

Group Health Plan, Inc.
Minnesota Supplement Report #1A

REALLOCATION OF EXPENSES AND INVESTMENT INCOME
For the Year Ending December 31, 2020
Public Information, Minnesota Statutes § 62D.08

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Line	Total	Non MN	Total MN	Commercial	Medicare Advantage	Medicare Cost	Medicare Supplement	Medicare Part D	MSHO	SNBC MA Only	SNBC Integrated	PMAP	MSC+	MN Care	Dental
Direct Non-Claim Expenses															
1 Employee benefit expenses	25,705,474	1,443,447	24,262,027	21,173,932	0	633,689	0	0	0	0	0	0	0	0	2,454,406
2 Sales expenses	3,823,031	16,420	3,806,611	3,771,482	0	7,209	0	0	0	0	0	0	0	0	27,920
3 General business/office expense	12,783,606	717,840	12,065,766	10,530,022	0	315,141	0	0	0	0	0	0	0	0	1,220,603
4 State premium taxes and assessments	9,423,521	403,267	9,020,254	7,883,349	0	59,299	0	0	0	0	0	0	0	0	1,077,606
5 Consulting and professional fees	2,886,250	162,072	2,724,178	2,377,441	0	71,152	0	0	0	0	0	0	0	0	275,585
6 Outsourced services	774,442	43,487	730,955	637,918	0	19,092	0	0	0	0	0	0	0	0	73,945
7 Other expenses	1,276,126	71,659	1,204,467	1,051,161	0	31,459	0	0	0	0	0	0	0	0	121,847
8 Total Direct Expenses	56,672,450	2,858,192	53,814,258	47,425,305	0	1,137,041	0	0	0	0	0	0	0	0	5,251,912

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

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Line	Total	Non MN	Total MN	Commercial	Medicare Advantage	Medicare Cost	Medicare Supplement	Medicare Part D	MSHO	SNBC MA Only	SNBC Integrated	PMAP	MSC+	MN Care	Dental
Direct plus Indirect Non-Claim Expenses															
17 Employee benefit expenses	25,705,474	1,443,447	24,262,027	21,173,932	0	633,689	0	0	0	0	0	0	0	0	2,454,406
18 Sales expenses	3,823,031	16,420	3,806,611	3,771,482	0	7,209	0	0	0	0	0	0	0	0	27,920
19 General business/office expense	12,783,606	717,840	12,065,766	10,530,022	0	315,141	0	0	0	0	0	0	0	0	1,220,603
20 State premium taxes and assessments	9,423,521	403,267	9,020,254	7,883,349	0	59,299	0	0	0	0	0	0	0	0	1,077,606
21 Consulting and professional fees	2,886,250	162,072	2,724,178	2,377,441	0	71,152	0	0	0	0	0	0	0	0	275,585
22 Outsourced services	774,442	43,487	730,955	637,918	0	19,092	0	0	0	0	0	0	0	0	73,945
23 Other expenses	1,276,126	71,659	1,204,467	1,051,161	0	31,459	0	0	0	0	0	0	0	0	121,847
24 Total Non-Claim Expenses = Sum of Lines 17 to 23	56,672,450	2,858,192	53,814,258	47,425,305	0	1,137,041	0	0	0	0	0	0	0	0	5,251,912
25 Claims Adjustment Expenses	9,810,858	265,741	9,545,117	9,160,310	0	384,183	0	0	0	0	0	0	0	0	624
26 Revenues (Supp Report #1, Line 8)	1,061,009,685	14,778,466	1,046,231,219	1,017,825,746	0	(3,881,511)	0	0	0	0	0	0	0	0	32,286,984
27 Incurred Claims (Supp Report #1, Line 18 + Line 22)	1,111,621,268	10,947,848	1,100,673,420	1,042,466,687	0	11,257,216	0	0	0	0	0	0	0	0	46,949,517
28 Net Investment Gain/(Loss) (Allocated)	6,660,308	12,094	6,648,214	3,660,490	0	2,987,724	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	(110,434,583)	718,779	(111,153,362)	(77,566,066)	0	(13,672,227)	0	0	0	0	0	0	0	0	(19,915,069)