

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, 2019

2019

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX	984,334	747,661
2. Net premium income (including \$ non-health premium income)	XXX	513,688,394	373,315,430
3. Change in unearned premium reserves and reserve for rate credits	XXX	1,982,858	(4,777,278)
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	XXX	0	0
7. Aggregate write-ins for other non-health revenues	XXX	0	0
8. Total revenues (Lines 2 to 7)	XXX	515,671,252	368,538,152
Hospital and Medical:			
9. Hospital/medical benefits		342,504,447	248,341,340
10. Other professional services		0	
11. Outside referrals		0	
12. Emergency room and out-of-area		16,023,158	14,547,751
13. Prescription drugs		71,133,279	58,591,273
14. Aggregate write-ins for other hospital and medical	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts		4,812,918	2,055,578
16. Subtotal (Lines 9 to 15)	0	434,473,802	323,535,942
Less:			
17. Net reinsurance recoveries		22,472,515	
18. Total hospital and medical (Lines 16 minus 17)	0	412,001,287	323,535,942
19. Non-health claims (net)			
20. Claims adjustment expenses, including \$ 7,978,616 cost containment expenses		13,734,299	9,329,771
21. General administrative expenses		27,000,786	17,825,334
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only)		(159,903)	159,903
23. Total underwriting deductions (Lines 18 through 22)	0	452,576,469	350,850,950
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	63,094,783	17,687,202
25. Net investment income earned (Exhibit of Net Investment Income, Line 17)		6,714,529	4,067,547
26. Net realized capital gains (losses) less capital gains tax of \$		0	
27. Net investment gains (losses) (Lines 25 plus 26)	0	6,714,529	4,067,547
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$)]		0	
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	69,809,312	21,754,749
31. Federal and foreign income taxes incurred	XXX	14,659,956	4,568,497
32. Net income (loss) (Lines 30 minus 31)	XXX	55,149,356	17,186,252
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
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above)	XXX	0	0
0701.	XXX		
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	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	0
2999. Totals (Lines 2901 thru 2903 plus 2998)(Line 29 above)	0	0	0

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ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Net premium income	513,688,394	512,355,802					(305,630)		1,638,222	
2. Change in unearned premium reserves and reserve for rate credit	1,982,858	1,982,858								
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)	515,671,252	514,338,660	0	0	0	0	(305,630)	0	1,638,222	0
8. Hospital/medical benefits	342,504,447	341,344,364					(334,293)		1,494,376	XXX
9. Other professional services	0									XXX
10. Outside referrals	0									XXX
11. Emergency room and out-of-area	16,023,158	16,023,158								XXX
12. Prescription drugs	71,133,279	71,140,901					(7,622)			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	4,812,918	4,468,810					344,108			XXX
15. Subtotal (Lines 8 to 14)	434,473,802	432,977,233	0	0	0	0	2,193	0	1,494,376	XXX
16. Net reinsurance recoveries	22,472,515	22,472,515								XXX
17. Total medical and hospital (Lines 15 minus 16)	412,001,287	410,504,718	0	0	0	0	2,193	0	1,494,376	XXX
18. Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
19. Claims adjustment expenses including \$ 7,978,616 cost containment expenses	13,734,300	13,710,694					320,273		(296,667)	
20. General administrative expenses	27,000,786	26,954,379					629,636		(583,229)	
21. Increase in reserves for accident and health contracts	(159,903)						(159,903)			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)	452,576,470	451,169,791	0	0	0	0	792,199	0	614,480	0
24. Total underwriting gain or (loss) (Line 7 minus Line 23)	63,094,782	63,168,869	0	0	0	0	(1,097,829)	0	1,023,742	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	0	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 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 overflow page	0	0	0	0	0	0	0	0	0	XXX
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0	0	0	0	XXX

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)
1. Comprehensive (hospital and medical)	526,573,570		14,217,768	512,355,802
2. Medicare Supplement				0
3. Dental only				0
4. Vision only				0
5. Federal Employees Health Benefits Plan	0			0
6. Title XVIII - Medicare	(305,630)			(305,630)
7. Title XIX - Medicaid	0			0
8. Other health	1,638,222			1,638,222
9. Health subtotal (Lines 1 through 8)	527,906,162	0	14,217,768	513,688,394
10. Life	0			0
11. Property/casualty	0			0
12. Totals (Lines 9 to 11)	527,906,162	0	14,217,768	513,688,394

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations	2,821	19,664	19,222	18,666	18,488	229,311
2. Provider Service Organizations						
3. Preferred Provider Organizations						
4. Point of Service	49,500	55,340	54,735	54,017	53,749	654,646
5. Indemnity Only						
6. Aggregate write-ins for other lines of business	9,743	9,390	9,055	8,951	8,918	100,377
7. Total	62,064	84,394	83,012	81,634	81,155	984,334
DETAILS OF WRITE-INS						
0601. Stop Loss	9,743	9,390	9,055	8,951	8,918	100,377
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)	9,743	9,390	9,055	8,951	8,918	100,377



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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Anthem Health Plans of Maine, Inc.

2. South Portland, ME

NAIC Group Code	0671	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Maine		2019							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	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	62,064	2,840	49,481					0		9,743		
2. First Quarter	84,394	24,806	50,198					0		9,390		
3. Second Quarter	83,012	23,994	49,963					0		9,055		
4. Third Quarter	81,634	22,874	49,809					0		8,951		
5. Current Year	81,155	22,150	50,087					0		8,918		
6. Current Year Member Months	984,334	284,506	599,451					0		100,377		
Total Member Ambulatory Encounters for Year:												
7. Physician	494,006	108,449	385,557									
8. Non-Physician	181,479	70,257	111,222									
9. Total	675,485	178,706	496,779	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	15,055	4,781	10,274									
11. Number of Inpatient Admissions	3,424	982	2,442									
12. Health Premiums Written (b)	527,906,162	177,291,329	349,282,241					(305,630)		1,638,222		
13. Life Premiums Direct	0											
14. Property/Casualty Premiums Written	0											
15. Health Premiums Earned	529,889,020	171,693,278	356,863,150					(305,630)		1,638,222		
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	434,473,802	108,663,198	324,314,035					2,193		1,494,376		

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$(305,630)

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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Anthem Health Plans of Maine, Inc.

2. South Portland, ME

NAIC Group Code	0671	BUSINESS IN THE STATE OF	(LOCATION)										
			Grand Total			DURING THE YEAR				2019	NAIC Company Code		52618
			1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
Total	2	3	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	62,064	2,840	49,481	0	0	0	0	0	0	9,743			
2. First Quarter	84,394	24,806	50,198	0	0	0	0	0	0	9,390			
3. Second Quarter	83,012	23,994	49,963	0	0	0	0	0	0	9,055			
4. Third Quarter	81,634	22,874	49,809	0	0	0	0	0	0	8,951			
5. Current Year	81,155	22,150	50,087	0	0	0	0	0	0	8,918			
6. Current Year Member Months	984,334	284,506	599,451	0	0	0	0	0	0	100,377			
Total Member Ambulatory Encounters for Year:													
7. Physician	494,006	108,449	385,557	0	0	0	0	0	0	0			
8. Non-Physician	181,479	70,257	111,222	0	0	0	0	0	0	0			
9. Total	675,485	178,706	496,779	0	0	0	0	0	0	0			
10. Hospital Patient Days Incurred	15,055	4,781	10,274	0	0	0	0	0	0	0			
11. Number of Inpatient Admissions	3,424	982	2,442	0	0	0	0	0	0	0			
12. Health Premiums Written (b)	527,906,162	177,291,329	349,282,241	0	0	0	0	(305,630)	0	1,638,222			
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	529,889,020	171,693,278	356,863,150	0	0	0	0	(305,630)	0	1,638,222			
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	434,473,802	108,663,198	324,314,035	0	0	0	0	2,193	0	1,494,376			

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$(305,630)

30.GT