



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2023
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 43219407-754-5667

(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 43219407-754-5667

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

Internet Website Addresswww.medigold.com

Statutory Statement ContactDavid Lee Vis407-754-5667

(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 ChairStephen Michael LundreganVice President & CFODavid Lee Vis

OTHER

Trisha Anne Whetstone, Assistant Secretary

David Lee Vis, Assistant Treasurer

DIRECTORS OR TRUSTEES

Lorraine Leigh LuttonStephen Michael LundreganJoseph Jerome Patrick, Jr.

John Charles RandolphTodd Daniel FoxCathy Krupsa Eddy

Jill Dyan Phlegar

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 RandolphPresident & CEO

Joseph Jerome Patrick, Jr.Secretary & Treasurer

David Lee VisVice 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]

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Mount Carmel Health Plan, Inc.

EXHIBIT 3 - HEALTH CARE RECEIVABLES

[illegible]

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	12,054,624	26,851,106	0	15,742,678	12,054,624	12,997,228
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)	12,054,624	26,851,106	0	15,742,678	12,054,624	12,997,228

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)

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EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2023 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	9,097,981	1.8	37,604	100.0		9,097,981
3. All other providers	0	0.0		0.0		
4. Total capitation payments	9,097,981	1.8	37,604	100.0	0	9,097,981
Other Payments:						
5. Fee-for-service	37,844,529	7.5	XXX	XXX		37,844,529
6. Contractual fee payments	425,333,557	84.2	XXX	XXX	100,081,796	325,251,761
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	33,146,886	6.6	XXX	XXX	14,934,973	18,211,913
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	496,324,972	98.2	XXX	XXX	115,016,769	381,308,203
13. TOTAL (Line 4 plus Line 12)	505,422,953	100%	XXX	XXX	115,016,769	390,406,184

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.	7,538,965	628,247		
	Spectera, Inc.	1,409,048	117,420		
	Carenet Health	149,968	12,497		
9999999 Totals		9,097,981	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	1,880,887	.....	799,017	1,081,870	1,081,870	0
2.	Medical furniture, equipment and fixtures						
3.	Pharmaceuticals and surgical supplies						
4.	Durable medical equipment						
5.	Other property and equipment						
6.	Total	1,880,887	0	799,017	1,081,870	1,081,870	0



ANNUAL STATEMENT FOR THE YEAR 2023 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		2023		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	421							421							
2. First Quarter	766							766							
3. Second Quarter	792							792							
4. Third Quarter	807							807							
5. Current Year	837							837							
6. Current Year Member Months	9,560							9,560							
Total Member Ambulatory Encounters for Year:															
7. Physician	4,223							4,223							
8. Non-Physician	1,408							1,408							
9. Total	5,631	0	0	0	0	0	0	5,631	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	1,100							1,100							
11. Number of Inpatient Admissions	127							127							
12. Health Premiums Written (b)	8,156,489							8,156,489							
13. Life Premiums Direct	0														
14. Property/Casualty Premiums Written	0														
15. Health Premiums Earned.....	8,156,794							8,156,794							
16. Property/Casualty Premiums Earned	0														
17. Amount Paid for Provision of Health Care Services.....	7,283,188							7,283,188							
18. Amount Incurred for Provision of Health Care Services	7,601,994							7,601,994							

(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 \$8,156,489

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ANNUAL STATEMENT FOR THE YEAR 2023 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		BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)	
2838		Ohio		2023										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	38,939							38,939						
2.	First Quarter	38,158							38,158						
3.	Second Quarter	37,594							37,594						
4.	Third Quarter	37,174							37,174						
5.	Current Year	36,767							36,767						
6.	Current Year Member Months	450,933							450,933						
Total Member Ambulatory Encounters for Year:															
7.	Physician	325,011							325,011						
8.	Non-Physician	108,337							108,337						
9.	Total	433,348	0	0	0	0	0	0	433,348	0	0	0	0	0	0
10.	Hospital Patient Days Incurred	75,750							75,750						
11.	Number of Inpatient Admissions	9,271							9,271						
12.	Health Premiums Written (b)	548,025,211							548,025,211						
13.	Life Premiums Direct	0													
14.	Property/Casualty Premiums Written	0													
15.	Health Premiums Earned.....	548,137,103							548,137,103						
16.	Property/Casualty Premiums Earned	0													
17.	Amount Paid for Provision of Health Care Services.....	498,139,764							498,139,764						
18.	Amount Incurred for Provision of Health Care Services	483,271,860							483,271,860						

(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 \$ 548,025,211



ANNUAL STATEMENT FOR THE YEAR 2023 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		BUSINESS IN THE STATE OF		Grand Total		DURING THE YEAR									(LOCATION)	
2838		1		4		2023									NAIC Company Code	
		Comprehensive (Hospital & Medical)													95655	
		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	39,360	0	0	0	0	0	0	39,360	0	0	0	0	0	0	0
2.	First Quarter	38,924	0	0	0	0	0	0	38,924	0	0	0	0	0	0	0
3.	Second Quarter	38,386	0	0	0	0	0	0	38,386	0	0	0	0	0	0	0
4.	Third Quarter	37,981	0	0	0	0	0	0	37,981	0	0	0	0	0	0	0
5.	Current Year	37,604	0	0	0	0	0	0	37,604	0	0	0	0	0	0	0
6.	Current Year Member Months	460,493	0	0	0	0	0	0	460,493	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:																
7.	Physician	329,234	0	0	0	0	0	0	329,234	0	0	0	0	0	0	0
8.	Non-Physician	109,745	0	0	0	0	0	0	109,745	0	0	0	0	0	0	0
9.	Total	438,979	0	0	0	0	0	0	438,979	0	0	0	0	0	0	0
10.	Hospital Patient Days Incurred	76,850	0	0	0	0	0	0	76,850	0	0	0	0	0	0	0
11.	Number of Inpatient Admissions	9,398	0	0	0	0	0	0	9,398	0	0	0	0	0	0	0
12.	Health Premiums Written (b)	556,181,700	0	0	0	0	0	0	556,181,700	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	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	556,293,897	0	0	0	0	0	0	556,293,897	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	0
17.	Amount Paid for Provision of Health Care Services	505,422,952	0	0	0	0	0	0	505,422,952	0	0	0	0	0	0	0
18.	Amount Incurred for Provision of Health Care Services	490,873,854	0	0	0	0	0	0	490,873,854	0	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 \$556,181,700

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ANNUAL STATEMENT FOR THE YEAR 2023 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 2023 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.....	1,339,719						
0899999.	General Account - Authorized U.S. Non-Affiliates						1,339,719	0	0	0	0	0	0
1099999.	Total General Account - Authorized Non-Affiliates						1,339,719	0	0	0	0	0	0
1199999.	Total General Account Authorized						1,339,719	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						1,339,719	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)						1,339,719	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						1,339,719	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 2023	2 2022	3 2021	4 2020	5 2019
A. OPERATIONS ITEMS					
1. Premiums	0	0	0	0	0
2. Title XVIII - Medicare	1,340	1,217	1,239	1,323	1,490
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	192	366	391	59	228
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					
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)	479,769,513		479,769,513
2. Accident and health premiums due and unpaid (Line 15)	547,424		547,424
3. Amounts recoverable from reinsurers (Line 16.1)	192,188		192,188
4. Net credit for ceded reinsurance	XXX	0	0
5. All other admitted assets (Balance)	21,173,664		21,173,664
6. Total assets (Line 28)	501,682,789	0	501,682,789
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	40,209,182		40,209,182
8. Accrued medical incentive pool and bonus payments (Line 2)	7,994,079		7,994,079
9. Premiums received in advance (Line 8)	249,603		249,603
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)	32,606,898		32,606,898
15. Total liabilities (Line 24)	81,059,762	0	81,059,762
16. Total capital and surplus (Line 33)	420,623,027	XXX	420,623,027
17. Total liabilities, capital and surplus (Line 34)	501,682,789	0	501,682,789
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
States, Etc.			Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)
			5			6
			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

ANNUAL STATEMENT FOR THE YEAR 2023 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)
	06-1450168	Trinity Health of New England Provider Network Organization, Inc					112				112	
	14-1348692	St. Peter's Hospital					4,017				4,017	
	15-0532254	St. Joseph's Hospital Health Center					2,543				2,543	
	20-1444339	Hawarden Regional Health Clinics, LLC					1,237				1,237	
	20-1960348	Mason City Ambulatory Surgery Center, LLC										
	20-1983271	Mount Carmel Health Providers Two, LLC					38,589				38,589	
	20-4145781	Mount Carmel Health Providers III, LLC					5,237,936				5,237,936	
	20-5345295	West Lakes Surgery Center, LLC					12,737				12,737	
	27-3899821	St. Joseph's Medical, PC					12,439				12,439	
	31-1373080	Mercy Halth Services - Iowa Corp					369				369	
	31-1382442	Mount Carmel Health Providers, Inc					922,393				922,393	
	31-1439334	Mount Carmel Health System					4,756,174				4,756,174	
	31-1459910	Taylor Station Surgical Center, LTD					76,481,816				76,481,816	
	31-1657206	Madison County Ciommunity Hospital					895,768				895,768	
	34-2032340	Diley Ridge Medical Center					4,128,551				4,128,551	
	36-3616314	Genesis Health System (IL)					864,586				864,586	
	38-2559656	Trinity Continuing Care Services					8,124				8,124	
	38-2621935	Trinity Home Health Services					11,221				11,221	
	42-0680308	Mercy Medical Center - Centerville					3,096,412				3,096,412	
	42-0680448	Catholic Health Initiatives - Iowa Corp					94,244				94,244	
	42-0758901	Satori Memorial Hospital, Inc					1,541,575				1,541,575	
	42-1178403	Mercy Hospital of Franciscan Sisters, Inc					18,183				18,183	
	42-1193699	Mercy Clinics, Inc					30,336				30,336	
	42-1264647	Covenant Medical Center, Inc					350,938				350,938	
	42-1283849	Mercy Medical Services					323,040				323,040	
	42-1328388	Magnetic Resonance Services Partnership					7,877				7,877	
	42-1336618	Mercy Medical Center - Clinton, Inc					710				710	
	42-1418847	Genesis Health System					68,172				68,172	
	42-1470935	Mercy Medical Center - Newton					57,810				57,810	
	45-1617821	New Albany Surgery Center LLC					36,057				36,057	
	46-1177336	St. Peter's Health Partners Medical Associates, PC					229,172				229,172	
	46-1906752	Mercy Clinton Anesthesia Group, LLC					110				110	
	46-4700223	Orange ASC Ltd					719				719	
	47-4200156	Encompass Health Rehabilitation Hospital of Westerville, LLC					1,315,371				1,315,371	
	58-1752700	Saint Joseph's Merch Care Services, Inc					2,657,688				2,657,688	
	81-4437201	Mercy Rehabilitation Hospital, LLC					167				167	
	82-2226975	Mount Carmel Behavioral Healthcare LLC					43,461				43,461	
	82-0200895	Saint Alphonsus Regional Medical Center, Inc					73,492				73,492	
	85-3883823	Mount Carmel Urgent Care, LLC					1,390				1,390	
							72,700				72,700	

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)
.....	85-4007472	MercyOne HFH Home Medical Shop, LLC .....	.....	.....	.....	.....	44	.....	.....	.....	44	.....
.....	88-2052422	MercyOne Urgent Care, LLC .....	.....	.....	.....	.....	4,167	.....	.....	.....	4,167	.....
.....	90-0739342	Eastwind Surgical, LLC .....	.....	.....	.....	.....	98,269	.....	.....	.....	98,269	.....
.....	25-1912781	Mount Carmel Health Insurance Company .....	.....	.....	.....	.....	(1,519,017)	.....	.....	.....	(1,519,017)	.....
.....	83-1422704	Mount Carmel Health Plan of Idaho, Inc .....	.....	5,942,294	.....	.....	(974,973)	.....	.....	.....	4,967,321	.....
.....	83-3278543	Mount Carmel Health Plan of New York, Inc .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
.....	87-3948434	Mount Carmel Health Plan of Connecticut, Inc .....	.....	.....	.....	.....	(124,031)	.....	.....	.....	641,040	.....
.....	35-1443425	Triinity Health Corporation .....	.....	1,704,255	.....	.....	(50,142)	.....	.....	.....	1,654,113	.....
.....	47-3945793	Mercy ACO LLC .....	.....	(11,631,326)	.....	.....	4,120,326	.....	.....	.....	(7,511,000)	.....
.....	47-1139205	Mount Carmel Health Partners, LLC .....	.....	.....	.....	.....	83,050	.....	.....	.....	83,050	.....
.....	84-3836552	Trinity Health Plan of Michigan, Inc .....	.....	3,719,706	.....	.....	18,211,913	.....	.....	.....	18,211,913	.....
.....	31-1471229 .....	.....	.....	(500,000)	.....	.....	(123,247,842)	.....	.....	.....	(123,747,842)	.....
9999999 Control Totals			0	0	0	0	0	0	XXX	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2023 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 2023 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
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?	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:		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
20.		
21.		

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]	

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Mount Carmel Health Plan, Inc.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

18. Relief from the Requirements for Audit Committees [Document Identifier 226]



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



21. Life Supplement [Document Identifier 211]





SUPPLEMENT FOR THE YEAR 2023 OF THE Mount Carmel Health Plan, 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: Iowa

NAIC Group Code 2838

NAIC Company Code 95655

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income	
2. Health	YES.....
3. Homeowners	
4. Individual Annuity	
5. Individual Life	
6. Lender-Placed Home and Auto	
7. Long-Term Care	
8. Other Health	
9. Private Flood	
10. Private Passenger Auto	
11. Short-Term Limited Duration Health Plans	
12. Travel	



SUPPLEMENT FOR THE YEAR 2023 OF THE Mount Carmel Health Plan, 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 2838

NAIC Company Code 95655

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income	
2. Health	YES.....
3. Homeowners	
4. Individual Annuity	
5. Individual Life	
6. Lender-Placed Home and Auto	
7. Long-Term Care	
8. Other Health	
9. Private Flood	
10. Private Passenger Auto	
11. Short-Term Limited Duration Health Plans	
12. Travel	