

Group Health Plan, Inc.
Minnesota Supplement Report #1A
REALLOCATION OF EXPENSES AND INVESTMENT INCOME
For the Year Ending December 31, 2018
Public Information, Minnesota Statutes § 62D.08

Line	Direct Non-Claim Expenses	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
		Total	Non MN	Total MN	Commercial	Medicare Advantage	Medicare Cost	MSHO	SNBC MA	SNBC Integrated	MSC +	PMAP	MNCare	Dental	Other	ASO
1	Employee benefit expenses	40,886,572	873,035	40,013,537	24,167,530	0	13,554,817	0	0	0	0	0	0	2,291,190	0	0
2	Sales expenses	519,843	11,101	508,742	307,272	0	172,339	0	0	0	0	0	0	29,131	0	0
3	General business/office expense	17,660,212	377,092	17,283,120	10,438,725	0	5,854,757	0	0	0	0	0	0	989,638	0	0
4	State premium taxes and assessments	14,965,364	157,524	14,807,840	6,234,147	0	7,218,529	0	0	0	0	0	0	1,355,164	0	0
5	Consulting and professional fees	1,639,820	35,015	1,604,805	969,276	0	543,637	0	0	0	0	0	0	91,892	0	0
6	Outsourced services	2,238,643	47,800	2,190,843	1,323,234	0	742,161	0	0	0	0	0	0	125,448	0	0
7	Other expenses	3,744,878	79,963	3,664,915	2,213,550	0	1,241,511	0	0	0	0	0	0	209,854	0	0
8	Total Direct Expenses	81,655,332	1,581,530	80,073,802	45,653,734	0	29,327,751	0	0	0	0	0	0	5,092,317	0	0

Line	Reallocated Indirect Non-Claim Expenses	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
		Total	Non MN	Total MN	Commercial	Medicare Advantage	Medicare Cost	MSHO	SNBC MA	SNBC Integrated	MSC +	PMAP	MNCare	Dental	Other	ASO
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

Line	Direct plus Indirect Non-Claim Expenses	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
		Total	Non MN	Total MN	Commercial	Medicare Advantage	Medicare Cost	MSHO	SNBC MA	SNBC Integrated	MSC +	PMAP	MNCare	Dental	Other	ASO
17	Employee benefit expenses	40,886,572	873,035	40,013,537	24,167,530	0	13,554,817	0	0	0	0	0	0	2,291,190	0	0
18	Sales expenses	519,843	11,101	508,742	307,272	0	172,339	0	0	0	0	0	0	29,131	0	0
19	General business/office expense	17,660,212	377,092	17,283,120	10,438,725	0	5,854,757	0	0	0	0	0	0	989,638	0	0
20	State premium taxes and assessments	14,965,364	157,524	14,807,840	6,234,147	0	7,218,529	0	0	0	0	0	0	1,355,164	0	0
21	Consulting and professional fees	1,639,820	35,015	1,604,805	969,276	0	543,637	0	0	0	0	0	0	91,892	0	0
22	Outsourced services	2,238,643	47,800	2,190,843	1,323,234	0	742,161	0	0	0	0	0	0	125,448	0	0
23	Other expenses	3,744,878	79,963	3,664,915	2,213,550	0	1,241,511	0	0	0	0	0	0	209,854	0	0
24	Total Non-Claim Expenses = Sum of Lines 17 to 23	81,655,332	1,581,530	80,073,802	45,653,734	0	29,327,751	0	0	0	0	0	0	5,092,317	0	0
25	Claims Adjustment Expenses	19,601,605	127,800	19,473,805	10,269,109	0	9,200,482	0	0	0	0	0	0	4,214	0	0
26	Revenues (Supp Report #1, Line 8)	1,554,867,933	9,955,113	1,544,912,820	1,034,640,508	0	460,823,719	0	0	0	0	0	0	49,448,593	0	0
27	Incurred Claims (Supp Report #1, Line 18 + Line 22)	1,481,024,535	6,977,985	1,474,046,550	977,193,222	0	446,294,687	0	0	0	0	0	0	50,558,641	0	0
28	Net Investment Gain/(Loss) (Allocated)	5,911,191	0	5,911,191	5,645,191	0	266,000	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	(21,502,348)	1,267,798	(22,770,146)	7,169,634	0	(23,733,201)	0	0	0	0	0	0	(6,206,579)	0	0