<u>Group Health Plan, Inc.</u> Minnesota Supplement Report #1A REALLOCATION OF EXPENSES AND INVESTMENT INCOME For the Year Ending December 31, 2022 Public Information, Minnesota Statutes § 62D.08

		1	2	3	4	5	6	7	8	9	10	11	12	
						Medicare	Medicare	Medicare	Medicare		SNBC MA	SNBC		
Line	Direct Non-Claim Expenses	Total	Non MN	Total MN	Commercial	Advantage	Cost	Supplement	Part D	MSHO	Only	Integrated	PMAP	
1	Employee benefit expenses	46,023,151	962,579	45,060,572	39,302,895	0	256,161	0	0	0	0	0	0	
2	Sales expenses	4,179,084	591,825	3,587,259	3,411,336	0	90,457	0	0	0	0	0	0	
3	General business/office expense	19,496,609	407,774	19,088,835	16,649,732	0	108,517	0	0	0	0	0	0	
4	State premium taxes and assessments	4,588,458	20,271	4,568,187	3,540,676	0	5,394	0	0	0	0	0	0	
5	Consulting and professional fees	5,452,970	114,050	5,338,920	4,656,732	0	30,351	0	0	0	0	0	0	
6	Outsourced services	78,547	1,643	76,904	67,078	0	437	0	0	0	0	0	0	
7	Other expenses	2,110,633	44,144	2,066,489	1,802,440	0	11,748	0	0	0	0	0	0	
8	Total Direct Expenses	81,929,452	2,142,286	79,787,166	69,430,889	0	503,065	0	0	0	0	0	0	

		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
						Medicare	Medicare	Medicare	Medicare		SNBC MA	SNBC				
Line	Reallocated Indirect Non-Claim Expenses	Total	Non MN	Total MN	Commercial	Advantage	Cost	Supplement	Part D	MSHO	Only	Integrated	PMAP	MSC+	MN Care	Dental
9	Employee benefit expenses	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10	Sales expenses	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11	General business/office expense	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12	State premium taxes and assessments	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13	Consulting and professional fees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14	Outsourced services	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15	Other expenses	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16	Total Indirect Expenses	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

13	14	15
MSC+	MN Care	Dental
0	0	5,501,516
0	0	85,466
0	0	2,330,586
0	0	1,022,117
0	0	651,837
0	0	9,389
0	0	252,301
0	0	9,853,212

		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	_					Medicare	Medicare	Medicare	Medicare		SNBC MA	SNBC				
Line	Direct plus Indirect Non-Claim Expenses	Total	Non MN	Total MN	Commercial	Advantage	Cost	Supplement	Part D	MSHO	Only	Integrated	PMAP	MSC+	MN Care	Dental
17	Employee benefit expenses	46,023,151	962,579	45,060,572	39,302,895	0	256,161	0	0	0	0	0	0	0	0	5,501,516
18	Sales expenses	4,179,084	591,825	3,587,259	3,411,336	0	90,457	0	0	0	0	0	0	0	0	85,466
19	General business/office expense	19,496,609	407,774	19,088,835	16,649,732	0	108,517	0	0	0	0	0	0	0	0	2,330,586
20	State premium taxes and assessments	4,588,458	20,271	4,568,187	3,540,676	0	5,394	0	0	0	0	0	0	0	0	1,022,117
21	Consulting and professional fees	5,452,970	114,050	5,338,920	4,656,732	0	30,351	0	0	0	0	0	0	0	0	651,837
22	Outsourced services	78,547	1,643	76,904	67,078	0	437	0	0	0	0	0	0	0	0	9,389
23	Other expenses	2,110,633	44,144	2,066,489	1,802,440	0	11,748	0	0	0	0	0	0	0	0	252,301
24	Total Non-Claim Expenses = Sum of Lines 17 to 23	81,929,452	2,142,286	79,787,166	69,430,889	0	503,065	0	0	0	0	0	0	0	0	9,853,212
25	Claims Adjustment Expenses	10,194,979	186,585	10,008,394	9,879,335	0	129,009	0	0	0	0	0	0	0	0	50
26	Revenues (Supp Report #1, Line 8)	1,212,726,951	12,142,664	1,200,584,287	1,148,031,360	0	(12,077,498)	0	0	0	0	0	0	0	0	64,630,425
27	Incurred Claims (Supp Report #1, Line 18 + Line 22)	1,219,191,892	10,098,492	1,209,093,400	1,137,044,561	0	3,711,399	0	0	0	0	0	0	0	0	68,337,440
28	Net Investment Gain/(Loss) (Allocated)	5,453,300	(15,992)	5,469,292	7,393,294	0	(1,924,002)	0	0	0	0	0	0	0	0	0
29	Aggregate Write Ins for Other Income or (Expenses)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30	Federal and Foreign Income Taxes Incurred	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
31	Net Income = Lines 26+28+29-24-25-27-30	(93,136,072)	(300,691)	(92,835,381)	(60,930,131)	0	(18,344,973)	0	0	0	0	0	0	0	0	(13,560,277)