Quartz Health Plan MN Corporation
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	9	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	0		0														
2	Sales expenses	68755		68755	33715	35040												
3	General business/office expense	0		0														
4	State premium taxes and assessments	38410		38410	24655	13755												
5	Consulting and professional fees	22959		22959		22959												
6	Outsourced services	161933		161933		161933												
7	Other expenses	0		0														
8	**Total Direct Expenses**	**292057**	**0**	**292057**	**58370**	**233687**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

		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	406372		406372		406372												
10	Sales expenses	299295		299295		299295												
11	General business/office expense	149218		149218		149218												
12	State premium taxes and assessments	31561		31561		31561												
13	Consulting and professional fees	33218		33218		33218												
14	Outsourced services	11675		11675		11675												
15	Other expenses	812		812		812												
16	**Total Indirect Expenses**	**932151**	**0**	**932151**	**0**	**932151**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

		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	406372	0	406372	0	406372	0	0	0	0	0	0	0	0	0	0	0	0
18	Sales expenses	368050	0	368050	33715	334335	0	0	0	0	0	0	0	0	0	0	0	0
19	General business/office expense	149218	0	149218	0	149218	0	0	0	0	0	0	0	0	0	0	0	0
20	State premium taxes and assessments	69971	0	69971	24655	45316	0	0	0	0	0	0	0	0	0	0	0	0
21	Consulting and professional fees	56177	0	56177	0	56177	0	0	0	0	0	0	0	0	0	0	0	0
22	Outsourced services	173608	0	173608	0	173608	0	0	0	0	0	0	0	0	0	0	0	0
23	Other expenses	812	0	812	0	812	0	0	0	0	0	0	0	0	0	0	0	0
24	**Total Non-Claim Expenses = Sum of Lines 17 to 23**	**1224208**	**0**	**1224208**	**58370**	**1165838**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
25	**Claims Adjustment Expenses**	**449110**		**449110**	**99613**	**349497**												
26	**Revenues (Supp Report #1, Line 8)**	21568926		21568926	2779450	18789476												
27	**Incurred Claims (Supp Report #1, Line 18 + Line 22)**	19366370		19366370	2502588	16863782												
28	**Net Investment Gain/(Loss) (Allocated)**	16988		16988	0	16988												
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**	**546226**	**0**	**546226**	**118879**	**427347**	**0**	**0**	**0**	**0**	**0**	**0**	**0**		**0**	**0**	**0**	**0**