

HMO Name
Minnesota Supplement Report #1A
REALLOCATION OF EXPENSES AND INVESTMENT INCOME
For the Year Ending December 31, 2020
Public Information, Minnesota Statutes § 62D.08

For Dental: Please use "Explanations" tab to clarify any overlap reporting of Dental in other columns.

Line	Direct Non-Claim Expenses	1 Total	2 Non MN products	3 Total MN products	4 Commercial	5 Medicare Advantage	6 Medicare Cost	7 Medicare Supplement	8 Medicare Part D	9 MSHO	10 SNBC MA only	11 SNBC Integrated	12 PMAP	13 MSC+	14 MNCare	15 Dental	16 Other	17 Admin Services
1	Employee benefit expenses	3227571		3227571						258379	161131	82643	1329332	96529	163061		0	1136496
2	Sales expenses	0		0						0	0	0	0	0	0		0	0
3	General business/office expense	510417		510417						40861	25482	13069	210224	15265	25787		0	179729
4	State premium taxes and assessments	0		0						0	0	0	0	0	0		0	0
5	Consulting and professional fees	827535		827535						66247	41313	21189	340835	24750	41808		0	291393
6	Outsourced services	1516022		1516022						121363	75685	38818	624401	45341	76591		0	533823
7	Other expenses	35044		35044						2805	1749	897	14435	1048	1770		0	12340
8	Total Direct Expenses	6116589	0	6116589	0	0	0	0	0	489655	305360	156616	2519227	182933	309017	0	0	2153781

Line	Reallocated Indirect Non-Claim Expenses	1 Total	2 Non MN products	3 Total MN products	4 Commercial	5 Medicare Advantage	6 Medicare Cost	7 Medicare Supplement	8 Medicare Part D	9 MSHO	10 SNBC MA only	11 SNBC Integrated	12 PMAP	13 MSC+	14 MNCare	15 Dental	16 Other	17 Admin Services
9	Employee benefit expenses	3560879		3560879						493432	220422	23862	1363592	91657	128862		0	1239052
10	Sales expenses	0		0						0	0	0	0	0	0		0	0
11	General business/office expense	1132834		1132834						156977	70124	7591	433804	29159	40995		0	394184
12	State premium taxes and assessments	0		0						0	0	0	0	0	0		0	0
13	Consulting and professional fees	948459		948459						131428	58711	6356	363200	24413	34323		0	330028
14	Outsourced services	268346		268346						37185	16611	1798	102760	6907	9711		0	93374
15	Other expenses	71197		71197						9866	4407	477	27264	1833	2576		0	24774
16	Total Indirect Expenses	5981715	0	5981715	0	0	0	0	0	828888	370275	40084	2290620	153969	216467	0	0	2081412

Line	Direct plus Indirect Non-Claim Expenses	1 NAIC Total	2 Non MN products	3 Total MN products	4 Commercial	5 Medicare Advantage	6 Medicare Cost	7 Medicare Supplement	8 Medicare Part D	9 MSHO	10 SNBC MA only	11 SNBC Integrated	12 PMAP	13 MSC+	14 MNCare	15 Dental	16 Other	17 Admin Services
17	Employee benefit expenses	6788450	0	6788450	0	0	0	0	0	751811	381553	106505	2692924	188186	291923	0	0	2375548
18	Sales expenses	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19	General business/office expense	1643251	0	1643251	0	0	0	0	0	197838	95606	20660	644028	44424	66782	0	0	573913
20	State premium taxes and assessments	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21	Consulting and professional fees	1775994	0	1775994	0	0	0	0	0	197675	100024	27545	704035	49163	76131	0	0	621421
22	Outsourced services	1784368	0	1784368	0	0	0	0	0	158548	92296	40616	727161	52248	86302	0	0	627197
23	Other expenses	106241	0	106241	0	0	0	0	0	12671	6156	1374	41699	2881	4346	0	0	37114
24	Total Non-Claim Expenses = Sum of Lines 17 to 23	12098304	0	12098304	0	0	0	0	0	1318543	675635	196700	4809847	336902	525484	0	0	4235193
25	Claims Adjustment Expenses	12680858		12680858						1566883	977142	501170	8061441	585377	988845			0
26	Revenues (Supp Report #1, Line 8)	319070149		319070149						66634875	29766585	3222411	184144384	12377692	17401933		0	5522269
27	Incurred Claims (Supp Report #1, Line 18 + Line 22)	284510357		284510357						58771942	26229784	3474679	167356863	12409313	16267776		0	
28	Net Investment Gain/(Loss) (Allocated)	367689		367689						380164	566958	-447272	-332295	262243	-205644		0	143555
29	Aggregate Write Ins for Other Income or (Expenses)	0		0														
30	Federal and Foreign Income Taxes Incurred	0		0														
31	Net Income = Lines 26+28+29-24-25-27-30	10148319	0	10148319	0	0	0	0	0	5357671	2450982	-1397410	3583938	-691657	-585816	0	0	1430611