95189202220100100 2022 Document Code: 201

ANNUAL STATEMENT

For the Year Ended DECEMBER 31, 2022

OF THE CONDITION AND AFFAIRS OF THE

Paramount Care Inc.

NAIC Group Code 1212 (Current Period), 1212 (Prior Period) NAIC Company Code 95189 Employer's ID Number 341549926

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

Country of Domicile United States of America

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

Incorporated/Organized 04/22/1987 Commenced Business 01/01/1988

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

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

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

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

Internet Website Address www.paramounthealthcare.com

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

OFFICERS

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

OTHERS

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

DIRECTORS OR TRUSTEES

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

State of Ohio
County of Lucas ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

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

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

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

(Notary Public Signature)

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

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

REPORT FOR: 1. CORPORATION: Paramount Care Inc. 2. LOCATION: Toledo, OH 43604

95189202221636100 2022 Document Code: 216

NAIC Group Code 1212 BUSINESS IN THE STATE OF Ohio DURING THE YEAR 2022 NAIC Company Code 95189

	Business Subject to MLR									10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1	2	3	4	5	6	7	8							
	Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (Excluded by Statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 thru 12)	Uninsured Plans	Total (Cols. 13 + 14)
1. Premium:															
1.1 Health premiums earned (From Part 2, Line 1.11)												174,130,423	174,130,423	XXX	174,130,423
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)												174,130,423	174,130,423	XXX	174,130,423
1.5 Federal taxes and federal assessments												(1,326,303)	(1,326,303)	36,629	(1,289,674)
1.6 State insurance, premium and other taxes (Similar local taxes of $.....0)												3,173,621	3,173,621		3,173,621
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)												172,283,105	172,283,105	XXX	172,246,476
1.9 Net assumed less ceded reinsurance premiums earned												(48,782)	(48,782)	XXX	(48,782)
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)												172,234,323	172,234,323	XXX	172,197,694
2. Claims:															
2.1 Incurred claims excluding prescription drugs												137,686,975	137,686,975	XXX	137,686,975
2.2 Prescription drugs												34,943,840	34,943,840	XXX	34,943,840
2.3 Pharmaceutical rebates												10,778,071	10,778,071	XXX	10,778,071
2.4 State stop-loss, market stabilization and claim/census based assessments (informational only)														XXX	
3. Incurred medical incentive pools and bonuses												1,338,560	1,338,560	XXX	1,338,560
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)															
5.0 TOTAL Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15)												163,191,304	163,191,304	XXX	163,191,304
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)												163,191,304	163,191,304	XXX	163,191,304
6. Improving Health Care Quality Expenses Incurred:															
6.1 Improve health outcomes												598,852	598,852	100,033	698,885
6.2 Activities to prevent hospital readmissions												79,157	79,157	13,223	92,380
6.3 Improve patient safety and reduce medical errors												31,663	31,663	5,289	36,952
6.4 Wellness and health promotion activities												26,386	26,386	4,408	30,794
6.5 Health Information Technology expenses related to health improvement												54,882	54,882	9,168	64,050
6.6 TOTAL of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1 + 6.2 + 6.3 + 6.4 + 6.5)												790,940	790,940	132,121	923,061
7. Preliminary Medical Loss Ratio: MLR (Lines 4 + 5.0 + 6.6 - Footnote 2.0) / Line 1.8										XXX	XXX	0.952	XXX	XXX	XXX
8. Claims Adjustment Expenses:															
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6												592,470	592,470		592,470
8.2 All other claims adjustment expenses												90,796	90,796		90,796
8.3 TOTAL Claims adjustment expenses (Lines 8.1 + 8.2)												683,266	683,266		683,266
9. Claims Adjustment Expense Ratio (Line 8.3 / Line 1.8)												0.004	XXX	XXX	XXX

Supp216.1 Ohio

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

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

	Business Subject to MLR									10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1	2	3	4	5	6	7	8							
	Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (Excluded by Statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 thru 12)	Uninsured Plans	Total (Cols. 13 + 14)
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits												1,589,635	1,589,635	382,537	1,972,172
10.2 Agents and brokers fees and commissions												1,534,079	1,534,079		1,534,079
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)															
10.4 Other general and administrative expenses												8,528,046	8,528,046	955,525	9,483,571
10.4A Community Benefit Expenditures (informational only)															
10.5 TOTAL General and administrative (Lines 10.1 + 10.2 + 10.3 + 10.4)												11,651,760	11,651,760	1,338,062	12,989,822
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)												(4,082,947)	(4,082,947)	XXX	(5,589,759)
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,454,585	1,454,585
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,870,570	XXX	1,870,570
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	390,225	XXX	390,225
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(2,602,602)	XXX	(2,654,829)
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												12,533	12,533	3,917	16,450
2. Number of Covered Lives												12,533	12,533	8,647	21,180
3. Number of Groups	XXX			XXX								5	5	14	19
4. Member Months												152,662	152,662	104,572	257,234

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

Supp216.2 Ohio

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				

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

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

REPORT FOR: 1. CORPORATION: Paramount Care Inc. 2. LOCATION: Toledo, OH 43604

NAIC Group Code 1212 **BUSINESS IN THE STATE OF Ohio DURING THE YEAR 2022** **NAIC Company Code 95189**

	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												174,130,423	174,130,423
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												1,965,686	1,965,686
1.7 Reserve for rate credits prior year												832,760	832,760
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)												1,132,926	1,132,926
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)												174,130,423	174,130,423
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												48,782	48,782
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)												172,948,715	172,948,715
2. Direct Claims Incurred:													
2.1 Paid claims during the year												158,176,452	158,176,452
2.2 Direct claim liability current year												19,922,063	19,922,063
2.3 Direct claim liability prior year												16,683,397	16,683,397
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)												1,338,560	1,338,560
2.11A Paid medical incentive pools and bonuses current year												1,617,321	1,617,321
2.11B Accrued medical incentive pools and bonuses current year												1,024,252	1,024,252
2.11C Accrued medical incentive pools and bonuses prior year												1,303,013	1,303,013
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)												(437,626)	(437,626)
2.12A Healthcare receivables current year												3,268,656	3,268,656
2.12B Healthcare receivables prior year												3,706,282	3,706,282
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)												163,191,304	163,191,304
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)												163,191,304	163,191,304
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)													

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

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

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

REPORT FOR: 1. CORPORATION: Paramount Care Inc. 2. LOCATION: Toledo, OH 43604

NAIC Group Code 1212 BUSINESS IN THE STATE OF Ohio DURING THE YEAR 2022 NAIC Company Code 95189

All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
	1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1. Individual Comprehensive Coverage Expenses:										
1.1 Salaries (including $.....0 for affiliated services)										
1.2 Outsourced services										
1.3 EDP Equipment and Software (incl $.....0 for affiliated services)										
1.4 Other Equipment (excluding EDP) (incl $.....0 for affiliated services)										
1.5 Accreditation and Certification (incl $.....0 for affiliated services)		XXX	XXX	XXX	XXX					
1.6 Other Expenses (incl $.....0 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 (Lines 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 $.....0 for affiliated services)										
2.2 Outsourced services										
2.3 EDP Equipment and Software (incl $.....0 for affiliated services)										
2.4 Other Equipment (excluding EDP) (incl $.....0 for affiliated services)										
2.5 Accreditation and Certification (incl $.....0 for affiliated services)		XXX	XXX	XXX	XXX					
2.6 Other Expenses (incl $.....0 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 (Lines 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 $.....0 for affiliated services)										
3.2 Outsourced services										
3.3 EDP Equipment and Software (incl $.....0 for affiliated services)										
3.4 Other Equipment (excluding EDP) (incl $.....0 for affiliated services)										
3.5 Accreditation and Certification (incl $.....0 for affiliated services)		XXX	XXX	XXX	XXX					
3.6 Other Expenses (incl $.....0 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 (Lines 3.7 to 3.9)										
3.11 TOTAL fraud and abuse detection/recovery expenses included in Column 7 (informational only)										

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

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

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

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

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

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