



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)

NAIC Group Code	REPORT FOR: 1. CORPORATION Buckeye Health Plan Community Solutions, Inc.	BUSINESS IN THE STATE OF Ohio	DURING THE YEAR 2022								NAIC Company Code 16112	14	15				
			Business Subject to MLR				9	10	11	12							
			Comprehensive Health Coverage		Mini-Med Plans												
			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 (13 + 14)
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	XXX.....	61,757,698	
1.2	Federal high risk pools.....													0	XXX.....	0	
1.3	State high risk pools.....													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	XXX.....	61,757,698	
1.5	Federal taxes and federal assessments.....													(716,334)	(716,334)	(716,334)	
1.6	State insurance, premium and other taxes (Similar local taxes of \$)													(97,703)	(97,703)	(97,703)	
1.6a	Community Benefit Expenditures (informational only).....													0	0	0	
1.7	Regulatory authority licenses and fees.....													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	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)	(3,180)	
1.10	Other adjustments due to MLR calculations – Premiums.....													0	XXX.....	0	
1.11	Risk revenue.....													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	62,568,555	
2.	Claims:																
2.1	Incurred claims excluding prescription drugs.....													52,105,973	52,105,973	52,105,973	
2.2	Prescription drugs.....													7,577,433	7,577,433	7,577,433	
2.3	Pharmaceutical rebates.....													4,762,237	4,762,237	4,762,237	
2.4	State stop loss, market stabilization and claim/census based assessments (informational only).....													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	1,260,629	
4.	Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only).....													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	56,181,798	
5.1	Net assumed less ceded reinsurance claims incurred.....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	0	XXX.....	0	
5.2	Other adjustments due to MLR calculations – Claims.....													0	XXX.....	0	
5.3	Rebates paid.....													0	XXX.....	0	
5.4	Estimated rebates unpaid prior year.....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	0	XXX.....	0	
5.5	Estimated rebates unpaid current year.....													0	XXX.....	0	
5.6	Fee for service and co-pay revenue.....													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	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	677,639	
6.2	Activities to prevent hospital readmissions.....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	8,453	8,453	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	3,261	
6.4	Wellness and health promotion activities.....		.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	152,862	152,862	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	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	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	
8.	Claims Adjustment Expenses:																
8.1	Cost containment expenses not included in quality of care expenses in Line 6.6.....													37,389	37,389	37,389	
8.2	All other claims adjustment expenses.....													585,759	585,759	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	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	0.010	XXX	XXX	XXX	

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			Business Subject to MLR								DURING THE YEAR 2022			NAIC Company Code	16112	14	15
		Comprehensive Health Coverage			Mini-med Plans				Expatriate Plans		9	10	11	12	13	14	15		
		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									
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	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	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	XXX	XXX	0		
13.	Net Investment and Other Gain/(Loss).....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	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	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	XXX	XXX	XXX	(2,752,364)		
16.	ICD-10 Implementation Expenses (informational only; already included in general expenses and Line 10.4).....																0		
16a.	ICD-10 Implementation Expenses (informational only; already included in Line 10.4).....																0		
OTHER INDICATORS:																			
1.	Number of Certificates/Policies.....													5,165	5,165	5,165	5,165		
2.	Number of Covered Lives.....													5,165	5,165	5,165	5,165		
3.	Number of Groups.....	XXX			XXX									0	0	0	0		
4.	Member Months.....													64,189	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 \$ _____

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)		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..... 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..... 6.2 Rate credits or policy experience refunds paid.....		0	0

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NAIC Group Code	REPORT FOR: 1. CORPORATION Buckeye Health Plan Community Solutions, Inc.	BUSINESS IN THE STATE OF	Grand Total		DURING THE YEAR 2022								NAIC Company Code	16112	14	15				
			Business Subject to MLR			9		10		11		12								
			Comprehensive Health Coverage		Mini-Med Plans		Expatriate Plans		Student Health Plans		Other Health Business		Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA							
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18			
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)	16	17	18			
1.	Premium:																			
1.1	Health premiums earned (From Part 2, Line 1.11).....	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	XXX		0	0			
1.3	State high risk pools.....	0	0	0	0	0	0	0	0	0	0	0	0	XXX		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	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	(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	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	(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	XXX		0	0			
1.11	Risk revenue.....	0	0	0	0	0	0	0	0	0	0	0	0	XXX		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	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	52,105,973	52,105,973	XXX			52,105,973			
2.2	Prescription drugs.....	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	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	XXX		0	0			
3.	Incurred medical incentive pools and bonuses.....	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			
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	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	XXX		0	0			
5.2	Other adjustments due to MLR calculations – Claims.....	0	0	0	0	0	0	0	0	0	0	0	0	XXX		0	0			
5.3	Rebates paid.....	0	0	0	0	0	0	0	0	0	0	XXX	XXX	XXX		0	0			
5.4	Estimated rebates unpaid prior year.....	0	0	0	0	0	0	0	0	0	0	XXX	XXX	XXX		0	0			
5.5	Estimated rebates unpaid current year.....	0	0	0	0	0	0	0	0	0	0	XXX	XXX	XXX		0	0			
5.6	Fee for service and co-pay revenue.....	0	0	0	0	0	0	0	0	0	0	0	0	XXX		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	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	677,639	677,639	0			677,639			
6.2	Activities to prevent hospital readmissions.....	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	3,261	3,261	0			3,261			
6.4	Wellness and health promotion activities.....	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	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	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	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	37,389	37,389	0			37,389			
8.2	All other claims adjustment expenses.....	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	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	0.010	XXX	XXX	XXX	XXX	XXX			

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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		Business Subject to MLR				DURING THE YEAR		2022		NAIC Company Code	16112			
					Comprehensive Health Coverage				Mini-med Plans		Expatriate Plans		9	10	11	12	15		
		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)			
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	1,965,217	1,965,217	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		
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		
10.4.	Other general and administrative expenses	0	0	0	0	0	0	0	0	0	0	0	5,903,971	5,903,971	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		
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	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	XXX	(2,954,260)		
12.	Income from Fees of Uninsured Plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	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	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	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)	(2,752,364)		
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		
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		
OTHER INDICATORS:																			
1.	Number of Certificates/Policies	0	0	0	0	0	0	0	0	0	0	0	0	0	5,165	5,165	0	5,165	
2.	Number of Covered Lives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5,165	5,165	0	5,165
3.	Number of Groups	XXX	0	0	XXX	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	64,189	64,189	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

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
ACA Receivables and Payables							
1.	Permanent ACA Risk Adjustment Program						
1.0.	Premium adjustments receivable/(payable)	0	0	0	0	0	0
2.	Transitional ACA Reinsurance Program						
2.0.	Total amounts recoverable for claims (paid & unpaid)	0	XXX	0	XXX	0	0
3.	Temporary ACA Risk Corridors Program						
3.1.	Accrued retrospective premium	0	0	0	0	0	0
3.2.	Reserve for rate credits or policy experience refunds	0	0	0	0	0	0
ACA Receipts and Payments							
4.	Permanent ACA Risk Adjustment Program						
4.0.	Premium adjustments receipts/(payments)	0	0	0	0	0	0
5.	Transitional ACA Reinsurance Program						
5.0.	Amounts received for claims	0	XXX	0	XXX	0	0
6.	Temporary ACA Risk Corridors Program						
6.1.	Retrospective premium received	0	0	0	0	0	0
6.2.	Rate credits or policy experience refunds paid	0	0	0	0	0	0

216-1.GT

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	DURING THE YEAR 2022								NAIC Company Code	16112	13				
				Business Subject to MLR														
				Comprehensive Health Coverage			Mini-Med Plans		Expatriate Plans									
				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	9	10	11	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13 Total (a)		
1.	Health Premiums Earned:																	
	1.1 Direct premiums written			0	0	0	0	0	0	0	0	0	0	0	61,757,698			
	1.2 Unearned premium prior year			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			
	1.4 Change in unearned premium (Lines 1.2 – 1.3)			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			
	1.6 Reserve for rate credits current year			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	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	(1,382,117)	(1,382,117)			
	1.9 Premium balances written off			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			
	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	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			
	1.13 Net assumed less ceded premiums earned from affiliates			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	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			
	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	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	54,788,535	54,788,535			
	2.2 Direct claim liability current year			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	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			
	2.5 Direct claim reserves prior year			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			
	2.7 Direct contract reserves prior year			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	1,382,117	1,382,117			
	2.9 Reserve for rate credits current year			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	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	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	196,980	196,980			
	2.11b Accrued medical incentive pools and bonuses current year			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	170,240	170,240			
	2.12 Net healthcare receivables (Lines 2.12a – 2.12b)			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	2,467,326	2,467,326			
	2.12b Healthcare receivables prior year			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			
	2.14 Multi-option coverage blended rate adjustment			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	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			
	2.17 Net assumed less ceded incurred claims from affiliates			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			
	2.19 Other adjustments due to MLR calculation – Claims			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	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			

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

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	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13 Total (a)				
			Business Subject to MLR					9	10	11								
			Comprehensive Health Coverage			Mini-Med Plans		Expatriate Plans										
			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					
1.	Health Premiums Earned:																	
	1.1 Direct premiums written		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				
	1.3 Unearned premium current year		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				
	1.5 Paid rate credits		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	518,922	518,922				
	1.7 Reserve for rate credits prior year		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	(1,382,117)	(1,382,117)				
	1.9 Premium balances written off		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				
	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	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				
	1.13 Net assumed less ceded premiums earned from affiliates		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	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				
	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	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	54,788,535	54,788,535				
	2.2 Direct claim liability current year		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	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				
	2.5 Direct claim reserves prior year		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				
	2.7 Direct contract reserves prior year		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	1,382,117	1,382,117				
	2.9 Reserve for rate credits current year		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	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	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	196,980	196,980				
	2.11b Accrued medical incentive pools and bonuses current year		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	170,240	170,240				
	2.12 Net healthcare receivables (Lines 2.12a – 2.12b)		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	2,467,326	2,467,326				
	2.12b Healthcare receivables prior year		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				
	2.14 Multi-option coverage blended rate adjustment		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	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				
	2.17 Net assumed less ceded incurred claims from affiliates		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				
	2.19 Other adjustments due to MLR calculation – Claims		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	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				

(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						NAIC Company Code	16112	9	10
				1	2	3	4	5	6				
All Expenses				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)	Claims Adjustment 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).....								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
1.8	Reimbursements by uninsured plans and fiscal intermediaries.....								0				0
1.9	Taxes, licenses and fees (in total, for tying purposes).....								0				0
1.10	Total (1.7 to 1.9).....								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).....								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
2.8	Reimbursements by uninsured plans and fiscal intermediaries.....								0				0
2.9	Taxes, licenses and fees (in total, for tying purposes).....								0				0
2.10	Total (2.7 to 2.9).....								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).....								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
3.8	Reimbursements by uninsured plans and fiscal intermediaries.....								0				0
3.9	Taxes, licenses and fees (in total, for tying purposes).....								0				0
3.10	Total (3.7 to 3.9).....								0				0
3.11	Total fraud and abuse detection/recovery expenses included in Column 7 (informational only).....								0				0

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NONE

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						NAIC Company Code	16112	9	10	
				1	2	3	4	5	6					
				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)	Claims Adjustment Expenses	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
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)								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
4.8	Reimbursements by uninsured plans and fiscal intermediaries								0					0
4.9	Taxes, licenses and fees (in total, for tying purposes)								0					0
4.10	Total (4.7 to 4.9)								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)								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
5.8	Reimbursements by uninsured plans and fiscal intermediaries								0					0
5.9	Taxes, licenses and fees (in total, for tying purposes)								0					0
5.10	Total (5.7 to 5.9)								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)								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
6.8	Reimbursements by uninsured plans and fiscal intermediaries								0					0
6.9	Taxes, licenses and fees (in total, for tying purposes)								0					0
6.10	Total (6.7 to 6.9)								0					0
6.11	Total fraud and abuse detection/recovery expenses included in Column 7 (informational only)								0					0

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NONE

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							NAIC Company Code	16112	9	10
				1	2	3	4	5	6	Total (1 to 5)				
		All Expenses		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses		Claims Adjustment Expenses	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	
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	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	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		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
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	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	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		0	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
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	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	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		0	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

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NONE

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						NAIC Company Code	16112	9	10
				1	2	3	4	5	6				
All Expenses				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	0	0
1.2	Outsourced services	0	0	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	0	0
1.4	Other equipment (excl. EDP) (incl \$.0 for affiliated services)	0	0	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.	0	0	0	0
1.6	Other expenses (incl \$.0 for affiliated services)	0	0	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	0	0
1.8	Reimbursements by uninsured plans and fiscal intermediaries	0	0	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.	XXX.	0
1.10	Total (1.7 to 1.9)	0	0	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	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	0	0
2.2	Outsourced Services	0	0	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	0	0
2.4	Other equipment (excl. EDP) (incl \$.0 for affiliated services)	0	0	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.	0	0	0	0
2.6	Other expenses (incl \$.0 for affiliated services)	0	0	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	0	0
2.8	Reimbursements by uninsured plans and fiscal intermediaries	0	0	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.	XXX.	0
2.10	Total (2.7 to 2.9)	0	0	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	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	0	0
3.2	Outsourced services	0	0	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	0	0
3.4	Other equipment (excl. EDP) (incl \$.0 for affiliated services)	0	0	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.	0	0	0	0
3.6	Other expenses (incl \$.0 for affiliated services)	0	0	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	0	0
3.8	Reimbursements by uninsured plans and fiscal intermediaries	0	0	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.	XXX.	0
3.10	Total (3.7 to 3.9)	0	0	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	0	0

216-3.GT

NONE

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						NAIC Company Code	16112	9	10	
				1	2	3	4	5	6					
		All Expenses		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)	Claims Adjustment Expenses	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4.	Individual Mini-Med Plans Expenses													
	4.1 Salaries (including \$ 0 for affiliated services)			0	0	0	0	0	0	0	0	0	0	0
	4.2 Outsourced services			0	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	0
	4.4 Other equipment (excl. EDP) (incl \$ 0 for affiliated services)			0	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	0	0	0	0	0	0
	4.6 Other expenses (incl \$ 0 for affiliated services)			0	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	0
	4.8 Reimbursements by uninsured plans and fiscal intermediaries			0	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	0
	4.10 Total (4.7 to 4.9)			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	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	0
	5.2 Outsourced services			0	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	0
	5.4 Other equipment (excl. EDP) (incl \$ 0 for affiliated services)			0	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	0	0	0	0	0	0
	5.6 Other expenses (incl \$ 0 for affiliated services)			0	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	0
	5.8 Reimbursements by uninsured plans and fiscal intermediaries			0	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	0
	5.10 Total (5.7 to 5.9)			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	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	0
	6.2 Outsourced services			0	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	0
	6.4 Other equipment (excl. EDP) (incl \$ 0 for affiliated services)			0	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	0	0	0	0	0	0
	6.6 Other expenses (incl \$ 0 for affiliated services)			0	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	0
	6.8 Reimbursements by uninsured plans and fiscal intermediaries			0	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	0
	6.10 Total (6.7 to 6.9)			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	0	0	0	0	0	0	0	0	0

NONE

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							NAIC Company Code	16112	9	10	
				1	2	3	4	5	6	Total (1 to 5)					
		All Expenses		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses			Claims Adjustment Expenses	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
7.	Small Group Expatriate Plans Expenses			0	0	0	0	0	0	0	0	0	0	0	0
7.1	Salaries (including \$ 0 for affiliated services)			0	0	0	0	0	0	0	0	0	0	0	0
7.2	Outsourced services			0	0	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	0	0
7.4	Other equipment (excl. EDP) (incl \$ 0 for affiliated services)			0	0	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	0	0
7.7	Subtotal before reimbursements and taxes (7.1 to 7.6)			0	0	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	0	0
7.9	Taxes, licenses and fees (in total, for tying purposes)			XXX	XXX	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	0	0
7.11	Total fraud and abuse detection/recovery expenses included in Column 7 (informational only)			0							0	0	0	0	0
8.	Large Group Expatriate Plans Expenses			0	0	0	0	0	0	0	0	0	0	0	0
8.1	Salaries (including \$ 0 for affiliated services)			0	0	0	0	0	0	0	0	0	0	0	0
8.2	Outsourced services			0	0	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	0	0
8.4	Other equipment (excl. EDP) (incl \$ 0 for affiliated services)			0	0	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	0	0
8.7	Subtotal before reimbursements and taxes (8.1 to 8.6)			0	0	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	0	0
8.9	Taxes, licenses and fees (in total, for tying purposes)			XXX	XXX	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	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	0	0
9.	Student Health Plans Expenses			0	0	0	0	0	0	0	0	0	0	0	0
9.1	Salaries (including \$ 0 for affiliated services)			0	0	0	0	0	0	0	0	0	0	0	0
9.2	Outsourced services			0	0	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	0	0
9.4	Other equipment (excl. EDP) (incl \$ 0 for affiliated services)			0	0	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	0	0
9.7	Subtotal before reimbursements and taxes (9.1 to 9.6)			0	0	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	0	0
9.9	Taxes, licenses and fees (in total, for tying purposes)			XXX	XXX	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	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	0	0

NONE