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

REALLOCATION OF EXPENSES AND INVESTMENT INCOME

For the Year Ending December 31, 2021 Public Information, Minnesota Statutes § 62D.08

		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
						Medicare	Medicare	Medicare	Medicare		SNBC MA	SNBC				i
Line	Direct Non-Claim Expenses	Total	Non MN	Total MN	Commercial	Advantage	Cost	Supplement	Part D	MSHO	Only	Integrated	PMAP	MSC+	MN Care	Dental
1	Employee benefit expenses	41,659,331	1,221,709	40,437,622	32,246,313	0	349,215	0	0	0	0	0	0	0	0	7,842,094
2	Sales expenses	4,108,881	612,161	3,496,720	3,263,182	0	138,657	0	0	0	0	0	0	0	0	94,881
3	General business/office expense	16,733,343	490,726	16,242,617	12,952,407	0	140,269	0	0	0	0	0	0	0	0	3,149,941
4	State premium taxes and assessments	4,498,490	24,312	4,474,178	3,267,514	0	6,949	0	0	0	0	0	0	0	0	1,199,715
5	Consulting and professional fees	4,484,375	131,509	4,352,866	3,471,121	0	37,591	0	0	0	0	0	0	0	0	844,154
6	Outsourced services	732,763	21,489	711,274	567,194	0	6,142	0	0	0	0	0	0	0	0	137,938
7	Other expenses	598,638	17,556	581,082	463,374	0	5,018	0	0	0	0	0	0	0	0	112,690
8	Total Direct Expenses	72,815,821	2,519,462	70,296,359	56,231,105	0	683,841	0	0	0	0	0	0	0	0	13,381,413

		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
10	Sales expenses	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
12	State premium taxes and assessments	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
14	Outsourced services	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
16	Total Indirect Expenses	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
						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	41,659,331	1,221,709	40,437,622	32,246,313	0	349,215	0	0	0	(0	0	0	0	7,842,094
18	Sales expenses	4,108,881	612,161	3,496,720	3,263,182	0	138,657	0	0	0	(0	0	0	0	94,881
19	General business/office expense	16,733,343	490,726	16,242,617	12,952,407	0	140,269	0	0	0	(0	0	0	0	3,149,941
20	State premium taxes and assessments	4,498,490	24,312	4,474,178	3,267,514	0	6,949	0	0	0	(0	0	0	0	1,199,715
21	Consulting and professional fees	4,484,375	131,509	4,352,866	3,471,121	0	37,591	0	0	0	(0	0	0	0	844,154
22	Outsourced services	732,763	21,489	711,274	567,194	0	6,142	0	0	0	(0	0	0	0	137,938
23	Other expenses	598,638	17,556	581,082	463,374	0	5,018	0	0	0	(0	0	0	0	112,690
24	Total Non-Claim Expenses = Sum of Lines 17 to 23	72,815,821	2,519,462	70,296,359	56,231,105	0	683,841	0	0	0	(0	0	0	0	13,381,413
25	Claims Adjustment Expenses	9,538,483	214,230	9,324,253	9,136,032	0	188,169	0	0	0	(0	0	0	0	52
26	Revenues (Supp Report #1, Line 8)	1,169,978,485	11,833,671	1,158,144,814	1,088,996,419	0	1,909,449	0	0	0	(0	0	0	0	67,238,946
27	Incurred Claims (Supp Report #1, Line 18 + Line 22)	1,172,208,915	10,311,898	1,161,897,017	1,088,110,952	0	4,690,610	0	0	0	(0	0	0	0	69,095,455
28	Net Investment Gain/(Loss) (Allocated)	12,320,850	8,412	12,312,438	9,401,321	0	2,911,117	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

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	(72,263,884)	(1,203,507)	(71,060,377)	(55,080,349)	0	(742,054)	0	0	0	0	0	0	0	0 (1	5,237,974)