



# HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2023  
OF THE CONDITION AND AFFAIRS OF THE

## Priority Health Choice, Inc.

NAIC Group Code 3383 3383 NAIC Company Code 11520 Employer's ID Number 32-0016523  
(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 06/03/2002 Commenced Business 10/01/2002

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 James Becker, 616-575-7588  
(Name) (Area Code) (Telephone Number)  
james.becker2@corewellhealth.org, 616-942-7916  
(E-mail Address) (FAX Number)

### OFFICERS

President Praveen Gope Thadani Secretary Kimberly Lynn Thomas  
Treasurer Nicholas Patrick Gates

### OTHER

### DIRECTORS OR TRUSTEES

Praveen Gope Thadani Michael Adam Jaspersen James Dwight Forshee  
Kimberly Lynn Thomas Chelsee Lee Stark Nicholas Patrick Gates  
Joyce Chan Russell

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 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID**

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals.....						
Group Subscribers:						
0299998. Premiums due and unpaid not individually listed						
0299999. Total group	0	0	0	0	0	0
0399999. Premiums due and unpaid from Medicare entities						
0499999. Premiums due and unpaid from Medicaid entities	3,160,193	90				3,160,283
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0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	3,160,193	90	0	0	0	3,160,283

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Priority Health Choice, Inc.

**EXHIBIT 3 - HEALTH CARE RECEIVABLES**

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199998. Aggregate Pharmaceutical Rebate Receivables Not Individually Listed						
0199999. Total Pharmaceutical Rebate Receivables	0	0	0	0	0	0
0299998. Aggregate Claim Overpayment Receivables Not Individually Listed	2,216,206	519,284	397,946			3,133,436
0299999. Total Claim Overpayment Receivables	2,216,206	519,284	397,946	0	0	3,133,436
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	498,565					498,565
0599999. Total Risk Sharing Receivables	498,565	0	0	0	0	498,565
State of Michigan .....	15,249,280	207,005	319,084	374,923		16,150,292
Pharmaceutical Claims Credits .....	106,249					106,249
Third Party Deposits .....	350,000					350,000
0699998. Aggregate Other Health Care Receivables Not Individually Listed						
0699999. Total Other Health Care Receivables	15,705,529	207,005	319,084	374,923	0	16,606,541
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0799999 Gross health care receivables	18,420,300	726,289	717,030	374,923	0	20,238,542

**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 .....					0	0
2. Claim overpayment receivables .....	734,729			3,133,436	734,729	734,729
3. Loans and advances to providers .....					0	0
4. Capitation arrangement receivables .....					0	0
5. Risk sharing receivables .....	5,585,015			498,565	5,585,015	5,585,015
6. Other health care receivables.....	16,795,224			16,606,541	16,795,224	16,795,224
7. Totals (Lines 1 through 6)	23,114,968	0	0	20,238,542	23,114,968	23,114,968

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						0
0399999. Aggregate accounts not individually listed-covered	28,401,086					28,401,086
0499999. Subtotals	28,401,086	0	0	0	0	28,401,086
0599999. Unreported claims and other claim reserves						67,200,420
0699999. Total amounts withheld						
0799999. Total claims unpaid						95,601,506
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0899999 Accrued medical incentive pool and bonus amounts						14,265,307

**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 Insurance Company .....	12,439					12,439	
0199999. Individually listed receivables	12,439	0	0	0	0	12,439	0
0299999. Receivables not individually listed							
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0399999 Total gross amounts receivable	12,439	0	0	0	0	12,439	0

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

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Priority Health .....	Centralized Accounts Payable Function .....	13,717,415	13,717,415	
Priority Health Managed Benefits .....	Management Fee Payable .....	6,394,055	6,394,055	
0199999. Individually listed payables		20,111,470	20,111,470	0
0299999. Payables not individually listed		0		
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0399999 Total gross payables		20,111,470	20,111,470	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 .....	5,011,784	0.5	25,337	10.0	5,011,784	
2. Intermediaries .....	0	0.0		0.0		
3. All other providers .....	105,931,054	9.8	153,039	60.6	105,931,054	
4. Total capitation payments .....	110,942,838	10.3	178,376	70.7	110,942,838	0
<b>Other Payments:</b>						
5. Fee-for-service .....	43,163,462	4.0	XXX	XXX		43,163,462
6. Contractual fee payments .....	696,046,592	64.6	XXX	XXX	696,046,592	
7. Bonus/withhold arrangements - fee-for-service .....	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments .....	226,674,969	21.1	XXX	XXX	226,674,969	
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 .....	965,885,023	89.7	XXX	XXX	922,721,561	43,163,462
13. TOTAL (Line 4 plus Line 12)	1,076,827,861	100%	XXX	XXX	1,033,664,399	43,163,462

**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, 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 .....	<b>NONE</b>					
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 Choice, Inc.

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

REPORT FOR: 1. CORPORATION

Priority Health Choice, Inc.

2. Grand Rapids, MI

NAIC Group Code	3383	BUSINESS IN THE STATE OF		(LOCATION)										
		Michigan		NAIC Company Code 11520										
		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													
DURING THE YEAR 2023														
Total														
<b>Total Members at end of:</b>														
1. Prior Year .....	266,032							16,132	249,900					
2. First Quarter .....	271,214							16,567	254,647					
3. Second Quarter .....	276,764							16,584	260,180					
4. Third Quarter .....	266,216							16,364	249,852					
5. Current Year .....	252,344							15,900	236,444					
6. Current Year Member Months	3,227,029							201,133	3,025,896					
<b>Total Member Ambulatory Encounters for Year:</b>														
7. Physician .....	2,560,059							159,562	2,400,497					
8. Non-Physician .....	454,577							28,333	426,244					
9. Total	3,014,636	0	0	0	0	0	0	187,895	2,826,741	0	0	0	0	0
10. Hospital Patient Days Incurred	150,083							39,893	110,190					
11. Number of Inpatient Admissions	23,635							4,964	18,671					
12. Health Premiums Written (b) .....	1,202,908,333							207,230,945	995,677,388					
13. Life Premiums Direct .....	0													
14. Property/Casualty Premiums Written .....	0													
15. Health Premiums Earned .....	1,202,763,764							207,086,376	995,677,388					
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services .....	1,076,827,861							174,677,123	902,150,738					
18. Amount Incurred for Provision of Health Care Services	1,076,861,062							176,787,983	900,073,079					

(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 \$ ..... 207,230,945

30 MI



ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Priority Health Choice, Inc.

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

REPORT FOR: 1. CORPORATION

Priority Health Choice, Inc.

2. Grand Rapids, MI

NAIC Group Code	3383	BUSINESS IN THE STATE OF		Grand Total	DURING THE YEAR									(LOCATION)			
		2023			2023				2023				NAIC Company Code				11520
		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				
<b>Total Members at end of:</b>																	
1. Prior Year .....	266,032	0	0	0	0	0	0	16,132	249,900	0	0	0	0	0			
2. First Quarter .....	271,214	0	0	0	0	0	0	16,567	254,647	0	0	0	0	0			
3. Second Quarter .....	276,764	0	0	0	0	0	0	16,584	260,180	0	0	0	0	0			
4. Third Quarter .....	266,216	0	0	0	0	0	0	16,364	249,852	0	0	0	0	0			
5. Current Year .....	252,344	0	0	0	0	0	0	15,900	236,444	0	0	0	0	0			
6. Current Year Member Months	3,227,029	0	0	0	0	0	0	201,133	3,025,896	0	0	0	0	0			
<b>Total Member Ambulatory Encounters for Year:</b>																	
7. Physician .....	2,560,059	0	0	0	0	0	0	159,562	2,400,497	0	0	0	0	0			
8. Non-Physician .....	454,577	0	0	0	0	0	0	28,333	426,244	0	0	0	0	0			
9. Total .....	3,014,636	0	0	0	0	0	0	187,895	2,826,741	0	0	0	0	0			
10. Hospital Patient Days Incurred	150,083	0	0	0	0	0	0	39,893	110,190	0	0	0	0	0			
11. Number of Inpatient Admissions	23,635	0	0	0	0	0	0	4,964	18,671	0	0	0	0	0			
12. Health Premiums Written (b) .....	1,202,908,333	0	0	0	0	0	0	207,230,945	995,677,388	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 .....	1,202,763,764	0	0	0	0	0	0	207,086,376	995,677,388	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 .....	1,076,827,861	0	0	0	0	0	0	174,677,123	902,150,738	0	0	0	0	0			
18. Amount Incurred for Provision of Health Care Services	1,076,861,062	0	0	0	0	0	0	176,787,983	900,073,079	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 \$ .....207,230,945

30 GT

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Priority Health Choice, Inc.

**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 2023 OF THE Priority Health Choice, 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 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		1,056,629						
82627	06-0839705	09/01/2023	Swiss Reinsurance Life & Health America	MO	SSL/I		81,682						
0899999			General Account - Authorized U.S. Non-Affiliates				1,138,311	0	0	0	0	0	0
1099999			Total General Account - Authorized Non-Affiliates				1,138,311	0	0	0	0	0	0
1199999			Total General Account Authorized				1,138,311	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				1,138,311	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)				1,138,311	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				1,138,311	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**

**SCHEDULE S - PART 6**

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

	1 2023	2 2022	3 2021	4 2020	5 2019
<b>A. OPERATIONS ITEMS</b>					
1. Premiums .....	0	0	0	0	0
2. Title XVIII - Medicare .....	30	38	164	88	5
3. Title XIX - Medicaid .....	1,108	1,416	999	763	494
4. Commissions and reinsurance expense allowance .....					
5. Total hospital and medical expenses .....	1,284	1,067	47	2	1,139
<b>B. BALANCE SHEET ITEMS</b>					
6. Premiums receivable .....					
7. Claims payable .....	0	0	0	0	0
8. Reinsurance recoverable on paid losses .....	436	76	48	0	3
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



**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) .....	347,430,814	1,138,311	348,569,125
2. Accident and health premiums due and unpaid (Line 15) .....	6,824,634		6,824,634
3. Amounts recoverable from reinsurers (Line 16.1) .....	436,212		436,212
4. Net credit for ceded reinsurance .....	XXX	(1,138,311)	(1,138,311)
5. All other admitted assets (Balance) .....	58,642,932		58,642,932
6. Total assets (Line 28)	413,334,592	0	413,334,592
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1) .....	95,601,506		95,601,506
8. Accrued medical incentive pool and bonus payments (Line 2) .....	14,265,307		14,265,307
9. Premiums received in advance (Line 8) .....	380,656		380,656
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) .....	69,062,328		69,062,328
15. Total liabilities (Line 24) .....	179,309,797	0	179,309,797
16. Total capital and surplus (Line 33) .....	234,024,795	XXX	234,024,795
17. Total liabilities, capital and surplus (Line 34)	413,334,592	0	413,334,592
<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 .....	(1,138,311)		
23. Total ceded reinsurance recoverables .....	(1,138,311)		
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	(1,138,311)		

**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 Choice, Inc.

**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)	
11520	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

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Priority Health Choice, Inc.

### SCHEDULE Y

#### PART 3 - ULTIMATE CONTROLLING PARTY AND LISTING OF OTHER U.S. INSURANCE GROUPS OR ENTITIES UNDER THAT ULTIMATE CONTROLLING PARTY'S CONTROL

1 Insurers in Holding Company	2 Owners with Greater Than 10% Ownership	3 Ownership Percentage Column 2 of Column 1	4 Granted Disclaimer of Control/ Affiliation of Column 2 Over Column 1 (Yes/No)	5 Ultimate Controlling Party	6 U.S. Insurance Groups or Entities Controlled by Column 5	7 Ownership Percentage (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

43

# 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? .....	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?.....	NO
<b>APRIL FILING</b>	
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
<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:	
10. The data for this supplement is not required to be filed.	
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:

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]	

# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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



19. Market Conduct Annual Statement (MCAS) Premium Exhibit for Year [Document Identifier 600]



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]

