

Group Health Plan, Inc.
Minnesota Supplement Report #1
STATEMENT OF REVENUE, EXPENSES AND NET INCOME
For the Year Ending December 31, 2012
Public Information, Minnesota Statutes § 62D.08

NAIC #	NAIC Description	1	2	3	4	5	6	7	8	9	10	11	12	13	14
	As found on page 4 of the Annual Statement													Other:	
		NAIC Totals	Non-Minnesota Products (Eliminations)	Total Minnesota Products	Commercial	Medicare + Choice	Medicare Cost	MN Senior Health Options (MSHO)	SNBC (MA Only)	SNBC (Integrated)	Prepaid Medical Assistance Program (PMAP)	MNCare	Dental	Please Specify	Administrative Services Only
1	Member Months	623,510	0	623,510	114,525	0	508,985	0	0	0	0	0	0	0	0
REVENUES:															
2	Net Premium Income (including \$ non-health premium income)	404,774,000	0	404,774,000	50,317,000	0	350,439,000	0	0	0	0	0	4,018,000	0	0
3	Change in unearned premium reserves and serve for rate credits	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4	Fee-for-service (net of \$ medical expenses)	509,827,000	0	509,827,000	476,427,000	0	0	0	0	0	0	0	33,400,000	0	0
5	Risk revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6	Aggregate write-ins for other health care related revenues (Line 699)	53,834,000	0	53,834,000	53,834,000	0	0	0	0	0	0	0	0	0	0
7	Aggregate write-ins for other non-health revenues (Line 799)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8	TOTAL REVENUES (Lines 2 through 7)	968,435,000	0	968,435,000	580,578,000	0	350,439,000	0	0	0	0	0	37,418,000	0	0
EXPENSES:															
9	Hospital/medical benefits	681,693,000	0	681,693,000	435,545,000	0	246,148,000	0	0	0	0	0	0	0	0
10	Other professional services	92,189,000	0	92,189,000	58,032,000	0	0	0	0	0	0	0	34,157,000	0	0
11	Outside referrals	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12	Emergency room and out-of-area	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13	Prescription drugs	124,290,000	0	124,290,000	72,524,000	0	51,766,000	0	0	0	0	0	0	0	0
14	Aggregate write-ins for other hospital and medical expenses (Line 1499)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15	Incentive Pool and Withhold Adjustments	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16	TOTAL EXPENSES (Lines 9 through 15)	898,172,000	0	898,172,000	566,101,000	0	297,914,000	0	0	0	0	0	34,157,000	0	0
LESS															
17	Net reinsurance recoveries	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18	Total hospital and medical (Lines 16 minus 17)	898,172,000	0	898,172,000	566,101,000	0	297,914,000	0	0	0	0	0	34,157,000	0	0
19	Non-health claims	0	0	0	0	0	0	0	0	0	0	0	0	0	0
20	Claims adjustment expenses	11,963,000	0	11,963,000	1,735,000	0	10,228,000	0	0	0	0	0	0	0	0
21	General administrative expenses	43,283,000	0	43,283,000	22,110,000	0	16,886,000	0	0	0	0	0	4,287,000	0	0
22	Increase in reserves for life, accident and health contracts (including \$ increase in reserves for life only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
23	Total underwriting deductions (Lines 18 through 22)	953,418,000	0	953,418,000	589,946,000	0	325,028,000	0	0	0	0	0	38,444,000	0	0
24	Net underwriting gain or (loss)(Lines 8 minus 23)	15,017,000	0	15,017,000	(9,368,000)	0	25,411,000	0	0	0	0	0	(1,026,000)	0	0
25	Net investment income earned	3,136,000	0	3,136,000	2,260,000	0	876,000	0	0	0	0	0	0	0	0
26	Net realized capital gains or (losses)	2,171,000	0	2,171,000	2,171,000	0	0	0	0	0	0	0	0	0	0
27	Net investment gains or (losses)(Lines 25 plus 26)	5,307,000	0	5,307,000	4,431,000	0	876,000	0	0	0	0	0	0	0	0
28	Net gain or (loss) from agents' or premium balances charged off	0	0	0	0	0	0	0	0	0	0	0	0	0	0
29	Aggregate write-ins for other income or expenses (Line 2999)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30	Net income or (loss) before federal income taxes (Lines 24 plus 27 plus 28 plus 29)	20,324,000	0	20,324,000	(4,937,000)	0	26,287,000	0	0	0	0	0	(1,026,000)	0	0
31	Federal and foreign income taxes incurred	0	0	0	0	0	0	0	0	0	0	0	0	0	0
32	Net income (loss) (Lines 30 minus 31)	20,324,000	0	20,324,000	(4,937,000)	0	26,287,000	0	0	0	0	0	(1,026,000)	0	0

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	1	2	3	4	5	6	7	8	9	10	11	12	13	14
		Non-Minnesota Products (Eliminations)	Total Minnesota Products	Commercial	Medicare + Choice	Medicare Cost	MN Senior Health Options (MSHO)	MN Disability Health Options (MDHO)	General Assistance Medical Care (GAMC)	Prepaid Medical Assistance Program (PMAP)	MNCare	Dental	Other: Please Specify	Administrative Services Only
DETAILS OF WRITE-INS	NAIC Totals													
OTHER HEALTH CARE RELATED REVENUES (Line 6)														
0601 Physician Affiliation Agreements	45,165,000	0	45,165,000	45,165,000	0	0	0	0	0	0	0	0	0	0
0602 Other Health Care Revenue	8,669,000	0	8,669,000	8,669,000	0	0	0	0	0	0	0	0	0	0
0603	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0604	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0605	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0606	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0607	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0608	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0609	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0698 Summary of Remaining Write-Ins for Line 6 Overflow	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0699 TOTALS (Lines 0601 through 0609 plus 0698) (Line 6 above)	53,834,000	0	53,834,000	53,834,000	0	0	0	0	0	0	0	0	0	0
OTHER NON-HEALTH REVENUES (Line 7)														
0701	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0702	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0703	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0798 Summary of Remaining Write-Ins for Line 7 Overflow	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0799 TOTALS (Lines 0701 through 0703 plus 0798) (Line 7 above)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER MEDICAL AND HOSPITAL EXPENSES (Line 14)														
1401	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1402	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1403	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1404	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1405	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1406	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1407	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1408	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1409	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1498 Summary of Remaining Write-Ins for Line 14 Overflow	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1499 TOTALS (Lines 1401 through 1409 plus 1498) (Line 14 above)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER INCOME AND EXPENSES (Line 29)														
OTHER INCOME														
2901	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2902	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2903	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2904	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2905	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2918 Summary of Remaining Write-Ins for Other Income Overflow	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2919 Subtotal of Other Income (Lines 2901 through 2918)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER EXPENSES														
2921	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2922	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2923	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2924	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2925	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2938 Summary of Remaining Write-Ins for Other Expenses Overflow	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2939 Subtotal of Other Expenses (Lines 2921 through 2938)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2999 TOTALS - (Lines 2919 minus 2939) (Line 29)	0	0	0	0	0	0	0	0	0	0	0	0	0	0