**Quartz Health Plan MN Corporation**

**Minnesota Supplement Report #1**

**STATEMENT OF REVENUE, EXPENSES AND NET INCOME**

**For the year ending December 31, 2020**

**Public Information, Minnesota Statutes § 62D.08**

| NAIC # | NAIC Description | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | As found on page 4 of the Annual Statement | NAIC Totals | Non-Minnesota Products (Eliminations) | Total Minnesota Products | Commercial | Medicare Advantage | Medicare Cost | Medicare Supplement | Stand Alone Medicare Part D | Minnesota Senior Health Options (MSHO) | SNBC (MA Only) | SNBC (Integrated) | Prepaid Medical Assistance Program (PMAP) | MSC+ | MNCare | Dental Please specify if SADP or embedded | Other: Please Specify | Administrative Services Only |
| 1 | Member Months (for Jan-Dec 2019) | 34098 | | 34098 | 7563 | 26535 | | | | | | | | | | | | |
| | **REVENUES:** | | | | | | | | | | | | | | | | | |
| 2 | Net Premium Income (including $ non-health premium income) | 21,569,578.00 | | 21,569,578.00 | 2,780,102.00 | 18,789,476.00 | | | | | | | | | | | | |
| 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) | ($652.00) | NR | ($652.00) | ($652.00) | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| 7 | Aggregate write-ins for other non-health revenues (Line 799) | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| 8 | TOTAL REVENUES (Lines 2 through 7) | $21,568,926.00 | NR | $21,568,926.00 | $2,779,450.00 | $18,789,476.00 | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | | | | | | | | | | | | | | | | For Dental: Please use "Explanations" tab to clarify any over | | |
| | **EXPENSES:** | | | | | | | | | | | | | | | | | |
| 9 | Hospital/medical benefits | 15,506,810.00 | | 15,506,810.00 | 1,737,062.00 | 13,769,748.00 | | | | | | | | | | | | |
| 10 | Other professional services | 871,169.00 | | 871,169.00 | 97,588.00 | 773,581.00 | | | | | | | | | | | | |
| 11 | Outside referrals | | | | | | | | | | | | | | | | | |
| 12 | Emergency room and out-of-area | 1,045,403.00 | | 1,045,403.00 | 117,105.00 | 928,298.00 | | | | | | | | | | | | |
| 13 | Prescription drugs | 1,942,888.00 | | 1,942,888.00 | 550,733.00 | 1,392,155.00 | | | | | | | | | | | | |
| 14 | Aggregate write-ins for other hospital and medical expenses (Line 1499) | NR | NR | $100.00 | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| 15 | Incentive Pool and Withhold Adjustments | 100.00 | | | 100.00 | | | | | | | | | | | | | |
| 16 | TOTAL EXPENSES (Lines 9 through 15) | $19,366,370.00 | NR | $19,366,370.00 | $2,502,588.00 | $16,863,782.00 | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| | **LESS** | | | | | | | | | | | | | | | | | |
| 17 | Net reinsurance recoveries | | | | | | | | | | | | | | | | | |
| 18 | Total hospital and medical (Lines 16 minus 17) | $19,366,370.00 | NR | $19,366,370.00 | $2,502,588.00 | $16,863,782.00 | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| 19 | Non-health claims | | | | | | | | | | | | | | | | | |
| 20 | Claims adjustment expenses | 449,110.00 | | 449,110.00 | 99,613.00 | 349,497.00 | | | | | | | | | | | | |
| 21 | General administrative expenses | 1,224,208.00 | | 1,224,208.00 | 58,370.00 | 1,165,838.00 | | | | | | | | | | | | |
| 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) | $21,039,688.00 | NR | $21,039,688.00 | $2,660,571.00 | $18,379,117.00 | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| 24 | Net underwriting gain or (loss)(Lines 8 minus 23) | $529,238.00 | NR | $529,238.00 | $118,879.00 | $410,359.00 | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| 25 | Net investment income earned | 16,988.00 | | 16,988.00 | - | 16,988.00 | | | | | | | | | | | | |
| 26 | Net realized capital gains or (losses) | | | | | | | | | | | | | | | | | |
| 27 | Net investment gains or (losses)(Lines 25 plus 26) | $16,988.00 | NR | $16,988.00 | - | $16,988.00 | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| 28 | Net gain or (loss) from agents' or premium balances charged off | | | | | | | | | | | | | | | | | |
| 29 | Aggregate write-ins for other income or expenses (Line 2999) | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| 30 | Net income or (loss) before federal income taxes (Lines 24 plus 27 plus 28 plus 29) | $546,226.00 | NR | $546,226.00 | $118,879.00 | $427,347.00 | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| 31 | Federal and foreign income taxes incurred | | | | | | | | | | | | | | | | | |
| 32 | Net income (loss) (Lines 30 minus 31) | $546,226.00 | NR | $546,226.00 | $118,879.00 | $427,347.00 | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **DETAILS OF WRITE-INS** | NAIC Totals | Non-Minnesota Products (Eliminations) | Total Minnesota Products | Commercial | Medicare Advantage | Medicare Cost | Medicare Supplement | Medicare Part D | Minnesota Senior Health Options (MSHO) | SNBC (MA Only) | SNBC (Integrated) | Prepaid Medical Assistance Program (PMAP) | MSC+ | MNCare | Dental | Other: Please Specify | Administrative Services Only |
| **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 | (652.00) | | (652.00) | (652.00) | | | | | | | | | | | | | |
| 0699 TOTALS (Lines 0601 through 0609 plus 0698) (Line 6 above) | ($652.00) | NR | ($652.00) | ($652.00) | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | 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 | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | 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 | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | 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 | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | 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 2738) | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | 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 |