing? \_\_\_\_\_  
 b. If no: 1. State the amendment number \_\_\_\_\_  
 2. Date filed \_\_\_\_\_  
 3. Number of pages attached \_\_\_\_\_

Yes[X] No[ ]

\_\_\_\_\_  
 (Notary Public Signature)

16 Exhibit of Nonadmitted Assets .....	NONE
17 Exhibit 1 - Enrollment By Product Type .....	NONE
18 Exhibit 2 - Accident and Health Premiums .....	NONE
19 Exhibit 3 - Health Care Receivables .....	NONE
20 Exhibit 3A - Analysis of Health Care Receivables Collected and Accrued .....	NONE
21 Exhibit 4 - Claims Unpaid .....	NONE
22 Exhibit 5 - Amounts Due From Parent .....	NONE
23 Exhibit 6 - Amounts Due to Parent .....	NONE
24 Exhibit 7 - Pt 1 - Summary Trans. With Prov .....	NONE
24 Exhibit 7 - Pt 2 - Summary Trans. With Interm .....	NONE
25 Exhibit 8 - Furniture and Equipment Owned .....	NONE



## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION:      2. LOCATION:  
 BUSINESS IN THE STATE OF OHIO DURING THE YEAR

NAIC Group Code 5005

NAIC Company Code 17028

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
<b>TOTAL Members at end of:</b>										
1. Prior Year .....										
2. First Quarter .....										
3. Second Quarter .....										
4. Third Quarter .....										
5. Current Year .....										
6. Current Year Member Months .....										
<b>TOTAL Member Ambulatory Encounters for Year:</b>										
7. Physician .....										
8. Non-Physician .....										
9. TOTAL .....										
10. Hospital Patient Days Incurred .....										
11. Number of Inpatient Admissions .....										
12. Health Premiums Written (b) .....										
13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....										
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....										
18. Amount Incurred for Provision of Health Care Services .....										

NONE

(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 \$.....0



## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION:      2. LOCATION:

NAIC Group Code 5005

BUSINESS IN THE STATE OF **GRAND TOTAL** DURING THE YEAR

NAIC Company Code 17028

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
<b>TOTAL Members at end of:</b>										
1. Prior Year .....										
2. First Quarter .....										
3. Second Quarter .....										
4. Third Quarter .....										
5. Current Year .....										
6. Current Year Member Months .....										
<b>TOTAL Member Ambulatory Encounters for Year:</b>										
7. Physician .....										
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9. TOTAL .....										
10. Hospital Patient Days Incurred .....										
11. Number of Inpatient Admissions .....										
12. Health Premiums Written (b) .....										
13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....										
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....										
18. Amount Incurred for Provision of Health Care Services .....										

NONE

30 Grand Total

(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 \$.....0

31 Schedule S - Part 1 - Section 2 ..... NONE

32 Schedule S - Part 2 ..... NONE

33 Schedule S - Part 3 - Section 2 ..... NONE

34 Schedule S - Part 4 ..... NONE

35 Schedule S - Part 5 ..... NONE

36 Schedule S - Part 6 ..... NONE

## 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) .....	2,599,372		2,599,372
2. Accident and health premiums due and unpaid (Line 15) .....			
3. Amounts recoverable from reinsurers (Line 16.1) .....			
4. Net credit for ceded reinsurance .....	X X X		
5. All other admitted assets (Balance) .....			
6. TOTAL Assets (Line 28) .....	2,599,372		2,599,372
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1) .....			
8. Accrued medical incentive pool and bonus payments (Line 2) .....			
9. Premiums received in advance (Line 8) .....			
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) .....	1,053		1,053
15. TOTAL Liabilities (Line 24) .....	1,053		1,053
16. TOTAL Capital and Surplus (Line 33) .....	2,598,319	X X X	2,598,319
17. TOTAL Liabilities, Capital and Surplus (Line 34) .....	2,599,372		2,599,372
<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 T - PART 2**  
**INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN**  
**ALLOCATED BY STATES AND TERRITORIES**

Direct Business only						
States, Etc.	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama (AL)						
2. Alaska (AK)						
3. Arizona (AZ)						
4. Arkansas (AR)						
5. California (CA)						
6. Colorado (CO)						
7. Connecticut (CT)						
8. Delaware (DE)						
9. District of Columbia (DC)						
10. Florida (FL)						
11. Georgia (GA)						
12. Hawaii (HI)						
13. Idaho (ID)						
14. Illinois (IL)						
15. Indiana (IN)						
16. Iowa (IA)						
17. Kansas (KS)						
18. Kentucky (KY)						
19. Louisiana (LA)						
20. Maine (ME)						
21. Maryland (MD)						
22. Massachusetts (MA)						
23. Michigan (MI)						
24. Minnesota (MN)						
25. Mississippi (MS)						
26. Missouri (MO)						
27. Montana (MT)						
28. Nebraska (NE)						
29. Nevada (NV)						
30. New Hampshire (NH)						
31. New Jersey (NJ)						
32. New Mexico (NM)						
33. New York (NY)						
34. North Carolina (NC)						
35. North Dakota (ND)						
36. Ohio (OH)						
37. Oklahoma (OK)						
38. Oregon (OR)						
39. Pennsylvania (PA)						
40. Rhode Island (RI)						
41. South Carolina (SC)						
42. South Dakota (SD)						
43. Tennessee (TN)						
44. Texas (TX)						
45. Utah (UT)						
46. Vermont (VT)						
47. Virginia (VA)						
48. Washington (WA)						
49. West Virginia (WV)						
50. Wisconsin (WI)						
51. Wyoming (WY)						
52. American Samoa (AS)						
53. Guam (GU)						
54. Puerto Rico (PR)						
55. U.S. Virgin Islands (VI)						
56. Northern Mariana Islands (MP)						
57. Canada (CAN)						
58. Aggregate other alien (OT)						
59. TOTALS						

**NONE**

## SCHEDULE Y

### PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Yes/No)	*
5005	OhioHealth Corp Grp .....	00000	36-4897871	.....	.....	.....	OhioHealthy Medical Plan, Inc. ....	OH	NIA	Sentara Healthcare and OhioHealth Corporation .....	Ownership .....	50.0	Sentara Healthcare and OhioHealth Corporation .....	No	.....
5005	OhioHealth Corp Grp .....	17026	85-2275116	.....	.....	.....	OhioHealthy Health Insuring Corporation .....	OH	NIA	OhioHealthy Medical Plan, Inc. ....	Ownership .....	50.0	Sentara Healthcare and OhioHealth Corporation .....	No	.....
5005	OhioHealth Corp Grp .....	17028	85-3626444	.....	.....	.....	OhioHealthy Insurance Company .....	OH	NIA	OhioHealthy Medical Plan, Inc. ....	Ownership .....	50.0	Sentara Healthcare and OhioHealth Corporation .....	No	.....
5005	OhioHealth Corp Grp .....	00000	47-1509408	.....	.....	.....	OhioHealthy Plans, LLC .....	OH	NIA	OhioHealthy Medical Plan, Inc. ....	Ownership .....	50.0	Sentara Healthcare and OhioHealth Corporation .....	No	.....
		00000	52-1271901	.....	.....	.....	Sentara Healthcare .....	VA	UIP	.....	Ownership .....	.....	Sentara Healthcare .....	No	.....
		00000	31-4394942	.....	.....	.....	OhioHealth Corporation .....	OH	UIP	West Ohio Conference of The United Methodist Church .....	Ownership .....	.....	West Ohio Conference of The United Methodist Church .....	No	.....
		00000	31-4420544	.....	.....	.....	West Ohio Conference of The United Methodist Church .....	OH	NIA	.....	Ownership .....	.....	.....	No	.....

Asterisk	Explanation
0000001	.....

## 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)
.. 00000 ..	.. 36-4897871 ..	OHIOHEALTHY MEDICAL PLAN, INC. ....	.....	..... (5,090,352)	.....	.....	.....	.....	.....	.....	..... (5,090,352)	.....
.. 17028 ..	.. 85-3626444 ..	OHIOHEALTHY INSURANCE COMPANY .....	.....	..... 2,795,176	.....	.....	..... (195,176)	.....	.....	.....	..... 2,600,000	.....
.. 17026 ..	.. 85-2275116 ..	OHIOHEALTHY HEALTH INSURING CORPORATION .....	.....	..... 2,295,176	.....	.....	..... (195,176)	.....	.....	.....	..... 2,100,000	.....
.. 00000 ..	.. 47-1509408 ..	OHIOHEALTHY PLANS, LLC .....	.....	.....	.....	.....	..... 390,352	.....	.....	.....	..... 390,352	.....
9999999 Control Totals .....			.....	.....	.....	.....	.....	.....	X X X	.....	..... 0	.....

Schedule Y Part 2 Explanation:

## SCHEDULE Y

### Part 3 - Ultimate Controlling Party and Listing of Other U.S. Insurance Groups or Entities Under That Ultimate Controlling Party's Control

1	2	3	4	5	6	7	8
Insurers in Holding Company	Owners with Greater Than 10% Ownership	Ownership Percentage Column 2 of Column 1	Granted Disclaimer of Control/Affiliation of Column 2 Over Column 1 (Yes/No)	Ultimate Controlling Party	U.S. Insurance Groups or Entities Controlled by Column 5	Ownership Percentage (Column 5 of Column 6)	Granted Disclaimer of Control/Affiliation of Column 5 Over Column 6 (Yes/No)
OhioHealthy Health Insuring Corporation OhioHealthy Insurance Company	OhioHealthy Medical Plan, Inc. OhioHealthy Medical Plan, Inc.	100.0% 100.0%	Yes Yes	OhioHealth Corp Grp OhioHealth Corp Grp	OhioHealth Corp Grp OhioHealth Corp Grp	100.0% 100.0%	Yes Yes

# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

Response

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

**MARCH FILING**

- |   |     |
|---|-----|
| 1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?                   | Yes |
| 2. Will an actuarial opinion be filed by March 1?   | Yes |
| 3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?                           | Yes |
| 4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1? | Yes |

**APRIL FILING**

- |  |     |
|--|-----|
| 5. Will Management's Discussion and Analysis be filed by April 1?              | Yes |
| 6. Will the Supplemental Investment Risks Interrogatories be filed by April 1? | Yes |
| 7. Will the Accident and Health Policy Experience Exhibit be filed by April 1? | Yes |

**JUNE FILING**

- |  |     |
|--|-----|
| 8. Will an audited financial report be filed by June 1?  | Yes |
| 9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? | Yes |

The following supplemental reports are required to be filed as part of your statement filing if your company is engaged in the type of business covered by the supplement. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but it is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

**MARCH FILING**

- |  |     |
|--|-----|
| 10. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?   | Yes |
| 11. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?  | No  |
| 12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?   | No  |
| 13. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? | No  |
| 14. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?                              | No  |
| 15. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?  | No  |
| 16. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?                                   | No  |
| 17. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?   | No  |
| 18. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?   | No  |

**APRIL FILING**

- |  |    |
|--|----|
| 19. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?  | No |
| 20. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?  | No |
| 21. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?                                    | No |
| 22. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?       | No |
| 23. Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1? | No |

**AUGUST FILING**

- |  |    |
|--|----|
| 24. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? | No |
|--|----|

Explanation:

Bar Code:

Health Life Supplement - March



Schedule SIS



Actuarial Opinion on Participating and Non-Participating Policies



Statement of Non-Guaranteed Elements for Exhibit 5



Medicare Part D Coverage Supplement



Approval for Relief related to five-year rotation for lead Audit Partner



Approval for Relief related to one-year cooling off period for inde. CPA



Approval for Relief related to Require. for Audit Committees



LTC Supplemental Interrogatories



Health Life Supplement - April



## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES (continued)

Supplemental Health Care Exhibit



17028202121600000

2021

Document Code: 216

Supplemental Health Care Exhibit's Expense Allocation Report



17028202121700000

2021

Document Code: 217

LHA Guaranty Association Reconciliation



17028202129000000

2021

Document Code: 290

Management's Report of Internal Control over Financial Reporting



17028202122300000

2021

Document Code: 223



