PreferredOne Community Health Plan

Minnesota Supplement Report #1

STATEMENT OF REVENUE, EXPENSES AND NET INCOME

For the year ending December 31, 2019

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)	5267		5267	5267													
REVENUES:																		
2	Net Premium Income (including $ non-health premium income)	2,295,180.00		2,295,180.00	2,295,180.00													
3	Change in unearned premium reserves and serve for rate credits																	
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)	$2,295,180.00	NR	$2,295,180.00	$2,295,180.00	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
																For Dental: Please use "Explanations" tab to clarify any overlap reporting of Dental in other columns.		
EXPENSES:																		
9	Hospital/medical benefits	875,341.00		875,341.00	875,341.00													
10	Other professional services	121,946.00		121,946.00	121,946.00													
11	Outside referrals	163,062.00		163,062.00	163,062.00													
12	Emergency room and out-of-area	73,377.00		73,377.00	73,377.00													
13	Prescription drugs	574,404.00		574,404.00	574,404.00													
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																	
16	TOTAL EXPENSES (Lines 9 through 15)	$1,808,130.00	NR	$1,808,130.00	$1,808,130.00	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
LESS																		
17	Net reinsurance recoveries	8,433.00		8,433.00	8,433.00													
18	Total hospital and medical (Lines 16 minus 17)	$1,799,697.00	NR	$1,799,697.00	$1,799,697.00	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
19	Non-health claims																	
20	Claims adjustment expenses	27,369.00		27,369.00	27,369.00													
21	General administrative expenses	301,025.00		301,025.00	301,025.00													
22	Increase in reserves for life, accident and health contracts (including $ increase in reserves for life only)																	
23	Total underwriting deductions (Lines 18 through 22)	$2,128,091.00	NR	$2,128,091.00	$2,128,091.00	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
24	Net underwriting gain or (loss)(Lines 8 minus 23)	$167,089.00	NR	$167,089.00	$167,089.00	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
25	Net investment income earned	77,761.00		77,761.00	77,761.00													
26	Net realized capital gains or (losses)	(463.00)		(463.00)	(463.00)													
27	Net investment gains or (losses)(Lines 25 plus 26)	$77,298.00	NR	$77,298.00	$77,298.00	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
28	Net gain or (loss) from agents' or premium balances charged off																	
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)	$244,387.00	NR	$244,387.00	$244,387.00	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
31	Federal and foreign income taxes incurred																	
32	Net income (loss) (Lines 30 minus 31)	$244,387.00	NR	$244,387.00	$244,387.00	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	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																	

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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