

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

REALLOCATION OF EXPENSES AND INVESTMENT INCOME
For the Year Ending December 31, 2019
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	28,862,638	1,415,466	27,447,172	23,548,153	0	1,294,519	0	0	0	0	0	0	0	0	2,604,500
2 Sales expenses	4,118,482	9,503	4,108,979	4,082,800	0	8,692	0	0	0	0	0	0	0	0	17,487
3 General business/office expense	10,975,016	538,231	10,436,785	8,954,183	0	492,241	0	0	0	0	0	0	0	0	990,361
4 State premium taxes and assessments	6,427,427	257,086	6,170,341	4,346,643	0	336,551	0	0	0	0	0	0	0	0	1,487,147
5 Consulting and professional fees	2,603,992	127,704	2,476,288	2,124,518	0	116,792	0	0	0	0	0	0	0	0	234,978
6 Outsourced services	329,460	16,157	313,303	268,796	0	14,777	0	0	0	0	0	0	0	0	29,730
7 Other expenses	2,239,692	109,838	2,129,854	1,827,296	0	100,453	0	0	0	0	0	0	0	0	202,105
8 Total Direct Expenses	55,556,707	2,473,985	53,082,722	45,152,389	0	2,364,025	0	0	0	0	0	0	0	0	5,566,308

	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	28,862,638	1,415,466	27,447,172	23,548,153	0	1,294,519	0	0	0	0	0	0	0	0	2,604,500
18 Sales expenses	4,118,482	9,503	4,108,979	4,082,800	0	8,692	0	0	0	0	0	0	0	0	17,487
19 General business/office expense	10,975,016	538,231	10,436,785	8,954,183	0	492,241	0	0	0	0	0	0	0	0	990,361
20 State premium taxes and assessments	6,427,427	257,086	6,170,341	4,346,643	0	336,551	0	0	0	0	0	0	0	0	1,487,147
21 Consulting and professional fees	2,603,992	127,704	2,476,288	2,124,518	0	116,792	0	0	0	0	0	0	0	0	234,978
22 Outsourced services	329,460	16,157	313,303	268,796	0	14,777	0	0	0	0	0	0	0	0	29,730
23 Other expenses	2,239,692	109,838	2,129,854	1,827,296	0	100,453	0	0	0	0	0	0	0	0	202,105
24 Total Non-Claim Expenses = Sum of Lines 17 to 23	55,556,707	2,473,985	53,082,722	45,152,389	0	2,364,025	0	0	0	0	0	0	0	0	5,566,308
25 Claims Adjustment Expenses	11,248,999	220,365	11,028,634	10,400,081	0	626,115	0	0	0	0	0	0	0	0	2,438
26 Revenues (Supp Report #1, Line 8)	1,182,673,030	13,202,362	1,169,470,668	1,102,887,555	0	21,690,390	0	0	0	0	0	0	0	0	44,892,723
27 Incurred Claims (Supp Report #1, Line 18 + Line 22)	1,231,701,954	10,618,958	1,221,082,996	1,163,010,941	0	9,189,606	0	0	0	0	0	0	0	0	48,882,449
28 Net Investment Gain/(Loss) (Allocated)	10,473,374	32,051	10,441,323	2,891,057	0	7,550,266	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	(105,361,256)	(78,895)	(105,282,361)	(112,784,799)	0	17,060,910	0	0	0	0	0	0	0	0	(9,558,472)