

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, 2025

2025

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months	XXX	234,955	245,512	985,924
2. Net premium income (including \$ non-health premium income).....	XXX	173,536,333	134,746,085	608,906,243
3. Change in unearned premium reserves and reserve for rate credits.....	XXX	3,928,365	16,066,154	32,272,132
4. Fee-for-service (net of \$ medical expenses)	XXX			
5. Risk revenue	XXX			
6. Aggregate write-ins for other health care related revenues	XXX	0	0	0
7. Aggregate write-ins for other non-health revenues	XXX	0	0	0
8. Total revenues (Lines 2 to 7)	XXX	177,464,698	150,812,239	641,178,375
Hospital and Medical:				
9. Hospital/medical benefits		92,651,069	80,118,382	333,086,856
10. Other professional services		11,795,168	11,393,736	48,098,768
11. Outside referrals		2,299,212	1,905,946	7,781,044
12. Emergency room and out-of-area		21,358,948	18,255,809	82,586,780
13. Prescription drugs		23,829,369	19,000,058	91,516,336
14. Aggregate write-ins for other hospital and medical	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts		1,162,439	1,407,578	4,013,830
16. Subtotal (Lines 9 to 15)	0	153,096,205	132,081,509	567,083,614
Less:				
17. Net reinsurance recoveries				
18. Total hospital and medical (Lines 16 minus 17)	0	153,096,205	132,081,509	567,083,614
19. Non-health claims (net)				
20. Claims adjustment expenses, including \$ 2,230,230 cost containment expenses		3,706,489	4,007,077	12,622,989
21. General administrative expenses		9,778,879	7,291,825	30,728,662
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only) .				0
23. Total underwriting deductions (Lines 18 through 22).....	0	166,581,573	143,380,411	610,435,265
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	10,883,125	7,431,828	30,743,110
25. Net investment income earned		938,326	1,211,206	5,061,161
26. Net realized capital gains (losses) less capital gains tax of \$				
27. Net investment gains (losses) (Lines 25 plus 26)	0	938,326	1,211,206	5,061,161
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$)].....				
29. Aggregate write-ins for other income or expenses	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	11,821,451	8,643,034	35,804,271
31. Federal and foreign income taxes incurred	XXX	2,482,505	1,815,037	7,518,897
32. Net income (loss) (Lines 30 minus 31)	XXX	9,338,946	6,827,997	28,285,374
DETAILS OF WRITE-INS				
0601.	XXX			
0602.	XXX			
0603.	XXX			
0698. Summary of remaining write-ins for Line 6 from overflow page	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	XXX	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	0	0
1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)	0	0	0	0
2901.				
2902.				
2903.				
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)	0	0	0	0

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year	82,236	22,945	50,616	0	0	0	0	0	0	0	0	0	8,675	0
2. First Quarter	78,743	27,063	51,254										426	
3. Second Quarter	0													
4. Third Quarter	0													
5. Current Year	0													
6. Current Year Member Months	234,955	80,144	153,538										1,273	
Total Member Ambulatory Encounters for Period:														
7 Physician	156,606	46,864	109,742											
8. Non-Physician	114,890	34,500	80,390											
9. Total	271,496	81,364	190,132	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	5,299	2,203	3,096											
11. Number of Inpatient Admissions	996	421	575											
12. Health Premiums Written (a)	173,536,332	54,954,405	118,047,071										534,856	
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned.....	177,464,698	54,838,206	122,091,636										534,856	
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	153,096,205	42,780,388	109,967,900										347,917	

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