

Form 990
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

B Check if applicable
Address change
Name change
Initial return
Final return/terminated
Amended return
Application pending

C Name of organization
Medica Health Plans
% MARY QUIST
Doing business as
Number and street (or P O box if mail is not delivered to street address) Room/suite
401 CARLSON PARKWAY CP 330
City or town, state or province, country, and ZIP or foreign postal code
MINNETONKA, MN 55305

D Employer identification number
41-1242261
E Telephone number
(952) 992-2058
G Gross receipts \$ 2,059,291,205

F Name and address of principal officer
JOHN NAYLOR
401 CARLSON PARKWAY CP 330
MINNETONKA, MN 55305

H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
H(c) Group exemption number

I Tax-exempt status
501(c)(3)
501(c) (4) (insert no)
4947(a)(1) or
527

J Website: WWW MEDICA COM
K Form of organization
Corporation
Trust
Association
Other

L Year of formation 1973
M State of legal domicile MN

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO BE THE TRUSTED HEALTH PLAN OF CHOICE FOR CUSTOMERS, MEMBERS, PARTNERS AND OUR EMPLOYEEES

Table with 2 columns: Description, Amount. Rows include: 2 Check this box, 3 Number of voting members, 4 Number of independent voting members, 5 Total number of individuals employed, 6 Total number of volunteers, 7a Total unrelated business revenue, 7b Net unrelated business taxable income.

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 8 Contributions and grants, 9 Program service revenue, 10 Investment income, 11 Other revenue, 12 Total revenue, 13 Grants and similar amounts paid, 14 Benefits paid to or for members, 15 Salaries, other compensation, 16a Professional fundraising fees, 16b Total fundraising expenses, 17 Other expenses, 18 Total expenses, 19 Revenue less expenses. Net Assets or Fund Balances section with rows 20 Total assets, 21 Total liabilities, 22 Net assets or fund balances.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here
Signature of officer: *****
Date: 2019-11-01
Type or print name and title: MARK L BAIRD CFO

Paid Preparer Use Only
Print/Type preparer's name, Preparer's signature, Date, Check if self-employed, PTIN, Firm's name, Firm's EIN, Firm's address, Phone no.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission

TO BE THE TRUSTED HEALTH PLAN OF CHOICE FOR CUSTOMERS, MEMBERS, PARTNERS AND OUR EMPLOYEES

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a	(Code)	(Expenses \$	653,688,712	including grants of \$	(Revenue \$	728,511,381)
	See Additional Data					

4b	(Code)	(Expenses \$	3,370,757	including grants of \$	(Revenue \$	4,491,744)
	See Additional Data					
















4c	(Code)	(Expenses \$	3,685,870	including grants of \$	(Revenue \$	-360,589)
	See Additional Data					

	(Code)	(Expenses \$	3,218,589	including grants of \$	3,218,589)	(Revenue \$	295,212,476)
	Intercompany Admin Agreement						

4d	Other program services (Describe in Schedule O)	(Expenses \$	3,218,589	including grants of \$	3,218,589)	(Revenue \$	295,212,476)
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4e	Total program service expenses ▶		663,963,928				
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Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 		No

Part IV Checklist of Required Schedules (continued)

		Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	No
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	Yes
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	1,193
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	1,781		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b	Yes		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	Yes		
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>		3b	Yes		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		No	
b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		No	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No	
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		No	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b			
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a			
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c			
d If "Yes," indicate the number of Forms 8282 filed during the year		7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e			
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f			
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h			
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8			
9a Did the sponsoring organization make any taxable distributions under section 4966?		9a			
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b			
10 Section 501(c)(7) organizations. Enter					
a Initiation fees and capital contributions included on Part VIII, line 12		10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		10b			
11 Section 501(c)(12) organizations. Enter					
a Gross income from members or shareholders		11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O		13a			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		13b			
c Enter the amount of reserves on hand		13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a		No	
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>		14b			
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N		15		No	
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O		16		No	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (6); 1b Enter the number of voting members included in line 1a, above, who are independent (5); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (Yes); b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (Yes); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? (Yes); 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (Yes); b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (MN); 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: Own website, Another's website, Upon request, Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records (MARY QUIST 401 CARLSON PARKWAY CP330 MINNETONKA, MN 55305 (952) 992-2058).

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a			
	b Membership dues . . .	1b			
	c Fundraising events . . .	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f			
	g Noncash contributions included in lines 1a - 1f \$ _____				
	h Total. Add lines 1a-1f		0		

Program Service Revenue			Business Code				
	2a Medicaid Revenue		524114	728,511,381	728,511,381	728,150,792	
b Group & Individual Premiums		524114	4,491,744	4,491,744	4,491,744		
c INTERCOMPANY ADMIN FEES		561000	295,212,476	295,212,476	295,212,476		
d MEDICARE REVENUE		524114	-360,589	-360,589			
e _____							
f All other program service revenue							
g Total. Add lines 2a-2f			1,027,855,012				

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			7,321,798			7,321,798
	4 Income from investment of tax-exempt bond proceeds			0			
	5 Royalties			0			
	6a Gross rents	(i) Real	(ii) Personal				
		5,467,010					
	b Less rental expenses			3,986,230			
	c Rental income or (loss)			1,480,780	0		
	d Net rental income or (loss)			1,480,780			1,480,780
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		1,018,662,518					
	b Less cost or other basis and sales expenses			1,015,410,562			
	c Gain or (loss)			3,251,956			
	d Net gain or (loss)			3,251,956			3,251,956
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a		0			
	b Less direct expenses	b		0			
c Net income or (loss) from fundraising events			0				
9a Gross income from gaming activities See Part IV, line 19	a		0				
b Less direct expenses	b		0				
c Net income or (loss) from gaming activities			0				
10a Gross sales of inventory, less returns and allowances	a		0				
b Less cost of goods sold	b		0				
c Net income or (loss) from sales of inventory			0				
Miscellaneous Revenue	Business Code						
11a Medica Tax Partnership - Dental Revenue	900099		-15,133		-15,133		
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d			-15,133				
12 Total revenue. See Instructions			1,039,894,413	1,027,855,012	-15,133	12,054,534	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	3,218,589	3,218,589		
2 Grants and other assistance to domestic individuals See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	0			
4 Benefits paid to or for members	660,745,339	660,745,339		
5 Compensation of current officers, directors, trustees, and key employees	10,336,580		10,336,580	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	144,394,218		144,394,218	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	12,154,916		12,154,916	
9 Other employee benefits	14,868,166		14,868,166	
10 Payroll taxes	8,932,166		8,932,166	
11 Fees for services (non-employees)				
a Management	0			
b Legal	921,798		921,798	
c Accounting	752,505		752,505	
d Lobbying	566,573		566,573	
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	547,036		547,036	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	34,621,910		34,621,910	
12 Advertising and promotion	13,078,228		13,078,228	
13 Office expenses	4,663,902		4,663,902	
14 Information technology	28,036,757		28,036,757	
15 Royalties	0			
16 Occupancy	5,867,834		5,867,834	
17 Travel	566,489		566,489	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	413,035		413,035	
20 Interest	30,423		30,423	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	24,252,042		24,252,042	
23 Insurance	1,610,068		1,610,068	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Premium Taxes	15,846,301		15,846,301	
b Printing & Publication	7,207,923		7,207,923	
c Other	3,902,383		3,902,383	
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	997,535,181	663,963,928	333,571,253	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	0	0	0	0
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	75,237,433	1	21,045,722
	2 Savings and temporary cash investments	55,134,613	2	121,463,698
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	33,733,311	4	33,968,280
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	0	9	0
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 122,127,959		
	b Less accumulated depreciation	10b 40,403,968	83,995,306	10c 81,723,991
	11 Investments—publicly traded securities	203,628,238	11	254,027,635
	12 Investments—other securities See Part IV, line 11	5,441,632	12	0
	13 Investments—program-related See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets See Part IV, line 11	24,803,661	15	27,466,573
16 Total assets. Add lines 1 through 15 (must equal line 34)	481,974,194	16	539,695,899	
Liabilities	17 Accounts payable and accrued expenses	154,543,349	17	206,815,184
	18 Grants payable	0	18	0
	19 Deferred revenue	39,572,924	19	39,813,500
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D	0	25	0
	26 Total liabilities. Add lines 17 through 25	194,116,273	26	246,628,684
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	287,857,921	27	293,067,215
	28 Temporarily restricted net assets	0	28	0
	29 Permanently restricted net assets	0	29	0
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	287,857,921	33	293,067,215	
34 Total liabilities and net assets/fund balances	481,974,194	34	539,695,899	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,039,894,413
2	Total expenses (must equal Part IX, column (A), line 25)	2	997,535,181
3	Revenue less expenses Subtract line 2 from line 1	3	42,359,232
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	287,857,921
5	Net unrealized gains (losses) on investments	5	-11,134,822
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-26,015,116
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	293,067,215

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

- 1** Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 41-1242261

Name: Medica Health Plans

Form 990 (2018)

Form 990, Part III, Line 4a:

SEE SCHEDULE O

Form 990, Part III, Line 4b:

IN 2018 MHP PROVIDED FULLY INSURED COMMERCIAL HMO HEALTH INSURANCE COVERAGE TO GROUPS AND INDIVIDUALS IN MINNESOTA AS OF 12/31/2018 THE ENROLLMENT IN MHP FULLY INSURED MINNESOTA GROUP PLANS WAS 523, WHICH WAS APPROXIMATELY 1.7% OF MHP'S TOTAL 2018 ENROLLMENT

Form 990, Part III, Line 4c:

SEE SCHEDULE O

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
John W Naylor President & CEO	40 0 0 0	X		X				1,725,038	0	41,286
John Buck Director, Chair	15 0 0 0	X		X				110,250	0	0
Peter Kelly Director	10 0 0 0	X						67,500	0	0
John Stanoch Director, Vice Chair	10 0 0 0	X		X				72,500	0	0
Esther Tomljanovich Director	6 0 0 0	X						67,750	0	0
Mary Twinem Director	10 0 0 0	X						70,000	0	0
Mark L Baird SVP & CFO, Treasurer	40 0 0 0			X				1,007,625	0	52,175
James P Jacobson SVP & Gen Counsel, Secretary	40 0 0 0			X				693,328	0	52,578
Geoffrey J Bartsh SVP & GM IFB	40 0 0 0				X			507,654	0	63,547
Robert Longendyke SVP & CMO	40 0 0 0				X			594,804	0	51,718

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)							(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
Scott R Reid VP Growth Initiatives	40 0 0 0				X				552,768	0	49,724
Timothy D Thull SVP & CIO	40 0 0 0				X				874,412	0	50,709
Paul R Crowley SVP & GM CMD	40 0 0 0				X				572,112	0	73,497
Thomas H Lindquist SVP & GM Govt Programs	40 0 0 0				X				658,210	0	87,266
Nichole L White SVP Health Services	40 0 0 0				X				595,052	0	86,013
John R Mach Jr Chief Med Officer & SVP	40 0 0 0				X				436,591	0	61,814
Lynn Altmann VP Human Resources	40 0 0 0				X				503,613	0	53,709
Kimberly A Branson VP Operations	40 0 0 0				X				672,763	0	46,296
Lori L Nelson SVP Prov Strat & Net Mgt	40 0 0 0				X				554,609	0	49,800
Stephen T Custis VP Chief Actuary	40 0 0 0					X			494,833	0	64,631

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Mary P Quist VP Finance & Corp Controller	40 0 0 0					X		653,723	0	48,280
Jay C McLaren VP Pub Policy & Govt Rel	40 0 0 0					X		391,823	0	61,327
Thomas M Wentzel Director Agency Relations	40 0 0 0					X		393,299	0	43,752
Stacy L Ballard Medical Director	40 0 0 0					X		413,130	0	34,112
Andrew E Davis Former GM & VP CHA	0 0 0 0						X	93,908	0	0
Alan Spiro MD Former SVP & CMO	0 0 0 0						X	58,333	0	0
David Tilford Former President & CEO	0 0 0 0						X	292,799	0	0
Glenn E Andis Former SVP Govt Prog	0 0 0 0						X	164,218	0	0
Jana L Johnson Former SVP Hlth & Provider Srv	0 0 0 0						X	377,014	0	0

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
Medica Health Plans

Employer identification number
41-1242261

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year	
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | | |
|--|-----|----|
| (i) unrelated organizations | Yes | No |
| (ii) related organizations | | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		18,775,799		18,775,799
b Buildings		67,824,201	10,507,023	57,317,178
c Leasehold improvements		18,554,927	14,691,718	3,863,209
d Equipment		16,973,032	15,205,227	1,767,805
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				81,723,991

Part VII Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) INVESTMENT INCOME	1,152,632
(2) UNINSURED PLANS RECEIVABLE	820,000
(3) INTERCOMPANY RECEIVABLES	16,438,778
(4) GENERAL EXPENSE RECEIVABLE	9,055,163
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	27,466,573

Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	0

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	745,507,754
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	4,607,783
e	Add lines 2a through 2d	2e	4,607,783
3	Subtract line 2e from line 1	3	740,899,971
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	547,036
b	Other (Describe in Part XIII)	4b	298,447,106
c	Add lines 4a and 4b	4c	298,994,142
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	1,039,894,113

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	705,902,301
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	7,361,262
e	Add lines 2a through 2d	2e	7,361,262
3	Subtract line 2e from line 1	3	698,541,039
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	547,036
b	Other (Describe in Part XIII)	4b	298,447,106
c	Add lines 4a and 4b	4c	298,994,142
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	997,535,181

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 41-1242261

Name: Medica Health Plans

Supplemental Information

Return Reference	Explanation
Sch D Part X Line 2	The Company is generally exempt from federal income taxes under section 501(c)(4) of The Internal Revenue Code, with the exception of taxes on unrelated business activities. The federal unrelated business income tax benefit is included in federal income tax benefit in the statutory state payments of revenue and expenses.

Supplemental Information

Return Reference	Explanation
Sch D Part XI Line 2d	OTHER ADJUSTMENTS STATUTORY GROSS UP FOR RENTAL INCOME \$ 4,592,650 DENTAL EXPENSES \$ 15,133 TOTAL TO SCHEDULE D, PART XI, LINE 2D \$ 4,607,783

Supplemental Information

Return Reference	Explanation
Sch D Part XI Line 4b	OTHER ADJUSTMENTS INTERCOMPANY ADMIN FEES RECLASSIFIED FROM EXPENSE \$295,212,476 INTEREST EXPENSE RECLASSIFIED AS EXPENSE \$30,423 DEPRECIATION ON REAL ESTATE RECLASSIFIED AS EXPENSE \$3,204,207 TOTAL TO SCHEDULE D, PART XI, LINE 4B \$298,447,106

Supplemental Information

Return Reference	Explanation
Sch D Part XII Line 2d	Other Adjustments Statutory Gross Up for depreciation expense \$2,753,479 Statutory Gross up for rental income \$4,592,650 Dental Expenses (Medica Tax Partnership K-1) \$15,133 Total to Schedule D, Part XII, Line 2d \$7,361,262

Supplemental Information

Return Reference	Explanation
Sch D Part XII Line 4b	Other adjustments interest expense reclassified as revenue \$30,423 depreciation on real estate reclassified as expense \$3,204,207 intercompany admin fees reclassified as revenue \$295,212,476 Total to Schedule D, Part XII, line 4b \$298,447,106

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**Schedule I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments and Individuals in the United States**
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

**Open to Public
Inspection**

Department of the
Treasury
Internal Revenue Service

Name of the organization
Medica Health Plans

Employer identification number
41-1242261

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) INSTITUTE FOR CLINICAL SYSTEMS IMPROVEMENT 8009 34TH AVE S SUITE 1200 BLOOMINGTON, MN 55425	41-1782168	501(C)(3)	218,589				SUPPORT BEST PRACTICES IN MEDICAL WORLD
(2) MEDICA FOUNDATION 401 CARLSON PARKWAY CW 104 MINNETONKA, MN 55305	41-1812461	501(C)(3)	3,000,000				PROGRAM SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 2

3 Enter total number of other organizations listed in the line 1 table ▶

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
Sch I Part I Line 2	MEDICA HEALTH PLANS (MHP) DONATES TO 501(C)(3) ORGANIZATIONS MHP HAS MEETINGS TO MONITOR THE WORK BEING DONE TO SUPPORT THE MISSION OF THE GRANT RECIPIENTS

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
Medica Health Plans

Employer identification number
41-1242261

Part I Questions Regarding Compensation

		Yes	No		
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b				
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2				
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee				
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a	Yes			
	4b	Yes			
	4c		No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a		No		
	5b		No		
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a	Yes			
	6b	Yes			
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7		No		
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	8		No		
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9				

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
Sch J Part I Line 4a	Severance Payments Jana L Johnson \$ 118,723 David Tilford \$ 83,077 Alan Spiro \$ 58,333 Andrew Davis \$36,761

Return Reference	Explanation
Sch J Part I Line 4b	<p>THE FOLLOWING RECEIVED PAYMENTS FROM A NON-QUALIFIED RETIREMENT PLAN Mark L BAIRD \$ 70,542 Geoffrey J BARTSH \$ 6,352 ANDREW E DAVIS \$ 747 JAMES P JACOBSON \$ 43,106 JANA L JOHNSON \$ 60,801 ROBERT LONGENDYKE \$ 33,988 JOHN W NAYLOR \$ 200,570 MARY P QUIST \$ 37,689 SCOTT R REID \$ 30,024 TIMOTHY D THULL \$ 59,202 DAVID TILFORD \$ 5,358 LYNN ALTMANN \$ 25,158 KIMBERLY A BRANSON \$ 39,808 STEPHEN T CUSTIS \$ 22,914 PAUL R CROWLEY \$ 9,953 LORI L NELSON \$ 37,526 JAY C MCLAREN \$ 3,958 GLENN E ANDIS \$ 50,160</p>

Return Reference	Explanation
Sch J Part I Line 6a & 6b	MANAGEMENT INCENTIVE COMPENSATION INCLUDES COMPONENTS RELATED TO THE ORGANIZATIONS OPERATING EARNINGS

Return Reference	Explanation
Sch J Part II	SCHEDULE J, PART II, COLUMN (F), COMPENSATION IN COLUMN (B) REPORTED AS DEFERRED IN PRIOR FORM 990 COLUMN (F) INCLUDES AMOUNTS VESTED IN THE CURRENT YEAR, WHICH WERE PREVIOUSLY REPORTED IN COLUMN (C) OF PRIOR YEARS' 990'S, AS RETIREMENT AND DEFERRED COMPENSATION



Additional Data

Software ID:
Software Version:
EIN: 41-1242261
Name: Medica Health Plans

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Mark L Baird SVP & CFO, Treasurer	(i)	426,322	483,680	97,623	25,438	28,653	1,061,716	70,542
	(ii)	0	0	0	0	0	0	0
Geoffrey J Bartsh SVP & GM IFB	(i)	275,300	204,471	27,883	39,682	25,434	572,770	6,352
	(ii)	0	0	0	0	0	0	0
Stephen T Custis VP Chief Actuary	(i)	256,978	193,033	44,822	38,781	27,365	560,979	22,914
	(ii)	0	0	0	0	0	0	0
James P Jacobson SVP & Gen Counsel, Secretary	(i)	344,235	278,497	70,596	25,438	28,873	747,639	43,106
	(ii)	0	0	0	0	0	0	0
Robert Longendyke SVP & CMO	(i)	302,179	234,664	57,961	25,438	27,662	647,904	33,988
	(ii)	0	0	0	0	0	0	0
John W Naylor President & CEO	(i)	775,426	721,508	228,104	20,625	22,645	1,768,308	200,570
	(ii)	0	0	0	0	0	0	0
Mary P Quist VP Finance & Corp Controller	(i)	277,923	313,379	62,421	25,438	24,415	703,576	37,689
	(ii)	0	0	0	0	0	0	0
Scott R Reid VP Growth Initiatives	(i)	271,355	228,652	52,761	25,438	25,831	604,037	30,024
	(ii)	0	0	0	0	0	0	0
Timothy D Thull SVP & CIO	(i)	330,652	461,323	82,437	25,438	26,953	926,803	59,202
	(ii)	0	0	0	0	0	0	0
Paul R Crowley SVP & GM CMD	(i)	308,123	232,405	31,584	50,043	25,080	647,235	9,953
	(ii)	0	0	0	0	0	0	0
Thomas H Lindquist SVP & GM Govt Programs	(i)	322,142	314,035	22,033	62,527	26,416	747,153	0
	(ii)	0	0	0	0	0	0	0
Nichole L White SVP Health Services	(i)	299,136	268,331	27,585	55,379	37,680	688,111	0
	(ii)	0	0	0	0	0	0	0
John R Mach Jr Chief Med Officer & SVP	(i)	230,917	179,800	25,874	41,562	21,721	499,874	0
	(ii)	0	0	0	0	0	0	0
Lynn Altmann VP Human Resources	(i)	267,335	189,144	47,134	25,438	29,816	558,867	25,158
	(ii)	0	0	0	0	0	0	0
Kimberly A Branson VP Operations	(i)	280,647	329,478	62,638	24,063	23,804	720,630	39,808
	(ii)	0	0	0	0	0	0	0
Lori L Nelson SVP Prov Strat & Net Mgt	(i)	299,373	192,605	62,631	23,136	28,277	606,022	37,526
	(ii)	0	0	0	0	0	0	0
Jay C McLaren VP Pub Policy & Govt Rel	(i)	213,293	151,384	27,146	30,408	32,321	454,552	3,958
	(ii)	0	0	0	0	0	0	0
Thomas M Wentzel Director Agency Relations	(i)	177,188	212,687	3,424	20,625	24,035	437,959	0
	(ii)	0	0	0	0	0	0	0
Stacy L Ballard Medical Director	(i)	268,609	142,980	1,541	18,064	16,972	448,166	0
	(ii)	0	0	0	0	0	0	0
Glenn E Andis Former SVP Govt Prog	(i)	0	0	164,218	0	0	164,218	50,160
	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Jana L Johnson Former SVP Hlth & Provider Srv	(i)	0	72,400	304,614	0	0	377,014	60,801
		-----	-----	-----	-----	-----	-----	-----
	(ii)	0	0	0	0	0	0	0
David Tilford Former President & CEO	(i)	0	0	292,799	0	0	292,799	5,358
		-----	-----	-----	-----	-----	-----	-----
	(ii)	0	0	0	0	0	0	0

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2018

Open to Public Inspection

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

Department of the Treasury

Name of the organization
Medica Health Plans

Employer identification number

41-1242261

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 Part III Line 4a	<p>MEDICA HEALTH PLANS (MHP) IN 2018 PROVIDED HMO COVERAGE TO ENROLLEES IN THE STATE OF MINNESOTA'S SENIOR CARE PLUS (MSC+) AND SPECIAL NEEDS BASIC CARE PROGRAMS (SNBC) MSC+ PROVIDES MANAGED CARE FOR LOW-INCOME PEOPLE IN MINNESOTA WHO ARE AGES 65 OR OLDER ON MEDICAL ASSISTANCE SNBC PROVIDES MANAGED CARE FOR INDIVIDUALS AGES 18-64 ON MEDICAL ASSISTANCE AND ARE CERTIFIED WITH PHYSICAL, DEVELOPMENTAL OR MENTAL DISABILITIES A TOTAL OF 16,789 MEDICA MEMBERS 55 9% OF MHP'S TOTAL ENROLLMENT - WERE IN MINNESOTA STATE PROGRAMS AS OF 12/31/2018 THERE WERE 4,056 MINNESOTA SENIOR CARE PLUS MEMBERS AND 12,733 SPECIAL NEEDS BASIC CARE MEMBERS STATE OF MINNESOTA HEALTH CARE PROGRAMS MINNESOTA REQUIRES A HEALTH PLAN THAT CONTRACTS WITH THE MINNESOTA DEPARTMENT OF HUMAN SERVICES (DHS) TO PROVIDE MANAGED CARE BE LICENSED BY THE MINNESOTA DEPARTMENT OF HEALTH (MDH) AS AN HMO MINNESOTA HEALTH CARE PROGRAMS COVER PEOPLE WHO CANNOT GET OR AFFORD HEALTH INSURANCE ELSEWHERE AND HELPS THEM PAY SOME OR ALL MEDICAL BILLS DHS MANAGES THE ENROLLMENT OF ENROLLEES AND ENFORCES ELIGIBILITY RULES THAT PERTAIN TO INCOME, ASSETS AND OTHER FACTORS MEDICAS MANAGED CARE PRODUCTS SERVE ADULTS WITH DISABILITIES, SOME CHILDREN WITH DISABILITIES, AND LOW-INCOME PEOPLE 65 OR OLDER MANAGED CARE IS AVAILABLE FOR LOW-INCOME PEOPLE 65 OR OLDER WHO ARE ASSESSED TO REQUIRE AN INSTITUTIONAL LEVEL OF CARE MINNESOTA DHS DETERMINES CAPITATED RATES AS A COMPONENT OF THE ANNUAL CONTRACT NEGOTIATION PROCESS WITH MHP AND PAYS MHP A FIXED RATE PER ENROLLEE PER MONTH MHP BEARS THE RISK FOR THE TOTAL COST OF CARE FOR THESE ENROLLEES -IN 2018 MEDICA HEALTH PLANS MEDICAL LOSS RATIO FOR STATE OF MINNESOTA HEALTH PROGRAMS WAS 89 7% -THE ADMINISTRATIVE COST RATIO WAS APPROXIMATELY 5 6% INCLUDING PREMIUM TAXES FORM 990 PART III LINE 4C IN 2018, MHP PARTICIPATED IN MINNESOTA SENIOR HEALTH OPTIONS (MSHO), A MEDICARE-RELATED PRODUCT, IN MINNESOTA ENROLLMENT IN THAT PRODUCT WAS 11,132 OR 37 0% OF MHP'S TOTAL ENROLLMENT MSHO IS A PRODUCT FOR PEOPLE AGE 65 AND OLDER AND ELIGIBLE FOR BOTH MEDICARE AND MEDICAID IN 2018, MEDICA STARTED OFFERING MEDICARE ADVANTAGE AND MEDICARE SUPPLEMENT PLANS MEDICARE ADVANTAGE HAD ENROLLMENT OF 391 MEMBERS OR 1 3% OF MHP'S TOTAL ENROLLMENT MEDICARE ADVANTAGE IS A HEALTH PLAN THAT PROVIDES ALL ENROLLEES PART A AND PART B BENEFITS MEDICARE SUPPLEMENT HAD ENROLLMENT OF 1,224 MEMBERS OR 4 1% OF MHP'S TOTAL ENROLLMENT MEDICARE SUPPLEMENT IS A PLAN THAT HELPS PAY SOME HEALTH CARE COSTS THAT MEDICARE DOES NOT COVER, SUCH AS COPAYMENTS, COINSURANCE, AND DEDUCTIBLES</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>Form 990 Part III Line 4d</p>	<p>MEDICA HEALTH PLANS INTERCOMPANY ADMINISTRATIVE AGREEMENTS MHP HAS MANAGEMENT AGREEMENTS WITH RELATED ENTITIES TO PROVIDE ADMINISTRATIVE SERVICES MHP IS REIMBURSED FOR THESE SERVICES MONTHLY IN 2018, MHP WAS REIMBURSED FOR \$295,212,476 IN INTERCOMPANY ADMINISTRATIVE EXPENSES, REPORTED AS REVENUE ON THE 990 CONTRIBUTIONS BY MEDICA ON BEHALF OF MEMBERS BEYOND CONTRACTED SERVICES IN 2018 MHP SPENT APPROXIMATELY \$2.5 MILLION TO PROVIDE ADDITIONAL, NON-STATE PLAN SERVICES ON BEHALF OF THE FOLLOWING CATEGORIES OF MINNESOTA HEALTH CARE PROGRAMS MSC+, MSHO, AND SNBC NON-STATE PLAN SERVICES INCLUDED VALUE OF WAIVED FAMILY DEDUCTIBLES, MSC+/MSHO ELDERLY WAIVER FOR NON-ELIGIBLE MEMBERS, NON-MEDICARE PART D PHARMACY COPAYMENTS, AND NON-MEDICARE VALUE OF COST-SHARING WAIVED COPAYS OTHER COMMUNITY BENEFITS MHP PROVIDED OTHER COMMUNITY BENEFITS WITH A WIDE RANGE OF PROGRAMS AND INITIATIVES TO PROMOTE PUBLIC AND INDIVIDUAL HEALTH, REDUCE DISPARITIES IN ACCESS TO CARE, IMPROVE HEALTH CARE SYSTEM PERFORMANCE, AND HELP PROVIDE FINANCIAL ASSISTANCE TO ACCESS CARE COLLABORATIVE EFFORTS MHP DONATES FUNDING, EMPLOYEE TIME AND OTHER RESOURCES IN SUPPORT OF MORE THAN TWO DOZEN COLLABORATIVE EFFORTS WITH LOCAL, STATE, REGIONAL AND NATIONAL ORGANIZATIONS EXAMPLES INCLUDE MINNESOTA COMMUNITY MEASUREMENT, WHICH PROMOTES COMMUNITY-BASED, EVIDENCE-BASED CARE, AND QUALITY COMPARISONS OF PROVIDER GROUPS AND CLINICS, INSTITUTE FOR CLINICAL SYSTEMS IMPROVEMENT, WHICH PROVIDES EVIDENCE-GRADED GUIDELINES AND ASSESSMENTS HEALTH AND WELLNESS PROGRAMS PROVIDING COMMUNITY BENEFIT MEDICA UNDERTAKES A VARIETY OF INITIATIVES TO MAKE HEALTH CARE MORE AFFORDABLE, AVAILABLE AND EFFECTIVE EXAMPLES INCLUDE -IMPROVEMENTS IN RATES OF ANNUAL SCREENINGS AMONG MEMBERS FOR DISEASES SUCH AS CANCERS, HEART DISEASE AND DIABETES, PRE AND POST-BIRTH MATERNITY CARE, IMMUNIZATIONS, AND ANNUAL DENTAL VISITS -REDUCTIONS IN MEDICALLY UNNECESSARY ER VISITS AND IN-PATIENT HOSPITAL ADMISSIONS -TYING PROVIDER REIMBURSEMENT TO IMPROVEMENTS IN CARE OUTCOMES, QUALITY AND EFFICIENCY -INCREASED PARTICIPATION IN EXERCISE MY HEALTH REWARDS FROM MEDICA INCLUDES AN ARRAY OF ONLINE TOOLS AND RESOURCES THAT MAKE IT EASY FOR MEDICA MEMBERS TO ASSESS THEIR HEALTH STATUS, AND TO CUSTOMIZE AND FOLLOW PERSONALIZED PROGRAMS FOR A HEALTHIER LIFESTYLE AND DIET IN 2018, THE CORE MY HEALTH REWARDS FROM MEDICA PROGRAM WAS PROVIDED AT NO ADDITIONAL CHARGE TO FULLY INSURED GROUPS FIT CHOICES BY MEDICA PROVIDED MEDICA MEMBERS WITH (A) A \$20 MONTHLY MEMBERSHIP CREDIT FOR EXERCISING AT A PARTICIPATING HEALTH CLUB TWELVE OR MORE DAYS PER MONTH AND (B) THE OPPORTUNITY FOR PERSONAL COACHING AND A PERSONALIZED NUTRITION AND FITNESS PLAN IN 2018, FIT CHOICES BY MEDICA WAS AVAILABLE AT NO COST TO MHP'S FULLY INSURED MEMBERS TOBACCO CESSATION COACHING MEDICA'S TOBACCO CESSATION COACHING PROGRAM IS A SELF-DIRECTED PROGRAM OFFERING A WIDE VARIETY OF TOOLS AND RESOURCES TO HELP MEMBERS QUIT TOBACCO USE COACHING SUPPORT INCLUDES PR</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 Part III Line 4d	PRIVATE, CONFIDENTIAL ACCESS TO TRAINED HEALTH COACHES THERE WAS NO COST TO MEDICA MEMBERS TO PARTICIPATE IN THE TOBACCO CESSATION COACHING PROGRAM MEDICAL AND MENTAL HEALTH DISEASE MANAGEMENT AND PATIENT SUPPORT MEDICA IN 2018 OFFERED A PORTFOLIO OF DISEASE MANAGEMENT PROGRAMS FOR PHYSICAL AND MENTAL HEALTH, TOBACCO CESSATION, HEALTHY PREGNANCY, COMMON CHRONIC MEDICAL DISEASES, AND RARE AND COMPLEX DISEASES THESE PROGRAMS PROVIDE EDUCATION AND RESOURCES THAT HELP SUPPORT THE MEMBERS' ABILITY TO MANAGE CHRONIC CONDITIONS THE GOALS ARE TO IMPROVE HEALTH AND QUALITY OF LIFE, REDUCE COMPLICATIONS THROUGH EARLY INTERVENTION AND MONITORING, PROMOTE MEDICAL CARE AND COMPLIANCE WITH THE PATIENT'S PHYSICIAN-RECOMMENDED MEDICAL TREATMENT REGIMEN, AND TO IMPROVE SATISFACTION WITH HEALTH CARE SERVICES MEDICA'S DISEASE MANAGEMENT PROGRAMS WERE PROVIDED AT NO ADDITIONAL CHARGE TO FULLY INSURED GROUPS, AND TO MINNESOTA STATE HEALTH CARE PROGRAM ENROLLEES SERVED BY MEDICA THERE IS NO COST TO ELIGIBLE MEDICA MEMBERS

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 Part VI Line 6	MEMBERS EXIST WITHIN MEDICA HEALTH PLANS AS MEMBERS COVERED UNDER REGULATED INSURANCE PLANS

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 Part VI Line 7a	THE MEMBERSHIP OF MEDICA HEALTH PLANS ELECTS THE CONSUMER BOARD MEMBERS

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 Part VI Line 11b	MEDICA'S TAX ADVISORS COMPLETE THE RETURN, MEDICA'S CONTROLLER AND FINANCE DIRECTOR REVIEW THE RETURN BEFORE IT IS SIGNED BY THE CFO A COPY WILL BE PROVIDED TO THE BOARD OF DIRECTORS PRIOR TO FILING WITH THE IRS

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 Part VI Line 12c	ANNUALLY ALL EMPLOYEES OF MEDICA HEALTH PLANS AND DIRECTORS OF ALL MEDICA ENTITIES COMPLETE A CONFLICT OF INTEREST DISCLOSURE AND ARE REQUIRED TO REVIEW THE CONFLICT POLICY ALL POTENTIAL CONFLICTS ARE REVIEWED BY LEGAL/COMPLIANCE

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 Part VI Line 15a	THE BOARD'S PERSONNEL AND COMPENSATION COMMITTEE REVIEWS AND OBTAINS THE BOARD'S APPROVAL OF THE TOTAL COMPENSATION FOR THE PRESIDENT/CEO AND REVIEWS AND APPROVES THE TOTAL COMPENSATION RECOMMENDATIONS MADE BY THE CFO FOR THE EXECUTIVE AND SENIOR VICE PRESIDENTS, REVIEWS ALL OFFICER COMPENSATION AND PERFORMANCE GOALS APPROVED BY THE CEO ANNUALLY THE PERSONNEL AND COMPENSATION COMMITTEE ALSO REVIEWS AND RECOMMENDS TO THE BOARD, OFFICER AND NON-OFFICER COMPENSATION GUIDELINES FOR THE COMPANY AND ITS SUBSIDIARIES PERIODICALLY REVIEWING MARKET DATA TO ASSESS THE COMPANY'S COMPETITIVE POSITION PROCESS OUTSIDE THE CHARTER THE PERSONNEL AND COMPENSATION COMMITTEE WORKS WITH AN OUTSIDE CONSULTANT IN REVIEWING MARKET COMPETITIVE DATA THAT AIDS IN SETTING THE COMPENSATION FOR THE OFFICERS AND KEY EMPLOYEES

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 Part VI Line 19	MEDICA DOES NOT CONSIDER ITS CONFLICT OF INTEREST POLICY TO BE A CONFIDENTIAL OR PROPRIETARY DOCUMENT THEREFORE, MEDICA WOULD MAKE THIS POLICY AVAILABLE TO ANYONE WHO REQUESTS IT CERTAIN MEDICA ENTITIES ARE REQUIRED TO FILE ANNUAL FINANCIAL STATEMENTS WITH THE REGULATORS MEDICA CONSIDERS FINANCIAL STATEMENTS THAT ARE FILED WITH THE REGULATORS TO BE PUBLIC DOCUMENTS ARTICLES AND BYLAWS, CONFLICT OF INTEREST POLICY, AND FORM 990S ARE AVAILABLE UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 Part VII Line Section B Line 1	CERTAIN INDIVIDUALS REPORTED ON FORM 990, PART VII SPLIT THEIR TIME BETWEEN SEVERAL OF THE MEDICA ENTITIES (MEDICA HEALTH PLANS, MEDICA Community Health Plan, Medica Holding Company, MEDICA FOUNDATION, MEDICA INSURANCE COMPANY, MEDICA SELF-INSURED, MEDICA AFFILIATED SERVICES, MEDICA HEALTH MANAGEMENT, AND MMSI, INC) THE AVERAGE HOURS PER WEEK REPORTED IN PART VII ARE THE TOTAL HOURS PER WEEK FOR ALL MEDICA ORGANIZATIONS

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 Part XI Line 9	CHANGES IN NET ASSETS CHANGE IN VALUE OF NONADMITTED ASSETS \$31,738,363 STAT GROSS UP FOR DEPRECIATION \$(2,753,479) TRANSFER TO MHC \$(55,000,000) TOTAL TO FORM 990, PART XI, LINE 9 \$(26,015,116)

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2018

**Open to Public
Inspection**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization
Medica Health Plans

Employer identification number

41-1242261

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) MEDICA FOUNDATION 401 CARLSON PARKWAY MINNETONKA, MN 55305 41-1812461	FOUNDATION	MN	501(C)(3)	Line 12B	MH COMPANY		No
(2) MEDICA Community Health Plan 401 CARLSON PARKWAY MINNETONKA, MN 55305 41-1843804	HEALTH CVRGE	MN	501(C)(4)	N/A	MH COMPANY		No
(3) MEDICA HOLDING COMPANY 401 CARLSON PARKWAY MINNETONKA, MN 55305 01-0571840	HOLDING CO	MN	501(C)(4)	N/A	NA		No

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1) MEDICA INSURANCE COMPANY 401 CARLSON PARKWAY MINNETONKA, MN 55305 41-1490988	HEALTH INSURANCE	MN	MEDICA AFF	C Corp	0	0			No
(2) MEDICA SELF-INSURED 401 CARLSON PARKWAY MINNETONKA, MN 55305 41-1479417	THIRD PARTY ADMIN	MN	MEDICA AFF	C Corp	0	0			No
(3) MEDICA AFFILIATED SERVICES 401 CARLSON PARKWAY MINNETONKA, MN 55305 41-1716415	HOLDING COMPANY	MN	MH COMPANY	C Corp	0	0			No
(4) MEDICA HEALTH MANAGEMENT 401 CARLSON PARKWAY MINNETONKA, MN 55305 20-8005519	HEALTH MGMT	MN	MEDICA AFF	C Corp	0	0			No
(5) MMSI INC 401 CARLSON PARKWAY MINNETONKA, MN 55305 41-1547003	THIRD PARTY ADMIN	MN	MEDICA AFF	C Corp	0	0			No

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		No
b Gift, grant, or capital contribution to related organization(s)	Yes	
c Gift, grant, or capital contribution from related organization(s)		No
d Loans or loan guarantees to or for related organization(s)		No
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)		No
l Performance of services or membership or fundraising solicitations for related organization(s)		No
m Performance of services or membership or fundraising solicitations by related organization(s)		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Yes	
o Sharing of paid employees with related organization(s)	Yes	
p Reimbursement paid to related organization(s) for expenses		No
q Reimbursement paid by related organization(s) for expenses	Yes	
r Other transfer of cash or property to related organization(s)	Yes	
s Other transfer of cash or property from related organization(s)		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)MEDICA FOUNDATION	b	3,000,000	BOOK

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation