

2010 SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3A - 216
65080 - John Alden 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	518	404	194	322	208	1,647	17,506	9,318	148,435	176,906
01.10	Total (1.7 to 1.9) (individual comprehensive coverage expenses)	NH	582	455	219	361	611	2,228	66,275	20,410	290,524	391,099
01.11	Total fraud and abuse detection/recovery expenses included in Column 7 (informational only)	NH	0	0	0	0	0	0	0	0	0	0
01.2	Outsourced services (individual comprehensive coverage expenses)	NH	0	0	0	0	0	0	7,076	9,116	49,945	66,136
01.3	EDP equipment and software (including \$0 for affiliated services) (individual comprehensive coverage expenses)	NH	16	13	6	9	6	49	2,609	452	-392	2,718
01.4	Other equipment (excluding EDP) (including \$0 for affiliated services) (individual comprehensive coverage expenses)	NH	0	0	0	0	0	0	1	0	325	326
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	49	38	19	30	397	532	39,083	1,525	92,211	133,351
01.7	Subtotal before reimbursements and taxes (1.1 to 1.6)	NH	582	455	219	361	611	2,228	66,275	20,410	290,524	379,438
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										11,661
02.1	Salaries (including \$0 for affiliated services) (small group comprehensive coverage expenses)	NH	22	19	12	27	17	97	1,529	878	12,785	15,289

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02.10	Total (2.7 to 2.9) (small group comprehensive coverage expenses)	NH	25	22	13	31	35	126	5,964	1,583	23,892	32,522
02.11	Total fraud and abuse detection/recovery expenses included in Column 7 (informational only)	NH	0	0	0	0	0	0	0	0	0	0
02.2	Outsourced services (small group comprehensive coverage expenses)	NH	0	0	0	0	0	0	1,293	495	4,789	6,577
02.3	EDP equipment and software (including \$0 for affiliated services) (small group comprehensive coverage expenses)	NH	1	1	0	1	0	3	147	41	35	226
02.4	Other equipment (excluding EDP) (including \$0 for affiliated services) (small group comprehensive coverage expenses)	NH	0	0	0	0	0	0	0	2	43	45
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	2	2	1	3	18	26	2,995	167	6,240	9,428
02.7	Subtotal before reimbursements and taxes (2.1 to 2.6)	NH	25	22	13	31	35	126	5,964	1,583	23,892	31,565
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										957
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	NH	0	0	0	0	0	0	0	0	0	0

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	\$0 for affiliated services (large group comprehensive coverage expenses)											
03.5	Accreditation and certification (including \$0 for affiliates services (large group comprehensive coverage expenses)	NH	0					0	0	0	0	0
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