

Gundersen Health Plan Minnesota
Minnesota Supplement Report #1
STATEMENT OF REVENUE, EXPENSES AND NET INCOME
For the year ending December 31, 2017
Public Information, Minnesota Statutes § 62D.08

| NAIC # | NAIC Description | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
|------------------|--|----------------|---------------------------------------|--------------------------|----------------|--------------------|---------------|--|----------------|-------------------|------|---|--------|--------|----------------|------------------------------|
| | As found on page 4 of the Annual Statement | | | | | | | | | | | | | | Other: | |
| | | NAIC Totals | Non-Minnesota Products (Eliminations) | Total Minnesota Products | Commercial | Medicare Advantage | Medicare Cost | Minnesota Senior Health Options (MSHO) | SNBC (MA Only) | SNBC (Integrated) | MSC+ | Prepaid Medical Assistance Program (PMAP) | MNCare | Dental | Please Specify | Administrative Services Only |
| 1 | Member Months | 13,796 | | 13,796 | | | | | | | | | | | | |
| REVENUES: | | | | | | | | | | | | | | | | |
| 2 | Net Premium Income (including \$ non-health premium income) | 8,137,037.00 | | 8,137,037.00 | 2,475,208.00 | 5,661,829.00 | | | | | | | | | | |
| 3 | Change in unearned premium reserves and serve for rate credits | | | | | | | | | | | | | | | |
| 4 | Fee-for-service (net of \$ medical expenses) | | | | | | | | | | | | | | | |
| 5 | Risk revenue | | | | | | | | | | | | | | | |
| 6 | Aggregate write-ins for other health care related revenues (Line 699) | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| 7 | Aggregate write-ins for other non-health revenues (Line 799) | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| 8 | TOTAL REVENUES (Lines 2 through 7) | \$8,137,037.00 | NR | \$8,137,037.00 | \$2,475,208.00 | \$5,661,829.00 | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| EXPENSES: | | | | | | | | | | | | | | | | |
| 9 | Hospital/medical benefits | 5,727,102.00 | | 5,727,102.00 | 1,668,375.00 | 4,058,727.00 | | | | | | | | | | |
| 10 | Other professional services | | | | | | | | | | | | | | | |
| 11 | Outside referrals | 300,168.00 | | 300,168.00 | 74,789.00 | 225,379.00 | | | | | | | | | | |
| 12 | Emergency room and out-of-area | 241,067.00 | | 241,067.00 | 109,432.00 | 131,635.00 | | | | | | | | | | |
| 13 | Prescription drugs | 832,899.00 | | 832,899.00 | 315,981.00 | 516,918.00 | | | | | | | | | | |
| 14 | Aggregate write-ins for other hospital and medical expenses (Line 1499) | \$361,531.00 | NR | \$361,531.00 | \$38,350.00 | \$323,181.00 | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| 15 | Incentive Pool and Withhold Adjustments | | | | | | | | | | | | | | | |
| 16 | TOTAL EXPENSES (Lines 9 through 15) | \$7,462,767.00 | NR | \$7,462,767.00 | \$2,206,927.00 | \$5,255,840.00 | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| LESS | | | | | | | | | | | | | | | | |
| 17 | Net reinsurance recoveries | 101.00 | | 101.00 | 101.00 | - | | | | | | | | | | |
| 18 | Total hospital and medical (Lines 16 minus 17) | \$7,462,666.00 | NR | \$7,462,666.00 | \$2,206,826.00 | \$5,255,840.00 | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| 19 | Non-health claims | | | | | | | | | | | | | | | |
| 20 | Claims adjustment expenses | 236,223.00 | | 236,223.00 | 70,867.00 | 165,356.00 | | | | | | | | | | |
| 21 | General administrative expenses | 585,943.00 | | 585,943.00 | 268,348.00 | 317,595.00 | | | | | | | | | | |
| 22 | Increase in reserves for life, accident and health contracts (including \$ increase in reserves for life only) | | | | | | | | | | | | | | | |
| 23 | Total underwriting deductions (Lines 18 through 22) | \$8,284,832.00 | NR | \$8,284,832.00 | \$2,546,041.00 | \$5,738,791.00 | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| 24 | Net underwriting gain or (loss)(Lines 8 minus 23) | (\$147,795.00) | NR | (\$147,795.00) | (\$70,833.00) | (\$76,962.00) | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| 25 | Net investment income earned | 2,456.00 | | 2,456.00 | 737.00 | 1,719.00 | | | | | | | | | | |
| 26 | Net realized capital gains or (losses) | | | | | | | | | | | | | | | |
| 27 | Net investment gains or (losses)(Lines 25 plus 26) | \$2,456.00 | NR | \$2,456.00 | \$737.00 | \$1,719.00 | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| 28 | Net gain or (loss) from agents' or premium balances charged off | | | | | | | | | | | | | | | |
| 29 | Aggregate write-ins for other income or expenses (Line 2999) | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| 30 | Net income or (loss) before federal income taxes (Lines 24 plus 27 plus 28 plus 29) | (\$145,339.00) | NR | (\$145,339.00) | (\$70,096.00) | (\$75,243.00) | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| 31 | Federal and foreign income taxes incurred | | | | | | | | | | | | | | | |
| 32 | Net income (loss) (Lines 30 minus 31) | (\$145,339.00) | NR | (\$145,339.00) | (\$70,096.00) | (\$75,243.00) | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |

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| | NAIC Totals | Non-Minnesota Products (Eliminations) | Total Minnesota Products | Commercial | Medicare Advantage | Medicare Cost | Minnesota Senior Health Options (MSHO) | SNBC (MA Only) | SNBC (Integrated) | MSC+ | Prepaid Medical Assistance Program (PMAP) | MNCare | Dental | Other: Please Specify | Administrative Services Only |
| DETAILS OF WRITE-INS | | | | | | | | | | | | | | | |
| OTHER HEALTH CARE RELATED REVENUES (Line 6) | | | | | | | | | | | | | | | |
| 0601 | | | | | | | | | | | | | | | |
| 0602 | | | | | | | | | | | | | | | |
| 0603 | | | | | | | | | | | | | | | |
| 0604 | | | | | | | | | | | | | | | |
| 0605 | | | | | | | | | | | | | | | |
| 0606 | | | | | | | | | | | | | | | |
| 0607 | | | | | | | | | | | | | | | |
| 0608 | | | | | | | | | | | | | | | |
| 0609 | | | | | | | | | | | | | | | |
| 0698 Summary of Remaining Write-Ins for Line 6 Overflow | | | | | | | | | | | | | | | |
| 0699 TOTALS (Lines 0601 through 0609 plus 0698) (Line 6 above) | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| OTHER NON-HEALTH REVENUES (Line 7) | | | | | | | | | | | | | | | |
| 0701 | | | | | | | | | | | | | | | |
| 0702 | | | | | | | | | | | | | | | |
| 0703 | | | | | | | | | | | | | | | |
| 0798 Summary of Remaining Write-Ins for Line 7 Overflow | | | | | | | | | | | | | | | |
| 0799 TOTALS (Lines 0701 through 0703 plus 0798) (Line 7 above) | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| OTHER MEDICAL AND HOSPITAL EXPENSES (Line 14) | | | | | | | | | | | | | | | |
| 1401 Other Medical | 361,531.00 | | 361,531.00 | 38,350.00 | 323,181.00 | | | | | | | | | | |
| 1402 | | | | | | | | | | | | | | | |
| 1403 | | | | | | | | | | | | | | | |
| 1404 | | | | | | | | | | | | | | | |
| 1405 | | | | | | | | | | | | | | | |
| 1406 | | | | | | | | | | | | | | | |
| 1407 | | | | | | | | | | | | | | | |
| 1408 | | | | | | | | | | | | | | | |
| 1409 | | | | | | | | | | | | | | | |
| 1498 Summary of Remaining Write-Ins for Line 14 Overflow | | | | | | | | | | | | | | | |
| 1499 TOTALS (Lines 1401 through 1409 plus 1498) (Line 14 above) | \$361,531.00 | NR | \$361,531.00 | \$38,350.00 | \$323,181.00 | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| OTHER INCOME AND EXPENSES (Line 29) | | | | | | | | | | | | | | | |
| OTHER INCOME | | | | | | | | | | | | | | | |
| 2901 | | | | | | | | | | | | | | | |
| 2902 | | | | | | | | | | | | | | | |
| 2903 | | | | | | | | | | | | | | | |
| 2904 | | | | | | | | | | | | | | | |
| 2905 | | | | | | | | | | | | | | | |
| 2918 Summary of Remaining Write-Ins for Other Income Overflow | | | | | | | | | | | | | | | |
| 2919 Subtotal of Other Income (Lines 2901 through 2918) | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| OTHER EXPENSES | | | | | | | | | | | | | | | |
| 2921 | | | | | | | | | | | | | | | |
| 2922 | | | | | | | | | | | | | | | |
| 2923 | | | | | | | | | | | | | | | |
| 2924 | | | | | | | | | | | | | | | |
| 2925 | | | | | | | | | | | | | | | |
| 2938 Summary of Remaining Write-Ins for Other Expenses Overflow | | | | | | | | | | | | | | | |
| 2939 Subtotal of Other Expenses (Lines 2921 through 2938) | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| 2999 TOTALS - (Lines 2919 minus 2939) (Line 29) | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR |