



SUPPLEMENT FOR THE YEAR 2022 OF THE Buckeye Health Plan Community Solutions, Inc.

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		Buckeye Health Plan Community Solutions, Inc.		2. LOCATION		4349 Easton Way, Suite 120																	
NAIC Group Code 01295		BUSINESS IN THE STATE OF		Ohio		DURING THE YEAR		2022		NAIC Company Code		16112											
		Business Subject to MLR						9		10		11		12		13		14		15			
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans															
		1	2	3	4	5	6	7	8	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 (13 + 14)	
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group														
1.	Premium:																						
1.1	Health premiums earned (From Part 2, Line 1.11)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.2	Federal high risk pools																.61,757,698	.61,757,698	.0	.0	.0	.0	
1.3	State high risk pools																		.0	.0	.0	.0	
1.4	Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.61,757,698	.61,757,698	.0	.0	.0	.0	
1.5	Federal taxes and federal assessments																(716,334)	(716,334)	(716,334)	(716,334)	.0	.0	
1.6	State insurance, premium and other taxes (Similar local taxes of \$)																(97,703)	(97,703)	(97,703)	(97,703)	.0	.0	
1.6a	Community Benefit Expenditures (informational only)																				.0	.0	
1.7	Regulatory authority licenses and fees																				.0	.0	
1.8	Adjusted premiums earned (Lines 1.4 – 1.5 – 1.6 – 1.7)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.62,571,735	.62,571,735	.0	.0	.0	.0	
1.9	Net assumed less ceded reinsurance premiums earned	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	(3,180)	(3,180)	(3,180)	(3,180)	.0	.0	
1.10	Other adjustments due to MLR calculations – Premiums																				.0	.0	
1.11	Risk revenue																				.0	.0	
1.12	Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	62,568,555	62,568,555	62,568,555	62,568,555	.0	.0	
2.	Claims:																						
2.1	Incurred claims excluding prescription drugs																.52,105,973	.52,105,973	.0	.0	.0	.0	
2.2	Prescription drugs																7,577,433	7,577,433	.0	.0	.0	.0	
2.3	Pharmaceutical rebates																4,762,237	4,762,237	.0	.0	.0	.0	
2.4	State stop loss, market stabilization and claim/census based assessments (informational only)																				.0	.0	
3.	Incurred medical incentive pools and bonuses	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1,260,629	1,260,629	1,260,629	1,260,629	.0	.0	
4.	Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)																				.0	.0	
5.	Total incurred claims (Lines 2.1 + 2.2 – 2.3 + 3) (From Part 2, Line 2.15)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.56,181,798	.56,181,798	.0	.0	.0	.0	
5.1	Net assumed less ceded reinsurance claims incurred	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
5.2	Other adjustments due to MLR calculations – Claims																				.0	.0	
5.3	Rebates paid																				.0	.0	
5.4	Estimated rebates unpaid prior year	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
5.5	Estimated rebates unpaid current year																				.0	.0	
5.6	Fee for service and co-pay revenue																				.0	.0	
5.7	Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	56,181,798	56,181,798	56,181,798	56,181,798	.0	.0	
6.	Improving Health Care Quality Expenses Incurred:																						
6.1	Improve Health Outcomes	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.677,639	.677,639	.0	.0	.0	.0	
6.2	Activities to prevent hospital readmissions	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	8,453	8,453	.0	.0	.0	.0	
6.3	Improve patient safety and reduce medical errors	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	3,261	3,261	.0	.0	.0	.0	
6.4	Wellness and health promotion activities	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	152,862	152,862	.0	.0	.0	.0	
6.5	Health Information Technology expenses related to health improvement	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	6,466	6,466	.0	.0	.0	.0	
6.6	Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1 + 6.2 + 6.3 + 6.4 + 6.5)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	848,681	848,681	848,681	848,681	.0	.0	
7.	Preliminary Medical Loss Ratio: MLR (Lines 4 + 5.0 + 6.6 – Footnote 2.0) / Line 1.8	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.911	0.911	0.911	0.911	.0	.0	
8.	Claims Adjustment Expenses:																						
8.1	Cost containment expenses not included in quality of care expenses in Line 6.6																.37,389	.37,389	.0	.0	.0	.0	
8.2	All other claims adjustment expenses																585,759	585,759	.0	.0	.0	.0	
8.3	Total claims adjustment expenses (Lines 8.1 + 8.2)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	623,148	623,148	623,148	623,148	.0	.0	
9.	Claims Adjustment Expense Ratio (Line 8.3 / Line 1.8)	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.010	0.010	0.010	0.010	.0	.0	

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REPORT FOR: 1. CORPORATION Buckeye Health Plan Community Solutions, Inc.

2. LOCATION 4349 Easton Way, Suite 120

NAIC Group Code 01295 BUSINESS IN THE STATE OF Ohio DURING THE YEAR 2022 NAIC Company Code 16112

		Business Subject to MLR								9	10	11	12	13	14	15							
		Comprehensive Health Coverage			Mini-med Plans			Expatriate Plans															
		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 (13 + 14)							
10.	General and Administrative (G&A) Expenses:																						
10.1	Direct sales salaries and benefits.....												1,965,217	1,965,217		1,965,217							
10.2	Agents and brokers fees and commissions.....												0	0		0							
10.3	Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....												0	0		0							
10.4	Other general and administrative expenses.....												5,903,971	5,903,971		5,903,971							
	10.4a Community Benefit Expenditures (informational only).....												0	0		0							
10.5	Total general and administrative (Lines 10.1 + 10.2 + 10.3 + 10.4)	0	0	0	0	0	0	0	0	0	0	0	7,869,188	7,869,188	0	7,869,188							
11.	Underwriting Gain/(Loss) (Lines 1.12 – 5.7 – 6.6 – 8.3 – 10.5)	0	0	0	0	0	0	0	0	0	0	0	(2,954,260)	(2,954,260)	XXX	(2,954,260)							
12.	Income from Fees of Uninsured Plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0							
13.	Net Investment and Other Gain/(Loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	201,896	XXX	201,896							
14.	Federal Income Taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	0							
15.	Net Gain or (Loss) (Lines 11 + 12 + 13 – 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(2,752,364)	XXX	(2,752,364)							
16.	ICD-10 Implementation Expenses (informational only; already included in general expenses and Line 10.4)													0		0							
	16a ICD-10 Implementation Expenses (informational only; already included in Line 10.4)													0		0							
	OTHER INDICATORS:																						
	1. Number of Certificates/Policies												5,165	5,165		5,165							
	2. Number of Covered Lives												5,165	5,165		5,165							
	3. Number of Groups	XXX			XXX								0	0		0							
	4. Member Months												64,189	64,189		64,189							

Is run-off business reported in Columns 1 through 9 or 12? Yes [] No [] If yes, show the amount of premiums and claims included: Premiums \$ Claims \$

216-1.OH

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES AND PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1	2	3	4
	Individual Plans	Small Group Employer Plans	Individual Plans	Small Group Employer Plans
ACA Receivables and Payables				
1.	Permanent ACA Risk Adjustment Program			
1.0	Premium adjustments receivable/(payable)		0	0
2.	Transitional ACA Reinsurance Program			
2.0	Total amounts recoverable for claims (paid & unpaid)	XXX	0	XXX
3.	Temporary ACA Risk Corridors Program			
3.1	Accrued retrospective premium.....		0	0
3.2	Reserve for rate credits or policy experience refunds		0	0
ACA Receipts and Payments				
4.	Permanent ACA Risk Adjustment Program			
4.0	Premium adjustments receipts/(payments)		0	0
5.	Transitional ACA Reinsurance Program			
5.0	Amounts received for claims	XXX	0	XXX
6.	Temporary ACA Risk Corridors Program			
6.1	Retrospective premium received.....		0	0
6.2	Rate credits or policy experience refunds paid		0	0



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REPORT FOR: 1. CORPORATION		Buckeye Health Plan Community Solutions, Inc.		2. LOCATION		4349 Easton Way, Suite 120												
NAIC Group Code 01295		BUSINESS IN THE STATE OF		Grand Total		DURING THE YEAR 2022		NAIC Company Code 16112										
		Business Subject to MLR			9		10		11		12		13		14		15	
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		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 (13 + 14)		
		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									
1.	Premium:																	
1.1	Health premiums earned (From Part 2, Line 1.11)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.61,757,698	.61,757,698	.XXX		.61,757,698	
1.2	Federal high risk pools	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.XXX		.0	
1.3	State high risk pools	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.XXX		.0	
1.4	Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.61,757,698	.61,757,698	.XXX		.61,757,698	
1.5	Federal taxes and federal assessments	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	(716,334)	(716,334)		.0	(716,334)	
1.6	State insurance, premium and other taxes (Similar local taxes of \$)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	(97,703)	(97,703)	.0		(97,703)	
	1.6a Community Benefit Expenditures (informational only)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0		.0	
1.7	Regulatory authority licenses and fees	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0		.0	
1.8	Adjusted premiums earned (Lines 1.4 – 1.5 – 1.6 – 1.7)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.62,571,735	.62,571,735	.XXX		.62,571,735	
1.9	Net assumed less ceded reinsurance premiums earned	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	(3,180)	(3,180)	.XXX		(3,180)	
1.10	Other adjustments due to MLR calculations – Premiums	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.XXX		.0	
1.11	Risk revenue	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.XXX		.0	
1.12	Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)	0	0	0	0	0	0	0	0	0	0	0	62,568,555	62,568,555	.XXX		62,568,555	
2.	Claims:																	
2.1	Incurred claims excluding prescription drugs	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	52,105,973	52,105,973	.XXX		52,105,973	
2.2	Prescription drugs	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	7,577,433	7,577,433	.XXX		7,577,433	
2.3	Pharmaceutical rebates	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	4,762,237	4,762,237	.XXX		4,762,237	
2.4	State stop loss, market stabilization and claim/census based assessments (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	.XXX		0	
3.	Incurred medical incentive pools and bonuses	0	0	0	0	0	0	0	0	0	0	0	1,260,629	1,260,629	.XXX		1,260,629	
4.	Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
5.	Total incurred claims (Lines 2.1 + 2.2 – 2.3 + 3) (From Part 2, Line 2.15)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	56,181,798	56,181,798	.XXX		56,181,798	
5.1	Net assumed less ceded reinsurance claims incurred	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.XXX		.0	
5.2	Other adjustments due to MLR calculations – Claims	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.XXX		.0	
5.3	Rebates paid	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.XXX		.0	
5.4	Estimated rebates unpaid prior year	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.XXX		.0	
5.5	Estimated rebates unpaid current year	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.XXX		.0	
5.6	Fee for service and co-pay revenue	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.XXX		.0	
5.7	Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)	0	0	0	0	0	0	0	0	0	0	0	56,181,798	56,181,798	.XXX		56,181,798	
6.	Improving Health Care Quality Expenses Incurred:																	
6.1	Improve Health Outcomes	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	677,639	677,639	.0		677,639	
6.2	Activities to prevent hospital readmissions	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	8,453	8,453	.0		8,453	
6.3	Improve patient safety and reduce medical errors	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	3,261	3,261	.0		3,261	
6.4	Wellness and health promotion activities	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	152,862	152,862	.0		152,862	
6.5	Health Information Technology expenses related to health improvement	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	6,466	6,466	.0		6,466	
6.6	Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1 + 6.2 + 6.3 + 6.4 + 6.5)	0	0	0	0	0	0	0	0	0	0	0	848,681	848,681	0		848,681	
7.	Preliminary Medical Loss Ratio: MLR (Lines 4 + 5.0 + 6.6 – Footnote 2.0) / Line 1.8	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	.XXX	.XXX	0.911	.XXX	.XXX		.XXX	
8.	Claims Adjustment Expenses:																	
8.1	Cost containment expenses not included in quality of care expenses in Line 6.6	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	37,389	37,389	.0		37,389	
8.2	All other claims adjustment expenses	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	585,759	585,759	.0		585,759	
8.3	Total claims adjustment expenses (Lines 8.1 + 8.2)	0	0	0	0	0	0	0	0	0	0	0	623,148	623,148	0		623,148	
9.	Claims Adjustment Expense Ratio (Line 8.3 / Line 1.8)	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.010	.XXX	.XXX		.XXX	

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NAIC Group Code 01295		BUSINESS IN THE STATE OF		Grand Total		DURING THE YEAR 2022		NAIC Company Code 16112													
		Comprehensive Health Coverage			Business Subject to MLR			9		10		11		12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA		13		14		15	
					Mini-med Plans			Expatriate Plans													
		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			Subtotal (Cols 1 thru 12)		Uninsured Plans		Total (13 + 14)		
10.	General and Administrative (G&A) Expenses:																				
10.1	Direct sales salaries and benefits.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	1,965,217	.0	.0	.0	1,965,217	
10.2	Agents and brokers fees and commissions.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
10.3	Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
10.4	Other general and administrative expenses.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	5,903,971	.0	.0	.0	5,903,971	
	10.4a Community Benefit Expenditures (informational only).....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
10.5	Total general and administrative (Lines 10.1 + 10.2 + 10.3 + 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7,869,188	0	0	0	7,869,188	
11.	Underwriting Gain/(Loss) (Lines 1.12 – 5.7 – 6.6 – 8.3 – 10.5)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(2,954,260)	0	XXX	0	(2,954,260)	
12.	Income from Fees of Uninsured Plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	
13.	Net Investment and Other Gain/(Loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	201,896	XXX	XXX	201,896	0	
14.	Federal Income Taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX	0	0	
15.	Net Gain or (Loss) (Lines 11 + 12 + 13 – 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(2,752,364)	XXX	XXX	(2,752,364)	0	
16.	ICD-10 Implementation Expenses (informational only; already included in general expenses and Line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	16a ICD-10 Implementation Expenses (informational only; already included in Line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
OTHER INDICATORS:																					
1.	Number of Certificates/Policies	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5,165	0	0	0	5,165	
2.	Number of Covered Lives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5,165	0	0	0	5,165	
3.	Number of Groups	XXX	0	0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
4.	Member Months	0	0	0	0	0	0	0	0	0	0	0	0	0	0	64,189	0	0	0	64,189	

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

216-1.GT

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES AND PAYABLES				
		Current Year		Prior Year
		Comprehensive Health Coverage		Comprehensive Health Coverage
		1	2	3
		Individual Plans	Small Group Employer Plans	Individual Plans
				Small Group Employer Plans
ACA Receivables and Payables				
1.	Permanent ACA Risk Adjustment Program 1.0 Premium adjustments receivable/(payable)	0	0	0
2.	Transitional ACA Reinsurance Program 2.0 Total amounts recoverable for claims (paid & unpaid)	0	XXX	0
3.	Temporary ACA Risk Corridors Program 3.1 Accrued retrospective premium.....	0	0	0
	3.2 Reserve for rate credits or policy experience refunds	0	0	0
ACA Receipts and Payments				
4.	Permanent ACA Risk Adjustment Program 4.0 Premium adjustments receipts/(payments)	0	0	0
5.	Transitional ACA Reinsurance Program 5.0 Amounts received for claims	0	XXX	0
6.	Temporary ACA Risk Corridors Program 6.1 Retrospective premium received	0	0	0
	6.2 Rate credits or policy experience refunds paid	0	0	0

SUPPLEMENT FOR THE YEAR 2022 OF THE Buckeye Health Plan Community Solutions, Inc.

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

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

REPORT FOR: 1. CORPORATION Buckeye Health Plan Community Solutions, Inc.

2. LOCATION 4349 Easton Way, Suite 120

NAIC Group Code 01295		BUSINESS IN THE STATE OF Ohio		Business Subject to MLR						DURING THE YEAR 2022		NAIC Company Code 16112		
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9	10	11	12	13
		1	2	3	4	5	6	7	8	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)
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group					
1.	Health Premiums Earned:													
	1.1 Direct premiums written.....												61,757,698	61,757,698
	1.2 Unearned premium prior year.....	0	0	0	0	0	0	0	0	0	0	0	0	0
	1.3 Unearned premium current year.....												0	0
	1.4 Change in unearned premium (Lines 1.2 – 1.3).....	0	0	0	0	0	0	0	0	0	0	0	0	0
	1.5 Paid rate credits.....												0	0
	1.6 Reserve for rate credits current year.....												518,922	518,922
	1.7 Reserve for rate credits prior year.....	0	0	0	0	0	0	0	0	0	0	0	1,901,039	1,901,039
	1.8 Change in reserve for rate credits (Lines 1.6 – 1.7).....	0	0	0	0	0	0	0	0	0	0	0	(1,382,117)	(1,382,117)
	1.9 Premium balances written off.....													0
	1.10 Group conversion charges.....													0
	1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10).....	0	0	0	0	0	0	0	0	0	0	0	61,757,698	61,757,698
	1.12 Assumed premiums earned from non-affiliates.....													0
	1.13 Net assumed less ceded premiums earned from affiliates.....													0
	1.14 Ceded premiums earned to non-affiliates.....												3,180	3,180
	1.15 Other adjustments due to MLR calculation – Premiums.....													0
	1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15).....	0	0	0	0	0	0	0	0	0	0	0	63,136,635	63,136,635
2.	Direct Claims Incurred:													
	2.1 Paid claims during the year.....												54,788,535	54,788,535
	2.2 Direct claim liability current year.....												7,372,809	7,372,809
	2.3 Direct claim liability prior year.....	0	0	0	0	0	0	0	0	0	0	0	6,384,532	6,384,532
	2.4 Direct claim reserves current year.....												0	0
	2.5 Direct claim reserves prior year.....	0	0	0	0	0	0	0	0	0	0	0	0	0
	2.6 Direct contract reserves current year.....													0
	2.7 Direct contract reserves prior year.....	0	0	0	0	0	0	0	0	0	0	0	0	0
	2.8 Paid rate credits.....												1,382,117	1,382,117
	2.9 Reserve for rate credits current year.....												518,922	518,922
	2.10 Reserve for rate credits prior year.....	0	0	0	0	0	0	0	0	0	0	0	1,901,039	1,901,039
	2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b – 2.11c).....	0	0	0	0	0	0	0	0	0	0	0	1,260,629	1,260,629
	2.11a Paid medical incentive pools and bonuses current year.....												196,980	196,980
	2.11b Accrued medical incentive pools and bonuses current year.....												1,233,889	1,233,889
	2.11c Accrued medical incentive pools and bonuses prior year.....	0	0	0	0	0	0	0	0	0	0	0	170,240	170,240
	2.12 Net healthcare receivables (Lines 2.12a – 2.12b).....	0	0	0	0	0	0	0	0	0	0	0	855,643	855,643
	2.12a Healthcare receivables current year.....												2,467,326	2,467,326
	2.12b Healthcare receivables prior year.....	0	0	0	0	0	0	0	0	0	0	0	1,611,683	1,611,683
	2.13 Group conversion charge.....													0
	2.14 Multi-option coverage blended rate adjustment.....													0
	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).....	0	0	0	0	0	0	0	0	0	0	0	56,181,798	56,181,798
	2.16 Assumed incurred claims from non-affiliates.....													0
	2.17 Net assumed less ceded incurred claims from affiliates.....													0
	2.18 Ceded incurred claims to non-affiliates.....													0
	2.19 Other adjustments due to MLR calculation – Claims.....												775,473	775,473
	2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19).....	0	0	0	0	0	0	0	0	0	0	0	56,957,271	56,957,271
3.	Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)													0

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

216-2.OH

SUPPLEMENT FOR THE YEAR 2022 OF THE Buckeye Health Plan Community Solutions, Inc.

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

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

REPORT FOR: 1. CORPORATION Buckeye Health Plan Community Solutions, Inc.

2. LOCATION 4349 Easton Way, Suite 120

NAIC Group Code		01295		BUSINESS IN THE STATE OF		Consolidated		DURING THE YEAR						2022		NAIC Company Code		16112	
		Business Subject to MLR									9		10	11	12	13			
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans			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	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										
1.	Health Premiums Earned:																		
	1.1 Direct premiums written.....	0	0	0	0	0	0	0	0	0	0	0	0	61,757,698	61,757,698				
	1.2 Unearned premium prior year.....	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
	1.3 Unearned premium current year.....	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
	1.4 Change in unearned premium (Lines 1.2 – 1.3).....	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
	1.5 Paid rate credits.....	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
	1.6 Reserve for rate credits current year.....	0	0	0	0	0	0	0	0	0	0	0	0	518,922	518,922				
	1.7 Reserve for rate credits prior year.....	0	0	0	0	0	0	0	0	0	0	0	0	1,901,039	1,901,039				
	1.8 Change in reserve for rate credits (Lines 1.6 – 1.7).....	0	0	0	0	0	0	0	0	0	0	0	0	(1,382,117)	(1,382,117)				
	1.9 Premium balances written off.....	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
	1.10 Group conversion charges.....	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
	1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10).....	0	0	0	0	0	0	0	0	0	0	0	0	61,757,698	61,757,698				
	1.12 Assumed premiums earned from non-affiliates.....	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
	1.13 Net assumed less ceded premiums earned from affiliates.....	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
	1.14 Ceded premiums earned to non-affiliates.....	0	0	0	0	0	0	0	0	0	0	0	0	3,180	3,180				
	1.15 Other adjustments due to MLR calculation – Premiums.....	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
	1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15).....	0	0	0	0	0	0	0	0	0	0	0	0	63,136,635	63,136,635				
2.	Direct Claims Incurred:																		
	2.1 Paid claims during the year.....	0	0	0	0	0	0	0	0	0	0	0	0	54,788,535	54,788,535				
	2.2 Direct claim liability current year.....	0	0	0	0	0	0	0	0	0	0	0	0	7,372,809	7,372,809				
	2.3 Direct claim liability prior year.....	0	0	0	0	0	0	0	0	0	0	0	0	6,384,532	6,384,532				
	2.4 Direct claim reserves current year.....	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
	2.5 Direct claim reserves prior year.....	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
	2.6 Direct contract reserves current year.....	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
	2.7 Direct contract reserves prior year.....	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
	2.8 Paid rate credits.....	0	0	0	0	0	0	0	0	0	0	0	0	1,382,117	1,382,117				
	2.9 Reserve for rate credits current year.....	0	0	0	0	0	0	0	0	0	0	0	0	518,922	518,922				
	2.10 Reserve for rate credits prior year.....	0	0	0	0	0	0	0	0	0	0	0	0	1,901,039	1,901,039				
	2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b – 2.11c).....	0	0	0	0	0	0	0	0	0	0	0	0	1,260,629	1,260,629				
	2.11a Paid medical incentive pools and bonuses current year.....	0	0	0	0	0	0	0	0	0	0	0	0	196,980	196,980				
	2.11b Accrued medical incentive pools and bonuses current year.....	0	0	0	0	0	0	0	0	0	0	0	0	1,233,889	1,233,889				
	2.11c Accrued medical incentive pools and bonuses prior year.....	0	0	0	0	0	0	0	0	0	0	0	0	170,240	170,240				
	2.12 Net healthcare receivables (Lines 2.12a – 2.12b).....	0	0	0	0	0	0	0	0	0	0	0	0	855,643	855,643				
	2.12a Healthcare receivables current year.....	0	0	0	0	0	0	0	0	0	0	0	0	2,467,326	2,467,326				
	2.12b Healthcare receivables prior year.....	0	0	0	0	0	0	0	0	0	0	0	0	1,611,683	1,611,683				
	2.13 Group conversion charge.....	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
	2.14 Multi-option coverage blended rate adjustment.....	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
	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).....	0	0	0	0	0	0	0	0	0	0	0	0	56,181,798	56,181,798				
	2.16 Assumed incurred claims from non-affiliates.....	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
	2.17 Net assumed less ceded incurred claims from affiliates.....	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
	2.18 Ceded incurred claims to non-affiliates.....	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
	2.19 Other adjustments due to MLR calculation – Claims.....	0	0	0	0	0	0	0	0	0	0	0	0	775,473	775,473				
	2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19).....	0	0	0	0	0	0	0	0	0	0	0	0	56,957,271	56,957,271				
3.	Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0				

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

SUPPLEMENT FOR THE YEAR 2022 OF THE Buckeye Health Plan Community Solutions, Inc.

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

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

REPORT FOR: 1. CORPORATION

Buckeye Health Plan Community Solutions, Inc.

2. LOCATION 4349 Easton Way, Suite 120

NAIC Group Code		01295	BUSINESS IN THE STATE OF		Ohio	DURING THE YEAR		2022	NAIC Company Code		16112	
	All Expenses		Improving Health Care Quality Expenses					Claims Adjustment Expenses		9	10	
		1	2	3	4	5	6	7	8			
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)	
1.	Individual Comprehensive Coverage Expenses:											
	1.1	Salaries (including \$ for affiliated services).....					0				0	
	1.2	Outsourced services.....					0				0	
	1.3	EDP equipment and software (incl \$ for affiliated services).....					0				0	
	1.4	Other equipment (excl. EDP) (incl \$ for affiliated services).....					0				0	
	1.5	Accreditation and certification (incl \$ for affiliated services).....		XXX	XXX	XXX	XXX	0			0	
	1.6	Other expenses (incl \$ for affiliated services).....					0				0	
	1.7	Subtotal before reimbursements and taxes (1.1 to 1.6).....	0	0	0	0	0	0	0	0	0	
	1.8	Reimbursements by uninsured plans and fiscal intermediaries.....						0			0	
	1.9	Taxes, licenses and fees (in total, for tying purposes).....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	
	1.10	Total (1.7 to 1.9).....	0	0	0	0	0	0	0	0	0	
1.11	Total Fraud and abuse detection/recovery expenses included in Column 7 (informational only).....						0			0		
2.	Small Group Comprehensive Coverage Expenses:											
	2.1	Salaries (including \$ for affiliated services).....					0				0	
	2.2	Outsourced Services.....					0				0	
	2.3	EDP equipment and software (incl \$ for affiliated services).....					0				0	
	2.4	Other equipment (excl. EDP) (incl \$ for affiliated services).....					0				0	
	2.5	Accreditation and certification (incl \$ for affiliated services).....		XXX	XXX	XXX	XXX	0			0	
	2.6	Other expenses (incl \$ for affiliated services).....					0				0	
	2.7	Subtotal before reimbursements and taxes (2.1 to 2.6).....	0	0	0	0	0	0	0	0	0	
	2.8	Reimbursements by uninsured plans and fiscal intermediaries.....						0			0	
	2.9	Taxes, licenses and fees (in total, for tying purposes).....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	
	2.10	Total (2.7 to 2.9).....	0	0	0	0	0	0	0	0	0	
2.11	Total fraud and abuse detection/recovery expenses included in Column 7 (informational only).....						0			0		
3.	Large Group Comprehensive Coverage Expenses:											
	3.1	Salaries (including \$ for affiliated services).....					0				0	
	3.2	Outsourced services.....					0				0	
	3.3	EDP equipment and software (incl \$ for affiliated services).....					0				0	
	3.4	Other equipment (excl. EDP) (incl \$ for affiliated services).....					0				0	
	3.5	Accreditation and certification (incl \$ for affiliated services).....		XXX	XXX	XXX	XXX	0			0	
	3.6	Other expenses (incl \$ for affiliated services).....					0				0	
	3.7	Subtotal before reimbursements and taxes (3.1 to 3.6).....	0	0	0	0	0	0	0	0	0	
	3.8	Reimbursements by uninsured plans and fiscal intermediaries.....						0			0	
	3.9	Taxes, licenses and fees (in total, for tying purposes).....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	
	3.10	Total (3.7 to 3.9).....	0	0	0	0	0	0	0	0	0	
3.11	Total fraud and abuse detection/recovery expenses included in Column 7 (informational only).....						0			0		

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SUPPLEMENT FOR THE YEAR 2022 OF THE Buckeye Health Plan Community Solutions, Inc.

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

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

REPORT FOR: 1. CORPORATION Buckeye Health Plan Community Solutions, Inc. 2. LOCATION 4349 Easton Way, Suite 120

NAIC Group Code		01295		BUSINESS IN THE STATE OF		Ohio		DURING THE YEAR		2022		NAIC Company Code		16112			
All Expenses		Improving Health Care Quality Expenses										Claims Adjustment Expenses		9		10	
		1	2	3	4	5	6	7	8	General Administrative Expenses		Total Expenses (6 to 9)					
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses								
4.	Individual Mini-Med Plans Expenses																
4.1	Salaries (including \$ for affiliated services)						0						0				
4.2	Outsourced services						0						0				
4.3	EDP equipment and software (incl \$ for affiliated services)						0						0				
4.4	Other equipment (excl. EDP) (incl \$ for affiliated services)						0						0				
4.5	Accreditation and certification (incl \$ for affiliated services)		XXX	XXX	XXX	XXX	0						0				
4.6	Other expenses (incl \$ for affiliated services)						0						0				
4.7	Subtotal before reimbursements and taxes (4.1 to 4.6)	0	0	0	0	0	0	0	0	0	0	0	0				
4.8	Reimbursements by uninsured plans and fiscal intermediaries						0						0				
4.9	Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0				
4.10	Total (4.7 to 4.9)	0	0	0	0	0	0	0	0	0	0	0	0				
4.11	Total fraud and abuse detection/recovery expenses included in Column 7 (informational only)						0						0				
5.	Small Group Mini-Med Plans Expenses																
5.1	Salaries (including \$ for affiliated services)						0						0				
5.2	Outsourced services						0						0				
5.3	EDP equipment and software (incl \$ for affiliated services)						0						0				
5.4	Other equipment (excl. EDP) (incl \$ for affiliated services)						0						0				
5.5	Accreditation and certification (incl \$ for affiliated services)		XXX	XXX	XXX	XXX	0						0				
5.6	Other expenses (incl \$ for affiliated services)						0						0				
5.7	Subtotal before reimbursements and taxes (5.1 to 5.6)	0	0	0	0	0	0	0	0	0	0	0	0				
5.8	Reimbursements by uninsured plans and fiscal intermediaries						0						0				
5.9	Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0				
5.10	Total (5.7 to 5.9)	0	0	0	0	0	0	0	0	0	0	0	0				
5.11	Total fraud and abuse detection/recovery expenses included in Column 7 (informational only)						0						0				
6.	Large Group Mini-Med Plans Expenses																
6.1	Salaries (including \$ for affiliated services)						0						0				
6.2	Outsourced services						0						0				
6.3	EDP equipment and software (incl \$ for affiliated services)						0						0				
6.4	Other equipment (excl. EDP) (incl \$ for affiliated services)						0						0				
6.5	Accreditation and certification (incl \$ for affiliated services)		XXX	XXX	XXX	XXX	0						0				
6.6	Other expenses (incl \$ for affiliated services)						0						0				
6.7	Subtotal before reimbursements and taxes (6.1 to 6.6)	0	0	0	0	0	0	0	0	0	0	0	0				
6.8	Reimbursements by uninsured plans and fiscal intermediaries						0						0				
6.9	Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0				
6.10	Total (6.7 to 6.9)	0	0	0	0	0	0	0	0	0	0	0	0				
6.11	Total fraud and abuse detection/recovery expenses included in Column 7 (informational only)						0						0				

216-3.OH

SUPPLEMENT FOR THE YEAR 2022 OF THE Buckeye Health Plan Community Solutions, Inc.

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

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

REPORT FOR: 1. CORPORATION Buckeye Health Plan Community Solutions, Inc. 2. LOCATION 4349 Easton Way, Suite 120

NAIC Group Code		01295		BUSINESS IN THE STATE OF		Ohio		DURING THE YEAR		2022		NAIC Company Code		16112			
All Expenses		Improving Health Care Quality Expenses										Claims Adjustment Expenses		9		10	
		1	2	3	4	5	6	7	8								
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses		Total Expenses (6 to 9)					
7.	Small Group Expatriate Plans Expenses																
7.1	Salaries (including \$ for affiliated services)						0										0
7.2	Outsourced services						0										0
7.3	EDP equipment and software (incl \$ for affiliated services)						0										0
7.4	Other equipment (excl. EDP) (incl \$ for affiliated services)						0										0
7.5	Accreditation and certification (incl \$ for affiliated services)		XXX	XXX	XXX	XXX	0										0
7.6	Other expenses (incl \$ for affiliated services)						0										0
7.7	Subtotal before reimbursements and taxes (7.1 to 7.6)	0	0	0	0	0	0	0	0								0
7.8	Reimbursements by uninsured plans and fiscal intermediaries						0										0
7.9	Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX								0
7.10	Total (7.7 to 7.9)	0	0	0	0	0	0	0	0								0
7.11	Total fraud and abuse detection/recovery expenses included in Column 7 (informational only)						0										0
8.	Large Group Expatriate Plans Expenses																
8.1	Salaries (including \$ for affiliated services)						0										0
8.2	Outsourced services						0										0
8.3	EDP equipment and software (incl \$ for affiliated services)						0										0
8.4	Other equipment (excl. EDP) (incl \$ for affiliated services)						0										0
8.5	Accreditation and certification (incl \$ for affiliated services)		XXX	XXX	XXX	XXX	0										0
8.6	Other expenses (incl \$ for affiliated services)						0										0
8.7	Subtotal before reimbursements and taxes (8.1 to 8.6)	0	0	0	0	0	0	0	0								0
8.8	Reimbursements by uninsured plans and fiscal intermediaries						0										0
8.9	Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX								0
8.10	Total (8.7 to 8.9)	0	0	0	0	0	0	0	0								0
8.11	Total fraud and abuse detection/recovery expenses included in Column 7 (informational only)						0										0
9.	Student Health Plans Expenses																
9.1	Salaries (including \$ for affiliated services)						0										0
9.2	Outsourced services						0										0
9.3	EDP equipment and software (incl \$ for affiliated services)						0										0
9.4	Other equipment (excl. EDP) (incl \$ for affiliated services)						0										0
9.5	Accreditation and certification (incl \$ for affiliated services)		XXX	XXX	XXX	XXX	0										0
9.6	Other expenses (incl \$ for affiliated services)						0										0
9.7	Subtotal before reimbursements and taxes (9.1 to 9.6)	0	0	0	0	0	0	0	0								0
9.8	Reimbursements by uninsured plans and fiscal intermediaries						0										0
9.9	Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX								0
9.10	Total (9.7 to 9.9)	0	0	0	0	0	0	0	0								0
9.11	Total fraud and abuse detection/recovery expenses included in Column 7 (informational only)						0										0

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SUPPLEMENT FOR THE YEAR 2022 OF THE Buckeye Health Plan Community Solutions, Inc.

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

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

REPORT FOR: 1. CORPORATION

Buckeye Health Plan Community Solutions, Inc.

2. LOCATION 4349 Easton Way, Suite 120

NAIC Group Code	01295	BUSINESS IN THE STATE OF	Consolidated	DURING THE YEAR 2022				NAIC Company Code		16112	
		All Expenses		Improving Health Care Quality Expenses				Claims Adjustment Expenses		9	10
			1	2	3	4	5	6	7	8	
			Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses
											Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:										
	1.1 Salaries (including \$0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	1.2 Outsourced services	0	0	0	0	0	0	0	0	0	0
	1.3 EDP equipment and software (incl \$0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	1.4 Other equipment (excl. EDP) (incl \$0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	1.5 Accreditation and certification (incl \$0 for affiliated services)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	1.6 Other expenses (incl \$0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	1.7 Subtotal before reimbursements and taxes (1.1 to 1.6)	0	0	0	0	0	0	0	0	0	0
	1.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	1.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	1.10 Total (1.7 to 1.9)	0	0	0	0	0	0	0	0	0	0
	1.11 Total Fraud and abuse detection/recovery expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
2.	Small Group Comprehensive Coverage Expenses:										
	2.1 Salaries (including \$0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	2.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	2.3 EDP equipment and software (incl \$0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	2.4 Other equipment (excl. EDP) (incl \$0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	2.5 Accreditation and certification (incl \$0 for affiliated services)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	2.6 Other expenses (incl \$0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	2.7 Subtotal before reimbursements and taxes (2.1 to 2.6)	0	0	0	0	0	0	0	0	0	0
	2.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	2.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	2.10 Total (2.7 to 2.9)	0	0	0	0	0	0	0	0	0	0
	2.11 Total fraud and abuse detection/recovery expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
3.	Large Group Comprehensive Coverage Expenses:										
	3.1 Salaries (including \$0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	3.2 Outsourced services	0	0	0	0	0	0	0	0	0	0
	3.3 EDP equipment and software (incl \$0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	3.4 Other equipment (excl. EDP) (incl \$0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	3.5 Accreditation and certification (incl \$0 for affiliated services)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	3.6 Other expenses (incl \$0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	3.7 Subtotal before reimbursements and taxes (3.1 to 3.6)	0	0	0	0	0	0	0	0	0	0
	3.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	3.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	3.10 Total (3.7 to 3.9)	0	0	0	0	0	0	0	0	0	0
	3.11 Total fraud and abuse detection/recovery expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

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SUPPLEMENT FOR THE YEAR 2022 OF THE Buckeye Health Plan Community Solutions, Inc.

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

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

REPORT FOR: 1. CORPORATION Buckeye Health Plan Community Solutions, Inc. 2. LOCATION 4349 Easton Way, Suite 120

NAIC Group Code		01295	BUSINESS IN THE STATE OF		Consolidated	DURING THE YEAR		2022	NAIC Company Code		16112
All Expenses			1	2	Improving Health Care Quality Expenses		6		Claims Adjustment Expenses		9
			Improve Health Outcomes	Activities to Prevent Hospital Readmissions	3	4	5	Total (1 to 5)	7	8	10
					Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses		Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses
4.	Individual Mini-Med Plans Expenses										
4.1	Salaries (including \$0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
4.2	Outsourced services	0	0	0	0	0	0	0	0	0	0
4.3	EDP equipment and software (incl \$0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
4.4	Other equipment (excl. EDP) (incl \$0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
4.5	Accreditation and certification (incl \$0 for affiliated services)	0	XXX	XXX	XXX	XXX	XXX	0	0	0	0
4.6	Other expenses (incl \$0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
4.7	Subtotal before reimbursements and taxes (4.1 to 4.6)	0	0	0	0	0	0	0	0	0	0
4.8	Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
4.9	Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
4.10	Total (4.7 to 4.9)	0	0	0	0	0	0	0	0	0	0
4.11	Total fraud and abuse detection/recovery expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
5.	Small Group Mini-Med Plans Expenses										
5.1	Salaries (including \$0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
5.2	Outsourced services	0	0	0	0	0	0	0	0	0	0
5.3	EDP equipment and software (incl \$0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
5.4	Other equipment (excl. EDP) (incl \$0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
5.5	Accreditation and certification (incl \$0 for affiliated services)	0	XXX	XXX	XXX	XXX	XXX	0	0	0	0
5.6	Other expenses (incl \$0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
5.7	Subtotal before reimbursements and taxes (5.1 to 5.6)	0	0	0	0	0	0	0	0	0	0
5.8	Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
5.9	Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
5.10	Total (5.7 to 5.9)	0	0	0	0	0	0	0	0	0	0
5.11	Total fraud and abuse detection/recovery expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
6.	Large Group Mini-Med Plans Expenses										
6.1	Salaries (including \$0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
6.2	Outsourced services	0	0	0	0	0	0	0	0	0	0
6.3	EDP equipment and software (incl \$0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
6.4	Other equipment (excl. EDP) (incl \$0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
6.5	Accreditation and certification (incl \$0 for affiliated services)	0	XXX	XXX	XXX	XXX	XXX	0	0	0	0
6.6	Other expenses (incl \$0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
6.7	Subtotal before reimbursements and taxes (6.1 to 6.6)	0	0	0	0	0	0	0	0	0	0
6.8	Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
6.9	Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
6.10	Total (6.7 to 6.9)	0	0	0	0	0	0	0	0	0	0
6.11	Total fraud and abuse detection/recovery expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

216-3.GT

SUPPLEMENT FOR THE YEAR 2022 OF THE Buckeye Health Plan Community Solutions, Inc.

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

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

REPORT FOR: 1. CORPORATION Buckeye Health Plan Community Solutions, Inc. 2. LOCATION 4349 Easton Way, Suite 120

NAIC Group Code		BUSINESS IN THE STATE OF		Consolidated		DURING THE YEAR		NAIC Company Code		16112	
01295						2022					
All Expenses				Improving Health Care Quality Expenses				Claims Adjustment Expenses		9	
		1	2	3	4	5	6	7	8	10	
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
7.	Small Group Expatriate Plans Expenses										
7.1	Salaries (including \$0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
7.2	Outsourced services	0	0	0	0	0	0	0	0	0	0
7.3	EDP equipment and software (incl \$0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
7.4	Other equipment (excl. EDP) (incl \$0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
7.5	Accreditation and certification (incl \$0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
7.6	Other expenses (incl \$0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
7.7	Subtotal before reimbursements and taxes (7.1 to 7.6)	0	0	0	0	0	0	0	0	0	0
7.8	Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
7.9	Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
7.10	Total (7.7 to 7.9)	0	0	0	0	0	0	0	0	0	0
7.11	Total fraud and abuse detection/recovery expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
8.	Large Group Expatriate Plans Expenses										
8.1	Salaries (including \$0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
8.2	Outsourced services	0	0	0	0	0	0	0	0	0	0
8.3	EDP equipment and software (incl \$0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
8.4	Other equipment (excl. EDP) (incl \$0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
8.5	Accreditation and certification (incl \$0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
8.6	Other expenses (incl \$0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
8.7	Subtotal before reimbursements and taxes (8.1 to 8.6)	0	0	0	0	0	0	0	0	0	0
8.8	Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
8.9	Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
8.10	Total (8.7 to 8.9)	0	0	0	0	0	0	0	0	0	0
8.11	Total fraud and abuse detection/recovery expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
9.	Student Health Plans Expenses										
9.1	Salaries (including \$0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
9.2	Outsourced services	0	0	0	0	0	0	0	0	0	0
9.3	EDP equipment and software (incl \$0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
9.4	Other equipment (excl. EDP) (incl \$0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
9.5	Accreditation and certification (incl \$0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
9.6	Other expenses (incl \$0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
9.7	Subtotal before reimbursements and taxes (9.1 to 9.6)	0	0	0	0	0	0	0	0	0	0
9.8	Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
9.9	Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
9.10	Total (9.7 to 9.9)	0	0	0	0	0	0	0	0	0	0
9.11	Total fraud and abuse detection/recovery expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

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