HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2022
OF THE CONDITION AND AFFAIRS OF THE

UnitedHealthcare of Ohio, Inc.

NAIC Group Code 0707 (Current) 0707 (Prior) NAIC Company Code 95186 Employer's ID Number 31-1142815

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: HEALTH INSURING CORPORATION

Is HMO Federally Qualified? Yes [ ] No [X]

Incorporated/Organized 05/14/1985 Commenced Business 08/06/1985

Statutory Home Office 5900 Parkwood Place (Street and Number), Dublin, OH, US 43016 (City or Town, State, Country and Zip Code)

Main Administrative Office 5900 Parkwood Place (Street and Number)
Dublin, OH, US 43016 (City or Town, State, Country and Zip Code), 614-410-7000 (Area Code) (Telephone Number)

Mail Address 5900 Parkwood Place (Street and Number or P.O. Box), Dublin, OH, US 43016 (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 9800 Health Care Lane, MN006-W500 (Street and Number)
Minnetonka, MN, US 55343 (City or Town, State, Country and Zip Code), 952-936-1300 (Area Code) (Telephone Number)

Internet Website Address www.uhc.com

Statutory Statement Contact Robyn Melissa Carter (Name), 952-979-6131 (Area Code) (Telephone Number)
robyn_carter@uhc.com (E-mail Address), 952-931-4651 (FAX Number)

OFFICERS

President	Kurt Carl Lewis	Treasurer	Peter Marshall Gill
Secretary	David Keith Hill	Chief Financial Officer	Johnny Mario Tenaglia

OTHER

Nyle Brent Cottington, Vice President
Heather Anastasia Lang, Assistant Secretary
Jessica Leigh Zuba, Assistant Secretary

DIRECTORS OR TRUSTEES

Caitlin Mercedes Datillo
Scott Douglas Waulters #
Kurt Carl Lewis
Brian Howard St. Martin

State of Florida
County of Pinellas

State of Wisconsin
County of Milwaukee

State of Ohio
County of Warren

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.

David Keith Hill
Secretary

Johnny Mario Tenaglia
Chief Financial Officer

Kurt Carl Lewis
President

Subscribed and sworn to before me this 25th day of January

Subscribed and sworn to before me this 7th day of February 2023
Marc S. Cohen
Notary Public
State of Wisconsin
Marc S. Cohen
My Comission expires May 23, 2025

Subscribed and sworn to before me this 13th day of February 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

JOHN FLORES
Notary Public - State of Florida
Commission # GG 908071
My Comm. Expires Aug 27, 2023

TERESA TODD
Notary Public
State of Ohio
My Comm. Expires
July 30, 2027

SUPPLEMENT FOR THE YEAR 2022 OF THE UnitedHealthcare 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)

REPORT FOR: 1. CORPORATION UnitedHealthcare of Ohio, Inc. 2. 5900 Parkwood Place Dublin, OH 43016 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Ohio DURING THE YEAR 2022 NAIC Company Code 95186

	Business Subject to MLR									10	11	12	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	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	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
1. Premium:															
1.1 Health premiums earned (From Part 2, Line 1.11)	53,672	1,866,250	10,242,611	0	0	0	0	0	0	0	43,051	712,009	12,917,592	XXX	12,917,592
1.2 Federal high risk pools	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.3 State high risk pools	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)	53,672	1,866,250	10,242,611	0	0	0	0	0	0	0	43,051	712,009	12,917,592	XXX	12,917,592
1.5 Federal taxes and federal assessments	(199,278)	(111,551)	517,933	0	0	0	0	0	0	0	7,331	241,112	455,546	0	455,546
1.6 State insurance, premium and other taxes (Similar local taxes of $ 1,493)	656	23,303	124,920	0	0	0	0	0	0	0	0	0	148,880	0	148,880
1.6a Community Benefit Expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.7 Regulatory authority licenses and fees	78	2,677	13,245	0	0	0	0	0	0	0	0	0	16,000	0	16,000
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7)	252,216	1,951,821	9,586,512	0	0	0	0	0	0	0	35,720	470,898	12,297,167	XXX	12,297,167
1.9 Net Assumed less Ceded reinsurance premiums earned	(54)	(3,364)	(10,247)	0	0	0	0	0	0	0	0	(800)	(14,466)	XXX	(14,466)
1.10 Other Adjustments due to MLR calculations - Premiums	0	0	0	0	0	0	0	0	0	0	0	(9,954)	(9,954)	XXX	(9,954)
1.11 Risk Revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)	252,162	1,948,456	9,576,266	0	0	0	0	0	0	0	35,720	460,143	12,272,747	XXX	12,272,747
2. Claims:															
2.1 Incurred claims excluding prescription drugs	(94,787)	1,680,871	7,607,052	0	0	0	0	0	0	0	11,181	(122,105)	9,082,212	XXX	9,082,212
2.2 Prescription drugs	125	524,426	1,616,963	0	0	0	0	0	0	0	0	(181,853)	1,959,661	XXX	1,959,661
2.3 Pharmaceutical rebates	0	269,714	939,835	0	0	0	0	0	0	0	0	0	1,209,549	XXX	1,209,549
2.4 State stop loss, market stabilization and claim/census based assessments (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
3. Incurred medical incentive pools and bonuses	0	(22,941)	(39,638)	0	0	0	0	0	0	0	0	0	(62,580)	XXX	(62,580)
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15)	(94,661)	1,912,641	8,244,542	0	0	0	0	0	0	0	11,181	(303,958)	9,769,744	XXX	9,769,744
5.1 Net Assumed less Ceded reinsurance claims incurred	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.2 Other Adjustments due to MLR calculations - Claims	0	0	(1,124,820)	0	0	0	0	0	0	0	0	0	(1,124,820)	XXX	(1,124,820)
5.3 Rebates paid	0	0	842,385	0	0	0	0	0	0	XXX	XXX	0	842,385	XXX	842,385
5.4 Estimated rebates unpaid prior year	0	0	172,977	0	0	0	0	0	0	XXX	XXX	0	172,977	XXX	172,977
5.5 Estimated rebates unpaid current year	0	0	455,412	0	0	0	0	0	0	XXX	XXX	0	455,412	XXX	455,412
5.6 Fee for service and co-pay revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)	(94,661)	1,912,641	8,244,542	0	0	0	0	0	0	0	11,181	(303,958)	9,769,744	XXX	9,769,744
6. Improving Health Care Quality Expenses Incurred:															
6.1 Improve health outcomes	31	6,278	22,621	0	0	0	0	0	0	0	0	0	28,929	0	28,929
6.2 Activities to prevent hospital readmissions	5	921	2,621	0	0	0	0	0	0	0	0	0	3,546	0	3,546
6.3 Improve patient safety and reduce medical errors	15	4,513	10,748	0	0	0	0	0	0	0	0	0	15,276	0	15,276
6.4 Wellness and health promotion activities	4	1,395	8,488	0	0	0	0	0	0	0	0	0	9,887	0	9,887
6.5 Health Information Technology expenses related to health improvement	25	4,097	10,103	0	0	0	0	0	0	0	0	0	14,225	0	14,225
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5)	79	17,204	54,581	0	0	0	0	0	0	0	0	0	71,864	0	71,864
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8	(0.375)	0.989	0.866	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	(0.645)	XXX	XXX	XXX
8. Claims Adjustment Expenses:															
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6	342	62,477	165,326	0	0	0	0	0	0	0	0	0	228,146	0	228,146
8.2 All other claims adjustment expenses	427	56,701	112,519	0	0	0	0	0	0	0	(2)	4,657	174,303	0	174,303
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2)	770	119,178	277,845	0	0	0	0	0	0	0	(2)	4,657	402,448	0	402,448
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8)	0.003	0.061	0.029	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.010	XXX	XXX	XXX

SUPPLEMENT FOR THE YEAR 2022 OF THE UnitedHealthcare of Ohio, Inc.

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	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
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits	71	11,860	36,747	0	0	0	0	0	0	0	0	0	48,678	0	48,678
10.2 Agents and brokers fees and commissions	61,217	115,059	38,368	0	0	0	0	0	0	0	1,123	0	215,768	0	215,768
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)	40	4,596	5,639	0	0	0	0	0	0	0	0	0	10,275	0	10,275
10.4 Other general and administrative expenses	921,400	138,636	403,029	0	0	0	0	0	0	0	0	(9,954)	1,453,111	0	1,453,111
10.4a Community Benefit Expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	982,728	270,151	483,783	0	0	0	0	0	0	0	1,123	(9,954)	1,727,832	0	1,727,832
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	(636,753)	(370,718)	515,516	0	0	0	0	0	0	0	23,417	769,398	300,860	XXX	300,860
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	138,173	XXX	138,173
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(240,599)	XXX	(240,599)
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	679,631	XXX	679,631
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER INDICATORS:															
1. Number of certificates/policies	3	373	704	0	0	0	0	0	0	0	121	0	1,201	0	1,201
2. Number of Covered Lives	3	594	1,280	0	0	0	0	0	0	0	170	0	2,047	0	2,047
3. Number of Groups	XXX	35	20	XXX	0	0	0	0	0	0	11	0	66	0	66
4. Member Months	40	6,675	16,676	0	0	0	0	0	0	0	2,171	0	25,562	0	25,562

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 $ .....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)	519	(1,395,594)	(2,147)	(188,741)
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)	0	XXX	0	XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium	0	0	0	0
3.2 Reserve for rate credits or policy experience refunds	0	0	0	0
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)	0	(292,585)	0	(1,355,446)
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims	0	XXX	0	XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received	0	0	0	0
6.2 Rate credits or policy experience refunds paid	0	0	0	0

SUPPLEMENT FOR THE YEAR 2022 OF THE UnitedHealthcare of Ohio, Inc.

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

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

REPORT FOR: 1. CORPORATION UnitedHealthcare of Ohio, Inc. 2. 5900 Parkwood Place Dublin, OH 43016 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Ohio DURING THE YEAR 2022 NAIC Company Code 95186

	Business Subject to MLR									10	11	12	13
	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	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	53,672	1,866,735	10,242,611	0	0	0	0	0	0	0	43,051	702,055	12,908,123
1.2 Unearned premium prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
1.3 Unearned premium current year	0	485	0	0	0	0	0	0	0	0	0	0	485
1.4 Change in unearned premium (Lines 1.2 - 1.3)	0	(485)	0	0	0	0	0	0	0	0	0	0	(485)
1.5 Paid rate credits	0	0	842,385	0	0	0	0	0	0	0	0	0	842,385
1.6 Reserve for rate credits current year	0	0	455,412	0	0	0	0	0	0	0	0	318,184	773,596
1.7 Reserve for rate credits prior year	0	0	172,977	0	0	0	0	0	0	0	0	416,790	589,767
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)	0	0	282,435	0	0	0	0	0	0	0	0	(98,606)	183,829
1.9 Premium balances written off	0	0	0	0	0	0	0	0	0	0	0	(9,954)	(9,954)
1.10 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)	53,672	1,866,250	10,242,611	0	0	0	0	0	0	0	43,051	712,009	12,917,592
1.12 Assumed premiums earned from non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
1.13 Net Assumed less Ceded premiums earned from affiliates	(54)	(3,364)	(10,247)	0	0	0	0	0	0	0	0	(800)	(14,466)
1.14 Ceded premiums earned to non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
1.15 Other Adjustments due to MLR calculation - Premiums	0	0	0	0	0	0	0	0	0	0	0	(9,954)	(9,954)
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)	53,618	1,862,886	9,107,544	0	0	0	0	0	0	0	43,050	799,861	11,866,959
2. Direct Claims Incurred:													
2.1 Paid claims during the year	(98,546)	1,917,666	7,709,830	0	0	0	0	0	0	0	10,554	(205,891)	9,333,613
2.2 Direct claim liability current year	4,060	197,435	1,075,331	0	0	0	0	0	0	0	236	597	1,277,659
2.3 Direct claim liability prior year	175	132,573	1,595,180	0	0	0	0	0	0	0	(390)	58	1,727,596
2.4 Direct claim reserves current year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.5 Direct claim reserves prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.6 Direct contract reserves current year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.7 Direct contract reserves prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.8 Paid rate credits	0	0	842,385	0	0	0	0	0	0	0	0	0	842,385
2.9 Reserve for rate credits current year	0	0	455,412	0	0	0	0	0	0	0	0	318,184	773,596
2.10 Reserve for rate credits prior year	0	0	172,977	0	0	0	0	0	0	0	0	416,790	589,767
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)	0	(22,941)	(39,638)	0	0	0	0	0	0	0	0	0	(62,580)
2.11a Paid medical incentive pools and bonuses current year	0	1,327	6,707	0	0	0	0	0	0	0	0	0	8,034
2.11b Accrued medical incentive pools and bonuses current year	0	4,944	72,089	0	0	0	0	0	0	0	0	0	77,033
2.11c Accrued medical incentive pools and bonuses prior year	0	29,211	118,435	0	0	0	0	0	0	0	0	0	147,646
2.12 Net health care receivables (Lines 2.12a - 2.12b)	0	46,946	30,621	0	0	0	0	0	0	0	0	0	77,567
2.12a Health care receivables current year	0	105,605	371,630	0	0	0	0	0	0	0	0	0	477,235
2.12b Health care receivables prior year	0	58,659	341,009	0	0	0	0	0	0	0	0	0	399,668
2.13 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
2.14 Multi-option coverage blended rate adjustment	0	0	0	0	0	0	0	0	0	0	0	0	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)	(94,661)	1,912,641	8,244,542	0	0	0	0	0	0	0	11,181	(303,958)	9,769,744
2.16 Assumed incurred claims from non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
2.17 Net assumed less ceded incurred claims from affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
2.18 Ceded incurred claims to non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
2.19 Other adjustments due to MLR calculation - Claims	0	0	0	0	0	0	0	0	0	0	0	0	0
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)	(94,661)	1,912,641	7,119,722	0	0	0	0	0	0	0	11,181	(205,352)	8,743,530
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0

(a) Column 13, Line 1.1 includes direct written premium of $ 37,621 for stand-alone dental and $ 0 for stand-alone vision policies.

SUPPLEMENT FOR THE YEAR 2022 OF THE UnitedHealthcare of Ohio, Inc.

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

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

REPORT FOR: 1. CORPORATION UnitedHealthcare of Ohio, Inc. 2. 5900 Parkwood Place Dublin, OH 43016 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Ohio DURING THE YEAR 2022 NAIC Company Code 95186

	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 $ 284,917 for affiliated services)	9	2	4	1	7	24	94	109	284,690	284,917
	1.2 Outsourced Services	1	0	1	0	1	3	39	13	32,979	33,034
	1.3 EDP Equipment and Software (incl $ 21,132 for affiliated services)	1	0	0	0	1	2	7	8	21,115	21,132
	1.4 Other Equipment (excl. EDP) (incl $ 2,249 for affiliated services)	0	0	0	0	0	0	1	1	2,247	2,249
	1.5 Accreditation and Certification (incl $ 294 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	294	294
	1.6 Other Expenses (incl $ 580,586 for affiliated services)	19	3	9	2	15	49	193	286	641,361	641,888
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6)	30	5	14	4	24	77	334	417	982,686	983,514
	1.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	1.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	797	797
	1.10 Total (1.7 to 1.9)	30	5	14	4	24	77	334	417	983,483	984,311
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	97	0	0	97
2.	Small Group Comprehensive Coverage Expenses:										
	2.1 Salaries (including $ 173,024 for affiliated services)	2,792	601	1,775	287	2,168	7,623	33,123	29,355	102,924	173,024
	2.2 Outsourced Services	324	70	205	33	251	883	5,707	3,401	9,560	19,551
	2.3 EDP Equipment and Software (incl $ 11,321 for affiliated services)	207	45	132	21	161	565	2,457	2,178	6,121	11,321
	2.4 Other Equipment (excl. EDP) (incl $ 1,205 for affiliated services)	22	5	14	2	17	60	262	232	651	1,205
	2.5 Accreditation and Certification (incl $ 153 for affiliated services)	3	XXX	XXX	XXX	XXX	3	34	30	85	153
	2.6 Other Expenses (incl $ 63,789 for affiliated services)	2,844	173	2,295	1,027	1,373	7,712	19,461	19,869	145,785	192,828
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6)	6,192	893	4,421	1,371	3,970	16,846	61,044	55,065	265,126	398,082
	2.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	2.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	34,432	34,432
	2.10 Total (2.7 to 2.9)	6,192	893	4,421	1,371	3,970	16,846	61,044	55,065	299,558	432,514
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	16,310	0	0	16,310
3.	Large Group Comprehensive Coverage Expenses:										
	3.1 Salaries (including $ 148,175 for affiliated services)	2,722	466	1,680	961	2,093	7,921	30,972	20,386	88,896	148,175
	3.2 Outsourced Services	315	54	195	111	242	917	17,138	2,362	7,238	27,655
	3.3 EDP Equipment and Software (incl $ 9,031 for affiliated services)	202	35	125	71	155	587	2,298	1,512	4,634	9,031
	3.4 Other Equipment (excl. EDP) (incl $ 961 for affiliated services)	21	4	13	8	17	63	245	161	493	961
	3.5 Accreditation and Certification (incl $ 120 for affiliated services)	3	XXX	XXX	XXX	XXX	3	32	21	65	120
	3.6 Other Expenses (incl $ 497,970 for affiliated services)	19,156	1,998	8,516	7,271	7,303	44,243	111,183	84,863	375,488	615,778
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6)	22,419	2,556	10,528	8,421	9,809	53,734	161,868	109,305	476,815	801,722
	3.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	3.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	152,652	152,652
	3.10 Total (3.7 to 3.9)	22,419	2,556	10,528	8,421	9,809	53,734	161,868	109,305	629,466	954,374
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	40,725	0	0	40,725

SUPPLEMENT FOR THE YEAR 2022 OF THE UnitedHealthcare of Ohio, Inc.

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	General Administrative Expenses	Total Expenses (6 to 9)
4.	Individual Mini-Med Plans Expenses:										
	4.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	4.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	4.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	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	0	0	0	0	0	0	0	0
	4.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	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	0	0	0	0	0	0	0	0
5.	Small Group Mini-Med Plans Expenses:										
	5.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	5.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	5.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	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	0	0	0	0	0	0	0	0
	5.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	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	0	0	0	0	0	0	0	0
6.	Large Group Mini-Med Plans Expenses:										
	6.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	6.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	6.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	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	0	0	0	0	0	0	0	0
	6.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	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	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2022 OF THE UnitedHealthcare of Ohio, Inc.

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	General Administrative Expenses	Total Expenses (6 to 9)
7.	Small Group Expatriate Plans Expenses:										
	7.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	7.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	7.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	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	0	0	0	0	0	0	0	0
	7.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	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	0	0	0	0	0	0	0	0
8.	Large Group Expatriate Plans Expenses:										
	8.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	8.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	8.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	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	0	0	0	0	0	0	0	0
	8.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	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	0	0	0	0	0	0	0	0
9.	Student Health Plans Expenses:										
	9.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	9.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	9.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	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	0	0	0	0	0	0	0	0
	9.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	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	0	0	0	0	0	0	0	0