

HealthPartners, 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	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	2,951,824	0	2,951,824	1,635,314	12,904	0	38,094	0	0	1,141,078	105,162	0	2,390	16,882
REVENUES:															
2	Net Premium Income (including \$ non-health premium income)	1,338,364,000	0	1,338,364,000	629,045,000	1,364,000	0	109,365,000	0	0	487,054,000	39,907,000	48,129,000	555,000	22,945,000
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)	1,899,000	0	1,899,000	1,899,000	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)	9,943,000	0	9,943,000	9,943,000	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)	1,350,206,000	0	1,350,206,000	640,887,000	1,364,000	0	109,365,000	0	0	487,054,000	39,907,000	48,129,000	555,000	22,945,000
EXPENSES:															
9	Hospital/medical benefits	977,937,000	0	977,937,000	479,198,000	32,000	0	81,338,000	0	0	375,878,000	27,610,000	0	391,000	13,490,000
10	Other professional services	68,555,000	0	68,555,000	(11,000)	0	0	1,255,000	0	0	25,697,000	2,698,000	38,527,000	0	389,000
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	166,103,000	0	166,103,000	79,660,000	2,397,000	0	11,716,000	0	0	63,717,000	7,838,000	0	17,000	758,000
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)	1,212,595,000	0	1,212,595,000	558,847,000	2,429,000	0	94,309,000	0	0	465,292,000	38,146,000	38,527,000	408,000	14,637,000
LESS															
17	Net reinsurance recoveries	1,967,000	0	1,967,000	1,967,000	0	0	0	0	0	0	0	0	0	0
18	Total hospital and medical (Lines 16 minus 17)	1,210,628,000	0	1,210,628,000	556,880,000	2,429,000	0	94,309,000	0	0	465,292,000	38,146,000	38,527,000	408,000	14,637,000
19	Non-health claims	0	0	0	0	0	0	0	0	0	0	0	0	0	0
20	Claims adjustment expenses	25,291,000	0	25,291,000	10,751,000	31,000	0	4,582,000	0	0	7,801,000	735,000	31,000	15,000	1,345,000
21	General administrative expenses	103,516,000	0	103,516,000	61,958,000	344,000	0	3,931,000	0	0	29,549,000	3,205,000	3,615,000	65,000	849,000
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)	1,339,435,000	0	1,339,435,000	629,589,000	2,804,000	0	102,822,000	0	0	502,642,000	42,086,000	42,173,000	488,000	16,831,000
24	Net underwriting gain or (loss)(Lines 8 minus 23)	10,771,000	0	10,771,000	11,298,000	(1,440,000)	0	6,543,000	0	0	(15,588,000)	(2,179,000)	5,956,000	67,000	6,114,000
25	Net investment income earned	5,958,000	0	5,958,000	5,869,000	(10,000)	0	164,000	0	0	(62,000)	(79,000)	0	14,000	62,000
26	Net realized capital gains or (losses)	103,000	0	103,000	102,000	0	0	3,000	0	0	(1,000)	(2,000)	0	0	1,000
27	Net investment gains or (losses)(Lines 25 plus 26)	6,061,000	0	6,061,000	5,971,000	(10,000)	0	167,000	0	0	(63,000)	(81,000)	0	14,000	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)	16,832,000	0	16,832,000	17,269,000	(1,450,000)	0	6,710,000	0	0	(15,651,000)	(2,260,000)	5,956,000	81,000	6,177,000
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)	16,832,000	0	16,832,000	17,269,000	(1,450,000)	0	6,710,000	0	0	(15,651,000)	(2,260,000)	5,956,000	81,000	6,177,000

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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	9,943,000	0	9,943,000	9,943,000	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)	9,943,000	0	9,943,000	9,943,000	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