

STATE OF MAINE  
DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION  
BUREAU OF INSURANCE

IN RE:	)	
	)	
AETNA HEALTH, INC. 2017 “WHOLE	)	<b>THIRD INFORMATION</b>
HEALTH” INDIVIDUAL RATE FILING	)	<b>REQUEST OF THE</b>
	)	<b>SUPERINTENDENT</b>
Docket No. INS-16-1001	)	

Superintendent of Insurance Eric Cioppa hereby directs Aetna to provide written responses and produce documents responsive to the numbered information requests below. Aetna shall furnish all requested information and documents regardless of whether it is in the possession, custody, or control of Aetna or any subsidiary, affiliate, or parent of Aetna. If Aetna refuses for any reason to provide any of the information or documents requested, Aetna must file with the Superintendent, no later than June 29, 2016, a written objection describing the reason for such refusal.

Each of the Requests below is continuing in nature. Aetna must supplement the responses provided should the information change or more information become available at any time during the pendency of this proceeding.

If hard copy, paper responses of electronic spreadsheet files are provided in response to any request, Aetna also shall file via e-mail the electronic spreadsheet version of the file (*e.g.*, Excel) with embedded formulas included (*i.e.*, active files). Designate with particularity any documents or information requested provided under claim of confidentiality, and provide a statement for the legal basis for the claim of confidentiality.

In responding, Aetna shall comply with the requirements and deadlines established by the May 16, 2016, Procedural Order issued in this proceeding.

**REQUESTS**

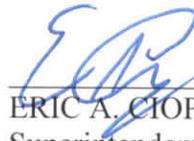
Regarding the mapping proposal for policyholders enrolled in terminating individual plans that was filed on June 22, 2016:

1. The statement “out-of-pocket maximum is lower on the new plans” does not appear correct. The 2016-2017 Aetna Individual Plans Comparison shows the Bronze plan maximum out-of-pocket (MOOP) going from \$6,850 to \$7,050 and the Silver plan MOOP going from \$6,000 to \$6,075. Please explain.
2. Would mapping plan members from the Silver \$10 plan to the Everyday Plus plan be a better match for coverage levels and meet minor modification requirements? Please explain. From the AV screenshots it appears the only differences between the Everyday and Everyday Plus plans is that the deductible/OOP is \$5,050 rather than \$6,075.

3. The lab copay for the Silver Everyday plan is \$5 on one chart and \$10 on the other chart provided. Please correct and provide a recalculated "Value of Benefit Changes."
4. Going from a specialist copay of \$75 on the Bronze plan to meeting the deductible before coverage for the new plan should be a benefit decrease not an increase. A decrease is shown for a similar benefit change for the Silver plan benefit change. Please explain and correct.

PER ORDER OF THE SUPERINTENDENT OF INSURANCE

June 27, 2016



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ERIC A. CIOPPA  
Superintendent of Insurance