Quarterly 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 Quarter Ended March 31, 2022

2022

STATEMENT AS OF MARCH 31, 2022 OF THE Anthem Health Plans of Maine, Inc.

STATEMENT OF REVENUE AND EXPENSES

		Current To Di		Prior Year To Date	Prior Year Ended December 31
		1 Uncovered	2 Total	3 Total	4 Total
1.	Member Months	1001		259,849	1,035,444
2.	Net premium income (including \$ non-health				
	premium income)	xxx	112,400,303	79,214,371	482,422,575
3.	Change in unearned premium reserves and reserve for rate credits	xxx	18,980,641	41,221,960	24,794,378
4.	Fee-for-service (net of \$ medical expenses)	xxx			0
5.	Risk revenue	xxx			0
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	131,380,944	120,436,331	507,216,953
	Hospital and Medical:				
9.	Hospital/medical benefits			66,672,536	277, 197, 430
10.	Other professional services			11,299,873	43,711,634
11.	Outside referrals			2,015,792	9,644,886
12.	Emergency room and out-of-area			12,781,867	57,962,169
13.	Prescription drugs			16,979,904	79, 121,991
14.	Aggregate write-ins for other hospital and medical			0	0
15.	Incentive pool, withhold adjustments and bonus amounts			, ,	3,959,178
16.	Subtotal (Lines 9 to 15)		111,333,102	110,842,531	471,597,288
17	Less: Net reinsurance recoveries		1 007 106	2 690 274	21 /21 075
17. 18.	Total hospital and medical (Lines 16 minus 17)			· · · ·	· · ·
19.	Non-health claims (net)			100, 102,200	430, 173,313
20.	Claims adjustment expenses, including \$				
20.	containment expenses		3 426 505	3 290 142	13 924 767
21.	General administrative expenses				26,927,957
22.	Increase in reserves for life and accident and health contracts				29,02.,00.
	(including \$ increase in reserves for life only)				0
23.	Total underwriting deductions (Lines 18 through 22)				491,028,037
24.	Net underwriting gain or (loss) (Lines 8 minus 23)				16,188,916
25.	Net investment income earned		1,077,072	264,654	3,455,509
26.	Net realized capital gains (losses) less capital gains tax of				
	\$				
27.	Net investment gains (losses) (Lines 25 plus 26)	0	1,077,072	264,654	3,455,509
28.	Net gain or (loss) from agents' or premium balances charged off [(amount				
	recovered \$)				
	(amount charged off \$)])]				
29.	55 -5	0	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	12,944,967	2,707,721	19,644,425
31.				568,621	4,125,329
32.	Net income (loss) (Lines 30 minus 31)	XXX	10,226,524	2,139,100	15,519,096
	DETAILS OF WRITE-INS				
0601.		XXX			
0602.		xxx			
0603.		XXX			
0698.		XXX	0	0	0
0699.	Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)	xxx	0	0	0
0701.		XXX			
0702.		XXX			
0703.		XXX			
0798.	Summary of remaining write-ins for Line 7 from overflow page		0	0	0
0799.	Totals (Lines 0701 through 0703 plus 0798)(Line 7 above)	XXX	0	0	0
1401.					
1402.					
1403					
1498.	Summary of remaining write-ins for Line 14 from overflow page		0	0	n
1499.	Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)	0	0	0	0
2901.		ı,	•	•	
2902.					
2902.					
2998.	Summary of remaining write-ins for Line 29 from overflow page	0	n	0	n
2996. 2999.	Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)	0	0	0	0
೭೨೨೮.	Totals (Lines 2001 timough 2000 plus 2000/Line 20 dbuve)	U	U	0	U

STATEMENT AS OF MARCH 31, 2022 OF THE Anthem Health Plans of Maine, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3	Medicare	Vision	Dental	Federal Employees Health Benefit	Title XVIII	Title XIX	
	Total	Individual	dual Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Other
Total Members at end of:										
1. Prior Year	86,252	26,151	51,110	0	0	0	0	0	0	8,991
2. First Quarter	78,483	26,120	51,687							676
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
Current Year Member Months	236,881	79,115	155,003							2,763
Total Member Ambulatory Encounters for Period:										
7 Physician	130 , 114	36,327	93,787							
8. Non-Physician	105,790	27,495	78,295							
9. Total	235,904	63,822	172,082	0	0	0	0	0	0	(
10. Hospital Patient Days Incurred	5,056	1,727	3,329							
11. Number of Inpatient Admissions	980	325	655							
12. Health Premiums Written (a)	113,275,801	36,618,153	76,380,141							277,507
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned		36,354,901	95,624,034							277,507
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services	111,333,162	23,800,519	87,269,538					86,218		176,887

⁽a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$