



SUPPLEMENT FOR THE YEAR 2022 OF THE CIGNA DENTAL HEALTH OF OHIO INC

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](https://content.naic.org/sites/default/files/inline-files/committees_e_app_blanks_related_shce_cautionary_statement.pdf))

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF	DURING THE YEAR								(LOCATION)						
		2022								NAIC Company Code						
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9	10	11	12	13	14	15
		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 through 12)	Uninsured Plans	Total 13 + 14
1.	Premium:															
	1.1 Health premiums earned (From Part 2, Line 1.11) .....														XXX	
	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) .....														XXX	
	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) .....														XXX	
	1.9 Net Assumed less Ceded reinsurance premiums earned .....														XXX	
	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) .....														XXX	
2.	Claims:															
	2.1 Incurred claims excluding prescription drugs .....														XXX	
	2.2 Prescription drugs .....														XXX	
	2.3 Pharmaceutical rebates .....														XXX	
	2.4 State stop loss, market stabilization and claim/census based assessments (informational only) .....														XXX	
3.	Incurred medical incentive pools and bonuses														XXX	
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) .....														XXX	
	5.1 Net Assumed less Ceded reinsurance claims incurred .....														XXX	
	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) .....														XXX	
6.	Improving Health Care Quality Expenses Incurred:															
	6.1 Improve health outcomes .....															
	6.2 Activities to prevent hospital readmissions .....															
	6.3 Improve patient safety and reduce medical errors .....															
	6.4 Wellness and health promotion activities .....															
	6.5 Health Information Technology expenses related to health improvement.....															
	6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5) .....															
7.	Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8										XXX	XXX		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.....															
	8.3 Total claims adjustment expenses (Lines 8.1 + 8.2)															
9.	Claims Adjustment Expense Ratio (Line 8.3/Line 1.8)													XXX	XXX	XXX

SUPPLEMENT FOR THE YEAR 2022 OF THE CIGNA DENTAL HEALTH OF OHIO INC

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

		Business Subject to MLR								10	11	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13	14	15
		Comprehensive Health Coverage			Mini-Med Plans		Expatriate Plans		9						
		1  Individual	2 Small Group Employer	3 Large Group Employer	4  Individual	5 Small Group Employer	6 Large Group Employer	7  Small Group							
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.....															
10.4a Community Benefit Expenditures (informational only) .....															
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)															
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)														XXX	
12. Income from fees of uninsured plans		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	XXX	
14. Federal income taxes (excluding taxes on Line 1.5 above)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)															
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)															
OTHER INDICATORS:															
1. Number of certificates/policies															
2. Number of Covered Lives															
3. Number of Groups		XXX			XXX										
4. Member Months															

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] 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  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)				
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				

SUPPLEMENT FOR THE YEAR 2022 OF THE CIGNA DENTAL HEALTH OF OHIO INC

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2**

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

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF									DURING THE YEAR				2022		(LOCATION) NAIC Company Code			
										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																			
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 charge																			
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)																			
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																			
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)																			
2. Direct Claims Incurred:																			
2.1 Paid claims during the year																			
2.2 Direct claim liability current year																			
2.3 Direct claim liability prior year																			
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)																			
2.11a Paid medical incentive pools and bonuses current year																			
2.11b Accrued medical incentive pools and bonuses current year																			
2.11c Accrued medical incentive pools and bonuses prior year																			
2.12 Net health care receivables (Lines 2.12a - 2.12b)																			
2.12a Health care receivables current year																			
2.12b Health care receivables prior year																			
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)																			
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																			
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)																			
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.

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SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

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

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code		BUSINESS IN THE STATE OF						DURING THE YEAR		(LOCATION) NAIC Company Code	
	All Expenses	Improving Health Care Quality Expenses						2022 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 \$ ..... 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 (Lines 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 (Lines 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 (Lines 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)											

SUPPLEMENT FOR THE YEAR 2022 OF THE CIGNA DENTAL HEALTH OF OHIO INC

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

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