



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2022
OF THE CONDITION AND AFFAIRS OF THE

Mount Carmel Health Plan, Inc.

NAIC Group Code2838NAIC Company Code95655Employer's ID Number31-1471229

(Current)(Prior)

Organized under the Laws ofOhio, State of Domicile or Port of EntryOH

Country of DomicileUnited States of America

Licensed as business type:Health Maintenance Organization

Is HMO Federally Qualified? Yes [] No [X]

Incorporated/Organized08/07/1996Commenced Business04/01/1997

Statutory Home Office3100 Easton Square PlaceColumbus, OH, US 43219

(Street and Number)(City or Town, State, Country and Zip Code)

Main Administrative Office3100 Easton Square Place

(Street and Number)

Columbus, OH, US 43219614-546-3211

(City or Town, State, Country and Zip Code)(Area Code) (Telephone Number)

Mail Address3100 Easton Square PlaceColumbus, OH, US 43219

(Street and Number or P.O. Box)(City or Town, State, Country and Zip Code)

Primary Location of Books and Records3100 Easton Square Place

(Street and Number)

Columbus, OH, US 43219614-546-3211

(City or Town, State, Country and Zip Code)(Area Code) (Telephone Number)

Internet Website Addresswww.medigold.com

Statutory Statement ContactDavid Lee Vis614-546-3211

(Name)(Area Code) (Telephone Number)

David.Vis@medigold.com614-546-3131

(E-mail Address)(FAX Number)

OFFICERS

PresidentJohn Charles RandolphSecretary & TreasurerJoseph Jerome Patrick Jr.

Board ChairDaniel James Wendorff MDVice President & CFODavid Lee Vis

OTHER

Trisha Anne Whetstone, Assistant Secretary

DIRECTORS OR TRUSTEES

Cynthia Mauro DelleckerLorraine Leigh LuttonStephen Michael Lundregan

Joseph Jerome Patrick, Jr.John Charles RandolphDaniel James Wendorff, MD Chairperson

Todd Daniel Fox

State ofOhioSS

County ofFranklin

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

John Charles RandolphJoseph Jerome Patrick, Jr.David Lee Vis

President & CEOSecretary & TreasurerVice President & CFO

Subscribed and sworn to before me this

day of

a. Is this an original filing?Yes [X] No []

b. If no,

1. State the amendment number.....

2. Date filed

3. Number of pages attached.....

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

[illegible]

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199998. Aggregate Pharmaceutical Rebate Receivables Not Individually Listed	3,067,865	3,078,018	2,627,323	4,224,022	651,483	12,345,745
0199999. Total Pharmaceutical Rebate Receivables	3,067,865	3,078,018	2,627,323	4,224,022	651,483	12,345,745
0299998. Aggregate Claim Overpayment Receivables Not Individually Listed						
0299999. Total Claim Overpayment Receivables	0	0	0	0	0	0
0399998. Aggregate Loans and Advances to Providers Not Individually Listed						
0399999. Total Loans and Advances to Providers	0	0	0	0	0	0
0499998. Aggregate Capitation Arrangement Receivables Not Individually Listed						
0499999. Total Capitation Arrangement Receivables	0	0	0	0	0	0
0599998. Aggregate Risk Sharing Receivables Not Individually Listed						
0599999. Total Risk Sharing Receivables	0	0	0	0	0	0
0699998. Aggregate Other Health Care Receivables Not Individually Listed						
0699999. Total Other Health Care Receivables	0	0	0	0	0	0
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0799999 Gross health care receivables	3,067,865	3,078,018	2,627,323	4,224,022	651,483	12,345,745

EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivable	Health Care Receivables Collected or Offset During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables from Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables	12,595,249	25,346,140		12,997,228	12,595,249	11,671,146
2. Claim overpayment receivables					0	0
3. Loans and advances to providers					0	0
4. Capitation arrangement receivables					0	0
5. Risk sharing receivables					0	0
6. Other health care receivables.....					0	0
7. Totals (Lines 1 through 6)	12,595,249	25,346,140	0	12,997,228	12,595,249	11,671,146

Note that the accrued amounts in Columns 3, 4, and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

21

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

0399999 Total gross amounts receivable	538,727	0	0	0	0	538,727	0
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EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Mount Carmel Health Plan, Inc.

EXHIBIT 7 PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

	1	2	3	4	5	6
Payment Method	Direct Medical Expense Payment	Column 1 as a % of Total Payments	Total Members Covered	Column 3 as a % of Total Members	Column 1 Expenses Paid to Affiliated Providers	Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	0	0.0		0.0		
2. Intermediaries	6,028,520	1.3	39,630	100.7		6,028,520
3. All other providers	0	0.0		0.0		
4. Total capitation payments	6,028,520	1.3	39,630	100.7	0	6,028,520
Other Payments:						
5. Fee-for-service	38,496,840	8.3	XXX	XXX		38,496,840
6. Contractual fee payments	401,868,736	86.8	XXX	XXX	93,166,923	308,701,813
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	16,818,594	3.6	XXX	XXX		16,818,594
9. Non-contingent salaries	0	0.0	XXX	XXX		
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	0	0.0	XXX	XXX		
12. Total other payments	457,184,170	98.7	XXX	XXX	93,166,923	364,017,247
13. TOTAL (Line 4 plus Line 12)	463,212,690	100%	XXX	XXX	93,166,923	370,045,767

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4	5	6
NAIC Code	Name of Intermediary	Capitation Paid	Average Monthly Capitation	Intermediary's Total Adjusted Capital	Intermediary's Authorized Control Level RBC
	Dental Benefit Providers, Inc.	4,546,252	378,854		
	Spectera, Inc.	1,326,573	110,548		
	Carenet Health	155,695	12,975		
9999999 Totals		6,028,520	XXX	XXX	XXX

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

		1	2	3	4	5	6
Description		Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1.	Administrative furniture and equipment	1,552,532	.....	593,114	959,418	959,418	0
2.	Medical furniture, equipment and fixtures						
3.	Pharmaceuticals and surgical supplies						
4.	Durable medical equipment						
5.	Other property and equipment						
6.	Total	1,552,532	0	593,114	959,418	959,418	0



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Mount Carmel Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Mount Carmel Health Plan, Inc. 2. Columbus, OH

NAIC Group Code		2838		BUSINESS IN THE STATE OF Iowa				DURING THE YEAR 2022				(LOCATION)		NAIC Company Code		95655	
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14			
		2	3														
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health			
Total Members at end of:																	
1. Prior Year	270							270									
2. First Quarter	402							402									
3. Second Quarter	412							412									
4. Third Quarter	410							410									
5. Current Year	421							421									
6. Current Year Member Months	4,917							4,917									
Total Member Ambulatory Encounters for Year:																	
7 Physician	2,599							2,599									
8. Non-Physician	866							866									
9. Total	3,465	0	0	0	0	0	0	3,465	0	0	0	0	0	0			
10. Hospital Patient Days Incurred	355							355									
11. Number of Inpatient Admissions	56							56									
12. Health Premiums Written (b)	3,698,062							3,698,062									
13. Life Premiums Direct	0																
14. Property/Casualty Premiums Written	0																
15. Health Premiums Earned.....	3,681,970							3,681,970									
16. Property/Casualty Premiums Earned	0																
17. Amount Paid for Provision of Health Care Services.....	3,464,140							3,464,140									
18. Amount Incurred for Provision of Health Care Services	3,535,834							3,535,834									

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$3,698,062



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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Mount Carmel Health Plan, Inc. 2. Columbus, OH

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)	
2838		Ohio		2022										NAIC Company Code	
		Comprehensive (Hospital & Medical)												95655	
		2	3	4	5	6	7	8	9	10	11	12	13	14	
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:															
1.	Prior Year	41,528							41,528						
2.	First Quarter	40,423							40,423						
3.	Second Quarter	39,843							39,843						
4.	Third Quarter	39,406							39,406						
5.	Current Year	38,939							38,939						
6.	Current Year Member Months	477,929							477,929						
Total Member Ambulatory Encounters for Year:															
7.	Physician	328,952							328,952						
8.	Non-Physician	109,651							109,651						
9.	Total	438,603	0	0	0	0	0	0	438,603	0	0	0	0	0	0
10.	Hospital Patient Days Incurred	79,654							79,654						
11.	Number of Inpatient Admissions	26,545							26,545						
12.	Health Premiums Written (b)	550,699,521							550,699,521						
13.	Life Premiums Direct	0													
14.	Property/Casualty Premiums Written	0													
15.	Health Premiums Earned.....	549,498,211							549,498,211						
16.	Property/Casualty Premiums Earned	0													
17.	Amount Paid for Provision of Health Care Services.....	459,748,550							459,748,550						
18.	Amount Incurred for Provision of Health Care Services	475,499,885							475,499,885						

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 550,699,521

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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Mount Carmel Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Mount Carmel Health Plan, Inc.

2. Columbus, OH

NAIC Group Code		2838		BUSINESS IN THE STATE OF		Grand Total		DURING THE YEAR							2022		(LOCATION)		NAIC Company Code		95655	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14							
			2	3																		
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health							
Total Members at end of:																						
1. Prior Year		41,798	0	0	0	0	0	0	41,798	0	0	0	0	0	0							
2. First Quarter		40,825	0	0	0	0	0	0	40,825	0	0	0	0	0	0							
3. Second Quarter		40,255	0	0	0	0	0	0	40,255	0	0	0	0	0	0							
4. Third Quarter		39,816	0	0	0	0	0	0	39,816	0	0	0	0	0	0							
5. Current Year		39,360	0	0	0	0	0	0	39,360	0	0	0	0	0	0							
6. Current Year Member Months		482,846	0	0	0	0	0	0	482,846	0	0	0	0	0	0							
Total Member Ambulatory Encounters for Year:																						
7 Physician		331,551	0	0	0	0	0	0	331,551	0	0	0	0	0	0							
8. Non-Physician		110,517	0	0	0	0	0	0	110,517	0	0	0	0	0	0							
9. Total		442,068	0	0	0	0	0	0	442,068	0	0	0	0	0	0							
10. Hospital Patient Days Incurred		80,009	0	0	0	0	0	0	80,009	0	0	0	0	0	0							
11. Number of Inpatient Admissions		26,601	0	0	0	0	0	0	26,601	0	0	0	0	0	0							
12. Health Premiums Written (b)		554,397,583	0	0	0	0	0	0	554,397,583	0	0	0	0	0	0							
13. Life Premiums Direct		0	0	0	0	0	0	0	0	0	0	0	0	0	0							
14. Property/Casualty Premiums Written		0	0	0	0	0	0	0	0	0	0	0	0	0	0							
15. Health Premiums Earned.....		553,180,181	0	0	0	0	0	0	553,180,181	0	0	0	0	0	0							
16. Property/Casualty Premiums Earned		0	0	0	0	0	0	0	0	0	0	0	0	0	0							
17. Amount Paid for Provision of Health Care Services.....		463,212,690	0	0	0	0	0	0	463,212,690	0	0	0	0	0	0							
18. Amount Incurred for Provision of Health Care Services		479,035,719	0	0	0	0	0	0	479,035,719	0	0	0	0	0	0							

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 554,397,583

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Mount Carmel Health Plan, Inc.

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

[illegible]

SCHEDULE S - PART 2

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Mount Carmel Health Plan, Inc.

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
0399999.	Total General Account - Authorized U.S. Affiliates						0	0	0	0	0	0	0
0699999.	Total General Account - Authorized Non-U.S. Affiliates						0	0	0	0	0	0	0
0799999.	Total General Account - Authorized Affiliates						0	0	0	0	0	0	0
... 93440 ...	..06-1041332 ..	01/01/2022	HM Life Insurance Company	PA.....	.....SSL/I.....	.....CMM.....	1,217,401						
0899999.	General Account - Authorized U.S. Non-Affiliates						1,217,401	0	0	0	0	0	0
1099999.	Total General Account - Authorized Non-Affiliates						1,217,401	0	0	0	0	0	0
1199999.	Total General Account Authorized						1,217,401	0	0	0	0	0	0
1499999.	Total General Account - Unauthorized U.S. Affiliates						0	0	0	0	0	0	0
1799999.	Total General Account - Unauthorized Non-U.S. Affiliates						0	0	0	0	0	0	0
1899999.	Total General Account - Unauthorized Affiliates						0	0	0	0	0	0	0
2199999.	Total General Account - Unauthorized Non-Affiliates						0	0	0	0	0	0	0
2299999.	Total General Account Unauthorized						0	0	0	0	0	0	0
2599999.	Total General Account - Certified U.S. Affiliates						0	0	0	0	0	0	0
2899999.	Total General Account - Certified Non-U.S. Affiliates						0	0	0	0	0	0	0
2999999.	Total General Account - Certified Affiliates						0	0	0	0	0	0	0
3299999.	Total General Account - Certified Non-Affiliates						0	0	0	0	0	0	0
3399999.	Total General Account Certified						0	0	0	0	0	0	0
3699999.	Total General Account - Reciprocal Jurisdiction U.S. Affiliates						0	0	0	0	0	0	0
3999999.	Total General Account - Reciprocal Jurisdiction Non-U.S. Affiliates						0	0	0	0	0	0	0
4099999.	Total General Account - Reciprocal Jurisdiction Affiliates						0	0	0	0	0	0	0
4399999.	Total General Account - Reciprocal Jurisdiction Non-Affiliates						0	0	0	0	0	0	0
4499999.	Total General Account Reciprocal Jurisdiction						0	0	0	0	0	0	0
4599999.	Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified						1,217,401	0	0	0	0	0	0
4899999.	Total Separate Accounts - Authorized U.S. Affiliates						0	0	0	0	0	0	0
5199999.	Total Separate Accounts - Authorized Non-U.S. Affiliates						0	0	0	0	0	0	0
5299999.	Total Separate Accounts - Authorized Affiliates						0	0	0	0	0	0	0
5599999.	Total Separate Accounts - Authorized Non-Affiliates						0	0	0	0	0	0	0
5699999.	Total Separate Accounts Authorized						0	0	0	0	0	0	0
5999999.	Total Separate Accounts - Unauthorized U.S. Affiliates						0	0	0	0	0	0	0
6299999.	Total Separate Accounts - Unauthorized Non-U.S. Affiliates						0	0	0	0	0	0	0
6399999.	Total Separate Accounts - Unauthorized Affiliates						0	0	0	0	0	0	0
6699999.	Total Separate Accounts - Unauthorized Non-Affiliates						0	0	0	0	0	0	0
6799999.	Total Separate Accounts Unauthorized						0	0	0	0	0	0	0
7099999.	Total Separate Accounts - Certified U.S. Affiliates						0	0	0	0	0	0	0
7399999.	Total Separate Accounts - Certified Non-U.S. Affiliates						0	0	0	0	0	0	0
7499999.	Total Separate Accounts - Certified Affiliates						0	0	0	0	0	0	0
7799999.	Total Separate Accounts - Certified Non-Affiliates						0	0	0	0	0	0	0
7899999.	Total Separate Accounts Certified						0	0	0	0	0	0	0
8199999.	Total Separate Accounts - Reciprocal Jurisdiction U.S. Affiliates						0	0	0	0	0	0	0
8499999.	Total Separate Accounts - Reciprocal Jurisdiction Non-U.S. Affiliates						0	0	0	0	0	0	0
8599999.	Total Separate Accounts - Reciprocal Jurisdiction Affiliates						0	0	0	0	0	0	0
8899999.	Total Separate Accounts - Reciprocal Jurisdiction Non-Affiliates						0	0	0	0	0	0	0
8999999.	Total Separate Accounts Reciprocal Jurisdiction						0	0	0	0	0	0	0
9099999.	Total Separate Accounts Authorized, Unauthorized, Reciprocal Jurisdiction and Certified						0	0	0	0	0	0	0
9199999.	Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)						1,217,401	0	0	0	0	0	0
9299999.	Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 3999999, 4299999, 5199999, 5499999, 6299999, 6599999, 7399999, 7699999, 8499999 and 8799999)						0	0	0	0	0	0	0
9999999.	- Totals						1,217,401	0	0	0	0	0	0

Schedule S - Part 4

N O N E

Schedule S - Part 4 - Bank Footnote

N O N E

Schedule S - Part 5

N O N E

Schedule S - Part 5 - Bank Footnote

N O N E

SCHEDULE S - PART 6

Five Year Exhibit of Reinsurance Ceded Business (\$000 Omitted)

	1 2022	2 2021	3 2020	4 2019	5 2018
A. OPERATIONS ITEMS					
1. Premiums	0	0	0	0	0
2. Title XVIII - Medicare	1,217	1,239	1,323	1,490	1,092
3. Title XIX - Medicaid	0	0	0	0	0
4. Commissions and reinsurance expense allowance ..					
5. Total hospital and medical expenses					
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable	0	0	0	0	0
8. Reinsurance recoverable on paid losses	366	391	59	228	340
9. Experience rating refunds due or unpaid					0
10. Commissions and reinsurance expense allowances due					
11. Unauthorized reinsurance offset					
12. Offset for reinsurance with Certified Reinsurers					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)	0	0	0	0	0
14. Letters of credit (L)	0	0	0	0	0
15. Trust agreements (T)	0	0	0	0	0
16. Other (O)	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust					
18. Funds deposited by and withheld from (F)					
19. Letters of credit (L)					
20. Trust agreements (T)					
21. Other (O)					

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	479,225,120		479,225,120
2. Accident and health premiums due and unpaid (Line 15)	680,935		680,935
3. Amounts recoverable from reinsurers (Line 16.1)	365,615		365,615
4. Net credit for ceded reinsurance	XXX	0	0
5. All other admitted assets (Balance)	14,391,334		14,391,334
6. Total assets (Line 28)	494,663,004	0	494,663,004
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	32,154,584		32,154,584
8. Accrued medical incentive pool and bonus payments (Line 2)	32,186,558		32,186,558
9. Premiums received in advance (Line 8)	137,522		137,522
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19 first inset amount plus second inset amount)	0		0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount)	0		0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount)			0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)	0		0
14. All other liabilities (Balance)	21,630,442		21,630,442
15. Total liabilities (Line 24)	86,109,106	0	86,109,106
16. Total capital and surplus (Line 33)	408,553,898	XXX	408,553,898
17. Total liabilities, capital and surplus (Line 34)	494,663,004	0	494,663,004
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid	0		
19. Accrued medical incentive pool	0		
20. Premiums received in advance	0		
21. Reinsurance recoverable on paid losses	0		
22. Other ceded reinsurance recoverables	0		
23. Total ceded reinsurance recoverables	0		
24. Premiums receivable	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26. Unauthorized reinsurance	0		
27. Reinsurance with Certified Reinsurers	0		
28. Funds held under reinsurance treaties with Certified Reinsurers	0		
29. Other ceded reinsurance payables/offsets	0		
30. Total ceded reinsurance payables/offsets	0		
31. Total net credit for ceded reinsurance	0		

Schedule T - Part 2 - Interstate Compact

N O N E

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Mount Carmel Health Plan, Inc.

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

[illegible]

Asterisk	Explanation

SCHEDULE Y
PART 2 - SUMMARY OF INSURER’S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
95655	31-1471229	Mount Carmel Health Plan, Inc		(1,200,310)			(99,048,287)				(100,248,597)	
	87-3948434	Mount Carmel Health Plan of Connecticut, Inc		3,000,000							3,000,000	
	80-2378484	Trinity Health Plan of Michigan, Inc		1,500,000							1,500,000	
	35-1443425	Trinity Health Corporation		(7,881,152)			4,201,285				(3,679,867)	
	83-1422704	Mount Carmel Health Plan of Idaho, Inc		3,048,141			(650,297)				2,397,844	
	83-3278543	Mount Carmel Health Plan of New York, Inc										
				1,533,321								
	31-11439334	Mount Carmel Health System					(128,349)				1,404,972	
13123	25-1912781	Mount Carmel Health Insurance Company					71,509,387				71,509,387	
	47-1139205	Mercy ACO LLC					(1,329,667)				(1,329,667)	
	14-1338544	Samaritan Hospital					45,440				45,440	
	14-1348692	St Peter's Hospital					1,163				1,163	
	20-1960348	Mason City Ambulatory Surgery Center					13				13	
	20-1983271	Mount Carmel Health Providers II LLC					38,223				38,223	
	20-4145781	Mount Carmel Health Providers III, LLC					5,422,650				5,422,650	
	31-1373080	Mercy Health Services, Iowa, Corp					11,852				11,852	
	31-1382442	Mount Carmel Health Providers, Inc					632,656				632,656	
	31-1459910	Taylor Station Surgical Center					4,540,743				4,540,743	
	31-1657206	Madison County Community Hospital					697,419				697,419	
	34-2032340	Diley Ridge Medical Center					5,381,072				5,381,072	
	38-2621935	Trinity Home Health Services					908,950				908,950	
	42-1283849	Mercy Medical Services					3,406,146				3,406,146	
	42-1328388	Magnetic Resonance Services Partnership					4,210				4,210	
	42-1336618	Mercy Medical Center - Clinton, Inc					428				428	
	45-1617821	New Albany Surgery Center					46,003				46,003	
	46-1177336	St. Peter's Health Partners Medical Associates, P.C.					232,725				232,725	
	46-1906752	Mercy-Clinton Anesthesia Group, LLC					19				19	
	46-4700223	Orange ASC Lte					488				488	
	47-4200156	Encompass Health Rehabilitation Hospital of Westerville, LLC					1,421,885				1,421,885	
	59-0791028	Holy Cross Hospital, Inc					2,221,024				2,221,024	
	82-0200895	Saint Alphonsus Regional Medical Center, inc					712				712	
	82-2226975	Mount Carmel Behavioral Healthcare LLC					386				386	
	90-0739342	Eastwind Surgical LLC					126,788				126,788	
							304,933				304,933	
9999999	Control Totals		0	0	0	0	0	0	XXX	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Mount Carmel Health Plan, Inc.

SCHEDULE Y

PART 3 - ULTIMATE CONTROLLING PARTY AND LISTING OF OTHER U.S. INSURANCE GROUPS OR ENTITIES UNDER THAT ULTIMATE CONTROLLING PARTY'S CONTROL

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Mount Carmel Health Plan, Inc.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

REQUIRED FILINGS

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










		Responses
MARCH FILING		
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will an actuarial opinion be filed by March 1?	YES
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?.....	YES
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	YES
APRIL FILING		
5.	Will Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
JUNE FILING		
8.	Will an audited financial report be filed by June 1?	YES
9.	Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES

SUPPLEMENTAL FILINGS

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

MARCH FILING		
10.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
11.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
12.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?.....	NO
13.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?.....	NO
14.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?.....	NO
15.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?.....	NO
16.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
17.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
18.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO
APRIL FILING		
19.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
20.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
21.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	YES
22.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	YES
23.	Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1?	NO
AUGUST FILING		
24.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
Explanations:		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		
23.		

Bar Codes:

10.	Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]	
11.	Life Supplement [Document Identifier 205]	
12.	SIS Stockholder Information Supplement [Document Identifier 420]	
13.	Participating Opinion for Exhibit 5 [Document Identifier 371]	
14.	Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]	
15.	Medicare Part D Coverage Supplement [Document Identifier 365]	
16.	Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]	
17.	Relief from the one-year cooling off period for independent CPA [Document Identifier 225]	
18.	Relief from the Requirements for Audit Committees [Document Identifier 226]	

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Mount Carmel Health Plan, Inc.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

19. Long-Term Care Experience Reporting Forms [Document Identifier 306]



20. Life Supplement [Document Identifier 211]



23. Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 [Document Identifier 290]

