## 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.

		1	2	3	4	5	6	7	8	0	10	11	12	13	14	15	16	17
Line	Direct Non-Claim Expenses	Total	Non MN products	Total MN products	Commercial	Medicare Advantage	Medicare Cost	Medicare Supplement	Medicare Part D	MSHO	SNBC MA only	SNBC Integrated	PMAP	MSC+	MNCare	Dental	Other	Admin Services
1	Employee benefit expenses	-		-														
2	Sales expenses	342,829.91		342,829.91	331,887.91			10,942.00										
3	General business/office expense	-		-														
4	State premium taxes and assessments	153,323.13		153,323.13	148,906.20			4,416.93										
5	Consulting and professional fees	85,791.61		85,791.61	81,821.21			3,970.40										
6	Outsourced services	-		-														
7	Other expenses	91,324.04		91,324.04	88,210.46			3,113.58										
8	Total Direct Expenses	673,268.69	-	673,268.69	650,825.78	-	-	22,442.91	-	-	-	-	-	-	-	-	-	-
		•									•			•				
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
Line	Reallocated Indirect Non-Claim Expenses	Total	Non MN products	Total MN products	Commercial	Medicare Advantage	Medicare Cost	Medicare Supplement	Medicare Part D	MSHO	SNBC MA only	SNBC Integrated	PMAP	MSC+	MNCare	Dental	Other	Admin Services
9	Employee benefit expenses	69,879.31		69,879.31	66,645.33			3,233.98										
10	Sales expenses	-		-														
11	General business/office expense	14,912.06		14,912.06	14,221.94			690.12										
12	State premium taxes and assessments	127.86		127.86	121.94			5.92										
13	Consulting and professional fees	38,559.30		38,559.30	36,774.79			1,784.51										
14	Outsourced services	50,881.75		50,881.75	48,526.97			2,354.78										
15	Other expenses	4,192.78		4,192.78	3,998.74			194.04										
16	Total Indirect Expenses	178,553.06	-	178,553.06	170,289.71	-	-	8,263.35	-	-	-	-	-	-	-	-	-	-
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
Line	Direct plus Indirect Non-Claim Expenses	NAIC Total	Non MN products	Total MN products	Commercial	Medicare Advantage	Medicare Cost	Medicare Supplement	Medicare Part D	MSHO	SNBC MA only	SNBC Integrated	PMAP	MSC+	MNCare	Dental	Other	Admin Services
17	Employee benefit expenses	69,879.31	-	69,879.31	66,645.33	-	-	3,233.98	-	-	-	-	-	-	-	-	-	-
18	Sales expenses	342,829.91	-	342,829.91	331,887.91	-	-	10,942.00	-	-	-	-	-	-	-	-	-	-
	General business/office expense	14,912.06	-	14,912.06	14,221.94	-	-	690.12	-	-	-	-		-	-	-	-	-
	State premium taxes and assessments	153,450.99	-	153,450.99	149,028.14	-	-	4,422.85	-	-	-	-		-	-	-	-	-
21	Consulting and professional fees	124,350.91	-	124,350.91	118,596.00	-	-	5,754.91	-	-	-	-	-	-	-	-	-	-
22	Outsourced services	50,881.75	-	50,881.75	48,526.97	-	-	2,354.78	-	-	-	-	-	-	-	-	-	-
23	Other expenses	95,516.82	-	95,516.82	92,209.20	-	-	3,307.62	-	-	-	-	-	-	-	-	-	-
	Total Non-Claim Expenses = Sum of Lines 17 to 23	851,821.75	-	851,821.75	821,115.49	-	-	30,706.26	-	-	-	-	-	-	-	-	-	-
	Claims Adjustment Expenses	243,044.21		243,044.21	232,485.28			10,558.93										
	Revenues (Supp Report #1, Line 8)	7,679,656.26		7,679,656.26	7,457,483.63			222,172.63										
	Incurred Claims (Supp Report #1, Line 18 + Line 22)	4,868,148.08		4,868,148.08	4,714,447.09			153,700.99										
	Net Investment Gain/(Loss) (Allocated)	2,484.37		2,484.37	2,484.37													
		,																
29	Aggregate Write Ins for Other Income or (Expenses)	-		-														
29 30		1,719,126,59		-				27,206,45										