PrimeWest Health
Minnesota Supplement Report #1A

REALLOCATION OF EXPENSES AND INVESTMENT INCOME
For the Year Ending December 31, 2021
Public Information, Minnesota Statutes § 62D.08

For Dental: Please use "Explanations" tab to clarify ar

		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	2992112		2992112						222819	138898	62051	1257330	83425	137315		0	1090274
2	Sales expenses	0		0						0	0	0	0	0	0		0	0
3	General business/office expense	520734		520734						38778	24173	10799	218820	14519	23898		0	189747
4	State premium taxes and assessments	0		0						0	0	0	0	0	0		0	0
5	Consulting and professional fees	865553		865553						64457	40180	17950	363718	24133	39722		0	315393
6	Outsourced services	1520592		1520592						113237	70588	31534	638975	42396	69784		0	554078
7	Other expenses	392506		392506						29229	18221	8140	164936	10944	18013		0	143023
8	**Total Direct Expenses**	**6291497**	**0**	**6291497**	**0**	**0**	**0**	**0**	**0**	**468520**	**292060**	**130474**	**2643779**	**175417**	**288732**	**0**	**0**	**2292515**

		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	3331136		3331136						389371	190386	16300	1309633	96545	115092		0	1213809
10	Sales expenses	0		0						0	0	0	0	0	0		0	0
11	General business/office expense	1324494		1324494						154818	75700	6481	520723	38387	45762		0	482623
12	State premium taxes and assessments	0		0						0	0	0	0	0	0		0	0
13	Consulting and professional fees	973756		973756						113821	55654	4765	382831	28222	33643		0	354820
14	Outsourced services	255636		255636						29881	14611	1251	100503	7409	8832		0	93149
15	Other expenses	81551		81551						9532	4661	399	32061	2364	2818		0	29716
16	**Total Indirect Expenses**	**5966573**	**0**	**5966573**	**0**	**0**	**0**	**0**	**0**	**697423**	**341012**	**29196**	**2345751**	**172927**	**206147**	**0**	**0**	**2174117**

		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	6323248	0	6323248	0	0	0	0	0	612190	329284	78351	2566963	179970	252407	0	0	2304083
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	1845228	0	1845228	0	0	0	0	0	193596	99873	17280	739543	52906	69660	0	0	672370
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	1839309	0	1839309	0	0	0	0	0	178278	95834	22715	746549	52355	73365	0	0	670213
22	Outsourced services	1776228	0	1776228	0	0	0	0	0	143118	85199	32785	739478	49805	78616	0	0	647227
23	Other expenses	474057	0	474057	0	0	0	0	0	38761	22882	8539	196997	13308	20831	0	0	172739
24	**Total Non-Claim Expenses = Sum of Lines 17 to 23**	**12258070**	**0**	**12258070**	**0**	**0**	**0**	**0**	**0**	**1165943**	**633072**	**159670**	**4989530**	**348344**	**494879**	**0**	**0**	**4466632**
25	**Claims Adjustment Expenses**	**13862735**		**13862735**						**1624154**	**1012443**	**452294**	**9164845**	**608092**	**1000907**			**0**
26	**Revenues (Supp Report #1, Line 8)**	365507562		365507562						66135908	32337722	2768547	222445422	16398406	19548668		0	5872889
27	**Incurred Claims (Supp Report #1, Line 18 + Line 22)**	328304134		328304134						60043989	28368342	3758967	203163309	14388003	18581524		0	0
28	**Net Investment Gain/(Loss) (Allocated)**	93996		93996						421163	280415	-218774	-417783	79746	-174060		0	123289
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**	**11176619**	**0**	**11176619**	**0**	**0**	**0**	**0**	**0**	**3722985**	**2604280**	**-1821158**	**4709955**		**-702702**	**0**	**0**	**1529546**