



# HEALTH ANNUAL STATEMENT

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

## Priority Health

NAIC Group Code 3383 3383 NAIC Company Code 95561 Employer's ID Number 38-2715520  
(Current) (Prior)

Organized under the Laws of Michigan, State of Domicile or Port of Entry MI

Country of Domicile United States of America

Licensed as business type: Health Maintenance Organization

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

Incorporated/Organized 03/07/1986 Commenced Business 10/15/1986

Statutory Home Office 1231 East Beltline NE, Grand Rapids, MI, US 49525-4501  
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 1231 East Beltline NE  
(Street and Number)  
Grand Rapids, MI, US 49525-4501, 616-464-8931  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 1231 East Beltline NE, Grand Rapids, MI, US 49525-4501  
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 1231 East Beltline NE  
(Street and Number)  
Grand Rapids, MI, US 49525-4501, 616-464-8131  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.priorityhealth.com

Statutory Statement Contact Rachel Hendricks, 616-464-8205  
(Name) (Area Code) (Telephone Number)  
rachel.hendricks@priorityhealth.com, 616-942-7916  
(E-mail Address) (FAX Number)

### OFFICERS

President / Chief Executive Officer Praveen Gope Thadani Secretary Kimberly Lynn Thomas  
Treasurer / Chief Financial Officer Nicholas Patrick Gates

### OTHER

### DIRECTORS OR TRUSTEES

<u>Doug Paul Baker</u>	<u>Matthew Elson Cox</u>	<u>Christina Michelle Freese Decker</u>
<u>Richard Lee DeVore #</u>	<u>Doug Allen Dozeman</u>	<u>Ann Mutzabaugh Harten</u>
<u>Birgit Maria Klohs</u>	<u>Howard Neal Morof #</u>	<u>Edwin Anders Ness</u>
<u>Ora Hirsch Pescovitz</u>	<u>Mina Patel Sooch #</u>	<u>Michael Frederic Sytsma</u>
<u>Praveen Gope Thadani</u>	<u>Alicia Margarita Torres</u>	<u>Michael Butler Verhulst</u>
<u>Wendy Hansen Walker</u>	<u>Elaine Coston Wood</u>	

State of Michigan SS  
County of \_\_\_\_\_

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.

Praveen Gope Thadani  
President

Nicholas Patrick Gates  
Treasurer

Kimberly Lynn Thomas  
Secretary

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_

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



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Priority Health

**EXHIBIT 3 - HEALTH CARE RECEIVABLES**

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Express Scripts	32,975,927	33,827,659	34,097,318	30,953,292	30,953,292	100,900,904
0199998. Aggregate Pharmaceutical Rebate Receivables Not Individually Listed	1,011,823	1,011,823	1,011,823	3,963,197	3,963,197	3,035,470
0199999. Total Pharmaceutical Rebate Receivables	33,987,750	34,839,482	35,109,141	34,916,489	34,916,489	103,936,374
0299998. Aggregate Claim Overpayment Receivables Not Individually Listed	2,283,694	1,303,437	740,363	250,741	250,741	4,327,493
0299999. Total Claim Overpayment Receivables	2,283,694	1,303,437	740,363	250,741	250,741	4,327,493
0399998. Aggregate Loans and Advances to Providers Not Individually Listed						
0399999. Total Loans and Advances to Providers	0	0	0	0	0	0
0499998. Aggregate Capitation Arrangement Receivables Not Individually Listed						
0499999. Total Capitation Arrangement Receivables	0	0	0	0	0	0
0599998. Aggregate Risk Sharing Receivables Not Individually Listed	21,013,831			(785,015)	(785,015)	21,013,831
0599999. Total Risk Sharing Receivables	21,013,831	0	0	(785,015)	(785,015)	21,013,831
0699998. Aggregate Other Health Care Receivables Not Individually Listed	10,081,470	3,281,470	3,281,470	6,582,489	6,582,489	16,644,409
0699999. Total Other Health Care Receivables	10,081,470	3,281,470	3,281,470	6,582,489	6,582,489	16,644,409
0799999 Gross health care receivables	67,366,745	39,424,389	39,130,974	40,964,704	40,964,704	145,922,107

**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 (Columns 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 .....	109,764,609	269,020,031		138,852,862	109,764,609	112,069,263
2. Claim overpayment receivables .....	3,728,821			4,578,233	3,728,821	3,728,821
3. Loans and advances to providers .....					0	0
4. Capitation arrangement receivables .....					0	0
5. Risk sharing receivables .....	(15,605,899)			20,228,816	(15,605,899)	16,374,381
6. Other health care receivables.....	8,975,970	26,186,304		23,226,899	8,975,970	9,264,612
7. Totals (Lines 1 through 6)	106,863,501	295,206,335	0	186,886,810	106,863,501	141,437,077

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)**

**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	7,591,390					7,591,390
0399999. Aggregate accounts not individually listed-covered	113,359,919					113,359,919
0499999. Subtotals	120,951,309	0	0	0	0	120,951,309
0599999. Unreported claims and other claim reserves						319,239,549
0699999. Total amounts withheld						
0799999. Total claims unpaid						440,190,858
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0899999 Accrued medical incentive pool and bonus amounts						30,096,545

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Priority Health

**EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES**

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
Priority Health Managed Benefits, Inc .....	9,947,576					9,947,576	
Priority Health Choice, Inc .....	9,335,584					9,335,584	
0199999. Individually listed receivables	19,283,160	0	0	0	0	19,283,160	0
0299999. Receivables not individually listed	115,893					115,893	
0399999 Total gross amounts receivable	19,399,053	0	0	0	0	19,399,053	0

**EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES**

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Spectrum Health Medical Group .....	Care Management .....	350,000	350,000	
Priority Health Insurance Company .....	Premium received on PHIC's behalf .....	2,384,261	2,384,261	
0199999. Individually listed payables		2,734,261	2,734,261	0
0299999. Payables not individually listed		0		
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0399999 Total gross payables		2,734,261	2,734,261	0

**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
<b>Capitation Payments:</b>						
1. Medical groups .....	16,713	0.0	789	0.1	16,713	
2. Intermediaries .....	0	0.0		0.0		
3. All other providers .....	8,531,093	0.2	4,666,962	660.9	8,531,093	
4. Total capitation payments .....	8,547,806	0.2	4,667,751	661.0	8,547,806	0
<b>Other Payments:</b>						
5. Fee-for-service .....	178,574,971	4.3	XXX	XXX		178,574,971
6. Contractual fee payments .....	2,984,882,447	72.1	XXX	XXX	2,984,882,447	
7. Bonus/withhold arrangements - fee-for-service .....	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments .....	970,533,756	23.4	XXX	XXX	970,533,756	
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 .....	4,133,991,174	99.8	XXX	XXX	3,955,416,203	178,574,971
13. TOTAL (Line 4 plus Line 12)	4,142,538,980	100%	XXX	XXX	3,963,964,009	178,574,971

**EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES**

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
<b>NONE</b>					
9999999 Totals			XXX	XXX	XXX



Exhibit 8 - Furniture and Equipment Owned

**N O N E**



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Priority Health

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Priority Health

2. Grand Rapids, MI

NAIC Group Code	3383		BUSINESS IN THE STATE OF Michigan		DURING THE YEAR 2022										(LOCATION) NAIC Company Code 95561	
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health		
		2 Individual	3 Group													
<b>Total Members at end of:</b>																
1. Prior Year .....	668,246	114,278	332,542	16,930			1,756	202,740								
2. First Quarter .....	711,685	135,684	345,109	16,829	0	0	2,025	212,038								
3. Second Quarter .....	710,444	132,753	344,970	17,127	0	0	2,027	213,567								
4. Third Quarter .....	707,108	130,201	341,797	17,448			2,047	215,615								
5. Current Year	706,112	127,178	342,074	17,698			2,066	217,096								
6. Current Year Member Months	8,479,461	1,557,674	4,123,600	205,556			24,279	2,568,352								
<b>Total Member Ambulatory Encounters for Year:</b>																
7. Physician .....	10,184,231	1,266,089	3,349,055	390,566			22,371	5,156,150								
8. Non-Physician .....	1,021,160	126,949	335,805	39,162			2,243	517,001								
9. Total	11,205,391	1,393,038	3,684,860	429,728	0	0	24,614	5,673,151	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	484,013	40,864	92,715	21,048			619	328,767								
11. Number of Inpatient Admissions	67,288	6,911	18,752	2,719			271	38,635								
12. Health Premiums Written (b) .....	4,700,815,009	666,331,365	1,756,701,617	38,560,419			11,874,707	2,227,346,901								
13. Life Premiums Direct .....	0															
14. Property/Casualty Premiums Written .....	0															
15. Health Premiums Earned .....	4,697,590,198	666,331,365	1,756,701,617	38,560,419			11,874,707	2,224,122,090								
16. Property/Casualty Premiums Earned	0															
17. Amount Paid for Provision of Health Care Services .....	4,142,538,980	545,823,300	1,513,292,498	31,696,905			9,695,125	2,042,031,152								
18. Amount Incurred for Provision of Health Care Services	4,172,855,944	538,845,484	1,531,565,793	32,020,976			10,230,340	2,060,193,351								

(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 \$ .....2,227,346,901

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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Priority Health

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Priority Health

2. Grand Rapids, MI

NAIC Group Code	3383	BUSINESS IN THE STATE OF		Grand Total	DURING THE YEAR										(LOCATION)				
		Comprehensive (Hospital & Medical)			4	5	6	7	8	9	10	11	12	13	14	NAIC Company Code			
		2	3													95561			
	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					
<b>Total Members at end of:</b>																			
1. Prior Year	668,246	114,278	332,542	16,930	0	0	1,756	202,740	0	0	0	0	0	0					
2. First Quarter	711,685	135,684	345,109	16,829	0	0	2,025	212,038	0	0	0	0	0	0					
3. Second Quarter	710,444	132,753	344,970	17,127	0	0	2,027	213,567	0	0	0	0	0	0					
4. Third Quarter	707,108	130,201	341,797	17,448	0	0	2,047	215,615	0	0	0	0	0	0					
5. Current Year	706,112	127,178	342,074	17,698	0	0	2,066	217,096	0	0	0	0	0	0					
6. Current Year Member Months	8,479,461	1,557,674	4,123,600	205,556	0	0	24,279	2,568,352	0	0	0	0	0	0					
<b>Total Member Ambulatory Encounters for Year:</b>																			
7. Physician	10,184,231	1,266,089	3,349,055	390,566	0	0	22,371	5,156,150	0	0	0	0	0	0					
8. Non-Physician	1,021,160	126,949	335,805	39,162	0	0	2,243	517,001	0	0	0	0	0	0					
9. Total	11,205,391	1,393,038	3,684,860	429,728	0	0	24,614	5,673,151	0	0	0	0	0	0					
10. Hospital Patient Days Incurred	484,013	40,864	92,715	21,048	0	0	619	328,767	0	0	0	0	0	0					
11. Number of Inpatient Admissions	67,288	6,911	18,752	2,719	0	0	271	38,635	0	0	0	0	0	0					
12. Health Premiums Written (b)	4,700,815,009	666,331,365	1,756,701,617	38,560,419	0	0	11,874,707	2,227,346,901	0	0	0	0	0	0					
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0					
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	0	0					
15. Health Premiums Earned	4,697,590,198	666,331,365	1,756,701,617	38,560,419	0	0	11,874,707	2,224,122,090	0	0	0	0	0	0					
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0					
17. Amount Paid for Provision of Health Care Services	4,142,538,980	545,823,300	1,513,292,498	31,696,905	0	0	9,695,125	2,042,031,152	0	0	0	0	0	0					
18. Amount Incurred for Provision of Health Care Services	4,172,855,944	538,845,484	1,531,565,793	32,020,976	0	0	10,230,340	2,060,193,351	0	0	0	0	0	0					

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....2,227,346,901

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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Priority Health

**SCHEDULE S - PART 1 - SECTION 2**

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Type of Business Assumed	8 Premiums	9 Unearned Premiums	10 Reserve Liability Other Than for Unearned Premiums	11 Reinsurance Payable on Paid and Unpaid Losses	12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
<b>NONE</b>												
9999999 - Totals												

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Priority Health

**SCHEDULE S - PART 2**

Reinsurance Recoverable on Paid and Unpaid Losses 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 Paid Losses	7 Unpaid Losses
0399999. Total Life and Annuity - U.S. Affiliates					0	0
0699999. Total Life and Annuity - Non-U.S. Affiliates					0	0
0799999. Total Life and Annuity - Affiliates					0	0
1099999. Total Life and Annuity - Non-Affiliates					0	0
1199999. Total Life and Annuity					0	0
1499999. Total Accident and Health - U.S. Affiliates					0	0
1799999. Total Accident and Health - Non-U.S. Affiliates					0	0
1899999. Total Accident and Health - Affiliates					0	0
82627	06-0839705	09/01/2022	Swiss Re	MO	3,068,610	0
1999999. Accident and Health - U.S. Non-Affiliates					3,068,610	0
2199999. Total Accident and Health - Non-Affiliates					3,068,610	0
2299999. Total Accident and Health					3,068,610	0
2399999. Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)					3,068,610	0
2499999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999)					0	0
9999999 Totals - Life, Annuity and Accident and Health					3,068,610	0

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Priority Health

**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 Reinsur- ance 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
82627	06-0839705	09/01/2021	Swiss Reinsurance Life & Health America	MO	SSL/I	CIM	2,713,239						
82627	06-0839705	09/01/2022	Swiss Reinsurance Life & Health America	MO	SSL/I	CIM	2,279,612						
0899999			General Account - Authorized U.S. Non-Affiliates				4,992,851	0	0	0	0	0	0
1099999			Total General Account - Authorized Non-Affiliates				4,992,851	0	0	0	0	0	0
1199999			Total General Account Authorized				4,992,851	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				4,992,851	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)				4,992,851	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				4,992,851	0	0	0	0	0	0

Schedule S - Part 4

**NONE**

Schedule S - Part 4 - Bank Footnote

**NONE**

Schedule S - Part 5

**NONE**

Schedule S - Part 5 - Bank Footnote

**NONE**

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Priority Health

**SCHEDULE S - PART 6**

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

	1 2022	2 2021	3 2020	4 2019	5 2018
<b>A. OPERATIONS ITEMS</b>					
1. Premiums .....	4,700	4,374	2,665	2,613	2,006
2. Title XVIII - Medicare .....	293	223	219	393	195
3. Title XIX - Medicaid .....	0	0	0	0	0
4. Commissions and reinsurance expense allowance .....					
5. Total hospital and medical expenses .....	3,561	1,139	1,849	1,687	765
<b>B. BALANCE SHEET ITEMS</b>					
6. Premiums receivable .....					
7. Claims payable .....	0	0	0	0	0
8. Reinsurance recoverable on paid losses .....	3,069	242	0	11	799
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 .....					
<b>C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
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
<b>D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
17. Multiple Beneficiary Trust .....				0	0
18. Funds deposited by and withheld from (F) .....				0	0
19. Letters of credit (L) .....				0	0
20. Trust agreements (T) .....				0	0
21. Other (O) .....				0	0



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Priority Health

**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)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	1,634,392,651	4,992,851	1,639,385,502
2. Accident and health premiums due and unpaid (Line 15) .....	66,023,656		66,023,656
3. Amounts recoverable from reinsurers (Line 16.1) .....	3,068,610		3,068,610
4. Net credit for ceded reinsurance .....	XXX	(4,992,851)	(4,992,851)
5. All other admitted assets (Balance) .....	170,405,532		170,405,532
6. Total assets (Line 28)	1,873,890,449	0	1,873,890,449
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1) .....	440,190,858		440,190,858
8. Accrued medical incentive pool and bonus payments (Line 2) .....	30,096,545		30,096,545
9. Premiums received in advance (Line 8) .....	20,339,003		20,339,003
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) .....	171,820,236		171,820,236
15. Total liabilities (Line 24) .....	662,446,642	0	662,446,642
16. Total capital and surplus (Line 33) .....	1,211,443,807	XXX	1,211,443,807
17. Total liabilities, capital and surplus (Line 34)	1,873,890,449	0	1,873,890,449
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
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 .....	(4,992,851)		
23. Total ceded reinsurance recoverables .....	(4,992,851)		
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	(4,992,851)		

Schedule T - Part 2 - Interstate Compact

**N O N E**

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Priority Health

**SCHEDULE Y**

**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
.3383	Priority Health	95661	38-2715520	0	0		Priority Health	..MI	..UDP	Corewell Health	Ownership	94.400	Corewell Health	..NO	..1
				0	0					Munson HealthCare	Ownership	5.600		..NO	..1
.3383	Priority Health	11520	32-0016523	0	0		Priority Health Choice, Inc.	..MI	..IA	Priority Health	Ownership	100.000	Corewell Health	..NO	..0
.3383	Priority Health	12208	20-1529553	0	0		Priority Health Insurance Company	..MI	..IA	Priority Health	Ownership	100.000	Corewell Health	..NO	..0
.3383	Priority Health	95644	38-2018957	0	0		Total Health Care Inc.	..MI	..IA	Priority Health	Ownership	100.000	Corewell Health	..NO	..0
.3383	Priority Health	12326	38-3240485	0	0		Total Health Care USA Inc.	..MI	..IA	Total Health Care Inc.	Ownership	100.000	Corewell Health	..NO	..0
.3383	Priority Health		84-2310771	0	0		Total Health Care Foundation	..MI	..NIA	Priority Health	Board of Directors	0.000	Corewell Health	..NO	..0
.3383	Priority Health		38-2715520	0	0		PHMB Properties, LLC	..MI	..NIA	Priority Health	Ownership	100.000	Corewell Health	..NO	..0
.3383	Priority Health		38-2663747	0	0		Trinity Health Plans	..MI	..NIA	Priority Health	Ownership	100.000	Corewell Health	..NO	..0
.3383	Priority Health		38-3085182	0	0		Priority Health Managed Benefits, Inc.	..MI	..NIA	Corewell Health	Ownership	100.000	Corewell Health	..NO	..0
				0	0		Spectrum Health Grand Rapids	..MI	..NIA	Corewell Health	Ownership	100.000	Corewell Health	..NO	..0
				0	0		Spectrum Health Big Rapids Hospital	..MI	..NIA	Corewell Health	Ownership	100.000	Corewell Health	..NO	..0
				0	0		Spectrum Health Reed City Hospital	..MI	..NIA	Corewell Health	Ownership	100.000	Corewell Health	..NO	..0
				0	0		Spectrum Health Gerber Hospital	..MI	..NIA	Corewell Health	Ownership	100.000	Corewell Health	..NO	..0
				0	0		Spectrum Health Ludington Hospital	..MI	..NIA	Corewell Health	Ownership	100.000	Corewell Health	..NO	..0
				0	0		Spectrum Health Pennock	..MI	..NIA	Corewell Health	Ownership	100.000	Corewell Health	..NO	..0
				0	0		Spectrum Health United Hospital	..MI	..NIA	Corewell Health	Ownership	100.000	Corewell Health	..NO	..0
				0	0		Spectrum Health Kelsey Hospital	..MI	..NIA	Corewell Health	Ownership	100.000	Corewell Health	..NO	..0
				0	0		Spectrum Health Zeeland Community Hospital	..MI	..NIA	Corewell Health	Ownership	100.000	Corewell Health	..NO	..0
				0	0		Spectrum Health Continuing Care	..MI	..NIA	Corewell Health	Ownership	100.000	Corewell Health	..NO	..0
				0	0		Spectrum Health Medical Group	..MI	..NIA	Corewell Health	Ownership	100.000	Corewell Health	..NO	..0
				0	0		Spectrum Health Lakeland	..MI	..NIA	Corewell Health	Ownership	100.000	Corewell Health	..NO	..0
				0	0		Beaumont Health	..MI	..NIA	Corewell Health	Ownership	100.000	Corewell Health	..NO	..0

Asterisk	Explanation
1	Corewell Health (EIN 38-3382353), Class A Shareholder - 94.4%; Munson Healthcare (EIN 38-1362830), Class B Shareholder - 5.6%

**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)
12208	20-1529553	Priority Health Insurance Company					(21,704,053)				(21,704,053)	
	38-3085182	Priority Health Managed Benefits					411,824,726				411,824,726	
95561	38-2715520	Priority Health	87,200,000				(320,638,638)				(233,438,638)	
11520	32-0016523	Priority Health Choice, Inc.	(30,000,000)				(65,260,785)				(95,260,785)	
95644	38-2018957	Total Health Care inc.	(27,600,000)				(2,110,625)				(29,710,625)	
12326	38-3240485	Total Health Care USA Inc.	(29,600,000)				(2,110,625)				(31,710,625)	
9999999 Control Totals			0	0	0	0	0	0	XXX	0	0	0

**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 (Column 5 of Column 6)	8 Granted Disclaimer of Control/ Affiliation of Column 5 Over Column 6 (Yes/No)
Priority Health .....	Corewell Health .....	94.400	NO.....	Corewell Health .....	Priority Health .....	94.400	NO.....
Priority Health Choice, Inc. ....	Priority Health .....	100.000	NO.....	Corewell Health .....	Priority Health .....	94.400	NO.....
Priority Health Insurance Company .....	Priority Health .....	100.000	NO.....	Corewell Health .....	Priority Health .....	94.400	NO.....
Total Health Care Inc. ....	Priority Health .....	100.000	NO.....	Corewell Health .....	Priority Health .....	94.400	NO.....
Total Health Care USA Inc. ....	Total Health Care Inc. ....	100.000	NO.....	Corewell Health .....	Priority Health .....	94.400	NO.....
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# 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
<b>MARCH FILING</b>	
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
<b>APRIL FILING</b>	
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
<b>JUNE FILING</b>	
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.

<b>MARCH FILING</b>	
10. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? .....	YES
11. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC? .....	NO
12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?.....	NO
13. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?.....	NO
14. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?.....	NO
15. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?.....	NO
16. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1? .....	NO
17. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1? .....	NO
18. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1? .....	NO
<b>APRIL FILING</b>	
19. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? .....	NO
20. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? .....	NO
21. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1? .....	YES
22. Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1? .....	YES
23. Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1? .....	NO
<b>AUGUST FILING</b>	
24. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? .....	YES
Explanations:	
11. The data for this supplement is not required to be filed.	
12. The data for this supplement is not required to be filed.	
13. The data for this supplement is not required to be filed.	
14. The data for this supplement is not required to be filed.	
15. The data for this supplement is not required to be filed.	
16. The data for this supplement is not required to be filed.	
17. The data for this supplement is not required to be filed.	
18. The data for this supplement is not required to be filed.	
19. The data for this supplement is not required to be filed.	
20. The data for this supplement is not required to be filed.	
23. The data for this supplement is not required to be filed.	

### Bar Codes:

11. Life Supplement [Document Identifier 205]	
12. SIS Stockholder Information Supplement [Document Identifier 420]	
13. Participating Opinion for Exhibit 5 [Document Identifier 371]	
14. Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]	
15. Medicare Part D Coverage Supplement [Document Identifier 365]	
16. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]	
17. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]	
18. Relief from the Requirements for Audit Committees [Document Identifier 226]	
19. Long-Term Care Experience Reporting Forms [Document Identifier 306]	

# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

20. Life Supplement [Document Identifier 211]



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





SUPPLEMENT FOR THE YEAR 2022 OF THE Priority Health  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

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

FOR THE STATE OF Michigan.....  
 NAIC Group Code 3383 ..... NAIC Company Code 95561 .....  
 ADDRESS (City, State and Zip Code) Grand Rapids , MI 49525-4501 .....  
 Person Completing This Exhibit .....  
 Title ..... Telephone Number .....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2019				Policies Issued in 2020; 2021; 2022			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	1955	A	NO	0234000	12/02/2009			05/31/2010	Priority Health Medigap Plan A			0.0				0.0	
YES	1956	C	NO	0234000	12/02/2009			05/31/2010	Priority Health Medigap Plan C			0.0				0.0	
YES	1957	F	NO	0234000	12/02/2009			05/31/2010	Priority Health Medigap Plan F			0.0				0.0	
YES	4996-12	A	NO	0234000	10/06/2011		12/05/2016		Priority Health Medigap Plan A			0.0	125,525	122,352	97.5	69	
YES	4997-12	D	NO	0234000	10/06/2011				Priority Health Medigap Plan D			0.0	579,994	622,804	107.4	223	
YES	4998-12	F	NO	0234000	10/06/2011				Priority Health Medigap Plan F			0.0	20,258,686	15,905,031	78.5	6,932	
YES	4999-12	N	NO	0234000	10/06/2011				Priority Health Medigap Plan N			0.0	3,231,464	2,443,393	75.6	1,938	
YES	5000-15	G	NO	0234000	09/18/2014				Priority Health Medigap Plan G			0.0	14,147,620	12,733,802	90.0	8,482	
YES	2017-0000	C	NO	0234000	09/19/2016				Priority Health Medigap Plan C			0.0	217,130	193,593	89.2	54	
0199999. Total Experience on Individual Policies										0	0	0.0	0	38,560,419	32,020,975	83.0	17,698

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
  - Address:
  - Contact Person and Phone Number:
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - Address:
  - Contact Person and Phone Number:
- Explain any policies identified above as policy type "O".

360.MI