

Quartz Health Plan MN Corporation
Minnesota Supplement Report #1
STATEMENT OF REVENUE, EXPENSES AND NET INCOME
For the year ending December 31, 2021
Public Information, Minnesota Statutes § 62D.08

4	5	6	7	8	9	10
Commercial	Medicare Advantage	Medicare Cost	Medicare Supplement	Stand Alone Medicare Part D	Minnesota Senior Health Options (MSHO)	SNBC (MA Only)
21,882	32,918					
7,958,239.00	23,040,858.00					
NR	NR	NR	NR	NR	NR	NR
NR	NR	NR	NR	NR	NR	NR
\$7,958,239.00	\$23,040,858.00	NR	NR	NR	NR	NR
5,609,368.00	17,596,663.00					
205,509.00	618,105.00					
344,585.00	1,100,999.00					
1,124,251.00	1,976,435.00					
NR	NR	NR	NR	NR	NR	NR
\$7,283,713.00	\$21,292,202.00	NR	NR	NR	NR	NR
961,273.00						
\$6,322,440.00	\$21,292,202.00	NR	NR	NR	NR	NR
297,222.00	447,123.00					
426,482.00	1,527,609.00					
\$7,046,144.00	\$23,266,934.00	NR	NR	NR	NR	NR
\$912,095.00	(\$226,076.00)	NR	NR	NR	NR	NR
-	15,255.00					
-	\$15,255.00	NR	NR	NR	NR	NR
(1,899.00)	-					
NR	NR	NR	NR	NR	NR	NR
\$910,196.00	(\$210,821.00)	NR	NR	NR	NR	NR
\$910,196.00	(\$210,821.00)	NR	NR	NR	NR	NR

4	5	6	7	8	9	10
Commercial	Medicare Advantage	Medicare Cost	Medicare Supplement	Medicare Part D	Minnesota Senior Health Options (MSHO)	SNBC (MA Only)

NAIC #	NAIC Description	1	2	3
	As found on page 4 of the Annual Statement			
		NAIC Totals	Non-Minnesota Products (Eliminations)	Total Minnesota Products
	1 Member Months (for Jan-Dec 2019)	54,800		54,800
REVENUES:				
	2 Net Premium Income (including \$ non-health premium income)	30,999,097.00		30,999,097.00
	3 Change in unearned premium reserves and serve for rate credits			
	4 Fee-for-service (net of \$ medical expenses)			
	5 Risk revenue			
	6 Aggregate write-ins for other health care related revenues (Line 699)	NR	NR	NR
	7 Aggregate write-ins for other non-health revenues (Line 799)	NR	NR	NR
	8 TOTAL REVENUES (Lines 2 through 7)	\$30,999,097.00	NR	\$30,999,097.00
EXPENSES:				
	9 Hospital/medical benefits	23,206,031.00		23,206,031.00
	10 Other professional services	823,614.00		823,614.00
	11 Outside referrals			
	12 Emergency room and out-of-area	1,445,584.00		1,445,584.00
	13 Prescription drugs	3,100,686.00		3,100,686.00
	14 Aggregate write-ins for other hospital and medical expenses (Line 1499)	NR	NR	NR
	15 Incentive Pool and Withhold Adjustments			
	16 TOTAL EXPENSES (Lines 9 through 15)	\$28,575,915.00	NR	\$28,575,915.00
LESS				
	17 Net reinsurance recoveries	961,273.00		961,273.00
	18 Total hospital and medical (Lines 16 minus 17)	\$27,614,642.00	NR	\$27,614,642.00
	19 Non-health claims			
	20 Claims adjustment expenses	744,345.00		744,345.00
	21 General administrative expenses	1,954,091.00		1,954,091.00
	22 Increase in reserves for life, accident and health contracts (including \$ increase in reserves for life only)			
	23 Total underwriting deductions (Lines 18 through 22)	\$30,313,078.00	NR	\$30,313,078.00
	24 Net underwriting gain or (loss)(Lines 8 minus 23)	\$686,019.00	NR	\$686,019.00
	25 Net investment income earned	15,255.00		15,255.00
	26 Net realized capital gains or (losses)			
	27 Net investment gains or (losses)(Lines 25 plus 26)	\$15,255.00	NR	\$15,255.00
	28 Net gain or (loss) from agents' or premium balances charged off	(1,899.00)		(1,899.00)
	29 Aggregate write-ins for other income or expenses (Line 2999)	NR	NR	NR
	30 Net income or (loss) before federal income taxes (Lines 24 plus 27 plus 28 plus 29)	\$699,375.00	NR	\$699,375.00
	31 Federal and foreign income taxes incurred			
	32 Net income (loss) (Lines 30 minus 31)	\$699,375.00	NR	\$699,375.00

	1	2	3
DETAILS OF WRITE-INS			
	NAIC Totals	Non-Minnesota Products (Eliminations)	Total Minnesota Products
OTHER HEALTH CARE RELATED REVENUES (Line 6)			
0601			

0602			
0603			
0604			
0605			
0606			
0607			
0608			
0609			
0698 Summary of Remaining Write-Ins for Line 6 Overflow			
0699 TOTALS (Lines 0601 through 0609 plus 0698) (Line 6 above)	NR	NR	NR
OTHER NON-HEALTH REVENUES (Line 7)			
0701			
0702			
0703			
0798 Summary of Remaining Write-Ins for Line 7 Overflow			
0799 TOTALS (Lines 0701 through 0703 plus 0798) (Line 7 above)	NR	NR	NR
OTHER MEDICAL AND HOSPITAL EXPENSES (Line 14)			
1401			
1402			
1403			
1404			
1405			
1406			
1407			
1408			
1409			
1498 Summary of Remaining Write-Ins for Line 14 Overflow			
1499 TOTALS (Lines 1401 through 1409 plus 1498) (Line 14 above)	NR	NR	NR
OTHER INCOME AND EXPENSES (Line 29)			
OTHER INCOME			
2901			
2902			
2903			
2904			
2905			
2918 Summary of Remaining Write-Ins for Other Income Overflow			
2919 Subtotal of Other Income (Lines 2901 through 2918)	NR	NR	NR
OTHER EXPENSES			
2921			
2922			
2923			
2924			
2925			
2938 Summary of Remaining Write-Ins for Other Expenses Overflow			
2939 Subtotal of Other Expenses (Lines 2921 through 2938)	NR	NR	NR
2999 TOTALS - (Lines 2919 minus 2939) (Line 29)	NR	NR	NR

NR	NR	NR	NR	NR	NR	NR
NR	NR	NR	NR	NR	NR	NR
NR	NR	NR	NR	NR	NR	NR
NR	NR	NR	NR	NR	NR	NR
NR	NR	NR	NR	NR	NR	NR

11	12	13	14	15	16	17
SNBC (Integrated)	Prepaid Medical Assistance Program (PMAP)	MSC+	MNCare	Dental Please specify if SADP or embedded	Other:	Administrative Services Only
					Please Specify	
NR	NR	NR	NR	NR	NR	NR
NR	NR	NR	NR	NR	NR	NR
NR	NR	NR	NR	NR	NR	NR
NR	NR	NR	NR	NR	NR	NR
NR	NR	NR	NR	NR	NR	NR
NR	NR	NR	NR	NR	NR	NR
NR	NR	NR	NR	NR	NR	NR
NR	NR	NR	NR	NR	NR	NR
NR	NR	NR	NR	NR	NR	NR
NR	NR	NR	NR	NR	NR	NR
NR	NR	NR	NR	NR	NR	NR
NR	NR	NR	NR	NR	NR	NR
NR	NR	NR	NR	NR	NR	NR

For Dental: Please use "Explanations" tab to clarify any overlap reportin

11	12	13	14	15	16	17
SNBC (Integrated)	Prepaid Medical Assistance Program (PMAP)	MSC+	MNCare	Dental	Other:	Administrative Services Only
					Please Specify	

NR	NR	NR	NR	NR	NR	NR
NR	NR	NR	NR	NR	NR	NR
NR	NR	NR	NR	NR	NR	NR
NR	NR	NR	NR	NR	NR	NR
NR	NR	NR	NR	NR	NR	NR
NR	NR	NR	NR	NR	NR	NR

Please use the space below to explain any discrepancies between what is reported in Supplement Repo

rt #1 and Supplement Report #1a