

PreferredOne Community Health Plan
Minnesota Supplement Report #1
STATEMENT OF REVENUE, EXPENSES AND NET INCOME
For the year ending December 31, 2010
Public Information, Minnesota Statutes § 62D.08

NAIC #	NAIC Description	1	2	3	4	5	6	7	8	9	10	11	12	13	14
	As found on page 4 of the Annual Statement													Other:	
		NAIC Totals	Non-Minnesota Products (Eliminations)	Total Minnesota Products	Commercial	Medicare + Choice	Medicare Cost	MN Senior Health Options (MSHO)	MN Disability Health Options (MDHO)	General Assistance Medical Care (GAMC)	Prepaid Medical Assistance Program (PMAP)	MNCare	Dental	Please Specify	Administrative Services Only
1	Member Months	475,878		475,878	475,878										
REVENUES:															
2	Net Premium Income (including \$ non-health premium income)	137,574,266.00		137,574,266.00	137,574,266.00										
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)	\$500,000.00	NR	\$500,000.00	\$500,000.00	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
8	TOTAL REVENUES (Lines 2 through 7)	\$138,074,266.00	NR	\$138,074,266.00	\$138,074,266.00	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
EXPENSES:															
9	Hospital/medical benefits	94,239,408.00		94,239,408.00	94,239,408.00										
10	Other professional services	2,999,327.00		2,999,327.00	2,999,327.00										
11	Outside referrals	1,908,049.00		1,908,049.00	1,908,049.00										
12	Emergency room and out-of-area	3,981,453.00		3,981,453.00	3,981,453.00										
13	Prescription drugs	17,040,486.00		17,040,486.00	17,040,486.00										
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
15	Incentive Pool and Withhold Adjustments														
16	TOTAL EXPENSES (Lines 9 through 15)	\$120,168,723.00	NR	\$120,168,723.00	\$120,168,723.00	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
LESS															
17	Net reinsurance recoveries	185,880.00		185,880.00	185,880.00										
18	Total hospital and medical (Lines 16 minus 17)	\$119,982,843.00	NR	\$119,982,843.00	\$119,982,843.00	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
19	Non-health claims														
20	Claims adjustment expenses	3,021,727.00		3,021,727.00	3,021,727.00										
21	General administrative expenses	16,242,389.00		16,242,389.00	16,242,389.00										
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)	\$139,246,959.00	NR	\$139,246,959.00	\$139,246,959.00	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
24	Net underwriting gain or (loss)(Lines 8 minus 23)	(\$1,172,693.00)	NR	(\$1,172,693.00)	(\$1,172,693.00)	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
25	Net investment income earned	607,487.00		607,487.00	607,487.00										
26	Net realized capital gains or (losses)	989,543.00		989,543.00	989,543.00										
27	Net investment gains or (losses)(Lines 25 plus 26)	\$1,597,030.00	NR	\$1,597,030.00	\$1,597,030.00	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
30	Net income or (loss) before federal income taxes (Lines 24 plus 27 plus 28 plus 29)	\$424,337.00	NR	\$424,337.00	\$424,337.00	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)	\$424,337.00	NR	\$424,337.00	\$424,337.00	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
	NAIC Totals	Non-Minnesota Products (Eliminations)	Total Minnesota Products	Commercial	Medicare + Choice	Medicare Cost	MN Senior Health Options (MSHO)	MN Disability Health Options (MDHO)	General Assistance Medical Care (GAMC)	Prepaid Medical Assistance Program (PMAP)	MNCare	Dental	Other: Please Specify	Administrative Services Only
OTHER HEALTH CARE RELATED REVENUES (Line 6)														
0601 Other Fee Revenue	500,000.00		500,000.00	500,000.00										
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)	\$500,000.00	NR	\$500,000.00	\$500,000.00	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
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
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
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 2938)	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