

## Maine 940 Report

All companies must complete Sections I, II, and III below.

### Section I. Company Information

Company Name:	AETNA HEALTH INC	
Maine License Number:	45749	
NAIC Code:	95517	

### Section II. Contact Information

First Name:	Julia	Middle Initial:		Last Name:	Schneider	Suffix:	
E-Mail:	Schneiderj1@aenta.com			Phone Number:	609-524-7376		

### Section III. Products Offered or Renewed

Provide Information for Calendar Year:

2016

Did this Company Offer or Renew Individual Health Plans subject to Maine Title 24-A §2736-C (Check One)?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Did this Company Offer Small Group Health Plans subject to Maine Title 24-A §2808-B (Check One)?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

\*If you answered NO to both questions, save the spreadsheet NOW and send it to the Maine Bureau of Insurance.

\*\*If you answered YES to either of the two questions directly above, you must complete Section IV and Section V.

To complete Section V, click on the tab labeled "Section V. Covered Lives Data" at the bottom of this spreadsheet.

### Section IV. Experience Data

For all types of coverage combined, please provide the following information:

Provide Information for Calendar Year:

2016

Individual Earned Premium: \$	2,333,316.28
Individual Incurred Claims: \$	2,036,847.82
Small Group Earned Premium: \$	3,509,316
Small Group Incurred Claims: \$	2,133,195

## Maine Rule 940 Report

Complete one table below for EACH combination that applies to your company: A. Individual/On Exchange, B. Individual/Off Exchange, C. Small Group/On Exchange, and D. Small Group/Off Exchange

Enter the Number of Covered Persons As Of: **03/31/2017**

A. Individual/ON Exchange									
Number of Covered Persons in Each Plan by Age Category									
Age	Bronze	Silver (Not Including CSR)	Silver CSR 73%	Silver CSR 87%	Silver CSR 94%	Gold	Platinum	Catastrophic	Total
0-20	0	0	0	0	0	0	0	0	0
21-24	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0
30-39	0	0	0	0	0	0	0	0	0
40-49	0	0	0	0	0	0	0	0	0
50-59	0	0	0	0	0	0	0	0	0
60-64	0	0	0	0	0	0	0	0	0
65 and Older	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0

B. Individual/OFF Exchange								
Number of Covered Persons in Each Plan by Age Category								
Age	Grandfathered	Transitional	Bronze	Silver	Gold	Platinum	Catastrophic	Total
0-20	0	0	117	86	19	0	0	222
21-24	0	0	15	11	3	0	0	29
25-29	0	0	25	7	3	0	0	35
30-39	0	0	45	45	6	0	0	96
40-49	0	0	96	53	13	0	0	162
50-59	0	0	161	66	15	0	0	242
60-64	0	0	136	48	3	0	0	187
65 and Older	0	0	0	0	0	0	0	0
Total	0	0	595	316	62	0	0	973

C. Small Group/ON Exchange					
Number of Covered Persons in Each Plan by Age Category					
Age	Bronze	Silver	Gold	Platinum	Total
0-20					0
21-24					0
25-29					0
30-39					0
40-49					0
50-59					0
60-64					0
65 and Older					0
Total	0	0	0	0	0

D. Small Group/OFF Exchange							
Number of Covered Persons in Each Plan by Age Category							
Age	Grandfathered	Transitional	Bronze	Silver	Gold	Platinum	Total
0-20	13			203	22		238
21-24	10			61	6		77
25-29	2			85	8		95
30-39	13			203	21		237
40-49	12			205	19		236
50-59	17			247	21		285
60-64	4			108	18		130
65 and Older	1			10	0		11
Total	72	0	0	1122	115	0	1309