

**PreferredOne Community Health Plan**  
**Minnesota Supplement Report #1**  
**STATEMENT OF REVENUE, EXPENSES AND NET INCOME**  
**For the year ending December 31, 2018**  
**Public Information, Minnesota Statutes § 62D.08**

NAIC #	NAIC Description	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	As found on page 4 of the Annual Statement														Other:	
		NAIC Totals	Non-Minnesota Products (Eliminations)	Total Minnesota Products	Commercial	Medicare Advantage	Medicare Cost	Minnesota Senior Health Options (MSHO)	SNBC (MA Only)	SNBC (Integrated)	MSC+	Prepaid Medical Assistance Program (PMAP)	MNCare	Dental	Please Specify	Administrative Services Only
1	Member Months	6730		6730	6730											
<b>REVENUES:</b>																
2	Net Premium Income (including \$ non-health premium income)	2,608,692.00		2,608,692.00	2,608,692.00											
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
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
8	TOTAL REVENUES (Lines 2 through 7)	\$2,608,692.00	NR	\$2,608,692.00	\$2,608,692.00	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
<b>EXPENSES:</b>																
9	Hospital/medical benefits	1,913,382.00		1,913,382.00	1,913,382.00											
10	Other professional services	134,085.00		134,085.00	134,085.00											
11	Outside referrals	44,040.00		44,040.00	44,040.00											
12	Emergency room and out-of-area	84,661.00		84,661.00	84,661.00											
13	Prescription drugs	631,678.00		631,678.00	631,678.00											
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
15	Incentive Pool and Withhold Adjustments															
16	TOTAL EXPENSES (Lines 9 through 15)	\$2,807,846.00	NR	\$2,807,846.00	\$2,807,846.00	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
<b>LESS</b>																
17	Net reinsurance recoveries	\$295,706.00		\$295,706.00	\$295,706.00											
18	Total hospital and medical (Lines 16 minus 17)	\$2,512,140.00	NR	\$2,512,140.00	\$2,512,140.00	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
19	Non-health claims															
20	Claims adjustment expenses	38,936.00		38,936.00	38,936.00											
21	General administrative expenses	393,482.00		393,482.00	393,482.00											
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)	\$2,944,558.00	NR	\$2,944,558.00	\$2,944,558.00	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
24	Net underwriting gain or (loss)(Lines 8 minus 23)	(\$335,866.00)	NR	(\$335,866.00)	(\$335,866.00)	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
25	Net investment income earned	61,652.00		61,652.00	61,652.00											
26	Net realized capital gains or (losses)	(1,300.00)		(1,300.00)	(1,300.00)											
27	Net investment gains or (losses)(Lines 25 plus 26)	\$60,352.00	NR	\$60,352.00	\$60,352.00	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
30	Net income or (loss) before federal income taxes (Lines 24 plus 27 plus 28 plus 29)	(\$275,514.00)	NR	(\$275,514.00)	(\$275,514.00)	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)	(\$275,514.00)	NR	(\$275,514.00)	(\$275,514.00)	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR

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DETAILS OF WRITE-INS	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	NAIC Totals	Non-Minnesota Products (Eliminations)	Total Minnesota Products	Commercial	Medicare Advantage	Medicare Cost	Minnesota Senior Health Options (MSHO)	SNBC (MA Only)	SNBC (Integrated)	MSC+	Prepaid Medical Assistance Program (PMAP)	MNCare	Dental	Other: Please Specify	Administrative Services Only
<b>OTHER HEALTH CARE RELATED REVENUES (Line 6)</b>															
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
<b>OTHER NON-HEALTH REVENUES (Line 7)</b>															
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
<b>OTHER MEDICAL AND HOSPITAL EXPENSES (Line 14)</b>															
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
<b>OTHER INCOME AND EXPENSES (Line 29)</b>															
<b>OTHER INCOME</b>															
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
<b>OTHER EXPENSES</b>															
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
2999 TOTALS - (Lines 2919 minus 2939) (Line 29)	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR