

2010 SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3A - 216
69477 - Time 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	1,796	1,403	674	1,119	672	5,665	58,695	27,004	525,463	616,826
01.10	Total (1.7 to 1.9) (individual comprehensive coverage expenses)	NH	2,020	1,577	757	1,254	4,990	10,597	247,521	56,934	1,124,391	1,479,594
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	20,277	24,204	145,530	190,011
01.3	EDP equipment and software (including \$0 for affiliated services) (individual comprehensive coverage expenses)	NH	55	42	20	32	21	169	8,845	1,314	5,431	15,760
01.4	Other equipment (excluding EDP) (including \$0 for affiliated services) (individual comprehensive coverage expenses)	NH	0	0	0	0	0	0	3	0	269	272
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	168	131	63	103	4,297	4,763	159,701	4,412	447,697	616,574
01.7	Subtotal before reimbursements and taxes (1.1 to 1.6)	NH	2,020	1,577	757	1,254	4,990	10,597	247,521	56,934	1,124,391	1,439,443
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										40,151
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	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	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	0
02.5	Accreditation and certification (including \$0 for affiliated services) (small group comprehensive coverage expenses)	NH	0					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	0
02.7	Subtotal before reimbursements and taxes (2.1 to 2.6)	NH	0	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	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	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	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	0
03.2	Outsourced services (large group comprehensive coverage expenses)	NH	0	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	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	0
03.5	Accreditation and certification (including \$0 for affiliates services (large group comprehensive coverage expenses)	NH	0					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