ANNUAL STATEMENT

of the

HMO Maine, a Line of Business of Anthem Health Plans of Maine, Inc.

of

South Portland

in the State of

Maine

to the

Bureau of Insurance

of the State of

Maine

For the Year Ended December 31, 2021

2021

STATEMENT OF REVENUE AND EXPENSES

		Curren	t Year	Prior Year
		1 Uncovered	2 Total	3 Total
1.	Member Months.		1,035,444	1,028,964
			, , , ,	, ,
2.	Net premium income (including \$ non-health premium income)	xxx	482,422,575	536,280,271
3.	Change in unearned premium reserves and reserve for rate credits			
4.	Fee-for-service (net of \$ medical expenses)			
5.	Risk revenue			
6.	Aggregate write-ins for other health care related revenues			0
7.	Aggregate write-ins for other non-health revenues			
8.	Total revenues (Lines 2 to 7)	XXX	507,216,953	486,389,873
9.	Hospital and Medical: Hospital/medical benefits		277, 197, 430	234,052,734
10.	Other professional services			49,475,715
11.	Outside referrals			6,583,894
12.	Emergency room and out-of-area			46,501,230
13.	Prescription drugs		79,121,991	66,705,650
14.	Aggregate write-ins for other hospital and medical.	0	0	0
15.	Incentive pool, withhold adjustments and bonus amounts		3,959,178	5,575,719
16.	Subtotal (Lines 9 to 15)	0	471,597,288	408,894,942
	Less:			
17.	Net reinsurance recoveries			18,932,501
18.	Total hospital and medical (Lines 16 minus 17)			389,962,441
19.	Non-health claims (net)			14,139,085
20.	General administrative expenses			37,728,432
21. 22.	Increase in reserves for life and accident and health contracts (including \$		20,921,931	
22.	increase in reserves for life and accident and nearth contracts (including \$		0	0
23.	Total underwriting deductions (Lines 18 through 22)			441,829,958
24.	Net underwriting gain or (loss) (Lines 8 minus 23)			44,559,915
25.	Net investment income earned (Exhibit of Net Investment Income, Line 17)			
26.	Net realized capital gains (losses) less capital gains tax of \$			
27.	Net investment gains (losses) (Lines 25 plus 26)	0	3,455,509	5,987,353
28.	Net gain or (loss) from agents' or premium balances charged off [(amount recovered			
	\$			
29.	Aggregate write-ins for other income or expenses	0	0	0
30.	Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	xxx	19,644,425	50,547,268
31.	Federal and foreign income taxes incurred	xxx	4, 125, 329	10,614,926
32.	Net income (loss) (Lines 30 minus 31)	XXX	15,519,096	39,932,342
	DETAILS OF WRITE-INS			
0601.				
0602.				
0603 0698.	Summary of remaining write-ins for Line 6 from overflow page		0	0
0699.	Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above)	XXX	0	0
0701.				
0702.		xxx		
0703		xxx		
0798.	Summary of remaining write-ins for Line 7 from overflow page	xxx	0	0
0799.	Totals (Lines 0701 thru 0703 plus 0798)(Line 7 above)	XXX	0	0
1401.				
1402. 1403.				
1498.	Summary of remaining write-ins for Line 14 from overflow page		0	0
1499.	Totals (Lines 1401 thru 1403 plus 1498)(Line 14 above)	0	0	0
2901.				
2902.				
2903				
2998.	Summary of remaining write-ins for Line 29 from overflow page		0	0
2999.	Totals (Lines 2901 thru 2903 plus 2998)(Line 29 above)	0	0	0

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

		1	2	3	4	5		7	8	9	10
		1		-	·		Federal Employees	Title	Title	9	
		Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Onlv	Vision Only	Health Benefits Plan	XVIII Medicare	XIX Medicaid	Other Health	Other Non-Health
1	Net premium income	482,422,575		Опростисти	Offity	Offiny	Deficito Fian	(4.237)	n n	1,964,156	Non ricalar
2	Change in unearned premium reserves and reserve for	102, 122,010									
	rate credit	24,794,378	24,794,378								
3.	Fee-for-service (net of \$										
	medical expenses)	0									XXX
4.	Risk revenue	0									XXX
5.	Aggregate write-ins for other health care related										
	revenues	0	0	0	0	0	0	0	0	0	XXX
6.	Aggregate write-ins for other non-health care related										
	revenues	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
7.	Total revenues (Lines 1 to 6)	507,216,953	505,257,034	0	0	0	0	(4,237)	0	1,964,156	0
8.	Hospital/medical benefits	277, 197, 430	275,548,655					247,281		1,401,494	XXX
9.	Other professional services	43,711,634	43,711,634								XXX
10.	Outside referrals	9,644,886	9,644,886								XXX
11.	Emergency room and out-of-area	57,962,169	57,962,169								XXX
12.	Prescription drugs	79, 121, 991	79, 106, 252					15,739			XXX
13.	Aggregate write-ins for other hospital and medical	0	0	0	0	0	0	0	0	0	XXX
14.	Incentive pool, withhold adjustments and bonus amounts	3,959,178	3,960,218	0				(1,040)			XXX
15.	Subtotal (Lines 8 to 14)	471,597,288	469,933,814	0	0	0	0	261,980	0	1,401,494	XXX
16.	Net reinsurance recoveries	21,421,975	21,421,975								XXX
17.	Total medical and hospital (Lines 15 minus 16)	450, 175, 313	448,511,839	0	0	0	0	261,980	0	1,401,494	XXX
18.	Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
19.	Claims adjustment expenses including										
	\$	13,924,767	14,008,786					61,331		(145,350)	
20.	General administrative expenses	26,927,957	27,090,436					118,604		(281,083)	
21.	Increase in reserves for accident and health contracts	0									XXX
22.	Increase in reserves for life contracts	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23.	Total underwriting deductions (Lines 17 to 22)	491,028,037	489,611,061	0	0	0	0	441,915	0	975,061	0
24.	Total underwriting gain or (loss) (Line 7 minus Line 23)	16, 188, 916	15,645,973	0	0	0	0	(446, 152)	0	989,095	0
	DETAILS OF WRITE-INS										
0501.											XXX
0502.											XXX
0503.											XXX
0598.	Summary of remaining write-ins for Line 5 from overflow										
	page	0	0	0	0	0	0	0	0	0	XXX
0599.	Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)	0	0	0	0	0	U	0	0	0	XXX
0601.			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602.			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698.	Summary of remaining write-ins for Line 6 from overflow	=	1001	1001	V0.07	V0.04	V0.04	1000	V0.04	NO.04	=
	page	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0699.	Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301.							+				XXX
1302.							+				XXX
1303.						+	+	 			XXX
1398.	Summary of remaining write-ins for Line 13 from	•		•	•			0	•	0	XXX
1200	overflow page					ļ	J	Ι			XXX
1399.	Totals (Lines 1301 tillu 1303 pius 1396) (Line 13 above)	U	0	U	U	1 0	1 0	0	U	0	۸۸۸

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ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Anthem Health Plans of Maine, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS

	1	2	3	4
Line of Business	Direct Business	Reinsurance Assumed	Reinsurance Ceded	Net Premium Income (Cols. 1 + 2 - 3)
Comprehensive (hospital and medical)	492,957,122		12,494,466	480,462,656
2. Medicare Supplement	0			0
3. Dental only				0
4. Vision only				0
5. Federal Employees Health Benefits Plan	0			0
6. Title XVIII - Medicare	(4,237)			(4,237)
7. Title XIX - Medicaid	0			0
8. Other health	1,964,156			1,964,156
9. Health subtotal (Lines 1 through 8)	494,917,041	0	12,494,466	482,422,575
10. Life	0			0
11. Property/casualty	0			0
12. Totals (Lines 9 to 11)	494,917,041	0	12,494,466	482,422,575

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EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

				6			
		1	2	Total Members at End of 3	4	5	Current Year
	Source of Enrollment	Prior Year	First Quarter	Second Quarter	Third Quarter	Current Year	Member Months
1.	Health Maintenance Organizations	21,222	22,462	22,355	22,759	22,695	270,926
2.	Provider Service Organizations						
3.	Preferred Provider Organizations						
4.	Point of Service	54,305	54,718	54,683	54,880	54,566	656,710
5.	Indemnity Only						
6.	Aggregate write-ins for other lines of business.	8,922	8,992	8,925	8,929	8,991	107,808
7.	. Total	84,449	86,172	85,963	86,568	86,252	1,035,444
	DETAILS OF WRITE-INS						
0601.	Stop Loss	8,922	8,992	8,925	8,929	8,991	107,808
0602.							
0603.							
0698.	Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0	0	0
0699.	Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	8,922	8,992	8,925	8,929	8,991	107,808



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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

2. South Portland, ME REPORT FOR: 1. CORPORATION Anthem Health Plans of Maine, Inc.

								(LOCATION	l)	
NAIC Group Code 0671 BUSINESS	S IN THE STATE OF					DURING THE Y	YEAR 2021	NAIC Com	pany Code	52618
	1	Comprehensive (Ho	ospital & Medical)	4	5	6	7	8	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	84,449	25,228	50,299							8,922
2. First Quarter	86,172	26,108	51,072							8,992
3. Second Quarter	85,963	25,874	51,164							8,925
4. Third Quarter	86,568	26,657	50,982							8,929
5. Current Year	86,252	26,151	51,110							8,991
6. Current Year Member Months	1,035,444	315,671	611,965							107,808
Total Member Ambulatory Encounters for Year:										
7 Physician	491,999	144,610	347,389							
8. Non-Physician	410,696	106,003	304,693							
9. Total	902,695	250,613	652,082	0		0	0 0	0	0	0
10. Hospital Patient Days Incurred	16,033	5,338	10,695							
11. Number of Inpatient Admissions	3,295	989	2,306							
12. Health Premiums Written (b)	494,917,041	135,049,291	357,907,831	0				(4,237)	0	1,964,156
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	519,711,419	140,342,384	377,409,116	0				(4,237)	0	1,964,156
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									
18 Amount Incurred for Provision of Health Care Services	471,597,288	123,208,944	346,724,870					261,980		1,401,494



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	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	84,449	25,228	50,299	0	0	0	0	0	0	8,922
2. First Quarter	86 , 172	26,108	51,072	0	0	0	0	0	0	8,992
3. Second Quarter	85,963	25,874	51,164	0	0	0	0	0	0	8,925
4. Third Quarter	86,568	26,657	50,982	0	0	0	0	0	0	8,929
5. Current Year	86,252	26,151	51,110	0	0	0	0	0	0	8,991
6. Current Year Member Months	1,035,444	315,671	611,965	0	0	0	0	0	0	107,808
Total Member Ambulatory Encounters for Year:										
7 Physician	491,999	144,610	347,389	0	0	0	0	0	0	0
8. Non-Physician	410,696	106,003	304,693	0	0	0	0	0	0	0
9. Total	902,695	250,613	652,082	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	16,033	5,338	10,695	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	3,295	989	2,306	0	0	0	0	0	0	0
12. Health Premiums Written (b)	494,917,041	135,049,291	357,907,831	0	0	0	0	(4,237)	0	1,964,156
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	519,711,419	140,342,384	377,409,116	0	0	0	0	(4,237)	0	1,964,156
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	0	0	0	0	0	0	0	0	0	0
18 Amount Incurred for Provision of Health Care Services	471,597,288	123,208,944	346,724,870	0	0	0	0	261,980	0	1,401,494