11518202220100100 2022 Document Code: 201

ANNUAL STATEMENT

For the Year Ended DECEMBER 31, 2022

OF THE CONDITION AND AFFAIRS OF THE

PARAMOUNT INSURANCE COMPANY

NAIC Group Code 1212 (Current Period), 1212 (Prior Period) NAIC Company Code 11518 Employer's ID Number 010580404

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

Country of Domicile United States of America

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

Incorporated/Organized 04/19/2002 Commenced Business 09/26/2002

Statutory Home Office 300 Madison Ave (Street and Number), Toledo, OH, US 43604 (City or Town, State, Country and Zip Code)

Main Administrative Office 300 Madison Ave (Street and Number)
Toledo , OH, US 43604 (City or Town, State, Country and Zip Code) (419)887-2500 (Area Code) (Telephone Number)

Mail Address 300 Madison Ave (Street and Number or P.O. Box), Toledo, OH, US 43604 (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 300 Madison Ave (Street and Number)
Toledo, OH, US 43604 (City or Town, State, Country and Zip Code) (419)887-2500 (Area Code) (Telephone Number)

Internet Website Address www.paramounthealthcare.com

Statutory Statement Contact Rich Potter, Mr. (Name) (419)887-2006 (Area Code)(Telephone Number)(Extension)
rich.potter@promedica.org (E-Mail Address) (419)887-2020 (Fax Number)

OFFICERS

Name	Title	
James Frederick White Mr.	Chairman	
Lori Ann Johnston Mrs.	President	
Louis Eugene Robichaux Mr.	Treasurer	#
Stephen Michael Sadowski Mr.	Secretary	#

OTHERS

Jeffrey William Martin Mr., Chief Financial Officer
David Roger Brackett Mr., Chief Information Officer
Dee Ann Bialecki-Haase M.D., Chief Medical Officer

DIRECTORS OR TRUSTEES

Lori Ann Johnston Ms.
Douglas J Welch Mr.
Zak Jon Vassar Mr.
David Frantz Waterman Mr.
Joseph James Sferra Mr.
Terry Lynn Bawal Ms. #
Lisa Lyn Burke D.O. #
Mark Duane Wagoner Mr. #
John Paul Imm M.D.
Elaine Marie Canning Ms.
Larry Carl Peterson Mr.
Shraddha Gupta Ms.
James Frederick White Mr.
Sameh Bashar Almadani M.D. #
Jim Allen Hoffman Mr. #

State of Ohio
County of Lucas ss

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.

(Signature)	(Signature)	(Signature)
Lori Ann Johnston	Jeffrey William Martin	Stephen Michael Sadowski
(Printed Name)	(Printed Name)	(Printed Name)
1.	2.	3.
President	CFO	Secretary
(Title)	(Title)	(Title)

Subscribed and sworn to before me this _____ day of _____, 2023

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 _____

(Notary Public Signature)

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at https://content.naic.org/sites/default/files/inline-files/committees_e_app_blanks_related_shce_cautionary_statement.pdf)

REPORT FOR: 1. CORPORATION: PARAMOUNT INSURANCE COMPANY 2. LOCATION: Toledo, OH 43604

11518202221636100 2022 Document Code: 216

NAIC Group Code 1212 BUSINESS IN THE STATE OF Ohio DURING THE YEAR 2022 NAIC Company Code 11518

	Business Subject to MLR									10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1	2	3	4	5	6	7	8							
	Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (Excluded by Statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 thru 12)	Uninsured Plans	Total (Cols. 13 + 14)
1. Premium:															
1.1 Health premiums earned (From Part 2, Line 1.11)	15,768,092	24,392,079	77,375,506								5,830,788	17,589	123,384,054	XXX	123,384,054
1.2 Federal high risk pools														XXX	
1.3 State high risk pools														XXX	
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)	15,768,092	24,392,079	77,375,506								5,830,788	17,589	123,384,054	XXX	123,384,054
1.5 Federal taxes and federal assessments	(27,759)	244,357	(43,731)								85,626	4,005	262,498	151,597	414,095
1.6 State insurance, premium and other taxes (Similar local taxes of $.....0)	187,680	245,656	813,378								112,170	120	1,359,004		1,359,004
1.6A Community Benefit Expenditures (informational only)															
1.7 Regulatory authority licenses and fees															
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7)	15,608,171	23,902,066	76,605,859								5,632,992	13,464	121,762,552	XXX	121,610,955
1.9 Net assumed less ceded reinsurance premiums earned	(83,784)	(120,675)	(497,234)								(1,838,937)		(2,540,630)	XXX	(2,540,630)
1.10 Other adjustments due to MLR calculations - Premiums														XXX	
1.11 Risk Revenue														XXX	
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)	15,524,387	23,781,391	76,108,625								3,794,055	13,464	119,221,922	XXX	119,070,325
2. Claims:															
2.1 Incurred claims excluding prescription drugs	9,457,897	15,517,419	54,064,181								2,509,717	(2,531)	81,546,683	XXX	81,546,683
2.2 Prescription drugs	6,396,541	4,954,333	20,414,108									(25,721)	31,739,261	XXX	31,739,261
2.3 Pharmaceutical rebates	1,824,615	1,806,625	7,444,118									9,359	11,084,717	XXX	11,084,717
2.4 State stop-loss, market stabilization and claim/census based assessments (informational only)														XXX	
3. Incurred medical incentive pools and bonuses	83,482	199,748	513,645								86,935		883,810	XXX	883,810
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)															
5.0 TOTAL Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15)	14,113,305	18,864,875	67,547,816								2,596,652	(37,611)	103,085,037	XXX	103,085,037
5.1 Net assumed less ceded reinsurance claims incurred			(131,607)										(131,607)	XXX	(131,607)
5.2 Other adjustments due to MLR calculations - Claims														XXX	
5.3 Rebates Paid										XXX	XXX			XXX	
5.4 Estimated rebates unpaid prior year										XXX	XXX			XXX	
5.5 Estimated rebates unpaid current year										XXX	XXX			XXX	
5.6 Fee for service and co-pay revenue														XXX	
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)	14,113,305	18,864,875	67,416,209								2,596,652	(37,611)	102,953,430	XXX	102,953,430
6. Improving Health Care Quality Expenses Incurred:															
6.1 Improve health outcomes	68,702	100,517	414,167								34,656		618,042	502,789	1,120,831
6.2 Activities to prevent hospital readmissions	9,081	13,285	54,745								4,581		81,692	66,460	148,152
6.3 Improve patient safety and reduce medical errors	3,633	5,315	21,899								1,832		32,679	26,584	59,263
6.4 Wellness and health promotion activities	3,028	4,428	18,249								1,527		27,232	22,153	49,385
6.5 Health Information Technology expenses related to health improvement	6,297	9,211	37,957								3,176		56,641	46,079	102,720
6.6 TOTAL of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1 + 6.2 + 6.3 + 6.4 + 6.5)	90,741	132,756	547,017								45,772		816,286	664,065	1,480,351
7. Preliminary Medical Loss Ratio: MLR (Lines 4 + 5.0 + 6.6 - Footnote 2.0) / Line 1.8	0.910	0.795	0.889							XXX	XXX	(2.793)	XXX	XXX	XXX
8. Claims Adjustment Expenses:															
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6	180,455	354,895	1,462,330								211,944		2,209,624		2,209,624
8.2 All other claims adjustment expenses	35,542	66,947	275,852								37,839		416,180		416,180
8.3 TOTAL Claims adjustment expenses (Lines 8.1 + 8.2)	215,997	421,842	1,738,182								249,783		2,625,804		2,625,804
9. Claims Adjustment Expense Ratio (Line 8.3 / Line 1.8)	0.014	0.018	0.023								0.044		XXX	XXX	XXX

Supp216.1 Ohio

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

(To Be Filed by April 1 - Not for Rebate Purposes)

	Business Subject to MLR									10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1	2	3	4	5	6	7	8							
	Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (Excluded by Statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 thru 12)	Uninsured Plans	Total (Cols. 13 + 14)
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits	466,224	558,590	2,301,647								523,127	1,868	3,851,456	1,441,871	5,293,327
10.2 Agents and brokers fees and commissions	160,895	917,611	3,780,976								199,575		5,059,057		5,059,057
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)															
10.4 Other general and administrative expenses	940,252	386,741	1,593,542								1,064,714	4,611	3,989,860	4,438,703	8,428,563
10.4A Community Benefit Expenditures (informational only)															
10.5 TOTAL General and administrative (Lines 10.1 + 10.2 + 10.3 + 10.4)	1,567,371	1,862,942	7,676,165								1,787,416	6,479	12,900,373	5,880,574	18,780,947
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	(463,027)	2,498,976	(1,268,948)								(885,568)	44,596	(73,971)	XXX	(6,770,207)
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8,384,143	8,384,143
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	122,925	XXX	122,925
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(13,684)	XXX	(13,684)
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	62,638	XXX	1,750,545
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and Line 10.4)															
16A. ICD-10 Implementation Expenses (informational only: already included in Line 10.4)															
OTHER INDICATORS:															
1. Number of Certificates / Policies	1,370	1,832	5,608								1,078	12	9,900	21,367	31,267
2. Number of Covered Lives	2,123	3,154	11,295								11,459	12	28,043	45,041	73,084
3. Number of Groups	XXX	355	155	XXX							6		516	656	1,172
4. Member Months	26,774	38,333	157,949								116,486	216	339,758	525,598	865,356

(a) Is run off business reported in Columns 1 through 9 or 12? Yes[ ] No[X]
(b) If yes, show the amount of premiums and claims included: Premiums $.....0 Claims $.....0

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES

	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1 Individual Plans	2 Small Group Employer Plans	3 Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)	(106,618)	251,751		
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)		XXX		XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium				
3.2 Reserve for rate credits or policy experience refunds				
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)			595,855	893,230
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims		XXX		XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received				
6.2 Rate credits or policy experience refunds paid				

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

(To Be Filed By April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION: PARAMOUNT INSURANCE COMPANY 2. LOCATION: Toledo, OH 43604

NAIC Group Code 1212 **BUSINESS IN THE STATE OF Ohio DURING THE YEAR 2022** **NAIC Company Code 11518**

		Business Subject to MLR												
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9	10	11	12	13
		1	2	3	4	5	6	7	8					
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (Excluded by Statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)
1.	Health Premiums Earned:													
1.1	Direct premiums written	15,768,092	24,392,079	77,375,506								5,830,788	17,589	123,384,054
1.2	Unearned premium prior year													
1.3	Unearned premium current year													
1.4	Change in unearned premium (Lines 1.2 - 1.3)													
1.5	Paid rate credits													
1.6	Reserve for rate credits current year												25,479	25,479
1.7	Reserve for rate credits prior year												16,720	16,720
1.8	Change in reserve for rate credits (Lines 1.6 - 1.7)												8,759	8,759
1.9	Premium balances written off													
1.10	Group conversion charges													
1.11	TOTAL Direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)	15,768,092	24,392,079	77,375,506								5,830,788	17,589	123,384,054
1.12	Assumed premiums earned from non-affiliates													
1.13	Net assumed less ceded premiums earned from affiliates													
1.14	Ceded premiums earned to non-affiliates	83,784	120,675	497,234								1,838,937		2,540,630
1.15	Other adjustments due to MLR calculation - Premiums													
1.16	Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)	15,684,308	24,271,404	76,878,272								3,991,851	8,830	120,834,665
2.	Direct Claims Incurred:													
2.1	Paid claims during the year	13,480,585	18,351,371	68,568,895								2,887,743	(37,563)	103,251,031
2.2	Direct claim liability current year	1,808,218	2,930,730	12,075,944								623,723		17,438,615
2.3	Direct claim liability prior year	1,633,519	2,474,879	13,533,419								1,001,749		18,643,566
2.4	Direct claim reserves current year													
2.5	Direct claim reserves prior year													
2.6	Direct contract reserves current year													
2.7	Direct contract reserves prior year													
2.8	Paid rate credits													
2.9	Reserve for rate credits current year													
2.10	Reserve for rate credits prior year													
2.11	Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)	83,482	199,748	513,645								86,935		883,810
2.11A	Paid medical incentive pools and bonuses current year	59,675	138,470	570,562								23,592		792,299
2.11B	Accrued medical incentive pools and bonuses current year	148,777	290,833	1,198,363								112,748		1,750,721
2.11C	Accrued medical incentive pools and bonuses prior year	124,970	229,555	1,255,280								49,405		1,659,210
2.12	Net healthcare receivables (Lines 2.12a - 2.12b)	(374,539)	142,095	77,249									48	(155,147)
2.12A	Healthcare receivables current year	507,056	519,173	2,139,230									2,411	3,167,870
2.12B	Healthcare receivables prior year	881,595	377,078	2,061,981									2,363	3,323,017
2.13	Group conversion charge													
2.14	Multi-option coverage blended rate adjustment													
2.15	TOTAL Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)	14,113,305	18,864,875	67,547,816								2,596,652	(37,611)	103,085,037
2.16	Assumed Incurred Claims from non-affiliates													
2.17	Net Assumed less Ceded Incurred Claims from affiliates													
2.18	Ceded Incurred Claims to non-affiliates			131,607										131,607
2.19	Other Adjustments due to MLR calculation - Claims													
2.20	Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)	14,113,305	18,864,875	67,416,209								2,596,652	(37,611)	102,953,430
3.	Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)													

(a) Column 13, Line 1.1 includes direct written premium of $.....0 for stand-alone dental and $.....0 for stand-alone vision policies.

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed By April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION: PARAMOUNT INSURANCE COMPANY 2. LOCATION: Toledo, OH 43604

NAIC Group Code 1212 BUSINESS IN THE STATE OF Ohio DURING THE YEAR 2022 NAIC Company Code 11518

All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
	1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1. Individual Comprehensive Coverage Expenses:										
1.1 Salaries (including $.....0 for affiliated services)	26,362	3,485	1,394	1,162	2,416	34,819	150,578	35,424	466,224	687,045
1.2 Outsourced services							7,205	21	41,803	49,029
1.3 EDP Equipment and Software (incl $.....0 for affiliated services)	267	35	14	12	25	353			10,770	11,123
1.4 Other Equipment (excluding EDP) (incl $.....0 for affiliated services)							484	8	5,324	5,816
1.5 Accreditation and Certification (incl $.....0 for affiliated services)		XXX	XXX	XXX	XXX					
1.6 Other Expenses (incl $.....0 for affiliated services)	42,073	5,561	2,225	1,854	3,856	55,569	22,188	90	1,043,250	1,121,097
1.7 Subtotal before reimbursements and taxes (Lines 1.1 to 1.6)	68,702	9,081	3,633	3,028	6,297	90,741	180,455	35,543	1,567,371	1,874,110
1.8 Reimbursements by uninsured plans and fiscal intermediaries										
1.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	193,982	193,982
1.10 TOTAL (Lines 1.7 to 1.9)	68,702	9,081	3,633	3,028	6,297	90,741	180,455	35,543	1,761,353	2,068,092
1.11 TOTAL fraud and abuse detection/recovery expenses included in Column 7 (informational only)							14,153			14,153
2. Small Group Comprehensive Coverage Expenses:										
2.1 Salaries (including $.....0 for affiliated services)	37,459	4,951	1,981	1,650	3,433	49,474	298,619	66,724	558,590	973,407
2.2 Outsourced services							13,572	39	50,133	63,744
2.3 EDP Equipment and Software (incl $.....0 for affiliated services)	398	52	21	17	36	524			12,815	13,339
2.4 Other Equipment (excluding EDP) (incl $.....0 for affiliated services)							911	14	6,384	7,309
2.5 Accreditation and Certification (incl $.....0 for affiliated services)		XXX	XXX	XXX	XXX					
2.6 Other Expenses (incl $.....0 for affiliated services)	62,660	8,282	3,313	2,761	5,742	82,758	41,794	170	1,235,019	1,359,741
2.7 Subtotal before reimbursements and taxes (Lines 2.1 to 2.6)	100,517	13,285	5,315	4,428	9,211	132,756	354,896	66,947	1,862,941	2,417,540
2.8 Reimbursements by uninsured plans and fiscal intermediaries										
2.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	254,733	254,733
2.10 TOTAL (Lines 2.7 to 2.9)	100,517	13,285	5,315	4,428	9,211	132,756	354,896	66,947	2,117,674	2,672,273
2.11 TOTAL fraud and abuse detection/recovery expenses included in Column 7 (informational only)							20,264			20,264
3. Large Group Comprehensive Coverage Expenses:										
3.1 Salaries (including $.....0 for affiliated services)	154,347	20,402	8,161	6,801	14,145	203,856	1,230,446	274,933	2,301,647	4,010,882
3.2 Outsourced services							55,922	161	206,573	262,656
3.3 EDP Equipment and Software (incl $.....0 for affiliated services)	1,636	216	87	72	150	2,161			52,805	54,966
3.4 Other Equipment (excluding EDP) (incl $.....0 for affiliated services)							3,754	58	26,306	30,118
3.5 Accreditation and Certification (incl $.....0 for affiliated services)		XXX	XXX	XXX	XXX					
3.6 Other Expenses (incl $.....0 for affiliated services)	258,184	34,127	13,651	11,376	23,662	341,000	172,308	700	5,088,835	5,602,843
3.7 Subtotal before reimbursements and taxes (Lines 3.1 to 3.6)	414,167	54,745	21,899	18,249	37,957	547,017	1,462,430	275,852	7,676,166	9,961,465
3.8 Reimbursements by uninsured plans and fiscal intermediaries										
3.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	850,777	850,777
3.10 TOTAL (Lines 3.7 to 3.9)	414,167	54,745	21,899	18,249	37,957	547,017	1,462,430	275,852	8,526,943	10,812,242
3.11 TOTAL fraud and abuse detection/recovery expenses included in Column 7 (informational only)							83,495			83,495

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

(To Be Filed By April 1 - Not for Rebate Purposes)

All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
	1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4. Individual Mini-Med Plans Expenses										
4.1 Salaries (including $.....0 for affiliated services)										
4.2 Outsourced services										
4.3 EDP equipment and software (including $.....0 for affiliated services)										
4.4 Other equipment (excluding EDP) (including $.....0 for affiliated services)										
4.5 Accreditation and certification (including $.....0 for affiliated services)		XXX	XXX	XXX	XXX					
4.6 Other expenses (including $.....0 for affiliated services)										
4.7 Subtotal before reimbursements and taxes (Lines 4.1 to 4.6)										
4.8 Reimbursements by uninsured plans and fiscal intermediaries										
4.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
4.10 TOTAL (Lines 4.7 to 4.9)										
4.11 TOTAL fraud and abuse detection/recovery expenses included in Column 7 (informational only)										
5. Small Group Mini-Med Plans Expenses										
5.1 Salaries (including $.....0 for affiliated services)										
5.2 Outsourced services										
5.3 EDP Equipment and Software (including $.....0 for affiliated services)										
5.4 Other equipment (excluding EDP) (including $.....0 for affiliated services)										
5.5 Accreditation and certification (including $.....0 for affiliated services)		XXX	XXX	XXX	XXX					
5.6 Other expenses (including $.....0 for affiliated services)										
5.7 Subtotal before reimbursements and taxes (Lines 5.1 to 5.6)										
5.8 Reimbursements by uninsured plans and fiscal intermediaries										
5.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
5.10 TOTAL (Lines 5.7 to 5.9)										
5.11 TOTAL fraud and abuse detection/recovery expenses included in Column 7 (informational only)										
6. Large Group Mini-Med Plans Expenses										
6.1 Salaries (including $.....0 for affiliated services)										
6.2 Outsourced services										
6.3 EDP equipment and software (including $.....0 for affiliated services)										
6.4 Other equipment (excluding EDP) (including $.....0 for affiliated services)										
6.5 Accreditation and certification (including $.....0 for affiliated services)		XXX	XXX	XXX	XXX					
6.6 Other expenses (including $.....0 for affiliated services)										
6.7 Subtotal before reimbursements and taxes (Lines 6.1 to 6.6)										
6.8 Reimbursements by uninsured plans and fiscal intermediaries										
6.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
6.10 TOTAL (Lines 6.7 to 6.9)										
6.11 TOTAL fraud and abuse detection/recovery expenses included in Column 7 (informational only)										

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

(To Be Filed By April 1 - Not for Rebate Purposes)

All Expenses		Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (Cols. 6 to 9)
7.	Small Group Expatriate Plans Expenses										
7.1	Salaries (including $.....0 for affiliated services)										
7.2	Outsourced services										
7.3	EDP equipment and software (including $.....0 for affiliated services)										
7.4	Other equipment (excluding EDP) (including $.....0 for affiliated services)										
7.5	Accreditation and certification (including $.....0 for affiliated services)		XXX	XXX	XXX	XXX					
7.6	Other expenses (including $.....0 for affiliated services)										
7.7	Subtotal before reimbursements and taxes (Lines 7.1 to 7.6)										
7.8	Reimbursements by uninsured plans and fiscal intermediaries										
7.9	Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
7.10	TOTAL (Lines 7.7 to 7.9)										
7.11	TOTAL fraud and abuse detection/recovery expenses included in Column 7 (informational only)										
8.	Large Group Expatriate Plans Expenses										
8.1	Salaries (including $.....0 for affiliated services)										
8.2	Outsourced services										
8.3	EDP equipment and software (including $.....0 for affiliated services)										
8.4	Other equipment (excluding EDP) (including $.....0 for affiliated services)										
8.5	Accreditation and certification (including $.....0 for affiliated services)		XXX	XXX	XXX	XXX					
8.6	Other expenses (including $.....0 for affiliated services)										
8.7	Subtotal before reimbursements and taxes (Lines 8.1 to 8.6)										
8.8	Reimbursements by uninsured plans and fiscal intermediaries										
8.9	Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
8.10	TOTAL (Lines 8.7 to 8.9)										
8.11	TOTAL fraud and abuse detection/recovery expenses included in Column 7 (informational only)										
9.	Student Health Plans Expenses										
9.1	Salaries (including $.....0 for affiliated services)										
9.2	Outsourced services										
9.3	EDP equipment and software (including $.....0 for affiliated services)										
9.4	Other equipment (excluding EDP) (including $.....0 for affiliated services)										
9.5	Accreditation and certification (including $.....0 for affiliated services)		XXX	XXX	XXX	XXX					
9.6	Other expenses (including $.....0 for affiliated services)										
9.7	Subtotal before reimbursements and taxes (Lines 9.1 to 9.6)										
9.8	Reimbursements by uninsured plans and fiscal intermediaries										
9.9	Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
9.10	TOTAL (Lines 9.7 to 9.9)										
9.11	TOTAL fraud and abuse detection/recovery expenses included in Column 7 (informational only)										