

NON-CONFIDENTIAL

STATE OF MAINE
DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION
BUREAU OF INSURANCE

IN RE:)	
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)	
AETNA HEALTH INC. (ME) 2017 "WHOLE)	PRE-FILED TESTIMONY
HEALTH" INDIVIDUAL RATE FILING)	OF GEOFFREY S. SHANNON
)	
Docket No. INS-16-1001)	JULY 15, 2016
)	

NON-CONFIDENTIAL

1 **Q. Mr. Shannon, please state your name and your position with Aetna.**

2

3 **A.** My name is Geoffrey S. Shannon. I am an Assistant Actuary for the New England
4 market, servicing the Individual, Small Group, and Large Group markets.

5

6 **Q. Please describe any relevant education or experience that qualifies you as a witness**
7 **today.**

8

9 **A.** I am an Associate of the Society of Actuaries and a member of the American Academy of
10 Actuaries. I started my actuarial career at Aetna in July 2006 and have experience in various
11 facets of health insurance, namely Pharmacy, Medicare, and Medical Economics, through
12 Aetna's Leadership Development rotational program. I hold a BS in Chemical Engineering and
13 a MS in Actuarial Science from the University of Connecticut.

14

15 **Q. Please state your reasons for testifying at this hearing.**

16

17 **A.** I am testifying at this hearing as part of the actuary team in support of Aetna's individual
18 rate filing for its individual rate filing to be effective January 1, 2017. I understand that the
19 Superintendent and the Bureau staff may have questions on the actuarial elements of our filing,
20 and on the pre-filed testimony of Mr. Swacker, on which I assisted in preparing. I want to make
21 myself available to your staff at the July 22 hearing to be part of the panel that will respond to
22 questions from the Superintendent and staff with respect to the actuarial aspects of the filing.

23

1 **Q. Have you reviewed Mr. Swacker’s Pre-Filed Testimony and are you familiar with**
2 **its content?**

3
4 **A.** Yes. I worked with Trey in drafting it and revising it. I am very familiar with its
5 contents and with Aetna’s filing.

6
7 **Q. Can you now confirm your agreement with this testimony and are you adopting it as**
8 **your own, as well?**

9
10 **A.** Yes. As I stated, I participated in its preparation, and participated extensively in the
11 underlying filings. I agree with its content and adopt it as being truthful and accurate.

12
13 **Q. Repeating the key question on actuarial certification with respect to the filing, can**
14 **you confirm that the proposed rates are not excessive, inadequate, or unfairly**
15 **discriminatory?**

16
17 **A.** In my judgment, the rates submitted for approval are not excessive, inadequate, or
18 unfairly discriminatory.

19
20 **Q. Does this conclude your pre-filed testimony?**

21
22 **A.** Yes. I also welcome the opportunity to respond to questions at the July 22 hearing.

**STATE OF MAINE
DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION
BUREAU OF INSURANCE**

IN RE:)	
)	
)	
AETNA HEALTH, INC. 2017 “WHOLE HEALTH” INDIVIDUAL RATE FILING)	CERTIFICATE OF SERVICE
)	
Docket No. INS-16-1001)	
)	

The undersigned counsel hereby certifies that on this date, I caused to be mailed by electronic mail, copies of the Pre-Filed Testimony of Geoffrey S. Shannon on the persons and at the addresses indicated below.

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DATED: July 15, 2016

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