



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2023
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 Stephanie Savic, 616-464-8205
(Name) (Area Code) (Telephone Number)
Stephanie.Savic@corewellhealth.org, 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>Linda Hughley Gillum #</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>Garrick John Rochow #</u>
<u>Mina Patel Sooch</u>	<u>Michael Frederic Sytsma</u>	<u>Praveen Gope Thadani</u>
<u>Alicia Margarita Torres</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.....

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	145,740,121	357,944,314		196,454,017	145,740,121	138,852,862
2. Claim overpayment receivables	4,578,233			5,932,234	4,578,233	4,578,233
3. Loans and advances to providers					0	0
4. Capitation arrangement receivables					0	0
5. Risk sharing receivables	(11,372,035)			901,435	(11,372,035)	19,028,816
6. Other health care receivables.....	22,785,380	29,851,830		35,300,570	22,785,380	23,226,899
7. Totals (Lines 1 through 6)	161,731,699	387,796,144	0	238,588,256	161,731,699	185,686,810

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

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Priority Health Insurance Company	Premium received on PHIC's behalf	3,046,343	3,046,343	
Corewell Health Corporate	Various intercompany	2,261,048	2,261,048	
0199999. Individually listed payables		5,307,391	5,307,391	0
0299999. Payables not individually listed		0		
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0399999 Total gross payables		5,307,391	5,307,391	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
Capitation Payments:						
1. Medical groups	16,285	0.0	85	0.0	16,285	
2. Intermediaries	0	0.0		0.0		
3. All other providers	6,643,070	0.1	362,718	47.6	6,643,070	
4. Total capitation payments	6,659,355	0.1	362,803	47.6	6,659,355	0
Other Payments:						
5. Fee-for-service	172,739,412	3.6	XXX	XXX		172,739,412
6. Contractual fee payments	3,473,911,715	72.8	XXX	XXX	3,473,911,715	
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	1,120,673,344	23.5	XXX	XXX	1,120,673,344	
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	4,767,324,471	99.9	XXX	XXX	4,594,585,059	172,739,412
13. TOTAL (Line 4 plus Line 12)	4,773,983,826	100%	XXX	XXX	4,601,244,414	172,739,412

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
NONE					
9999999 Totals			XXX	XXX	XXX

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	NONE					
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total						



ANNUAL STATEMENT FOR THE YEAR 2023 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 2023										(LOCATION) NAIC Company Code 95561	
	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	706,112	127,178	342,074	17,698		2,066	217,096									
2. First Quarter	757,514	139,587	372,837	17,314		1,966	225,810									
3. Second Quarter	756,031	136,643	370,993	17,394		1,984	229,017									
4. Third Quarter	756,835	136,481	368,506	17,510		2,022	232,316									
5. Current Year	761,509	136,437	370,081	17,528		2,026	235,437									
6. Current Year Member Months	9,065,438	1,630,850	4,450,972	208,495		23,938	2,751,183									
Total Member Ambulatory Encounters for Year:																
7. Physician	11,346,028	1,365,546	3,724,753	421,986		22,187	5,811,556									
8. Non-Physician	1,065,400	128,226	349,757	39,625		2,083	545,709									
9. Total	12,411,428	1,493,772	4,074,510	461,611	0	0	24,270	6,357,265	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	515,681	41,841	100,572	23,063		599	349,606									
11. Number of Inpatient Admissions	73,461	7,397	20,089	3,007		248	42,720									
12. Health Premiums Written (b)	5,377,004,643	733,125,901	2,023,092,050	41,169,648		12,310,282	2,567,306,762									
13. Life Premiums Direct	0															
14. Property/Casualty Premiums Written	0															
15. Health Premiums Earned	5,374,673,904	733,125,901	2,023,092,050	41,169,648		12,310,282	2,564,976,023									
16. Property/Casualty Premiums Earned	0															
17. Amount Paid for Provision of Health Care Services	4,773,983,825	611,553,765	1,753,517,255	35,636,111		10,632,445	2,362,644,249									
18. Amount Incurred for Provision of Health Care Services	4,811,605,356	628,727,063	1,766,835,651	36,303,595		10,524,436	2,369,214,611									

(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 \$2,567,306,762

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ANNUAL STATEMENT FOR THE YEAR 2023 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)	
		Grand Total			2023										NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14	
Total	2	3	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	706,112	127,178	342,074	17,698	0	0	2,066	217,096	0	0	0	0	0	0		
2. First Quarter	757,514	139,587	372,837	17,314	0	0	1,966	225,810	0	0	0	0	0	0		
3. Second Quarter	756,031	136,643	370,993	17,394	0	0	1,984	229,017	0	0	0	0	0	0		
4. Third Quarter	756,835	136,481	368,506	17,510	0	0	2,022	232,316	0	0	0	0	0	0		
5. Current Year	761,509	136,437	370,081	17,528	0	0	2,026	235,437	0	0	0	0	0	0		
6. Current Year Member Months	9,065,438	1,630,850	4,450,972	208,495	0	0	23,938	2,751,183	0	0	0	0	0	0		
Total Member Ambulatory Encounters for Year:																
7. Physician	11,346,028	1,365,546	3,724,753	421,986	0	0	22,187	5,811,556	0	0	0	0	0	0		
8. Non-Physician	1,065,400	128,226	349,757	39,625	0	0	2,083	545,709	0	0	0	0	0	0		
9. Total	12,411,428	1,493,772	4,074,510	461,611	0	0	24,270	6,357,265	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	515,681	41,841	100,572	23,063	0	0	599	349,606	0	0	0	0	0	0		
11. Number of Inpatient Admissions	73,461	7,397	20,089	3,007	0	0	248	42,720	0	0	0	0	0	0		
12. Health Premiums Written (b)	5,377,004,643	733,125,901	2,023,092,050	41,169,648	0	0	12,310,282	2,567,306,762	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	5,374,673,904	733,125,901	2,023,092,050	41,169,648	0	0	12,310,282	2,564,976,023	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	4,773,983,825	611,553,765	1,753,517,255	35,636,111	0	0	10,632,445	2,362,644,249	0	0	0	0	0	0		
18. Amount Incurred for Provision of Health Care Services	4,811,605,356	628,727,063	1,766,835,651	36,303,595	0	0	10,524,436	2,369,214,611	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 \$2,567,306,762

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ANNUAL STATEMENT FOR THE YEAR 2023 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
NONE												
9999999 - Totals												

ANNUAL STATEMENT FOR THE YEAR 2023 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	09/01/2022	Swiss Reinsurance Life & Health America	MO	SSL/I	CIM	4,931,171						
82627	06-0839705	09/01/2023	Swiss Reinsurance Life & Health America	MO	SSL/I	CIM	985,195						
0899999			General Account - Authorized U.S. Non-Affiliates				5,916,366	0	0	0	0	0	0
1099999			Total General Account - Authorized Non-Affiliates				5,916,366	0	0	0	0	0	0
1199999			Total General Account Authorized				5,916,366	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				5,916,366	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)				5,916,366	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				5,916,366	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 2023 OF THE Priority Health

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	5,581	4,700	4,374	2,665	2,613
2. Title XVIII - Medicare	335	293	223	219	393
3. Title XIX - Medicaid	0	0	0	0	0
4. Commissions and reinsurance expense allowance					
5. Total hospital and medical expenses	4,860	3,561	1,139	1,849	1,687
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable	0	0	0	0	0
8. Reinsurance recoverable on paid losses	3,487	3,069	242	0	11
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances due					
11. Unauthorized reinsurance offset					
12. Offset for reinsurance with Certified Reinsurers					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)	0	0	0	0	0
14. Letters of credit (L)	0	0	0	0	0
15. Trust agreements (T)	0	0	0	0	0
16. Other (O)	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust					0
18. Funds deposited by and withheld from (F)					0
19. Letters of credit (L)					0
20. Trust agreements (T)					0
21. Other (O)					0

ANNUAL STATEMENT FOR THE YEAR 2023 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)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	1,767,643,058	5,916,366	1,773,559,424
2. Accident and health premiums due and unpaid (Line 15)	56,183,417		56,183,417
3. Amounts recoverable from reinsurers (Line 16.1)	3,487,226		3,487,226
4. Net credit for ceded reinsurance	XXX	(5,916,366)	(5,916,366)
5. All other admitted assets (Balance)	247,986,896		247,986,896
6. Total assets (Line 28)	2,075,300,597	0	2,075,300,597
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	481,111,233		481,111,233
8. Accrued medical incentive pool and bonus payments (Line 2)	21,937,457		21,937,457
9. Premiums received in advance (Line 8)	25,248,502		25,248,502
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)	188,766,865		188,766,865
15. Total liabilities (Line 24)	717,064,057	0	717,064,057
16. Total capital and surplus (Line 33)	1,358,236,540	XXX	1,358,236,540
17. Total liabilities, capital and surplus (Line 34)	2,075,300,597	0	2,075,300,597
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	(5,916,366)		
23. Total ceded reinsurance recoverables	(5,916,366)		
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	(5,916,366)		

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Priority Health
SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.	Direct Business Only					6 Totals
	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	
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 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	Domiciliary Location	Relationship 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 Required? (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		Corewell Health Grand Rapids	..MI	..NIA	Corewell Health	Ownership	100.000	Corewell Health	..NO	..0
				0	0		Corewell Health Big Rapids	..MI	..NIA	Corewell Health	Ownership	100.000	Corewell Health	..NO	..0
				0	0		Corewell Health Reed City	..MI	..NIA	Corewell Health	Ownership	100.000	Corewell Health	..NO	..0
				0	0		Corewell Health Gerber	..MI	..NIA	Corewell Health	Ownership	100.000	Corewell Health	..NO	..0
				0	0		Corewell Health Ludington	..MI	..NIA	Corewell Health	Ownership	100.000	Corewell Health	..NO	..0
				0	0		Corewell Health Pennock	..MI	..NIA	Corewell Health	Ownership	100.000	Corewell Health	..NO	..0
				0	0		Corewell Health Greenville	..MI	..NIA	Corewell Health	Ownership	100.000	Corewell Health	..NO	..0
				0	0		Corewell Health Kelsey	..MI	..NIA	Corewell Health	Ownership	100.000	Corewell Health	..NO	..0
				0	0		Corewell Health Zeeland	..MI	..NIA	Corewell Health	Ownership	100.000	Corewell Health	..NO	..0
				0	0		Corewell Health West - Continuing Care	..MI	..NIA	Corewell Health	Ownership	100.000	Corewell Health	..NO	..0
				0	0		Corewell Health Medical Group West	..MI	..NIA	Corewell Health	Ownership	100.000	Corewell Health	..NO	..0
				0	0		Corewell Health South	..MI	..NIA	Corewell Health	Ownership	100.000	Corewell Health	..NO	..0
				0	0		Corewell Health East	..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					(24,917,067)				(24,917,067)	
	38-3085182	Priority Health Managed Benefits					444,199,970				444,199,970	
95561	38-2715520	Priority Health	65,000,000				(346,197,249)				(281,197,249)	
	32-0016523	Priority Health Choice, Inc.	(65,000,000)				(71,576,900)				(136,576,900)	
95644	38-2018957	Total Health Care Inc.					(917,610)				(917,610)	
12326	38-3240485	Total Health Care USA Inc.					(591,144)				(591,144)	
9999999 Control Totals			0	0	0	0	0	0	XXX	0	0	0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

REQUIRED FILINGS

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










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

SUPPLEMENTAL FILINGS

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

MARCH FILING	
10. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	YES
11. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?.....	NO
13. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?.....	NO
14. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?.....	NO
15. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?.....	NO
16. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
17. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
18. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO
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?.....	NO
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?	NO
AUGUST FILING	
24. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
Explanations:	
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.	
21. 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. Market Conduct Annual Statement (MCAS) Premium Exhibit for Year [Document Identifier 600]	

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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



21. 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 2023 OF THE Priority Health
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2023
 (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 2020				Policies Issued in 2021; 2022; 2023			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	17 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	122,703	132,370	107.9	63	
YES	4997-12	D	NO	0234000	10/06/2011				Priority Health Medigap Plan D			0.0	665,039	759,831	114.3	239	
YES	4998-12	F	NO	0234000	10/06/2011				Priority Health Medigap Plan F			0.0	20,009,373	16,300,586	81.5	6,277	
YES	4999-12	N	NO	0234000	10/06/2011				Priority Health Medigap Plan N			0.0	3,227,059	2,681,337	83.1	1,749	
YES	5000-15	G	NO	0234000	09/18/2014				Priority Health Medigap Plan G			0.0	16,941,517	16,237,251	95.8	9,159	
YES	2017-0000	C	NO	0234000	09/19/2016				Priority Health Medigap Plan C			0.0	203,957	192,220	94.2	49	
0199999. Total Experience on Individual Policies										0	0	0.0	0	41,169,648	36,303,595	88.2	17,536

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