10649202220100100 2022 Document Code: 201

ANNUAL STATEMENT

For the Year Ended DECEMBER 31, 2022

OF THE CONDITION AND AFFAIRS OF THE

Summa Insurance Company, Inc.

NAIC Group Code 3259 (Current Period), 3259 (Prior Period) NAIC Company Code 10649 Employer's ID Number 34-1809108

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

Incorporated/Organized 08/07/1995 Commenced Business 02/01/1996

Statutory Home Office 1200 East Market St. Suite 400 (Street and Number), Akron, OH, 44305 (City or Town, State, Country and Zip Code)

Main Administrative Office 1200 East Market St. Suite 400 (Street and Number)
Akron, OH, 44305 (City or Town, State, Country and Zip Code) (330)996-8410 (Area Code) (Telephone Number)

Mail Address P.O. Box 3620 (Street and Number or P.O. Box), Akron, OH, 44309 (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 1200 East Market St. Suite 400 (Street and Number)
Akron, OH, 44305 (City or Town, State, Country and Zip Code) (330)996-8410 (Area Code) (Telephone Number)

Internet Website Address SummaCare.com

Statutory Statement Contact Michael Dennis Weals (Name) (330)996-5112 (Area Code)(Telephone Number)(Extension)
wealsm@summacare.com (E-Mail Address) (Fax Number)

OFFICERS

Name	Title	
Henry Leigh Gerstenberger	Chair	
Robert Andrew Gerberry	Secretary	
Dawn Dorsett Ahner	Treasurer	#
William Carl Epling	President	
Alan Philip Fehlner	Assistant Treasurer/CFO	
Lydia Alexander Cook M.D.	Vice Chair	#

OTHERS

Melissa Rusk, VP of Operations #
Susan Crawford, VP - Sales
Anne Armao, VP - Member Experience & Product Development

DIRECTORS OR TRUSTEES

Frank Anthony Carrino
Benjamin Paul Sutton
Henry Leigh Gerstenberger
Caroline Fisher Pearson
George Emerson Strickler
William Carl Epling
Rajiv Vishnu Taliwal M.D.
Lydia Alexander Cook M.D.
Russell Floyd Mohawk
Thomas Clifford Deveny M.D.
Mark Joseph Sims
David James Felicio #

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 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)
Alan Philip Fehlner	William Carl Epling	
(Printed Name)	(Printed Name)	(Printed Name)
1.	2.	3.
Chief Financial Officer	President	
(Title)	(Title)	(Title)

Subscribed and sworn to before me this 31st day of March , 2023

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

(Notary Public Signature)

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at https://content.naic.org/sites/default/files/inline-files/committees_e_app_blanks_related_shce_cautionary_statement.pdf)

REPORT FOR: 1. CORPORATION: Summa Insurance Company, Inc. 2. LOCATION: Akron, OH 44305

10649202221636100 2022 Document Code: 216

NAIC Group Code 3259 BUSINESS IN THE STATE OF Ohio DURING THE YEAR 2022 NAIC Company Code 10649

	Business Subject to MLR									10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (Excluded by Statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 thru 12)	Uninsured Plans	Total (Cols. 13 + 14)
1. Premium:															
1.1 Health premiums earned (From Part 2, Line 1.11)	29,191,747	32,586,217	53,095,085								195,810		115,068,859	XXX	115,068,859
1.2 Federal high risk pools														XXX	
1.3 State high risk pools														XXX	
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)	29,191,747	32,586,217	53,095,085								195,810		115,068,859	XXX	115,068,859
1.5 Federal taxes and federal assessments	786,626	33,738	8,357										828,721		828,721
1.6 State insurance, premium and other taxes (Similar local taxes of $.....542,948)	291,917	95,254	155,204								573		542,948		542,948
1.6A Community Benefit Expenditures (informational only)															
1.7 Regulatory authority licenses and fees	8,060	8,998	14,661								54		31,773		31,773
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7)	28,105,144	32,448,227	52,916,863								195,183		113,665,417	XXX	113,665,417
1.9 Net assumed less ceded reinsurance premiums earned	(294,279)	(118,737)	(301,202)								5,798,834		5,084,616	XXX	5,084,616
1.10 Other adjustments due to MLR calculations - Premiums														XXX	
1.11 Risk Revenue														XXX	
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)	27,810,865	32,329,490	52,615,661								5,994,017		118,750,033	XXX	118,750,033
2. Claims:															
2.1 Incurred claims excluding prescription drugs	16,882,394	19,916,786	36,112,134								35,702		72,947,016	XXX	72,947,016
2.2 Prescription drugs	8,065,738	6,830,070	12,107,636								174,416		27,177,860	XXX	27,177,860
2.3 Pharmaceutical rebates	1,495,269	1,292,682	2,650,307								1,533,400		6,971,658	XXX	6,971,658
2.4 State stop-loss, market stabilization and claim/census based assessments (informational only)														XXX	
3. Incurred medical incentive pools and bonuses														XXX	
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)															
5.0 TOTAL Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15)	23,452,863	25,454,174	45,569,463								(1,323,282)		93,153,218	XXX	93,153,218
5.1 Net assumed less ceded reinsurance claims incurred	(390,662)	(49,287)	(21,553)								2,138,813		1,677,311	XXX	1,677,311
5.2 Other adjustments due to MLR calculations - Claims		(1,800,000)											(1,800,000)	XXX	(1,800,000)
5.3 Rebates Paid										XXX	XXX			XXX	
5.4 Estimated rebates unpaid prior year										XXX	XXX			XXX	
5.5 Estimated rebates unpaid current year		1,800,000								XXX	XXX		1,800,000	XXX	1,800,000
5.6 Fee for service and co-pay revenue														XXX	
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)	23,062,201	25,404,887	45,547,910								815,531		94,830,529	XXX	94,830,529
6. Improving Health Care Quality Expenses Incurred:															
6.1 Improve health outcomes	268,596	301,778	490,708								55,719		1,116,801		1,116,801
6.2 Activities to prevent hospital readmissions	136,350	153,193	249,103								28,285		566,931		566,931
6.3 Improve patient safety and reduce medical errors	94,938	106,665	173,444								19,694		394,741		394,741
6.4 Wellness and health promotion activities	258,288	290,198	471,877								53,581		1,073,944		1,073,944
6.5 Health Information Technology expenses related to health improvement	70,321	79,007	128,471								14,588		292,387		292,387
6.6 TOTAL of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1 + 6.2 + 6.3 + 6.4 + 6.5)	828,493	930,841	1,513,603								171,867		3,444,804		3,444,804
7. Preliminary Medical Loss Ratio: MLR (Lines 4 + 5.0 + 6.6 - Footnote 2.0) / Line 1.8	0.864	0.813	0.890							XXX	XXX		XXX	XXX	XXX
8. Claims Adjustment Expenses:															
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6	154,283	173,343	281,865								32,005		641,496		641,496
8.2 All other claims adjustment expenses	511,690	574,905	934,827								106,147		2,127,569		2,127,569
8.3 TOTAL Claims adjustment expenses (Lines 8.1 + 8.2)	665,973	748,248	1,216,692								138,152		2,769,065		2,769,065
9. Claims Adjustment Expense Ratio (Line 8.3 / Line 1.8)	0.024	0.023	0.023								0.708		XXX	XXX	XXX

Supp216.1 Ohio

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

(To Be Filed by April 1 - Not for Rebate Purposes)

	Business Subject to MLR									10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1	2	3	4	5	6	7	8							
	Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (Excluded by Statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 thru 12)	Uninsured Plans	Total (Cols. 13 + 14)
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits	524,682	585,693	954,312								3,521		2,068,208		2,068,208
10.2 Agents and brokers fees and commissions	814,101	908,766	1,480,718								5,461		3,209,046		3,209,046
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)	157,320	176,755	287,413								32,635		654,123		654,123
10.4 Other general and administrative expenses	2,603,873	2,935,338	4,768,026								810,522		11,117,759		11,117,759
10.4A Community Benefit Expenditures (informational only)															
10.5 TOTAL General and administrative (Lines 10.1 + 10.2 + 10.3 + 10.4)	4,099,976	4,606,552	7,490,469								852,139		17,049,136		17,049,136
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	(845,778)	638,962	(3,153,013)								4,016,328		656,499	XXX	656,499
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	360,975	XXX	360,975
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	222,195	XXX	222,195
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	795,279	XXX	795,279
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and Line 10.4)															
16A. ICD-10 Implementation Expenses (informational only: already included in Line 10.4)															
OTHER INDICATORS:															
1. Number of Certificates / Policies	3,796	2,350	5,086								438		11,670		11,670
2. Number of Covered Lives	5,498	3,923	9,358								438		19,217		19,217
3. Number of Groups	XXX	361	97	XXX									458		458
4. Member Months	63,249	49,358	107,436								5,377		225,420		225,420

(a) Is run off business reported in Columns 1 through 9 or 12? Yes[ ] No[X]
(b) If yes, show the amount of premiums and claims included: Premiums $.....0 Claims $.....0

Supp216.2 Ohio

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES

	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1 Individual Plans	2 Small Group Employer Plans	3 Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)	(4,083,636)	885,000	540,000	588,000
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)		XXX		XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium				
3.2 Reserve for rate credits or policy experience refunds				
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)	1,226,772	1,082,456		
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims		XXX		XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received				
6.2 Rate credits or policy experience refunds paid				

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

(To Be Filed By April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION: Summa Insurance Company, Inc. 2. LOCATION: Akron, OH 44305

NAIC Group Code 3259 **BUSINESS IN THE STATE OF Ohio DURING THE YEAR 2022** **NAIC Company Code 10649**

		Business Subject to MLR								10	11	12	13
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9			
		1	2	3	4	5	6	7	8				
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (Excluded by Statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)
1.	Health Premiums Earned:													
1.1	Direct premiums written	29,191,747	32,586,217	53,095,085								195,810		115,068,859
1.2	Unearned premium prior year													
1.3	Unearned premium current year													
1.4	Change in unearned premium (Lines 1.2 - 1.3)													
1.5	Paid rate credits													
1.6	Reserve for rate credits current year													
1.7	Reserve for rate credits prior year													
1.8	Change in reserve for rate credits (Lines 1.6 - 1.7)													
1.9	Premium balances written off													
1.10	Group conversion charges													
1.11	TOTAL Direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)	29,191,747	32,586,217	53,095,085								195,810		115,068,859
1.12	Assumed premiums earned from non-affiliates													
1.13	Net assumed less ceded premiums earned from affiliates	(294,279)	(118,737)	(301,202)								5,798,834		5,084,616
1.14	Ceded premiums earned to non-affiliates													
1.15	Other adjustments due to MLR calculation - Premiums													
1.16	Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)	28,897,468	32,467,480	52,793,883								5,994,644		120,153,475
2.	Direct Claims Incurred:													
2.1	Paid claims during the year	21,589,486	24,839,574	43,868,563								(1,326,383)		88,971,240
2.2	Direct claim liability current year	3,551,814	3,083,800	6,626,900								11,600		13,274,114
2.3	Direct claim liability prior year	1,688,436	2,469,200	4,926,000								8,500		9,092,136
2.4	Direct claim reserves current year													
2.5	Direct claim reserves prior year													
2.6	Direct contract reserves current year													
2.7	Direct contract reserves prior year													
2.8	Paid rate credits													
2.9	Reserve for rate credits current year													
2.10	Reserve for rate credits prior year													
2.11	Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)													
	2.11A Paid medical incentive pools and bonuses current year													
	2.11B Accrued medical incentive pools and bonuses current year													
	2.11C Accrued medical incentive pools and bonuses prior year													
2.12	Net healthcare receivables (Lines 2.12a - 2.12b)													
	2.12A Healthcare receivables current year													
	2.12B Healthcare receivables prior year													
2.13	Group conversion charge													
2.14	Multi-option coverage blended rate adjustment													
2.15	TOTAL Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)	23,452,864	25,454,174	45,569,463								(1,323,283)		93,153,218
2.16	Assumed Incurred Claims from non-affiliates											2,138,813		2,138,813
2.17	Net Assumed less Ceded Incurred Claims from affiliates	(390,662)	(49,287)	(21,553)										(461,502)
2.18	Ceded Incurred Claims to non-affiliates													
2.19	Other Adjustments due to MLR calculation - Claims													
2.20	Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)	23,062,202	25,404,887	45,547,910								815,530		94,830,529
3.	Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)													

(a) Column 13, Line 1.1 includes direct written premium of $.....0 for stand-alone dental and $.....0 for stand-alone vision policies.