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 June 30, 2021

2021

STATEMENT OF REVENUE AND EXPENSES

			ent Year Date	Prior Year To Date	Prior Year Ended December 31	
		1 Uncovered	2 Total	3 Total	4 Total	
1.	Member Months	XXX	i i	517,869	1,028,964	
2.	Net premium income (including \$ non-health		,	,	,	
	premium income)	XXX	218,704,729	263,447,826	536,280,271	
3.	Change in unearned premium reserves and reserve for rate credits	xxx	37,621,487	(32,710,835)	(49,890,398)	
4.	Fee-for-service (net of \$ medical expenses)	XXX				
5.	Risk revenue	XXX				
6.	Aggregate write-ins for other health care related revenues				0	
7.	Aggregate write-ins for other non-health revenues				0	
8.	Total revenues (Lines 2 to 7)	XXX	256,326,216	230,736,991	486,389,873	
	Hospital and Medical:					
9.	Hospital/medical benefits			126,689,265	234,052,734	
10.	Other professional services			2,341,474	49,475,715	
11.	Outside referrals Emergency room and out-of-area			3,476,613	6,583,894	
12. 13.	Prescription drugs			23,262,836	66,705,650	
14.	Aggregate write-ins for other hospital and medical			0	00,700,000	
15.	Incentive pool, withhold adjustments and bonus amounts				5,575,719	
16.	Subtotal (Lines 9 to 15)			, , , , , , , , , , , , , , , , , , ,	, ,	
	Less:					
17.	Net reinsurance recoveries		6,700,608	6,431,289	18,932,501	
18.	Total hospital and medical (Lines 16 minus 17)		226,444,166	183,469,753	389,962,441	
19.	Non-health claims (net)					
20.	Claims adjustment expenses, including \$					
	containment expenses		7,156,861	7,446,256	14,139,085	
21.	General administrative expenses		13,291,866	23,451,071	37,728,432	
22.	Increase in reserves for life and accident and health contracts					
	(including \$ increase in reserves for life only)					
23.	Total underwriting deductions (Lines 18 through 22)					
24.	Net underwriting gain or (loss) (Lines 8 minus 23)					
25.	Net investment income earned		1,381,625	2,850,642	5,987,353	
26.	Net realized capital gains (losses) less capital gains tax of					
0.7	\$			0.050.040	F 007 0F0	
27.	Net investment gains (losses) (Lines 25 plus 26)		71,381,625	2,850,642	5,987,353	
28.	Net gain or (loss) from agents' or premium balances charged off [(amount					
	recovered \$					
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		,			
00.	income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	10,814,948	19,220,553	50,547,268	
31.	Federal and foreign income taxes incurred	XXX	2,271,139	3,437,681	10,614,926	
32.	Net income (loss) (Lines 30 minus 31)	XXX	8,543,809	15,782,872	39,932,342	
	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	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	
2901.						
2902.						
2903						
2998.	Summary of remaining write-ins for Line 29 from overflow page)	0	0	
2999.	Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)	C	0	0	0	

STATEMENT AS OF JUNE 30, 2021 OF THE Anthem Health Plans of Maine, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	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	84,449	25,228	50,299	0	0	0	0	0	0	8,92
2. First Quarter		26,108	51,072	0	0	0	0	0	0	8,99
3. Second Quarter	85,963	25,874	51,164							8,92
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	517,918	157,251	306,699							53,96
Total Member Ambulatory Encounters for Period:										
7 Physician	246,608	76,013	170,595							
8. Non-Physician	224,527	57,703	166,824							
9. Total	471,135	133,716	337,419	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	7,979	2,841	5,138							
11. Number of Inpatient Admissions	1,659	525	1,134							
12. Health Premiums Written (a)	224,878,727	77,517,141	146,457,059					(66)		904,59
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	262,500,214	74,581,042	187,014,645					(66)		904,59
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									
Amount Incurred for Provision of Health Care Services (a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$	233,144,774	61,005,212	171,293,262					273,077		573,22