



**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 Code	0119 (Current)	0119 (Prior)	NAIC Company Code	95348	Employer's ID Number	31-1154200
Organized under the Laws of					State of Domicile or Port of Entry	OH
Country of Domicile	United States of America					
Licensed as business type:	Health Maintenance Organization					
Is HMO Federally Qualified? Yes [ <input checked="" type="checkbox"/> ] No [ <input type="checkbox"/> ]						
Incorporated/Organized	08/19/1985		Commenced Business	01/01/1986		
Statutory Home Office	4400 Easton Commons Way Suite 125 (Street and Number)		Columbus, OH, US 43219 (City or Town, State, Country and Zip Code)			
Main Administrative Office	4400 Easton Commons Way Suite 125 (Street and Number)		Columbus, OH, US 43219 513-784-5320 (City or Town, State, Country and Zip Code)			
Mail Address	P.O. Box 740036 (Street and Number or P.O. Box)		Louisville, KY, US 40201-7436 (City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	500 West Main Street (Street and Number)		Louisville, KY, US 40202 513-784-5320 (City or Town, State, Country and Zip Code)			
Internet Website Address	www.humana.com					
Statutory Statement Contact	Amanda Nethery (Name)		502-580-1624 (Area Code) (Telephone Number)			
	DOIINQUIRIES@humana.com (E-mail Address)		502-580-2099 (FAX Number)			

**OFFICERS**

President & CEO	Bruce Dale Broussard	Chief Financial Officer	Susan Marie Diamond
VP, Associate General Counsel & Corporate Secretary	Joseph Matthew Ruschell	SVP, Chief Actuary	Vanessa 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 of Kentucky  
 County of Jefferson 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.

Bruce Dale Broussard  
President & CEO

Joseph Matthew Ruschell  
VP, Associate General Counsel & Corporate Secretary

Robert Martin Marcoux, Jr. #  
VP & Treasurer

Subscribed and sworn to before me this  
20th day of February, 2023

a. Is this an original filing? ..... Yes [  ] 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](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

(LOCATION)

NAIC Group Code	0119	BUSINESS IN THE STATE OF	Ohio	Business Subject to MLR								DURING THE YEAR		2022	NAIC Company Code	95348		
				Comprehensive Health Coverage				Mini-Med Plans		Expatriate Plans		9	10	11	12	13		
				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)			0	33,545,813	99,478,249	0	0	0	0	0	0	0	119,823,141	252,847,202	XXX	252,847,202	
1.2	Federal high risk pools			0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	
1.3	State high risk pools			0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	
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	119,823,141	252,847,202	XXX	252,847,202	
1.5	Federal taxes and federal assessments			11,826	1,051,369	558,285	0	0	0	0	0	0	0	861,139	2,482,620	0	2,482,620	
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	131,429	1,677,276	0	1,677,276	
1.6a	Community Benefit Expenditures (informational only)			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	82,104	157,250	0	157,250	
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	118,748,468	248,530,057	XXX	248,530,057	
1.9	Net Assumed less Ceded reinsurance premiums earned			0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	
1.10	Other Adjustments due to MLR calculations - Premiums			0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	
1.11	Risk Revenue			0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	
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	118,748,468	248,530,057	XXX	248,530,057	
2.	Claims:																	
2.1	Incurred claims excluding prescription drugs			(56,999)	16,836,286	62,971,234	0	0	0	0	0	0	0	90,876,877	170,627,398	XXX	170,627,398	
2.2	Prescription drugs			0	10,347,469	23,660,881	0	0	0	0	0	0	0	15,893,437	49,901,786	XXX	49,901,786	
2.3	Pharmaceutical rebates			283	3,523,796	8,042,696	0	0	0	0	0	0	0	8,992,798	20,559,572	XXX	20,559,572	
2.4	State stop loss, market stabilization and claim/census based assessments (informational only)			0	0	0	0	0	0	0	0	0	0	31,880	31,880	XXX	31,880	
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
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	
5.	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
5.1	Net Assumed less Ceded reinsurance claims incurred			0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	
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	
5.3	Rebates paid			0	0	0	0	0	0	0	0	0	0	XXX	XXX	0	XXX	
5.4	Estimated rebates unpaid prior year			0	0	0	0	0	0	0	0	0	0	XXX	XXX	0	XXX	
5.5	Estimated rebates unpaid current year			0	0	0	0	0	0	0	0	0	0	XXX	XXX	0	XXX	
5.6	Fee for service and co-pay revenue			0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	
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	
6.	Improving Health Care Quality Expenses Incurred:																	
6.1	Improve health outcomes			0	123,814	528,735	0	0	0	0	0	0	0	788,864	1,441,413	0	1,441,413	
6.2	Activities to prevent hospital readmissions			0	30,237	133,201	0	0	0	0	0	0	0	407,321	570,759	0	570,759	
6.3	Improve patient safety and reduce medical errors			0	73,667	301,941	0	0	0	0	0	0	0	401,125	776,733	0	776,733	
6.4	Wellness and health promotion activities			0	181,645	1,113,934	0	0	0	0	0	0	0	583,195	1,878,774	0	1,878,774	
6.5	Health Information Technology expenses related to health improvement			0	60,362	249,561	0	0	0	0	0	0	0	199,324	509,246	0	509,246	
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	2,379,828	5,176,925	0	5,176,925	
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	
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	933,615	2,074,452	0	2,074,452	
8.2	All other claims adjustment expenses			0	201,774	528,345	0	0	0	0	0	0	0	483,878	1,213,997	0	1,213,997	
8.3	Total claims adjustment expenses (Lines 8.1 + 8.2)			0	426,291	1,444,665	0	0	0	0	0	0	0	1,417,492	3,288,449	0	3,288,449	
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	0.012	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								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											
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	XXX	729,797	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	XXX	259,586	259,586						
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(25,591,950)	XXX						
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						
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	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	0	8,630	32,626	0	32,626					
3. Number of Groups	XXX	565	189	XXX	0	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	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 \$ .....00 Claims \$ .....00

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

(LOCATION)

NAIC Group Code	0119	BUSINESS IN THE STATE OF	Ohio	DURING THE YEAR								NAIC Company Code	95348			
				Business Subject to MLR												
				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 .			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	(138,806)	(138,806)	
1.6	Reserve for rate credits current year .			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	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	(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	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	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	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	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	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	56,323	
2.5	Direct claim reserves prior year .			0	31,617	14,118	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	
2.7	Direct contract reserves prior year .			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	(138,806)	(138,806)	
2.9	Reserve for rate credits current year .			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	323,662	323,662	
2.11	Inurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c) .			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	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	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	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	(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	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	1,956,483	5,877,662	
2.13	Group conversion charge .			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	
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	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	
2.17	Net assumed less ceded incurred claims from affiliates .			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	
2.19	Other adjustments due to MLR calculation - Claims .			0	0	0	0	0	0	0	0	0	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	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	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

(LOCATION)

NAIC Group Code	0119	BUSINESS IN THE STATE OF	Ohio	DURING THE YEAR						NAIC Company Code	95348	
				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	
		All Expenses										
1.		Individual Comprehensive Coverage Expenses:										
1.1.		Salaries (including \$ 0 for affiliated services)		0	0	0	0	0	0	0	0	0
1.2.		Outsourced Services		0	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	0
1.4.		Other Equipment (excl. EDP) (incl \$ 0 for affiliated services)		0	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	0
1.6.		Other Expenses (incl \$ 0 for affiliated services)		0	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	0
1.8.		Reimbursements by uninsured plans and fiscal intermediaries		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.	0
1.10.		Total (1.7 to 1.9)		0	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	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	1,252,096
2.2.		Outsourced Services		30,518	7,146	32,702	10,340	14,061	94,767	76,693	49,418	809,920
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	152,434
2.4.		Other Equipment (excl. EDP) (incl \$ 317 for affiliated services)		134	34	43	31	68	310	189	151	2,518
2.5.		Accreditation and Certification (incl \$ 117 for affiliated services)		0	XXX.	XXX.	XXX.	XXX.	0	77	61	1,029
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	1,400,106
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	3,618,103
2.8.		Reimbursements by uninsured plans and fiscal intermediaries		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.	73,543
2.10.		Total (2.7 to 2.9)		123,814	30,237	73,667	181,645	60,362	469,725	224,517	201,774	3,691,646
2.11.		Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)		0	0	0	0	0	0	44,797	0	44,797
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	4,520,591
3.2.		Outsourced Services		129,107	31,411	129,797	57,128	58,119	405,563	304,674	161,988	2,995,769
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	566,992
3.4.		Other Equipment (excl. EDP) (incl \$ 1,207 for affiliated services)		576	152	193	156	285	1,362	801	465	9,440
3.5.		Accreditation and Certification (incl \$ 434 for affiliated services)		0	XXX.	XXX.	XXX.	XXX.	0	325	189	3,830
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	5,164,202
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	13,260,824
3.8.		Reimbursements by uninsured plans and fiscal intermediaries		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.	272,182
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	13,533,005
3.11.		Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)		0	0	0	0	0	0	190,284	0	190,284

## 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 General Administrative Expenses	10 Total Expenses (6 to 9)
		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		
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 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		
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