PreferredOne Community Health Plan Minnesota Supplement Report #1A

REALLOCATION OF EXPENSES AND INVESTMENT INCOME

For the Year Ending December 31, 2018 Public Information, Minnesota Statutes § 62D.08

		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Line	Direct Non-Claim Expenses	Total	Non MN	Total MN	Commercial	Medicare	Medicare	MSHO	SNBC MA	SNBC	MSC+	PMAP	MNCare	Dental	Other	Admin
			products	products		Advantage	Cost		only	Integrated						Services
1	Employee benefit expenses	107360		107360	107360											
2	Sales expenses	107178		107178	107178											
3	General business/office expense	23496		23496	23496											
4	State premium taxes and assessments	69942		69942	69942											
5	Consulting and professional fees	85506		85506	85506											
6	Outsourced services	0		0												
7	Other expenses	0		0												
8	Total Direct Expenses	393482	0	393482	393482	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
Line	Reallocated Indirect Non-Claim Expenses	Total	Non MN	Total MN	Commercial	Medicare	Medicare	MSHO	SNBC MA	SNBC	MSC+	PMAP	MNCare	Dental	Other	Admin
			products	products		Advantage	Cost		only	Integrated						Services
9	Employee benefit expenses	0		0												
10	Sales expenses	0		0												
11	General business/office expense	0		0												
12	State premium taxes and assessments	0		0												
13	Consulting and professional fees	0		0												
14	Outsourced services	0		0												
15	Other expenses	0		0												
16	Total Indirect Expenses	0	0	0	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
Line	Direct plus Indirect Non-Claim Expenses	NAIC Total	Non MN	Total MN	Commercial	Medicare	Medicare	MSHO	SNBC MA	SNBC	MSC+	PMAP	MNCare	Dental	Other	Admin
			products	products		Advantage	Cost		only	Integrated						Services
17	Employee benefit expenses	107360	0	107360	107360	0	0	0	0	0	0	0	0	0	0	0
18	Sales expenses	107178	0	107178	107178	0	0	0	0	0	0	0	0	0	0	0
19	General business/office expense	23496	0	23496	23496	0	0	0	0	0	0	0	0	0	0	0
20	State premium taxes and assessments	69942	0	69942	69942	0	0	0	0	0	0	0	0	0	0	0
21	Consulting and professional fees	85506	0	85506	85506	0	0	0	0	0	0	0	0	0	0	0
22	Outsourced services	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
23	Other expenses	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
24	Total Non-Claim Expenses = Sum of Lines 17 to 23	393482	0	393482	393482	0	0	0	0	0	0	0	0	0	0	0
25	Claims Adjustment Expenses	38936		38936	38936											
26	Revenues (Supp Report #1, Line 8)	2608692		2608692	2608692											
27	Incurred Claims (Supp Report #1, Line 18 + Line 22)	2512140		2512140	2512140											1
28	Net Investment Gain/(Loss) (Allocated)	60352		60352	60352											
29	Aggregate Write Ins for Other Income or (Expenses)	0		0					1							
29	riggregate write his for other mediate of (Expenses)	v		Ü												

31 Net Income = Lines 26+28+29-24-25-27-30

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