

**Department of Managed Health Care/Department of Insurance  
Medical Loss Ratio Reporting Form  
Dental Coverage**

<b>1.</b>	<b>MLR Reporting Year</b>	<b>2016</b>
<b>2.</b>	<b>Enter DMHC Health Plan ID. Insurers may leave this field blank</b>	
<b>3.</b>	<b>Legal Name</b>	<b>Blue Shield of California Life &amp; Health Insurance Co.</b>
<b>4.</b>	<b>DBA</b>	
<b>5.</b>	<b>Federal Tax Exempt Status? Please enter Yes or No</b>	<b>No</b>

**Cell Key:**

**Blank cells require input from Health plan or Health insurer**

Version 4.22.15

Revised Version 5.26.15

Revised Version 4.15.16 corrected dates for Cycle Year

(CY)2015-2016 on TABs Parts 1, 2 and 4.

Revised Version 5.10.17 12/31 and 3/31 Columns years to be auto populated on TABs Parts 1 and 2.

Health Plan ID  
 0  
 Legal Name  
 Blue Shield of California Life & Health Insurance Co.  
 d/b/a  
 MLR Reporting Year  
 2016

Federal Tax Exempt  
 No

# Part 1

Part 1 NOTE: REFER TO MLR INSTRUCTIONS FOR IMPORTANT INFORMATION ABOUT COMPLETING EACH COLUMN AND ROW.	Health Insurance Coverage DHMO Products						Health Insurance Coverage DPPD & Indemnity Products					
	Individual		Small Group		Large Group		Individual		Small Group		Large Group	
	Total as of 12/31/2016	Total as of 3/31/2017	Total as of 12/31/2016	Total as of 3/31/2017	Total as of 12/31/2016	Total as of 3/31/2017	Total as of 12/31/2016	Total as of 3/31/2017	Total as of 12/31/2016	Total as of 3/31/2017	Total as of 12/31/2016	Total as of 3/31/2017
	1	2	3	4	5	6	7	8	9	10	11	12
1. Premium												
1.1 Total direct premium earned	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 8,801,753	\$ 8,801,753	\$ 1,018,009	\$ 1,018,009	\$ 91,378	\$ 91,378
2. Claims												
2.1 Total incurred claims (MLR Form Part 2, Line 2.11)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 3,516,373	\$ 3,396,174	\$ 573,176	\$ 513,380	\$ 52,945	\$ 52,945
3. Federal and State Taxes and Licenses or Regulatory Fees												
3.1 Federal taxes and assessments incurred by the reporting health plan or health insurer during the MLR reporting year							\$ 907,519	\$ 907,519	\$ 40,840	\$ 40,840	\$ 1,669	\$ 1,669
3.1 a Federal income taxes deductible from premium in MLR calculations							\$ 130,967	\$ 130,967	\$ 11,208	\$ 11,208	\$ 15,892	\$ 15,892
3.1 b Other Federal Taxes (other than income tax) and assessments deductible from premium												
3.2 State insurance, premium and other taxes incurred by the reporting health plan or health insurer during the MLR reporting year (deductible from premium in MLR calculation)												
3.2 a State income, excise, business, and other taxes							\$ 1,914	\$ 1,914	\$ 96	\$ 96	\$ 0	\$ 0
3.2 b State premium taxes							\$ 125,670	\$ 125,670	\$ 12,901	\$ 12,901		
3.2 c Community benefit expenditures												
3.3 Regulatory authority licenses and fees							\$ 425	\$ 425	\$ 75	\$ 75	\$ 5	\$ 5
3.4 Total Federal and State Taxes and fees to be excluded from premium	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,166,616	\$ 1,166,616	\$ 65,120	\$ 65,120	\$ 17,596	\$ 17,596
4. Non-Claims Costs												
4.1 Direct sales salaries and benefits							\$ 17,227	\$ 17,227	\$ 2,303	\$ 2,303	\$ 274	\$ 274
4.2 Agents and brokers fees and commissions							\$ 623,693	\$ 623,693	\$ 169,907	\$ 169,907	\$ 6,502	\$ 6,502
4.3 Other taxes												
4.3a Taxes and assessments (exclude amounts reported in Section 3 or Line 10)												
4.3b Fines and penalties of regulatory authorities (exclude amounts reported in Line 3.3)												
4.4 Other general and administrative expenses							\$ 613,918	\$ 613,918	\$ 78,618	\$ 78,618	\$ 8,824	\$ 8,824
4.5 Total non-claims costs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,254,838	\$ 1,254,838	\$ 250,827	\$ 250,827	\$ 15,601	\$ 15,601
5. Other Indicators or Information												
5.1 Number of covered lives							15,446	15,446	2,422	2,422	104	104
5.2 Member months							194,571	194,571	28,419	28,419	2,368	2,368
5.3 Number of life-years							16,214	16,214	2,368	2,368	249	249
	Grand Total as of 12/31/2016 for ALL markets in col. 1-12.											
6. Net investment income and other gain / (loss)												
7. Other Federal income taxes (exclude taxes on Line 3.1a and 3.1b)												

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# Part 2

Part 2 NOTE: REFER TO MLR INSTRUCTIONS FOR IMPORTANT INFORMATION ABOUT COMPLETING EACH COLUMN AND ROW.		Health Insurance Coverage DHMO Products						Health Insurance Coverage DPPD & Indemnity Products					
		Individual		Small Group		Large Group		Individual		Small Group		Large Group	
		Total as of 12/31/2016	Total as of 3/31/2017	Total as of 12/31/2016	Total as of 3/31/2017	Total as of 12/31/2016	Total as of 3/31/2017	Total as of 12/31/2016	Total as of 3/31/2017	Total as of 12/31/2016	Total as of 3/31/2017	Total as of 12/31/2016	Total as of 3/31/2017
		1	2	3	4	5	6	7	8	9	10	11	12
1.	Premium:												
1.1	Direct premium written							\$ 8,801,753	\$ 8,801,753	\$ 1,019,190	\$ 1,019,190	\$ 91,378	\$ 91,378
1.2	Unearned premium prior year												
1.3	Unearned premium MLR Reporting year												
1.4	Premium balances written off									\$ 1,181	\$ 1,181		
2.	Claims:												
2.1	Claims Paid												
2.1a	Claims paid during the MLR reporting year regardless of incurred date							\$ 3,122,365	\$ 3,122,365	\$ 538,473	\$ 538,473	\$ 59,920	\$ 59,920
2.1b	Claims incurred only during the MLR reporting year, paid through 3/31 of the following year							\$ 3,396,177	\$ 3,396,177	\$ 513,377	\$ 513,377	\$ 52,945	\$ 52,945
2.2	Direct claim liability												
2.2a	Liability as of 12/31 of MLR reporting year for all claims regardless of incurred date							\$ 958,503	\$ 958,503	\$ 70,348	\$ 70,348		
2.2b	Liability for claims incurred only during the MLR reporting year, calculated as of 3/31 of the following year												
2.3	Direct claim liability prior year							\$ 564,491	\$ 564,491	\$ 35,648	\$ 35,648	\$ 6,975	\$ 6,975
2.4	Direct claim reserves												
2.4a	Reserves as of 12/31 of MLR reporting year for all claims regardless of incurred date												
2.4b	Reserves for claims incurred only during the MLR reporting year, calculated as of 3/31 of the following year												
2.5	Direct claim reserves prior year												
2.6	Experience rating refunds (rate credits) paid												
2.6a	Experience rating refunds, with all incurred dates, paid in the MLR reporting year												
2.6b	Experience rating refunds associated with premium earned only in the reporting year and paid through 3/31 of the following year												
2.7	Reserve for experience rating refunds (rate credits)												
2.7a	Reserve in MLR reporting year regardless of incurred date												
2.7b	Reserves specific to the MLR reporting year through 3/31 of the following year												
2.8	Reserve for experience rating refunds (rate credits) prior year												
2.9	Incurred dental incentive pool and bonuses												
2.9a	Paid dental incentive pools and bonuses MLR Reporting year							\$ (4)	\$ (4)	\$ 3	\$ 3		
2.9b	Accrued dental incentive pools and bonuses MLR Reporting year												
2.9c	Accrued dental incentive pools and bonuses prior year												
2.10	Contract benefit and lawsuit reserves												
2.11	Total incurred claims	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 3,516,373	\$ 3,396,174	\$ 573,176	\$ 513,380	\$ 52,945	\$ 52,945

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### Part 3

Description of Expense Element (by Type)	NEW	Detailed Description of Expense Allocation Methods
1	2	3
<b>1. Incurred Claims</b>		Claims are specifically identified by member and each member associated with a respective group in our systems. Groups are assigned benefit type codes. Benefit type codes are cross-referenced to product codes which determine market segment.
<b>2. Federal and State Taxes and Licensing or Regulatory Fees</b>		
2.a Federal taxes and assessments		Income taxes are calculated based on the enacted 30% rate of underwriting gain or loss. The combined company method takes the position that each line of business shares in the total company tax proportionately. If a line of business is operating at a loss, a tax benefit (negative tax)
2.b State insurance, premium and other taxes		Expenses are allocated from department cost centers to products which are assigned product codes. Each cost center is assigned a single allocation driver (e.g., membership, claims, headcount, etc.) based on the activities performed by the cost center. Each cost center allocates to

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# Part 4

Part 4 NOTE: REFER TO MLR INSTRUCTIONS FOR IMPORTANT INFORMATION ABOUT COMPLETING EACH COLUMN AND ROW	Health Insurance Coverage ERISA Products												Health Insurance Coverage ERISA & Industry Products											
	Individual						Large Group						Individual						Large Group					
	PY2	PY1	CV	Total	PY2	PY1	CV	Total	PY2	PY1	CV	Total	PY2	PY1	CV	Total	PY2	PY1	CV	Total				
1.1	Medical Loss Ratio Numerator																							
1.2	Adjusted incurred claims as reported on MLR Form for prior years)																							
1.3	Adjusted incurred claims as of 3/31 of the year following the MLR reporting year (Part 1, Line 2.1)																							
1.3	MLR numerator (Line 1.2)																							
2.1	Medical Loss Ratio Denominator																							
2.1	Premium earned (Part 1, Line 1.1)																							
2.2	Federal and State taxes and licensing or regulatory fees (Part 1, Line 3.4)																							
2.3	MLR Denominator (Line 2.1 - Line 2.2)																							
3.1	Life-years (Part 1, Line 5.3)																							
4	MLR Calculation (for Health plans or health insurers with at least 1,000 life years in the Total column of Line 3.1)																							
4.1	MLR																							

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**Department of Managed Health Care  
Medical Loss Ratio Reporting Form: Dental Coverage  
Attestation**

**Health Plan ID**

0

**Legal Name**

Blue Shield of California Life & Health Insurance Co.

dBA

0

**MLR Reporting Year**

2016

## Attestation

*Attestation Statement*

The officers of this reporting Health plan being duly sworn, each attest that he/she is the described officer of the reporting Health plan, and that this MLR Reporting Form, the Company/Health plan Associations, and any supplemental submission that the Health plan includes are full and true statements of all the elements included therein for the MLR reporting year stated above, and that the MLR Reporting Form has been completed in accordance with the Department of Managed Health Care's guidance and reporting instructions, according to the best of his/her information, knowledge and belief. Furthermore, the scope of this attestation by the described officer includes any related electronic filings and postings for the MLR reporting year stated above and which are required by Department of Managed Health Care.

Chief Executive Officer/President

Chief Financial Officer