

HealthPartners, Inc.
Minnesota Supplement Report #1
STATEMENT OF REVENUE, EXPENSES AND NET INCOME
For the Year Ending December 31, 2013
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:	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	Medicare Supplement	MSC
1	Member Months	2,669,558	0	2,669,558	1,646,438	11,372	0	37,729	0	0	721,312	232,834	0	2,720	17,153
REVENUES:															
2	Net Premium Income (including \$ non-health premium income)	1,269,036,000	0	1,269,036,000	639,889,000	1,120,000	13,466,000	107,044,000	0	0	341,858,000	90,569,000	51,837,000	624,000	22,629,000
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)	1,378,000	0	1,378,000	1,378,000	0	0	0	0	0	0	0	0	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)	8,756,000	0	8,756,000	8,756,000	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)	1,279,170,000	0	1,279,170,000	650,023,000	1,120,000	13,466,000	107,044,000	0	0	341,858,000	90,569,000	51,837,000	624,000	22,629,000
EXPENSES:															
9	Hospital/medical benefits	897,323,000	0	897,323,000	481,232,000	38,000	0	76,129,000	0	0	264,418,000	60,919,000	0	388,000	14,199,000
10	Other professional services	65,865,000	0	65,865,000	(2,000)	0	0	1,200,000	0	0	15,895,000	6,325,000	42,065,000	0	382,000
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	138,733,000	0	138,733,000	74,287,000	2,012,000	0	10,329,000	0	0	36,800,000	14,626,000	0	25,000	654,000
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)	1,101,921,000	0	1,101,921,000	555,517,000	2,050,000	0	87,658,000	0	0	317,113,000	81,870,000	42,065,000	413,000	15,235,000
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)	1,101,921,000	0	1,101,921,000	555,517,000	2,050,000	0	87,658,000	0	0	317,113,000	81,870,000	42,065,000	413,000	15,235,000
19	Non-health claims	0	0	0	0	0	0	0	0	0	0	0	0	0	0
20	Claims adjustment expenses	23,203,000	0	23,203,000	11,748,000	46,000	0	4,660,000	0	0	4,509,000	1,343,000	19,000	17,000	861,000
21	General administrative expenses	92,108,000	0	92,108,000	58,370,000	284,000	0	4,867,000	0	0	18,578,000	5,480,000	3,703,000	94,000	732,000
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)	1,217,232,000	0	1,217,232,000	625,635,000	2,380,000	0	97,185,000	0	0	340,200,000	88,693,000	45,787,000	524,000	16,828,000
24	Net underwriting gain or (loss)(Lines 8 minus 23)	61,938,000	0	61,938,000	24,388,000	(1,260,000)	13,466,000	9,859,000	0	0	1,658,000	1,876,000	6,050,000	100,000	5,801,000
25	Net investment income earned	3,580,000	0	3,580,000	3,244,000	(9,000)	246,000	219,000	3,244,000	(9,000)	(73,000)	(131,000)	0	21,000	63,000
26	Net realized capital gains or (losses)	82,000	0	82,000	82,000	0	0	0	0	0	0	0	0	0	0
27	Net investment gains or (losses)(Lines 25 plus 26)	3,662,000	0	3,662,000	3,326,000	(9,000)	246,000	219,000	0	0	(73,000)	(131,000)	0	21,000	63,000
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)	65,600,000	0	65,600,000	27,714,000	(1,269,000)	13,712,000	10,078,000	0	0	1,585,000	1,745,000	6,050,000	121,000	5,864,000
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)	65,600,000	0	65,600,000	27,714,000	(1,269,000)	13,712,000	10,078,000	0	0	1,585,000	1,745,000	6,050,000	121,000	5,864,000

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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: Medicare Supplement	Administrative Services Only
OTHER HEALTH CARE RELATED REVENUES (Line 6)														
0601 Other Health Care Revenue	8,756,000	0	8,756,000	8,756,000	0	0	0	0	0	0	0	0	0	0
0602	0	0	0	0	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)	8,756,000	0	8,756,000	8,756,000	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 2738)	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