



HEALTH ANNUAL STATEMENT

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

Humana Health Plan of Ohio, Inc.

NAIC Group Code01190119NAIC Company Code95348Employer's ID Number31-1154200
(Current)(Prior)

Organized under the Laws ofOhio, State of Domicile or Port of EntryOH

Country of DomicileUnited States of America

Licensed as business type:Health Maintenance Organization

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

Incorporated/Organized08/19/1985Commenced Business01/01/1986

Statutory Home Office4400 Easton Commons Way Suite 125Columbus, OH, US 43219
(Street and Number)(City or Town, State, Country and Zip Code)

Main Administrative Office4400 Easton Commons Way Suite 125Columbus, OH, US 43219513-784-5320
(Street and Number)(City or Town, State, Country and Zip Code)(Area Code) (Telephone Number)

Mail AddressP.O. Box 740036Louisville, KY, US 40201-7436
(Street and Number or P.O. Box)(City or Town, State, Country and Zip Code)

Primary Location of Books and Records500 West Main StreetLouisville, KY, US 40202513-784-5320
(Street and Number)(City or Town, State, Country and Zip Code)(Area Code) (Telephone Number)

Internet Website Addresswww.humana.com

Statutory Statement ContactAmanda Nethery502-580-1624
(Name)(Area Code) (Telephone Number)

DOIINQUIRIES@humana.com502-580-2099
(E-mail Address)(FAX Number)

OFFICERS

President & CEOBruce Dale BroussardChief Financial OfficerSusan Marie Diamond

VP, Associate General Counsel & Corporate SecretaryJoseph Matthew RuschellSVP, Chief ActuaryVanessa Marie Olson

OTHER

John Edward Barger III, Senior Vice President, Medicaid President	Courtney Danielle Durall, Assistant Corporate Secretary and Legal Advisor	Douglas Allen Edwards, SVP, Enterprise Associate & Business Solutions
John-Paul William Felter #, SVP, Chief Accounting Officer & Controller	Jeremy Leon Gaskill, Vice President, Employer Group Regional President	Leann Moren Hutchinson #, VP, Group Business Operations
Robert Martin Marcoux Jr. #, VP & Treasurer	Sean Joseph O'Reilly, SVP, Chief Compliance Officer	William Mark Preston, VP, Investments
George Renaudin II, President, Medicare	Donald Hank Robinson, SVP, Tax	Susan Draney Schick, Segment President, Group and Military Business
Michael Poul Tilton, SVP, Specialty & Employer Group South	Ralph Martin Wilson, Vice President	

DIRECTORS OR TRUSTEES

Bruce Dale Broussard	George Renaudin II #	Joseph Matthew Ruschell
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State ofKentuckySS

County ofJefferson

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.

Bruce Dale Broussard President & CEO	Joseph Matthew Ruschell VP, Associate General Counsel & Corporate Secretary	Robert Martin Marcoux, Jr. # VP & Treasurer
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Subscribed and sworn to before me this20th day ofFebruary, 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.....

Julia Wentworth
Notary Public
January 10, 2025



SUPPLEMENT FOR THE YEAR 2022 OF THE Humana Health Plan 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 Humana Health Plan of Ohio, Inc. 2. 4400 Easton Commons Way Suite 125 Columbus, OH 43219

NAIC Group Code		0119		BUSINESS IN THE STATE OF		Ohio		DURING THE YEAR		2022		(LOCATION)		NAIC Company Code		95348	
		Business Subject to MLR															
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9		10		11		12	
		1	2	3	4	5	6	7	8	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	
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group								
1. Premium:																	
1.1	Health premiums earned (From Part 2, Line 1.11)	0	33,545,813	99,478,249	0	0	0	0	0	0	0	0	119,823,141	252,847,202	XXX	252,847,202	0
1.2	Federal high risk pools	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	0
1.3	State high risk pools	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	0
1.4	Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)	0	33,545,813	99,478,249	0	0	0	0	0	0	0	0	119,823,141	252,847,202	XXX	252,847,202	0
1.5	Federal taxes and federal assessments	11,826	1,051,369	558,285	0	0	0	0	0	0	0	0	861,139	2,482,620	0	2,482,620	0
1.6	State insurance, premium and other taxes (Similar local taxes of \$)	968	411,687	1,133,192	0	0	0	0	0	0	0	0	131,429	1,677,276	0	1,677,276	0
1.6a	Community Benefit Expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.7	Regulatory authority licenses and fees	0	19,592	55,554	0	0	0	0	0	0	0	0	82,104	157,250	0	157,250	0
1.8	Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7)	(12,794)	32,063,165	97,731,218	0	0	0	0	0	0	0	0	118,748,468	248,530,057	XXX	248,530,057	0
1.9	Net Assumed less Ceded reinsurance premiums earned	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	0
1.10	Other Adjustments due to MLR calculations - Premiums	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	0
1.11	Risk Revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	0
1.12	Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)	(12,794)	32,063,165	97,731,218	0	0	0	0	0	0	0	0	118,748,468	248,530,057	XXX	248,530,057	0
2. Claims:																	
2.1	Incurred claims excluding prescription drugs	(56,999)	16,836,286	62,971,234	0	0	0	0	0	0	0	0	90,876,877	170,627,398	XXX	170,627,398	0
2.2	Prescription drugs	0	10,347,469	23,660,881	0	0	0	0	0	0	0	0	15,893,437	49,901,786	XXX	49,901,786	0
2.3	Pharmaceutical rebates	283	3,523,796	8,042,696	0	0	0	0	0	0	0	0	8,992,798	20,559,572	XXX	20,559,572	0
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	31,880	31,880	XXX	31,880	0
3.	Incurred medical incentive pools and bonuses	0	0	0	0	0	0	0	0	0	0	0	3,248,106	3,248,106	XXX	3,248,106	0
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	0
5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15)		(57,282)	23,659,959	78,589,419	0	0	0	0	0	0	0	0	101,025,622	203,217,718	XXX	203,217,718	0
5.1	Net Assumed less Ceded reinsurance claims incurred	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	0
5.2	Other Adjustments due to MLR calculations - Claims	0	0	0	0	0	0	0	0	0	0	35,297,000	0	35,297,000	XXX	35,297,000	0
5.3	Rebates paid	0	0	0	0	0	0	0	0	0	0	XXX	XXX	0	XXX	0	0
5.4	Estimated rebates unpaid prior year	0	0	0	0	0	0	0	0	0	0	XXX	XXX	0	XXX	0	0
5.5	Estimated rebates unpaid current year	0	0	0	0	0	0	0	0	0	0	XXX	XXX	0	XXX	0	0
5.6	Fee for service and co-pay revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	0
5.7	Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)	(57,282)	23,659,959	78,589,419	0	0	0	0	0	0	0	35,297,000	0	101,025,622	238,514,718	XXX	238,514,718
6. Improving Health Care Quality Expenses Incurred:																	
6.1	Improve health outcomes	0	123,814	528,735	0	0	0	0	0	0	0	0	788,864	1,441,413	0	1,441,413	0
6.2	Activities to prevent hospital readmissions	0	30,237	133,201	0	0	0	0	0	0	0	0	407,321	570,759	0	570,759	0
6.3	Improve patient safety and reduce medical errors	0	73,667	301,941	0	0	0	0	0	0	0	0	401,125	776,733	0	776,733	0
6.4	Wellness and health promotion activities	0	181,645	1,113,934	0	0	0	0	0	0	0	0	583,195	1,878,774	0	1,878,774	0
6.5	Health Information Technology expenses related to health improvement	0	60,362	249,561	0	0	0	0	0	0	0	0	199,324	509,246	0	509,246	0
6.6	Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5)	0	469,725	2,327,371	0	0	0	0	0	0	0	0	2,379,828	5,176,925	0	5,176,925	0
7.	Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8	4.477	0.753	0.828	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.871	XXX	XXX	XXX	XXX
8. Claims Adjustment Expenses:																	
8.1	Cost containment expenses not included in quality of care expenses in Line 6.6	0	224,517	916,321	0	0	0	0	0	0	0	0	933,615	2,074,452	0	2,074,452	0
8.2	All other claims adjustment expenses	0	201,774	528,345	0	0	0	0	0	0	0	0	483,878	1,213,997	0	1,213,997	0
8.3	Total claims adjustment expenses (Lines 8.1 + 8.2)	0	426,291	1,444,665	0	0	0	0	0	0	0	0	1,417,492	3,288,449	0	3,288,449	0
9.	Claims Adjustment Expense Ratio (Line 8.3/Line 1.8)	0.000	0.013	0.015	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.012	XXX	XXX	XXX	XXX

SUPPLEMENT FOR THE YEAR 2022 OF THE Humana Health Plan 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	8 Large Group							
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits	0	185,600	577,366	0	0	0	0	0	0	0	0	362,714	1,125,680	0	1,125,680
10.2 Agents and brokers fees and commissions.....	0	745,213	3,253,228	0	0	0	0	0	0	0	0	2,647,291	6,645,732	0	6,645,732
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....	0	73,543	272,182	0	0	0	0	0	0	0	0	257,638	603,363	0	603,363
10.4 Other general and administrative expenses.....	0	2,687,289	9,430,230	0	0	0	0	0	0	0	0	7,119,831	19,237,350	0	19,237,350
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)	0	3,691,646	13,533,005	0	0	0	0	0	0	0	0	10,387,473	27,612,125	0	27,612,125
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	44,488	3,815,543	1,836,756	0	0	0	0	0	0	(35,297,000)	0	3,538,052	(26,062,160)	XXX	(26,062,160)
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	729,797	XXX	729,797
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	259,586	XXX	259,586
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(25,591,950)	XXX	(25,591,950)
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	0	2,769	10,710	0	0	0	0	0	0	0	0	8,630	22,109	0	22,109
2. Number of Covered Lives	0	4,717	19,279	0	0	0	0	0	0	0	0	8,630	32,626	0	32,626
3. Number of Groups	XXX	565	189	XXX	0	0	0	0	0	0	0	0	754	0	754
4. Member Months	0	57,002	233,063	0	0	0	0	0	0	0	0	102,587	392,652	0	392,652

Is run off business reported in Columns 1 through 9 or 12? Yes [] No [X] If yes, show the amount of premiums and claims included. Premiums \$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)	0	1,712,128	0	1,705,441
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	(1,201,460)	4,339	89,079
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 Humana Health Plan of Ohio Inc.
SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2
(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION Humana Health Plan of Ohio, Inc. 2. 4400 Easton Commons Way Suite 125 Columbus, OH 43219

NAIC Group Code			BUSINESS IN THE STATE OF			DURING THE YEAR				(LOCATION)			
0119			Ohio			2022				NAIC Company Code			
										95348			
			Business Subject to MLR										
			Comprehensive Health Coverage			Mini-Med Plans			9	10	11	12	13
			1	2	3	4	5	6					
			Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	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	0	33,545,813	99,478,249	0	0	0	0	0	0	0	0	119,823,141	252,847,202
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	0	0	0	0	0	0	0	0	0	0	0	0
1.4 Change in unearned premium (Lines 1.2 - 1.3)	0	0	0	0	0	0	0	0	0	0	0	0	0
1.5 Paid rate credits	0	0	0	0	0	0	0	0	0	0	0	(138,806)	(138,806)
1.6 Reserve for rate credits current year	0	0	0	0	0	0	0	0	0	0	0	80,089	80,089
1.7 Reserve for rate credits prior year	0	0	0	0	0	0	0	0	0	0	0	323,662	323,662
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)	0	0	0	0	0	0	0	0	0	0	0	(243,573)	(243,573)
1.9 Premium balances written off	0	0	0	0	0	0	0	0	0	0	0	0	0
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)	0	33,545,813	99,478,249	0	0	0	0	0	0	0	0	119,823,141	252,847,202
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	0	0	0	0	0	0	0	0	0	0	0	0	0
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	0	0
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)	0	33,545,813	99,478,249	0	0	0	0	0	0	0	0	120,205,520	253,229,582
2. Direct Claims Incurred:													
2.1 Paid claims during the year	(70,588)	24,937,089	80,806,164	0	0	0	0	0	0	0	0	97,223,546	202,896,210
2.2 Direct claim liability current year	0	2,286,120	8,871,992	0	0	0	0	0	0	0	0	10,768,627	21,926,739
2.3 Direct claim liability prior year	0	3,852,785	10,536,970	0	0	0	0	0	0	0	0	10,051,098	24,440,853
2.4 Direct claim reserves current year	0	36,571	19,752	0	0	0	0	0	0	0	0	0	56,323
2.5 Direct claim reserves prior year	0	31,617	14,118	0	0	0	0	0	0	0	0	0	45,735
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	0	0	0	0	0	0	0	0	0	(138,806)	(138,806)
2.9 Reserve for rate credits current year	0	0	0	0	0	0	0	0	0	0	0	80,089	80,089
2.10 Reserve for rate credits prior year	0	0	0	0	0	0	0	0	0	0	0	323,662	323,662
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)	0	0	0	0	0	0	0	0	0	0	0	3,248,106	3,248,106
2.11a Paid medical incentive pools and bonuses current year	0	0	0	0	0	0	0	0	0	0	0	1,884,138	1,884,138
2.11b Accrued medical incentive pools and bonuses current year	0	0	0	0	0	0	0	0	0	0	0	3,538,278	3,538,278
2.11c Accrued medical incentive pools and bonuses prior year	0	0	0	0	0	0	0	0	0	0	0	2,174,310	2,174,310
2.12 Net health care receivables (Lines 2.12a - 2.12b)	(13,306)	(284,581)	557,400	0	0	0	0	0	0	0	0	(218,820)	40,693
2.12a Health care receivables current year	0	1,282,975	2,897,717	0	0	0	0	0	0	0	0	1,737,663	5,918,355
2.12b Health care receivables prior year	13,307	1,567,556	2,340,317	0	0	0	0	0	0	0	0	1,956,483	5,877,662
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)	(57,282)	23,659,959	78,589,419	0	0	0	0	0	0	0	0	101,025,622	203,217,718
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	35,297,000	0	0	35,297,000
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)	(57,282)	23,659,959	78,589,419	0	0	0	0	0	0	35,297,000	0	101,408,001	238,897,097
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

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

SUPPLEMENT FOR THE YEAR 2022 OF THE Humana Health Plan of Ohio Inc.

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

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

REPORT FOR: 1. CORPORATION Humana Health Plan of Ohio, Inc. 2. 4400 Easton Commons Way Suite 125 Columbus, OH 43219

NAIC Group Code		0119		BUSINESS IN THE STATE OF		Ohio		DURING THE YEAR		2022		(LOCATION)		NAIC Company Code		95348	
		All Expenses				Improving Health Care Quality Expenses				Claims Adjustment Expenses							
				1		2		3		4		5		6		7	
				Improve Health Outcomes		Activities to Prevent Hospital Readmissions		Improve Patient Safety and Reduce Medical Errors		Wellness & Health Promotion Activities		HIT Expenses		Total (1 to 5)		Cost Containment Expenses	
																8	
																Other Claims Adjustment Expenses	
																9	
																General Administrative Expenses	
																10	
																Total Expenses (6 to 9)	
1.	Individual Comprehensive Coverage Expenses:																
	1.1 Salaries (including \$0 for affiliated services)	0		0		0		0		0		0		0		0	
	1.2 Outsourced Services	0		0		0		0		0		0		0		0	
	1.3 EDP Equipment and Software (incl \$0 for affiliated services)	0		0		0		0		0		0		0		0	
	1.4 Other Equipment (excl. EDP) (incl \$0 for affiliated services)	0		0		0		0		0		0		0		0	
	1.5 Accreditation and Certification (incl \$0 for affiliated services)	0		XXX		XXX		XXX		XXX		0		0		0	
	1.6 Other Expenses (incl \$0 for affiliated services)	0		0		0		0		0		0		0		0	
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6)	0		0		0		0		0		0		0		0	
	1.8 Reimbursements by uninsured plans and fiscal intermediaries	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		0	
	1.10 Total (1.7 to 1.9)	0		0		0		0		0		0		0		0	
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0		0		0		0		0		0		0		0	
2.	Small Group Comprehensive Coverage Expenses:																
	2.1 Salaries (including \$172,196 for affiliated services)	54,561		13,400		24,069		160,211		26,870		279,111		86,063		104,685	
	2.2 Outsourced Services	30,518		7,146		32,702		10,340		14,061		94,767		76,693		49,418	
	2.3 EDP Equipment and Software (incl \$19,196 for affiliated services)	8,067		2,069		2,651		2,017		4,170		18,975		11,434		9,114	
	2.4 Other Equipment (excl. EDP) (incl \$317 for affiliated services)	134		34		43		31		68		310		189		151	
	2.5 Accreditation and Certification (incl \$117 for affiliated services)	0		XXX		XXX		XXX		XXX		0		77		61	
	2.6 Other Expenses (incl \$156,507 for affiliated services)	30,534		7,588		14,202		9,046		15,193		76,562		50,062		38,345	
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6)	123,814		30,237		73,667		181,645		60,362		469,725		224,517		201,774	
	2.8 Reimbursements by uninsured plans and fiscal intermediaries	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	
	2.10 Total (2.7 to 2.9)	123,814		30,237		73,667		181,645		60,362		469,725		224,517		201,774	
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0		0		0		0		0		0		44,797		0	
3.	Large Group Comprehensive Coverage Expenses:																
	3.1 Salaries (including \$659,599 for affiliated services)	233,721		59,064		101,052		997,934		111,079		1,502,850		355,900		216,649	
	3.2 Outsourced Services	129,107		31,411		129,797		57,129		58,119		405,563		304,674		161,988	
	3.3 EDP Equipment and Software (incl \$72,662 for affiliated services)	34,663		9,127		11,740		10,400		17,240		83,170		48,338		28,119	
	3.4 Other Equipment (excl. EDP) (incl \$1,207 for affiliated services)	576		152		193		156		285		1,362		801		465	
	3.5 Accreditation and Certification (incl \$434 for affiliated services)	0		XXX		XXX		XXX		XXX		0		325		189	
	3.6 Other Expenses (incl \$582,585 for affiliated services)	130,668		33,446		59,160		48,315		62,837		334,427		206,283		120,935	
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6)	528,735		133,201		301,941		1,113,934		249,561		2,327,371		916,321		528,345	
	3.8 Reimbursements by uninsured plans and fiscal intermediaries	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	
	3.10 Total (3.7 to 3.9)	528,735		133,201		301,941		1,113,934		249,561		2,327,371		916,321		528,345	
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0		0		0		0		0		0		190,284		0	

SUPPLEMENT FOR THE YEAR 2022 OF THE Humana Health Plan of Ohio Inc.

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1	2	3	4	5	6	7	8		
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	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 Humana Health Plan of Ohio Inc.

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1	2	3	4	5	6	7	8		
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	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