

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

IN RE:)	
)	
AETNA HEALTH, INC. 2017 “WHOLE)	SECOND INFORMATION
HEALTH” INDIVIDUAL RATE FILING)	REQUEST OF THE
)	SUPERINTENDENT
Docket No. INS-16-1001)	

Superintendent of Insurance Eric Cioppa hereby directs Aetna to provide written responses and produce documents responsive to the numbered information requests below. Aetna shall furnish all requested information and documents regardless of whether it is in the possession, custody, or control of Aetna or any subsidiary, affiliate, or parent of Aetna. If Aetna refuses for any reason to provide any of the information or documents requested, Aetna must file with the Superintendent, no later than June 23, 2016, a written objection describing the reason for such refusal.

Each of the Requests below is continuing in nature. Aetna must supplement the responses provided should the information change or more information become available at any time during the pendency of this proceeding.

If hard copy, paper responses of electronic spreadsheet files are provided in response to any request, Aetna also shall file via e-mail the electronic spreadsheet version of the file (*e.g.*, Excel) with embedded formulas included (*i.e.*, active files). Designate with particularity any documents or information requested provided under claim of confidentiality, and provide a statement for the legal basis for the claim of confidentiality.

In responding, Aetna shall comply with the requirements and deadlines established by the May 16, 2016, Procedural Order issued in this proceeding.

REQUESTS

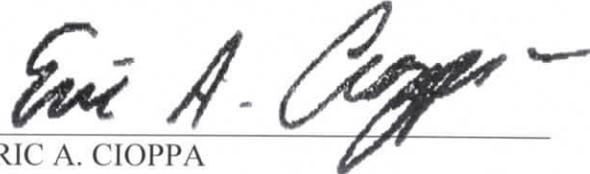
1. Explain how terminating the \$35 Copay Bronze plan complies with guaranteed renewability under 24-A M.R.S. § 2850-B. How do the benefit coverages, including cost-sharing, in the terminating plan compare to the new Whole Health Bronze plan?
2. Please provide a narrative explanation and a quantitative derivation of the Plan Design Adjustments in Exhibit E-2. Do these adjustments reflect differences in utilization, differences in cost-sharing, or both? If both, please provide each separately.
3. The revised Section A shows severity adjustments of 0.5% for Total Medical and 0.0% for Pharmacy, but 0.0% for Total Med/Rx. Please explain how this is possible.
4. Your response to item 6 to the Superintendent’s First Information Request indicates that the higher utilization of brokers for off-Exchange plans is reflected in a higher administrative cost adjustment for those plans. However, the Exchange User Fee is spread over on- and off-

Exchange plans in the Market Adjusted Index Rate, as required. Since this in effect means that the off-Exchange plans pay a share of the distribution costs for on-Exchange plans, why is it reasonable not to share the distribution cost for the off-Exchange plans across the entire risk pool in a similar fashion?

5. Please provide a final copy of the policyholder notice letter and identify the date when the letter was mailed to policyholders.

PER ORDER OF THE SUPERINTENDENT OF INSURANCE

June 21, 2016

A handwritten signature in black ink, appearing to read "Eric A. Cioppa", written over a horizontal line.

ERIC A. CIOPPA
Superintendent of Insurance