



Chartbook Section 7 Supplement: Health Plan Companies

Section 7 Supplement: Health Plan Companies

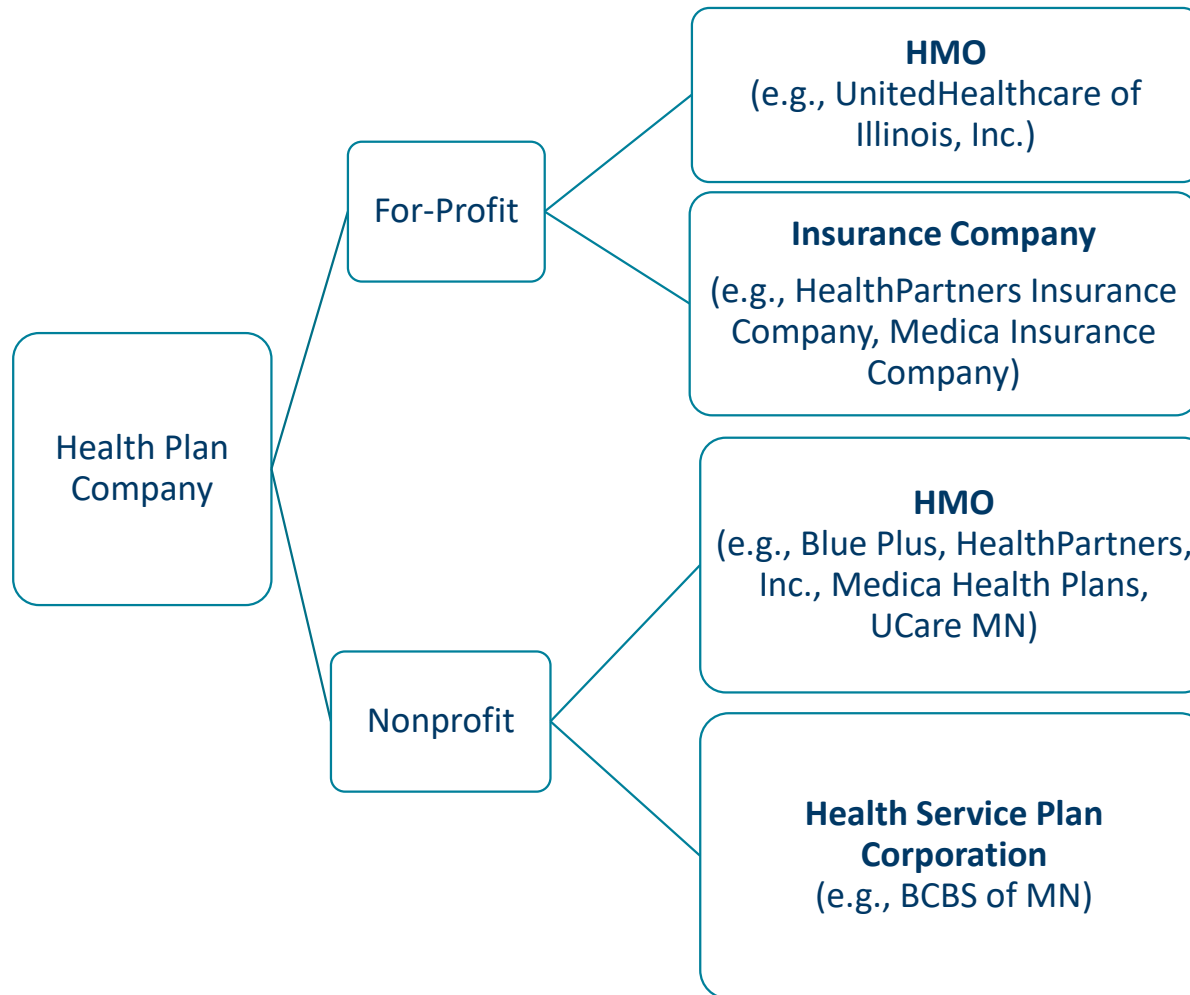
- Descriptions of Health Plan Organizations and Coverage Offerings
- Holding Company Structures
- Health Plan Company Financial Information
 - MN-Domiciled Health Plan Companies
 - Non-MN-Domiciled Health Plan Companies
- Appendix A: Key Terms

This Supplemental slide deck is part of Minnesota's Health Care Markets Chartbook, an annual review of key metrics in health care access, coverage, market competition and health care costs ([MN Statutes, Section 144.70](#); <https://www.revisor.mn.gov/statutes/cite/144.70>)

A summary of the charts and graphs contained within is provided on the [MDH website](#) (<https://www.health.state.mn.us/data/economics/chartbook/summaries/section7supsumm.html>). Direct links are listed on each page. Please contact the Health Economics Program at health.hep@state.mn.us if additional assistance is needed for accessing this information.

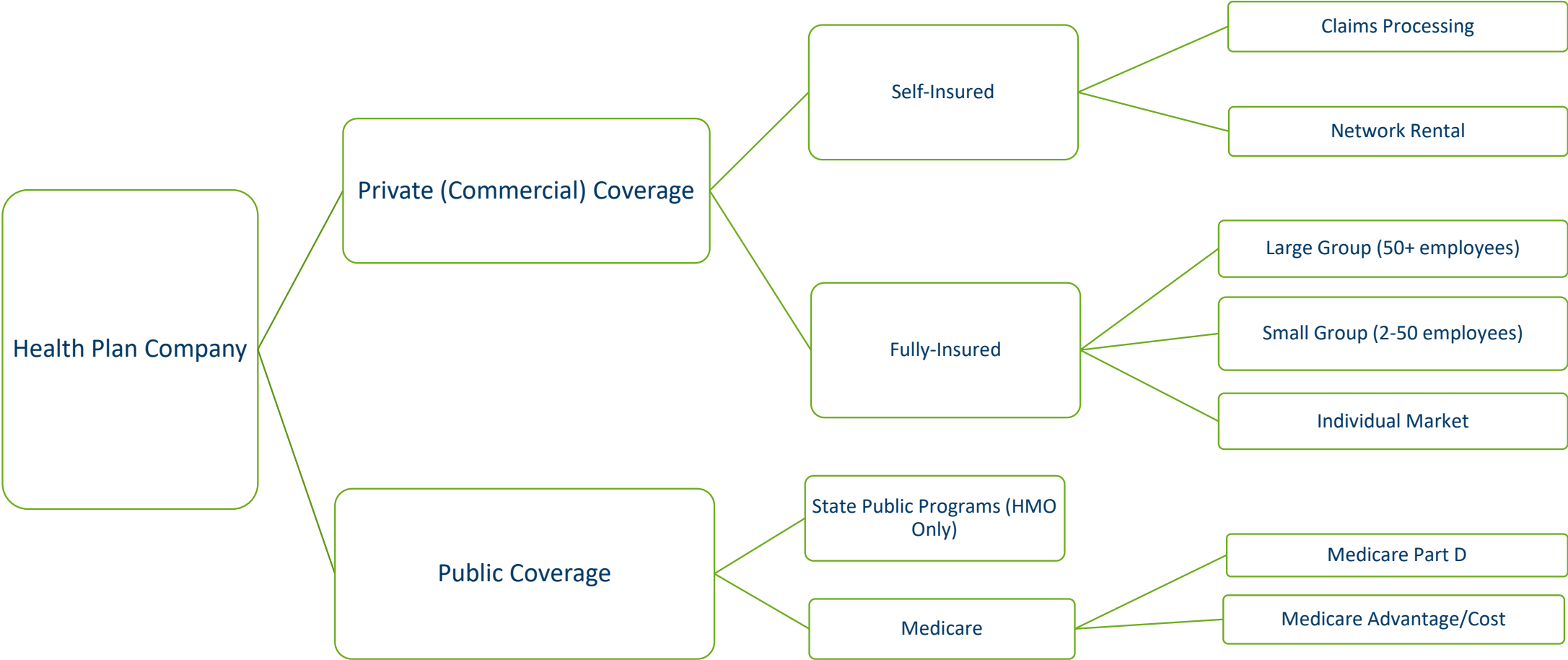
Descriptions of Health Plan Organizations and Coverage Types

Ways to Describe Health Plan Company Organizational Structures by Licensure Type



Figures are for illustration purposes only and do not include all health plan companies and all types of public and private coverage.
[Summary of Graph](#)

Ways to Describe Types of Health Care Coverage Type



Figures are for illustration purposes only and do not include all health plan companies and all types of public and private coverage.
[Summary of Graph](#)

Holding Company Structures

Health plan companies are typically part of a larger holding company structure. Generally, a holding company owns / oversees other companies.

Holding Company Structures for Major Minnesota Health Plan Companies

Name	Incorporation Type	Ultimate Controlling Entity (UCE)	Domicile of UCE	Incorporation type of UCE
Allina Health & Aetna Insurance Company	For-profit Insurance Company	CVS Corporation	DE	Publicly Traded Company
Allina Health and Aetna Health Plan, Inc. ¹	For-profit HMO	CVS Corporation	DE	Publicly Traded Company
Group Health Plan, Inc. ²	Nonprofit HMO	HealthPartners, Inc.	MN	Nonprofit HMO
HealthPartners, Inc.	Nonprofit HMO	HealthPartners, Inc.	MN	Nonprofit HMO
HealthPartners Insurance Company	For-profit Insurance Company	HealthPartners, Inc.	MN	Nonprofit HMO
Hennepin Health	Nonprofit HMO	Hennepin County	MN	N/A
HMO Minnesota dba Blue Plus	Nonprofit HMO	Aware Integrated, Inc.	MN	Nonprofit Corporation
BCBS of MN	Nonprofit Health Service Plan Corporation	Aware Integrated, Inc.	MN	Nonprofit Corporation
Humana Wisconsin Health Organization Insurance Company ¹	For-profit HMO	Humana Inc.	DE	Publicly Traded Company
Humana Insurance Company ¹	For-profit Insurance Company	Humana Inc.	DE	Publicly Traded Company

¹ MDH is not reporting financial information for these companies in the next section either due to minimal data available and/or a majority of business being national.

² Group Health Plan, Inc. surrendered its HMO license in Minnesota effective January 1, 2024. Group Health executed an assumption agreement with its parent company HealthPartners, Inc. to consolidate all of its HMO individual business under one license (HealthPartners, Inc).

Holding Company Structures for Major Minnesota Health Plan Companies

Name	Incorporation Type	Ultimate Controlling Entity (UCE)	Domicile of UCE	Incorporation type of UCE
Medica Community Health Plan	Nonprofit Insurance Company	Medica Holding Company	MN	Nonprofit Corporation
Medica Health Plans	Nonprofit HMO	Medica Holding Company	MN	Nonprofit Corporation
Medica Insurance Company	For-profit Insurance Company	Medica Holding Company	MN	Nonprofit Corporation
PreferredOne Community Health Plan ¹	Nonprofit HMO	Fairview Health Services	MN	Nonprofit Health Service Provider
PreferredOne Insurance Company ²	For-profit Insurance Company	UnitedHealth Group Incorporated	DE	Publicly Traded Company
Quartz Health Plan MN Corporation ³	Nonprofit HMO	GHS/UPH/UHC/AHC	WI and IA	Nonprofit Corporations
Sanford Health Plan of Minnesota	Nonprofit HMO	Sanford Health	ND	Nonprofit Corporation
UCare Minnesota	Nonprofit HMO	UCare Minnesota	MN	Nonprofit HMO
UCare Health, Inc.	Nonprofit Insurance Company	UCare Minnesota	MN	Nonprofit HMO

¹ In December 2021, PreferredOne Community Health Plan (PCHP) exited the commercial market. In May 2023, UCare Minnesota and Fairview Health Services entered into an agreement for UCare Minnesota to acquire the PCHP nonprofit HMO license, and Fairview Health Services to terminate its sole membership and any rights in PCHP. UCare will operate the license under the name UCare Community Health Plan and has no rights to use the name of PreferredOne. MDH is not reporting Financial Information for this company due to its market exit.

² In 2021, United Health Group Incorporated and United HealthCare Services, Inc. (for-profit) purchased PreferredOne Insurance Company (for-profit) and all its subsidiaries, with the exception of PreferredOne Community Health Plan (PCHP), whose HMO license was acquired by UCare Minnesota and is now known as UCare Community Health Plan.

³ Gundersen Lutheran Health System, Inc. (GHS), Iowa Health System, Inc. (UPH), University Health Care, Inc. (UHC), and Aurora Health Care Inc. (AHC).

Holding Company Structures for Major Minnesota Health Plan Companies

Name	Incorporation Type	Ultimate Controlling Entity (UCE)	Domicile of UCE	Incorporation type of UCE
UnitedHealthcare of Illinois, Inc.	For-profit HMO	UnitedHealth Group Incorporated	DE	Publicly Traded Company
UnitedHealthcare Insurance Company ¹	For-profit Insurance Company	UnitedHealth Group Incorporated	DE	Publicly Traded Company

¹ MDH is not reporting financial information for this company in the next section due to a majority of business being national.

Health Plan Company Financial Information

MN-Domiciled Health Plan Companies

Within this section, health plan companies include Health Maintenance Organizations (HMOs), health insurance companies, County Based Purchasers (CBPs), and Nonprofit Health Service Plan Corporations.

Allina Health & Aetna Insurance Company Financials

Measure (\$ in Millions)	2018	2019	2020	2021	2022
Total Premiums	\$0.2	\$69.4	\$129.8	\$167.4	\$219.1
Total Claims Expense	\$0.1	\$63.1	\$108.1	\$147.8	\$183.9
Claims Adjustment Expenses	\$0.0	\$1.3	\$2.2	\$2.8	\$3.8
Administrative Expenses	\$7.6	\$14.7	\$22.9	\$23.0	\$28.9
Net Underwriting Gain/Loss	(\$7.4)	(\$9.7)	(\$4.1)	(\$9.8)	\$6.7
Total Investment Gain/Loss	\$0.1	\$0.2	\$0.1	\$0.0	\$1.3
Other Income	(\$2.3)	(\$9.0)	(\$9.0)	(\$9.0)	(\$9.0)
Net Income/Loss	(\$9.6)	(\$18.5)	(\$12.9)	(\$18.8)	(\$1.0)

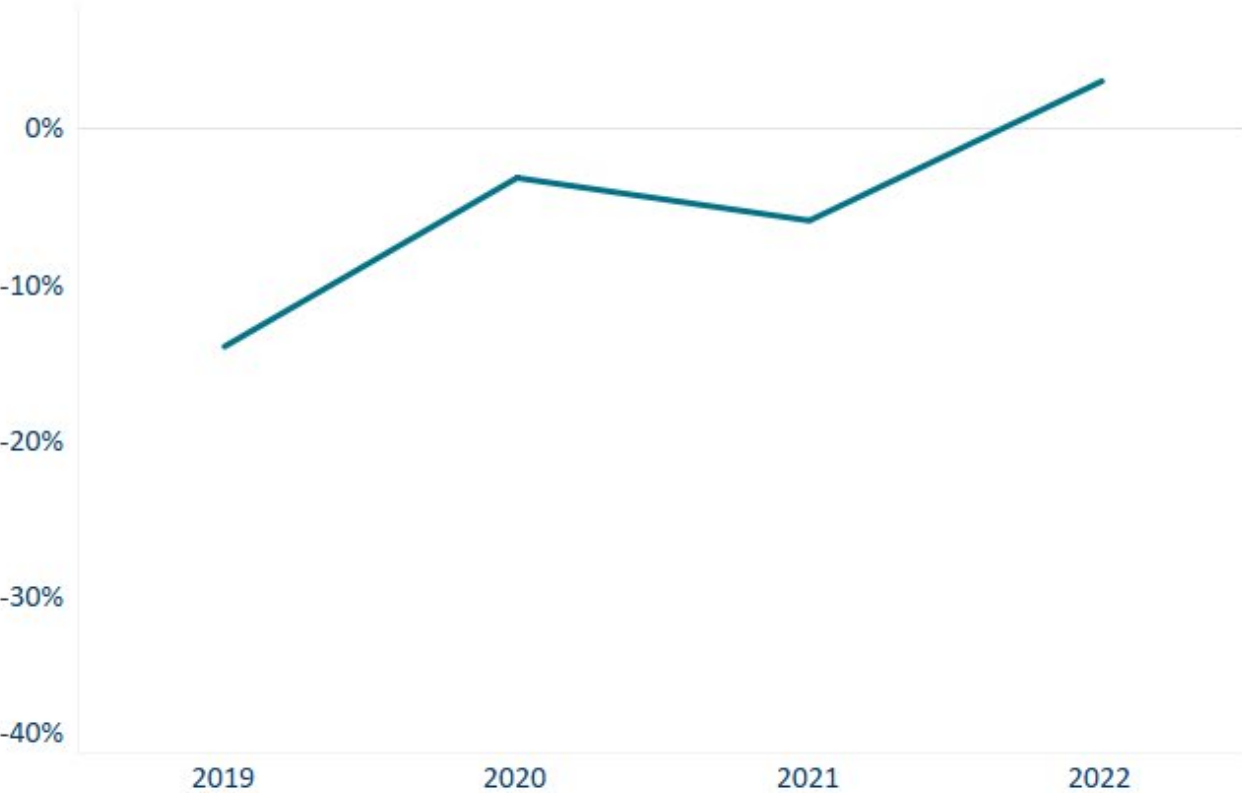
Measure (\$ in Millions)	2018	2019	2020	2021	2022
Member Months (thousands)	0	100	186	227	263
Total Adjusted Capital (TAC)	\$4.7	\$17.3	\$23.1	\$31.3	\$38.4
Authorized Control Level (ACL)	\$1.0	\$3.2	\$5.0	\$6.6	\$8.0
TAC / ACL	455%	543%	462%	474%	479%

Source: MDH Health Economics Program, analysis of NAIC 5-Year Historical Data reports; data is based on national reporting. In 2018 and 2019, Allina Health & Aetna Insurance Company began offering small and large group insurance market plans in the commercial market. In 2019, it began offering Medicare Advantage plans. Allina Health & Aetna Insurance Company is a for-profit insurance company.

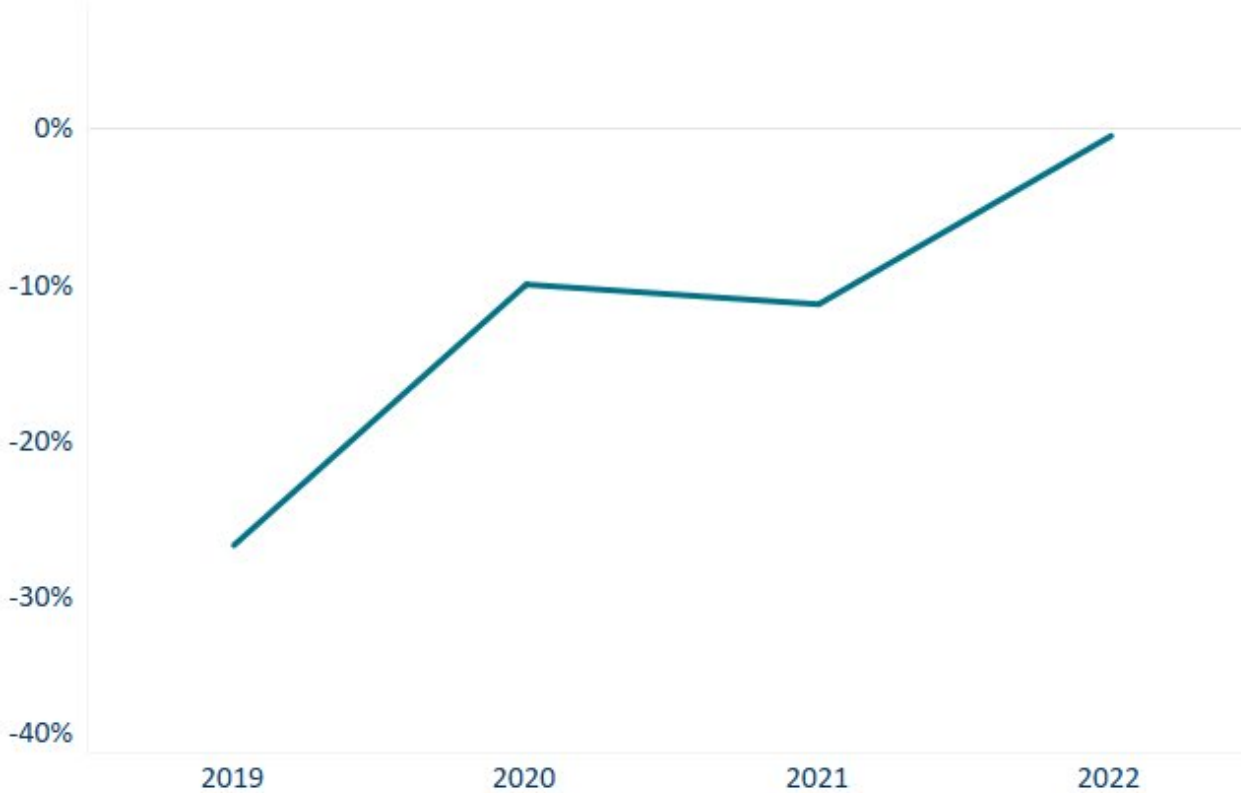
Allina Health & Aetna Insurance Company

Key Financial Illustrations

Total Underwriting Margin



Total Profit Margin



Source: MDH Health Economics Program, analysis of NAIC 5-Year Historical Data reports; data is based on national reporting. Profit margin is equal to the net income/loss over total revenues. Total underwriting margin is equal to the net underwriting gain/loss over total revenues. 2018 is not shown as there were no member months reported.

Blue Plus Financials

Measure (\$ in Millions)	2018	2019	2020	2021	2022
Total Premiums	\$2,445.3	\$2,315.7	\$2,527.2	\$2,971.4	\$2,978.0
Total Claims Expense	\$2,115.8	\$2,061.4	\$2,237.7	\$2,611.2	\$2,441.1
Claims Adjustment Expenses	\$105.5	\$111.8	\$90.3	\$104.6	\$107.7
Administrative Expenses	\$104.5	\$160.0	\$187.1	\$188.4	\$282.9
Net Underwriting Gain/Loss	\$119.5	(\$17.5)	\$12.1	\$67.3	\$146.2
Total Investment Gain/Loss	\$21.6	\$24.6	\$20.7	\$43.8	\$21.6
Other Income	\$0	\$0	\$0	\$0	\$0
Net Income/Loss	\$141.0	\$7.1	\$32.8	\$111.1	\$167.8

Measure (\$ in Millions)	2018	2019	2020	2021	2022
Member Months (thousands)	4,708	4,521	4,855	5,538	4,882
Total Adjusted Capital (TAC)	\$587.4	\$621.0	\$664.1	\$771.4	\$894.4
Authorized Control Level (ACL)	\$87.1	\$84.8	\$92.0	\$107.3	\$100.2
TAC / ACL	674%	732%	722%	719%	892%

Source: MDH Health Economics Program, analysis of NAIC 5-Year Historical Data reports; data is based on national reporting. Blue Plus is a nonprofit HMO.

BCBS of MN Financials

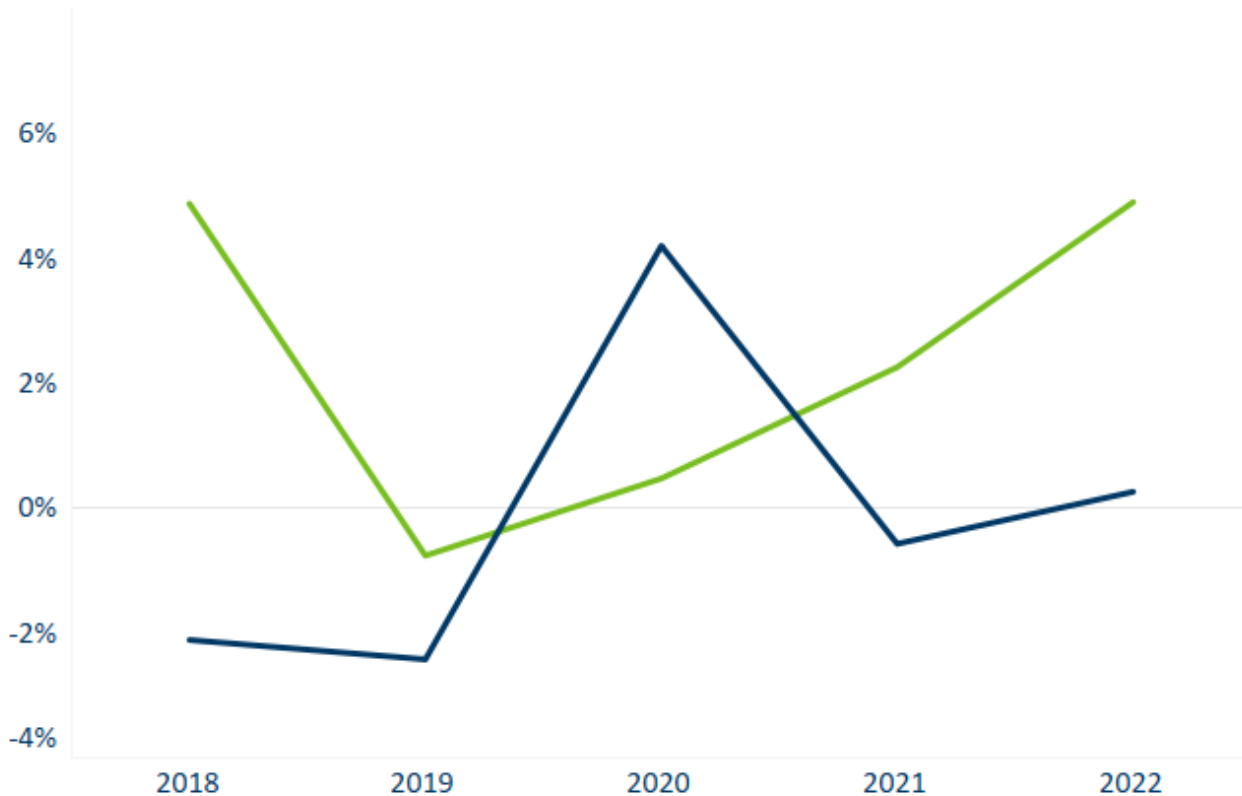
Measure (\$ in Millions)	2018	2019	2020	2021	2022
Total Premiums	\$3,956.2	\$3,866.5	\$4,065.0	\$4,201.0	\$4,749.8
Total Claims Expense	\$3,328.8	\$3,359.9	\$3,136.5	\$3,653.3	\$4,110.2
Claims Adjustment Expenses	\$301.7	\$272.5	\$319.5	\$297.0	\$313.4
Administrative Expenses	\$409.1	\$327.6	\$437.9	\$274.6	\$313.5
Net Underwriting Gain/Loss	(\$83.4)	(\$93.5)	\$171.1	(\$23.8)	\$12.7
Total Investment Gain/Loss	\$49.6	\$51.6	\$33.3	\$72.4	\$30.8
Other Income	(\$18.1)	(\$80.8)	(\$46.2)	(\$8.9)	(\$26.9)
Net Income/Loss	\$36.6	(\$77.0)	\$184.5	\$39.3	\$21.6

Measure (\$ in Millions)	2018	2019	2020	2021	2022
Member Months (thousands)	9,723	9,518	9,350	10,050	10,578
Total Adjusted Capital (TAC)	\$1,034.5	\$1,071.5	\$1,129.6	\$1,204.9	\$1,147.7
Authorized Control Level (ACL)	\$174.3	\$172.0	\$176.2	\$210.0	\$223.7
TAC / ACL	593%	623%	641%	574%	513%

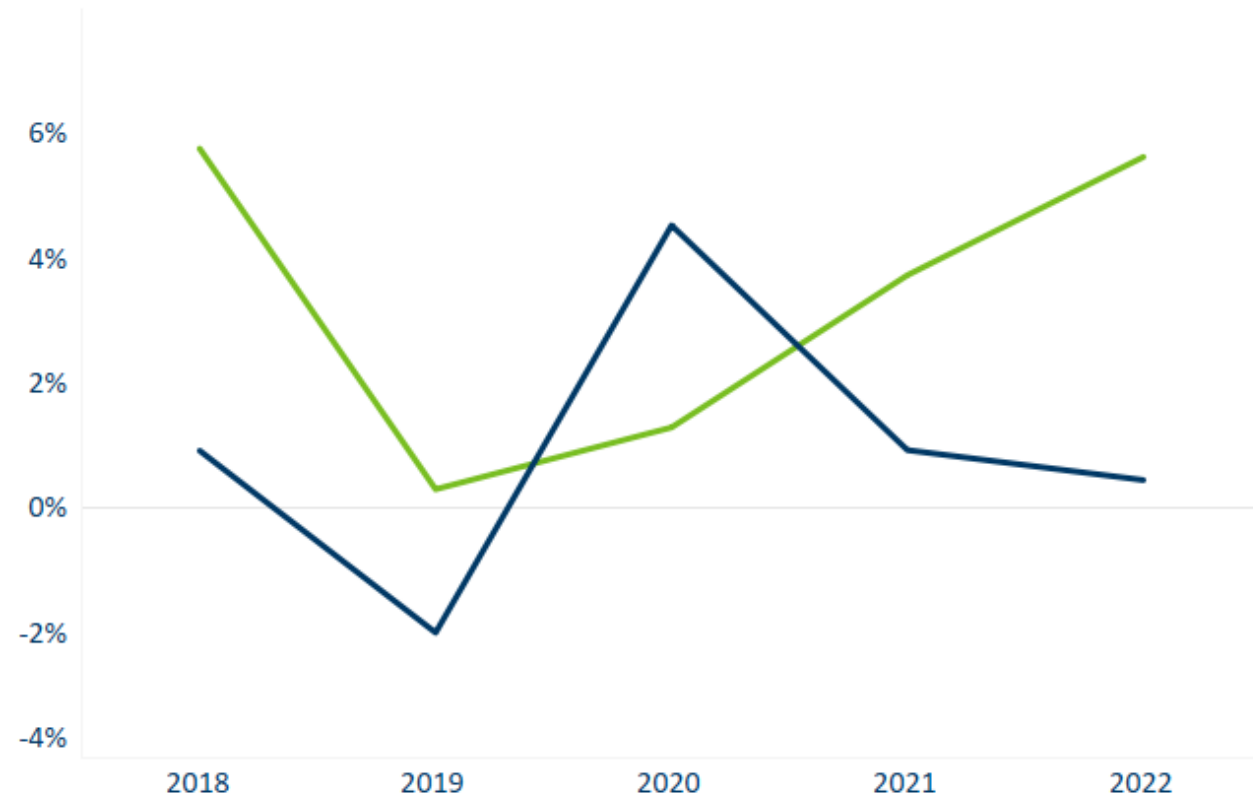
Source: MDH Health Economics Program, analysis of NAIC 5-Year Historical Data reports; data is based on national reporting. BCBS of MN is a nonprofit health service plan corporation.

BCBS of MN & Blue Plus Key Financial Illustrations

Total Underwriting Margin



Total Profit Margin



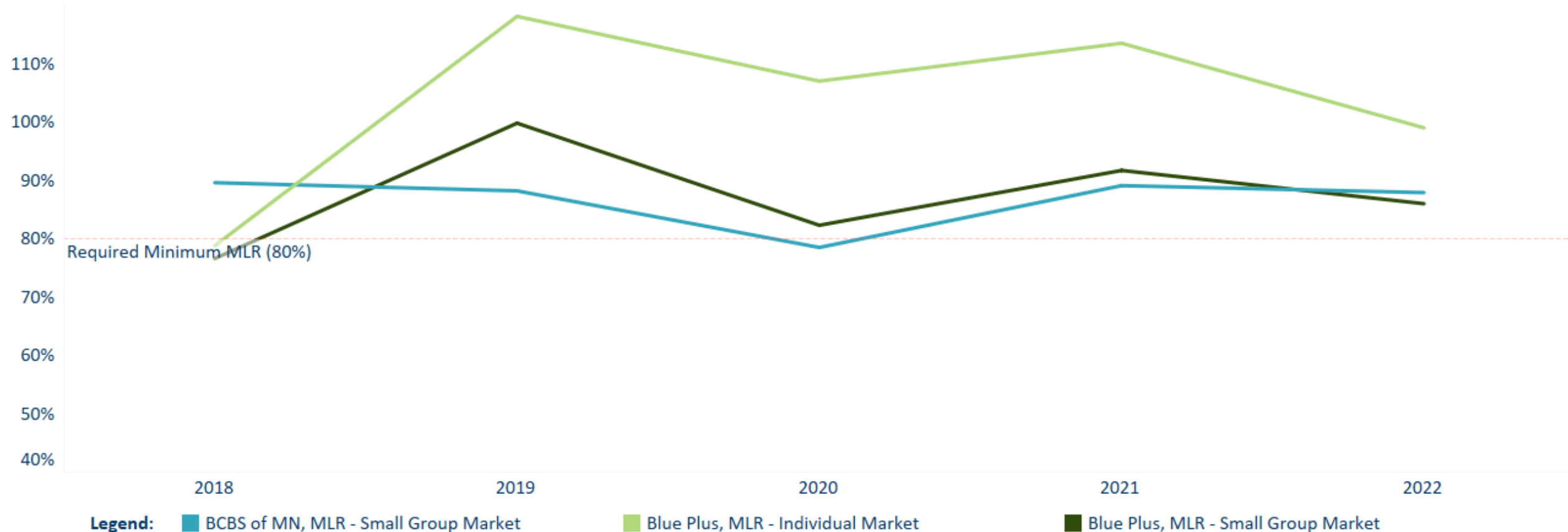
Legend: ■ BCBS of MN ■ Blue Plus

Source: MDH Health Economics Program, analysis of NAIC 5-Year Historical Data reports; data is based on national reporting. Profit margin is equal to the net income/loss over total revenues. Total underwriting margin is equal to the net underwriting gain/loss over total revenues.

[Summary of Graph](#)

BCBS of MN & Blue Plus Key Financial Illustrations, Continued

Commercial Medical Loss Ratio



Source: MDH Health Economics Program, analysis of NAIC Supplemental Health Care Exhibit (Preliminary medical loss ratio: MLR). Medical Loss Ratio is the ratio of the health plan company's payments for medical services and activities that improve health care quality to premium revenue (minus the issuer's federal and state taxes, licensing, and regulatory fees), based on a three-year weighted average. The Required Minimum MLR is 80% for both the Commercial Individual and Small Group Market. Refer to Appendix A: Key Terms for additional detail.

[Summary of Graph](#)

County Based Purchaser: IMCare

Measure (\$ in Millions)	2018	2019	2020	2021	2022
Total Premiums	\$65.2	\$61.9	\$66.4	\$76.3	\$84.9
Total Claims Expense	\$60.2	\$56.8	\$58.5	\$67.9	\$72.5
Claims Adjustment Expenses	\$2.9	\$2.8	\$3.4	\$3.8	\$3.9
Administrative Expenses	\$2.4	\$4.4	\$2.3	\$2.2	\$2.5
Net Underwriting Gain/Loss	(\$0.2)	(\$2.1)	\$2.2	\$2.3	\$6.0
Total Investment Gain/Loss	\$0.2	\$0.1	\$0.2	\$0.2	\$0.2
Other Income	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0
Net Income/Loss	(\$0.2)	(\$2.1)	\$2.2	\$2.3	\$6.1

Measure (\$ in Millions)	2018	2019	2020	2021	2022
Member Months (thousands)	103	96	103	114	122
Total Adjusted Capital (TAC)	\$6.8	\$4.7	\$6.9	\$9.2	\$15.3
Authorized Control Level (ACL)	\$3.0	\$3.0	\$2.9	\$3.2	\$3.4
TAC / ACL	229%	160%	238%	284%	450%

County Based Purchaser: PrimeWest Health

Measure (\$ in Millions)	2018	2019	2020	2021	2022
Total Premiums	\$304.8	\$309.0	\$319.1	\$359.6	\$411.4
Total Claims Expense	\$291.1	\$286.3	\$284.5	\$328.3	\$355.6
Claims Adjustment Expenses	\$12.3	\$12.4	\$12.7	\$13.9	\$13.4
Administrative Expenses	\$10.6	\$12.3	\$12.1	\$6.4	\$9.1
Net Underwriting Gain/Loss	(\$10.9)	(\$0.3)	\$9.8	\$11.1	\$33.3
Total Investment Gain/Loss	\$0.3	\$0.5	\$0.4	\$0.1	\$0.9
Other Income	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0
Net Income/Loss	(\$10.6)	\$0.1	\$10.1	\$11.2	\$34.2

Measure (\$ in Millions)	2018	2019	2020	2021	2022
Member Months (thousands)	511	494	524	591	625
Total Adjusted Capital (TAC)	\$56.8	\$56.8	\$67.4	\$78.1	\$112.6
Authorized Control Level (ACL)	\$12.1	\$11.9	\$11.8	\$13.5	\$14.5
TAC / ACL	468%	476%	571%	579%	777%

County Based Purchaser: South Country Health Alliance

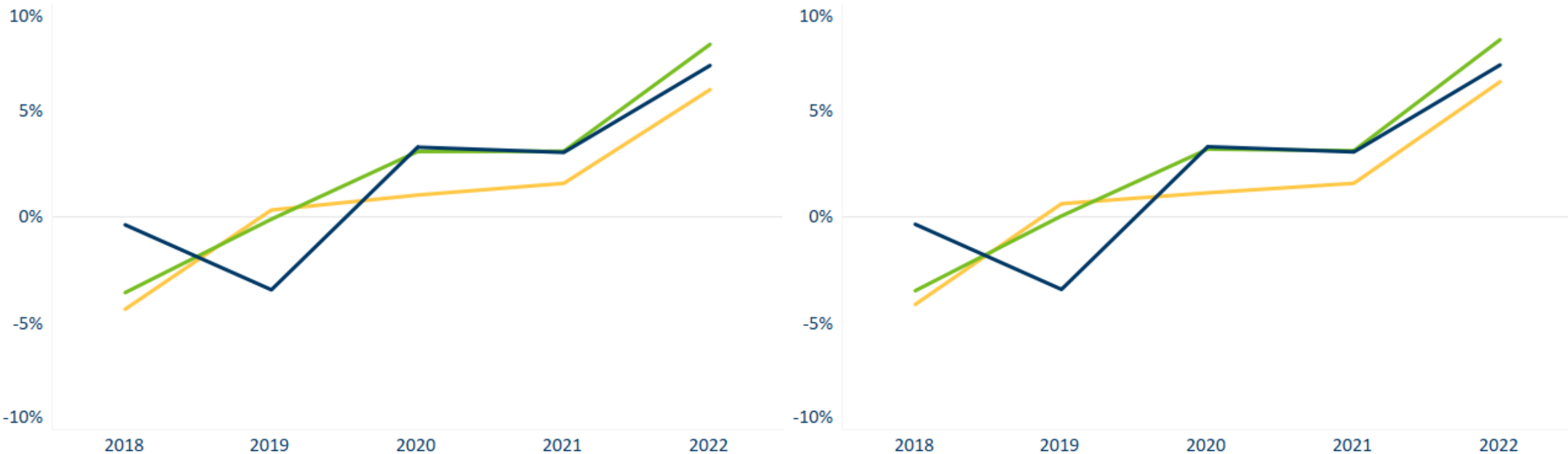
Measure (\$ in Millions)	2018	2019	2020	2021	2022
Total Premiums	\$298.7	\$290.4	\$211.4	\$245.6	\$277.6
Total Claims Expense	\$286.6	\$267.0	\$189.1	\$222.2	\$241.5
Claims Adjustment Expenses	\$10.1	\$7.3	\$5.6	\$6.3	\$6.6
Administrative Expenses	\$14.9	\$15.2	\$14.5	\$13.3	\$12.9
Net Underwriting Gain/Loss	(\$13.0)	\$0.9	\$2.2	\$3.9	\$16.6
Total Investment Gain/Loss	\$0.7	\$0.09	\$0.2	\$0.0	\$1.0
Other Income	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0
Net Income/Loss	(\$12.3)	\$1.8	\$2.4	\$3.9	\$17.6

Measure (\$ in Millions)	2018	2019	2020	2021	2022
Member Months (thousands)	496	464	319	361	387
Total Adjusted Capital (TAC)	\$19.4	\$29.2	\$24.1	\$27.9	\$45.2
Authorized Control Level (ACL)	\$11.9	\$11.1	\$8.0	\$9.3	\$10.0
TAC / ACL	162%	263%	300%	300%	451%

County Based Purchasers Key Financial Illustrations

Total Underwriting Margin

Total Profit Margin



Legend: ■ IMCare ■ PrimeWest Health ■ South Country Health Alliance

Source: MDH Health Economics Program, analysis of NAIC 5-Year Historical Data reports. Profit margin is equal to the net income/loss over total revenues. Total underwriting margin is equal to the net underwriting gain/loss over total revenues. CBPs do not have any reporting in the individual or small group markets; therefore, have no Minimum Loss Reporting.

[Summary of Graph](#)

Group Health Plan, Inc. Financials

Measure (\$ in Millions)	2018	2019	2020	2021	2022
Total Premiums	\$1,554.9	\$1,182.7	\$1,061.0	\$1,170.0	\$1,212.7
Total Claims Expense	\$1,481.0	\$1,231.7	\$1,111.6	\$1,172.2	\$1,219.2
Claims Adjustment Expenses	\$19.6	\$11.2	\$9.8	\$9.5	\$10.2
Administrative Expenses	\$81.7	\$55.6	\$56.7	\$72.8	\$81.9
Net Underwriting Gain/Loss	(\$27.4)	(\$115.8)	(\$117.1)	(\$84.6)	(\$98.6)
Total Investment Gain/Loss	\$5.9	\$10.5	\$6.7	\$12.3	\$5.5
Other Income	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0
Net Income/Loss	(\$21.5)	(\$105.4)	(\$110.4)	(\$72.3)	(\$93.1)

	2018	2019	2020	2021	2022
Member Months (thousands)	1,509	804	736	720	729

Source: MDH Health Economics Program, analysis of NAIC 5-Year Historical Data reports; data is based on national reporting. Group Health Plan, Inc. surrendered its HMO license in Minnesota effective January 1, 2024. Group Health Plan, Inc. executed an assumption agreement with its parent company HealthPartners, Inc. to consolidate all its HMO Individual business under one license (HealthPartners, Inc.). Group Health Plan, Inc. is a nonprofit HMO. Group Health Plan, Inc. and HealthPartners Insurance Company data is excluded from capital requirements (i.e., Total Adjusted Capital and Authorized Control Level) to avoid double-counting; these are all contained in HealthPartners, Inc.

HealthPartners, Inc. Financials

Measure (\$ in Millions)	2018	2019	2020	2021	2022
Total Premiums	\$1,950.3	\$2,131.1	\$2,205.3	\$2,586.2	\$2,949.6
Total Claims Expense	\$1,757.5	\$1,945.5	\$1,897.1	\$2,337.3	\$2,594.7
Claims Adjustment Expenses	\$29.0	\$34.2	\$30.8	\$36.7	\$40.1
Administrative Expenses	\$119.0	\$139.3	\$152.0	\$147.6	\$169.3
Net Underwriting Gain/Loss	\$44.7	\$0.6	\$136.9	\$64.6	\$145.4
Total Investment Gain/Loss	\$12.9	\$18.7	\$12.2	\$20.5	\$2.8
Other Income	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0
Net Income/Loss	\$57.6	\$19.3	\$149.1	\$85.1	\$148.2

Measure (\$ in Millions)	2018	2019	2020	2021	2022
Member Months (thousands)	3,770	3,884	3,815	4,006	4,270
Total Adjusted Capital (TAC)	\$944.8	\$914.0	\$981.3	\$983.0	\$1,063.4
Authorized Control Level (ACL)	\$160.6	\$159.1	\$163.4	\$182.1	\$188.7
TAC / ACL	588%	574%	600%	540%	564%

Source: MDH Health Economics Program, analysis of NAIC 5-Year Historical Data reports; data is based on national reporting. HealthPartners, Inc. is a nonprofit HMO. Group Health Plan, Inc. and HealthPartners Insurance Company data is excluded from capital requirements (i.e., Total Adjusted Capital and Authorized Control Level) to avoid double-counting; these are all contained in HealthPartners, Inc.

HealthPartners Insurance Company Financials

Measure (\$ in Millions)	2018	2019	2020	2021	2022
Total Premiums	\$992.7	\$1,085.0	\$1,150.3	\$1,121.5	\$1,095.4
Total Claims Expense	\$836.6	\$936.2	\$988.6	\$1,023.0	\$1,003.8
Claims Adjustment Expenses	\$11.1	\$14.3	\$12.5	\$11.6	\$10.7
Administrative Expenses	\$102.8	\$91.9	\$114.2	\$91.3	\$92.3
Net Underwriting Gain/Loss	\$42.4	\$42.6	\$35.0	(\$4.3)	(\$11.4)
Total Investment Gain/Loss	\$8.3	\$11.3	\$8.9	\$13.6	\$1.8
Other Income	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0
Net Income/Loss	\$37.4	\$41.2	\$29.2	\$7.2	(\$5.6)

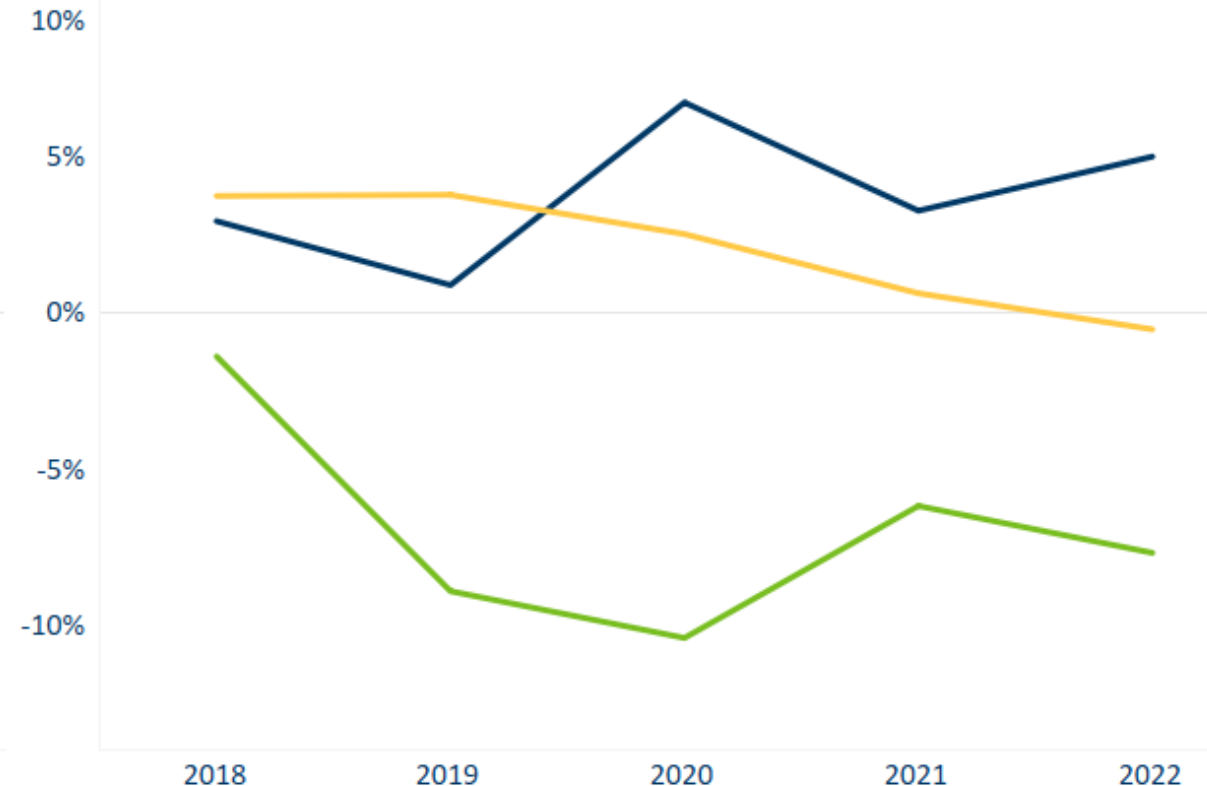
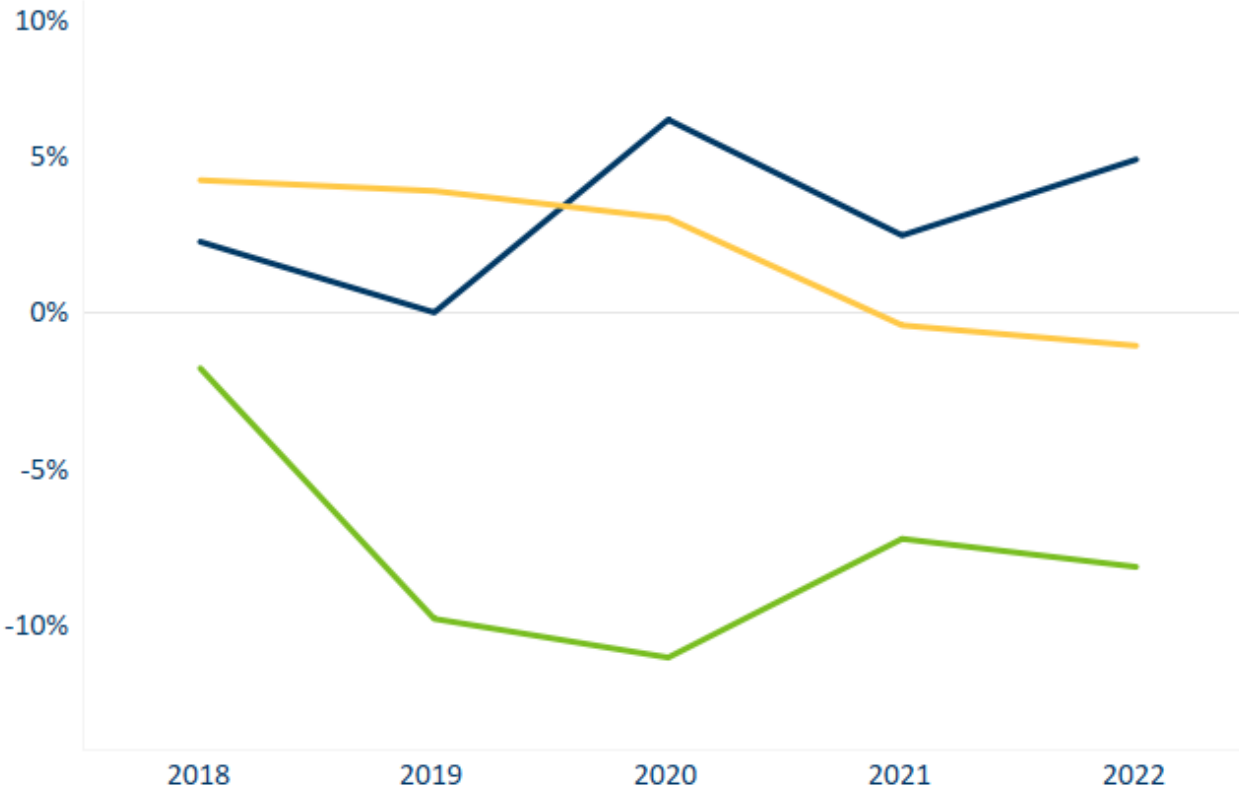
Measure	2018	2019	2020	2021	2022
Member Months (thousands)	8,391	8,185	7,845	5,758	5,605

Source: MDH Health Economics Program, analysis of NAIC 5-Year Historical Data reports; data is based on national reporting. MDH has not removed any potential double-counting of member months from HealthPartners Insurance Company that may also be represented in HealthPartners, Inc. HealthPartners Insurance Company is a for-profit insurance company. Group Health Plan, Inc. and HealthPartners Insurance Company data is excluded from capital requirements (i.e., Total Adjusted Capital and Authorized Control Level) to avoid double-counting; these are all contained in HealthPartners, Inc.

HealthPartners Key Financial Illustrations

Total Underwriting Margin

Total Profit Margin



Legend: ■ Group Health Plan, Inc.

■ HealthPartners Insurance Company

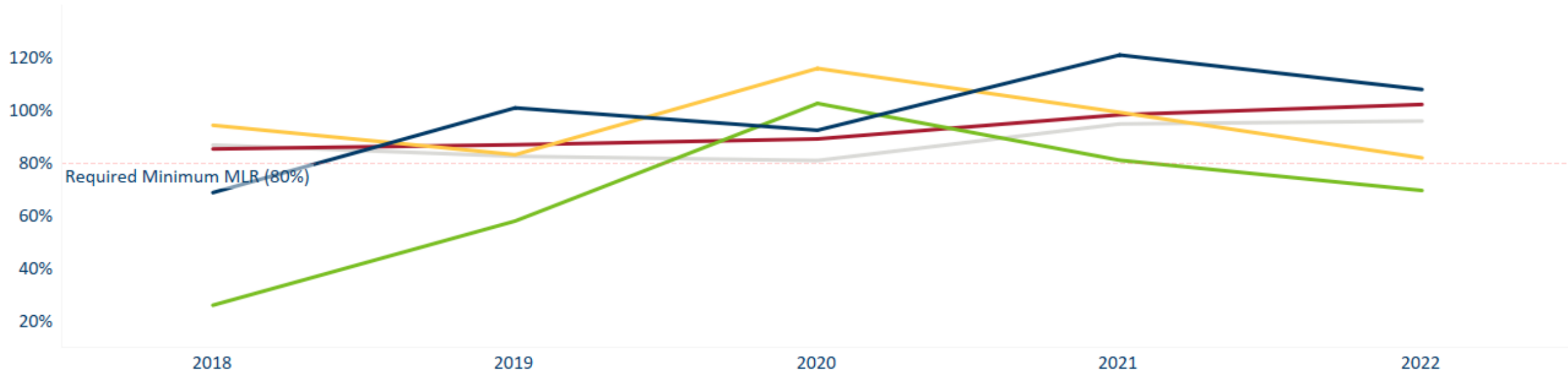
■ HealthPartners, Inc.

Source: MDH Health Economics Program, analysis of NAIC 5-Year Historical Data reports; data is based on national reporting. Profit margin is equal to the net income/loss over total revenues. Total underwriting margin is equal to the net underwriting gain/loss over total revenues.

[Summary of Graph](#)

HealthPartners Key Financial Illustrations, Continued

Commercial Medical Loss Ratio



Legend:

- Group Health Plan, Inc., MLR - Individual Market
- HealthPartners Insurance Company, MLR - Individual Market
- HealthPartners Insurance Company, MLR - Small Group Market
- HealthPartners, Inc., MLR - Individual Market
- HealthPartners, Inc., MLR - Small Group Market

Source: MDH Health Economics Program, analysis of NAIC Supplemental Health Care Exhibit (Preliminary medical loss ratio: MLR). Medical Loss Ratio is the ratio of the health plan company's payments for medical services and activities that improve health care quality to premium revenue (minus the issuer's federal and state taxes, licensing, and regulatory fees), based on a three-year weighted average. The Required Minimum MLR is 80% for both the Commercial Individual and Small Group Market. Refer to Appendix A: Key Terms for additional detail.

[Summary of Graph](#)

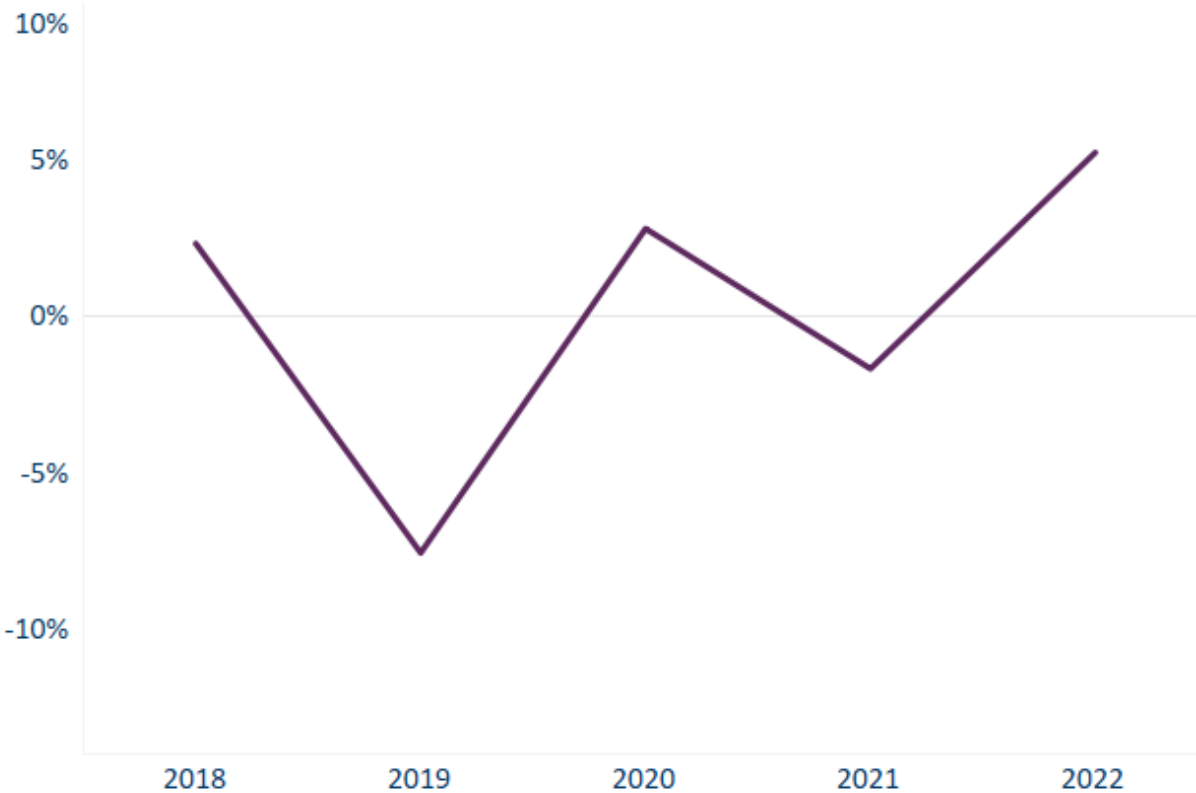
Hennepin Health Financials

Measure (\$ in Millions)	2018	2019	2020	2021	2022
Total Premiums	\$235.0	\$213.8	\$256.7	\$326.6	\$444.3
Total Claims Expense	\$201.0	\$197.1	\$224.2	\$298.4	\$381.4
Claims Adjustment Expenses	\$14.4	\$13.2	\$14.3	\$16.2	\$19.4
Administrative Expenses	\$14.1	\$15.2	\$15.5	\$17.4	\$20.2
Net Underwriting Gain/Loss	\$5.5	(\$16.2)	\$7.2	(\$5.4)	\$23.4
Total Investment Gain/Loss	\$1.0	\$1.7	\$0.5	(\$0.5)	(\$5.6)
Other Income	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0
Net Income/Loss	\$6.5	(\$14.5)	\$7.7	(\$5.9)	\$17.8

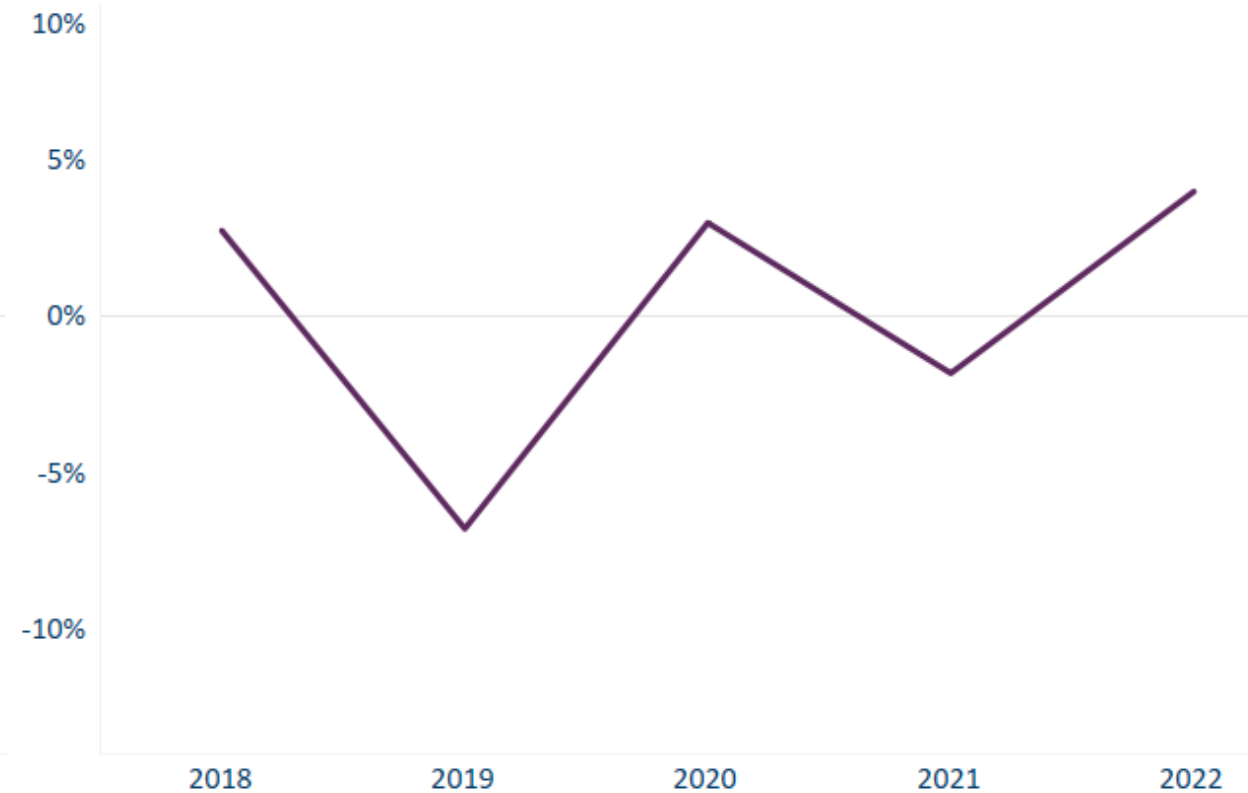
Measure (\$ in Millions)	2018	2019	2020	2021	2022
Member Months (thousands)	330	295	334	413	443
Total Adjusted Capital (TAC)	\$46.8	\$32.3	\$50.9	\$44.7	\$61.8
Authorized Control Level (ACL)	\$8.6	\$8.4	\$9.4	\$12.4	\$15.6
TAC / ACL	547%	384%	539%	360%	395%

Hennepin Health Key Financial Illustrations

Total Underwriting Margin



Total Profit Margin



Source: MDH Health Economics Program, analysis of NAIC 5-Year Historical Data reports. Profit margin is equal to the net income/loss over total revenues. Total underwriting margin is equal to the net underwriting gain/loss over total revenues. Hennepin Health does not have any reporting in the individual or small group markets; therefore, have no Minimum Loss Reporting.

[Summary of Graph](#)

Medica Health Plans Financials

Measure (\$ in Millions)	2018	2019	2020	2021	2022
Total Premiums	\$732.6	\$1,089.2	\$1,141.6	\$1,181.1	\$1,312.2
Total Claims Expense	\$661.3	\$981.2	\$1,007.5	\$1,045.4	\$1,146.8
Claims Adjustment Expenses	\$2.9	\$7.3	\$7.2	\$13.1	\$9.8
Administrative Expenses	\$41.7	\$62.5	\$68.3	\$71.7	\$95.5
Net Underwriting Gain/Loss	\$26.7	\$38.2	\$58.6	\$50.9	\$60.1
Total Investment Gain/Loss	\$12.9	\$16.7	\$18.9	\$31.5	\$13.5
Other Income	\$0.0	\$0.0	\$0.0	\$8.8	\$0.0
Net Income/Loss	\$39.6	\$54.9	\$77.5	\$91.2	\$73.6

Measure (\$ in Millions)	2018	2019	2020	2021	2022
Member Months (thousands)	355	841	856	845	870
Total Adjusted Capital (TAC)	\$293.1	\$346.6	\$424.8	\$594.6	\$617.2
Authorized Control Level (ACL)	\$31.9	\$42.0	\$47.6	\$48.2	\$49.9
TAC / ACL	918%	825%	893%	1233%	1237%

Source: MDH Health Economics Program, analysis of NAIC 5-Year Historical Data reports; data is based on national reporting. Medica Health Plans is a nonprofit HMO.

Medica Insurance Company Financials

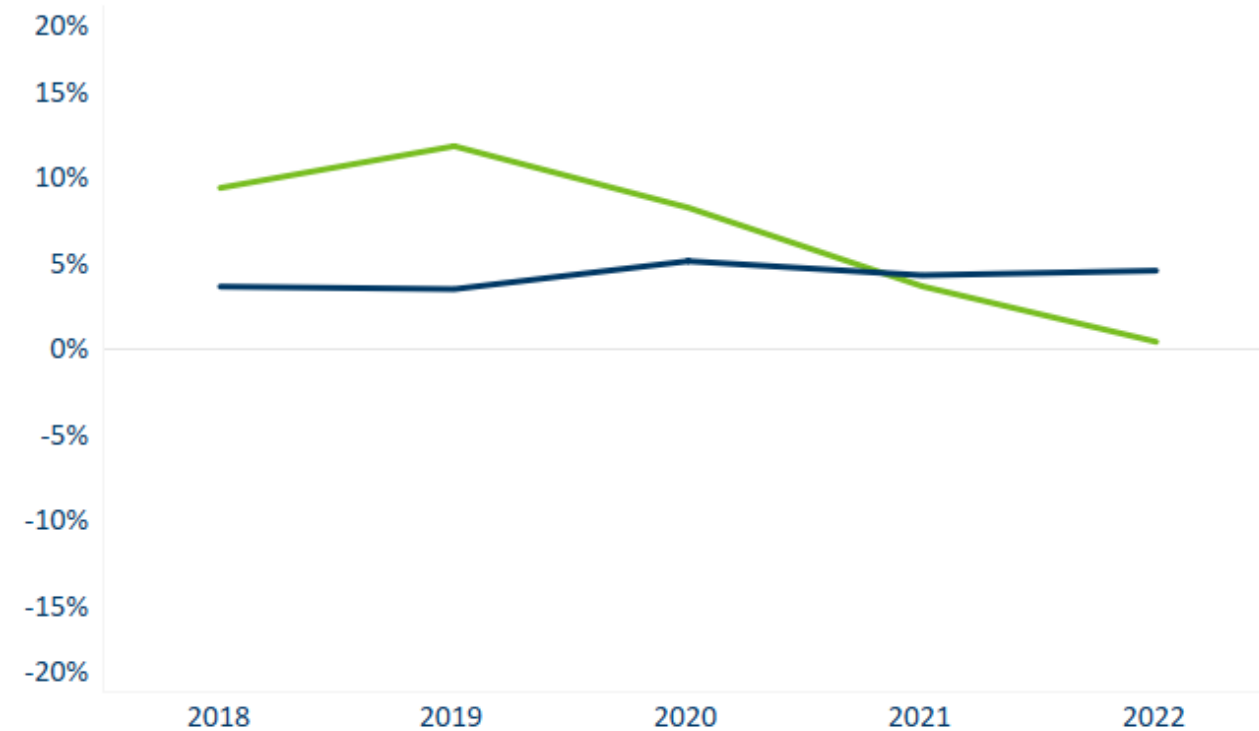
Measure (\$ in Millions)	2018	2019	2020	2021	2022
Total Premiums	\$3,536.4	\$3,362.1	\$3,189.0	\$3,003.8	\$2,929.2
Total Claims Expense	\$2,728.1	\$2,587.4	\$2,480.0	\$2,514.3	\$2,538.6
Claims Adjustment Expenses	\$35.7	\$30.5	\$28.1	\$48.5	\$41.1
Administrative Expenses	\$439.8	\$346.0	\$417.6	\$330.8	\$336.8
Net Underwriting Gain/Loss	\$332.8	\$398.2	\$263.3	\$110.2	\$12.7
Total Investment Gain/Loss	\$29.2	\$45.9	\$79.2	\$69.7	\$1.0
Other Income	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0
Net Income/Loss	\$242.4	\$365.1	\$257.3	\$151.5	(\$3.8)

Measure (\$ in Millions)	2018	2019	2020	2021	2022
Member Months (thousands)	6,415	5,543	5,436	5,299	4,962
Total Adjusted Capital (TAC)	\$695.2	\$1,068.9	\$990.5	\$944.7	\$894.2
Authorized Control Level (ACL)	\$107.1	\$102.6	\$112.7	\$117.3	\$113.8
TAC / ACL	649%	1042%	879%	806%	786%

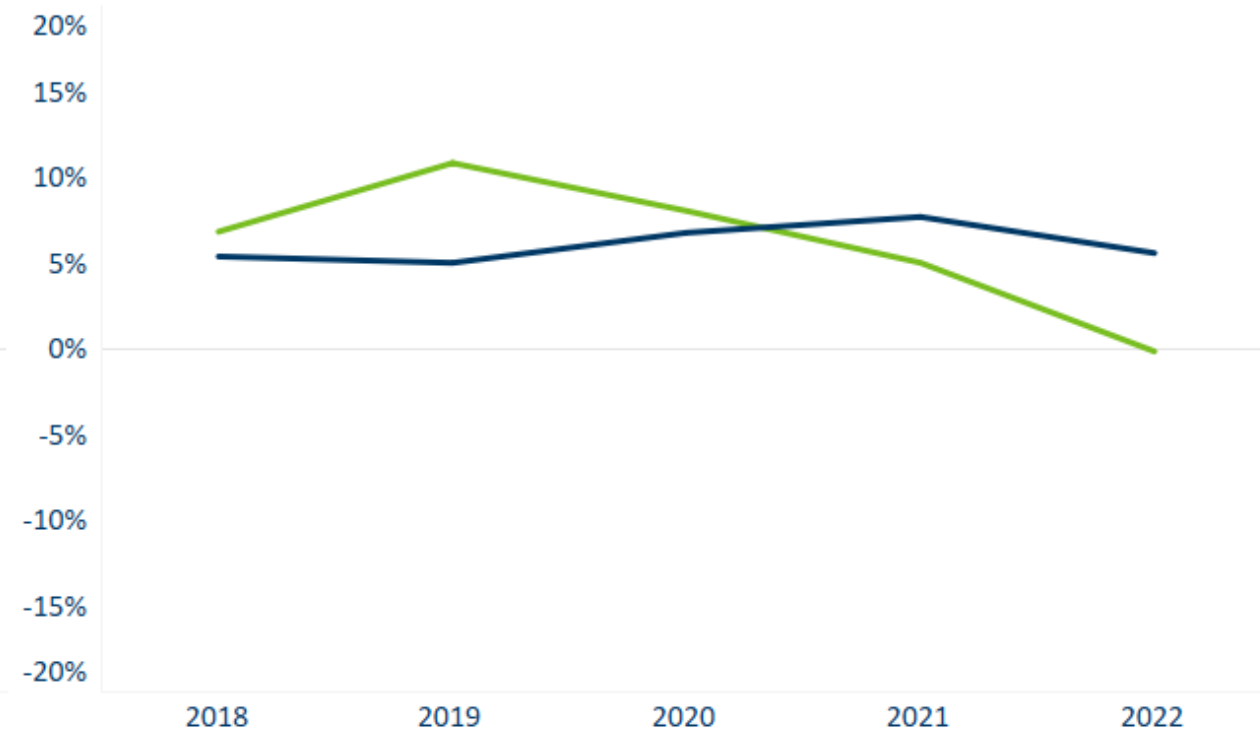
Source: MDH Health Economics Program, analysis of NAIC 5-Year Historical Data reports; data is based on national reporting. Medica Insurance Company is a for-profit insurance company.

Medica Key Financial Illustrations

Total Underwriting Margin



Total Profit Margin



Legend: ■ Medica Health Plans

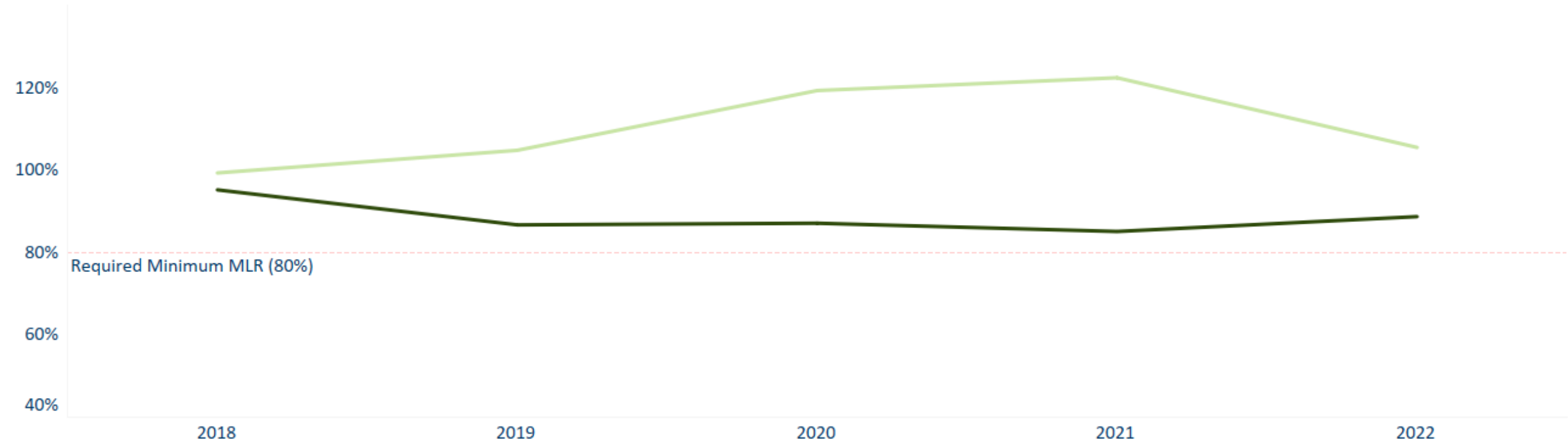
■ Medica Insurance Company

Source: MDH Health Economics Program, analysis of NAIC 5-Year Historical Data reports; data is based on national reporting. Profit margin is equal to the net income/loss over total revenues. Total underwriting margin is equal to the net underwriting gain/loss over total revenues.

[Summary of Graph](#)

Medica Key Financial Illustrations, Continued

Commercial Medical Loss Ratio



Legend:

- Medica Insurance Company, MLR - Individual Market
- Medica Insurance Company, MLR - Small Group Market

Source: MDH Health Economics Program, analysis of NAIC Supplemental Health Care Exhibit (Preliminary medical loss ratio: MLR). Medical Loss Ratio is the ratio of the health plan company's payments for medical services and activities that improve health care quality to premium revenue (minus the issuer's federal and state taxes, licensing, and regulatory fees), based on a three-year weighted average. The Required Minimum MLR is 80% for both the Commercial Individual and Small Group Market. Refer to Appendix A: Key Terms for additional detail.

[Summary of Graph](#)

PreferredOne Insurance Company Financials

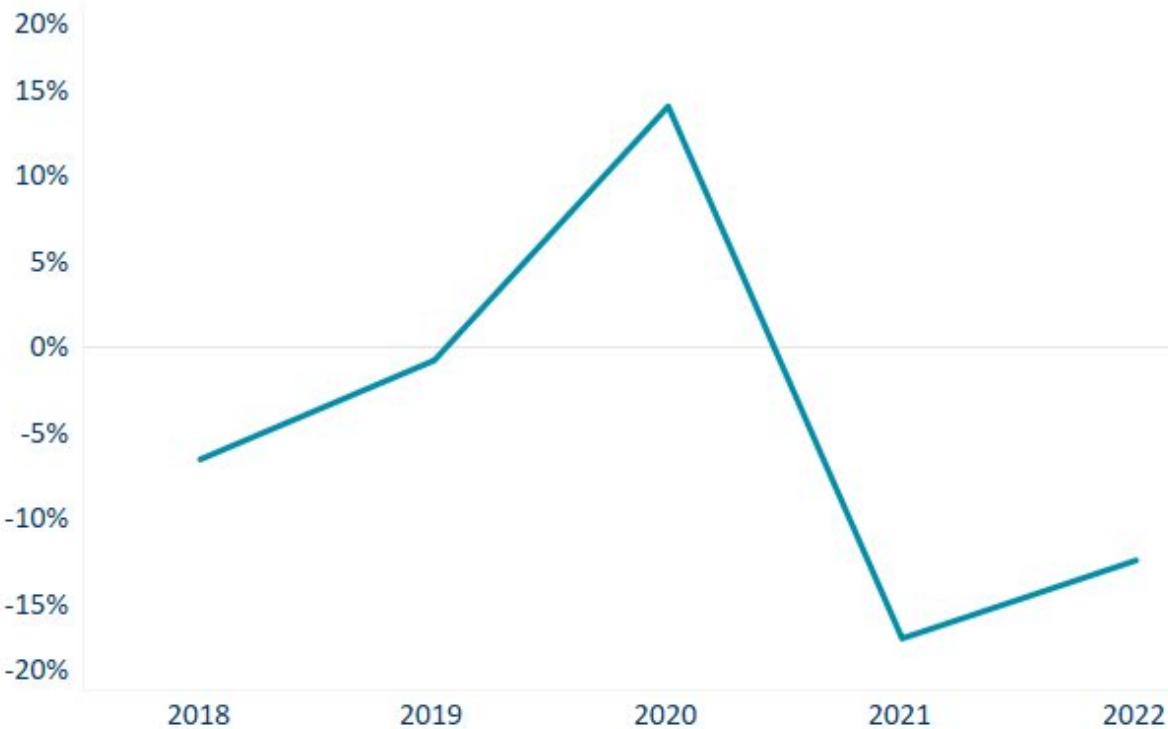
Measure (\$ in Millions)	2018	2019	2020	2021	2022
Total Premiums	\$230.3	\$269.9	\$380.9	\$309.0	\$308.2
Total Claims Expense	\$214.1	\$246.1	\$289.2	\$312.4	\$324.8
Claims Adjustment Expenses	\$2.7	\$3.0	\$3.3	\$3.4	\$3.3
Administrative Expenses	\$26.9	\$24.6	\$34.9	\$28.7	\$27.6
Net Underwriting Gain/Loss	(\$15.1)	(\$2.1)	\$53.5	(\$52.5)	(\$38.3)
Total Investment Gain/Loss	\$1.6	\$2.3	\$2.2	\$8.5	\$1.7
Other Income	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0
Net Income/Loss	(\$11.4)	\$2.9	\$49.4	(\$36.9)	(\$26.8)

Measure (\$ in Millions)	2018	2019	2020	2021	2022
Member Months (thousands)	1,633	1,773	1,843	1,799	1,725
Total Adjusted Capital (TAC)	\$38.7	\$48.2	\$98.8	\$57.8	\$64.1
Authorized Control Level (ACL)	\$14.3	\$16.8	\$18.9	\$18.9	\$20.2
TAC / ACL	271%	287%	523%	306%	317%

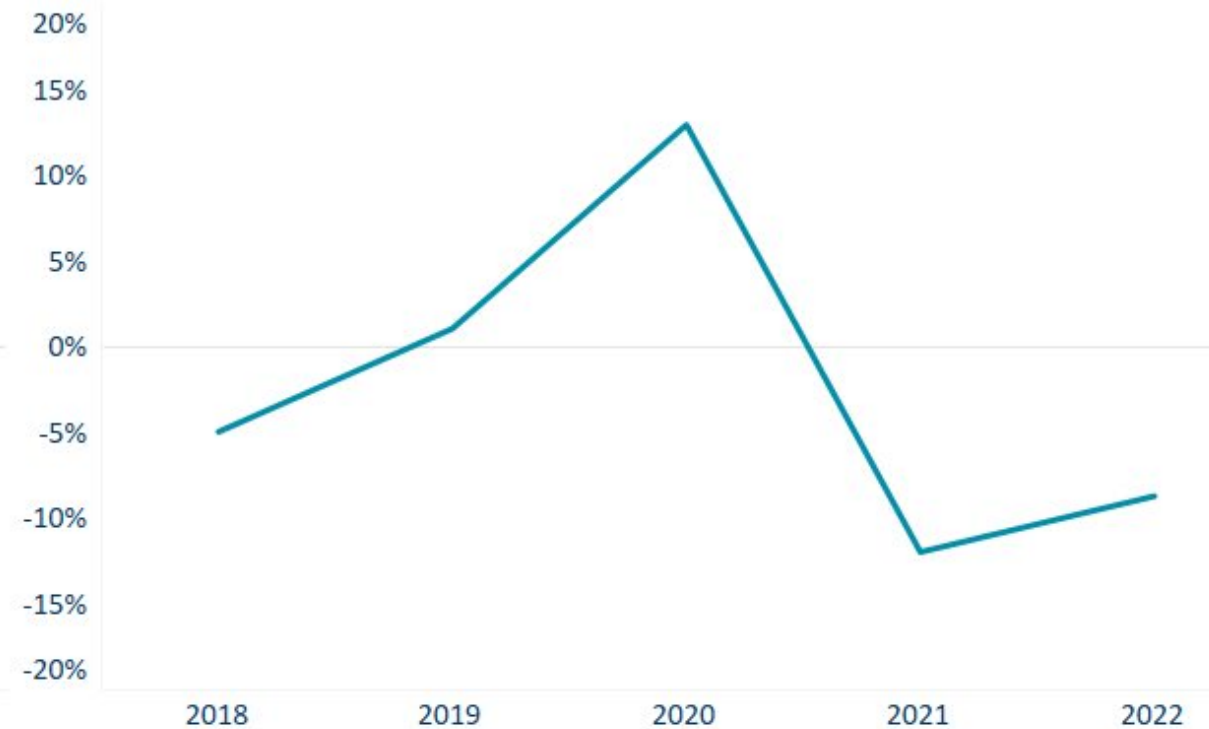
Source: MDH Health Economics Program, analysis of NAIC 5-Year Historical Data reports; data is based on national reporting. PreferredOne Insurance Company was acquired in 2021 by United Health Group Incorporated and United HealthCare Services, Inc. PreferredOne Insurance Company is a for-profit insurance company. PreferredOne Community Health Plan exited the Commercial market in December 2021 and is not shown in these financial reports.

PreferredOne Insurance Company Key Financial Illustrations

Total Underwriting Margin



Total Profit Margin

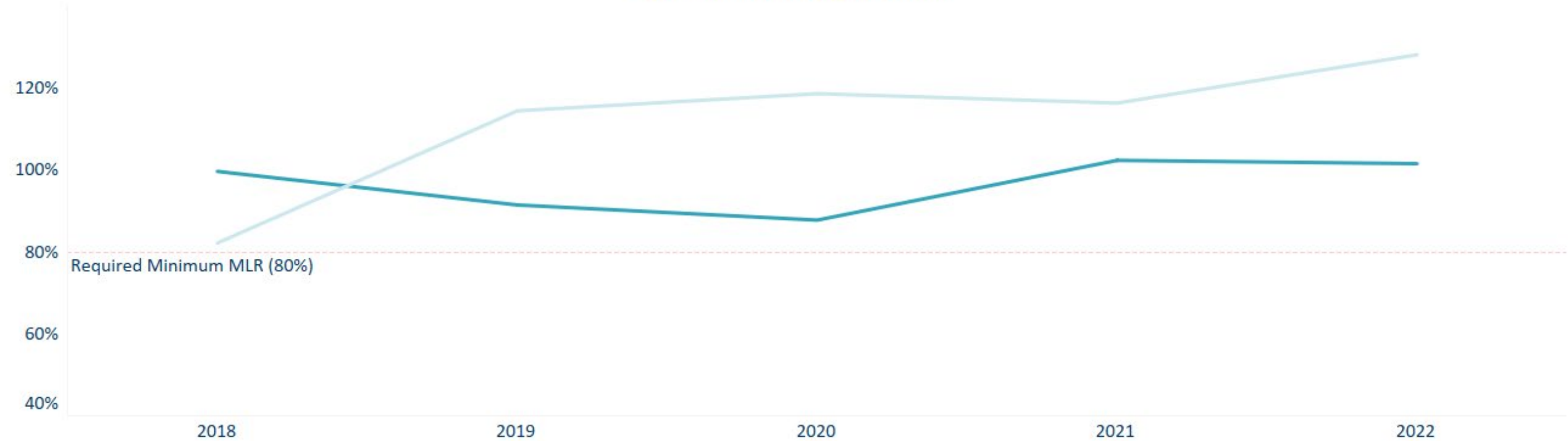


Source: MDH Health Economics Program, analysis of NAIC 5-Year Historical Data reports; data is based on national reporting. Profit margin is equal to the net income/loss over total revenues. Total underwriting margin is equal to the net underwriting gain/loss over total revenues.

[Summary of Graph](#)

PreferredOne Insurance Company Key Financial Illustrations, Continued

Commercial Medical Loss Ratio



Legend:

- PreferredOne Insurance Company, MLR - Individual Market
- PreferredOne Insurance Company, MLR - Small Group Market

Source: MDH Health Economics Program, analysis of NAIC Supplemental Health Care Exhibit (Preliminary medical loss ratio: MLR). Medical Loss Ratio is the ratio of the health plan company's payments for medical services and activities that improve health care quality to premium revenue (minus the issuer's federal and state taxes, licensing, and regulatory fees), based on a three-year weighted average. The Required Minimum MLR is 80% for both the Commercial Individual and Small Group Market. Refer to Appendix A: Key Terms for additional detail.

[Summary of Graph](#)

Quartz Health Plan MN Corporation

Measure (\$ in Millions)	2018	2019	2020	2021	2022
Total Premiums	\$8.8	\$15.5	\$21.6	\$31.0	\$38.8
Total Claims Expense	\$8.3	\$14.4	\$19.4	\$27.6	\$35.3
Claims Adjustment Expenses	\$0.3	\$0.4	\$0.4	\$0.7	\$1.1
Administrative Expenses	\$0.5	\$0.6	\$1.2	\$2.0	\$2.5
Net Underwriting Gain/Loss	(\$0.2)	\$0.1	\$0.5	\$0.7	(\$0.1)
Total Investment Gain/Loss	\$0.0	\$0.0	\$0.0	\$0.0	\$0.1
Other Income	\$0.0	\$0.0	(\$0.0)	(\$0.0)	(\$0.0)
Net Income/Loss	(\$0.2)	\$0.1	\$0.5	\$0.7	\$0.0

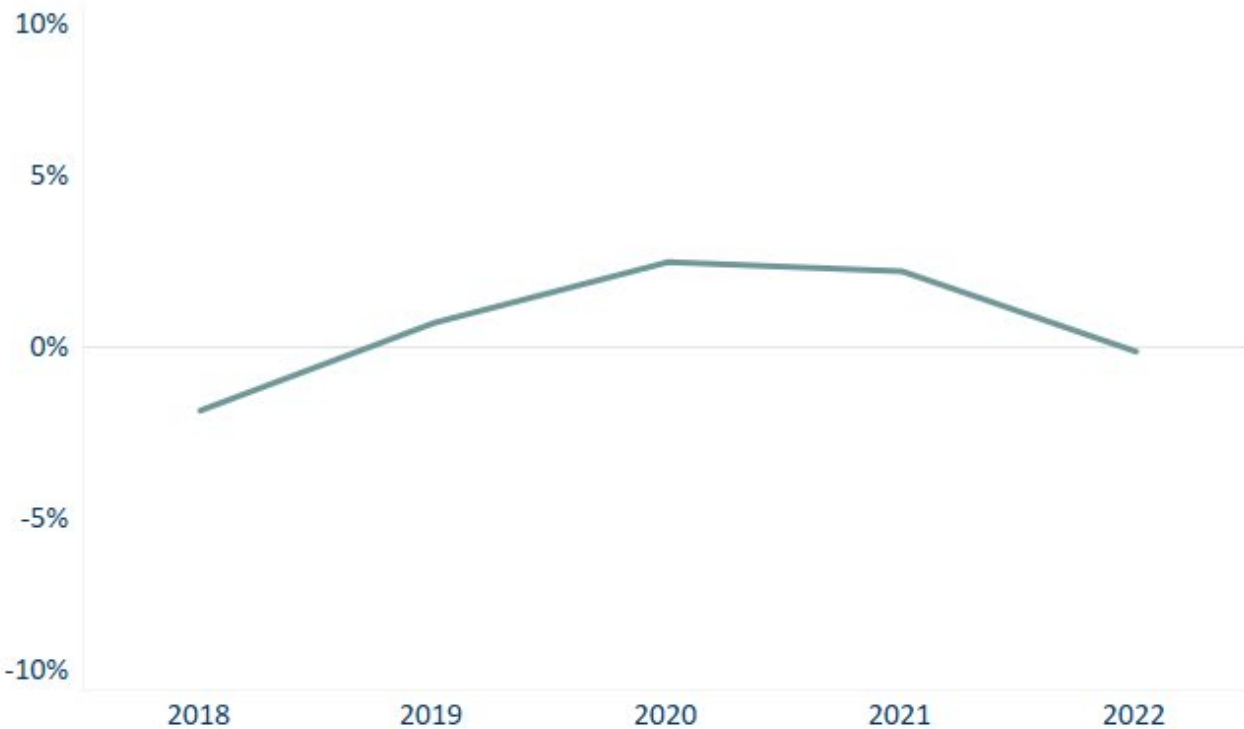
Measure (\$ in Millions)	2018	2019	2020	2021	2022
Member Months (thousands)	15	25	34	55	67
Total Adjusted Capital (TAC)	\$2.7	\$3.8	\$4.5	\$3.9	\$5.9
Authorized Control Level (ACL)	\$0.8	\$0.8	\$0.8	\$0.9	\$1.1
TAC / ACL	350%	485%	556%	431%	541%

Source: MDH Health Economics Program, analysis of NAIC 5-Year Historical Data reports; data is based on national reporting. Quartz Health Plan MN Corporation is a nonprofit HMO.

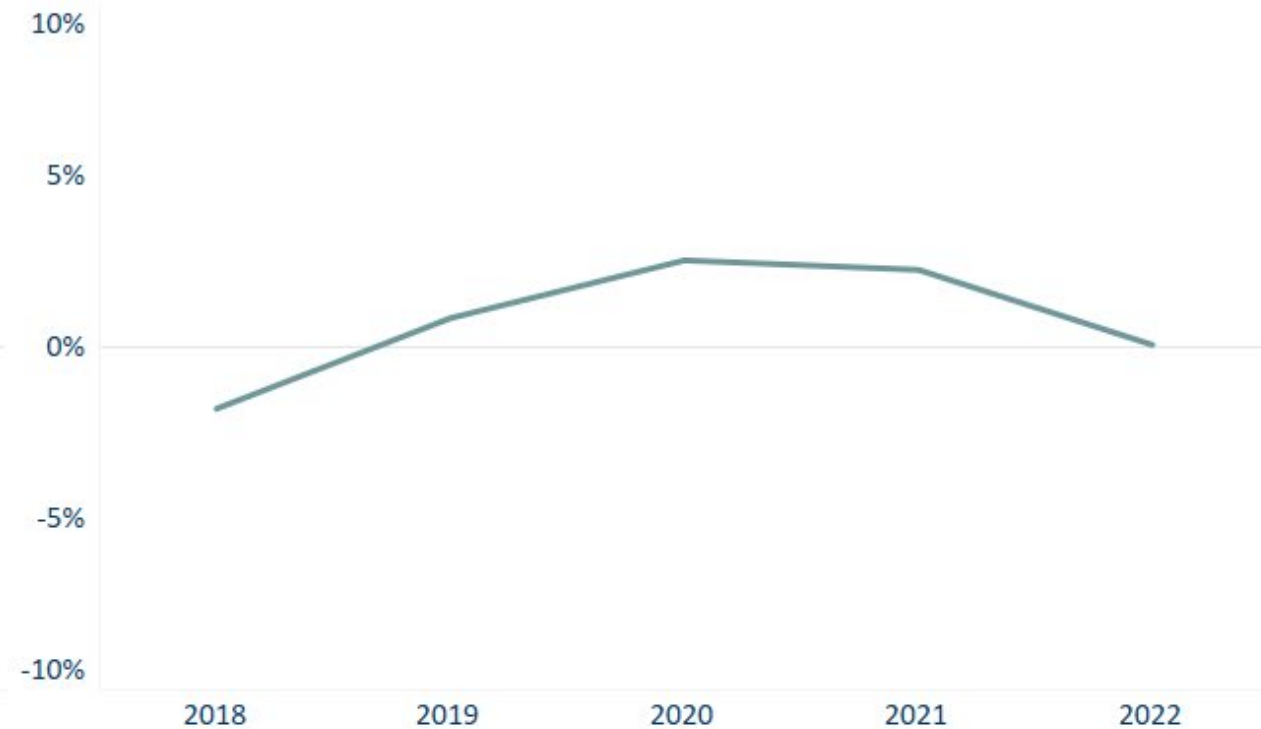
Quartz Health Plan MN Corporation

Key Financial Illustrations

Total Underwriting Margin



Total Profit Margin

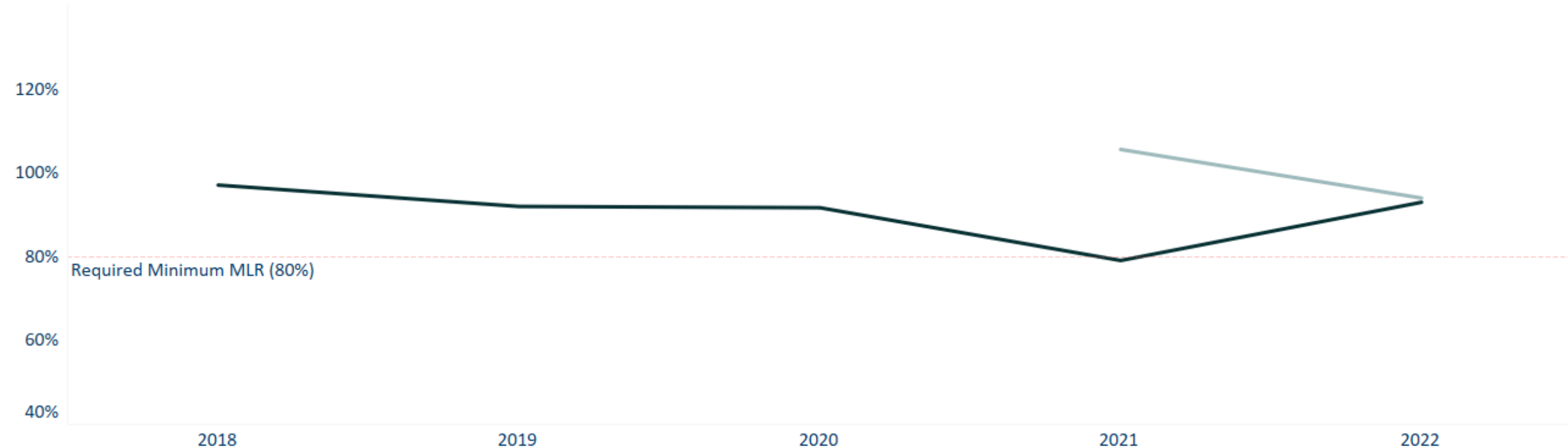


Source: MDH Health Economics Program, analysis of NAIC 5-Year Historical Data reports; data is based on national reporting. Profit margin is equal to the net income/loss over total revenues. Total underwriting margin is equal to the net underwriting gain/loss over total revenues.

[Summary of Graph](#)

Quartz Health Plan MN Corporation Key Financial Illustrations, Continued

Commercial Medical Loss Ratio



Legend:

- Quartz Health Plan MN, MLR - Individual Market
- Quartz Health Plan MN, MLR - Small Group Market

Source: MDH Health Economics Program, analysis of NAIC Supplemental Health Care Exhibit (Preliminary medical loss ratio: MLR). Medical Loss Ratio is the ratio of the health plan company's payments for medical services and activities that improve health care quality to premium revenue (minus the issuer's federal and state taxes, licensing, and regulatory fees), based on a three-year weighted average. The Required Minimum MLR is 80% for both the Commercial Individual and Small Group Market. Refer to Appendix A: Key Terms for additional detail. Quartz began to offer individual market plans in 2021.

[Summary of Graph](#)

Sanford HealthPlan of MN

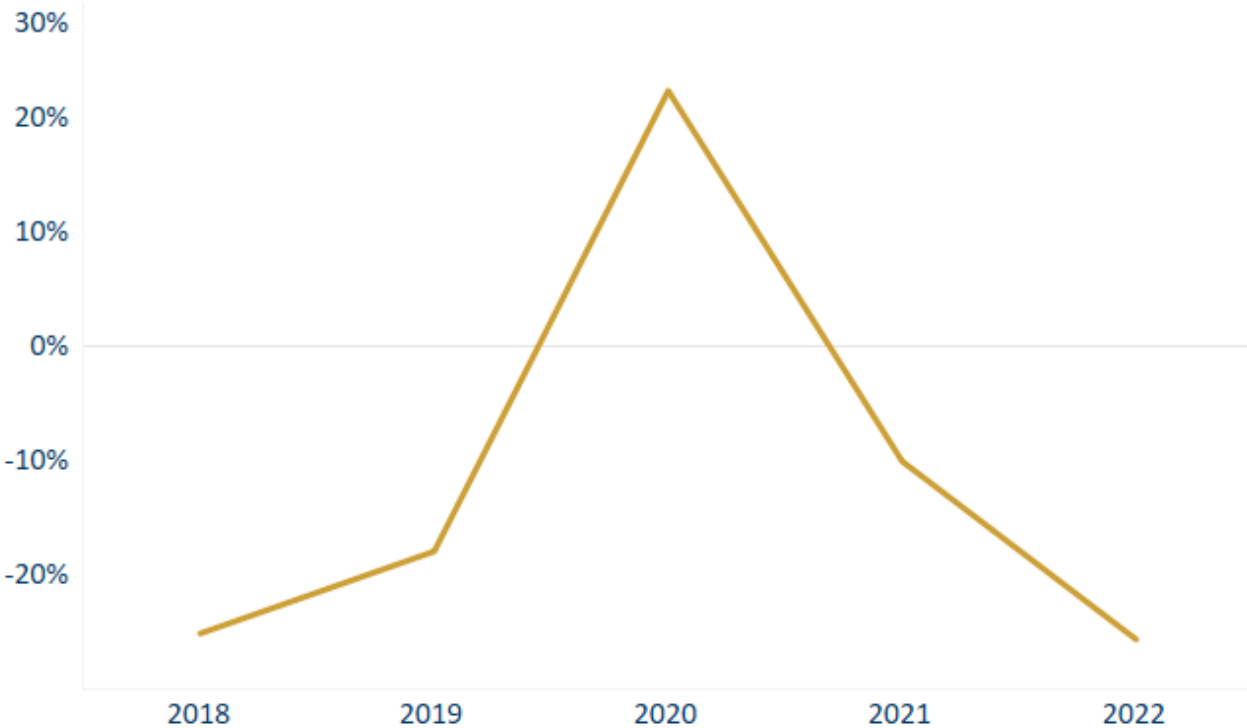
Measure (\$ in Millions)	2018	2019	2020	2021	2022
Total Premiums	\$3.6	\$5.7	\$7.7	\$11.2	\$16.3
Total Claims Expense	\$3.4	\$6.0	\$5.2	\$11.1	\$16.0
Claims Adjustment Expenses	\$0.1	\$0.2	\$0.2	\$0.3	\$0.8
Administrative Expenses	\$0.5	\$0.7	\$0.9	\$0.9	\$1.4
Net Underwriting Gain/Loss	(\$0.9)	(\$1.0)	\$1.7	(\$1.1)	(\$4.2)
Total Investment Gain/Loss	\$0.0	\$0.0	\$0.0	(\$0.0)	\$0.0
Other Income	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0
Net Income/Loss	(\$0.9)	(\$1.0)	\$1.7	(\$1.1)	(\$4.2)

Measure (\$ in Millions)	2018	2019	2020	2021	2022
Member Months (thousands)	9	15	18	26	33
Total Adjusted Capital (TAC)	\$1.8	\$1.7	\$3.3	\$2.6	\$4.8
Authorized Control Level (ACL)	\$0.3	\$0.4	\$0.8	\$0.8	\$1.0
TAC / ACL	564%	420%	413%	326%	455%

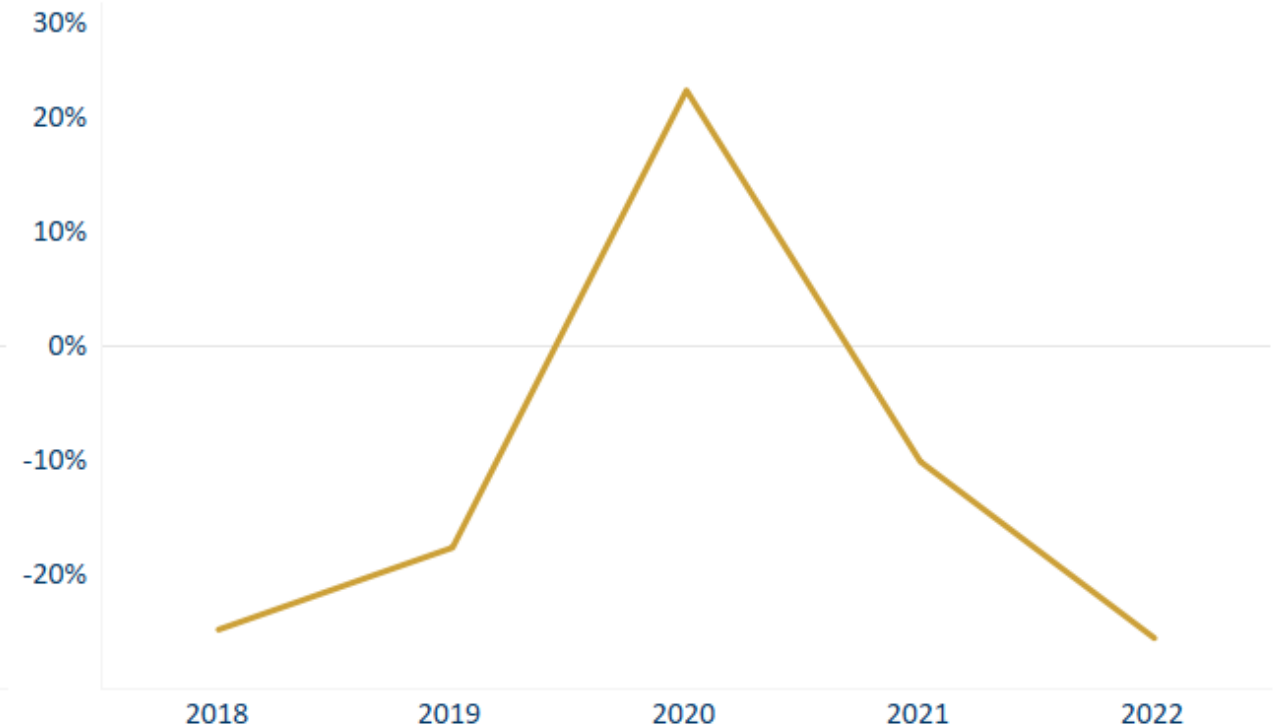
Source: MDH Health Economics Program, analysis of NAIC 5-Year Historical Data reports; data is based on national reporting. Sanford HealthPlan of MN is a nonprofit HMO.

Sanford HealthPlan of MN Key Financial Illustrations

Total Underwriting Margin



Total Profit Margin

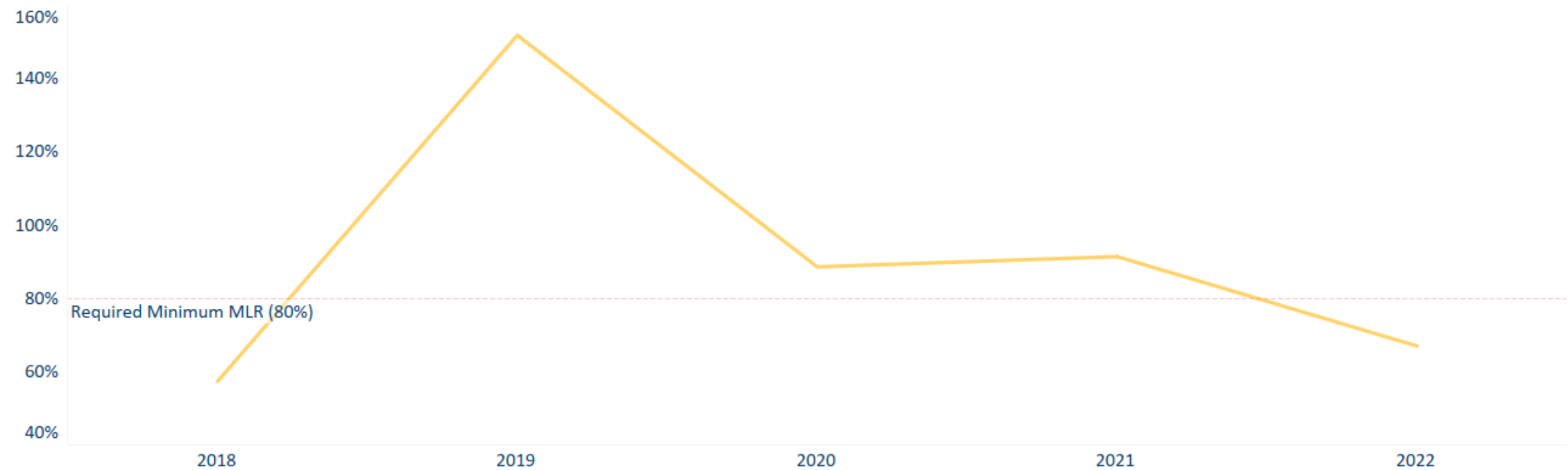


Source: MDH Health Economics Program, analysis of NAIC 5-Year Historical Data reports; data is based on national reporting. Profit margin is equal to the net income/loss over total revenues. Total underwriting margin is equal to the net underwriting gain/loss over total revenues.

[Summary of Graph](#)

Sanford HealthPlan of MN Key Financial Illustrations, Continued

Commercial Medical Loss Ratio



Legend:

■ Sanford HealthPlan of MN, MLR - Small Group Market

Source: MDH Health Economics Program, analysis of NAIC Supplemental Health Care Exhibit (Preliminary medical loss ratio: MLR). Medical Loss Ratio is the ratio of the health plan company's payments for medical services and activities that improve health care quality to premium revenue (minus the issuer's federal and state taxes, licensing, and regulatory fees), based on a three-year weighted average. The Required Minimum MLR is 80% for both the Commercial Individual and Small Group Market. Refer to Appendix A: Key Terms for additional detail.

[Summary of Graph](#)

UCare MN Financials

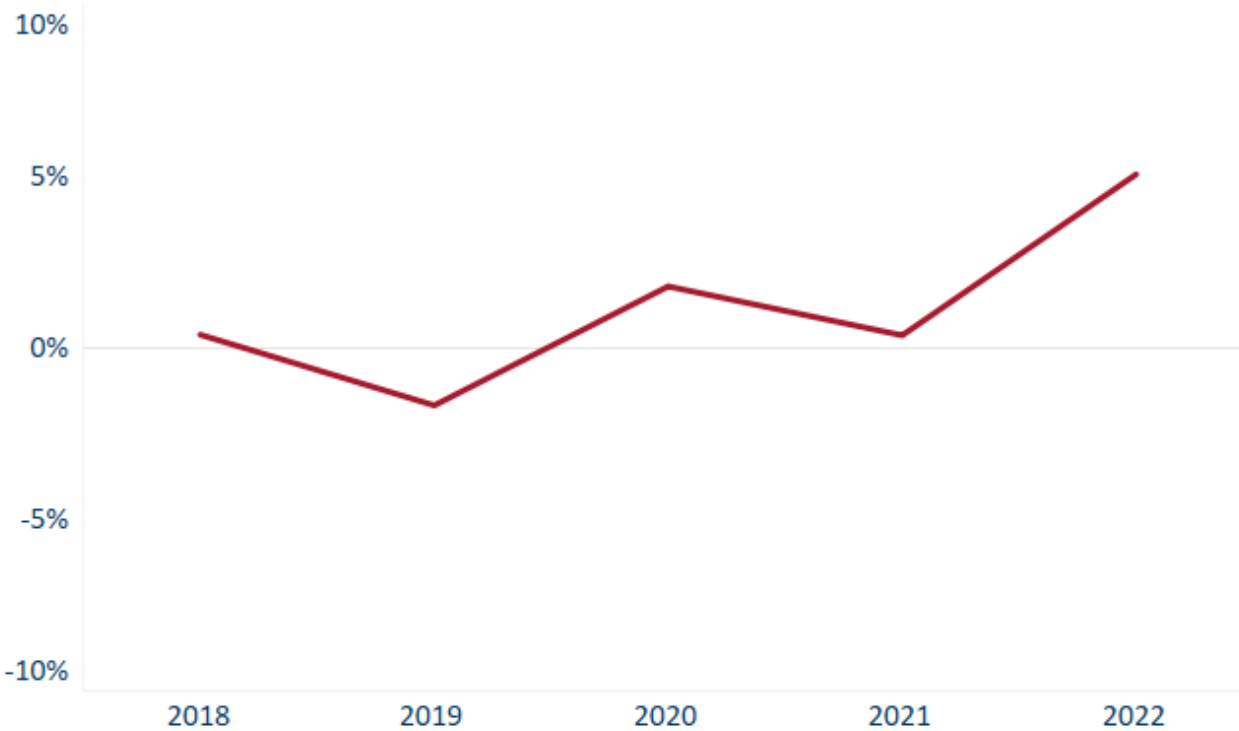
Measure (\$ in Millions)	2018	2019	2020	2021	2022
Total Premiums	\$3,419.1	\$3,709.6	\$4,134.2	\$4,954.3	\$6,075.5
Total Claims Expense	\$3,135.6	\$3,477.7	\$3,690.2	\$4,504.2	\$5,215.7
Claims Adjustment Expenses	\$78.1	\$77.7	\$93.1	\$123.9	\$156.5
Administrative Expenses	\$192.0	\$212.2	\$280.4	\$307.7	\$395.2
Net Underwriting Gain/Loss	\$13.4	(\$62.0)	\$74.5	\$18.5	\$308.1
Total Investment Gain/Loss	\$27.4	\$32.1	\$24.6	\$36.6	\$18.6
Other Income	(\$1.0)	(\$1.1)	(\$0.8)	(\$1.5)	(\$0.9)
Net Income/Loss	\$39.8	(\$31.0)	\$98.2	\$53.5	\$325.7

Measure (\$ in Millions)	2018	2019	2020	2021	2022
Member Months (thousands)	4,855	5,131	5,786	6,727	7,643
Total Adjusted Capital (TAC)	\$662.8	\$659.4	\$779.7	\$844.0	\$1,125.3
Authorized Control Level (ACL)	\$126.5	\$141.8	\$154.6	\$186.3	\$212.1
TAC / ACL	524%	465%	504%	453%	531%

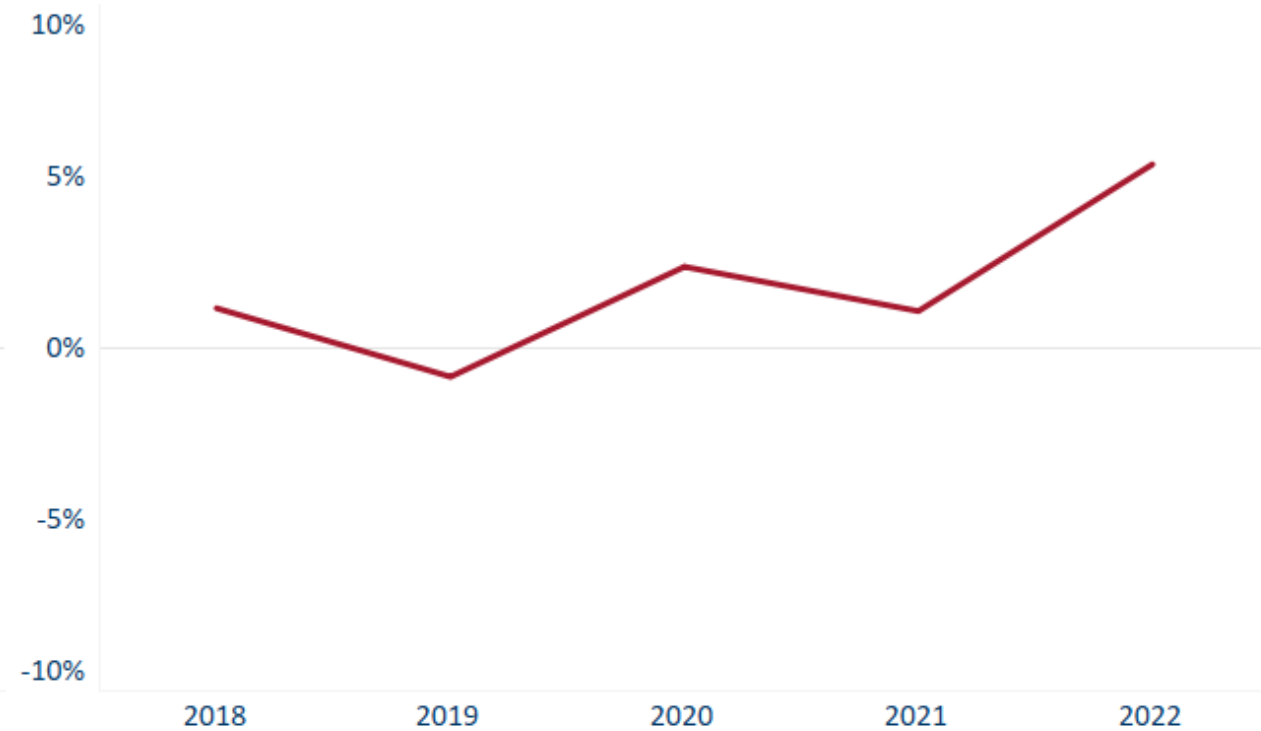
Source: MDH Health Economics Program, analysis of NAIC 5-Year Historical Data reports; data is based on national reporting. UCare MN is a nonprofit HMO.

UCare MN Key Financial Illustrations

Total Underwriting Margin



Total Profit Margin



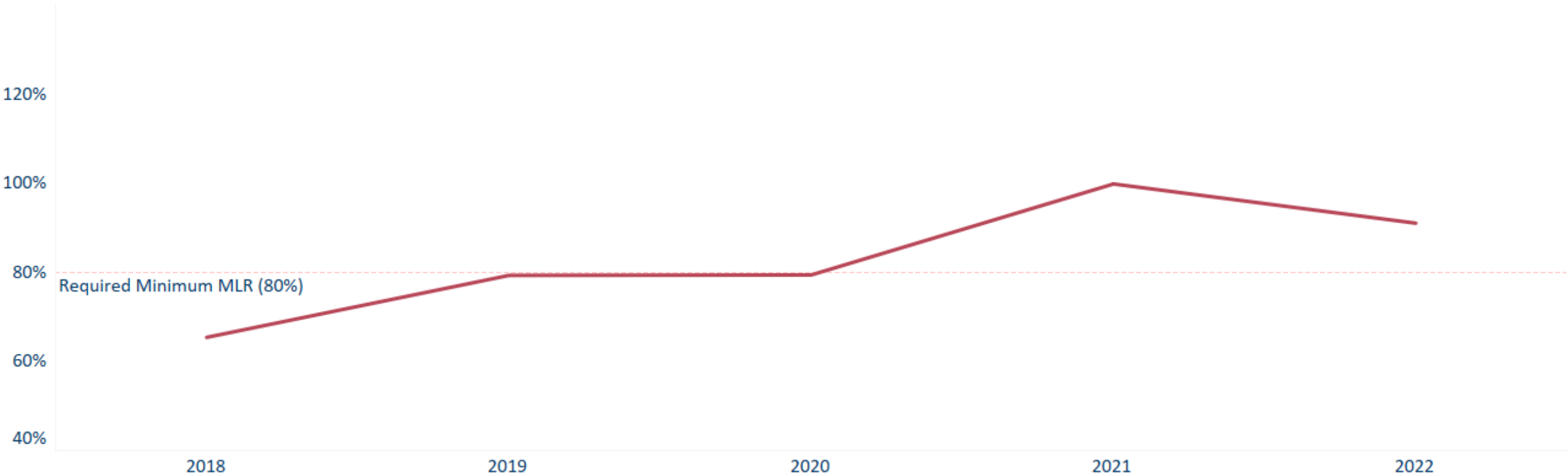
Source: MDH Health Economics Program, analysis of NAIC 5-Year Historical Data reports; data is based on national reporting. Profit margin is equal to the net income/loss over total revenues. Total underwriting margin is equal to the net underwriting gain/loss over total revenues.

[Summary of Graph](#)

UCare MN

Key Financial Illustrations, Continued

Commercial Medical Loss Ratio



Legend:
■ UCare MN, MLR - Individual Market

Source: MDH Health Economics Program, analysis of NAIC Supplemental Health Care Exhibit (Preliminary medical loss ratio: MLR). Medical Loss Ratio is the ratio of the health plan company's payments for medical services and activities that improve health care quality to premium revenue (minus the issuer's federal and state taxes, licensing, and regulatory fees), based on a three-year weighted average. The Required Minimum MLR is 80% for both the Commercial Individual and Small Group Market. Refer to Appendix A: Key Terms for additional detail.

[Summary of Graph](#)

Health Plan Company Financial Information

Non-MN-Domiciled Health Plan Companies

Within this section, health plan companies include Health Maintenance Organizations (HMOs) and health insurance companies.

Medica Community Health Plan Financials

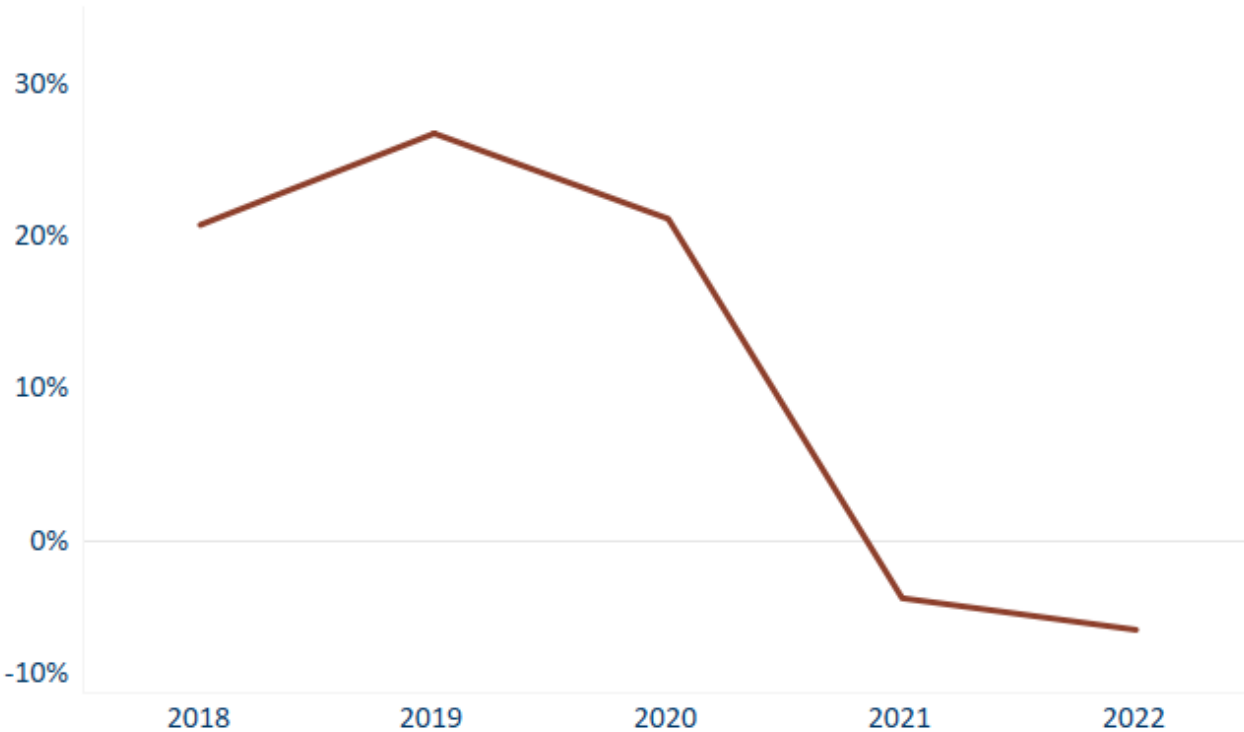
Measure (\$ in Millions)	2018	2019	2020	2021	2022
Total Premiums	\$83.0	\$81.2	\$119.3	\$113.8	\$122.9
Total Claims Expense	\$57.3	\$53.6	\$76.9	\$95.2	\$117.8
Claims Adjustment Expenses	\$0.3	\$0.2	\$0.3	\$0.8	\$0.4
Administrative Expenses	\$8.3	\$5.7	\$16.9	\$22.2	\$11.8
Net Underwriting Gain/Loss	\$17.2	\$21.7	\$25.2	(\$4.3)	(\$7.2)
Total Investment Gain/Loss	\$0.8	\$2.1	\$2.5	\$2.0	\$1.4
Other Income	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0
Net Income/Loss	\$18.0	\$23.8	\$27.6	(\$2.3)	(\$5.8)

Measure (\$ in Millions)	2018	2019	2020	2021	2022
Member Months (thousands)	86	75	120	146	155
Total Adjusted Capital (TAC)	\$91.3	\$115.1	\$139.4	\$106.1	\$101.1
Authorized Control Level (ACL)	\$2.7	\$2.6	\$3.7	\$4.3	\$5.3
TAC / ACL	3342%	4512%	3762%	2443%	1914%

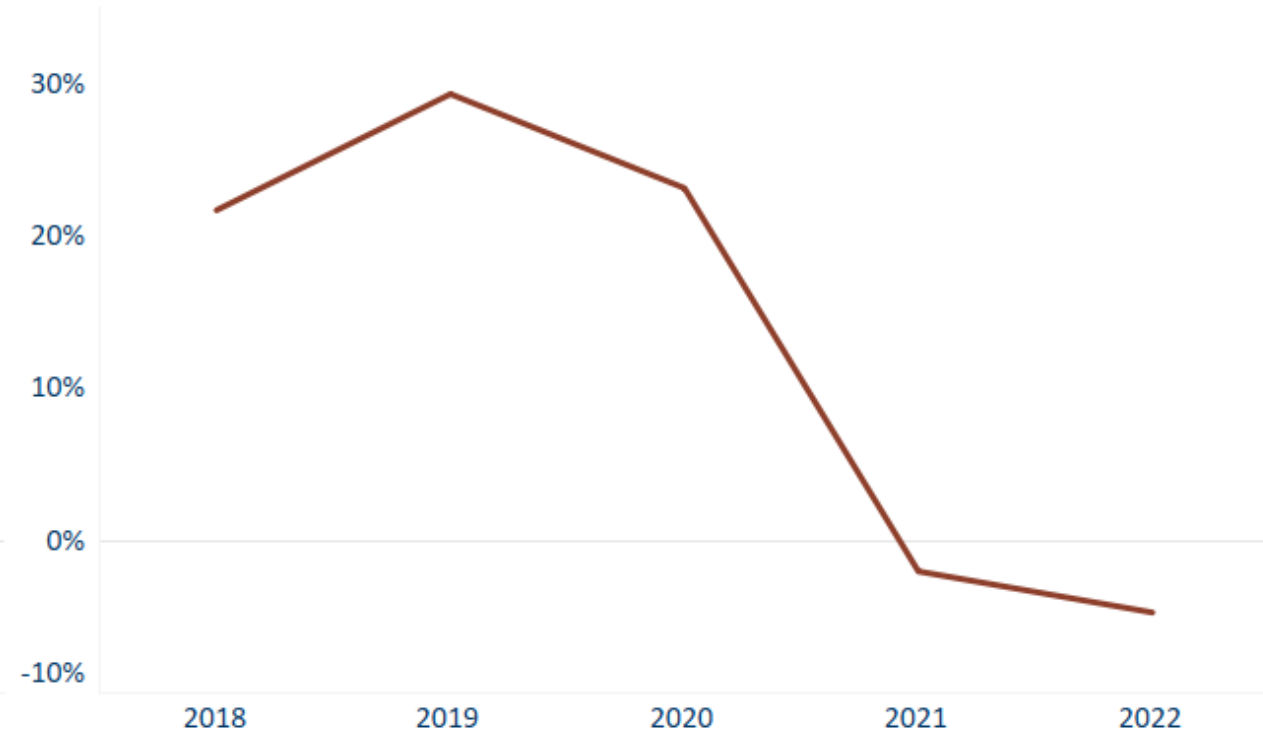
Source: MDH Health Economics Program, analysis of NAIC 5-Year Historical Data reports; data is based on national reporting. Medica Community Health Plan is a nonprofit insurance company.

Medica Community Health Plan Key Financial Illustrations

Total Underwriting Margin



Total Profit Margin



Source: MDH Health Economics Program, analysis of NAIC 5-Year Historical Data reports; data is based on national reporting. Profit margin is equal to the net income/loss over total revenues. Total underwriting margin is equal to the net underwriting gain/loss over total revenues.

[Summary of Graph](#)

UCare Health, Inc. Financials

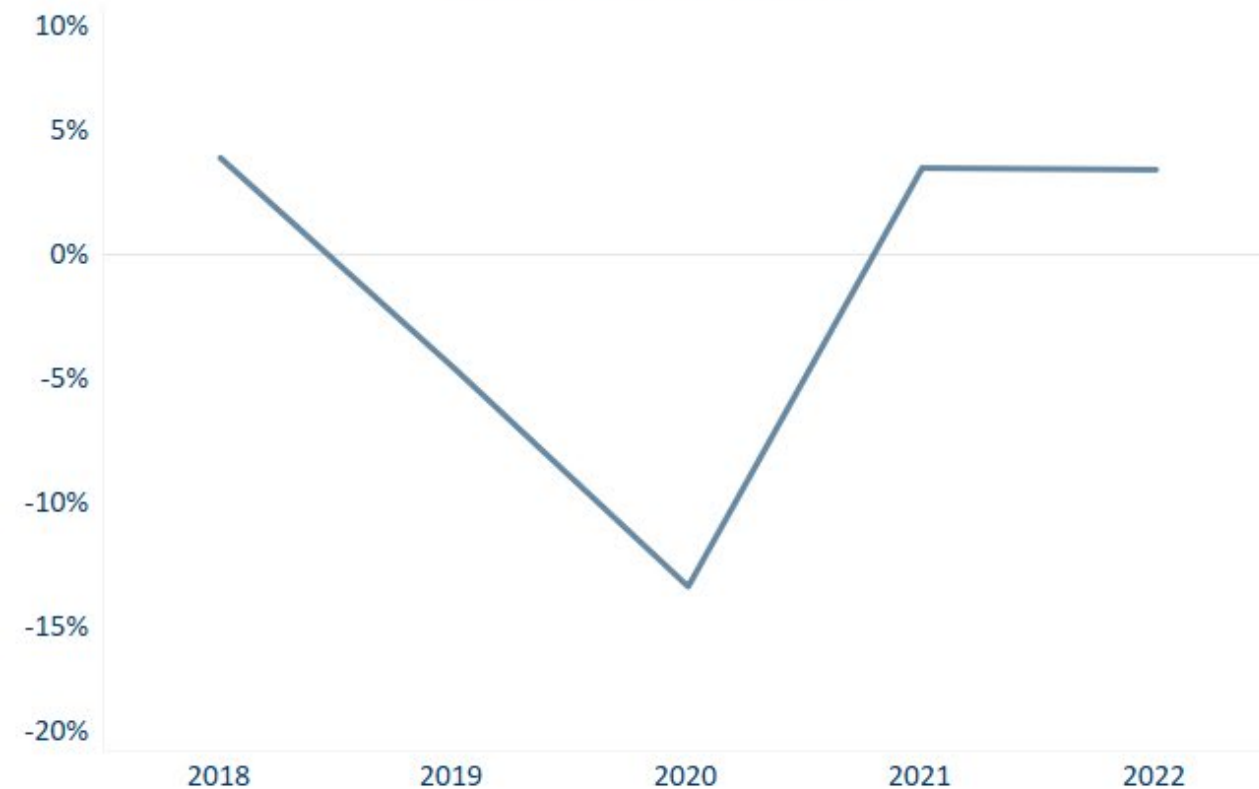
Measure (\$ in Millions)	2018	2019	2020	2021	2022
Total Premiums	\$6.7	\$24.5	\$29.1	\$40.4	\$43.3
Total Claims Expense	\$6.4	\$23.7	\$29.0	\$36.0	\$38.5
Claims Adjustment Expenses	\$0.0	\$0.7	\$0.8	\$0.9	\$1.1
Administrative Expenses	\$0.1	\$1.2	\$3.2	\$2.1	\$2.2
Net Underwriting Gain/Loss	\$0.3	(\$1.1)	(\$3.9)	\$1.4	\$1.5
Total Investment Gain/Loss	\$0.4	\$0.8	\$0.1	\$0.0	\$0.6
Other Income	\$0.0	(\$0.0)	(\$0.0)	(\$0.0)	(\$0.0)
Net Income/Loss	\$0.7	(\$0.4)	(\$3.8)	\$1.4	\$2.0

Measure (\$ in Millions)	2018	2019	2020	2021	2022
Member Months (thousands)	-	25	30	37	40
Total Adjusted Capital (TAC)	\$35.3	\$34.9	\$31.1	\$32.4	\$34.4
Authorized Control Level (ACL)	\$0.8	\$1.7	\$1.9	\$2.1	\$2.2
TAC / ACL	4568%	2100%	1621%	1524%	1534%

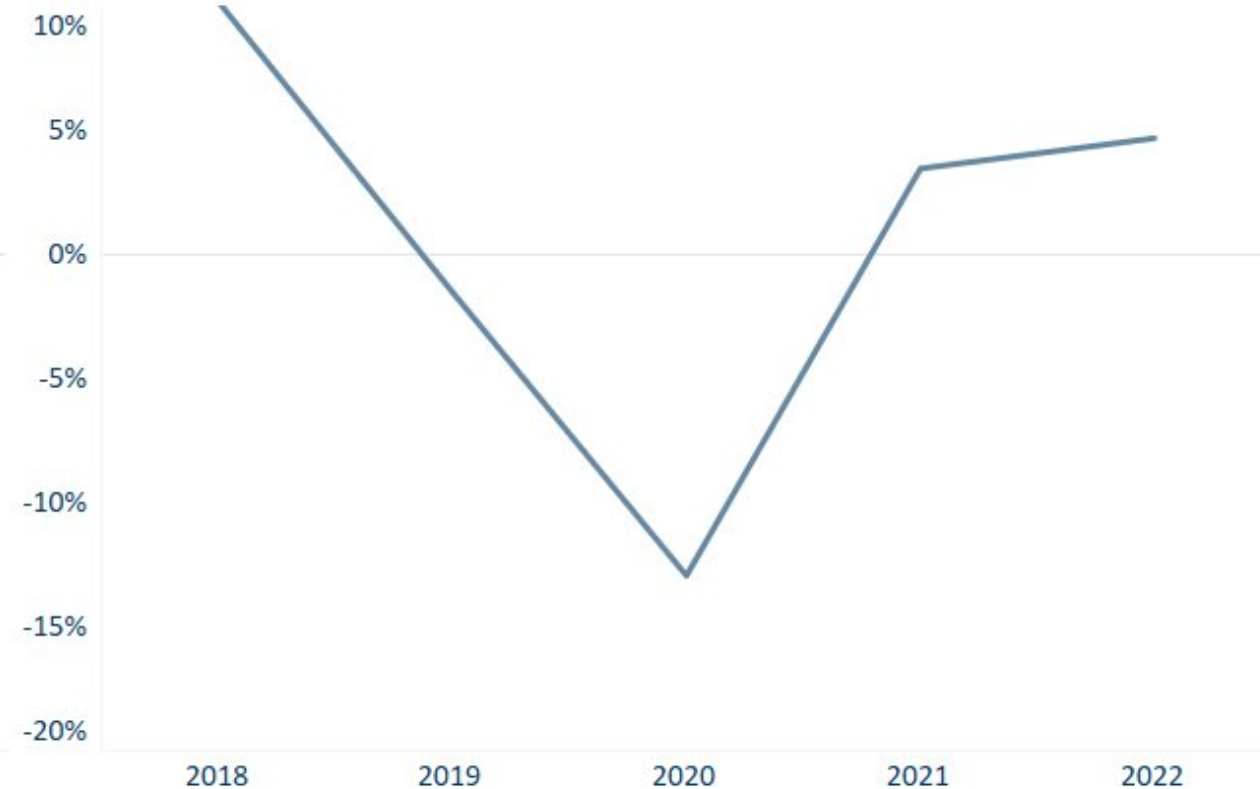
Source: MDH Health Economics Program, analysis of NAIC 5-Year Historical Data reports; data is based on national reporting. UCare Health, Inc. is a nonprofit insurance company.

UCare Health, Inc. Key Financial Illustrations

Total Underwriting Margin



Total Profit Margin



Source: MDH Health Economics Program, analysis of NAIC 5-Year Historical Data reports; data is based on national reporting. Profit margin is equal to the net income/loss over total revenues. Total underwriting margin is equal to the net underwriting gain/loss over total revenues.

[Summary of Graph](#)

UnitedHealthcare of IL Financials

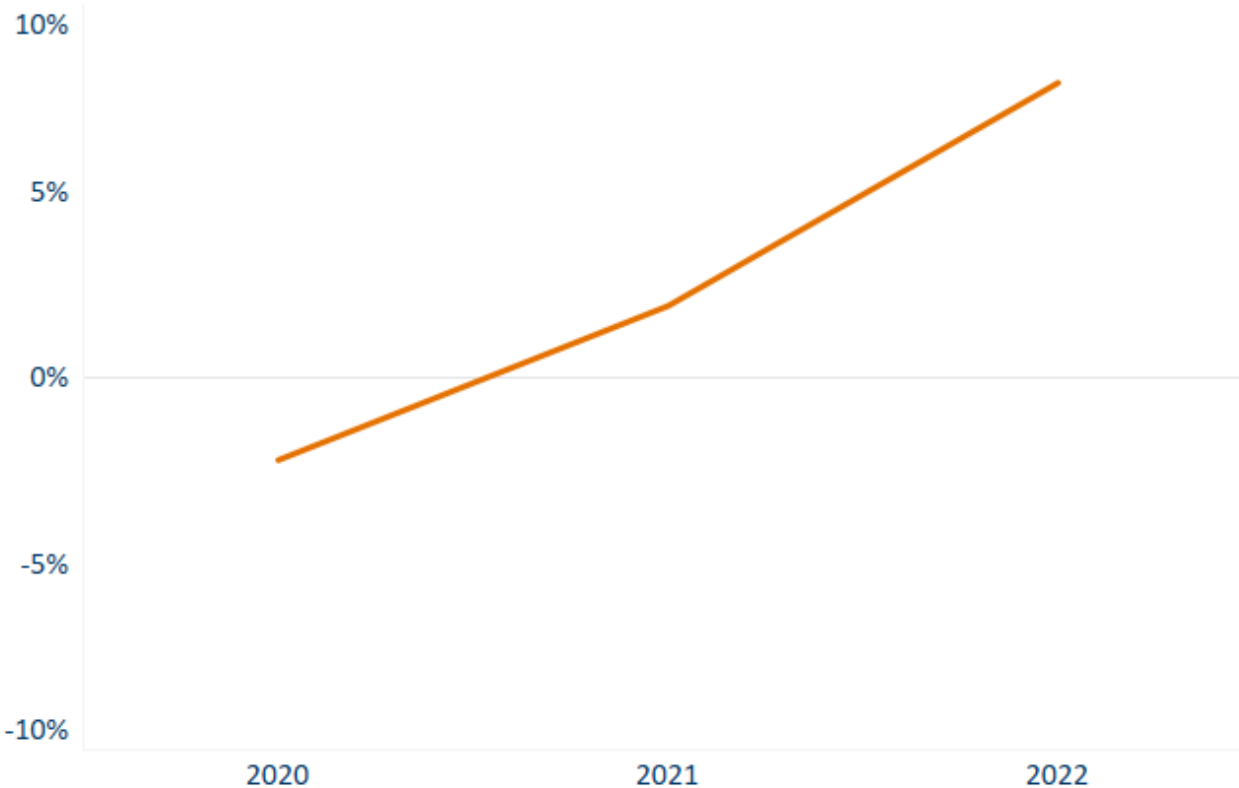
Measure (\$ in Millions)	2018	2019	2020	2021	2022
Total Premiums			\$160.5	\$179.8	\$367.0
Total Claims Expense			\$137.0	\$148.0	\$289.4
Claims Adjustment Expenses			\$7.1	\$7.6	\$15.1
Administrative Expenses			\$16.5	\$22.7	\$34.9
Net Underwriting Gain/Loss			(\$3.6)	\$3.5	\$29.1
Total Investment Gain/Loss			\$1.5	\$1.6	\$2.1
Other Income			(\$0.0)	(\$0.1)	(\$0.0)
Net Income/Loss			(\$3.0)	\$4.5	\$24.8

Measure (\$ in Millions)	2018	2019	2020	2021	2022
Member Months (thousands)			377	367	837
Total Adjusted Capital (TAC)			\$15.8	\$23.1	\$47.4
Authorized Control Level (ACL)			\$6.0	\$6.6	\$6.1
TAC / ACL			264%	348%	782%

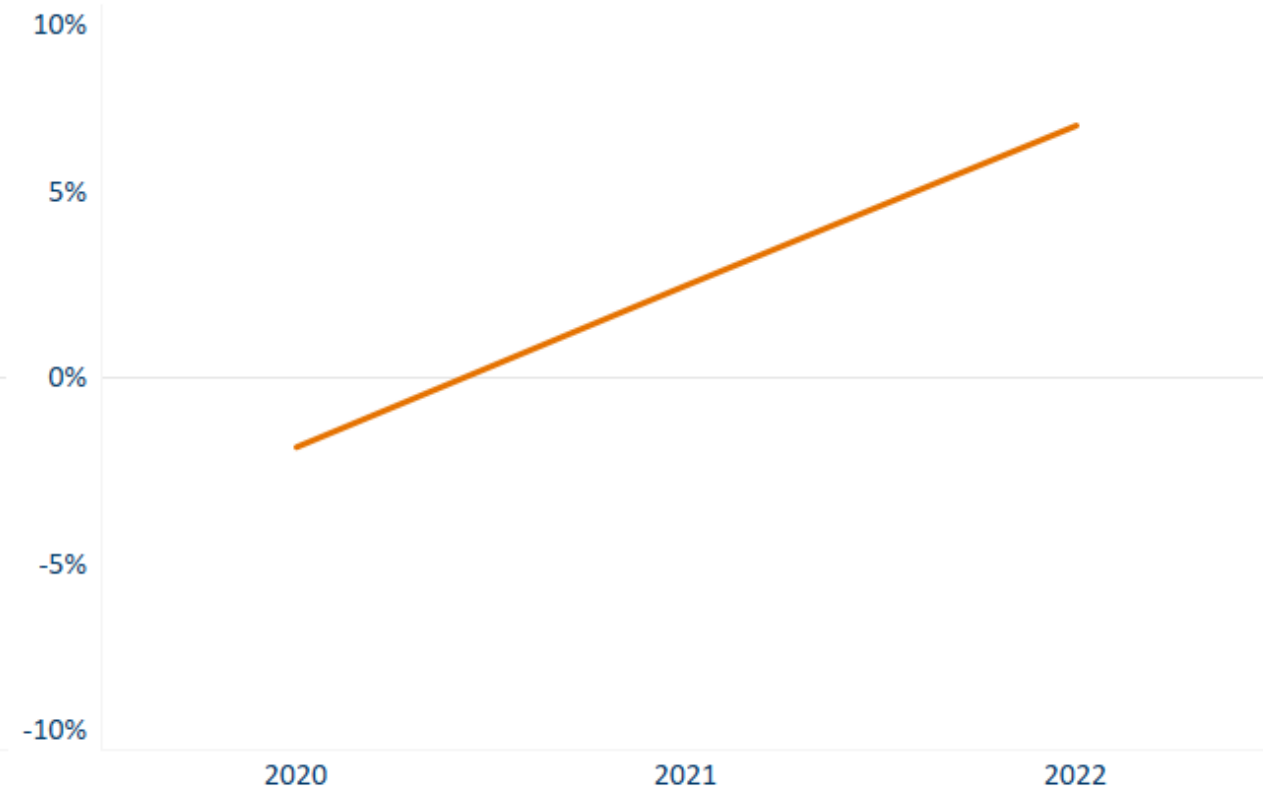
Source: MDH Health Economics Program, analysis of NAIC 5-Year Historical Data reports; data is based on national reporting. In February 2019, UnitedHealthcare of Illinois, Inc. became the first for-profit HMO licensed in Minnesota. In 2020, it began offering insurance to both small and large group insurance market plans in the commercial market. In 2022, it began offering insurance for Medical Assistance Families and Children (under age 65) – also known as PMAP and MinnesotaCare enrollees – in the seven-county metro area. In 2023, it began offering insurance for all Medical Assistance and MinnesotaCare products in the seven-county metro area and St. Louis County. For purposes of this slide, we have only begun to illustrate data for years UnitedHealthcare of IL was operating in Minnesota. UnitedHealthcare of IL is a for-profit HMO.

UnitedHealthcare of IL Key Financial Illustrations

Total Underwriting Margin



Total Profit Margin



Source: MDH Health Economics Program, analysis of NAIC 5-Year Historical Data reports; data is based on national reporting. Profit margin is equal to the net income/loss over total revenues. Total underwriting margin is equal to the net underwriting gain/loss over total revenues.

[Summary of Graph](#)

Additional Information from the Health Economics Program Available Online

- Health Economics Program Home Page
(www.health.state.mn.us/data/economics/index.html)
- Publications (publications.web.health.state.mn.us)
- Health Care Market Statistics (Chartbook Updates)
(www.health.state.mn.us/data/economics/chartbook/index.html)

A summary of the charts and graphs contained within is provided at [Chartbook Summaries – Section 7 Supplement](https://www.health.state.mn.us/data/economics/chartbook/summaries/section7supsumm.html) (<https://www.health.state.mn.us/data/economics/chartbook/summaries/section7supsumm.html>). Direct links are listed on each page. Please contact the Health Economics Program at health.hep@state.mn.us if additional assistance is needed for accessing this information.

Appendix A: Key Terms

Key Terms

Listed in alphabetical order

- **Administrative expenses** – health plan company expenses needed to continue business operations (e.g., salaries).
- **Authorized Control Level (ACL)** – is an amount calculated under the Risk-Based Capital framework and a floor that triggers health plan companies and regulator responses to capitalization.
- **Claims adjustment expenses** – costs expected to happen based on claims adjustments.
- **Claims expense** – medical and hospital expenses incurred from claims.
- **County Based Purchasers (CBPs)** – IMCare, South Country Health Alliance (SCHA), and PrimeWest Health. CBPs are health plans operated by a county or a group of counties that purchase health care services for certain residents enrolled in Medical Assistance and MinnesotaCare. The participating counties are primarily rural. Additional information is available on MDH's website: www.health.state.mn.us/facilities/insurance/managedcare/planinfo/cbpinfo.html.
- **Fully-insured plan** – Employer health insurance coverage where the health insurance company takes on the risk of medical bills for employees and their dependents (employer purchases plan from insurance company).
- **Health insurance companies** – health plan companies that provide comprehensive health insurance coverage to Minnesotans that are not health maintenance organizations.

Key Terms

Listed in alphabetical order, continued

- **Health Maintenance Organizations (HMOs)** – nonprofit and for-profit corporations which provide comprehensive health insurance coverage to Minnesotans. They also provide health care to state public programs enrollees through contracts with the Minnesota Department of Human Services and to Medicare beneficiaries through contracts with the Center for Medicare and Medicaid Services. HMOs are licensed pursuant to Minnesota Statutes, chapter 62D and Minnesota Rules, part 4685.
- **Individual (non-group) market** – a health insurance market where individuals purchase health insurance coverage directly; plans can cover one person (single coverage) or dependents (family coverage). Referred to as the individual or non-group market, because plans are purchased by an individual rather than as part of a group.
- **Medical Loss Ratio (MLR)** – the ratio of the health plan company’s payments for medical services and activities that improve health care quality to premium revenue (minus the issuer’s federal and state taxes, licensing, and regulatory fees), based on a three-year weighted average. The Required Minimum MLR is 80% for both the Commercial Individual and Small Group Market.
- **Minnesota-domiciled** – a health plan company which is incorporated/organized in Minnesota.
- **NAIC** – National Association of Insurance Commissioners (NAIC). MDH uses annual reporting provided by the NAIC to complete many of these slides. Data from the NAIC is based on the state of domicile, meaning there are instances where data provided can include non-Minnesota residents.

Key Terms

Listed in alphabetical order, continued

- **Net underwriting gain/loss** – health plan company gains less the amount collected in premiums.
- **Non-Minnesota domiciled** – a health plan company which is incorporated/organized outside of Minnesota.
- **Operating income** – the amount of money a business has after all operating expenses have been paid.
- **Other income** – income not covered in other income reporting areas (includes interest).
- **Premiums** – the amount paid for health insurance each month.
- **Premium revenue (total premiums)** – the amount of money a business makes from all products and services the business sells, prior to any expenses.
- **Small group market** – Health insurance coverage purchased for employees by employers with 2 to 50 employees.
- **Total Adjusted Capital (TAC)** – is the surplus or net worth of a health plan company adjusted for statutory accounting conventions.
- **Total investment gain/loss** – the amount of money received in assets minus expenses.