

**PreferredOne Community Health Plan**  
**Minnesota Supplement Report #6**  
**ENROLLMENT BY DEMOGRAPHIC GROUPS,**  
**AGE, GENDER AND ENROLLEE MONTHS OF PARTICIPATION**  
**Members as of December 31, 2020**

Public Information, Minnesota Statutes § 62D.08

\*Member total by product (i.e., cell F35) will highlight in red if it doesn't match "State Total" on the "County" tab

Type of Product: Commercial

Age of Enrollees	Members as of December 31			Member Months (January-December)		
	Male	Female	Total	Male	Female	Total
<1	1	4	5	16	33	49
1-4	21	16	37	271	220	491
5-9	12	8	20	161	128	289
10-14	2	1	3	72	37	109
15-17	2	2	4	16	41	57
18-19	3	1	4	36	24	60
20-24	1	11	12	32	159	191
25-29	10	49	59	194	618	812
30-34	24	47	71	342	631	973
35-39	24	28	52	324	444	768
40-44	9	4	13	126	93	219
45-49	1	5	6	53	95	148
50-54	2	3	5	51	60	111
55-59	1	5	6	60	74	134
60-64	1	4	5	32	77	109
65-69	1	-	1	12	NULL	12
70-74			NR			NR
75-79			NR			NR
80-84			NR			NR
85-89			NR			NR
90+			NR			NR
Unknown			NR			NR
<b>Total</b>	115	188	303	1,798	2,734	4,532

**PreferredOne Community Health Plan**  
**Minnesota Supplement Report #6**  
**ENROLLMENT BY DEMOGRAPHIC GROUPS,**  
**AGE, GENDER AND ENROLLEE MONTHS OF PARTICIPATION**  
**Members as of December 31, 2020**

Public Information, Minnesota Statutes § 62D.08

Type of Product: Medicare Advantage

Age of Enrollees	Members as of December 31			Member Months (January-December)		
	Male	Female	Total	Male	Female	Total
<1			NR			NR
1-4			NR			NR
5-9			NR			NR
10-14			NR			NR
15-17			NR			NR
18-19			NR			NR
20-24			NR			NR
25-29			NR			NR
30-34			NR			NR
35-39			NR			NR
40-44			NR			NR
45-49			NR			NR
50-54			NR			NR
55-59			NR			NR
60-64			NR			NR
65-69			NR			NR
70-74			NR			NR
75-79			NR			NR
80-84			NR			NR
85-89			NR			NR
90+			NR			NR
Unknown			NR			NR
Total	NR	NR	NR	NR	NR	NR

Type of Product: Medicare Cost

**PreferredOne Community Health Plan**  
**Minnesota Supplement Report #6**  
**ENROLLMENT BY DEMOGRAPHIC GROUPS,**  
**AGE, GENDER AND ENROLLEE MONTHS OF PARTICIPATION**  
**Members as of December 31, 2020**

Public Information, Minnesota Statutes § 62D.08

Age of Enrollees	Members as of December 31			Member Months (January-December)		
	Male	Female	Total	Male	Female	Total
<1			NR			NR
1-4			NR			NR
5-9			NR			NR
10-14			NR			NR
15-17			NR			NR
18-19			NR			NR
20-24			NR			NR
25-29			NR			NR
30-34			NR			NR
35-39			NR			NR
40-44			NR			NR
45-49			NR			NR
50-54			NR			NR
55-59			NR			NR
60-64			NR			NR
65-69			NR			NR
70-74			NR			NR
75-79			NR			NR
80-84			NR			NR
85-89			NR			NR
90+			NR			NR
Unknown			NR			NR
Total	NR	NR	NR	NR	NR	NR

Type of Product: Medicare Supplement

Age of Enrollees	Members as of December 31			Member Months (January-December)		
	Male	Female	Total	Male	Female	Total

**PreferredOne Community Health Plan**  
**Minnesota Supplement Report #6**  
**ENROLLMENT BY DEMOGRAPHIC GROUPS,**  
**AGE, GENDER AND ENROLLEE MONTHS OF PARTICIPATION**  
**Members as of December 31, 2020**  
Public Information, Minnesota Statutes § 62D.08

<1			NR			NR
1-4			NR			NR
5-9			NR			NR
10-14			NR			NR
15-17			NR			NR
18-19			NR			NR
20-24			NR			NR
25-29			NR			NR
30-34			NR			NR
35-39			NR			NR
40-44			NR			NR
45-49			NR			NR
50-54			NR			NR
55-59			NR			NR
60-64			NR			NR
65-69			NR			NR
70-74			NR			NR
75-79			NR			NR
80-84			NR			NR
85-89			NR			NR
90+			NR			NR
Unknown			NR			NR
Total	NR	NR	NR	NR	NR	NR

Type of Product: Stand Alone Medicare Part D

Age of Enrollees	Members as of December 31			Member Months (January-December)		
	Male	Female	Total	Male	Female	Total
<1			NR			NR
1-4			NR			NR

**PreferredOne Community Health Plan**  
**Minnesota Supplement Report #6**  
**ENROLLMENT BY DEMOGRAPHIC GROUPS,**  
**AGE, GENDER AND ENROLLEE MONTHS OF PARTICIPATION**  
**Members as of December 31, 2020**

Public Information, Minnesota Statutes § 62D.08

5-9			NR			NR
10-14			NR			NR
15-17			NR			NR
18-19			NR			NR
20-24			NR			NR
25-29			NR			NR
30-34			NR			NR
35-39			NR			NR
40-44			NR			NR
45-49			NR			NR
50-54			NR			NR
55-59			NR			NR
60-64			NR			NR
65-69			NR			NR
70-74			NR			NR
75-79			NR			NR
80-84			NR			NR
85-89			NR			NR
90+			NR			NR
Unknown			NR			NR
Total	NR	NR	NR	NR	NR	NR

Type of Product: Minnesota Senior Health Options (MSHO)

Age of Enrollees	Members as of December 31			Member Months (January-December)		
	Male	Female	Total	Male	Female	Total
<1			NR			NR
1-4			NR			NR
5-9			NR			NR
10-14			NR			NR

**PreferredOne Community Health Plan**  
**Minnesota Supplement Report #6**  
**ENROLLMENT BY DEMOGRAPHIC GROUPS,**  
**AGE, GENDER AND ENROLLEE MONTHS OF PARTICIPATION**  
**Members as of December 31, 2020**  
Public Information, Minnesota Statutes § 62D.08

15-17			NR			NR
18-19			NR			NR
20-24			NR			NR
25-29			NR			NR
30-34			NR			NR
35-39			NR			NR
40-44			NR			NR
45-49			NR			NR
50-54			NR			NR
55-59			NR			NR
60-64			NR			NR
65-69			NR			NR
70-74			NR			NR
75-79			NR			NR
80-84			NR			NR
85-89			NR			NR
90+			NR			NR
Unknown			NR			NR
Total	NR	NR	NR	NR	NR	NR

Type of Product: Special Needs Basic Care (MA only)

Age of Enrollees	Members as of December 31			Member Months (January-December)		
	Male	Female	Total	Male	Female	Total
<1			NR			NR
1-4			NR			NR
5-9			NR			NR
10-14			NR			NR
15-17			NR			NR
18-19			NR			NR

**PreferredOne Community Health Plan**  
**Minnesota Supplement Report #6**  
**ENROLLMENT BY DEMOGRAPHIC GROUPS,**  
**AGE, GENDER AND ENROLLEE MONTHS OF PARTICIPATION**  
**Members as of December 31, 2020**

Public Information, Minnesota Statutes § 62D.08

20-24			NR			NR
25-29			NR			NR
30-34			NR			NR
35-39			NR			NR
40-44			NR			NR
45-49			NR			NR
50-54			NR			NR
55-59			NR			NR
60-64			NR			NR
65-69			NR			NR
70-74			NR			NR
75-79			NR			NR
80-84			NR			NR
85-89			NR			NR
90+			NR			NR
Unknown			NR			NR
Total	NR	NR	NR	NR	NR	NR

Type of Product: Special Needs Basic Care Integrated

Age of Enrollees	Members as of December 31			Member Months (January-December)		
	Male	Female	Total	Male	Female	Total
<1			NR			NR
1-4			NR			NR
5-9			NR			NR
10-14			NR			NR
15-17			NR			NR
18-19			NR			NR
20-24			NR			NR

**PreferredOne Community Health Plan**  
**Minnesota Supplement Report #6**  
**ENROLLMENT BY DEMOGRAPHIC GROUPS,**  
**AGE, GENDER AND ENROLLEE MONTHS OF PARTICIPATION**  
**Members as of December 31, 2020**  
Public Information, Minnesota Statutes § 62D.08

25-29			NR			NR
30-34			NR			NR
35-39			NR			NR
40-44			NR			NR
45-49			NR			NR
50-54			NR			NR
55-59			NR			NR
60-64			NR			NR
65-69			NR			NR
70-74			NR			NR
75-79			NR			NR
80-84			NR			NR
85-89			NR			NR
90+			NR			NR
Unknown			NR			NR
Total	NR	NR	NR	NR	NR	NR

Type of Product: Prepaid Medical Assistance (PMAP)

Age of Enrollees	Members as of December 31			Member Months (January-December)		
	Male	Female	Total	Male	Female	Total
<1			NR			NR
1-4			NR			NR
5-9			NR			NR
10-14			NR			NR
15-17			NR			NR
18-19			NR			NR
20-24			NR			NR
25-29			NR			NR
30-34			NR			NR



**PreferredOne Community Health Plan**  
**Minnesota Supplement Report #6**  
**ENROLLMENT BY DEMOGRAPHIC GROUPS,**  
**AGE, GENDER AND ENROLLEE MONTHS OF PARTICIPATION**  
**Members as of December 31, 2020**

Public Information, Minnesota Statutes § 62D.08

35-39			NR			NR
40-44			NR			NR
45-49			NR			NR
50-54			NR			NR
55-59			NR			NR
60-64			NR			NR
65-69			NR			NR
70-74			NR			NR
75-79			NR			NR
80-84			NR			NR
85-89			NR			NR
90+			NR			NR
Unknown			NR			NR
Total	NR	NR	NR	NR	NR	NR

Type of Product: MSC+

Age of Enrollees	Members as of December 31			Member Months (January-December)		
	Male	Female	Total	Male	Female	Total
<1			NR			NR
1-4			NR			NR
5-9			NR			NR
10-14			NR			NR
15-17			NR			NR
18-19			NR			NR
20-24			NR			NR
25-29			NR			NR
30-34			NR			NR
35-39			NR			NR

**PreferredOne Community Health Plan**  
**Minnesota Supplement Report #6**  
**ENROLLMENT BY DEMOGRAPHIC GROUPS,**  
**AGE, GENDER AND ENROLLEE MONTHS OF PARTICIPATION**  
**Members as of December 31, 2020**  
Public Information, Minnesota Statutes § 62D.08

40-44			NR			NR
45-49			NR			NR
50-54			NR			NR
55-59			NR			NR
60-64			NR			NR
65-69			NR			NR
70-74			NR			NR
75-79			NR			NR
80-84			NR			NR
85-89			NR			NR
90+			NR			NR
Unknown			NR			NR
Total	NR	NR	NR	NR	NR	NR

Type of Product: MNCare

Age of Enrollees	Members as of December 31			Member Months (January-December)		
	Male	Female	Total	Male	Female	Total
<1			NR			NR
1-4			NR			NR
5-9			NR			NR
10-14			NR			NR
15-17			NR			NR
18-19			NR			NR
20-24			NR			NR
25-29			NR			NR
30-34			NR			NR
35-39			NR			NR
40-44			NR			NR

**PreferredOne Community Health Plan**  
**Minnesota Supplement Report #6**  
**ENROLLMENT BY DEMOGRAPHIC GROUPS,**  
**AGE, GENDER AND ENROLLEE MONTHS OF PARTICIPATION**  
**Members as of December 31, 2020**

Public Information, Minnesota Statutes § 62D.08

45-49			NR			NR
50-54			NR			NR
55-59			NR			NR
60-64			NR			NR
65-69			NR			NR
70-74			NR			NR
75-79			NR			NR
80-84			NR			NR
85-89			NR			NR
90+			NR			NR
Unknown			NR			NR
Total	NR	NR	NR	NR	NR	NR

Type of Product: Other:

Age of Enrollees	Members as of December 31			Member Months (January-December)		
	Male	Female	Total	Male	Female	Total
<1			NR			NR
1-4			NR			NR
5-9			NR			NR
10-14			NR			NR
15-17			NR			NR
18-19			NR			NR
20-24			NR			NR
25-29			NR			NR
30-34			NR			NR
35-39			NR			NR
40-44			NR			NR
45-49			NR			NR

**PreferredOne Community Health Plan**  
**Minnesota Supplement Report #6**  
**ENROLLMENT BY DEMOGRAPHIC GROUPS,**  
**AGE, GENDER AND ENROLLEE MONTHS OF PARTICIPATION**  
**Members as of December 31, 2020**

Public Information, Minnesota Statutes § 62D.08

50-54			NR			NR
55-59			NR			NR
60-64			NR			NR
65-69			NR			NR
70-74			NR			NR
75-79			NR			NR
80-84			NR			NR
85-89			NR			NR
90+			NR			NR
Unknown			NR			NR
<b>Total</b>	NR	NR	NR	NR	NR	NR

Type of Product: Administrative Services Only (Self-insured)

Age of Enrollees	Members as of December 31			Member Months (January-December)		
	Male	Female	Total	Male	Female	Total
<1			NR			NR
1-4			NR			NR
5-9			NR			NR
10-14			NR			NR
15-17			NR			NR
18-19			NR			NR
20-24			NR			NR
25-29			NR			NR
30-34			NR			NR
35-39			NR			NR
40-44			NR			NR
45-49			NR			NR
50-54			NR			NR

**PreferredOne Community Health Plan**  
**Minnesota Supplement Report #6**  
**ENROLLMENT BY DEMOGRAPHIC GROUPS,**  
**AGE, GENDER AND ENROLLEE MONTHS OF PARTICIPATION**  
**Members as of December 31, 2020**

Public Information, Minnesota Statutes § 62D.08

<b>55-59</b>			NR			NR
<b>60-64</b>			NR			NR
<b>65-69</b>			NR			NR
<b>70-74</b>			NR			NR
<b>75-79</b>			NR			NR
<b>80-84</b>			NR			NR
<b>85-89</b>			NR			NR
<b>90+</b>			NR			NR
<b>Unknown</b>			NR			NR
<b>Total</b>	NR	NR	NR	NR	NR	NR

PreferredOne Community Health Plan

Minnesota Supplement Report #6

ENROLLMENT BY COUNTY AND PRODUCT TYPE

Members as of December 31, 2020

Public Information, Minnesota Statutes § 62D.08

County	(code)	Commercial	Medicare Advantage	Medicare Cost	Medicare Supplement	Stand Alone Medicare Part D	MN Senior Health Options (MSHO)	Special Needs Basic Care (MA Only)	Special Needs Basic Care Integrated	Prepaid Medical Assistance Program (PMAP)	MSC+	MNCare	Dental (indicate stand alone or embedded on Demog page)	Other:	Administrative Services Only (Self-insured)	Total Enrollees
														Please Specify on Demog Page		
Aitkin	1	-														-
Anoka	2	13														13
Becker	3	-														-
Beltrami	4	-														-
Benton	5	-														-
Big Stone	6	-														-
Blue Earth	7	-														-
Brown	8	-														-
Carlton	9	-														-
Carver	10	-														-
Cass	11	-														-
Chippewa	12	-														-
Chisago	13	1														1
Clay	14	-														-
Clearwater	15	-														-
Cook	16	-														-
Cottonwood	17	-														-
Crow Wing	18	2														2
Dakota	19	24														24
Dodge	20	-														-
Douglas	21	-														-
Faribault	22	-														-
Fillmore	23	-														-
Freeborn	24	-														-
Goodhue	25	7														7
Grant	26	-														-
Hennepin	27	203														203
Houston	28	-														-
Hubbard	29	-														-
Isanti	30	-														-
Itasca	31	-														-
Jackson	32	-														-
Kanabec	33	-														-
Kandiyohi	34	-														-
Kittson	35	-														-
Koochiching	36	-														-
Lac Qui Parle	37	-														-
Lake	38	-														-
Lake of the Woods	39	-														-
Le Sueur	40	-														-
Lincoln	41	-														-
Lyon	42	-														-
McLeod	43	-														-
Mahnomen	44	-														-
Marshall	45	-														-
Martin	46	1														1
Meeke	47	-														-
Mille Lacs	48	-														-
Morrison	49	-														-
Mower	50	-														-
Murray	51	-														-

PreferredOne Community Health Plan

Minnesota Supplement Report #6

ENROLLMENT BY COUNTY AND PRODUCT TYPE

Members as of December 31, 2020

Public Information, Minnesota Statutes § 62D.08

County	(code)	Commercial	Medicare Advantage	Medicare Cost	Medicare Supplement	Stand Alone Medicare Part D	MN Senior Health Options (MSHO)	Special Needs Basic Care (MA Only)	Special Needs Basic Care Integrated	Prepaid Medical Assistance Program (PMAP)	MSC+	MNCare	Dental (indicate stand alone or embedded on Demog page)	Other:	Administrative Services Only (Self-insured)	Total Enrollees
														Please Specify on Demog Page		
Nicollet	52	-														-
Nobles	53	-														-
Norman	54	-														-
Olmsted	55	-														-
Otter Tail	56	-														-
Pennington	57	-														-
Pine	58	-														-
Pipestone	59	-														-
Polk	60	-														-
Pope	61	-														-
Ramsey	62	47														47
Red Lake	63	-														-
Redwood	64	-														-
Renville	65	-														-
Rice	66	-														-
Rock	67	-														-
Roseau	68	-														-
Saint Louis	69	-														-
Scott	70	-														-
Sherburne	71	1														1
Sibley	72	-														-
Stearns	73	-														-
Steele	74	-														-
Stevens	75	-														-
Swift	76	-														-
Todd	77	-														-
Traverse	78	-														-
Wabasha	79	-														-
Wadena	80	-														-
Waseca	81	-														-
Washington	82	2														2
Watonwan	83	-														-
Wilkin	84	-														-
Winona	85	-														-
Wright	86	1														1
Yellow Medicine	87	-														-
State Total		302	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	302
Outside State		1														1
Unknown															NR	
SUBTOTAL		303	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	303