

2010 SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3A - 216
61832 - Chesapeake Life Ins Co
for New Hampshire

	Line	State Code	Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness and Health Promotion Activities	HIT Expenses	Total (Cols. 1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (Cols. 6 to 9)
01.1	Salaries (including \$0 for affiliated services) (individual comprehensive coverage expenses)	NH	0	0	20,627	0	0	20,627	182,341	164,559	464,142	831,669
01.10	Total (1.7 to 1.9) (individual comprehensive coverage expenses)	NH	0	0	37,410	0	0	37,410	330,696	298,446	841,775	1,509,439
01.11	Total fraud and abuse detection/recovery expenses included in Column 7 (informational only)	NH	0	0	0	0	0	0	92,907	0	0	92,907
01.2	Outsourced services (individual comprehensive coverage expenses)	NH	0	0	260	0	0	260	2,301	2,077	5,857	10,495
01.3	EDP equipment and software (including \$0 for affiliated services) (individual comprehensive coverage expenses)	NH	0	0	2,949	0	0	2,949	26,064	23,522	66,345	118,880
01.4	Other equipment (excluding EDP) (including \$0 for affiliated services) (individual comprehensive coverage expenses)	NH	0	0	22	0	0	22	196	177	498	893
01.5	Accreditation and certification (including \$0 for affiliated services) (individual comprehensive coverage expenses)	NH	0					0	0	0	0	0
01.6	Other expenses (including \$0 for affiliated services) (individual comprehensive coverage expenses)	NH	0	0	13,552	0	0	13,552	119,794	108,111	304,933	546,390
01.7	Subtotal before reimbursements and taxes (1.1 to 1.6)	NH	0	0	37,410	0	0	37,410	330,696	298,446	841,775	1,508,327
01.8	Reimbursements by uninsured plans and fiscal intermediaries (individual comprehensive coverage expenses)	NH	0	0	0	0	0	0	0	0	0	0
01.9	Taxes, licenses and fees (in total, for tying purposes) (individual comprehensive coverage expenses)	NH										1,112
02.1	Salaries (including \$0 for affiliated services) (small group comprehensive coverage expenses)	NH	0	0	0	0	0	0	0	0	0	0
02.10	Total (2.7 to 2.9) (small group comprehensive coverage expenses)	NH	0	0	0	0	0	0	0	0	0	0
02.11	Total fraud and abuse detection/recovery	NH	0	0	0	0	0	0	0	0	0	0

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	expenses included in Column 7 (informational only)											
02.2	Outsourced services (small group comprehensive coverage expenses)	NH	0	0	0	0	0	0	0	0	0	0
02.3	EDP equipment and software (including \$0 for affiliated services) (small group comprehensive coverage expenses)	NH	0	0	0	0	0	0	0	0	0	0
02.4	Other equipment (excluding EDP) (including \$0 for affiliated services) (small group comprehensive coverage expenses)	NH	0	0	0	0	0	0	0	0	0	0
02.5	Accreditation and certification (including \$0 for affiliated services) (small group comprehensive coverage expenses)	NH	0					0	0	0	0	0
02.6	Other expenses (including \$0 for affiliated services) (small group comprehensive coverage expenses)	NH	0	0	0	0	0	0	0	0	0	0
02.7	Subtotal before reimbursements and taxes (2.1 to 2.6)	NH	0	0	0	0	0	0	0	0	0	0
02.8	Reimbursements by uninsured plans and fiscal intermediaries (small group comprehensive coverage expenses)	NH	0	0	0	0	0	0	0	0	0	0
02.9	Taxes, licenses and fees (in total, for tying purposes) (small group comprehensive coverage expenses)	NH										0
03.1	Salaries (including \$0 for affiliated services (large group comprehensive coverage expenses)	NH	0	0	0	0	0	0	0	0	0	0
03.10	Total (3.7 to 3.9) (large group comprehensive coverage expenses)	NH	0	0	0	0	0	0	0	0	0	0
03.11	Total fraud and abuse detection/recovery expenses included in Column 7 (informational only)	NH	0	0	0	0	0	0	0	0	0	0
03.2	Outsourced services (large group comprehensive coverage expenses)	NH	0	0	0	0	0	0	0	0	0	0
03.3	EDP equipment and software (including \$0 for affiliated services (large group comprehensive coverage expenses)	NH	0	0	0	0	0	0	0	0	0	0
03.4	Other equipment (excluding EDP) (including \$0 for affiliated services (large group comprehensive coverage expenses)	NH	0	0	0	0	0	0	0	0	0	0
03.5	Accreditation and certification (including \$0 for affiliates services (large group comprehensive coverage expenses)	NH	0					0	0	0	0	0

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03.6	Other expenses (including \$0 for affiliated services) (large group comprehensive coverage expenses)	NH	0	0	0	0	0	0	0	0	0	0
03.7	Subtotal before reimbursements and taxes (3.1 to 3.6)	NH	0	0	0	0	0	0	0	0	0	0
03.8	Reimbursements by uninsured plans and fiscal intermediaries (large group comprehensive coverage expenses)	NH	0	0	0	0	0	0	0	0	0	0
03.9	Taxes, licenses and fees (in total, for tying purposes) (large group comprehensive coverage expenses)	NH										0