

**2010 SUPPLEMENTAL HEALTH CARE EXHIBIT'S EXPENSE ALLOCATION  
REPORT - DESCRIPTION OF ALLOCATION METHODOLOGY - 217  
62286 - Golden Rule Ins Co**

Line	Explanation
01 Description of allocation methodology	GOLDEN RULE INSURANCE COMPANY(THE COMPANY) QUALITY IMPROVEMENT (QI) EXPENSES ARE PART OF THE DIRECT CHARGES INCURRED AND FEE SERVICES PROVIDED BY UNITEDHEALTH GROUP INCORPORATED (UNITEDHEALTH GROUP) AFFILIATES. THE COMPANY DID NOT EVALUATE FEES PAID TO EXTERNAL PARTIES FOR QI IN 2010. QI EXPENSES WERE ALLOCATED TO EACH STATE AND COLUMN BASED UPON MULTIPLE DRIVERS WHICH INCLUDE CLAIMS VOLUME, CALL VOLUME, PROGRAMS, PHARMACY SCRIPTS, EMPLOYEES, REVENUE, MEDICAL EXPENSE, SELLING, GENERAL AND ADMINISTRATIVE EXPENSES, AND MEMBERSHIP.

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07/18/2011

**2010 SUPPLEMENTAL HEALTH CARE EXHIBIT'S EXPENSE ALLOCATION  
REPORT - DESC OF QUALITY IMPROVEMENT EXPENSES - 217  
62286 - Golden Rule Ins Co**

	Line	Expense Type from Part 3	New	Detailed Description of Expense
01.0001	Improve Health Outcomes:	CLINICAL REVIEW		IDENTIFICATION OF CLINICAL BEST PRACTICES.
01.0002		CLINICAL COVERAGE REVIEW		CLINICAL COVERAGE REVIEW (CCR) IS TO REVIEW PLANNED MEDICAL EXPENSES AND PREVENT AVOIDABLE HOSPITAL ADMISSIONS. ALSO, THE COMPANY'S NOTIFICATION PROGRAM SERVES AS A GATEWAY INTO THE CLINICAL PROGRAMS, INCLUDING BUT NOT LIMITED TO, INPATIENT CARE MANAGEMENT, CASE MANAGEMENT, DISEASE MANAGEMENT, AND COMPLEX CONDITION MANAGEMENT.
01.0003		CLINICAL EXCELLENCE		COLLECTION AND ANALYSIS OF CLINICAL AND QUALITY DATA AND PROVIDES THE ORGANIZATION WITH DETAILED ANALYSIS AND IMPROVEMENT ACTION PLANS.
01.0004		PHYSICAL HEALTH		THE PHYSICAL MEDICINE PROGRAM OFFERS CHIROPRACTIC CARE, PHYSICAL OCCUPATIONAL THERAPY AND COMPLEMENTARY ALTERNATIVE MEDICINE. PROGRAMS THAT HELP MANAGE COSTS BY ASSISTING INDIVIDUALS IN FINDING THE RIGHT COMBINATION OF MEDICAL TREATMENT, SELF- CARE, PHYSICAL AND OCCUPATIONAL THERAPIES, AND COMPLEMENTARY ALTERNATIVE MEDICINE.
				HEALTH CARE DECISION SUPPORT ALIGNS MEMBERS WITH GENERAL HEALTH INFORMATION.

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07/18/2011

**2010 SUPPLEMENTAL HEALTH CARE EXHIBIT'S EXPENSE ALLOCATION  
REPORT - DESC OF QUALITY IMPROVEMENT EXPENSES - 217  
62286 - Golden Rule Ins Co**

01.0005		HEALTH CARE DECISION SUPPORT	NAVIGATION TO QUALITY DOCTORS, FACILITY, OR CLINICAL PROGRAMS, ACCESS TO CLINICAL RESOURCES TO AID IN CLINICAL DECISIONS AND HELP PREVENT AVOIDABLE READMISSIONS.
01.0006		COMPLEX MEDICAL/DISEASE SOLUTIONS	COMPLEX MEDICAL/DISEASE SOLUTIONS IS A SINGLE OR CUSTOMIZED INTEGRATED END-TO- END HEALTH CARE SOLUTIONS FOCUSED ON PROVIDING EFFECTIVE CASE MANAGEMENT, CARE COORDINATION, AND CHRONIC DISEASE MANAGEMENT THROUGH MEMBER INTERACTION TO HELP IMPROVE MEMBERS HEALTH AND EFFECTIVENESS FOR GENERAL AND SPECIFIC DISEASE.
01.0007		PORTALS	PORTALS PROVIDE MEMBERS WITH ACCESS TO HEALTH INFORMATION, DECISION SUPPORT, EDUCATION AND TOOLS AND ACCESS TO CLINICAL CASE MANAGEMENT PROGRAMS THROUGH AN ON- LINE MODALITY.
02.0001	Activities to Prevent Hospital Readmission:	COMPLEX MEDICAL/DISEASE SOLUTIONS	COMPLEX MEDICAL/DISEASE SOLUTIONS IS A SINGLE OR CUSTOMIZED INTEGRATED END-TO- END HEALTH CARE SOLUTIONS FOCUSED ON PROVIDING EFFECTIVE CASE MANAGEMENT, CARE COORDINATION, AND CHRONIC DISEASE MANAGEMENT THROUGH MEMBER INTERACTION TO HELP IMPROVE MEMBERS HEALTH AND EFFECTIVENESS FOR GENERAL AND SPECIFIC DISEASE.
			CLINICAL PROGRAMS THAT PROMOTE EFFICIENT

**2010 SUPPLEMENTAL HEALTH CARE EXHIBIT'S EXPENSE ALLOCATION  
REPORT - DESC OF QUALITY IMPROVEMENT EXPENSES - 217  
62286 - Golden Rule Ins Co**

03.0001	Improve Patient Safety and Reduce Medical Errors:	CASE MANAGEMENT	EXECUTION OF THE PHYSICIAN'S TREATMENT PLAN BY REVIEWING AGAINST EVIDENCED BASED CRITERIA, IDENTIFIES AND PREVENTS POTENTIAL DELAYS IN CARE/ TESTS/ PROCEDURES, FACILITATES PROMPT ACCESS TO SPECIALISTS AND CONSULTANTS, FACILITATES APPROPRIATE LEVEL OF CARE, COORDINATES DISCHARGE-PLANNING SERVICES, IDENTIFIES AND REFERS APPROPRIATELY FOR POST-DISCHARGE FOLLOW-UP.
03.0002		MEDICAL POLICY AND BENEFIT INTERPRETATION DEVELOPMENT	MEDICAL POLICY EXPENSES FOR IMPLEMENTING ACTIVITIES TO IMPROVE PATIENT SAFETY AND REDUCE MEDICAL ERRORS AS DEFINED AS: THE APPROPRIATE IDENTIFICATION AND USE OF BEST CLINICAL PRACTICES TO AVOID HARM; ACTIVITIES TO IDENTIFY AND ENCOURAGE EVIDENCE BASED MEDICINE IN ADDRESSING INDEPENDENTLY IDENTIFIED AND DOCUMENTED CLINICAL ERRORS OR SAFETY CONCERNS.
03.0003		SPECIALTY CLINICAL MANAGEMENT PROGRAM	FOCUS ON SAFETY AND MEDICAL ERRORS INCORPORATED IN THE PROGRAMS AND EDUCATION MATERIALS. FORMAL UTILIZATION REVIEW ACCREDITATION COMMISSION (URAC) APPROVED MEMBER SAFETY SCREENING AND COMMUNICATIONS ON WARNINGS, BLACK BOX LABELING, AND ADR INFORMATION. THESE ITEMS FACILITATE

**2010 SUPPLEMENTAL HEALTH CARE EXHIBIT'S EXPENSE ALLOCATION  
 REPORT - DESC OF QUALITY IMPROVEMENT EXPENSES - 217  
 62286 - Golden Rule Ins Co**

			THE APPROPRIATE IDENTIFICATION AND USE OF BEST CLINICAL PRACTICES TO AVOID HARM.
04.0001	Wellness and Health Promotion Activities:	CARE SOLUTIONS - WELLNESS	WELLNESS/LIFESTYLE COACHING PROGRAMS DESIGNED TO EDUCATE AND PROMOTE HEALTH TO INDIVIDUALS ON CLINICALLY EFFECTIVE METHODS FOR DEALING WITH A SPECIFIC CHRONIC DISEASE OR CONDITION.
05.0001	HIT Expenses for Health Care Quality Improvements:	CLINICAL ANALYTICS	EXPENSES ARE INCURRED TO IMPROVE PATIENT SAFETY AND REDUCE MEDICAL ERRORS. DEVELOPMENT AND IMPLEMENTATION OF DATA TO DRIVE PATIENT-CENTERED MEDICAL HOME (PCMH) MODEL AND EMERGENCY ROOM/ PRIMARY CARE (ER/PC) INITIATIVES.
05.0002		MEDICAL INFORMATICS	EVALUATING AND COORDINATING POST-HOSPITALIZATION NEEDS FOR CONSUMERS IDENTIFIED AS BEING AT RISK OF RE-HOSPITALIZATION. READMITS REPORTING & MONITORING BY HOSPITAL TO IDENTIFY PROVIDERS WITH HIGH READMIT RATES. DEVELOP AND MAINTAIN TOOLS FOR PATIENT MANAGEMENT. MONITOR RESULTS TO ASSURE MEMBERS HAVE ENHANCED QUALITY OF LIFE AND REDUCE HOSPITALIZATION. PROVIDES CUSTOMIZED REMINDERS TO MEMBERS REGARDING SCREENINGS AND MEDICAL CARE REQUIRED TO PROMOTE PREVENTATIVE

**2010 SUPPLEMENTAL HEALTH CARE EXHIBIT'S EXPENSE ALLOCATION  
REPORT - DESC OF QUALITY IMPROVEMENT EXPENSES - 217  
62286 - Golden Rule Ins Co**

			HEALTH CARE.
05.0003		CREDENTIALING	THE COUNCIL FOR AFFORDABLE QUALITY HEALTHCARE (CAQH) PROVIDES ADMINISTRATIVE AND CLINICAL DATA INTEGRATION AND FACILITATES HEALTHCARE INFORMATION EXCHANGE. IMPROVES HEALTH OUTCOMES THROUGH THE COLLABORATION OF INFORMATION AND PRACTICES, AIMED TO SIMPLIFY HEALTHCARE AND TO PROVIDE A BETTER CARE EXPERIENCE FOR PATIENTS AND CAREGIVERS.
05.0004		PORTALS	PORTALS PROVIDE MEMBERS WITH ACCESS TO HEALTH INFORMATION, DECISION SUPPORT, EDUCATION AND TOOLS AND ACCESS TO CLINICAL CASE MANAGEMENT PROGRAMS THROUGH AN ON-LINE MODALITY.

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**2010 SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 - 216**  
**62286 - Golden Rule Ins Co**  
**for Louisiana**

	Line	State Code	Individual	Small Group Employer	Large Group Employer	Government Business (excluded by statute)	Other Business (excluded by statute)	Other Health	Subtotal (Cols 1 thru 6)	Uninsured Plans	Total (Cols 7 + 8)
01.1	Health premiums earned (from Part 2, Line 1.8) (premium)	LA	7,090,262	0	0	0	1,804,425	423,810	9,318,497		9,318,497
01.10	Other adjustments due to MLR calculations - premiums (premium)	LA	0	0	0	0	0	0	0		0
01.11	Risk revenue (premium)	LA	0	0	0	0	0	0	0		0
01.12	Net adjusted premiums earned after reinsurance (Lines 1.8+1.9+1.10+1.11) (premium)	LA	5,782,283	0	0	0	1,624,242	385,360	7,791,885		7,791,885
01.2	Federal high risk pools (premium)	LA	0	0	0	0	0	0	0		0
01.3	State high risk pools (premium)	LA	0	0	0	0	0	0	0		0
01.4	Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3) (premium)	LA	7,090,262	0	0	0	1,804,425	423,810	9,318,497		9,318,497
01.5	Federal taxes and federal assessments (premium)	LA	1,015,691	0	0	0	102,012	15,922	1,133,625	0	1,133,625
01.6	State insurance, premium and other taxes (similar local taxes of \$0) (premium)	LA	292,288	0	0	0	78,171	17,178	387,637	0	387,637
01.7	Regulatory authority licenses and fees (premium)	LA	0	0	0	0	0	0	0	0	0
01.8	Adjusted premiums earned (Lines 1.4 - 1.5 - 1.6 - 1.7) (premium)	LA	5,782,283	0	0	0	1,624,242	390,710	7,797,235		7,797,235
01.9	Net assumed less ceded reinsurance premiums earned (premium)	LA	0	0	0	0	0	-5,351	-5,351		-5,351
02.1	Incurred claims excluding prescription drugs (claims)	LA	2,535,227	0	0	0	1,145,628	207,909	3,888,764		3,888,764
02.2	Prescription drugs (claims)	LA	129,871	0	0	0	58,687	10,650	199,209		199,209
02.3	Pharmaceutical rebates (claims)	LA	36,854	0	0	0	16,654	3,022	56,530		56,530
	State stop loss, market stabilization										

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**2010 SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 - 216**  
**62286 - Golden Rule Ins Co**  
**for Louisiana**

02.4	and claim/census based assessments (claims)	LA	0	0	0	0	0	0	0	0	0
03	Incurred medical incentive pools and bonuses	LA	0	0	0	0	0	0	0	0	0
04	Deductible fraud and abuse detection/recovery expenses (for MLR use only)	LA	0	0	0	0	0	0	0	0	0
05.0	Total incurred claims (Lines 2.1 + 2.2 - 2.3 - 2.4 + 3) (From Part 2, Line 2.10)	LA	2,628,244	0	0	0	1,187,661	215,537	4,031,442		4,031,442
05.1	Net assumed less ceded reinsurance claims incurred	LA	0	0	0	0	0	-6,886	-6,886		-6,886
05.2	Other adjustments due to MLR calculations - claims	LA	0	0	0	0	0	0	0		0
05.3	Rebates paid	LA	0	0	0	0	0	0	0		0
05.4	Estimated rebates unpaid prior year	LA	0	0	0	0	0	0	0		0
05.5	Estimated rebates unpaid current year	LA	0	0	0	0	0	0	0		0
05.6	Fee for service and co-pay revenue	LA	0	0	0	0	0	0	0		0
05.7	Net incurred claims after reinsurance (Lines 5.0+5.1+5.2+5.3-5.4+5.5-5.6)	LA	2,628,244	0	0	0	1,187,661	208,651	4,024,556		4,024,556
06.1	Type A. Expenses for health improvements other than Health Information Technology (improving health care quality expenses incurred)	LA	4,616	0	0	0	908	548	6,072	0	6,072
06.2	Type B. Health Information Technology expenses related to health improvement (improving health care quality expenses incurred)	LA	706	0	0	0	165	170	1,041	0	1,041
06.3	Total of defined expenses incurred for improving health care quality (Lines 6.1 + 6.2)	LA	5,322	0	0	0	1,073	718	7,113	0	7,113
07	Preliminary medical loss ratio: MLR (Lines 4 + 5.0 + 6.3)/Line 1.8	LA	0	0	0						
	Cost containment										

**2010 SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 - 216**  
**62286 - Golden Rule Ins Co**  
**for Louisiana**

08.1	expenses not included in quality of care expenses in Line 6.3 (claims adjustment expenses)	LA	60,917	0	0	0	13,100	4,052	78,069	0	78,069
08.2	All other claims adjustment expenses (claims adjustment expenses)	LA	3,630	0	0	0	18,878	33,298	55,806	0	55,806
08.3	Total claims adjustment expenses (Lines 8.1 + 8.2)	LA	64,547	0	0	0	31,977	37,351	133,875	0	133,875
09	Claims adjustment expense ratio (Line 8.3 divided by Line 1.8)	LA	0	0	0	0	0	0			
10.1	Direct sales salaries and benefits (general and administrative expenses)	LA	34,786	0	0	0	8,768	2,022	45,576	0	45,576
10.2	Agents and brokers fees and commissions (general and administrative expenses)	LA	718,721	0	0	0	104,775	77,537	901,033	0	901,033
10.3	Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below) (general and administrative expenses)	LA	41	0	0	0	7	3	52	0	52
10.4	Other general and administrative expenses (general and administrative expenses)	LA	452,073	0	0	0	101,314	31,956	585,343	0	585,343
10.5	Total general and administrative (Lines 10.1 + 10.2 + 10.3 + 10.4)	LA	1,205,621	0	0	0	214,864	111,518	1,532,003	0	1,532,003
11	Underwriting gain/(loss) (Lines 1.12 - 5.7 - 6.3 - 8.3 - 10.5)	LA	1,878,549	0	0	0	188,666	27,123	2,094,338		2,094,338
12	Income from fees of uninsured plans	LA								0	0
13	Net investment and other gain/(loss)	LA							114,450		114,450
14	Federal income taxes (excluding taxes on Line 1.5 above)	LA	0	0	0	0	19,988	0	19,988	0	19,988
15	Net gain or (loss) (Lines 11 + 12 + 13 - 14)	LA							2,188,801		2,188,801
	ICD-10										

**2010 SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 - 216**  
**62286 - Golden Rule Ins Co**  
**for Louisiana**

16	implementation expenses (informational only; already included in general expenses)	LA	0	0	0	0	0	0	0	0	0
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**2010 SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 - OTHER  
INDICATORS - 216  
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for Louisiana**

	Line	State Code	Individual	Small Group Employer	Large Group Employer	Government Business (excluded by statute)	Other Business (excluded by statute)	Other Health	Subtotal (Cols 1 thru 6)	Uninsured Plans	Total (Cols 7 + 8)
01	Number of certificates/policies	LA	3,247	0	0	0	682	619	4,548	0	4,548
02	Number of covered lives	LA	5,174	0	0	0	726	973	6,873	0	6,873
03	Number of groups	LA		0	0	0	0	0	0	0	0
04	Member months	LA	47,906	0	0	0	9,600	7,589	65,095	0	65,095

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**2010 SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2 - 216**  
**62286 - Golden Rule Ins Co**  
**for Louisiana**

	Line	State Code	Individual	Small Group Employer	Large Group Employer	Government Business (excluded by statute)	Other Business (excluded by statute)	Other Health	Total
01.1	Direct premiums written (health premiums earned)	LA	7,154,448	0	0	0	1,820,760	427,647	9,402,855
01.10	Net assumed less ceded premiums earned from affiliates (health premiums earned)	LA	0	0	0	0	0	0	0
01.11	Ceded premiums earned to non-affiliates (health premiums earned)	LA	0	0	0	0	0	5,351	5,351
01.12	Other adjustments due to MLR calculation - premiums (health premiums earned)	LA	0	0	0	0	0	0	0
01.13	Net premiums earned (Lines 1.8 + 1.9 + 1.10 - 1.11 - 1.12)	LA	7,090,262	0	0	0	1,804,425	418,460	9,313,147
01.2	Unearned premium prior year (health premiums earned)	LA	419,026	0	0	0	106,639	25,047	550,713
01.3	Unearned premium current year (health premiums earned)	LA	483,212	0	0	0	122,974	28,883	635,070
01.4	Change in unearned premium (Lines 1.2 - 1.3) (health premiums earned)	LA	-64,186	0	0	0	-16,335	-3,837	-84,357
01.5	Reserve for rate credits prior year (health premiums earned)	LA							
01.6	Reserve for rate credits current year (health premiums earned)	LA							
01.7	Change in reserve for rate credits (Lines 1.5 - 1.6) (health premiums earned)	LA							
01.8	Total direct premiums earned (Lines 1.1 + 1.4 less \$0 write offs) (health premiums earned)	LA	7,090,262	0	0	0	1,804,425	423,810	9,318,497
01.9	Assumed premiums earned from non-affiliates (health premiums earned)	LA	0	0	0	0	0	0	0
02.1	Paid claims during the year (direct claims incurred)	LA	2,597,715	0	0	0	1,173,866	213,033	3,984,614
02.10	Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 - 2.9)	LA	2,628,244	0	0	0	1,187,661	215,537	4,031,442
02.11	Assumed incurred claims from non-affiliates (direct claims incurred)	LA	0	0	0	0	0	0	0
02.12	Net assumed less ceded incurred claims from affiliates (direct claims incurred)	LA	0	0	0	0	0	0	0
02.13	Ceded incurred claims to non-affiliates (direct claims incurred)	LA	0	0	0	0	0	6,886	6,886
02.14	Other adjustments due to MLR calculation - claims (direct claims incurred)	LA	0	0	0	0	0	0	0
02.15	Net incurred claims (Lines 2.10 + 2.11 + 2.12 - 2.13 - 2.14)	LA	2,628,244	0	0	0	1,187,661	208,651	4,024,556
02.2	Direct claim liability current year (direct claims incurred)	LA	428,514	0	0	0	193,639	35,142	657,294
02.3	Direct claim liability prior year (direct claims incurred)	LA	396,939	0	0	0	179,370	32,552	608,862
02.4	Direct claim reserves current year (direct claims incurred)	LA	11,509	0	0	0	5,201	944	17,653
02.5	Direct claim reserves prior year (direct claims incurred)	LA	12,127	0	0	0	5,480	995	18,601
02.6	Direct contract reserves current year (direct claims incurred)	LA	38,527	0	0	0	17,410	3,160	59,097

**2010 SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2 - 216**  
**62286 - Golden Rule Ins Co**  
**for Louisiana**

02.7	Direct contract reserves prior year (direct claims incurred)	LA	37,955	0	0	0	17,151	3,113	58,219
02.8	Incurred medical incentive pools and bonuses (Lines 2.8A + 2.8B - 2.8C) (direct claims incurred)	LA	0	0	0	0	0	0	0
02.8A	Paid medical incentive pools and bonuses current year	LA	0	0	0	0	0	0	0
02.8B	Accrued medical incentive pools and bonuses current year	LA	0	0	0	0	0	0	0
02.8C	Accrued medical incentive pools and bonuses prior year	LA	0	0	0	0	0	0	0
02.9	Net healthcare receivables (Lines 2.9A - 2.9B) (direct claims incurred)	LA	1,000	0	0	0	452	82	1,534
02.9A	Healthcare receivables current year	LA	2,226	0	0	0	1,006	183	3,415
02.9B	Healthcare receivables prior year	LA	1,226	0	0	0	554	101	1,881
03	Fraud and abuse recoveries that reduced PAID claims in Line 2.1 above (informational only)	LA	0	0	0	0	0	0	0

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**2010 SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3A - 216**  
**62286 - Golden Rule Ins Co**  
**for Louisiana**

01.9	for tying purposes) (individual comprehensive coverage expenses)	LA											220,612
02.1	Salaries (including \$0 for affiliated services) (small group comprehensive coverage expenses)	LA	0	0	0	0	0	0	0	0	0	0	0
02.10	Total (2.7 to 2.9) (small group comprehensive coverage expenses)	LA	0	0	0	0	0	0	0	0	0	0	0
02.11	Total fraud and abuse detection/recovery expenses included in Column 7 (informational only)	LA	0	0	0	0	0	0	0	0	0	0	0
02.2	Outsourced services (small group comprehensive coverage expenses)	LA	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)	LA	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)	LA	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)	LA	0					0	0	0	0	0	0
02.6	Other expenses (including \$0 for affiliated services) (small group comprehensive coverage expenses)	LA	0	0	0	0	0	0	0	0	0	0	0
02.7	Subtotal before reimbursements and taxes (2.1 to 2.6)	LA	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)	LA	0	0	0	0	0	0	0	0	0	0	0
	Taxes, licenses and fees (in total, for tying purposes)												



**2010 SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3A - 216**  
**62286 - Golden Rule Ins Co**  
**for Louisiana**

comprehensive coverage expenses)												
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**2010 SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3B - 216**  
**62286 - Golden Rule Ins Co**  
**for Louisiana**

	Line	State Code	Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness and Health Promotion Activities	Total (Cols. 1 to 4)
01.1	HIT expenses (individual comprehensive coverage expenses)	LA	643	23	23	16	706
01.2	Other than HIT expenses (individual comprehensive coverage expenses)	LA	3,674	418	404	120	4,616
02.1	HIT expenses (small group comprehensive coverage expenses)	LA	0	0	0	0	0
02.2	Other than HIT expenses (small group comprehensive coverage expenses)	LA	0	0	0	0	0
03.1	HIT expenses (large group comprehensive coverage expenses)	LA	0	0	0	0	0
03.2	Other than HIT expenses (large group comprehensive coverage expenses)	LA	0	0	0	0	0
04.1	Subtotal HIT expenses (Lines 1.1 + 2.1 + 3.1)	LA	643	23	23	16	706
04.2	Subtotal other than HIT expenses (Lines 1.2 + 2.2 + 3.2)	LA	3,674	418	404	120	4,616
04.3	Total (Lines 4.1 + 4.2)	LA	4,317	442	427	136	5,322

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