95202202220100100 2022 Document Code: 201

ANNUAL STATEMENT

For the Year Ended DECEMBER 31, 2022

OF THE CONDITION AND AFFAIRS OF THE

SummaCare, Inc.

NAIC Group Code 3259 (Current Period), 3259 (Prior Period) NAIC Company Code 95202 Employer's ID Number 34-1726655

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[ ] N/A[X]

Incorporated/Organized 10/23/1992 Commenced Business 03/01/1993

Statutory Home Office 1200 East Market St. Suite 400 (Street and Number), Akron, OH, 44305 (City or Town, State, Country and Zip Code)

Main Administrative Office 1200 East Market St. Suite 400 (Street and Number)
Akron, OH, 44305 (City or Town, State, Country and Zip Code) (330)996-8410 (Area Code) (Telephone Number)

Mail Address P.O. Box 3620 (Street and Number or P.O. Box), Akron, OH, 44309-3620 (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 1200 East Market St. Suite 400 (Street and Number)
Akron, OH, 44305 (City or Town, State, Country and Zip Code) (330)996-8410 (Area Code) (Telephone Number)

Internet Website Address SummmaCare.com

Statutory Statement Contact Michael Dennis Weals (Name) (330)996-5112 (Area Code)(Telephone Number)(Extension)
wealsm@summacare.com (E-Mail Address) (Fax Number)

OFFICERS

Name	Title	
Henry Leigh Gerstenberger	Chair	
Robert Andrew Gerberry	Secretary	
Dawn Dorsett Ahner	Treasurer	#
William Carl Epling	President	
Alan Philip Fehlner	Assistant Treasurer/CFO	
Lydia Alexander Cook M.D.	Vice Chair	#

OTHERS

Melissa Rusk, VP of Operations # Anne Armao, VP - Member Experience and Product Development Susan Crawford, VP - Sales

DIRECTORS OR TRUSTEES

Lydia Alexander Cook M.D.
Rajiv Vishnu Taliwal M.D.
Henry Leigh Gerstenberger
Caroline Fisher Pearson
George Emerson Strickler
William Carl Epling
Frank Anthony Carrino
Benjamin Paul Sutton
Russell Floyd Mohawk
Thomas Clifford Deveny M.D.
Mark Joseph Sims
David James Felicio #

State of Ohio
County of Summit 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)
Alan Philip Fehlner	William Carl Epling	
(Printed Name)	(Printed Name)	(Printed Name)
1.	2.	3.
Chief Financial Officer	President	
(Title)	(Title)	(Title)

Subscribed and sworn to before me this 31st day of March, 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: SummaCare, Inc. 2. LOCATION: Akron, OH 44305

95202202221636100 2022 Document Code: 216

NAIC Group Code 3259 BUSINESS IN THE STATE OF Ohio DURING THE YEAR 2022 NAIC Company Code 95202

	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 thru 12)	Uninsured Plans	Total (Cols. 13 + 14)
1. Premium:															
1.1 Health premiums earned (From Part 2, Line 1.11)												315,966,210	315,966,210	XXX	315,966,210
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)												315,966,210	315,966,210	XXX	315,966,210
1.5 Federal taxes and federal assessments															
1.6 State insurance, premium and other taxes (Similar local taxes of $.....250)												250	250		250
1.6A Community Benefit Expenditures (informational only)															
1.7 Regulatory authority licenses and fees												36,477	36,477		36,477
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7)												315,929,483	315,929,483	XXX	315,929,483
1.9 Net assumed less ceded reinsurance premiums earned												(211,666)	(211,666)	XXX	(211,666)
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)												315,717,817	315,717,817	XXX	315,717,817
2. Claims:															
2.1 Incurred claims excluding prescription drugs												232,419,774	232,419,774	XXX	232,419,774
2.2 Prescription drugs												33,623,697	33,623,697	XXX	33,623,697
2.3 Pharmaceutical rebates												14,182,594	14,182,594	XXX	14,182,594
2.4 State stop-loss, market stabilization and claim/census based assessments (informational only)														XXX	
3. Incurred medical incentive pools and bonuses												15,738,810	15,738,810	XXX	15,738,810
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)												267,599,687	267,599,687	XXX	267,599,687
5.1 Net assumed less ceded reinsurance claims incurred												65,820	65,820	XXX	65,820
5.2 Other adjustments due to MLR calculations - Claims														XXX	
5.3 Rebates Paid										XXX	XXX	2,091,386	2,091,386	XXX	2,091,386
5.4 Estimated rebates unpaid prior year										XXX	XXX	2,091,386	2,091,386	XXX	2,091,386
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)												267,665,507	267,665,507	XXX	267,665,507
6. Improving Health Care Quality Expenses Incurred:															
6.1 Improve health outcomes												3,037,930	3,037,930		3,037,930
6.2 Activities to prevent hospital readmissions												1,482,764	1,482,764		1,482,764
6.3 Improve patient safety and reduce medical errors												1,031,302	1,031,302		1,031,302
6.4 Wellness and health promotion activities												1,054,419	1,054,419		1,054,419
6.5 Health Information Technology expenses related to health improvement												764,702	764,702		764,702
6.6 TOTAL of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1 + 6.2 + 6.3 + 6.4 + 6.5)												7,371,117	7,371,117		7,371,117
7. Preliminary Medical Loss Ratio: MLR (Lines 4 + 5.0 + 6.6 - Footnote 2.0) / Line 1.8										XXX	XXX	0.870	XXX	XXX	XXX
8. Claims Adjustment Expenses:															
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6												1,435,655	1,435,655		1,435,655
8.2 All other claims adjustment expenses												3,377,027	3,377,027		3,377,027
8.3 TOTAL Claims adjustment expenses (Lines 8.1 + 8.2)												4,812,682	4,812,682		4,812,682
9. Claims Adjustment Expense Ratio (Line 8.3 / Line 1.8)												0.015	XXX	XXX	XXX

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												1,755,202	1,755,202		1,755,202
10.2 Agents and brokers fees and commissions												1,274,405	1,274,405		1,274,405
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)												1,169,492	1,169,492		1,169,492
10.4 Other general and administrative expenses												27,468,230	27,468,230		27,468,230
10.4A Community Benefit Expenditures (informational only)															
10.5 TOTAL General and administrative (Lines 10.1 + 10.2 + 10.3 + 10.4)												31,667,329	31,667,329		31,667,329
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)												4,201,182	4,201,182	XXX	4,201,182
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	185,993	XXX	XXX	185,993
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(267,965)	XXX	XXX	(267,965)
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,655,140	XXX	XXX	4,655,140
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												22,755	22,755		22,755
2. Number of Covered Lives												22,755	22,755		22,755
3. Number of Groups	XXX			XXX											
4. Member Months												276,311	276,311		276,311

(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

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: SummaCare, Inc. 2. LOCATION: Akron, OH 44305

NAIC Group Code 3259 **BUSINESS IN THE STATE OF Ohio DURING THE YEAR 2022** **NAIC Company Code 95202**

	Business Subject to MLR												
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9	10	11	12	13
	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												315,966,210	315,966,210
1.2 Unearned premium prior year													
1.3 Unearned premium current year													
1.4 Change in unearned premium (Lines 1.2 - 1.3)													
1.5 Paid rate credits													
1.6 Reserve for rate credits current year													
1.7 Reserve for rate credits prior year													
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)													
1.9 Premium balances written off													
1.10 Group conversion charges													
1.11 TOTAL Direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)												315,966,210	315,966,210
1.12 Assumed premiums earned from non-affiliates												(211,666)	(211,666)
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)												315,754,544	315,754,544
2. Direct Claims Incurred:													
2.1 Paid claims during the year												252,079,004	252,079,004
2.2 Direct claim liability current year												33,671,030	33,671,030
2.3 Direct claim liability prior year												33,889,157	33,889,157
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)												15,738,810	15,738,810
2.11A Paid medical incentive pools and bonuses current year												9,307,315	9,307,315
2.11B Accrued medical incentive pools and bonuses current year												14,223,807	14,223,807
2.11C Accrued medical incentive pools and bonuses prior year												7,792,312	7,792,312
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)													
2.12A Healthcare receivables current year													
2.12B Healthcare 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)												267,599,687	267,599,687
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												(65,820)	(65,820)
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)												267,665,507	267,665,507
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: SummaCare, Inc. 2. LOCATION: Akron, OH 44305

NAIC Group Code 3259 BUSINESS IN THE STATE OF Ohio DURING THE YEAR 2022 NAIC Company Code 95202

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		X	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)										

NONE

Supp216.4 Ohio

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	NONE	X	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	NONE	X	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)										