

# **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  
September 30, 2024

**2024**

**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	738,963	651,813	865,778
2. Net premium income ( including \$ non-health premium income)	XXX	449,484,359	395,579,161	564,807,784
3. Change in unearned premium reserves and reserve for rate credits	XXX	32,833,999	69,310,302	43,448,358
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	482,318,358	464,889,463	608,256,142
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits		248,000,929	206,898,644	273,113,390
10. Other professional services		34,954,722	28,672,485	39,658,117
11. Outside referrals		5,623,535	5,456,300	7,207,047
12. Emergency room and out-of-area		61,024,202	49,053,491	68,645,629
13. Prescription drugs		65,698,446	65,799,868	92,678,071
14. Aggregate write-ins for other hospital and medical	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts		2,845,507	3,040,518	4,149,924
16. Subtotal (Lines 9 to 15)	0	418,147,341	358,921,306	485,452,178
<b>Less:</b>				
17. Net reinsurance recoveries			(201,764)	(201,763)
18. Total hospital and medical (Lines 16 minus 17)	0	418,147,341	359,123,070	485,653,941
19. Non-health claims (net)				
20. Claims adjustment expenses, including \$ 4,421,688 cost containment expenses		8,805,042	9,474,375	13,374,174
21. General administrative expenses		22,449,021	22,224,560	27,763,214
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	449,401,404	390,822,005	526,791,329
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	32,916,954	74,067,458	81,464,813
25. Net investment income earned		4,005,954	4,209,351	5,922,868
26. Net realized capital gains (losses) less capital gains tax of \$				
27. Net investment gains (losses) (Lines 25 plus 26)	0	4,005,954	4,209,351	5,922,868
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	36,922,908	78,276,809	87,387,681
31. Federal and foreign income taxes incurred	XXX	7,753,811	16,438,130	18,351,413
32. Net income (loss) (Lines 30 minus 31)	XXX	29,169,097	61,838,679	69,036,268
<b>DETAILS OF WRITE-INS</b>				
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

STATEMENT AS OF SEPTEMBER 30, 2024 OF THE Anthem Health Plans of Maine, Inc.

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION**

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
<b>Total Members at end of:</b>														
1. Prior Year .....	71,005	20,832	49,963	0	0	0	0	0	0	0	0	0	210	0
2. First Quarter .....	82,143	23,339	50,272	0	0	0	0	0	0	0	0	0	8,532	0
3. Second Quarter .....	82,352	23,503	50,355	0	0	0	0	0	0	0	0	0	8,494	0
4. Third Quarter .....	82,219	23,347	50,263										8,609	
5. Current Year	0													
6. Current Year Member Months	738,963	209,710	452,338										76,915	
<b>Total Member Ambulatory Encounters for Period:</b>														
7. Physician .....	366,913	101,961	264,952											
8. Non-Physician .....	270,132	72,251	197,881											
9. Total	637,045	174,212	462,833	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	11,009	3,657	7,352											
11. Number of Inpatient Admissions	2,114	708	1,406											
12. Health Premiums Written (a) .....	449,484,359	132,422,310	315,063,984										1,998,065	
13. Life Premiums Direct .....	0													
14. Property/Casualty Premiums Written .....	0													
15. Health Premiums Earned.....	482,318,358	132,306,867	347,990,772										2,020,719	
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	418,147,341	103,475,692	312,918,358										1,753,291	

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