Metropolitan Health Plan

Minnesota Supplement Report #1A

REALLOCATION OF EXPENSES AND INVESTMENT INCOME
For the Year Ending December 31, 2014
Public Information, Minnesota Statutes § 62D.08

		Recon	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Line	**Direct Non-Claim Expenses**		**Total**	**Non MN**	**Total MN products**	**Commercial**	**M+C**	**Medicare**	**MSHO**	**SNBC MA only**	**SNBC Integrated**	**PMAP**	**MNCare**	**Dental**	**Other**	**Admin**
1	Employee benefit expenses		578295		578295							578295				
2	Sales expenses		63535		63535							63535				
3	General business/office expense		191280		191280							191280				
4	State premium taxes and assessments		3605831		3605831				115928	483494	24605	2981804				
5	Consulting and professional fees		272926		272926							272926				
6	Outsourced services		392483		392483				-1776563	-4063001	-626277	6858324				
7	Other expenses		3842		3842							3842				
8	**Total Direct Expenses**		**5,108,192.00**	**0**	**5,108,192.00**	**0**	**0**	**0**	**(1,660,635.00)**	**(3,579,507.00)**	**(601,672.00)**	**10,950,006.00**	**0**	**0**	**0**	**0**

			1	2	3	4	5	6	7	8	9	10	11	12	13	14
Line	**Reallocated Indirect Non-Claim Expenses**		**Total**	**Non MN**	**Total MN products**	**Commercial**	**M+C**	**Medicare**	**MSHO**	**SNBC MA only**	**SNBC Integrated**	**PMAP**	**MNCare**	**Dental**	**Other**	**Admin**
9	Employee benefit expenses		5205567		5205567				1296186	2826623	437268	645490				
10	Sales expenses		783715		783715				195145	425557	65832	97181				
11	General business/office expense		568047		568047				141444	308449	47716	70438				
12	State premium taxes and assessments		0		0				0	0	0	0				
13	Consulting and professional fees		3282790		3282790				817415	1782555	275754	407066				
14	Outsourced services		3759761		3759761				936181	2041550	315820	466210				
15	Other expenses		197389		197389				49150	107182	16581	24476				
16	**Total Indirect Expenses**		**13,797,269.00**	**-**	**13,797,269.00**	**-**	**-**	**-**	**3,435,521.00**	**7,491,916.00**	**1,158,971.00**	**1,710,861.00**	**-**	**-**	**0**	**0**

			1	2	3	4	5	6	7	8	9	10	11	12	13	14
Line	**Direct plus Indirect Non-Claim Expenses**		**NAIC Total**	**Non MN**	**Total MN products**	**Commercial**	**M+C**	**Medicare**	**MSHO**	**SNBC MA only**	**SNBC Integrated**	**PMAP**	**MNCare**	**Dental**	**Other**	**Admin**
17	Employee benefit expenses		5783862	0	5783862	0	0	0	1296186	2826623	437268	1223785	0	0	0	0
18	Sales expenses		847250	0	847250	0	0	0	195145	425557	65832	160716	0	0	0	0
19	General business/office expense		759327	0	759327	0	0	0	141444	308449	47716	261718	0	0	0	0
20	State premium taxes and assessments		3605831	0	3605831	0	0	0	115928	483494	24605	2981804	0	0	0	0
21	Consulting and professional fees		3555716	0	3555716	0	0	0	817415	1782555	275754	679992	0	0	0	0
22	Outsourced services		4152244	0	4152244	0	0	0	-840382	-2021451	-310457	7324534	0	0	0	0
23	Other expenses		201231	0	201231	0	0	0	49150	107182	16581	28318	0	0	0	0
24	**Total Non-Claim Expenses = Sum of Lines 17 to 23**		**18,905,461.00**	**-**	**18,905,461.00**	**-**	**-**	**-**	**1,774,886.00**	**3,912,409.00**	**557,299.00**	**12,660,867.00**	**0**	**0**	**0**	**0**
25	**Claims Adjustment Expenses**	**Ties to LOB 6 W78**	**5,671,091.00**		**5,671,091.00**				**1,412,102.00**	**3,079,402.00**	**476,372.00**	**703,215.00**				
26	**Revenues (Supp Report #1, Line 8)**	**Ties to LOB 6 W35 & Supp 1**	158222031		158222031				20043324	43662772	6730242	87785693				
27	**Incurred Claims (Supp Report #1, Line 18 + Line 22)**	**Ties to LOB 6 W61 & Supp 1**	134762968		134762968				19042082	35441566	6730641	73548679				
28	**Net Investment Gain/(Loss) (Allocated)**	**Ties to LOB 6 W31**	827511		827511				153235	320077	43336	310863				
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**		**(289,978.00)**	**-**	**(289,978.00)**	**-**	**-**	**-**	**(2,032,511.00)**	**1,549,472.00**	**(990,734.00)**	**1,183,795.00**	**0**	**0**	**0**	**0**