UnitedHealthcare of Illinois, Inc.

Minnesota Supplement Report #1

STATEMENT OF REVENUE, EXPENSES AND NET INCOME

For the year ending December 31, 2021

Public Information, Minnesota Statutes § 62D.08

NAIC #	NAIC Description	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
	As found on page 4 of the Annual Statement	NAIC Totals	Non-Minnesota Products (Eliminations)	Total Minnesota Products	Commercial	Medicare Advantage	Medicare Cost	Medicare Supplement	Stand Alone Medicare Part D	Minnesota Senior Health Options (MSHO)	SNBC (MA Only)	SNBC (Integrated)	Prepaid Medical Assistance Program (PMAP)	MSC+	MNCare	Dental Please specify if SADP or embedded	Other: Please Specify	Administrative Services Only
1	Member Months (for Jan-Dec 2019)	366,768	359,385	7,383	7,383										-			
	REVENUES:																	
2	Net Premium Income (including $ non-health premium income)	179,948,244	176,936,908	3,011,336	3,011,336										-			
3	Change in unearned premium reserves and serve for rate credits	(148,326)	(148,326)	-	-										-			
4	Fee-for-service (net of $ medical expenses)	-	-	-	-										-			
5	Risk revenue	-	-	-	-										-			
6	Aggregate write-ins for other health care related revenues (Line 699)	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
7	Aggregate write-ins for other non-health revenues (Line 799)	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
8	TOTAL REVENUES (Lines 2 through 7)	$179,799,918	$176,788,582	$3,011,336	$3,011,336	NR	NR	NR	NR	NR	NR	NR	NR	NR	-	NR	NR	NR
	EXPENSES:																	
9	Hospital/medical benefits	129,184,413	127,966,874	1,217,539	1,217,539										-			
10	Other professional services	378,603	378,326	277	277										-			
11	Outside referrals	-	-	-	-										-			
12	Emergency room and out-of-area	-	-	-	-										-			
13	Prescription drugs	17,870,037	17,641,278	228,759	228,759										-			
14	Aggregate write-ins for other hospital and medical expenses (Line 1499)	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
15	Incentive Pool and Withhold Adjustments	552,530	552,476	54	54										-			
16	TOTAL EXPENSES (Lines 9 through 15)	$147,985,583	$146,538,954	$1,446,629	$1,446,629	NR	NR	NR	NR	NR	NR	NR	NR	NR	-	NR	NR	NR
	LESS																	
17	Net reinsurance recoveries	-	-	-	-										-			
18	Total hospital and medical (Lines 16 minus 17)	$147,985,583	$146,538,954	$1,446,629	$1,446,629	NR	NR	NR	NR	NR	NR	NR	NR	NR	-	NR	NR	NR
19	Non-health claims	-	-	-	-										-			
20	Claims adjustment expenses	7,632,812	7,516,080	116,732	116,732													
21	General administrative expenses	22,701,426	16,359,804	6,341,622	407,183										5,934,441			
22	Increase in reserves for life, accident and health contracts (including $ increase in reserves for life only)	(1,986,000)	(2,336,000)	350,000	-										350,000			
23	Total underwriting deductions (Lines 18 through 22)	$176,333,821	$168,078,838	$8,254,983	$1,970,544	NR	NR	NR	NR	NR	NR	NR	NR	NR	$6,284,441	NR	NR	NR
24	Net underwriting gain or (loss)(Lines 8 minus 23)	$3,466,097	$8,709,744	($5,243,647)	$1,040,792	NR	NR	NR	NR	NR	NR	NR	NR	NR	($6,284,441)	NR	NR	NR
25	Net investment income earned	1,221,141	1,195,280	25,861	25,861										-			
26	Net realized capital gains or (losses)	352,405	352,405	-	-										-			
27	Net investment gains or (losses)(Lines 25 plus 26)	$1,573,546.00	$1,547,684.69	$25,861.31	$25,861.31	NR	NR	NR	NR	NR	NR	NR	NR	NR	-	NR	NR	NR
28	Net gain or (loss) from agents' or premium balances charged off	(55,287)	(55,287)	-	-										-			
29	Aggregate write-ins for other income or expenses (Line 2999)	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
30	Net income or (loss) before federal income taxes (Lines 24 plus 27 plus 28 plus 29)	$4,984,356	$10,202,142	($5,217,785)	$1,066,654	NR	NR	NR	NR	NR	NR	NR	NR	NR	($6,284,441)	NR	NR	NR
31	Federal and foreign income taxes incurred	524,403	1,620,138	(1,095,735)	223,997										(1,319,733)			
32	Net income (loss) (Lines 30 minus 31)	$4,459,953	$8,582,004	($4,122,050)	$842,656	NR	NR	NR	NR	NR	NR	NR	NR	NR	($4,964,708)	NR	NR	NR

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
DETAILS OF WRITE-INS	NAIC Totals	Non-Minnesota Products (Eliminations)	Total Minnesota Products	Commercial	Medicare Advantage	Medicare Cost	Medicare Supplement	Medicare Part D	Minnesota Senior Health Options (MSHO)	SNBC (MA Only)	SNBC (Integrated)	Prepaid Medical Assistance Program (PMAP)	MSC+	MNCare	Dental	Other: Please Specify	Administrative Services Only
OTHER HEALTH CARE RELATED REVENUES (Line 6)																	
0601																	
0602																	
0603																	
0604																	
0605																	
0606																	
0607																	
0608																	
0609																	
0698 Summary of Remaining Write-Ins for Line 6 Overflow																	
0699 TOTALS (Lines 0601 through 0609 plus 0698) (Line 6 above)	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
OTHER NON-HEALTH REVENUES (Line 7)																	
0701																	
0702																	
0703																	
0798 Summary of Remaining Write-Ins for Line 7 Overflow																	
0799 TOTALS (Lines 0701 through 0703 plus 0798) (Line 7 above)	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
OTHER MEDICAL AND HOSPITAL EXPENSES (Line 14)																	
1401																	
1402																	
1403																	
1404																	
1405																	
1406																	
1407																	
1408																	
1409																	
1498 Summary of Remaining Write-Ins for Line 14 Overflow																	
1499 TOTALS (Lines 1401 through 1409 plus 1498) (Line 14 above)	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
OTHER INCOME AND EXPENSES (Line 29)																	
OTHER INCOME																	
2901																	
2902																	
2903																	
2904																	
2905																	
2918 Summary of Remaining Write-Ins for Other Income Overflow																	
2919 Subtotal of Other Income (Lines 2901 through 2918)	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
OTHER EXPENSES																	

2921																	
2922																	
2923																	
2924																	
2925																	
2938 Summary of Remaining Write-Ins for Other Expenses Overflow																	
2939 Subtotal of Other Expenses (Lines 2921 through 2738)	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
2999 TOTALS - (Lines 2919 minus 2939) (Line 29)	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR