UnitedHealthcare of Illinois, Inc. 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.

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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	3,417,354,24	3,404,839,04	12,515,20	12,515,20	Auvantage	Cost	Supplement	Tareb		Omy	Integrated						Scrvices
2	Sales expenses	3,456,574.00	3,430,327.00	26,247,00	26,247.00													
3	General business/office expense	5,308,621.85	5,284,953,63	23,668,22	23,668,22													
4	State premium taxes and assessments	633,792.00	628,882,00	4,910,00	4,910.00													1
5	Consulting and professional fees	449,804.00	442,199.00	7,605.00	7,605.00													
6	Outsourced services	421,895.00	420,350.00	1,545.00	1,545.00													
7	Other expenses	-	-	-	-													
8	Total Direct Expenses	13,688,041.09	13,611,550.67	76,490.42	76,490.42	0	0	0	0	0	0	0	0	0	0	0	0	0
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		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	747,847,76	745,108,96	2,738,80	2,738,80	- Tan Tananage		элрринин				- Integration						
10	Sales expenses																	
11	General business/office expense	964,761.15	961,228,37	3,532,78	3,532,78													
12	State premium taxes and assessments	-		-	-													
13	Consulting and professional fees	57,294.00	57,084,00	210.00	210.00			1										T
14	Outsourced services	-	-	_	-													
15	Other expenses	1,042,182.00	1,038,404.00	3,778.00	3,778.00													
16	Total Indirect Expenses	2,812,084,91	2,801,825,33	10,259,58	10,259,58	0	0	0	0	0	0	0	0	0	0	0	0	0
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		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	Medicare	Medicare	Medicare	MSHO	SNBC MA	SNBC	PMAP	MSC+	MNCare	Dental	Other	Admin
						Advantage	Cost	Supplement	Part D		only	Integrated						Services
17	Employee benefit expenses	4,165,202.00	4,149,948.00	15,254.00	15,254.00	0	0	0	0	0	0	0	0	0	0	0	0	0
18	Sales expenses	3,456,574.00	3,430,327.00	26,247.00	26,247.00	0	0	0	0	0	0	0	0	0	0	0	0	0
19	General business/office expense	6,273,383.00	6,246,182.00	27,201.00	27,201.00	0	0	0	0	0	0	0	0	0	0	0	0	0
20	State premium taxes and assessments	633,792.00	628,882.00	4,910.00	4,910.00	0	0	0	0	0	0	0	0	0	0	0	0	0
21	Consulting and professional fees	507,098.00	499,283.00	7,815.00	7,815.00	0	0	0	0	0	0	0	0	0	0	0	0	0
22	Outsourced services	421,895.00	420,350.00	1,545.00	1,545.00	0	0	0	0	0	0	0	0	0	0	0	0	0
23	Other expenses	1,042,182.00	1,038,404.00	3,778.00	3,778.00	0	0	0	0	0	0	0	0	0	0	0	0	0
24	Total Non-Claim Expenses = Sum of Lines 17 to 23	16,500,126.00	16,413,376.00	86,750.00	86,750.00	0	0	0	0	0	0	0	0	0	0	0	0	0
25	Claims Adjustment Expenses	7,074,581.75	7,053,159.75	21,422.00	21,422.00													
26	Revenues (Supp Report #1, Line 8)	160,450,879.09	159,959,843.09	491,036.00	491,036.00													
27	Incurred Claims (Supp Report #1, Line 18 + Line 22)	140,427,146.75	139,857,719.89	569,426.86	569,426.86													
28	Net Investment Gain/(Loss) (Allocated)	1,502,515.94	1,497,360.38	5,155.56	5,155.56													
29	Aggregate Write Ins for Other Income or (Expenses)	146.00	146.00	-	-													
30	Federal and Foreign Income Taxes Incurred	946,136.79	946,136.79	-	-													<u> </u>
31	Net Income = Lines 26+28+29-24-25-27-30	(2,994,450.26)	(2,813,042.96)	(181,407.30)	(181,407.30)	0	0	0	0	0	0	0	0		0	0	0	0