



SUPPLEMENT FOR THE YEAR 2022 OF THE Medical Mutual of Ohio

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

Medical Mutual of Ohio

2. 2060 East Ninth Street Cleveland, OH 44115-1355

(LOCATION)

NAIC Group Code	0730	BUSINESS IN THE STATE OF	Ohio	Business Subject to MLR								DURING THE YEAR		2022	NAIC Company Code	29076	
				Comprehensive Health Coverage			Mini-Med Plans		Expatriate Plans		9	10	11	12	13	14	15
				1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group						
1.	Premium:																
1.1	Health premiums earned (From Part 2, Line 1.11)	85,543,367	561,159,259	1,105,035,851	0	0	0	0	0	0	0	0	294,369,087	439,704,624	2,485,812,188	XXX	2,485,812,188
1.2	Federal high risk pools															0	0
1.3	State high risk pools															0	0
1.4	Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)	85,543,367	561,159,259	1,105,035,851	0	0	0	0	0	0	0	0	294,369,087	439,704,624	2,485,812,188	XXX	2,485,812,188
1.5	Federal taxes and federal assessments	(668,816)	15,526,469	6,436,740									7,682,355	(2,696,809)	26,279,940		26,279,940
1.6	State insurance, premium and other taxes (Similar local taxes of \$)	1,143,145	3,904,070	7,150,287									3,662,963		15,860,465		15,860,465
1.6a	Community Benefit Expenditures (informational only)															0	0
1.7	Regulatory authority licenses and fees	3,889	11,800	25,808									3,799	13,420	58,716		58,716
1.8	Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7)	85,065,148	541,716,920	1,091,423,015	0	0	0	0	0	0	0	0	283,019,970	442,388,013	2,443,613,067	XXX	2,443,613,067
1.9	Net Assumed less Ceded reinsurance premiums earned	(13,861)	(159,870)	273,708,744	0	0	0	0	0	0	0	0	(962,821)	(20,624,840)	251,947,352	XXX	251,947,352
1.10	Other Adjustments due to MLR calculations - Premiums															0	0
1.11	Risk Revenue															XXX	0
1.12	Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)	85,051,287	541,557,050	1,365,131,760	0	0	0	0	0	0	0	0	282,057,149	421,763,173	2,695,560,419	XXX	2,695,560,419
2.	Claims:															0	0
2.1	Incurred claims excluding prescription drugs	65,723,726	350,806,728	792,743,450									245,628,208	355,461,190	1,810,363,301	XXX	1,810,363,301
2.2	Prescription drugs	9,270,292	112,183,808	229,532,464									402,745	62,652,512	414,041,821		414,041,821
2.3	Pharmaceutical rebates	1,987,760	32,427,473	68,067,718									100,158	28,149,077	130,732,186	XXX	130,732,186
2.4	State stop loss, market stabilization and claim/census based assessments (informational only)														0	XXX	0
3.	Incurred medical incentive pools and bonuses	410,841	1,219,557	3,198,319	0	0	0	0	0	0	0	0	282,666	5,292,965	10,404,348	XXX	10,404,348
4.	Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)	167,530	208,642	247,783	0	0	0	0	0	0	0	0	4,108	74,067	702,130		702,130
5.	5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15)	73,417,100	431,782,619	957,406,515	0	0	0	0	0	0	0	0	246,213,461	395,257,590	2,104,077,285	XXX	2,104,077,285
5.1	Net Assumed less Ceded reinsurance claims incurred	(17,238)	(130,900)	268,241,511	0	0	0	0	0	0	0	0	(725,898)	(22,641,837)	244,725,639	XXX	244,725,639
5.2	Other Adjustments due to MLR calculations - Claims															0	0
5.3	Rebates paid												XXX	XXX		0	0
5.4	Estimated rebates unpaid prior year												XXX	XXX		0	0
5.5	Estimated rebates unpaid current year												XXX	XXX		0	0
5.6	Fee for service and co-pay revenue															XXX	0
5.7	Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)	73,399,862	431,651,719	1,225,648,025	0	0	0	0	0	0	0	0	245,487,563	372,615,754	2,348,802,923	XXX	2,348,802,923
6.	Improving Health Care Quality Expenses Incurred:																
6.1	Improve health outcomes	375,172	1,362,733	2,443,548									161,740	2,673,271	7,016,464		7,016,464
6.2	Activities to prevent hospital readmissions	191,129	634,373	1,402,255									82,350	3,292,113	5,602,220		5,602,220
6.3	Improve patient safety and reduce medical errors	134,865	447,625	989,459									58,108	635,493	2,265,550		2,265,550
6.4	Wellness and health promotion activities	147,699	490,226	1,106,393									196,380	636,336	2,577,034		2,577,034
6.5	Health Information Technology expenses related to health improvement	102,943	341,678	755,265									44,376	443,514	1,687,776		1,687,776
6.6	Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5)	951,808	3,276,635	6,696,920	0	0	0	0	0	0	0	0	542,954	7,680,727	19,149,044	0	19,149,044
7.	Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8)	0.876	0.803	0.884	0.000	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.911	XXX	XXX	
8.	Claims Adjustment Expenses:																
8.1	Cost containment expenses not included in quality of care expenses in Line 6.6	2,876,975	9,431,419	21,393,888									1,241,433	8,814,919	43,758,634		43,758,634
8.2	All other claims adjustment expenses	3,550,450	11,784,284	26,048,843									1,530,225	15,296,622	58,210,424		58,210,424
8.3	Total claims adjustment expenses (Lines 8.1 + 8.2)	6,427,425	21,215,703	47,442,731	0	0	0	0	0	0	0	0	2,771,658	24,111,541	101,969,058	0	101,969,058
9.	Claims Adjustment Expense Ratio (Line 8.3/Line 1.8)	0.076	0.039	0.043	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.010	0.055	XXX	XXX	XXX	

SUPPLEMENT FOR THE YEAR 2022 OF THE Medical Mutual of Ohio
SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

	Business Subject to MLR								9	10	11	12	13	14	15						
	Comprehensive Health Coverage			Mini-Med Plans		Expatriate Plans															
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group		Student Health Plans											
10. General and Administrative (G&A) Expenses:																					
10.1 Direct sales salaries and benefits	1,164,871	4,263,045	13,310,020								424,459	9,565,824	28,728,219		28,728,219						
10.2 Agents and brokers fees and commissions	2,393,087	16,594,400	36,103,474								5,926,538	9,322,188	70,339,687		70,339,687						
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)											0	0	0		0						
10.4 Other general and administrative expenses	4,571,141	14,776,316	28,776,216								2,044,759	15,149,962	65,318,394		65,318,394						
10.4a Community Benefit Expenditures (informational only)													0	0	0						
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	8,129,099	35,633,761	78,189,710	0	0	0	0	0	0	0	8,395,756	34,037,974	164,386,300	0	164,386,300						
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	(3,856,907)	49,779,232	7,154,373	0	0	0	0	0	0	0	24,859,218	(16,682,823)	61,253,094	XXX	61,253,094						
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0						
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	19,111,534						
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,448,560						
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	75,916,067						
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)															0						
16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)															0						
OTHER INDICATORS:																					
1. Number of certificates/policies	7,293	36,423	88,751										368,587	35,577	536,631	536,631					
2. Number of Covered Lives	13,521	65,979	167,097										676,657	35,577	958,831	958,831					
3. Number of Groups	XXX	6,403	1,325	XXX									21,456	35,577	64,761	64,761					
4. Member Months	173,519	835,698	1,975,095										8,136,223	421,204	11,541,739	11,541,739					

Is run off business reported in Columns 1 through 9 or 12? Yes [] No [X] 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 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)	0	1,855,945		5,378,855	
2. Transitional ACA Reinsurance Program					
2.0 Total amounts recoverable for claims (paid & unpaid)	0	XXX		XXX	
3. Temporary ACA Risk Corridors Program					
3.1 Accrued retrospective premium	0				
3.2 Reserve for rate credits or policy experience refunds	0				
ACA Receipts and Payments					
4. Permanent ACA Risk Adjustment Program					
4.0 Premium adjustments receipts/(payments)	0	3,862,367		4,242,774	
5. Transitional ACA Reinsurance Program					
5.0 Amounts received for claims	0	XXX		XXX	
6. Temporary ACA Risk Corridors Program					
6.1 Retrospective premium received	0				
6.2 Rate credits or policy experience refunds paid					

SUPPLEMENT FOR THE YEAR 2022 OF THE Medical Mutual of Ohio
SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

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

REPORT FOR: 1. CORPORATION

Medical Mutual of Ohio

2. 2060 East Ninth Street Cleveland, OH 44115-1355

NAIC Group Code	0730	BUSINESS IN THE STATE OF	Ohio	DURING THE YEAR								(LOCATION)				29076	
				Business Subject to MLR			2022			NAIC Company Code							
				Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans:		9	10	11	12		
				1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 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	85,543,367	561,159,259	1,105,035,851									294,369,087	439,704,624	2,485,812,188		
1.2	Unearned premium prior year															0	
1.3	Unearned premium current year															0	
1.4	Change in unearned premium (Lines 1.2 - 1.3)	0	0	0	0	0	0	0	0	0	0	0		0		0	
1.5	Paid rate credits													280,029	280,029		
1.6	Reserve for rate credits current year													2,764,060	2,764,060		
1.7	Reserve for rate credits prior year													178,733	178,733		
1.8	Change in reserve for rate credits (Lines 1.6 - 1.7)	0	0	0	0	0	0	0	0	0	0	0		2,585,327	2,585,327		
1.9	Premium balances written off														0		
1.10	Group conversion charge														0		
1.11	Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)	85,543,367	561,159,259	1,105,035,851	0	0	0	0	0	0	0	0	294,369,087	439,704,624	2,485,812,188		
1.12	Assumed premiums earned from non-affiliates														273,998,258	273,998,258	
1.13	Net Assumed less Ceded premiums earned from affiliates														0		
1.14	Ceded premiums earned to non-affiliates	13,861	159,870	289,514										962,821	20,624,840	22,050,906	
1.15	Other Adjustments due to MLR calculation - Premiums														0		
1.16	Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)	85,529,506	560,999,389	1,378,744,595	0	0	0	0	0	0	0	0	293,406,267	416,214,427	2,734,894,184		
2.	Direct Claims Incurred:																
2.1	Paid claims during the year	73,232,354	451,154,074	986,368,080										250,133,957	392,628,912	2,153,517,378	
2.2	Direct claim liability current year	13,236,700	60,508,000	141,667,027										16,429,488	46,370,000	278,211,215	
2.3	Direct claim liability prior year	13,947,500	79,561,000	164,134,000										20,705,722	48,514,000	326,862,222	
2.4	Direct claim reserves current year														0		
2.5	Direct claim reserves prior year														0		
2.6	Direct contract reserves current year														0		
2.7	Direct contract reserves prior year														0		
2.8	Paid rate credits													280,029	280,029		
2.9	Reserve for rate credits current year													2,764,060	2,764,060		
2.10	Reserve for rate credits prior year													178,733	178,733		
2.11	Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)	410,841	1,219,557	3,198,319	0	0	0	0	0	0	0	0	282,666	5,292,965	10,404,348		
2.11a	Paid medical incentive pools and bonuses current year	454,913	1,369,964	3,506,025										288,481	3,231,965	8,851,348	
2.11b	Accrued medical incentive pools and bonuses current year	389,010	1,327,616	2,716,047										51,327	5,158,000	9,642,000	
2.11c	Accrued medical incentive pools and bonuses prior year	433,082	1,478,024	3,023,753										57,141	3,097,000	8,089,000	
2.12	Net health care receivables (Lines 2.12a - 2.12b)	(484,705)	1,538,011	9,692,912	0	0	0	0	0	0	0	0	(73,071)	3,385,644	14,058,791		
2.12a	Health care receivables current year	2,298,604	23,489,974	57,925,664										348,586	23,226,498	107,289,326	
2.12b	Health care receivables prior year	2,783,309	21,951,963	48,232,752										421,657	19,840,854	.93,230,535	
2.13	Group conversion charge														0		
2.14	Multi-option coverage blended rate adjustment														0		
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)	73,417,100	431,782,619	957,406,515	0	0	0	0	0	0	0	0	0	246,213,461	395,257,590	2,104,077,285	
2.16	Assumed incurred claims from non-affiliates															268,439,760	
2.17	Net assumed less ceded incurred claims from affiliates														0		
2.18	Ceded incurred claims to non-affiliates	17,238	130,900	198,249										725,898	22,641,837	.23,714,121	
2.19	Other adjustments due to MLR calculation - Claims														0		
2.20	Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)	73,399,862	431,651,719	1,225,648,025	0	0	0	0	0	0	0	0	0	245,487,563	369,750,397	2,345,937,567	
3.	Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)	462,527	576,029	684,091										15,017	204,487	1,942,151	

(a) Column 13, Line 1.1 includes direct written premium of \$ 14,316,735 for stand-alone dental and \$ 4,044,767 for stand-alone vision policies.

SUPPLEMENT FOR THE YEAR 2022 OF THE Medical Mutual of Ohio
SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

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

REPORT FOR: 1. CORPORATION

Medical Mutual of Ohio

2. 2060 East Ninth Street Cleveland, OH 44115-1355

NAIC Group Code	0730	BUSINESS IN THE STATE OF	Ohio	DURING THE YEAR						(LOCATION)		29076	
				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	9 General Administrative Expenses	
		All Expenses											
1.	Individual Comprehensive Coverage Expenses:												
1.1.	Salaries (including \$ 45,689 for affiliated services)	216,736	145,638	94,439	29,841	0	486,654	2,123,137	2,367,309	3,667,465	8,644,565		
1.2.	Outsourced Services	56,154	5,200	31,798	114,802	61,633	269,587	170,678	449,162	692,534	1,581,961		
1.3.	EDP Equipment and Software (incl \$ for affiliated services)	27,686	40,134	7,667	2,774	41,310	119,571	165,462	355,213	2,988,219	3,628,465		
1.4.	Other Equipment (excl. EDP) (incl \$ for affiliated services)	0	0	0	0	0	0	2,355	2,136	3,309	7,800		
1.5.	Accreditation and Certification (incl \$ for affiliated services)	73,105	XXX.	XXX.	XXX.	XXX.	73,105	0	0	0	73,105		
1.6.	Other Expenses (incl \$ for affiliated services)	1,491	157	961	282	0	2,891	415,344	376,630	777,571	1,572,436		
1.7.	Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6)	375,172	191,129	134,865	147,699	102,943	951,808	2,876,976	3,550,450	8,129,098	15,508,332		
1.8.	Reimbursements by uninsured plans and fiscal intermediaries						0				0		
1.9.	Taxes, Licenses and Fees (in total, for tying purposes)	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	1,191,308		
1.10.	Total (1.7 to 1.9)	375,172	191,129	134,865	147,699	102,943	951,808	2,876,976	3,550,450	9,320,406	16,699,640		
1.11.	Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)						0	167,530			167,530		
2.	Small Group Comprehensive Coverage Expenses:												
2.1.	Salaries (including \$ 178,193 for affiliated services)	719,366	483,386	313,449	99,044	0	1,615,245	6,489,326	7,361,313	11,381,441	26,847,325		
2.2.	Outsourced Services	186,378	17,259	105,539	381,038	204,566	894,780	857,963	1,859,277	2,869,110	6,481,130		
2.3.	EDP Equipment and Software (incl \$ for affiliated services)	91,892	133,207	25,448	9,207	137,112	396,866	546,799	1,160,066	18,565,238	20,668,969		
2.4.	Other Equipment (excl. EDP) (incl \$ for affiliated services)	0	0	0	0	0	0	7,374	6,698	10,356	24,428		
2.5.	Accreditation and Certification (incl \$ for affiliated services)	360,148	XXX.	XXX.	XXX.	XXX.	360,148	0	0	0	360,148		
2.6.	Other Expenses (incl \$ for affiliated services)	4,949	521	3,189	937	0	9,596	1,529,957	1,396,930	2,807,616	5,744,099		
2.7.	Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6)	1,362,733	634,373	447,625	490,226	341,678	3,276,635	9,431,419	11,784,284	35,633,761	60,126,099		
2.8.	Reimbursements by uninsured plans and fiscal intermediaries						0				0		
2.9.	Taxes, Licenses and Fees (in total, for tying purposes)	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	4,162,109		
2.10.	Total (2.7 to 2.9)	1,362,733	634,373	447,625	490,226	341,678	3,276,635	9,431,419	11,784,284	39,795,870	64,288,208		
2.11.	Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)						0	208,642			208,642		
3.	Large Group Comprehensive Coverage Expenses:												
3.1.	Salaries (including \$ 272,982 for affiliated services)	1,590,130	1,068,506	692,867	218,934	0	3,570,437	13,781,140	15,585,583	24,174,648	57,111,808		
3.2.	Outsourced Services	411,982	38,149	233,291	865,037	452,185	2,000,644	2,624,902	4,226,155	6,550,233	15,401,934		
3.3.	EDP Equipment and Software (incl \$ for affiliated services)	203,121	294,448	56,251	20,350	303,080	877,250	1,368,678	2,967,267	40,960,572	46,173,767		
3.4.	Other Equipment (excl. EDP) (incl \$ for affiliated services)	0	0	0	0	0	0	16,261	14,621	22,683	53,565		
3.5.	Accreditation and Certification (incl \$ for affiliated services)	227,375	XXX.	XXX.	XXX.	XXX.	227,375				227,375		
3.6.	Other Expenses (incl \$ for affiliated services)	10,940	1,152	7,050	2,072	0	21,214	3,602,907	3,255,217	6,481,575	13,360,913		
3.7.	Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6)	2,443,548	1,402,255	989,459	1,106,393	755,265	6,696,920	21,393,888	26,048,843	78,189,711	132,329,362		
3.8.	Reimbursements by uninsured plans and fiscal intermediaries						0				0		
3.9.	Taxes, Licenses and Fees (in total, for tying purposes)	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	7,678,555		
3.10.	Total (3.7 to 3.9)	2,443,548	1,402,255	989,459	1,106,393	755,265	6,696,920	21,393,888	26,048,843	85,868,266	140,007,917		
3.11.	Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)						0	247,783			247,783		

SUPPLEMENT FOR THE YEAR 2022 OF THE Medical Mutual of Ohio
SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	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		
4.	Individual Mini-Med Plans Expenses:										
	4.1 Salaries (including \$ for affiliated services)						0				0
	4.2 Outsourced Services						0				0
	4.3 EDP Equipment and Software (incl \$ for affiliated services)						0				0
	4.4 Other Equipment (excl. EDP) (incl \$ for affiliated services)						0				0
	4.5 Accreditation and Certification (incl \$ for affiliated services)		XXX..	XXX..	XXX..	XXX..	0				0
	4.6 Other Expenses (incl \$ for affiliated services)						0				0
	4.7 Subtotal before Reimbursements and Taxes (Lines 4.1 to 4.6)	0	0	0	0	0	0	0	0	0	0
	4.8 Reimbursements by uninsured plans and fiscal intermediaries						0				0
	4.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX..	XXX..	XXX..	XXX..	XXX..	XXX..	XXX..	XXX..		0
	4.10 Total (4.7 to 4.9)	0	0	0	0	0	0	0	0	0	0
	4.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)						0				0
5.	Small Group Mini-Med Plans Expenses:										
	5.1 Salaries (including \$ for affiliated services)						0				0
	5.2 Outsourced Services						0				0
	5.3 EDP Equipment and Software (incl \$ for affiliated services)						0				0
	5.4 Other Equipment (excl. EDP) (incl \$ for affiliated services)						0				0
	5.5 Accreditation and Certification (incl \$ for affiliated services)		XXX..	XXX..	XXX..	XXX..	0				0
	5.6 Other Expenses (incl \$ for affiliated services)						0				0
	5.7 Subtotal before Reimbursements and Taxes (Lines 5.1 to 5.6)	0	0	0	0	0	0	0	0	0	0
	5.8 Reimbursements by uninsured plans and fiscal intermediaries						0				0
	5.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX..	XXX..	XXX..	XXX..	XXX..	XXX..	XXX..	XXX..		0
	5.10 Total (5.7 to 5.9)	0	0	0	0	0	0	0	0	0	0
	5.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)						0				0
6.	Large Group Mini-Med Plans Expenses:										
	6.1 Salaries (including \$ for affiliated services)						0				0
	6.2 Outsourced Services						0				0
	6.3 EDP Equipment and Software (incl \$ for affiliated services)						0				0
	6.4 Other Equipment (excl. EDP) (incl \$ for affiliated services)						0				0
	6.5 Accreditation and Certification (incl \$ for affiliated services)		XXX..	XXX..	XXX..	XXX..	0				0
	6.6 Other Expenses (incl \$ for affiliated services)						0				0
	6.7 Subtotal before Reimbursements and Taxes (Lines 6.1 to 6.6)	0	0	0	0	0	0	0	0	0	0
	6.8 Reimbursements by uninsured plans and fiscal intermediaries						0				0
	6.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX..	XXX..	XXX..	XXX..	XXX..	XXX..	XXX..	XXX..		0
	6.10 Total (6.7 to 6.9)	0	0	0	0	0	0	0	0	0	0
	6.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)						0				0

SUPPLEMENT FOR THE YEAR 2022 OF THE Medical Mutual of Ohio
SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	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		
7.	Small Group Expatriate Plans Expenses:										
	7.1 Salaries (including \$ for affiliated services)						0				0
	7.2 Outsourced Services						0				0
	7.3 EDP Equipment and Software (incl \$ for affiliated services)						0				0
	7.4 Other Equipment (excl. EDP) (incl \$ for affiliated services)						0				0
	7.5 Accreditation and Certification (incl \$ for affiliated services)		XXX.	XXX.	XXX.	XXX.	0				0
	7.6 Other Expenses (incl \$ for affiliated services)						0				0
	7.7 Subtotal before Reimbursements and Taxes (Lines 7.1 to 7.6)	0	0	0	0	0	0	0	0	0	0
	7.8 Reimbursements by uninsured plans and fiscal intermediaries						0				0
	7.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.		0
	7.10 Total (7.7 to 7.9)	0	0	0	0	0	0	0	0	0	0
	7.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)						0				0
8.	Large Group Expatriate Plans Expenses:										
	8.1 Salaries (including \$ for affiliated services)						0				0
	8.2 Outsourced Services						0				0
	8.3 EDP Equipment and Software (incl \$ for affiliated services)						0				0
	8.4 Other Equipment (excl. EDP) (incl \$ for affiliated services)						0				0
	8.5 Accreditation and Certification (incl \$ for affiliated services)		XXX.	XXX.	XXX.	XXX.	0				0
	8.6 Other Expenses (incl \$ for affiliated services)						0				0
	8.7 Subtotal before Reimbursements and Taxes (Lines 8.1 to 8.6)	0	0	0	0	0	0	0	0	0	0
	8.8 Reimbursements by uninsured plans and fiscal intermediaries						0				0
	8.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.		0
	8.10 Total (8.7 to 8.9)	0	0	0	0	0	0	0	0	0	0
	8.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)						0				0
9.	Student Health Plans Expenses:										
	9.1 Salaries (including \$ for affiliated services)						0				0
	9.2 Outsourced Services						0				0
	9.3 EDP Equipment and Software (incl \$ for affiliated services)						0				0
	9.4 Other Equipment (excl. EDP) (incl \$ for affiliated services)						0				0
	9.5 Accreditation and Certification (incl \$ for affiliated services)		XXX.	XXX.	XXX.	XXX.	0				0
	9.6 Other Expenses (incl \$ for affiliated services)						0				0
	9.7 Subtotal before Reimbursements and Taxes (Lines 9.1 to 9.6)	0	0	0	0	0	0	0	0	0	0
	9.8 Reimbursements by uninsured plans and fiscal intermediaries						0				0
	9.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.		0
	9.10 Total (9.7 to 9.9)	0	0	0	0	0	0	0	0	0	0
	9.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)						0				0