



HEALTH ANNUAL STATEMENT

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

Medical Health Insuring Corporation of Ohio

NAIC Group Code07300730NAIC Company Code95828Employer's ID Number34-1442712
(Current)(Prior)

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

Country of DomicileUnited States of America

Licensed as business type:Property/Casualty

Is HMO Federally Qualified? Yes [] No []

Incorporated/Organized07/13/1984Commenced Business01/01/1985

Statutory Home Office2060 East Ninth StreetCleveland, OH, US 44115-1355
(Street and Number)(City or Town, State, Country and Zip Code)

Main Administrative Office2060 East Ninth StreetCleveland, OH, US 44115-1355216-687-7000
(Street and Number)(City or Town, State, Country and Zip Code)(Area Code) (Telephone Number)

Mail Address2060 East Ninth StreetCleveland, OH, US 44115-1355
(Street and Number or P.O. Box)(City or Town, State, Country and Zip Code)

Primary Location of Books and Records2060 East Ninth StreetCleveland, OH, US 44115-1355216-687-7000
(Street and Number)(City or Town, State, Country and Zip Code)(Area Code) (Telephone Number)

Internet Website Addresswww.MedMutual.com

Statutory Statement ContactKevin Spruch216-687-2759
(Name)(Area Code) (Telephone Number)

Kevin.Spruch@medmutual.com216-360-4073
(E-mail Address)(FAX Number)

OFFICERS

President & CEOSteven Craig GlassTreasurerRaymond Karl Mueller

SecretaryPatricia Bunn Decensi

OTHER

DIRECTORS OR TRUSTEES

Thomas Parke DeweySteven Craig GlassRaymond Karl Mueller

State ofOhioSS

County ofCuyahoga

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.

Steven Craig GlassPatricia Bunn DecensiRaymond Karl Mueller
President & CEOSecretaryTreasurer

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.....

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Medical Health Insuring Corporation of Ohio

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Medical Health Insuring Corporation of Ohio

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
Express Scripts	2,377,000	2,377,000	2,377,000	10,710,469	3,652,469	14,189,000
Magellan	225,550	225,550	225,550	680,550	1,357,200	
Johnson & Johnson	121,450	121,450	121,450	366,450	730,800	
0199998. Aggregate Pharmaceutical Rebate Receivables Not Individually Listed						
0199999. Total Pharmaceutical Rebate Receivables	2,724,000	2,724,000	2,724,000	11,757,469	5,740,469	14,189,000
Express Scripts	200,833	200,833	200,833	1,807,500	2,410,000	0
0299998. Aggregate Claim Overpayment Receivables Not Individually Listed						
0299999. Total Claim Overpayment Receivables	200,833	200,833	200,833	1,807,500	2,410,000	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
.....						
.....						
.....						
.....						
0799999 Gross health care receivables	2,924,833	2,924,833	2,924,833	13,564,969	8,150,469	14,189,000

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	15,197,082	11,234,290		19,929,469	15,197,082	14,185,269
2. Claim overpayment receivables	2,785,648			2,410,000	2,785,648	2,644,970
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)	17,982,730	11,234,290	0	22,339,469	17,982,730	16,830,239

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)

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Medical Health Insuring Corporation of Ohio

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Medical Health Insuring Corporation of Ohio

[illegible]

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups .....	.....0	.....0.0	.....	.....0.0	.....	.....
2. Intermediaries.....	.....0	.....0.0	.....	.....0.0	.....	.....
3. All other providers.....	.....0	.....0.0	.....	.....0.0	.....	.....
4. Total capitation payments.....	.....0	.....0.0	.....0	.....0.0	.....0	.....0
Other Payments:						
5. Fee-for-service	7,801,140	1.5	xxx	xxx	.....	7,801,140
6. Contractual fee payments	526,316,090	98.0	xxx	xxx	.....	526,316,090
7. Bonus/withhold arrangements - fee-for-service .....	.....0	0.0	xxx	xxx	.....	.....
8. Bonus/withhold arrangements - contractual fee payments	2,871,434	0.5	xxx	xxx	.....	2,871,434
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	536,988,664	100.0	xxx	xxx	0	536,988,664
13. TOTAL (Line 4 plus Line 12)	536,988,664	100%	xxx	xxx	0	536,988,664

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

[illegible]

Exhibit 8 - Furniture and Equipment Owned

N O N E



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Medical Health Insuring Corporation of Ohio

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Medical Health Insuring Corporation of Ohio 2. Cleveland, OH

NAIC Group Code		0730		BUSINESS IN THE STATE OF		Ohio		DURING THE YEAR			2022		NAIC Company Code		95828	
		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		197,690	44,204		126,729	10,831	15,926									
2. First Quarter		204,182	52,987		123,392	11,334	16,469									
3. Second Quarter		204,211	52,195		123,758	11,431	16,827									
4. Third Quarter		204,696	51,397		124,463	11,615	17,221									
5. Current Year		203,451	49,722		124,447	11,700	17,582									
6. Current Year Member Months		2,450,791	622,697		1,487,586	137,811	202,697									
Total Member Ambulatory Encounters for Year:																
7 Physician		2,398,716	351,603		2,046,572		541									
8. Non-Physician		1,722,750	243,688		1,449,720		29,342									
9. Total		4,121,466	595,291	0	3,496,292	0	29,883	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred		190,829	18,036		172,793											
11. Number of Inpatient Admissions		26,032	3,456		22,576											
12. Health Premiums Written (b)		617,550,763	351,384,821	0	259,265,667	1,211,895	5,688,380									
13. Life Premiums Direct		0														
14. Property/Casualty Premiums Written		0														
15. Health Premiums Earned.....		617,550,763	351,384,821	0	259,265,667	1,211,895	5,688,380									
16. Property/Casualty Premiums Earned		0														
17. Amount Paid for Provision of Health Care Services.....		536,988,664	319,061,163	6,378	213,873,907	576,583	3,470,633									
18. Amount Incurred for Provision of Health Care Services		542,436,434	323,036,578	(2,622)	215,265,263	576,583	3,560,633									



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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Medical Health Insuring Corporation of Ohio 2. Cleveland, OH

NAIC Group Code		0730		BUSINESS IN THE STATE OF		Grand Total		DURING THE YEAR					2022		(LOCATION)		NAIC Company Code		95828	
		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		197,690	44,204	0	126,729	10,831	15,926	0	0	0	0	0	0	0	0					
2. First Quarter		204,182	52,987	0	123,392	11,334	16,469	0	0	0	0	0	0	0	0					
3. Second Quarter		204,211	52,195	0	123,758	11,431	16,827	0	0	0	0	0	0	0	0					
4. Third Quarter		204,696	51,397	0	124,463	11,615	17,221	0	0	0	0	0	0	0	0					
5. Current Year		203,451	49,722	0	124,447	11,700	17,582	0	0	0	0	0	0	0	0					
6. Current Year Member Months		2,450,791	622,697	0	1,487,586	137,811	202,697	0	0	0	0	0	0	0	0					
Total Member Ambulatory Encounters for Year:																				
7. Physician		2,398,716	351,603	0	2,046,572	0	541	0	0	0	0	0	0	0	0					
8. Non-Physician		1,722,750	243,688	0	1,449,720	0	29,342	0	0	0	0	0	0	0	0					
9. Total		4,121,466	595,291	0	3,496,292	0	29,883	0	0	0	0	0	0	0	0					
10. Hospital Patient Days Incurred		190,829	18,036	0	172,793	0	0	0	0	0	0	0	0	0	0					
11. Number of Inpatient Admissions		26,032	3,456	0	22,576	0	0	0	0	0	0	0	0	0	0					
12. Health Premiums Written (b)		617,550,763	351,384,821	0	259,265,667	1,211,895	5,688,380	0	0	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.....		617,550,763	351,384,821	0	259,265,667	1,211,895	5,688,380	0	0	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.....		536,988,664	319,061,163	6,378	213,873,907	576,583	3,470,633	0	0	0	0	0	0	0	0					
18. Amount Incurred for Provision of Health Care Services		542,436,434	323,036,578	(2,622)	215,265,263	576,583	3,560,633	0	0	0	0	0	0	0	0					

(a) For health business: number of persons insured under PPO managed care products 49,722 and number of persons insured under indemnity only products 0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 0

Schedule S - Part 1 - Section 2
N O N E

Schedule S - Part 2
N O N E

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Medical Health Insuring Corporation of Ohio

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
1099999. Total General Account - Authorized Non-Affiliates							0	0	0	0	0	0	0
1199999. Total General Account Authorized							0	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
... 14421 27-1595679 .. 01/01/2021 . Eyemed Insurance Company				AZ.....	.....QA/G.....	.....OH.....	958,008						
1999999. General Account - Unauthorized U.S. Non-Affiliates							958,008	0	0	0	0	0	0
2199999. Total General Account - Unauthorized Non-Affiliates							958,008	0	0	0	0	0	0
2299999. Total General Account Unauthorized							958,008	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							958,008	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)							958,008	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							958,008	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	958	834	0	0	0
2. Title XVIII - Medicare	0	0	0	0	0
3. Title XIX - Medicaid	0	0	0	0	0
4. Commissions and reinsurance expense allowance					
5. Total hospital and medical expenses			0	171	433
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable	0	0	0	0	0
8. Reinsurance recoverable on paid losses	0	0	0	0	0
9. Experience rating refunds due or unpaid					
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			0	0	0
18. Funds deposited by and withheld from (F)			0	0	0
19. Letters of credit (L)			0	0	0
20. Trust agreements (T)			0	0	0
21. Other (O)			0	0	0

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)	227,627,499		227,627,499
2. Accident and health premiums due and unpaid (Line 15)	2,761,492		2,761,492
3. Amounts recoverable from reinsurers (Line 16.1)	0		0
4. Net credit for ceded reinsurance	XXX	0	0
5. All other admitted assets (Balance)	24,127,538		24,127,538
6. Total assets (Line 28)	254,516,530	0	254,516,530
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	74,473,750		74,473,750
8. Accrued medical incentive pool and bonus payments (Line 2)	1,307,000		1,307,000
9. Premiums received in advance (Line 8)	13,066,205		13,066,205
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)	87,398,836		87,398,836
15. Total liabilities (Line 24)	176,245,791	0	176,245,791
16. Total capital and surplus (Line 33)	78,270,739	XXX	78,270,739
17. Total liabilities, capital and surplus (Line 34)	254,516,530	0	254,516,530
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 - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

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

NONE

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

Asterisk	

NONE

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Medical Health Insuring Corporation of Ohio

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

[illegible]

Schedule Y - Part 3
N O N E

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Medical Health Insuring Corporation of Ohio

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?	YES
11.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
12.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?.....	NO
13.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?.....	NO
14.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?.....	NO
15.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?.....	NO
16.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
17.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
18.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO
APRIL FILING		
19.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
20.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
21.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	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?	YES
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:		
11.	The data for this supplement is not required to be filed.	
12.	The data for this supplement is not required to be filed.	
13.	The data for this supplement is not required to be filed.	
14.	The data for this supplement is not required to be filed.	
15.	The data for this supplement is not required to be filed.	
16.	The data for this supplement is not required to be filed.	
17.	The data for this supplement is not required to be filed.	
18.	The data for this supplement is not required to be filed.	
19.		
20.		

Bar Codes:

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]	
19.	Long-Term Care Experience Reporting Forms [Document Identifier 306]	
20.	Life Supplement [Document Identifier 211]	



SUPPLEMENT FOR THE YEAR 2022 OF THE Medical Health Insuring Corporation of Ohio

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
(To Be Filed by March 1)

FOR THE STATE OF Ohio.....
NAIC Group Code 0730..... NAIC Company Code 95828.....
ADDRESS (City, State and Zip Code) Cleveland , OH 44115-1355.....
Person Completing This Exhibit Stephen Spears
Title Director of Actuarial Services Telephone Number 216-687-6849

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019				Policies Issued in 2020; 2021; 2022			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
N/A.....	HM9001	P.....	NO.....	0204060	03/15/1990		03/29/1990	12/31/1991	Medicare Gold + Medd supp			0.0				0.0	
YES.....	STM-MH2016-A	A.....	NO.....	0034067	01/01/2016				Medicare Supplement Individual Policy - Plan A	70,443	42,910	60.9	38	20,536	10,950	53.3	18
YES.....	STM-MH2016-C	C.....	NO.....	0034067	01/01/2016				Medicare Supplement Individual Policy - Plan C	920,131	818,777	89.0	302	41,212	27,766	67.4	15
YES.....	STM-MH2016-F	F.....	NO.....	0034067	01/01/2016				Medicare Supplement Individual Policy - Plan F	74,486,486	56,739,205	76.2	26,311	1,650,649	1,214,487	73.6	659
YES.....	STM-MH2016-H/F	F.....	NO.....	0034067	01/01/2016				Medicare Supplement Individual Policy - High Ded Plan F	1,758,836	649,463	36.9	2,059	88,569	31,092	35.1	121
YES.....	STM-MH2016-G	G.....	NO.....	0034067	01/01/2016				Medicare Supplement Individual Policy - Plan G	119,118,007	107,834,450	90.5	57,370	45,154,540	36,596,079	81.0	30,061
YES.....	STM-MH2016-N	N.....	NO.....	0034067	01/01/2016				Medicare Supplement Individual Policy - Plan N	15,089,564	10,923,587	72.4	7,081	637,178	376,496	59.1	412
0199999. Total Experience on Individual Policies										211,443,466	177,008,393	83.7	93,161	47,592,684	38,256,870	80.4	31,286

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address: 2060 East Nine Street Cleveland , OH 44115-1355
2.2 Contact Person and Phone Number: Paul Mancino 216-687-2675
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address: 2060 East Nine Street Cleveland , OH 44115-1355
3.2 Contact Person and Phone Number: Paul Mancino 216-687-2675
4. Explain any policies identified above as policy type "O".