



ANNUAL STATEMENT
FOR THE YEAR ENDED DECEMBER 31, 2022
OF THE CONDITION AND AFFAIRS OF THE
PERENNIAL ADVANTAGE OF OHIO, INC.

NAIC Group Code.....4975.....4975.....NAIC Company Code.....16783.....Employer's ID Number.....84-3881087.....
(Current)(Prior)

Organized under the Laws of.....OH.....State of Domicile or Port of Entry.....OH.....
Country of Domicile.....US.....
Licensed as business type:.....Health Maintenance Organization.....Is HMO Federally Qualified?.....N/A.....
Incorporated/Organized.....08/23/2019.....Commenced Business.....01/01/2021.....
Statutory Home Office.....9200 Worthington Rd.....Westerville, OH, US 43082.....
Main Administrative Office.....10900 Nuckols Road STE 110.....
Glen Allen, VA, US 23060.....804-396-6412.....
(Telephone)
Mail Address.....10900 Nuckols Road STE 110.....Glen Allen, VA, US 23060.....
Primary Location of Books and
Records.....10900 Nuckols Road STE 110.....
Glen Allen, VA, US 23060.....804-396-6412.....
(Telephone)
Internet Website Address.....N/A.....
Statutory Statement Contact.....Robert Ragland.....804-220-6171.....
(Telephone)
regulatoryaccounting@allyalign.com.....804-241-1577.....
(E-Mail)(Fax)

OFFICERS

Jennifer Lynn Elam#, Chief Executive Officer & President.....Jeremy Stephen Dressen#, Chief Operating Officer.....
Robert Grayson Ragland#, Chief Financial Officer.....

DIRECTORS OR TRUSTEES

Jill Anne Vitale-Aussem#.....Lynne Susan Katzmann#.....
Laurence Charles Gumina#.....Mark Francis Price#.....
Benjamin Jarvis Parsons#.....

State of Ohio
County of Delaware 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 there from 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.

x

Jennifer Lynn Elam
Chief Executive Officer & President

x

Robert Grayson Ragland
Chief Financial Officer

x

Jeremy Stephen Dressen
Chief Operating Officer

Subscribed and sworn to before me
this _____ day of _____

a. Is this an original filing? Yes
b. If no:
1. State the amendment number: _____
2. Date filed: _____
3. Number of pages attached: _____

x



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 PERENNIAL ADVANTAGE OF OHIO, INC. 2. Location: 9200 Worthington Rd Westerville, OH, US 43082

NAIC Group Code: 4975

Business in the State of Ohio

During the Year: 2022

NAIC Company Code: 16783

		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 13 + 14
1.	Premium:															
1.1	Health premiums earned (From Part 2, Line 1.11)												12,230,758	12,230,758	XXX	12,230,758
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)												12,230,758	12,230,758	XXX	12,230,758
1.5	Federal taxes and federal assessments															
1.6	State insurance, premium and other taxes (Similar local taxes of \$)															
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)												12,230,758	12,230,758	XXX	12,230,758
1.9	Net assumed less ceded reinsurance premiums earned												(65,906)	(65,906)	XXX	(65,906)
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)												12,164,852	12,164,852	XXX	12,164,852
2.	Claims:															
2.1	Incurred claims excluding prescription drugs												8,793,697	8,793,697	XXX	8,793,697
2.2	Prescription drugs												1,241,731	1,241,731	XXX	1,241,731
2.3	Pharmaceutical rebates												414,175	414,175	XXX	414,175
2.4	State stop loss, market stabilization and claim/census based assessments (informational only)														XXX	
3.	Incurred medical incentive pools and bonuses												1,071,052	1,071,052	XXX	1,071,052
4.	Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)															
5.	5.0 Total incurred claims (Lines 2.1 + 2.2 – 2.3 + 3) (From Part 2, Line 2.15)												10,692,305	10,692,305	XXX	10,692,305
5.1	Net assumed less ceded reinsurance claims incurred												(29,525)	(29,525)	XXX	(29,525)
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)												10,662,780	10,662,780	XXX	10,662,780
6.	Improving Health Care Quality Expenses Incurred:															
6.1	Improve Health Outcomes												298,768	298,768		298,768
6.2	Activities to prevent hospital readmissions												75,256	75,256		75,256
6.3	Improve patient safety and reduce medical errors												58,743	58,743		58,743
6.4	Wellness and health promotion activities												35,967	35,967		35,967
6.5	Health Information Technology expenses related to health improvement												136,920	136,920		136,920
6.6	Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1 + 6.2 + 6.3 + 6.4 + 6.5)												605,654	605,654		605,654
7.	Preliminary Medical Loss Ratio: MLR (Lines 4 + 5.0 + 6.6 – Footnote 2.0) / Line 1.8										XXX	XXX	0.924	XXX	XXX	XXX
8.	Claims Adjustment Expenses:															
8.1	Cost containment expenses not included in quality of care expenses in Line 6.6												–	–		–
8.2	All other claims adjustment expenses												275,501	275,501		275,501
8.3	Total claims adjustment expenses (Lines 8.1 + 8.2)												275,501	275,501		275,501
9.	Claims Adjustment Expense Ratio (Line 8.3 / Line 1.8)												0.023	XXX	XXX	XXX

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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	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	
	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						Total 13 + 14
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits															
10.2 Agents and brokers fees and commissions															
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)															
10.4 Other general and administrative expenses												1,349,881	1,349,881		1,349,881
10.4a Community Benefit Expenditures (informational only)												1,349,881	1,349,881		1,349,881
10.5 Total general and administrative (Lines 10.1 + 10.2 + 10.3 + 10.4)												1,349,881	1,349,881		1,349,881
11. Underwriting Gain/(Loss) (Lines 1.12 – 5.7 – 6.6 – 8.3 – 10.5)												(728,964)	(728,964)	XXX	(728,964)
12. Income from Fees of Uninsured Plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
13. Net Investment and Other Gain/(Loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	650	XXX	650
14. Federal Income Taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(66,875)	XXX	(66,875)
15. Net Gain or (Loss) (Lines 11 + 12 + 13 – 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(661,439)	XXX	(661,439)
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												434	434		434
2. Number of Covered Lives												434	434		434
3. Number of Groups	XXX			XXX											
4. Member Months												5,472	5,472		5,472

Is run-off business reported in Columns 1 through 9 or 12? NO If yes, show the amount of premiums and claims included: Premiums \$ Claims \$

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES AND PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1	2	3	4
	Individual Plans	Small Group Employer Plans	Individual Plans	Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)				
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)				
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				

NONE

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

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

Report For: 1. Corporation PERENNIAL ADVANTAGE OF OHIO, INC. 2. Location: 9200 Worthington Rd Westerville, OH, US 43082

NAIC Group Code: 4975

Business in the State of Ohio

During the Year: 2022

NAIC Company Code: 16783

		Business Subject to MLR									10	11	12	13
		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	Total (a)
1.	Health Premiums Earned:													
	1.1 Direct premiums written.....												12,230,758	12,230,758
	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.....													
	1.7 Reserve for rate credits prior year.....													
	1.8 Change in reserve for rate credits (Lines 1.6 – 1.7).....													
	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).....												12,230,758	12,230,758
	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.....												65,906	65,906
	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).....												12,164,852	12,164,852
2.	Direct Claims Incurred:													
	2.1 Paid claims during the year.....												9,503,293	9,503,293
	2.2 Direct claim liability current year.....												3,034,991	3,034,991
	2.3 Direct claim liability prior year.....												2,793,730	2,793,730
	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).....												1,071,052	1,071,052
	2.11a Paid medical incentive pools and bonuses current year.....												1,068,290	1,068,290
	2.11b Accrued medical incentive pools and bonuses current year.....												28,895	28,895
	2.11c Accrued medical incentive pools and bonuses prior year.....												26,133	26,133
	2.12 Net health care receivables (Lines 2.12a – 2.12b).....												123,301	123,301
	2.12a Health care receivables current year.....												414,175	414,175
	2.12b Health care receivables prior year.....												290,874	290,874
	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).....												10,692,305	10,692,305
	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.....												29,525	29,525
	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).....												10,662,780	10,662,780
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 \$ for stand-alone dental and \$ 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 PERENNIAL ADVANTAGE OF OHIO, INC. 2. Location: 9200 Worthington Rd Westerville, OH, US 43082

NAIC Group Code: 4975

Business in the State of Ohio

During the Year: 2022

NAIC Company Code: 16783

		Improving Health Care Quality Expenses					Claims Adjustment Expenses		9	10
		1	2	3	4	5	6	7		
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses
All Expenses										Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:									
1.1	Salaries (including \$ for affiliated services)									
1.2	Outsourced services									
1.3	EDP equipment and software (incl \$ for affiliated services)									
1.4	Other equipment (excl. EDP) (incl \$ for affiliated services)									
1.5	Accreditation and certification (incl \$ for affiliated services)		XXX	XXX	XXX	XXX				
1.6	Other expenses (incl \$ for affiliated services)									
1.7	Subtotal before reimbursements and taxes (1.1 to 1.6)									
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	
1.10	Total (1.7 to 1.9)									
1.11	Total Fraud and abuse detection/recovery expenses included in Column 7 (informational only)									
2.	Small Group Comprehensive Coverage Expenses:									
2.1	Salaries (including \$ for affiliated services)									
2.2	Outsourced Services									
2.3	EDP equipment and software (incl \$ for affiliated services)									
2.4	Other equipment (excl. EDP) (incl \$ for affiliated services)									
2.5	Accreditation and certification (incl \$ for affiliated services)		XXX	XXX	XXX	XXX				
2.6	Other expenses (incl \$ for affiliated services)									
2.7	Subtotal before reimbursements and taxes (2.1 to 2.6)									
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	
2.10	Total (2.7 to 2.9)									
2.11	Total fraud and abuse detection/recovery expenses included in Column 7 (informational only)									
3.	Large Group Comprehensive Coverage Expenses:									
3.1	Salaries (including \$ for affiliated services)									
3.2	Outsourced services									
3.3	EDP equipment and software (incl \$ for affiliated services)									
3.4	Other equipment (excl. EDP) (incl \$ for affiliated services)									
3.5	Accreditation and certification (incl \$ for affiliated services)		XXX	XXX	XXX	XXX				
3.6	Other expenses (incl \$ for affiliated services)									
3.7	Subtotal before reimbursements and taxes (3.1 to 3.6)									
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	
3.10	Total (3.7 to 3.9)									
3.11	Total fraud and abuse detection/recovery expenses included in Column 7 (informational only)									

Supp216.4.OH

NONE

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (CONTINUED)

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

		Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1	2	3	4	5	6	7	8		
All Expenses		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4.	Individual Mini-Med Plans Expenses										
4.1	Salaries (including \$ for affiliated services)										
4.2	Outsourced services										
4.3	EDP equipment and software (incl \$ for affiliated services)										
4.4	Other equipment (excl. EDP) (incl \$ for affiliated services)										
4.5	Accreditation and certification (incl \$ for affiliated services)		XXX	XXX	XXX	XXX					
4.6	Other expenses (incl \$ for affiliated services)										
4.7	Subtotal before reimbursements and taxes (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 (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 \$ for affiliated services)										
5.2	Outsourced services										
5.3	EDP equipment and software (incl \$ for affiliated services)										
5.4	Other equipment (excl. EDP) (incl \$ for affiliated services)										
5.5	Accreditation and certification (incl \$ for affiliated services)		XXX	XXX	XXX	XXX					
5.6	Other expenses (incl \$ for affiliated services)										
5.7	Subtotal before reimbursements and taxes (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 (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 \$ for affiliated services)										
6.2	Outsourced services										
6.3	EDP equipment and software (incl \$ for affiliated services)										
6.4	Other equipment (excl. EDP) (incl \$ for affiliated services)										
6.5	Accreditation and certification (incl \$ for affiliated services)		XXX	XXX	XXX	XXX					
6.6	Other expenses (incl \$ for affiliated services)										
6.7	Subtotal before reimbursements and taxes (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 (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)

		Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1	2	3	4	5	6	7	8		
All Expenses		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
7.	Small Group Expatriate Plans Expenses										
7.1	Salaries (including \$ for affiliated services)										
7.2	Outsourced services										
7.3	EDP equipment and software (incl \$ for affiliated services)										
7.4	Other equipment (excl. EDP) (incl \$ for affiliated services)										
7.5	Accreditation and certification (incl \$ for affiliated services)		XXX	XXX	XXX	XXX					
7.6	Other expenses (incl \$ for affiliated services)										
7.7	Subtotal before reimbursements and taxes (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 (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 \$ for affiliated services)										
8.2	Outsourced services										
8.3	EDP equipment and software (incl \$ for affiliated services)										
8.4	Other equipment (excl. EDP) (incl \$ for affiliated services)										
8.5	Accreditation and certification (incl \$ for affiliated services)		XXX	XXX	XXX	XXX					
8.6	Other expenses (incl \$ for affiliated services)										
8.7	Subtotal before reimbursements and taxes (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 (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 \$ for affiliated services)										
9.2	Outsourced services										
9.3	EDP equipment and software (incl \$ for affiliated services)										
9.4	Other equipment (excl. EDP) (incl \$ for affiliated services)										
9.5	Accreditation and certification (incl \$ for affiliated services)		XXX	XXX	XXX	XXX					
9.6	Other expenses (incl \$ for affiliated services)										
9.7	Subtotal before reimbursements and taxes (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 (9.7 to 9.9)										
9.11	Total fraud and abuse detection/recovery expenses included in Column 7 (informational only)										