



**ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2023
OF THE CONDITION AND AFFAIRS OF THE**

AmeriHealth Caritas Ohio, Inc.

(Name)

NAIC Group Code 00936 (Current Period) , 00936 (Prior Period) NAIC Company Code 16980 Employer's ID Number 84-2435374

Organized under the Laws of Ohio, State of Domicile or Port of Entry Ohio

Country of Domicile _____ United States

Licensed as business type: Life, Accident & Health Property/Casualty Hospital, Medical & Dental Service or Indemnity
 Dental Service Corporation Vision Service Corporation Health Maintenance Organization
 Other Is HMO, Federally Qualified? Yes No

Incorporated/Organized 07/16/2019 Commenced Business 02/25/2021

Main Administrative Office **200 Stevens Drive**
(Street and Number)
Philadelphia, PA, US 19113 **215-937-8000**

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

200 Stevens Drive, Philadelphia, PA, US 19115
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Philadelphia, PA, US 19113, 215-937-8000
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number) (Extension)

Statutory Statement Contact Suzette Nicole Heitkamp, 614-204-0597
(Name) (Area Code) (Telephone Number) (Extension)
sheitkamp@amerihealthcaritasoh.com 717-671-6523
(E-Mail Address) (Fax Number)

OFFICERS

OFFICERS

Name	Title	Name	Title
Pamela Ann Schmidt #	Treasurer	Robert Edward Tootle, Esquire	Secretary
Russell Raymond Gianforcaro	President		

OTHER OFFICERS

DIRECTORS OR TRUSTEES

State of Pennsylvania.....
County of Philadelphia.....

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.

Pamela Ann Schmidt
Treasurer

Robert Edward Tootle, Esquire
Secretary

Russell Raymond Gianforcaro
President

Subscribed and sworn to before me this
day of February, 2024

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

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE AmeriHealth Caritas Ohio, Inc.

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals	0					
Group subscribers:						
0299997 Group subscriber subtotal	0	0	0	0	0	0
0299998 Premiums due and unpaid not individually listed						
0299999 Total group	0	0	0	0	0	0
0399999 Premiums due and unpaid from Medicare entities						
0499999 Premiums due and unpaid from Medicaid entities	6,596,737	32,054,363	7,994,257	7,272,576		53,917,931
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	6,596,737	32,054,363	7,994,257	7,272,576	0	53,917,931

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE AmeriHealth Caritas Ohio, Inc.

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
029998 - Aggregate of amounts not individually listed above.	256,918	239,611	226,911	0	723,440	0
029999 - Claim Overpayment Receivables	256,918	239,611	226,911	0	723,440	0
039998 - Aggregate of amounts not individually listed above.	24,590	0	0	0	24,590	0
039999 - Loans and Advances to Providers	24,590	0	0	0	24,590	0
079999 Gross Health Care Receivables	281,508	239,611	226,911	0	748,030	0

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE AmeriHealth Caritas Ohio, Inc.

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 Health Care Receivables from Prior Years (Cols. 1 + 3)	6 Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	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		
1. Pharmaceutical rebate receivables					0	
2. Claim overpayment receivables		5,357,813		723,440	0	
3. Loans and advances to providers				24,590	0	
4. Capitation arrangement receivables					0	
5. Risk sharing receivables					0	
6. Other health care receivables					0	
7. Totals (Lines 1 through 6)	0	5,357,813	0	748,030	0	0

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

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE AmeriHealth Caritas Ohio, Inc.

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

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)						
0199999 Individually listed claims unpaid.....	0	.0	0	.0	0	0
0299999 Aggregate accounts not individually listed-uncovered.....						.0
0399999 Aggregate accounts not individually listed-covered	11,268,764	57,587				11,326,351
0499999 Subtotals	11,268,764	57,587	0	0	0	11,326,351
0599999 Unreported claims and other claim reserves						90,985,011
0699999 Total amounts withheld						
0799999 Total claims unpaid						102,311,362
0899999 Accrued medical incentive pool and bonus amounts						0

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE AmeriHealth Caritas Ohio, Inc.

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE AmeriHealth Caritas Ohio, Inc.

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
AmeriHealth Caritas Services, LLC.....	Administrative and staffing services.....	..7,236,813	..7,236,813	
PerformRx, LLC.....	Drug Therapy Management Program.....	100,345	100,345	
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0199999 Individually listed payables.....7,337,158	..7,337,1580
0299999 Payables not individually listed
0399999 Total gross payables	7,337,158	7,337,158	0

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE AmeriHealth Caritas Ohio, Inc.

EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

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	32,520,428	10.1	13,643	12.2		32,520,428
2. Intermediaries	0	0.0		0.0		
3. All other providers	31,297,853	9.8	105,711	94.6		31,297,853
4. Total capitation payments	63,818,281	19.9	119,354	106.9	0	63,818,281
Other Payments:						
5. Fee-for-service	0	0.0	XXX	XXX		
6. Contractual fee payments	256,861,499	80.1	XXX	XXX		256,861,499
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	0	0.0	XXX	XXX		
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	256,861,499	80.1	XXX	XXX	0	256,861,499
13. Total (Line 4 plus Line 12)	320,679,780	100 %	XXX	XXX	0	320,679,780

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE AmeriHealth Caritas Ohio, Inc.

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment	1,349,852		296,691	1,053,161	1,053,161	
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment	1,703,747		491,321	1,212,426	1,212,426	
6. Total	3,053,599	0	788,012	2,265,587	2,265,587	0



ANNUAL STATEMENT FOR THE YEAR 2023 OF THE AmeriHealth Caritas Ohio, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

AmeriHealth Caritas Ohio, Inc.

2. _____

(LOCATION)

NAIC Group Code	00936	BUSINESS IN THE STATE OF Ohio			DURING THE YEAR 2023							NAIC Company Code	16980		
		1	Comprehensive Hospital & Medical)		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 .....		.0								.0					
2. First Quarter		64,482								64,482					
3. Second Quarter		74,718								74,718					
4. Third Quarter		83,564								83,564					
5. Current Year		111,696								111,696					
6. Current Year Member Months		923,998								923,998					
Total Member Ambulatory Encounters for Year:															
7. Physician .....		.515,165								.515,165					
8. Non-Physician .....		.284,490								.284,490					
9. Total		799,655	0	0	0	0	0	0	0	799,655	0	0	0	0	0
10. Hospital Patient Days Incurred		142,885								142,885					
11. Number of Inpatient Admissions		9,693								9,693					
12. Health Premiums Written (b)		499,783,009								499,783,009					
13. Life Premiums Direct .....		.0													
14. Property/Casualty Premiums Written .....		.0													
15. Health Premiums Earned		499,783,009								499,783,009					
16. Property/Casualty Premiums Earned		0													
17. Amount Paid for Provision of Health Care Services		320,679,780								320,679,780					
18. Amount Incurred for Provision of Health Care Services		422,991,142								422,991,142					

(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 \$0



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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

AmeriHealth Caritas Ohio, Inc.

2. _____

(LOCATION)

NAIC Group Code	00936	BUSINESS IN THE STATE OF Consolidated			DURING THE YEAR 2023									NAIC Company Code	16980	
		1	Comprehensive Hospital & Medical)		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 .....		.0	0	0	.0	0	0	0	0	.0	0	0	0	0	0	.0
2. First Quarter		64,482	0	0	.0	0	0	0	0	64,482	0	0	0	0	0	.0
3. Second Quarter		74,718	0	0	.0	0	0	0	0	74,718	0	0	0	0	0	.0
4. Third Quarter		83,564	0	0	.0	0	0	0	0	83,564	0	0	0	0	0	.0
5. Current Year		111,696	0	0	0	0	0	0	0	111,696	0	0	0	0	0	0
6. Current Year Member Months		923,998	0	0	0	0	0	0	0	923,998	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:																
7. Physician .....		.515,165	0	0	.0	0	0	0	0	.515,165	0	0	0	0	0	.0
8. Non-Physician .....		.284,490	0	0	.0	0	0	0	0	.284,490	0	0	0	0	0	.0
9. Total		799,655	0	0	0	0	0	0	0	799,655	0	0	0	0	0	0
10. Hospital Patient Days Incurred		142,885	0	0	0	0	0	0	0	142,885	0	0	0	0	0	0
11. Number of Inpatient Admissions		9,693	0	0	0	0	0	0	0	9,693	0	0	0	0	0	0
12. Health Premiums Written (b)		499,783,009	0	0	.0	0	0	0	0	499,783,009	0	0	0	0	0	.0
13. Life Premiums Direct .....		.0	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	.0
15. Health Premiums Earned		499,783,009	0	0	.0	0	0	0	0	499,783,009	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	0
17. Amount Paid for Provision of Health Care Services		320,679,780	0	0	.0	0	0	0	0	320,679,780	0	0	0	0	0	.0
18. Amount Incurred for Provision of Health Care Services		422,991,142	0	0	0	0	0	0	0	422,991,142	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 \$0

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE AmeriHealth Caritas Ohio, Inc.

SCHEDULE S - PART 1 - SECTION 2

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

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE AmeriHealth Caritas Ohio, Inc.

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE AmeriHealth Caritas Ohio, 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 Domiciliary Jurisdiction	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		
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
21105.....	22-1964135.....	02/01/2023.....	NORTH RIVER INS CO.....	NJ.....	LRSL/I.....	CMM.....	2,739,196.....						
0899999 - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates							2,739,196.....	0	0	0	0	0	0
1099999 - General Account - Authorized - Non-Affiliates - Total Authorized Non-Affiliates							2,739,196.....	0	0	0	0	0	0
1199999 - General Account - Authorized - Total General Account Authorized							2,739,196.....	0	0	0	0	0	0
4599999 - General Account - Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified							2,739,196.....	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)							2,739,196.....	0	0	0	0	0	0
9999999 Totals							2,739,196.....	0	0	0	0	0	0

Schedule S - Part 4

NONE

Schedule S - Part 5

NONE

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE AmeriHealth Caritas Ohio, Inc.

SCHEDULE S – PART 6

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

	1 2023	2 2022	3 2021	4 2020	5 2019
A. OPERATIONS ITEMS					
1. Premiums.....	0	0	0	0	0
2. Title XVIII-Medicare.....	0	0	0	0	0
3. Title XIX-Medicaid.....	2,739	0	0	0	0
4. Commissions and reinsurance expense allowance.....	0	0	0	0	0
5. Total hospital and medical expenses.....	0	0	0	0	0
B. BALANCE SHEET ITEMS					
6. Premiums receivable	0	0	0	0	0
7. Claims payable.....	0	0	0	0	0
8. Reinsurance recoverable on paid losses.....	788	0	0	0	0
9. Experience rating refunds due or unpaid.....	0	0	0	0	0
10. Commissions and reinsurance expense allowances due.....	0	0	0	0	0
11. Unauthorized reinsurance offset.....	0	0	0	0	0
12. Offset for reinsurance with Certified Reinsurers.....	0	0	0	0	0
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	0	0
18. Funds deposited by and withheld from (F)	0	0	0	0	0
19. Letters of credit (L).....	0	0	0	0	0
20. Trust agreements (T).....	0	0	0	0	0
21. Other (O).....	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE AmeriHealth Caritas Ohio, Inc.

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)	148,463,290		148,463,290
2. Accident and health premiums due and unpaid (Line 15).....	53,917,933		53,917,933
3. Amounts recoverable from reinsurers (Line 16.1).....	787,653		787,653
4. Net credit for ceded reinsurance.....	XXX	787,653	787,653
5. All other admitted assets (Balance).....	2,283,766		2,283,766
6. Total assets (Line 28)	205,452,642	787,653	206,240,295
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	102,311,362		102,311,362
8. Accrued medical incentive pool and bonus payments (Line 2).....	0		0
9. Premiums received in advance (Line 8).....	0		0
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		0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount).....	0		0
14. All other liabilities (Balance).....	22,875,372		22,875,372
15. Total liabilities (Line 24).....	125,186,734		125,186,734
16. Total capital and surplus (Line 33).....	80,265,908	XXX	80,265,908
17. Total liabilities, capital and surplus (Line 34)	205,452,642	0	205,452,642
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid.....	0		0
19. Accrued medical incentive pool.....	0		0
20. Premiums received in advance	0		0
21. Reinsurance recoverable on paid losses	787,653		787,653
22. Other ceded reinsurance recoverables	0		0
23. Total ceded reinsurance recoverables	787,653		787,653
24. Premiums receivable	0		0
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		0
26. Unauthorized reinsurance	0		0
27. Reinsurance with Certified Reinsurers.....	0		0
28. Funds held under reinsurance treaties with Certified Reinsurers.....	0		0
29. Other ceded reinsurance payables/offsets	0		0
30. Total ceded reinsurance payables/offsets	0		0
31. Total net credit for ceded reinsurance	787,653		787,653

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE AmeriHealth Caritas Ohio, Inc.

SCHEDULE T – PART 2
INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

Allocated By States and Territories

States, Etc.	Direct Business Only					
	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama	AL					0
2. Alaska	AK					0
3. Arizona	AZ					0
4. Arkansas	AR					0
5. California	CA					0
6. Colorado	CO					0
7. Connecticut	CT					0
8. Delaware	DE					0
9. District of Columbia	DC					0
10. Florida	FL					0
11. Georgia	GA					0
12. Hawaii	HI					0
13. Idaho	ID					0
14. Illinois	IL					0
15. Indiana	IN					0
16. Iowa	IA					0
17. Kansas	KS					0
18. Kentucky	KY					0
19. Louisiana	LA					0
20. Maine	ME					0
21. Maryland	MD					0
22. Massachusetts	MA					0
23. Michigan	MI					0
24. Minnesota	MN					0
25. Mississippi	MS					0
26. Missouri	MO					0
27. Montana	MT					0
28. Nebraska	NE					0
29. Nevada	NV					0
30. New Hampshire	NH					0
31. New Jersey	NJ					0
32. New Mexico	NM					0
33. New York	NY					0
34. North Carolina	NC					0
35. North Dakota	ND					0
36. Ohio	OH					0
37. Oklahoma	OK					0
38. Oregon	OR					0
39. Pennsylvania	PA					0
40. Rhode Island	RI					0
41. South Carolina	SC					0
42. South Dakota	SD					0
43. Tennessee	TN					0
44. Texas	TX					0
45. Utah	UT					0
46. Vermont	VT					0
47. Virginia	VA					0
48. Washington	WA					0
49. West Virginia	WV					0
50. Wisconsin	WI					0
51. Wyoming	WY					0
52. American Samoa	AS					0
53. Guam	GU					0
54. Puerto Rico	PR					0
55. U.S. Virgin Islands	VI					0
56. Northern Mariana Islands	MP					0
57. Canada	CAN					0
58. Aggregate Other Alien	OT					0
59. Totals		0	0	0	0	0

NONE

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE AmeriHealth Caritas Ohio, Inc.

SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries Or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14	15 Is an SCA Filing Required? (Yes/No)	16
00000.....	00000.....	47-1233198.....				Independence Health Group, Inc.....	PA.....	U/P.....	Independence Health Group, Inc.....		Ownership.....	100.0	Independence Health Group, Inc.....	NO	
00000.....	00000.....	23-2425461.....				AmeriHealth, Inc.....	PA.....	U/P.....	AmeriHealth, Inc.....		Ownership.....	100.0	Independence Health Group, Inc.....	NO	
00000.....	00000.....	92-0826129.....				AmeriHealth Franklin, LLC.....	DE.....	N/A.....	AmeriHealth, Inc.....		Ownership.....	100.0	Independence Health Group, Inc.....	NO	
00000.....	00000.....	46-5339475.....				Tandigm Health, LLC.....	DE.....	N/A.....	AmeriHealth, Inc. (72.6%) / AmeriHealth Franklin, LLC (0.7%) / Trustees of the University of Pennsylvania (26.7%).....		Ownership.....	73.3	Independence Health Group, Inc. / Trustees of the University of Pennsylvania.....	NO	
00000.....	00000.....	82-4299279.....				Tandigm MSO, LLC.....	PA.....	N/A.....	Tandigm Health, LLC.....		Ownership.....	73.3	Independence Health Group, Inc. / Trustees of the University of Pennsylvania.....	NO	
00000.....	00000.....	47-2516811.....				Tandigm Scholars, Inc.....	PA.....	O/TH.....	Tandigm Health, LLC.....		Board.....	0.0	Independence Health Group, Inc. / Trustees of the University of Pennsylvania.....	NO	
00000.....	00000.....	85-0672015.....				Tandigm HVN, LLC.....	PA.....	N/A.....	Tandigm Health, LLC.....		Ownership.....	73.3	Independence Health Group, Inc. / Trustees of the University of Pennsylvania.....	NO	
00000.....	00000.....	87-2068950.....				Tandigm Value Partners, LLC.....	PA.....	N/A.....	Tandigm HVN, LLC.....		Ownership.....	62.5	Independence Health Group, Inc. / Trustees of the University of Pennsylvania.....	NO	
00000.....	00000.....	85-0682780.....				Tandigm Specialist Alliances, LLC.....	PA.....	N/A.....	Tandigm HVN, LLC.....		Ownership.....	73.3	Independence Health Group, Inc. / Doylestown Hospital / Trustees of the University of Pennsylvania.....	NO	
00000.....	00000.....	88-3900008.....				Doylestown Value Partners, LLC.....	PA.....	N/A.....	Tandigm HVN, LLC.....		Ownership.....	44.0	Independence Health Group, Inc. / Doylestown Hospital / Trustees of the University of Pennsylvania.....	NO	

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00000.....		00000.....	88-3890709.....				Penn Medicine Healthcare Partners, LLC.....	.PA.....	.NIA.....	Tandigm HVN, LLC.....	Ownership.....	73.3	Independence Health Group, Inc. / Trustees of the University of Pennsylvania.....	NO.....	
00000.....		00000.....	85-0693771.....				TPS Hold Co., LLC.....	.PA.....	.NIA.....	Tandigm HVN, LLC.....	Ownership.....	73.3	Independence Health Group, Inc. / Trustees of the University of Pennsylvania.....	NO.....	
00000.....		00000.....	85-2543447.....				Tandigm Physician Services, LLC.....	.DE.....	.NIA.....	TPS Hold Co., LLC.....	Ownership.....	37.4	Independence Health Group, Inc. / Trustees of the University of Pennsylvania.....	NO.....	
00000.....		00000.....	82-5264307.....				1819 LLC.....	.DE.....	.NIA.....	AmeriHealth, Inc. (55.2%) / Comcast Connected Health, LLC (44.8%).....	Ownership.....	55.2	Independence Health Group, Inc. / Comcast Connected Health, LLC.....	NO.....	
00000.....		00000.....	85-3092159.....				Evio Pharmacy Solutions, LLC.....	.DE.....	.NIA.....	AmeriHealth, Inc. (20%).....	Ownership.....	20.0	Independence Health Group, Inc. / AmeriHealth, Inc. (20%).....	NO.....	
00000.....		00000.....	46-3867722.....				Independence Blue Cross, LLC.....	.PA.....	.NIA.....	AmeriHealth, Inc.	Ownership.....	100.0	Independence Health Group, Inc. / AmeriHealth, Inc.	NO.....	
00000.....		00000.....	90-0799945.....				3BE Holdings, LLC.....	.DE.....	.NIA.....	Independence Blue Cross, LLC.....	Ownership.....	40.5	Independence Health Group, Inc. / AmeriHealth, Inc.	NO.....	
00000.....		00000.....	23-2800586.....				The AmeriHealth Agency, Inc.....	.PA.....	.NIA.....	Independence Blue Cross, LLC.....	Ownership.....	100.0	Independence Health Group, Inc. / AmeriHealth, Inc.	NO.....	
00000.....		00000.....	84-4672692.....				GR Health Solutions, LLC.....	.PA.....	.NIA.....	Independence Blue Cross, LLC / Anthem Partnership Holding Company, LLC.....	Ownership.....	50.0	Independence Health Group, Inc. / AmeriHealth, Inc.	NO.....	
00671.....	Elevance Health, Inc.....	12812.....	30-0326654.....				Group Retiree Health Solutions, Inc.....	.PA.....	.IA.....	GR Health Solutions, LLC.....	Ownership.....	50.0	Independence Health Group, Inc. / Elevance Health, Inc.....	NO.....	
00936.....	Independence Health Group, Inc.....	95794.....	51-0296135.....				Healthcare Delaware, Inc.....	.DE.....	.IA.....	Independence Blue Cross, LLC.....	Ownership.....	100.0	Independence Health Group, Inc. / AmeriHealth, Inc.	NO.....	
00936.....	Independence Health Group, Inc.....	60254.....	23-2865349.....				Independence Insurance, Inc.....	.DE.....	.IA.....	Independence Blue Cross, LLC.....	Ownership.....	100.0	Independence Health Group, Inc. / AmeriHealth, Inc.	NO.....	
00000.....		00000.....	98-0426648.....				AmeriHealth Assurance, Ltd.....	.BMU.....	.NIA.....	Independence Blue Cross, LLC.....	Ownership.....	100.0	Independence Health Group, Inc. / AmeriHealth, Inc.	NO.....	
00000.....		00000.....	23-2795357.....				AmeriHealth Services, Inc.....	.PA.....	.NIA.....	Independence Blue Cross, LLC.....	Ownership.....	100.0	Independence Health Group, Inc. / AmeriHealth, Inc.	NO.....	
00000.....		00000.....	23-2824200.....				NS Assisted Living Communities, Inc.....	.PA.....	.NIA.....	AmeriHealth Services, Inc.....	Ownership.....	100.0	Independence Health Group, Inc. / AmeriHealth, Inc.	NO.....	

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00000.....		00000.....	23-2982367.....				Independence Holdings, Inc.....	PA.....	NIA.....	Independence Blue Cross, LLC.....	Ownership.....	100.0	Independence Health Group, Inc.....	NO	
00000.....		00000.....	23-2944969.....				KMHP Holding Company, Inc.....	PA.....	NIA.....	Independence Holdings, Inc.....	Ownership.....	50.0	Independence Health Group, Inc. / Mercy Health Plan.....	NO	
00936.....	Independence Health Group, Inc.....	93688.....	23-2184623.....				QCC Insurance Company.....	PA.....	IA.....	Independence Blue Cross, LLC.....	Ownership.....	100.0	Independence Health Group, Inc.....	NO	
00000.....		00000.....	81-0681081.....				Veridign Health Solutions, LLC.....	PA.....	NIA.....	QCC Insurance Company.....	Ownership.....	100.0	Independence Health Group, Inc.....	NO	
00000.....		00000.....	27-0204996.....				International Plan Solutions, LLC.....	DE.....	NIA.....	QCC Insurance Company.....	Ownership.....	38.2	Independence Health Group, Inc.....	NO	
00000.....		00000.....	23-2903313.....				Highway to Health, Inc.....	DE.....	NIA.....	International Plan Solutions, LLC.....	Ownership.....	13.0	Independence Health Group, Inc.....	NO	
00000.....		00000.....	98-0408753.....				HTH Re, Ltd.....	BMU.....	NIA.....	Highway to Health, Inc.....	Ownership.....	13.0	Independence Health Group, Inc.....	NO	
00000.....		00000.....	54-1867679.....				Worldwide Insurance Services, LLC.....	VA.....	NIA.....	Highway to Health, Inc.....	Ownership.....	13.0	Independence Health Group, Inc.....	NO	
00000.....		00000.....	23-2521508.....				AmeriHealth Administrators, Inc.....	PA.....	NIA.....	Independence Blue Cross, LLC.....	Ownership.....	100.0	Independence Health Group, Inc.....	NO	
00936.....	Independence Health Group, Inc.....	16053.....	81-3078234.....				Independence Assurance Company.....	PA.....	IA.....	Independence Blue Cross, LLC.....	Ownership.....	100.0	Independence Health Group, Inc.....	NO	
00936.....	Independence Health Group, Inc.....	95044.....	23-2314460.....				AmeriHealth HMO, Inc.....	PA.....	IA.....	Independence Blue Cross, LLC.....	Ownership.....	100.0	Independence Health Group, Inc.....	NO	
00936.....	Independence Health Group, Inc.....	95056.....	23-2405376.....				Keystone Health Plan East, Inc.....	PA.....	IA.....	Independence Blue Cross, LLC.....	Ownership.....	100.0	Independence Health Group, Inc.....	NO	
00000.....		00000.....	85-1427898.....				1901 Market Holdco, LLC.....	DE.....	NIA.....	Independence Blue Cross, LLC / QCC Insurance Company (54%) / Keystone Health Plan, Inc. (23%).....	Ownership.....	100.0	Independence Health Group, Inc.....	NO	
00000.....		00000.....	85-1428394.....				1901 Market, LLC.....	DE.....	NIA.....	1901 Market Holdco, LLC.....	Ownership.....	100.0	Independence Health Group, Inc.....	NO	
00936.....	Independence Health Group, Inc.....	54704.....	23-0370270.....				Independence Hospital Indemnity Plan, Inc.....	PA.....	IA.....	Independence Blue Cross, LLC.....	Board.....	0.0	Independence Health Group, Inc.....	NO	
00000.....		00000.....	36-4685801.....				Independence Blue Cross Foundation.....	PA.....	OTH.....	Independence Hospital Indemnity Plan, Inc.....	Board.....	0.0	Independence Health Group, Inc.....	NO	
00936.....	Independence Health Group, Inc.....	54763.....	23-0724427.....				Inter-County Hospitalization Plan, Inc.....	PA.....	IA.....	Independence Hospital Indemnity Plan, Inc. (50%) / Highmark, Inc. (50%).....	Board.....	0.0	Independence Health Group, Inc. / Highmark Health.....	NO	
00936.....	Independence Health Group, Inc.....	53252.....	23-2063810.....				Inter-County Health Plan, Inc.....	PA.....	IA.....	Independence Hospital Indemnity Plan, Inc. (50%) / Highmark, Inc. (50%).....	Board.....	0.0	Independence Health Group, Inc. / Highmark Health.....	NO	
00000.....		00000.....	46-3878323.....				AmeriHealth Casualty Holdings, LLC.....	PA.....	NIA.....	AmeriHealth, Inc.....	Ownership.....	100.0	Independence Health Group, Inc.....	NO	
00000.....		00000.....	25-1686685.....				CompServices, Inc.....	PA.....	NIA.....	AmeriHealth Casualty Holdings, LLC.....	Ownership.....	100.0	Independence Health Group, Inc.....	NO	
00000.....		00000.....	25-1765486.....				CSI Services, Inc.....	PA.....	NIA.....	CompServices, Inc.....	Ownership.....	100.0	Independence Health Group, Inc.....	NO	

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00000	Independence Health Group, Inc.	00000	46-3893959			AmeriHealth New Jersey Holdings, LLC	PA	NIA	AmeriHealth, Inc.	Ownership	100.0	Independence Health Group, Inc.	NO		
00936	Independence Health Group, Inc.	60061	22-3338404			AmeriHealth Insurance Company of New Jersey	NJ	IA	AmeriHealth New Jersey Holdings, LLC	Ownership	100.0	Independence Health Group, Inc.	NO		
00000	Independence Health Group, Inc.	00000	45-3672640			IBC MH LLC	DE	UIP	AmeriHealth, Inc. (95%) / Keystone Health Plan East (5%)	Ownership	100.0	Independence Health Group, Inc.	NO		
00936	Independence Health Group, Inc.	96660	23-2408039			Vista Health Plan, Inc.	PA	IA	IBC MH LLC	Ownership	100.0	Independence Health Group, Inc.	NO		
00000		00000	92-3644953			Vista Holdco, LLC	DE	NIA	IBC MH LLC	Ownership	100.0	Independence Health Group, Inc.	NO		
00000		00000	30-0703311			BMH LLC	DE	UIP	IBC MH LLC	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO		
00000		00000	45-5415725			AmeriHealth Caritas Services, LLC	DE	NIA	BMH LLC	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO		
00000		00000	85-4321302			Social Determinants of Life, Inc.	DE	NIA	BMH LLC	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO		
00000		00000	47-5496220			Wider Circle, Inc.	DE	NIA	Social Determinants of Life, Inc.	Ownership	16.6	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO		
00000		00000	38-3946080			BMH SUBCO I LLC	DE	UIP	BMH LLC	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO		

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00000.....		00000.....	80-0768643.....			BMH SUBCO II LLC.....		DE.....	UIP.....	BMH LLC.....	Ownership.....	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO.....	
00000.....		00000.....	23-2842344.....			Keystone Family Health Plan.....		PA.....	NIA.....	BMH SUBCO I LLC (50%) / BMH SUBCO II LLC (50%).....	Ownership.....	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO.....	
00000.....		00000.....	23-2859523.....			AmeriHealth Caritas Health Plan.....		PA.....	UIP.....	BMH SUBCO I LLC (50%) / BMH SUBCO II LLC (50%).....	Ownership.....	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO.....	
00936.....	Independence Health Group, Inc.....	14143.....	27-3575066.....			AmeriHealth Caritas Louisiana, Inc.....		LA.....	IA.....	AMHP Holdings Corp.....	Ownership.....	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO.....	
00000.....		00000.....	47-3923267.....			AmeriHealth Caritas Iowa, LLC.....		IA.....	NIA.....	AmeriHealth Caritas Health Plan.....	Ownership.....	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO.....	
00936.....	Independence Health Group, Inc.....	15104.....	46-0906893.....			AmeriHealth Michigan, Inc.....		MI.....	IA.....	AMHP Holdings Corp.....	Ownership.....	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO.....	
00936.....	Independence Health Group, Inc.....	95458.....	57-1032456.....			Select Health of South Carolina, Inc.....		SC.....	IA.....	AMHP Holdings Corp.....	Ownership.....	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO.....	

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00936.....	Independence Health Group, Inc.....	15088.....	46-1480213.....			AmeriHealth Caritas District of Columbia, Inc.....		DC.....	IA.....	AMHP Holdings Corp.....	Ownership.....	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO.....	
00000.....		00000.....	27-0863878.....			PerformRx, LLC.....		PA.....	NIA.....	AmeriHealth Caritas Health Plan.....	Ownership.....	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO.....	
00000.....		00000.....	61-1729412.....			PerformSpecialty, LLC.....		PA.....	NIA.....	PerformRx, LLC.....	Ownership.....	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO.....	
00000.....		00000.....	26-1809217.....			PerformRx IPA of New York, LLC.....		NY.....	NIA.....	AmeriHealth Caritas Health Plan.....	Ownership.....	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO.....	
00000.....		00000.....	26-1144363.....			AMHP Holdings Corp.....		PA.....	UDP.....	AmeriHealth Caritas Health Plan.....	Ownership.....	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO.....	
00000.....		00000.....	25-1765391.....			Community Behavioral Healthcare Network of Pennsylvania, Inc.....		PA.....	NIA.....	AMHP Holdings Corp.....	Ownership.....	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO.....	
00936.....	Independence Health Group, Inc.....	13630.....	26-0885397.....			CBHNP Services, Inc.....		PA.....	IA.....	Community Behavioral Healthcare Network of Pennsylvania, Inc.....	Ownership.....	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO.....	

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PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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00936.....	Independence Health Group, Inc.....	14378.....	45-4088232.....				AmeriHealth Caritas Florida, Inc.....	FL.....	IA.....	AmeriHealth Caritas Health Plan.....	Ownership.....	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO.....	
00572.....	Blue Cross Blue Shield of Michigan.....	11557.....	47-2582248.....				Blue Cross Complete of Michigan LLC.....	MI.....	IA.....	AmeriHealth Caritas Health Plan (50%), Michigan Medicaid Holdings Company (50%).....	Ownership.....	30.6	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO.....	
00000.....		00000.....	61-1847073.....				AmeriHealth Caritas Delaware, Inc.....	DE.....	NIA.....	AMHP Holdings Corp.....	Ownership.....	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO.....	
00936.....	Independence Health Group, Inc.....	16451.....	82-1141687.....				AmeriHealth Caritas Texas, Inc.....	TX.....	IA.....	AMHP Holdings Corp.....	Ownership.....	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO.....	
00936.....	Independence Health Group, Inc.....	16422.....	61-1857768.....				AmeriHealth Caritas New Mexico, Inc.....	NM.....	IA.....	AMHP Holdings Corp.....	Ownership.....	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO.....	
00936.....	Independence Health Group, Inc.....	16539.....	83-1481671.....				AmeriHealth Caritas North Carolina, Inc.....	NC.....	IA.....	AMHP Holdings Corp.....	Ownership.....	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO.....	
00000.....		00000.....	83-3241979.....				AmeriHealth Caritas Minnesota, Inc.....	MN.....	NIA.....	AMHP Holdings Corp.....	Ownership.....	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO.....	

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00936.....	Independence Health Group, Inc.....	16496.....	83-0987716.....			AmeriHealth Caritas New Hampshire, Inc.....		.NH.....	.IA.....	AMHP Holdings Corp.....	Ownership.....	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO.....	
00936.....	Independence Health Group, Inc.....	16980.....	84-2435374.....			AmeriHealth Caritas Ohio, Inc.....		.OH.....	.RE.....	AMHP Holdings Corp.....	Ownership.....	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO.....	
00000.....		00000.....	81-4458766.....			AmeriHealth Caritas Oklahoma, Inc.....		.OK.....	.NIA.....	AMHP Holdings Corp.....	Ownership.....	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO.....	
00000.....		00000.....	85-3713213.....			AmeriHealth Caritas Nevada, Inc.....		.NV.....	.NIA.....	AMHP Holdings Corp.....	Ownership.....	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO.....	
00000.....		00000.....	86-2442207.....			AmeriHealth Caritas California, Inc.....		.CA.....	.NIA.....	AMHP Holdings Corp.....	Ownership.....	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO.....	
00936.....	Independence Health Group, Inc.....	17293.....	87-4065041.....			AmeriHealth Caritas VIP Next, Inc.....		.DE.....	.IA.....	AMHP Holdings Corp.....	Ownership.....	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO.....	
00000.....		00000.....	84-2266837.....			AmeriHealth Caritas West Virginia, Inc.....		.WV.....	.NIA.....	AMHP Holdings Corp.....	Ownership.....	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO.....	

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SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

Asterisk	Explanation
1	Charity.....

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SCHEDULE Y

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

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ANNUAL STATEMENT FOR THE YEAR 2023 OF THE AmeriHealth Caritas Ohio, 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

1 Insurers in Holding Company	2 Owners with Greater than 10% Ownership	3 Ownership Percentage Column 2 of Column 1	4 Granted Disclaimer of Control\Affiliation of Column 2 Over Column 1 (Yes/No)	5 Ultimate Controlling Party	6 U.S. Insurance Groups or Entities Controlled by Column 5	7 Ownership Percentage (Columns 5 of Column 6)	8 Granted Disclaimer of Control\Affiliation of Column 5 Over Column 6 (Yes/No)
AmeriHealth Caritas Florida, Inc.	AmeriHealth Caritas Health Plan	100.000 %	NO	BCBS of Mich. Mut. Ins. Co. Independence Health Group, Inc.	BCBS of Mich. Mut. Ins. Co.(See Mich. Sch Y) Independence Health Group, Inc.	100.000 %	NO
AmeriHealth Caritas Georgia, Inc.	AMHP Holdings Corp.	100.000 %	NO	BCBS of Mich. Mut. Ins. Co. Independence Health Group, Inc.	BCBS of Mich. Mut. Ins. Co.(See Mich. Sch Y) Independence Health Group, Inc.	100.000 %	NO
AmeriHealth Caritas Louisiana, Inc.	AMHP Holdings Corp.	100.000 %	NO	BCBS of Mich. Mut. Ins. Co. Independence Health Group, Inc.	BCBS of Mich. Mut. Ins. Co.(See Mich. Sch Y) Independence Health Group, Inc.	100.000 %	NO
AmeriHealth Caritas District of Columbia, Inc.	AMHP Holdings Corp.	100.000 %	NO	BCBS of Mich. Mut. Ins. Co. Independence Health Group, Inc.	BCBS of Mich. Mut. Ins. Co.(See Mich. Sch Y) Independence Health Group, Inc.	100.000 %	NO
AmeriHealth Caritas New Hampshire, Inc.	AMHP Holdings Corp.	100.000 %	NO	BCBS of Mich. Mut. Ins. Co. Independence Health Group, Inc.	BCBS of Mich. Mut. Ins. Co.(See Mich. Sch Y) Independence Health Group, Inc.	100.000 %	NO
AmeriHealth Caritas New Mexico, Inc.	AMHP Holdings Corp.	100.000 %	NO	BCBS of Mich. Mut. Ins. Co. Independence Health Group, Inc.	BCBS of Mich. Mut. Ins. Co.(See Mich. Sch Y) Independence Health Group, Inc.	100.000 %	NO
AmeriHealth Caritas North Carolina, Inc.	AMHP Holdings Corp.	100.000 %	NO	BCBS of Mich. Mut. Ins. Co. Independence Health Group, Inc.	BCBS of Mich. Mut. Ins. Co.(See Mich. Sch Y) Independence Health Group, Inc.	100.000 %	NO
AmeriHealth Caritas Ohio, Inc.	AMHP Holdings Corp.	100.000 %	NO	BCBS of Mich. Mut. Ins. Co. Independence Health Group, Inc.	BCBS of Mich. Mut. Ins. Co.(See Mich. Sch Y) Independence Health Group, Inc.	100.000 %	NO
AmeriHealth Caritas Texas, Inc.	AMHP Holdings Corp.	100.000 %	NO	BCBS of Mich. Mut. Ins. Co. Independence Health Group, Inc.	BCBS of Mich. Mut. Ins. Co.(See Mich. Sch Y) Independence Health Group, Inc.	100.000 %	NO
AmeriHealth Caritas VIP Next, Inc.	AMHP Holdings Corp.	100.000 %	NO	BCBS of Mich. Mut. Ins. Co. Independence Health Group, Inc.	BCBS of Mich. Mut. Ins. Co.(See Mich. Sch Y) Independence Health Group, Inc.	100.000 %	NO
AmeriHealth HMO, Inc.	Independence Blue Cross, LLC	100.000 %	NO	BCBS of Mich. Mut. Ins. Co. Independence Health Group, Inc.	BCBS of Mich. Mut. Ins. Co.(See Mich. Sch Y) Independence Health Group, Inc.	100.000 %	NO
AmeriHealth Insurance Company of New Jersey	AmeriHealth New Jersey Holdings, LLC	100.000 %	NO	BCBS of Mich. Mut. Ins. Co. Independence Health Group, Inc.	BCBS of Mich. Mut. Ins. Co.(See Mich. Sch Y) Independence Health Group, Inc.	100.000 %	NO
AmeriHealth Michigan, Inc.	AMHP Holdings Corp.	100.000 %	NO	BCBS of Mich. Mut. Ins. Co. Independence Health Group, Inc.	BCBS of Mich. Mut. Ins. Co.(See Mich. Sch Y) Independence Health Group, Inc.	100.000 %	NO
Blue Cross Complete of Michigan LLC	AmeriHealth Caritas Health Plan 50% / Michigan Medicaid Holdings Company 50%	100.000 %	NO	BCBS of Mich. Mut. Ins. Co. Independence Health Group, Inc.	BCBS of Mich. Mut. Ins. Co.(See Mich. Sch Y) Independence Health Group, Inc.	100.000 %	NO
CBHNP Services, Inc.	Community Behavioral Healthcare Network of Pennsylvania, Inc.	100.000 %	NO	BCBS of Mich. Mut. Ins. Co. Independence Health Group, Inc.	BCBS of Mich. Mut. Ins. Co.(See Mich. Sch Y) Independence Health Group, Inc.	100.000 %	NO
Group Retiree Health Solutions, Inc.	GR Health Solutions, LLC	100.000 %	NO	BCBS of Mich. Mut. Ins. Co. Independence Health Group, Inc.	BCBS of Mich. Mut. Ins. Co.(See Mich. Sch Y) Independence Health Group, Inc.	100.000 %	NO
Healthcare Delaware, Inc.	Independence Blue Cross, LLC	100.000 %	NO	BCBS of Mich. Mut. Ins. Co. Independence Health Group, Inc.	BCBS of Mich. Mut. Ins. Co.(See Mich. Sch Y) Independence Health Group, Inc.	100.000 %	NO
Independence Assurance Company	Independence Blue Cross, LLC	100.000 %	NO	BCBS of Mich. Mut. Ins. Co. Independence Health Group, Inc.	BCBS of Mich. Mut. Ins. Co.(See Mich. Sch Y) Independence Health Group, Inc.	100.000 %	NO
Independence Hospital Indemnity Plan, Inc.	Independence Blue Cross, LLC	0.000 %	NO	BCBS of Mich. Mut. Ins. Co. Independence Health Group, Inc.	BCBS of Mich. Mut. Ins. Co.(See Mich. Sch Y) Independence Health Group, Inc.	100.000 %	NO
Independence Insurance, Inc.	Independence Blue Cross, LLC	100.000 %	NO	BCBS of Mich. Mut. Ins. Co. Independence Health Group, Inc.	BCBS of Mich. Mut. Ins. Co.(See Mich. Sch Y) Independence Health Group, Inc.	100.000 %	NO
Inter-County Health Plan, Inc.	Independence Hospital Indemnity Plan, Inc. / Highmark, Inc.	0.000 %	NO	BCBS of Mich. Mut. Ins. Co. Independence Health Group, Inc.	BCBS of Mich. Mut. Ins. Co.(See Mich. Sch Y) Independence Health Group, Inc.	100.000 %	NO
Inter-County Hospitalization Plan, Inc.	Highmark, Inc.	0.000 %	NO	BCBS of Mich. Mut. Ins. Co. Independence Health Group, Inc.	BCBS of Mich. Mut. Ins. Co.(See Mich. Sch Y) Independence Health Group, Inc.	100.000 %	NO
Keystone Health Plan East, Inc.	Independence Blue Cross, LLC	100.000 %	NO	BCBS of Mich. Mut. Ins. Co. Independence Health Group, Inc.	BCBS of Mich. Mut. Ins. Co.(See Mich. Sch Y) Independence Health Group, Inc.	100.000 %	NO
OCC Insurance Company	Independence Blue Cross, LLC	100.000 %	NO	BCBS of Mich. Mut. Ins. Co. Independence Health Group, Inc.	BCBS of Mich. Mut. Ins. Co.(See Mich. Sch Y) Independence Health Group, Inc.	100.000 %	NO
Select Health of South Carolina, Inc.	AMHP Holdings Corp.	100.000 %	NO	BCBS of Mich. Mut. Ins. Co. Independence Health Group, Inc.	BCBS of Mich. Mut. Ins. Co.(See Mich. Sch Y) Independence Health Group, Inc.	100.000 %	NO
Vista Health Plan, Inc.	IBC MH LLC	95.000 %	NO	BCBS of Mich. Mut. Ins. Co. Independence Health Group, Inc.	BCBS of Mich. Mut. Ins. Co.(See Mich. Sch Y) Independence Health Group, Inc.	100.000 %	NO

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.

MARCH FILING

	<u>Responses</u>
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 Accountants 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 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 with electronically with the NAIC by March 1?	.....NO.....
19. Will the Market Conduct Annual Statement (MCAS) Premium Exhibit for Year be filed with the applicable jurisdictions and with the NAIC by March 1?	.....YES.....

APRIL FILING

20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	.....NO.....
21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	.....NO.....
22. Will the Supplemental Health Care Exhibit (Parts 1 and 2) be filed with the state of domicile and the NAIC by April 1?	.....NO.....
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?NO.....
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Explanation:

10. Business not written
11. Business not written
12. Business not written
13. Business not written
14. Business not written
15. Business not written
16. Business not written
17. Business not written
18. Business not written
20. Business not written
21. Business not written

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

22. Business not written

24. Business not written

Bar code:

10. 
1 6 9 8 0 2 0 2 3 3 6 0 5 9 0 0 0 0

11. 
1 6 9 8 0 2 0 2 3 2 0 5 5 9 0 0 0 0

12. 
1 6 9 8 0 2 0 2 3 4 2 0 0 0 0 0 0

13. 
1 6 9 8 0 2 0 2 3 3 7 1 0 0 0 0 0

14. 
1 6 9 8 0 2 0 2 3 3 7 0 0 0 0 0 0

15. 
1 6 9 8 0 2 0 2 3 3 6 5 0 0 0 0 0

16. 
1 6 9 8 0 2 0 2 3 2 2 4 0 0 0 0 0

17. 
1 6 9 8 0 2 0 2 3 2 2 5 0 0 0 0 0

18. 
1 6 9 8 0 2 0 2 3 2 2 6 0 0 0 0 0

20. 
1 6 9 8 0 2 0 2 3 3 0 6 0 0 0 0 0

21. 
1 6 9 8 0 2 0 2 3 2 1 1 0 0 0 0 0

22. 
1 6 9 8 0 2 0 2 3 2 1 6 5 9 0 0 0 0

24. 
1 6 9 8 0 2 0 2 3 2 2 3 0 0 0 0 0

OVERFLOW PAGE FOR WRITE-INS

M004 Additional Aggregate Lines for Page 04 Line 14.

*REVEX1 - Statement of Revenue and Expenses

	1 Uncovered	2 Total	3 Total
1404. CICIP Expense.....		7,644,325	0
1405. Enhanced Maternity Expense.....		275,855	0
1406. Alternative Medical Cost.....		749,250	0
1407. Consumer Incentives.....		346,483	0
1408. Health Quality Initiatives.....		479,859	0
1409.		0	0
1497. Summary of remaining write-ins for Line 14 from Page 04	0	9,495,772	0

M014 Additional Aggregate Lines for Page 14 Line 25.

*EXEXP - Underwriting and Investment Exhibit - Part 3

	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses	3 General Administrative Expenses	4 Investment Expenses	5 Total
2504. Purchased Services.....	2,700	0	203,720		206,420
2505. Administrative Services.....	0	0	0		0
2506. Penalties.....	0	0	163,546		163,546
2597. Summary of remaining write-ins for Line 25 from Page 14	2,700	0	367,266	0	369,966

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE AmeriHealth Caritas Ohio, Inc.

OVERFLOW PAGE FOR WRITE-INS

M007 Additional Aggregate Lines for Page 7 Line 13.

*ANAOPS - Analysis of Operations by Lines of Business

	1	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10	11	12	13	14
		2 Individual	3 Group											
	Total													
1304. CICIP Expense.....	7,644,325									7,644,325				XXX
1305. Enhanced Maternity Expense.....	275,855									275,855				XXX
1306. Alternative Medical Cost.....	749,250									749,250				XXX
1307. Consumer Incentives.....	346,483									346,483				XXX
1308. Health Quality Initiatives.....	479,859									479,859				XXX
1309. ....0	0													XXX
1397. Summary of remaining write-ins for Line 13 from page 7	9,495,772	0	0	0	0	0	0	0	0	9,495,772	0	0	0	0



SUPPLEMENT FOR THE YEAR ANNUAL STATEMENT FOR THE YEAR 2023 OF THE AmeriHealth Caritas Ohio, Inc.

**MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT
FOR YEAR**

For The Year Ended December 31, 2023
(To Be Filed By March 1)

FOR THE STATE OF Ohio

NAIC Group Code 00936.....

NAIC Company Code 16980.....

MCAS LINE OF BUSINESS	¹ MCAS Reportable Premium/Considerations (YES/NO)
1. Disability income.....	NO.....
2. Health.....	NO.....
3. Homeowners.....	NO.....
4. Individual annuity.....	NO.....
5. Individual life.....	NO.....
6. Lender-placed home and auto.....	NO.....
7. Long-term care.....	NO.....
8. Other health.....	NO.....
9. Private flood.....	NO.....
10. Private passenger auto.....	NO.....
11. Short-term limited duration health plans.....	NO.....
12. Travel.....	NO.....