

Group Health Plan, Inc.
Minnesota Supplement Report #1
STATEMENT OF REVENUE, EXPENSES AND NET INCOME
For the Year Ending December 31, 2018
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	MN 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	1,508,988	16,877	1,492,111	780,596	0	711,515	0	0	0	0	0	0	0	0	0
REVENUES:																
2	Net Premium Income (including \$ non-health premium income)	768,551,603	9,955,113	758,596,490	291,282,977	0	460,823,719	0	0	0	0	0	0	6,489,794	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	0
4	Fee-for-service (net of \$ medical expenses)	728,717,896	0	728,717,896	685,759,097	0	0	0	0	0	0	0	0	42,958,799	0	0
5	Risk revenue	0	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)	57,598,434	0	57,598,434	57,598,434	0	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	0
8	TOTAL REVENUES (Lines 2 through 7)	1,554,867,933	9,955,113	1,544,912,820	1,034,640,508	0	460,823,719	0	0	0	0	0	0	49,448,593	0	0
EXPENSES:																
9	Hospital/medical benefits	1,178,879,590	6,416,032	1,172,463,558	808,642,267	0	363,821,291	0	0	0	0	0	0	0	0	0
10	Other professional services	127,567,046	0	127,567,046	77,008,405	0	0	0	0	0	0	0	0	50,558,641	0	0
11	Outside referrals	0	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	0
13	Prescription drugs	205,541,960	561,953	204,980,007	122,506,611	0	82,473,396	0	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	0
15	Incentive Pool and Withhold Adjustments	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16	TOTAL EXPENSES (Lines 9 through 15)	1,511,988,596	6,977,985	1,505,010,611	1,008,157,283	0	446,294,687	0	0	0	0	0	0	50,558,641	0	0
LESS																
17	Net reinsurance recoveries	30,964,061	0	30,964,061	30,964,061	0	0	0	0	0	0	0	0	0	0	0
18	Total hospital and medical (Lines 16 minus 17)	1,481,024,535	6,977,985	1,474,046,550	977,193,222	0	446,294,687	0	0	0	0	0	0	50,558,641	0	0
19	Non-health claims	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
20	Claims adjustment expenses	19,601,605	127,800	19,473,805	10,269,109	0	9,200,482	0	0	0	0	0	0	4,214	0	0
21	General administrative expenses	81,655,332	1,581,530	80,073,802	45,653,734	0	29,327,751	0	0	0	0	0	0	5,092,317	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	0
23	Total underwriting deductions (Lines 18 through 22)	1,582,281,472	8,687,315	1,573,594,157	1,033,116,065	0	484,822,920	0	0	0	0	0	0	55,655,172	0	0
24	Net underwriting gain or (loss)(Lines 8 minus 23)	(27,413,539)	1,267,798	(28,681,337)	1,524,443	0	(23,999,201)	0	0	0	0	0	0	(6,206,579)	0	0
25	Net investment income earned	5,561,687	0	5,561,687	5,497,687	0	64,000	0	0	0	0	0	0	0	0	0
26	Net realized capital gains or (losses)	349,504	0	349,504	147,504	0	202,000	0	0	0	0	0	0	0	0	0
27	Net investment gains or (losses)(Lines 25 plus 26)	5,911,191	0	5,911,191	5,645,191	0	266,000	0	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	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	0
30	Net income or (loss) before federal income taxes (Lines 24 plus 27 plus 28 plus 29)	(21,502,348)	1,267,798	(22,770,146)	7,169,634	0	(23,733,201)	0	0	0	0	0	0	(6,206,579)	0	0
31	Federal and foreign income taxes incurred	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
32	Net income (loss) (Lines 30 minus 31)	(21,502,348)	1,267,798	(22,770,146)	7,169,634	0	(23,733,201)	0	0	0	0	0	0	(6,206,579)	0	0

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	NAIC Totals	Non-Minnesota Products (Eliminations)	Total Minnesota Products	Commercial	Medicare Advantage	Medicare Cost	MN Senior Health Options (MSHO)	MN Disability Health Options (MDHO)	General Assistance Medical Care (GAMC)	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 Physician Affiliation Agreements	46,907,297	0	46,907,297	46,907,297	0	0	0	0	0	0	0	0	0	0	0
0602 Other Health Care Revenue	10,691,137	0	10,691,137	10,691,137	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	0
0604	0	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	0
0606	0	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	0
0608	0	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	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	0
0699 TOTALS (Lines 0601 through 0609 plus 0698) (Line 6 above)	57,598,434	0	57,598,434	57,598,434	0	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	0
0702	0	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	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	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	0
OTHER MEDICAL AND HOSPITAL EXPENSES (Line 14)															
1401	0	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	0
1403	0	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	0
1405	0	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	0
1407	0	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	0
1409	0	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	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	0
OTHER INCOME AND EXPENSES (Line 29)															
OTHER INCOME															
2901	0	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	0
2903	0	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	0
2905	0	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	0
2919 Subtotal of Other Income (Lines 2901 through 2918)	0	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	0
2922	0	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	0
2924	0	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	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	0
2939 Subtotal of Other Expenses (Lines 2921 through 2738)	0	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	0