

Group Health Plan, Inc.
Minnesota Supplement Report #1
STATEMENT OF REVENUE, EXPENSES AND NET INCOME
For the Year Ending December 31, 2014
Public Information, Minnesota Statutes § 62D.08

NAIC #	NAIC Description As found on page 4 of the Annual Statement	1	2	3	4	5	6	7	8	9	10	11	12	13	14
		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	Other: Please Specify	Administrative Services Only
1	Member Months	717,304	0	717,304	149,196	0	568,108	0	0	0	0	0	0	0	0
REVENUES:															
2	Net Premium Income (including \$ non-health premium income)	450,351,000	0	450,351,000	56,430,000	0	388,573,000	0	0	0	0	0	5,348,000	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)	563,514,000	0	563,514,000	520,376,000	0	0	0	0	0	0	0	43,138,000	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)	74,762,000	0	74,762,000	74,762,000	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)	1,088,627,000	0	1,088,627,000	651,568,000	0	388,573,000	0	0	0	0	0	48,486,000	0	0
EXPENSES:															
9	Hospital/medical benefits	741,835,000	0	741,835,000	479,706,000	0	262,129,000	0	0	0	0	0	0	0	0
10	Other professional services	99,947,000	0	99,947,000	67,053,000	0	0	0	0	0	0	0	32,894,000	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	142,924,000	0	142,924,000	80,699,000	0	62,225,000	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)	984,706,000	0	984,706,000	627,458,000	0	324,354,000	0	0	0	0	0	32,894,000	0	0
LESS															
17	Net reinsurance recoveries	1,562,000	0	1,562,000	1,562,000	0	0	0	0	0	0	0	0	0	0
18	Total hospital and medical (Lines 16 minus 17)	983,144,000	0	983,144,000	625,896,000	0	324,354,000	0	0	0	0	0	32,894,000	0	0
19	Non-health claims	0	0	0	0	0	0	0	0	0	0	0	0	0	0
20	Claims adjustment expenses	14,574,000	0	14,574,000	7,661,000	0	6,910,000	0	0	0	0	0	3,000	0	0
21	General administrative expenses	53,794,000	0	53,794,000	24,453,000	0	24,703,000	0	0	0	0	0	4,638,000	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)	1,051,512,000	0	1,051,512,000	658,010,000	0	355,967,000	0	0	0	0	0	37,535,000	0	0
24	Net underwriting gain or (loss)(Lines 8 minus 23)	37,115,000	0	37,115,000	(6,442,000)	0	32,606,000	0	0	0	0	0	10,951,000	0	0
25	Net investment income earned	2,584,000	0	2,584,000	2,070,000	0	514,000	0	0	0	0	0	0	0	0
26	Net realized capital gains or (losses)	2,023,000	0	2,023,000	1,619,000	0	404,000	0	0	0	0	0	0	0	0
27	Net investment gains or (losses)(Lines 25 plus 26)	4,607,000	0	4,607,000	3,689,000	0	918,000	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)	41,722,000	0	41,722,000	(2,753,000)	0	33,524,000	0	0	0	0	0	10,951,000	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)	41,722,000	0	41,722,000	(2,753,000)	0	33,524,000	0	0	0	0	0	10,951,000	0	0

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DETAILS OF WRITE-INS	1	2	3	4	5	6	7	8	9	10	11	12	13	14
	NAIC Totals	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
OTHER HEALTH CARE RELATED REVENUES (Line 6)														
0601 Physician Affiliation Agreements	45,505,000	0	45,505,000	45,505,000	0	0	0	0	0	0	0	0	0	0
0602 Other Health Care Revenue	29,257,000	0	29,257,000	29,257,000	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)	74,762,000	0	74,762,000	74,762,000	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