CONSOLIDATED FINANCIAL STATEMENTS

Intermountain Health Care, Inc. and Affiliated Companies
Years Ended December 31, 2013 and 2012
with Independent Auditors' Report

KPMG LLP
Suite 1500
15 W. South Temple
Salt Lake City, UT 84101

Independent Auditors' Report

Audit and Compliance Committee
Intermountain Health Care, Inc.:

We have audited the accompanying consolidated financial statements of Intermountain Health Care, Inc. and affiliated companies, which comprise the consolidated balance sheets as of December 31, 2013 and 2012, and the related consolidated statements of operations and changes in net assets and cash flows for the years then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with U.S. generally accepted accounting principles; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditors consider internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Intermountain Health Care, Inc. and affiliated companies as of December 31, 2013 and 2012, and the results of their operations and their cash flows for the years then ended, in accordance with U.S. generally accepted accounting principles.

KPMG LLP

Salt Lake City, Utah
March 18, 2014

Intermountain Health Care, Inc. and Affiliated Companies
Consolidated Balance Sheets
(In Millions)

	December 31 2013	December 31 2012
Assets		
Current assets:		
Cash and equivalents	$ 607.9	$ 463.3
Assets limited as to use	323.4	438.8
Accounts receivable, less allowances for bad debts of $199.6 in 2013 and $181.2 in 2012	474.9	473.0
Inventory	99.7	94.8
Due from brokers for securities sold	110.4	80.9
Other current assets	139.6	125.5
Total current assets	1,755.9	1,676.3
Assets limited as to use	4,449.2	3,692.5
Property and equipment, net	2,183.7	2,062.5
Other assets	293.6	121.9
Total assets	$ 8,682.4	$ 7,553.2
Liabilities and net assets		
Current liabilities:		
Accounts payable and accrued liabilities	$ 258.7	$ 232.3
Compensation and related liabilities	234.5	235.4
Due to brokers for securities purchased	231.0	207.5
Other current liabilities	266.8	220.7
Current portion of long-term debt	28.5	25.0
Long-term debt subject to short-term remarketing arrangements	323.4	438.8
Total current liabilities	1,342.9	1,359.7
Self-insurance liabilities	139.4	133.6
Pension liability	—	470.9
Long-term debt	1,184.9	1,100.7
Other liabilities	226.5	246.0
Net assets:		
Unrestricted	5,589.4	4,046.7
Temporarily restricted	168.1	173.5
Permanently restricted	31.2	22.1
	5,788.7	4,242.3
Total liabilities and net assets	$ 8,682.4	$ 7,553.2

See accompanying notes to consolidated financial statements.

Intermountain Health Care, Inc. and Affiliated Companies
Consolidated Statements of Operations and Changes in Net Assets
(In Millions)

	Year Ended December 31	
	2013	**2012**
Revenues		
Patient services	$ 3,524.3	$ 3,511.8
Provision for bad debts	(231.6)	(206.8)
Net patient services	3,292.7	3,305.0
Premiums and administration fees	1,493.4	1,191.6
Other	255.4	203.7
Total revenues	5,041.5	4,700.3
Expenses		
Employee compensation and benefits	2,257.8	2,110.3
Supplies	849.7	811.3
Other operating expenses	641.9	589.2
Medical claims	590.7	486.2
	4,340.1	3,997.0
Earnings before interest, depreciation and amortization	701.4	703.3
Depreciation and amortization	257.7	236.9
Interest	48.8	49.0
	306.5	285.9
Net operating income	394.9	417.4
Investment income	371.4	218.4
Excess of revenues over expenses	$ 766.3	$ 635.8

(continued)

Intermountain Health Care, Inc. and Affiliated Companies
Consolidated Statements of Operations and Changes in Net Assets (continued)
(In Millions)

	Year Ended December 31 2013	2012
Unrestricted net assets		
Excess of revenues over expenses	$ 766.3	$ 635.8
Unrecognized changes in funded status of postretirement benefit plans	529.8	(242.4)
Change in net unrealized investment gains on other-than-trading securities	178.5	125.4
Net change in fair value of cash flow hedges	57.7	(6.6)
Net assets released from restrictions for the purchase of property and equipment	5.5	2.5
Other	4.9	0.7
Increase in unrestricted net assets	1,542.7	515.4
Temporarily restricted net assets		
Contributions	22.9	129.1
Net assets released from restrictions	(19.0)	(6.3)
Decrease in interest in affiliated foundations	—	(96.4)
Investment income	3.1	2.2
Transfer to permanently restricted net assets	(8.7)	—
Other	(3.7)	2.6
Increase (decrease) in temporarily restricted net assets	(5.4)	31.2
Permanently restricted net assets		
Contributions	0.4	18.1
Decrease in interest in affiliated foundations	—	(18.0)
Transfer from temporarily restricted net assets	8.7	—
Increase in permanently restricted net assets	9.1	0.1
Increase in net assets	1,546.4	546.7
Net assets at beginning of year	4,242.3	3,695.6
Net assets at end of year	$ 5,788.7	$ 4,242.3

See accompanying notes to consolidated financial statements.

Intermountain Health Care, Inc. and Affiliated Companies
Consolidated Statements of Cash Flows
(In Millions)

	Year Ended December 31 2013	2012
Operating activities		
Cash received from patient services	$ 3,306.5	$ 3,261.1
Cash received from premiums and administration fees	1,519.0	1,187.2
Other receipts from operations	231.0	300.3
Interest and dividends received	56.4	53.2
Cash paid for employee compensation and benefits	(2,365.9)	(2,216.0)
Cash paid for supplies and other operating expenses	(1,453.6)	(1,355.2)
Cash paid for medical claims	(572.8)	(477.8)
Interest paid	(49.6)	(45.0)
Net cash provided by operating activities	671.0	707.8
Investing activities		
Purchases of property and equipment	(378.9)	(268.2)
Assets limited as to use:		
Net decrease in cash investments	16.4	245.7
Purchases of investments	(693.9)	(1,135.4)
Sales and maturities of investments	758.7	643.8
Net purchases of trading securities	(287.4)	(352.4)
Change in collateral posted for interest rate swaps	74.1	45.5
Other	—	12.2
Net cash used in investing activities	(511.0)	(808.8)
Financing activities		
Proceeds from issuance of debt	—	450.0
Repayment of debt	(25.2)	(214.7)
Restricted contributions	7.4	25.4
Other	2.4	3.7
Net cash provided by (used in) financing activities	(15.4)	264.4
Net increase in cash and equivalents	144.6	163.4
Cash and equivalents at beginning of year	463.3	299.9
Cash and equivalents at end of year	$ 607.9	$ 463.3

(continued)

Intermountain Health Care, Inc. and Affiliated Companies
Consolidated Statements of Cash Flows (continued)
(In Millions)

	Year Ended December 31 2013	Year Ended December 31 2012
Reconciliation of increase in net assets to net cash provided by operating activities		
Increase in net assets	$ 1,546.4	$ 546.7
Adjustments to reconcile increase in net assets to net cash provided by operating activities:		
Investment gains, net	(426.7)	(301.7)
Net change in fair value of interest rate swaps	(117.4)	29.9
Contributions in excess of postretirement benefit plans expense	(104.5)	(105.4)
Unrecognized changes in funded status of postretirement benefit plans	(529.8)	242.4
Restricted contributions	(7.4)	(25.4)
Decrease in interest in affiliated foundations	—	114.4
Depreciation and amortization	257.7	236.9
Net changes in current assets and liabilities:		
Accounts receivable	(1.9)	(51.6)
Inventory	(4.9)	(2.7)
Other current assets	(14.1)	(26.9)
Accounts payable and accrued liabilities	26.4	43.6
Compensation and related liabilities	(0.9)	8.5
Other current liabilities	46.1	21.6
Increase in self-insurance liabilities	5.8	1.4
Increase (decrease) in other liabilities	9.4	(1.0)
Other	(13.2)	(22.9)
Net cash provided by operating activities	$ 671.0	$ 707.8

See accompanying notes to consolidated financial statements.

1. Organization

The mission of Intermountain Health Care, Inc. (Intermountain) is "excellence in the provision of healthcare services to communities in the Intermountain region." Intermountain is a Utah not-for-profit corporation that has been granted an exemption from federal income tax as a charitable organization under Section 501(c)(3) of the Internal Revenue Code (Code). Intermountain is the sole corporate member or parent company of several not-for-profit companies, the most significant of which is IHC Health Services, Inc. (Health Services). Health Services, which has been granted an exemption from federal income tax as a charitable organization under Section 501(c)(3) of the Code, owns and manages hospitals, clinics and other healthcare-related operations, principally in Utah. Intermountain is also the sole corporate member of SelectHealth, Inc. (SelectHealth), a licensed health maintenance organization that has been granted an exemption from federal income tax as a social welfare organization under Section 501(c)(4) of the Code.

2. Significant Accounting Policies

Principles of Consolidation

The consolidated financial statements include the operations of Intermountain and its affiliated companies (the Company), which include Health Services and SelectHealth. All significant intercompany accounts and transactions have been eliminated in consolidation. The preparation of consolidated financial statements in conformity with U.S. generally accepted accounting principles requires certain estimates that affect the reported amounts of assets, liabilities, revenues and expenses. Due to uncertainties inherent in the estimation processes, there is at least a reasonable possibility that actual results may differ materially from these estimates in the near term.

Charity Care

Health Services is dedicated to the principle that generally available and medically necessary healthcare services should be accessible to all residents of the communities it serves, without regard to race, religion, gender, national origin, physical or mental disability, veteran status or ability to pay. Decisions about medical necessity and the appropriate course of treatment are made by a physician or other licensed medical practitioner. Health Services has established a financial assistance policy for both the uninsured and the underinsured. Health Services offers discounts of up to 100% of charges on a sliding scale, which is based on income as a percentage of the Federal Poverty Level guidelines, available liquid assets and charges for services rendered. Health Services' financial assistance guidelines also have provisions that are responsive to those patients subject to catastrophic healthcare expenses. Charity care services are not reported as revenue because payment is not anticipated. Charity care represents only one component of community benefit provided by Health Services.

2. Significant Accounting Policies (continued)

Cash and Equivalents
Cash and equivalents consist of deposits with banks and highly liquid investments in interest-bearing securities with original maturity dates of three months or less at the date of purchase.

Assets Limited as to Use
Assets limited as to use consist of investments that are classified as trading or other than trading based on management's intent and ability to hold each investment. Other-than-trading investments that experience declines in value are regularly evaluated for other-than-temporary impairment. Impairment losses for declines in the value of other-than-trading investments below cost are evaluated based upon relevant facts and circumstances for each investment. Impairment losses are recognized in investment income in the consolidated statements of operations and changes in net assets when deemed to be other than temporary.

The Company accounts for its investments on a trade-date basis. Investment sales and purchases initiated prior to the consolidated balance sheet date and settled subsequent to the consolidated balance sheet date result in amounts due from and to brokers. Changes in these assets and liabilities represent noncash investing activities excluded from the consolidated statements of cash flows.

Concentrations of Credit Risk
Financial instruments that potentially subject the Company to concentrations of credit risk consist primarily of accounts receivable. Medicare and Medicaid accounts represent 39% and 36% of net accounts receivable at December 31, 2013 and 2012, respectively. Management does not believe there are any other significant concentrations of credit risk at December 31, 2013 or 2012.

Inventory
Inventory is carried at the lower of cost, determined on the average-cost method, or fair value.

Property and Equipment
Property and equipment are stated on the basis of cost. Expenditures that increase values or extend useful lives are capitalized, and routine maintenance and repairs are charged to expense in the period incurred. Depreciation is computed using the straight-line method over the estimated useful lives of the assets. Depreciation begins in the month of acquisition or when constructed assets are ready for their intended use. Useful lives are generally assigned as listed in the American Hospital Association publication *Estimated Useful Lives of Depreciable Hospital Assets*.

2. Significant Accounting Policies (continued)

Interest During Construction
Interest capitalized on borrowed funds expended for construction is a component of the cost of property additions to be allocated to future periods through depreciation. Capitalization of interest ceases when the property addition is ready for its intended use.

Long-lived Assets
Long-lived assets are reviewed for impairment when there is evidence that events or changes in circumstances indicate the carrying amount of such assets may not be fully recoverable. Recoverability of an asset or asset group is assessed by comparing the carrying amount to the estimated undiscounted future net cash flows, which approximate fair value. If impairment is indicated, the carrying amount of long-lived assets is reduced to the approximate fair value.

Medical Claims Payable
Medical claims payable reflects claims payable to providers other than Health Services and includes both claims reported to SelectHealth as of the balance sheet date and actuarial estimates of incurred-but-not-reported medical services. The liability for these medical benefits is reviewed on a regular basis and reflects management's best estimate of claims SelectHealth expects to pay. Medical claims payable is included in other current liabilities in the consolidated balance sheets.

Temporarily Restricted Net Assets
Temporarily restricted net assets represent funds restricted by donors for specific purposes or for a period of time. When specific donor restrictions are satisfied, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the consolidated statements of operations and changes in net assets as other revenues or net assets released from restrictions for the purchase of property and equipment.

Pledges receivable that are to be unrestricted as to use are classified as temporarily restricted net assets as they carry an implied time restriction until they have been collected by the Company. When payment is received, these pledges are reclassified to unrestricted net assets and reported in the consolidated statements of operations and changes in net assets as other revenues.

Permanently Restricted Net Assets
Permanently restricted net assets represent assets restricted by donors to investment in perpetuity, the income from which is expendable for specific healthcare programs and services.

2. Significant Accounting Policies (continued)

Patient Services Revenues and Provision for Bad Debts

Patient services revenues are derived from services provided by Health Services to patients. Health Services receives payments directly from patients or on behalf of patients from the federal government under the Medicare program, state governments under their Medicaid programs, certain private insurance companies and various managed care programs. Health Services recognizes patient services revenues associated with services provided to patients who have third-party payer coverage on the basis of contractual rates for the services rendered in the period the related services are rendered. Patient services revenues are adjusted in future periods as final settlements and reconciliations with third-party payers are determined.

For uninsured patients that do not qualify for charity care, Health Services recognizes patient services revenues for services provided on a discounted basis from its established rates, as provided by policy. Based on historical experience, a significant portion of Health Services' uninsured and underinsured patients will be unwilling to pay for the services provided. Accordingly, Health Services records an estimated provision for bad debts in the period services are rendered to uninsured and underinsured patients.

Management estimates the provision for bad debts by assessing the collectibility, timing and amount of patient services revenues by considering historical collection rates for each major payer source, general economic trends and other indicators. Management also assesses the adequacy of allowances for bad debts based on historical write-offs, accounts receivable aging and other factors.

Premiums and Administration Fees

Premium revenues are derived from membership contracts with employer groups, government entities and others that are generally written on an annual basis. The associated premiums are recognized as revenue in the period in which enrolled members are entitled to receive healthcare services. Deferred revenue includes amounts received by SelectHealth prior to the period of coverage, and is included in other current liabilities in the consolidated balance sheets. Administration fees consist of amounts charged to self-funded employer groups for services performed in connection with the administration of their health benefit programs.

Other Revenues

Other revenues include retail pharmacy sales, electronic health records incentives from the Medicare and Medicaid programs, lab services to unaffiliated healthcare providers, medical office rentals, cafeteria sales, contributions from donors and other miscellaneous revenues.

2. Significant Accounting Policies (continued)

Excess of Revenues over Expenses

Excess of revenues over expenses includes the Company's operating and certain investing activities. Changes in unrestricted net assets not included in excess of revenues over expenses include the following: unrecognized changes in funded status of postretirement benefit plans, change in net unrealized investment gains on other-than-trading securities, net change in fair value of cash flow hedges, net assets released from restrictions for the purchase of property and equipment, and other.

Fair Value of Financial Instruments

Fair value is the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. The estimated fair value of certain financial instruments is reflected in the consolidated balance sheets. The carrying amounts of cash and equivalents, accounts receivable, and accounts payable and accrued liabilities approximate fair value due to the short-term nature of these instruments. Assets limited as to use and interest rate swap agreements related to Health Services' long-term debt are carried at fair value. The fair value disclosed for long-term debt is based on independent pricing models or other model-based valuation techniques using rates currently available for debt with similar terms and remaining maturities.

Interest Rate Swap Agreements

The accounting for changes in the fair value of interest rate swap agreements related to Health Services' long-term debt depends on whether the interest rate swaps have been designated and qualify as part of a hedging relationship. Health Services formally assesses, both at the inception of the hedging relationship and on an ongoing basis, whether the derivatives that are used in hedging relationships are highly effective in offsetting changes in the cash flows of hedged transactions. For interest rate swaps designated as cash flow hedges, the effective portion of changes in the fair value of cash flow hedges is recognized as a change in unrestricted net assets excluded from excess of revenues over expenses in the consolidated statements of operations and changes in net assets and is subsequently recognized in interest expense when the hedged transaction affects earnings. The ineffective portion of changes in the fair value of cash flow hedges is recognized in investment income in the consolidated statements of operations and changes in net assets. For interest rate swap agreements not designated as hedges, changes in fair value are recognized in investment income and settlement transactions are recognized in interest expense.

2. Significant Accounting Policies (continued)

Pension and Other Postretirement Plans

The Company records amounts related to its pension and other postretirement plans based on estimates that incorporate various actuarial and other assumptions, including discount rates, mortality, rates of return, compensation increases and turnover rates. Management reviews the assumptions on an annual basis and modifies them based on current rates and trends, as appropriate. The effect of modifications to the assumptions is recorded as a change in unrestricted net assets excluded from excess of revenues over expenses and amortized to pension cost and other postretirement benefit over future periods using the corridor method. Management believes that the assumptions utilized in recording its obligations under its plans are reasonable based on the experience of the plans and market conditions.

Income Taxes

U.S. generally accepted accounting principles require management to evaluate tax positions taken by the Company and recognize a tax liability (or asset) if the Company has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. Management has analyzed tax positions taken by the Company and has concluded that as of December 31, 2013, there are no significant uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) in the consolidated financial statements or disclosure in the accompanying notes.

Reclassifications

Certain reclassifications were made to the 2012 consolidated financial statements and accompanying notes to conform to the 2013 presentation. These changes had no impact on excess of revenues over expenses or net assets of the Company.

3. Charity Care and Community Benefit

The cost of charity care provided by Health Services was $131.6 and $119.2 in 2013 and 2012, respectively. The cost to provide charity care for patients who qualify under Health Services' financial assistance policy was determined by multiplying the charges incurred at established rates for services rendered by Health Services' cost-to-charge ratio. In addition to charity care, the Company also provides significant financial support to improve the health of individuals in the communities it serves.

3. Charity Care and Community Benefit (continued)

A summary of estimated costs to provide charity care and other community services is as follows:

	Year Ended December 31	
	2013	**2012**
Cost of charity care	$ 131.6	$ 119.2
Other community benefit services and contributions	57.1	58.8
Volunteer services	2.8	3.3
	$ 191.5	$ 181.3

Health Services also incurs shortfalls between its established rates and amounts paid by the Medicare (principally related to elderly patients) and Medicaid (principally related to indigent patients) programs. These shortfalls are not included in charity care.

The Company also provides additional community benefit activities and services, including community health assessment events for low-income and uninsured people with referrals for follow-up care when appropriate, health education, public service programs (including more than six region-wide campaigns promoting health), community and school-based health clinics, intern and resident training, health professions education and medical research. Community benefit activities address documented health needs in communities served by Health Services' hospitals and clinics.

In 2013, Health Services committed $20.0 to Huntsman Cancer Foundation (HCF) to support the construction of Huntsman Cancer Institute's (HCI's) Primary Children's and Families' Cancer Research Center. Neither HCF nor HCI is affiliated with Health Services. Health Services is scheduled to pay $4.0 each year from 2014 through 2018.

In 2010, Health Services committed $15.0 to HCF to support cancer research activities at HCI. As of December 31, 2013, Health Services had paid $12.0 of this commitment and is scheduled to pay $3.0 in 2014.

Health Services owns and manages six community and school-based health clinics to meet the needs of uninsured, low-income and homeless patients in neighborhoods where there are no other healthcare providers. The Company also provides financial and in-kind support to 19 independently owned and operated community safety-net clinics in Utah that provide healthcare to underserved people. In addition, Health Services is committed to providing healthcare to rural communities, operating nine hospitals in rural communities.

3. Charity Care and Community Benefit (continued)

Health Services provides a number of services that are not self-supporting for which net patient services revenues are less than the costs required to provide the services. Such negative margin services benefit uninsured and low-income patients as well as the broader community, but are not expected to be financially self-supporting. One example is mental health services for which Health Services is the only provider of services in many of the communities in which it operates.

The communities the Company serves also benefit from services provided by volunteers, trustees and medical staff that might otherwise require the use of compensated employees and trustees. Volunteer services are not reported as operating expenses because no payment is made.

SelectHealth provides cost-effective insurance programs to underserved markets such as individuals and small employers. In 2013, SelectHealth began offering Medicare Advantage plans in Utah and Idaho as well as a managed Medicaid plan in Utah. Beginning in 2014, SelectHealth will offer plans in Utah and Idaho in the newly established insurance marketplaces resulting from the Patient Protection and Affordable Care Act. The communities SelectHealth serves also benefit from a variety of sponsored health and wellness activities, including online and work-site health programs, health fairs and flu shot clinics. In addition, SelectHealth provides annual grants to outside organizations that promote health.

4. Fair Value Measurements

The methods used to determine the fair values of financial instruments reflect market participant objectives and are based on the application of a valuation hierarchy that prioritizes observable market inputs over unobservable inputs. The hierarchy is based on the reliability of inputs as follows:

- Level 1 – Valuation is based on quoted prices for identical financial instruments in active markets. The Company does not adjust the quoted price for Level 1 financial instruments.

- Level 2 – Valuation is based on quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in markets that are not active, and independent pricing models or other model-based valuation techniques using observable inputs. Valuation for certain investments is based on the net asset value (NAV) or its equivalent provided by fund administrators.

- Level 3 – Certain types of financial instruments are classified as Level 3 within the valuation hierarchy because these financial instruments trade infrequently and, therefore, have little or no price transparency.

4. Fair Value Measurements (continued)

The following table presents a categorization, based upon the foregoing valuation hierarchy, of the Company's financial instruments measured at fair value as of December 31, 2013:

	Level 1	Level 2	Level 3	Fair Value
Assets:				
Assets limited as to use:				
Cash investments	$ 85.7	$ 2.6	$ –	$ 88.3
Equity securities:				
Common/collective trust funds:				
Domestic	–	64.5	–	64.5
Global/international	–	306.7	–	306.7
Domestic	910.4	–	–	910.4
Emerging markets	132.3	–	–	132.3
Energy funds	136.3	–	–	136.3
Global/international	489.1	–	–	489.1
Fixed-income securities:				
Asset-backed	5.7	12.4	4.0	22.1
Corporate	25.8	363.9	4.3	394.0
Foreign government	–	7.3	–	7.3
Global/international debt funds	81.2	195.1	–	276.3
Mortgage-backed:				
Commercial	–	62.3	–	62.3
Residential	–	286.6	–	286.6
U.S. and state government agencies	90.7	96.8	–	187.5
U.S. government	–	327.8	–	327.8
Asset allocation funds	19.9	139.8	–	159.7
Investment derivatives	–	3.1	–	3.1
Alternative investments:				
Absolute return and hedge funds	–	431.6	–	431.6
Commodities funds	–	116.9	–	116.9
Private debt funds	–	–	90.3	90.3
Private equity funds	–	–	164.8	164.8
Real asset funds	–	–	86.7	86.7
Strategic development funds	–	–	28.0	28.0
Total assets limited as to use	1,977.1	2,417.4	378.1	4,772.6
Cash equivalents	363.0	–	–	363.0
Collateral posted for interest rate swaps	4.3	–	–	4.3
	$ 2,344.4	$ 2,417.4	$ 378.1	$ 5,139.9
Liabilities:				
Interest rate swaps	$ –	$ 105.8	$ –	$ 105.8

4. Fair Value Measurements (continued)

The following table presents a categorization, based upon the foregoing valuation hierarchy, of the Company's financial instruments measured at fair value as of December 31, 2012:

	Level 1	Level 2	Level 3	Fair Value
Assets:				
Assets limited as to use:				
Cash investments	$ 83.3	$ 21.4	$ –	$ 104.7
Equity securities:				
Common/collective trust funds:				
Domestic	–	54.6	–	54.6
Global/international	–	244.2	–	244.2
Domestic	681.4	–	–	681.4
Emerging markets	126.7	–	–	126.7
Energy funds	70.1	–	–	70.1
Global/international	381.2	–	–	381.2
Fixed-income securities:				
Asset-backed	–	12.5	4.0	16.5
Corporate	15.5	362.6	5.2	383.3
Foreign government	–	15.8	–	15.8
Global/international debt funds	–	206.1	–	206.1
Mortgage-backed:				
Commercial	–	61.5	1.2	62.7
Residential	–	301.6	–	301.6
U.S. and state government agencies	3.6	198.8	–	202.4
U.S. government	–	231.5	–	231.5
Asset allocation funds	19.7	145.4	–	165.1
Investment derivatives	–	0.3	–	0.3
Alternative investments:				
Absolute return and hedge funds	–	457.2	–	457.2
Commodities funds	–	119.1	–	119.1
Private debt funds	–	–	93.9	93.9
Private equity funds	–	–	135.3	135.3
Real asset funds	–	–	75.5	75.5
Strategic development funds	–	–	2.1	2.1
Total assets limited as to use	1,381.5	2,432.6	317.2	4,131.3
Cash equivalents	322.5	–	–	322.5
Collateral posted for interest rate swaps	3.1	75.3	–	78.4
	$ 1,707.1	$ 2,507.9	$ 317.2	$ 4,532.2
Liabilities:				
Interest rate swaps	$ –	$ 223.2	$ –	$ 223.2

4. Fair Value Measurements (continued)

There were no transfers of financial instruments between Level 1 and Level 2 classifications during 2013 or 2012. Changes of Level 3 financial instruments are as follows:

	Year Ended December 31	
	2013	**2012**
Balance at beginning of year	$ 317.2	$ 180.9
Net realized gains	13.5	5.9
Net unrealized gains	18.9	12.2
Purchases	89.4	149.9
Sales	(59.4)	(30.8)
Transfers out	(1.5)	(0.9)
Balance at end of year	$ 378.1	$ 317.2

Net realized and unrealized gains on financial instruments classified as Level 3 are reported in investment income and change in net unrealized investment gains on other-than-trading securities in the consolidated statements of operations and changes in net assets.

The Company uses a practical expedient for the estimation of the fair value of investments in funds for which the investment does not have a readily determinable fair value. The practical expedient used by the Company for Level 2 financial instruments is the NAV per share. Valuations provided by fund administrators consider variables such as the financial performance of underlying investments, recent sales prices of underlying investments and other pertinent information. Management reviews the valuations and assumptions provided by fund administrators for reasonableness and believes that the carrying amounts of these financial instruments are reasonable estimates of fair value.

The practical expedient used by the Company for Level 3 financial instruments is the NAV per share equivalent. The transaction price is initially used as the best estimate of fair value. Accordingly, when a private debt, private equity, real asset or strategic development fund administrator provides a valuation, it is adjusted so that the value at inception equals the transaction price. The initial valuation is adjusted when changes to inputs and assumptions are corroborated by evidence, such as transactions of similar financial instruments; completed or pending third-party transactions in the underlying security or comparable entities; offerings in the capital markets; and changes in financial results, data or cash flows. For positions that are not traded in active markets or are subject to notice provisions, valuations are adjusted to reflect such provisions, and such adjustments are generally based on available market evidence.

4. Fair Value Measurements (continued)

The following table presents information for investments where the NAV or its equivalent was used as a practical expedient to measure fair value as of December 31:

	2013 Fair Value	2012 Fair Value	Redemption Frequency	Redemption Notice Period
Common/collective trust funds	$ 371.2	$ 298.8	Daily, monthly	1 - 30 days
Global/international debt funds	195.1	206.1	Daily, monthly	1 - 15 days
Asset allocation funds	139.8	145.4	Monthly	5 days
Absolute return and hedge funds	431.6	457.2	Monthly, quarterly	2 - 95 days
Commodities funds	116.9	119.1	Monthly	5 - 30 days
Private debt, private equity, real asset and strategic development funds	369.8	306.8	Event-driven	–

Common/collective trust funds include investments that are operated by a trust company that handles a pooled group of trust accounts. Common/collective trust funds combine the assets of various institutional investors to create a larger, well-diversified portfolio. The objectives of a common/collective trust fund are to provide lower costs to investors through economies of scale available by combining assets of multiple investors and to offer daily liquidity and better diversification. Each investor owns a participating interest that is calculated in shares and represents the investor's portion of the holdings of the fund.

Global/international debt funds seek to provide growth and income primarily through investing in a portfolio of bonds and other fixed and floating rate securities issued by governments, government agencies, and multinational and corporate issuers in global/international developed and emerging markets.

Asset allocation funds use dynamic strategies to balance risk exposures by creating portfolios that are intended to perform well in all economic environments and generate real returns with better diversification and lower volatility than either stock or bond investments.

4. Fair Value Measurements (continued)

Absolute return and hedge funds include investments with varying strategies. Absolute return funds are investments in hedge funds that utilize strategies designed to generate consistent long-term capital appreciation with low volatility and little correlation with equity and bond markets. Hedge funds utilize both long and short investing strategies in U.S. and foreign securities.

Commodities funds seek to provide protection against inflation primarily through investments of commodity-linked derivative instruments.

Private debt, private equity, real asset and strategic development funds can only be liquidated on an infrequent basis, the timing of which cannot be determined. In addition, Health Services has minimal ability to influence the operating decisions affecting these investments. The fair values of these funds have been estimated using the most current information available, which is as of September 30 or later, adjusted for cash flows and other known events impacting fair value since the valuation date. Health Services has committed up to $636.7 for investment in these funds through 2020, of which $326.6 had been funded as of December 31, 2013.

Health Services has certain interest rate swap agreements related to its long-term debt to manage its exposure to fluctuations in interest rates. These interest rate swap agreements are recorded at fair value and are reported in other liabilities in the consolidated balance sheets. The valuation of these agreements is determined using accepted valuation techniques, including an analysis of the discounted expected cash flows of each interest rate swap. This analysis reflects the contractual terms of the interest rate swaps, including the period to maturity or call, and uses observable market-based inputs, including interest rate curves and implied volatilities. In addition, Health Services has incorporated the risks of its own and the counterparties' nonperformance in the fair value measurements.

Collateral posted for interest rate swap agreements consists of cash investments and U.S. government securities, which are categorized as Level 1 and Level 2 financial instruments, respectively.

Health Services offsets the fair values of various investment derivative instruments when executed with the same counterparty under a master netting arrangement. Health Services invests in a variety of investment derivative instruments through a fixed-income manager that has executed a master netting arrangement with the counterparties of each of its futures and forward currency purchase and sale contracts whereby the financial instruments held by the same counterparty are legally offset as the instruments are settled.

4. Fair Value Measurements (continued)

The following table presents gross investment derivative assets and liabilities reported on a net basis included in assets limited as to use in the consolidated balance sheets:

	December 31	
	2013	**2012**
Derivative assets:		
Futures contracts	$ 1,442.1	$ 52.6
Forward currency and other contracts	68.2	89.7
	1,510.3	142.3
Derivative liabilities:		
Futures contracts	(1,442.1)	(52.6)
Forward currency and other contracts	(65.1)	(89.4)
	(1,507.2)	(142.0)
Net investment derivative assets	$ 3.1	$ 0.3

Investment derivative instruments, reported in assets limited as to use and included in pension plan assets, are recorded at fair value. Level 1 investment derivatives include futures contracts. Level 2 investment derivatives include forward currency and other contracts.

5. Assets Limited as to Use

Assets limited as to use consist of internally and externally designated investments as follows:

	December 31	
	2013	**2012**
Internally designated	$ 4,475.9	$ 3,715.0
Donor-restricted funds	185.5	172.2
Bond funds held in trust	111.2	244.1
	$ 4,772.6	$ 4,131.3

Assets limited as to use reported as current are internally designated for the repayment of long-term debt subject to short-term remarketing arrangements should such repayment become necessary.

5. Assets Limited as to Use (continued)

Assets limited as to use reported as noncurrent include internally designated investments, donor-restricted funds and bond funds held in trust. Management has designated noncurrent investments for the acquisition of property and equipment, repayment of long-term debt, and the payment of professional and general liability and workers' compensation self-insurance claims. Bond funds held in trust include amounts held by a trustee in accordance with bond trust indentures. The use of these funds is primarily restricted to reimbursing Health Services for the costs of certain capital projects. Donor-restricted investments include amounts held by consolidated foundations that will be used for various programs, services or local community needs.

During a portion of 2012, Health Services received support for certain owned Utah hospitals and home care services from 14 noncontrolled affiliated foundations. In March 2012, one of these foundations changed its name to Intermountain Healthcare Foundation, Inc. (Foundation) and Health Services became its sole corporate member. Later in 2012, the remaining 13 foundations contributed all of their assets totaling $146.7 to the Foundation. The Foundation also assumed liabilities from the foundations totaling $4.6, resulting in net contributions of $142.1 being recognized by the Foundation as a result of these transactions. The net contributions were included in temporarily and permanently restricted net assets upon receipt.

The Company classifies its assets limited as to use as follows:

	December 31	
	2013	**2012**
Other-than-trading securities	$ 2,554.8	$ 2,371.9
Trading securities	1,872.2	1,461.2
Investments held by consolidated foundations	234.5	212.4
Equity method investment funds and other	111.1	85.8
	$ 4,772.6	$ 4,131.3

5. Assets Limited as to Use (continued)

A summary of other-than-trading securities as of December 31, 2013 is as follows:

	Cost or Amortized Cost	Gross Unrealized Gains	Gross Unrealized Losses	Fair Value
Cash investments	$ 38.8	$ –	$ –	$ 38.8
Equity securities:				
Common/collective trust funds:				
Domestic	38.4	26.1	–	64.5
Global/international	178.6	89.9	–	268.5
Domestic	268.3	159.8	–	428.1
Emerging markets	121.6	8.1	–	129.7
Global/international	145.3	65.1	–	210.4
Fixed-income securities:				
Asset-backed	6.9	–	–	6.9
Corporate	68.0	–	(0.1)	67.9
Global/international debt funds	284.8	5.7	(14.2)	276.3
U.S. and state government agencies	47.5	–	(0.5)	47.0
U.S. government	8.3	0.2	–	8.5
Asset allocation fund	120.0	19.8	–	139.8
Alternative investments:				
Absolute return and hedge funds	369.6	61.0	(0.8)	429.8
Commodities fund	135.0	–	(18.1)	116.9
Private debt funds	47.8	11.3	–	59.1
Private equity funds	144.2	22.5	(1.9)	164.8
Real asset funds	75.5	10.5	(0.3)	85.7
Strategic development funds	13.3	–	(1.2)	12.1
	$ 2,111.9	$ 480.0	$ (37.1)	$ 2,554.8

5. Assets Limited as to Use (continued)

A summary of other-than-trading securities as of December 31, 2012 is as follows:

	Cost or Amortized Cost	Gross Unrealized Gains	Gross Unrealized Losses	Fair Value
Cash investments	$ 14.5	$ –	$ –	$ 14.5
Equity securities:				
Common/collective trust funds:				
Domestic	37.0	17.6	–	54.6
Global/international	180.5	34.0	–	214.5
Domestic	239.6	85.8	–	325.4
Emerging markets	108.2	16.7	–	124.9
Global/international	136.8	30.5	–	167.3
Fixed-income securities:				
Asset-backed	6.9	–	–	6.9
Corporate	114.8	–	(0.3)	114.5
Global/international debt funds	193.0	13.1	–	206.1
U.S. and state government agencies	147.4	0.1	–	147.5
U.S. government	6.3	0.7	–	7.0
Asset allocation fund	120.0	25.4	–	145.4
Alternative investments:				
Absolute return and hedge funds	426.8	29.2	(1.5)	454.5
Commodities fund	125.0	0.2	(6.1)	119.1
Private debt funds	51.8	6.1	–	57.9
Private equity funds	126.2	12.0	(2.9)	135.3
Real asset funds	70.6	4.4	(0.6)	74.4
Strategic development funds	2.1	–	–	2.1
	$ 2,107.5	$ 275.8	$ (11.4)	$ 2,371.9

Gross unrealized losses shown in the preceding tables are considered temporary based on the Company's specific criteria for evaluating these losses. Impairment of other-than-trading securities is evaluated considering numerous factors, including the length of time and extent to which the fair value has been less than cost, the financial condition and near-term prospects of the issuer of the security, and the Company's intent and ability to hold other-than-trading securities for a period of time sufficient to allow for the anticipated recovery to the cost basis. As of December 31, 2013 and 2012, other-than-trading securities in a continuous loss position for more than 12 months were not significant.

5. Assets Limited as to Use (continued)

For debt securities whose fair values have declined below amortized cost, the Company also evaluates the expected cash flows and the likelihood of receiving all contractual principal and interest payments. For debt securities that are deemed not to be credit impaired, the Company assesses whether it intends or would be required to sell the security before the expected recovery of the amortized cost basis.

If the loss incurred by equity securities or the credit component of the loss incurred by debt securities is determined to be other than temporary based upon the Company's evaluation, then the loss is reclassified from a change in unrestricted net assets excluded from excess of revenues over expenses to investment income in the consolidated statements of operations and changes in net assets. The Company did not recognize any other-than-temporary impairment losses in either 2013 or 2012.

6. Investment Income

A summary of investment income is as follows:

	Year Ended December 31	
	2013	**2012**
Net recognized gains on trading securities	$ 112.4	$ 65.3
Net realized gains on other-than-trading securities	89.2	87.0
Interest and dividend income	66.6	65.4
Net change in fair value of interest rate swap agreements	59.7	(23.3)
Net realized gains on trading securities	43.5	24.0
	$ 371.4	$ 218.4

Net recognized gains on trading securities represent unrealized gains and losses included in excess of revenues over expenses. Unrealized gains and losses from other-than-trading securities are recognized as changes in unrestricted net assets excluded from excess of revenues over expenses in the consolidated statements of operations and changes in net assets.

7. Property and Equipment

A summary of property and equipment is as follows:

	December 31	
	2013	**2012**
Buildings and improvements	$ 2,262.8	$ 2,229.2
Equipment	1,132.2	1,082.3
	3,395.0	3,311.5
Less accumulated depreciation	(1,783.9)	(1,719.1)
	1,611.1	1,592.4
Land	273.4	269.2
Construction in progress	299.2	200.9
	$ 2,183.7	$ 2,062.5

The estimated useful life for buildings and improvements is 10 to 40 years and for equipment is 3 to 15 years. As of December 31, 2013, the Company has remaining contractual obligations of $231.2 for various construction and software development projects.

8. Other Assets

A summary of other noncurrent assets is as follows:

	December 31	
	2013	**2012**
Prepaid pension plan benefit	$ 129.4	$ –
Prepaid health and welfare plan benefit	108.3	74.3
Other	55.9	47.6
	$ 293.6	$ 121.9

9. Other Current Liabilities

A summary of other current liabilities is as follows:

	December 31	
	2013	**2012**
Medical claims payable	$ 76.2	$ 58.3
Estimated Medicare and Medicaid settlements	69.5	80.1
Self-insurance liabilities, current portion	38.9	38.8
Deferred revenue	37.9	10.1
Premium deficiency reserves	21.1	11.9
Other	23.2	21.5
	$ 266.8	$ 220.7

Estimated Medicare and Medicaid settlements represent estimated cost report and other third-party settlements. Laws and regulations governing Medicare and Medicaid change frequently, are complex, and are subject to interpretation. Administrative procedures for both Medicare and Medicaid preclude final settlement until the related cost reports have been audited by the sponsoring agency and settled.

10. Line of Credit

Health Services has a syndicated line of credit of $100.0 with four financial institutions, each providing $25.0 of this line. As of December 31, 2013 and 2012, there were no amounts outstanding on the line of credit, which expires September 30, 2016.

11. Self-insurance Liabilities

Self-insurance liabilities include professional and general liability, workers' compensation, and directors and officers' liability coverage through self-insurance programs and commercial excess liability insurance. Total undiscounted self-insurance liabilities, including current and noncurrent liabilities, were $178.3 and $172.4 at December 31, 2013 and 2012, respectively. The Company actuarially determined the liabilities for the professional liability and workers' compensation programs for its share of estimated losses.

12. Long-term Debt

Health Services' long-term debt is summarized as follows:

	Annual Interest Rates	December 31 2013	December 31 2012
Long-term debt:			
Revenue bond issues:			
2000, due through 2035	Variable[1]	$ 125.0	$ 125.0
2002B and 2002C, due through 2035	Variable[1]	119.0	119.0
2003, due through 2036	Variable[1]	308.0	308.0
2005, due through 2037	Variable[1]	230.0	238.0
2009, due through 2041	5.00%	240.0	250.0
2011, due through 2019	4.00% to 5.00%	43.2	49.8
2012A, due through 2039	4.375%	200.0	200.0
2012, due through 2043	2.75% to 5.00%	221.4	221.4
Other notes payable	6.02% to 8.00%	22.2	22.8
Net unamortized premiums		28.0	30.5
		1,536.8	1,564.5
Less current portion of long-term debt		(28.5)	(25.0)
Less long-term debt subject to short-term remarketing arrangements		(323.4)	(438.8)
Total long-term debt		$ 1,184.9	$ 1,100.7

[1]Variable rates at December 31, 2013 were 0.02% to 0.05%.

The fair value of debt, categorized as Level 2 of the valuation hierarchy, was $1,537.2 and $1,636.8 at December 31, 2013 and 2012, respectively.

Health Services has certain interest rate swap agreements that effectively convert principal balances of $711.3 of if its variable-rate debt to a fixed-rate basis. As of December 31, 2013, this portion of variable-rate debt had a weighted average synthetic fixed rate of 3.45%.

In October 2012, Health Services issued $221.4 of Series 2012 Hospital Revenue Bonds at a premium of $28.6 through Utah County, Utah. Proceeds from these bonds are being used to reimburse the costs of constructing and equipping certain of Health Services' healthcare facilities.

12. Long-term Debt (continued)

In May 2012, Health Services issued $200.0 of Series 2012A Hospital Revenue Refunding Bonds through the City of Riverton, Utah. Health Services used proceeds from these bonds to refund $200.0 of Series 2007 Private Placement Bonds that were due on May 15, 2039.

Variable-rate revenue bonds, while subject to long-term amortization periods, may be put to Health Services or to contracted liquidity providers by virtue of executed standby bond purchase agreements at the option of the bondholders in the event of a failed bond remarketing. To the extent that bondholders may, under the terms of the debt, put their bonds and the repayment terms under the related liquidity facility could be due within one year, the principal amount of such bonds has been classified as a current liability in the consolidated balance sheets. Management has taken steps to provide various sources of liquidity in the event the bonds fail to remarket, including identifying alternate sources of financing and maintaining internally designated assets as a source of self-liquidity.

Revenue bond issues are payable to municipalities and have been issued under a master trust indenture. The master trust indenture and other loan agreements contain certain financial covenants including maintaining a maximum annual debt service coverage ratio of at least 1.25 and an unrestricted cash and investments to debt ratio of 0.65.

Principal maturities of long-term debt for the next five years and thereafter, considering long-term debt subject to short-term remarketing arrangements is due according to the long-term amortization schedules, are as follows:

2014	$ 28.5
2015	30.4
2016	32.2
2017	33.8
2018	35.0
Thereafter	1,376.9
	$ 1,536.8

13. Interest Rate Swap Agreements

Health Services has certain interest rate swap agreements that reduce the impact of interest rate changes on future interest expense. Interest payments for 100%, or $230.0, of the outstanding balance of the Series 2005 Bonds were designated as hedged forecasted transactions as of December 31, 2013. Interest payments for 96%, or $294.2, of the outstanding balance of the Series 2003 Bonds were designated as hedged forecasted transactions as of December 31, 2013. Accumulated net losses from cash flow hedges that have not been recognized in excess of revenues over expenses were $69.9 and $127.6 at December 31, 2013 and 2012, respectively.

Health Services has International Swap Dealers Association (ISDA) Master Agreements with three counterparties. Under the provisions of two ISDA agreements, as amended, Health Services is required to deposit collateral with the counterparty when the net liability position to Health Services of all interest rate swap agreements held with the respective counterparty exceeds $75.0 exclusive of any fair value adjustments to the liability positions for nonperformance risk. At December 31, 2013 and 2012, Health Services posted collateral of $4.3 and $78.4, respectively, under the provisions of one of these ISDA agreements. The provisions of the remaining ISDA agreement do not require collateral deposits.

Under master netting provisions of the ISDA agreement with one of the counterparties, Health Services is permitted to settle with the counterparty on a net basis. Due to the right of offset under these master netting provisions, Health Services offsets the fair values of certain interest rate swap agreements and the related collateral deposited with the counterparty in other liabilities in the consolidated balance sheets.

The following table presents information on the fair value of interest rate swaps:

	Balance Sheet Location	December 31 2013	December 31 2012
Interest rate swaps designated as cash flow hedges	Other liabilities	$ 72.6	$ 127.6
Interest rate swaps not designated as hedges	Other liabilities	33.2	95.6
Collateral posted for interest rate swaps	Other liabilities	(4.3)	(78.4)
		$ 101.5	$ 144.8

13. Interest Rate Swap Agreements (continued)

The following table presents information on the effect of interest rate swap agreements on the consolidated statements of operations and changes in net assets:

Interest Rate Swaps Designated as Cash Flow Hedges	Statement of Operations and Changes in Net Assets Location	Year Ended December 31 2013	2012
Realized losses	Interest expense	$ 18.1	$ 18.1
Unrealized losses (gains) – ineffective portion	Investment income	2.7	(3.7)
Unrealized losses (gains) – effective portion	Net change in fair value of cash flow hedges	(57.7)	6.6
Interest Rate Swaps Not Designated as Hedges			
Realized losses	Interest expense	4.3	3.9
Unrealized losses (gains)	Investment income	(62.4)	27.0

14. Temporarily Restricted Net Assets

Temporarily restricted net assets are available for the following purposes:

	December 31 2013	2012
Healthcare programs and services	$ 96.4	$ 102.1
Community benefit	35.9	38.6
Buildings and equipment	25.7	18.1
Research	10.1	14.7
	$ 168.1	$ 173.5

15. Litigation and Other Matters

The healthcare industry is subject to numerous laws, ordinances and regulations enacted or issued by federal, state and local governments. Compliance with these laws and regulations can be subject to future government review and interpretation, as well as regulatory actions unknown or unasserted at this time. Nationally, government activity has continued with respect to investigations and allegations concerning possible violations of laws and regulations within the healthcare industry, which could result in the imposition of significant fines and penalties, and significant repayments of amounts received for patient services previously billed. The Company is subject to similar regulatory reviews.

Management is aware of certain asserted and unasserted legal claims and regulatory matters arising in the normal course of business. After consultation with legal counsel, management believes that all asserted and known unasserted claims will be resolved without material adverse effect on the Company's financial condition.

16. Patient Services Revenues

Payments received under the Medicare, Medicaid and other programs are generally based on predetermined rates or the allowable cost of services. Overall, Medicare and Medicaid payments are less than Health Services' established rates and corresponding contractual adjustments are recognized in the period services are rendered. Patient services revenues were increased by $19.6 and $1.3 in 2013 and 2012, respectively, to reflect changes in Medicare and Medicaid settlements for prior years.

Patient services revenues, net of contractual adjustments and discounts, by major payer source are as follows:

	Year Ended December 31	
	2013	**2012**
Commercial insurance and other	$ 2,009.3	$ 1,919.8
Medicare	902.7	873.1
Medicaid	428.7	505.4
Self-pay	183.6	213.5
	$ 3,524.3	$ 3,511.8

17. Operating Expenses

A summary of the Company's operating expenses is as follows:

	Year Ended December 31	
	2013	**2012**
Healthcare services	$ 4,029.5	$ 3,712.6
Support services	617.1	570.3
	$ 4,646.6	$ 4,282.9

The Company provides inpatient, outpatient and ambulatory, and community-based healthcare services to individuals within the various geographic areas supported by the Company's operations. Support services include information systems, revenue cycle, supply chain, accounting, budgeting, decision support, risk management, public relations, human resources, legal, internal audit and other functions.

18. Employee Retirement and Other Postretirement Plans

Intermountain sponsors a 401(k) defined contribution plan for all employees. Employee contributions are matched up to a maximum of 4% of each participant's eligible compensation. The Company contributed $49.1 and $46.6 to the 401(k) plan in 2013 and 2012, respectively.

Intermountain also sponsors a noncontributory defined benefit pension plan that covers substantially all employees. Employees who are at least 21 years of age and have a minimum of one year of qualifying service are eligible to participate in the pension plan.

Intermountain also sponsors a contributory health and welfare postretirement benefit plan that offers medical benefits to eligible employees who have at least 10 years of qualified service and have attained age 55 while in service with the Company. The health and welfare plan also offers dental and group term life insurance benefits to plan participants.

18. Employee Retirement and Other Postretirement Plans (continued)

A summary of changes in the benefit obligations, fair values of plan assets, and the pension benefit (liability) and other postretirement benefit is as follows:

	Pension Plan		Health and Welfare Plan	
	Year Ended December 31		Year Ended December 31	
	2013	2012	2013	2012
Change in benefit obligation:				
Benefit obligation at beginning of year	$ 2,339.4	$ 1,904.5	$ 59.6	$ 55.7
Service cost	101.4	88.5	1.7	1.4
Interest cost	91.2	92.7	2.3	2.7
Participant contributions	—	—	4.5	4.3
Benefits paid	(95.5)	(77.9)	(7.4)	(6.6)
Actuarial loss (gain)	(321.7)	331.6	(13.5)	2.1
Benefit obligation at end of year	2,114.8	2,339.4	47.2	59.6
Change in fair value of plan assets:				
Fair value of plan assets at beginning of year	1,868.5	1,580.4	133.9	120.1
Actual return on plan assets, net of expenses	253.4	177.8	24.5	16.1
Employer contributions	217.8	188.2	—	—
Participant contributions	—	—	4.5	4.3
Benefits paid	(95.5)	(77.9)	(7.4)	(6.6)
Fair value of plan assets at end of year	2,244.2	1,868.5	155.5	133.9
Funded status – net benefit (liability)	$ 129.4	$ (470.9)	$ 108.3	$ 74.3

The net benefit amounts of the pension and health and welfare plans are included in other assets in the consolidated balance sheets. The accumulated benefit obligation of the pension plan was $2,053.4 and $2,286.1 at December 31, 2013 and 2012, respectively.

18. Employee Retirement and Other Postretirement Plans (continued)

Amounts included in unrestricted net assets that will be recognized in pension cost and other postretirement benefit in future periods are as follows:

	Pension Plan		Health and Welfare Plan	
	December 31		December 31	
	2013	2012	2013	2012
Unrecognized net actuarial gain (loss)	$ (544.1)	$ (1,064.4)	$ 51.3	$ 22.6
Unrecognized net prior service credit (cost)	151.5	171.5	—	(0.8)
Amounts in unrestricted net assets	$ (392.6)	$ (892.9)	$ 51.3	$ 21.8

Changes in unrestricted net assets excluded from excess of revenues over expenses are as follows:

	Pension Plan		Health and Welfare Plan	
	Year Ended December 31		Year Ended December 31	
	2013	2012	2013	2012
Amortized during the year:				
Net actuarial loss (gain)	$ 71.5	$ 43.4	$ (0.4)	$ (0.8)
Net prior service cost (credit)	(20.0)	(20.0)	0.8	—
Occurring during the year:				
Net actuarial gain (loss)	448.8	(270.3)	29.1	6.1
Net prior service cost	—	—	—	(0.8)
Increase (decrease) in unrestricted net assets	$ 500.3	$ (246.9)	$ 29.5	$ 4.5

Assumptions used to determine the benefit obligations are as follows:

	Pension Plan		Health and Welfare Plan	
	December 31		December 31	
	2013	2012	2013	2012
Discount rate	5.00%	4.00%	5.00%	4.00%
Rate of compensation increase	3.50	3.50	—	—

18. Employee Retirement and Other Postretirement Plans (continued)

A summary of pension cost and other postretirement benefit is as follows:

	Pension Plan		Health and Welfare Plan	
	Year Ended December 31		Year Ended December 31	
	2013	2012	2013	2012
Service cost	$ 101.4	$ 88.5	$ 1.7	$ 1.4
Interest cost	91.2	92.7	2.3	2.7
Expected return on plan assets	(126.3)	(116.4)	(8.9)	(8.7)
Amortization of actuarial loss (gain)	71.5	43.4	(0.4)	(0.8)
Amortization of prior service cost (credit)	(20.0)	(20.0)	0.8	—
Cost (benefit)	$ 117.8	$ 88.2	$ (4.5)	$ (5.4)

Assumptions used to determine pension cost and other postretirement benefit are as follows:

	Pension Plan		Health and Welfare Plan	
	Year Ended December 31		Year Ended December 31	
	2013	2012	2013	2012
Discount rate	4.00%	5.00%	4.00%	5.00%
Expected return on plan assets	7.00	7.00	7.00	7.00
Rate of compensation increase	3.50	3.50	—	—

The overall rate of return on assets assumption is based on historical returns, adhering to the asset allocations set forth in the investment policies of the pension and health and welfare plans. The expected return on plan assets is 7.0% for determining pension cost and other postretirement benefit for the year ending December 31, 2014.

Intermountain has frozen certain other postretirement benefits it provides; therefore, the effect of future healthcare cost trend rates is not significant to total service and interest cost or to the benefit obligation.

18. Employee Retirement and Other Postretirement Plans (continued)

Methods for determining the fair values of financial instruments held by the pension plan are consistent with those described in Note 4. The following table presents a categorization, based upon the valuation hierarchy, of the pension plan's financial instruments measured at fair value as of December 31, 2013:

	Level 1	Level 2	Level 3	Fair Value
Assets:				
Cash investments	$ 132.4	$ –	$ –	$ 132.4
Equity securities:				
Common/collective trust funds	–	147.1	–	147.1
Domestic	544.1	–	–	544.1
Emerging markets	62.2	–	–	62.2
Energy funds	90.1	–	–	90.1
Global/international	209.3	–	–	209.3
Fixed-income securities:				
Asset-backed	–	8.3	–	8.3
Corporate	4.9	94.2	2.0	101.1
Foreign government	–	8.3	–	8.3
Global/international debt funds	57.2	105.7	–	162.9
Mortgage-backed:				
Commercial	–	34.4	–	34.4
Residential	–	81.1	–	81.1
U.S. and state government agencies	1.6	9.7	–	11.3
U.S. government	–	128.3	–	128.3
Collateral under securities lending agreement	–	2.1	–	2.1
Asset allocation funds	–	80.4	–	80.4
Investment derivatives	–	3.3	–	3.3
Alternative investments:				
Absolute return and hedge funds	–	223.1	–	223.1
Commodities funds	–	53.4	–	53.4
Private debt funds	–	–	51.6	51.6
Private equity funds	–	–	85.8	85.8
Real asset funds	–	–	55.1	55.1
Liabilities:				
Collateral under securities lending agreement	2.2	–	–	2.2

18. Employee Retirement and Other Postretirement Plans (continued)

The following table presents a categorization, based upon the valuation hierarchy, of the pension plan's financial instruments measured at fair value as of December 31, 2012:

	Level 1	Level 2	Level 3	Fair Value
Assets:				
Cash investments	$ 113.9	$ 2.1	$ –	$ 116.0
Equity securities:				
Common/collective trust funds	–	136.7	–	136.7
Domestic	462.1	–	–	462.1
Energy funds	35.9	–	–	35.9
Global/international	171.9	–	–	171.9
Fixed-income securities:				
Asset-backed	–	10.6	–	10.6
Corporate	1.0	102.9	2.7	106.6
Foreign government	–	22.2	–	22.2
Global/international debt funds	–	111.4	–	111.4
Mortgage-backed:				
Commercial	–	37.0	–	37.0
Residential	–	142.3	–	142.3
U.S. and state government agencies	2.8	20.4	–	23.2
U.S. government	–	115.9	–	115.9
Collateral under securities lending agreement	–	2.1	–	2.1
Asset allocation funds	–	83.6	–	83.6
Investment derivatives	–	0.6	–	0.6
Alternative investments:				
Absolute return and hedge funds	–	173.7	–	173.7
Commodities funds	–	59.6	–	59.6
Private debt funds	–	–	50.8	50.8
Private equity funds	–	–	67.6	67.6
Real asset funds	–	–	47.3	47.3
Liabilities:				
Collateral under securities lending agreement	2.2	–	–	2.2

18. Employee Retirement and Other Postretirement Plans (continued)

There were no transfers of the pension plan's financial instruments between Level 1 and Level 2 classifications during 2013 or 2012. The changes in the pension plan's Level 3 classification measured at fair value are as follows:

	Year Ended December 31	
	2013	**2012**
Balance at beginning of year	$ 168.4	$ 89.3
Net realized gains	6.4	4.7
Net unrealized gains	12.4	8.1
Purchases	38.7	86.3
Sales	(30.7)	(16.5)
Transfers out	(0.7)	(3.5)
Balance at end of year	$ 194.5	$ 168.4

The pension plan also uses the NAV per share or its equivalent as a practical expedient to measure fair value, as described in Note 4, of the following types of financial instruments as of December 31:

	2013 Fair Value	**2012 Fair Value**	**Redemption Frequency**	**Redemption Notice Period**
Common/collective trust funds	$ 147.1	$ 136.7	Monthly	5 - 30 days
Global/international debt funds	105.7	111.4	Daily, monthly	1 - 15 days
Asset allocation fund	80.4	83.6	Monthly	5 days
Absolute return and hedge funds	223.1	173.7	Monthly, quarterly, annually	2 - 95 days
Commodities funds	53.4	59.6	Monthly	5 - 30 days
Private equity, private debt and real asset funds	192.5	165.7	Event-driven	–

18. Employee Retirement and Other Postretirement Plans (continued)

The pension plan offsets the fair values of various investment derivative instruments when executed with the same counterparty under a master netting arrangement. The pension plan invests in a variety of investment derivative instruments through a fixed-income manager that has executed a master netting arrangement with the counterparties of each of its futures and forward currency purchase and sale contracts whereby the financial instruments held by the same counterparty are legally offset as the instruments are settled.

The following table presents gross investment derivative assets and liabilities reported on a net basis in pension plan investments:

	December 31	
	2013	**2012**
Derivative assets:		
Futures contracts	$ 938.2	$ 56.2
Forward currency and other contracts	78.3	91.8
	1,016.5	148.0
Derivative liabilities:		
Futures contracts	(938.2)	(56.2)
Forward currency and other contracts	(75.0)	(91.2)
	(1,013.2)	(147.4)
Net investment derivative assets	$ 3.3	$ 0.6

18. Employee Retirement and Other Postretirement Plans (continued)

Methods for determining the fair values of financial instruments held by the health and welfare plan are consistent with those described in Note 4. The following table presents a categorization, based upon the valuation hierarchy, of the health and welfare plan's financial instruments measured at fair value as of December 31, 2013:

	Level 1	Level 2	Level 3	Fair Value
Assets:				
Cash investments	$ 4.4	$ –	$ –	$ 4.4
Equity securities:				
Common/collective trust fund	–	13.3	–	13.3
Domestic	67.7	–	–	67.7
Emerging markets	6.1	–	–	6.1
Global/international	8.1	–	–	8.1
Registered investment company funds	28.3	–	–	28.3
Collateral under securities lending agreement	–	0.4	–	0.4
Asset allocation fund	29.0	–	–	29.0
Liabilities:				
Collateral under securities lending agreement	0.4	–	–	0.4

The following table presents a categorization, based upon the valuation hierarchy, of the health and welfare plan's financial instruments measured at fair value as of December 31, 2012:

	Level 1	Level 2	Level 3	Fair Value
Assets:				
Cash investments	$ 3.8	$ –	$ –	$ 3.8
Equity securities:				
Common/collective trust funds	–	13.9	–	13.9
Domestic	71.8	–	–	71.8
Global/international	6.6	–	–	6.6
Registered investment company funds	37.8	–	–	37.8
Collateral under securities lending agreement	–	0.4	–	0.4
Liabilities:				
Collateral under securities lending agreement	0.4	–	–	0.4

There were no transfers of the health and welfare plan's financial instruments between Level 1, Level 2 or Level 3 classifications during 2013 or 2012.

18. Employee Retirement and Other Postretirement Plans (continued)

The health and welfare plan also uses the NAV per share as a practical expedient to measure the fair value, as described in Note 4, of its investment in common/collective trust funds. These funds can be redeemed on a monthly basis with 5-6 days' notice.

The primary investment objective of the plans is to maximize long-term investment returns recognizing the need to preserve capital, to provide retirement income, and to provide health and welfare benefits to plan participants and beneficiaries. Assets are strategically allocated within asset classes and across investment styles to enhance investment returns and reduce risk. A long-term time horizon is used for evaluating total fund investment performance.

The Company has not yet determined the amount it will contribute to the pension plan in 2014. The Company will not contribute to the health and welfare plan in 2014.

Benefit payments, net of participant contributions, are expected to be paid as follows:

	Pension Plan	Health and Welfare Plan
2014	$ 99.8	$ 3.9
2015	108.7	4.1
2016	116.9	4.2
2017	124.8	4.3
2018	132.8	4.4
2019 – 2023	778.7	20.8

19. Subsequent Events

The Company evaluated subsequent events through March 18, 2014, the date the consolidated financial statements were issued, and determined that no additional disclosures were necessary.