<u>PrimeWest Health</u> Minnesota Supplement Report #1A

REALLOCATION OF EXPENSES AND INVESTMENT INCOME

For the Year Ending December 31, 2022 Public Information, Minnesota Statutes § 62D.08

14 Outsourced services 15 Other expenses

16 Total Indirect Expenses

For Dental: Please use "Explanations" tab to clarify any overlap reporting of Dental in other columns.

 12611
 6504
 1768
 48640
 4080
 5198

 759594
 391747
 106473
 2929855
 245746
 313093

3714 102188 8571 1768 48640 4080

0 -23199 0 -11042 0 -665138

		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	Total MN	Commercial	Medicare	Medicare	Medicare	Medicare	MSHO	SNBC MA	SNBC	PMAP	MSC+	MNCare	Dental	Other	Admin
			products	products		Advantage	Cost	Supplement	Part D		only	Integrated					<u> </u>	Services
1	Employee benefit expenses	2220269		2220269						413219	213111	57921	1593844	133687	170323		0	-361836
2	Sales expenses	0		0						0	0	0	0	0	0		0	0
3	General business/office expense	239549		239549						44583	22993	6249	171963	14424	18376		0	-39039
4	State premium taxes and assessments	0		0						0	0	0	0	0	0		0	0
5	Consulting and professional fees	713970		713970						132879	68530	18626	512530	42989	54771		0	-116355
6	Outsourced services	1732444		1732444						322429	166287	45195	1243652	104314	132901		0	-282334
7	Other expenses	111314		111314						20717	10684	2904	79909	6702	8539		0	-18141
8	Total Direct Expenses	5017546	0	5017546	0	0	0	0	0	933827	481605	130895	3601898	302116	384910	0	0	-817705
	•				•		•			•	•					•		
		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	Total MN	Commercial	Medicare	Medicare	Medicare	Medicare	MSHO	SNBC MA	SNBC	PMAP	MSC+	MNCare	Dental	Other	Admin
	•		products	products		Advantage	Cost	Supplement	Part D		only	Integrated						Services
9	Employee benefit expenses	2511006		2511006						467329	241017	65506	1802553	151192	192626		0	-409217
10	Sales expenses	0		0						0	0	0	0	0	0		0	0
11	General business/office expense	717221		717221						133484	68842	18710	514865	43185	55020		0	-116885
12	State premium taxes and assessments	0		0	1	İ				0	0	0	0	0	0		0	0
13	Consulting and professional fees	643034		643034	1	l	l			119677	61721	16775	461609	38718	49329		0	-104795
1.4	Outcourand carriage	1/2250		1/2250				1		26/102	12662	2714	102199	9571	10020		0	22100

		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	Total MN	Commercial	Medicare	Medicare	Medicare	Medicare	MSHO	SNBC MA	SNBC	PMAP	MSC+	MNCare	Dental	Other	Admin
	•		products	products		Advantage	Cost	Supplement	Part D		only	Integrated						Services
17	Employee benefit expenses	4731275	0	4731275	0	0	0	0	0	880548	454128	123427	3396397	284879	362949	0	0	-771053
18	Sales expenses	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19	General business/office expense	956770	0	956770	0	0	0	0	0	178067	91835	24959	686828	57609	73396	0	0	-155924
20	State premium taxes and assessments	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21	Consulting and professional fees	1357004	0	1357004	0	0	0	0	0	252556	130251	35401	974139	81707	104100	0	0	-221150
22	Outsourced services	1874794	0	1874794	0	0	0	0	0	348922	179950	48909	1345840	112885	143821	0	0	-305533
23	Other expenses	179073	0	179073	0	0	0	0	0	33328	17188	4672	128549	10782	13737	0	0	-29183
24	Total Non-Claim Expenses = Sum of Lines 17 to 23	9098916	0	9098916	0	0	0	0	0	1693421	873352	237368	6531753	547862	698003	0	0	-1482843
25	Claims Adjustment Expenses	13370233		13370233						2139665	1103495	299918	8252982	692234	881939			0
26	Revenues (Supp Report #1, Line 8)	411380563		411380563						71655970	35631174	4852235	263487306	17485957	18267921			
27	Incurred Claims (Supp Report #1, Line 18 + Line 22)	355579786		355579786						64656514	29701684	5719548	222644846	15181411	17675783			
28	Net Investment Gain/(Loss) (Allocated)	899730		899730						946748	656061	-441576	-390302	124339	-313118			317578
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	34231358	0	34231358	0	0	0	0	0	4113118	4608704	-1846175	25667423	1188789	-1300922	0	0	1800421

Please use the space below to explain any discrepancies between what is reported in Supplement Report #1 and	l Sı

applement Report #1a

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These categorized administrative expenses should roll up into the general administrative expenses reported on line 21 on Minnesota Supplement Report #1, as well as the underwriting and investment exhibit part 3 – analysis of expenses, of the NAIC health blank. The categories are broken down as follows:

Employee benefit expenses: salaries, wages and benefits

Sales expenses: commissions, marketing and advertising; cost of sales-related materials, postage, telephone and printing materials

General business and office type expenses: rent; non-sales related postage, express and telephone; non-sales related printing and office supplies; taxes (excluding state premium taxes and assessments), licenses and fees; traveling expenses; insurance, except on real estate; collection and bank service charges; group service and administration fees; real estate expenses; real estate taxes; equipment; occupancy, depreciation and amortization; cost of depreciation of ECP equipment and software

State premium taxes and assessments

Consulting and professional fees: legal fees and expenses; certifications and accreditation fees; auditing, actuarial and other consulting fees; board, bureaus and association fees

Outsourced services: ECP; claims and other services

Other expenses: investment expenses not included elsewhere; aggregate write-ins for expenses; reimbursements by uninsured plans; reimbursements from fiscal intermediaries.

Indirect expenses must be allocated by dollars of premium income, or premium-equivalent for ASO business. Investment gain must be allocated by the prior five years of net income.