

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

1. MLR Reporting Year	2016
2. Enter DMHC Health Plan ID. Insurers may leave this field blank	0
3. Legal Name	Aetna Life Insurance Company
4. DBA	0
5. Federal Tax Exempt Status? Please enter Yes or No	NO

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.

Health Plan ID
 0
 Legal Name
 Aetna Life Insurance Company
 dBA
 0
 MLR Reporting Year
 2016

Federal Tax Exempt
 NO

Part 1

NOTE: REFER TO MLR INSTRUCTIONS FOR IMPORTANT INFORMATION ABOUT COMPLETING EACH COLUMN AND ROW.	Health Insurance Coverage						Health Insurance Coverage					
	Dental Products			Dental Products			Dental Products			Dental Products		
	Individual		Small Group		Large Group		Individual		Small Group		Large Group	
	Total as of 12/31/15	Total as of 3/31/16	Total as of 12/31/15	Total as of 3/31/16	Total as of 12/31/15	Total as of 3/31/16	Total as of 12/31/15	Total as of 3/31/16	Total as of 12/31/15	Total as of 3/31/16	Total as of 12/31/15	Total as of 3/31/16
1	2	3	4	5	6	7	8	9	10	11	12	
1. Premium												
1.1 Total direct premium earned	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 11,746,507	\$ 11,746,507	\$ 135,084,823	\$ 135,084,823	
2. Claims												
2.1 Total incurred claims (MLR Form Part 2, Line 2.11)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 6,713,417	\$ 7,754,486	\$ 112,762,827	\$ 130,249,319	
3. Federal and State Taxes and Licensing or Regulatory Fees												
3.1 Federal taxes and assessments incurred by the reporting health plan or health insurer during the MLR reporting year								\$ 1,375,449	\$ 1,011,068	\$ 3,479,361	\$ (2,640,910)	
3.1 a Federal income taxes deductible from premium in MLR calculations								\$ 29,168	\$ 29,167	\$ 29,169	\$ 29,168	
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)								\$ 12,827	\$ 12,827	\$ 145,213	\$ 145,213	
3.2 a State income, excise, business, and other taxes								\$ 180,910	\$ 180,910	\$ 2,080,467	\$ 2,080,467	
3.2 b State premium taxes												
3.2 c Community benefit expenditures								\$ 4,295	\$ 4,295	\$ 49,051	\$ 49,051	
3.3 Regulatory authority licenses and fees												
3.4 Total Federal and State Taxes and fees to be excluded from premium	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,602,419	\$ 1,238,067	\$ 5,783,281	\$ (336,991)	
4. Non-Claims Costs												
4.1 Direct sales salaries and benefits								\$ -	\$ -	\$ -	\$ -	
4.2 Agents and brokers fees and commissions								\$ 152,193	\$ 152,193	\$ 1,750,220	\$ 1,750,220	
4.3 Other taxes								\$ 69,722	\$ 69,722	\$ 801,800	\$ 801,800	
4.3a Taxes and assessments (exclude amounts reported in Section 3 or Line 10)								\$ -	\$ -	\$ -	\$ -	
4.3b Fees and penalties of regulatory authorities (exclude amounts reported in Line 3.3)								\$ 69,722	\$ 69,722	\$ 801,800	\$ 801,800	
4.4 Other general and administrative expenses								\$ 654,350	\$ 654,350	\$ 7,525,024	\$ 7,525,024	
4.5 Total non-claims costs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 876,265	\$ 876,265	\$ 10,077,044	\$ 10,077,044	
5. Other Indicators or information												
5.1 Number of covered lives								23,768	23,768	292,808	292,808	
5.2 Member months								305,375	305,375	3,515,304	3,515,304	
5.3 Number of life-years								25,448	25,448	292,842	292,842	
9. Net investment income and other gain / (loss)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
11. Other Federal income taxes (exclude taxes on Line 3, 1a and 3, 1b)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	

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 Legal Name
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 MLR Reporting Year
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Part 2

Part 2 NOTE: REFER TO MLR INSTRUCTIONS FOR IMPORTANT INFORMATION ABOUT		Health Insurance Coverage						Health Insurance Coverage															
		Dental Products						Dental Products															
		Individual		Small Group		Large Group		Individual		Small Group		Large Group											
Total as of 12/31/15		Total as of 3/31/16		Total as of 12/31/15		Total as of 3/31/16		Total as of 12/31/15		Total as of 3/31/16		Total as of 12/31/15		Total as of 3/31/16									
1		2		3		4		5		6		7		8		9		10		11		12	
1.1	Premium																						
1.1	Direct premium written																						
1.2	Unearned premium prior year																						
1.3	Unearned premium MLR Reporting year																						
1.4	Premium balances written off																						
2.1	Claims:																						
2.1a	Claims Paid																						
2.1b	Claims incurred only during the MLR reporting year, paid through 3/31 of the following year																						
2.2	Direct claim liability																						
2.2a	Liability as of 12/31 of MLR reporting year for all claims regardless of incurred date																						
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																						
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	Reserved 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																						
2.9b	Accrued dental incentive pools and bonuses MLR Reporting year																						
2.9c	Accrued dental incentive pools and bonuses prior year																						
2.10	Contingent benefit and lawsuit reserves																						
2.11	Total incurred claims	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
		\$ 6,713,417	\$ 7,754,486	\$ 112,762,827	\$ 130,249,319																		

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Part 3

Description of Expense Element (by Type) 1	NEW 2	Detailed Description of Expense Allocation Methods 3
1. Incurred Claims		
refunds, reserves for experience rating refunds, dental incentive pools and bonuses, contingent benefit and lawsuit reserves		The overall allocation of incurred claims [which includes lines 2.1 through 2.11] is based on a two part method: (1) paid claims are directly assigned to each plan and market (MLR pool) and (2) the reserves that complete the paid claims into incurred claims, as well as other provider liabilities, were
2. Federal and State Taxes and Licensing or Regulatory Fees		
2.a Federal taxes and assessments		
Federal taxes and assessments included line 3.1 is comprised of federal income taxes (FIT) and the Affordable Care Act section 9010 fee. Line 3.1 includes Federal taxes and assessments allocated to health insurance coverage reported under section 2718 of the PHS Act. The only federal taxes excluded from line 3.1 are FIT on investment income and capital gains as required by regulation (45 CFR Section 158, Preamble II.C.8.)		Federal Income Taxes: The FIT included on line 3.1 is computed by applying the statutory income tax rate to the pretax income derived from the Dental coverage. Pretax income or loss is derived from California dental premiums less California dental claims and other allocated expenses. Expenses that are applicable to the dental coverage are allocated based upon a direct written premium ratio. The Affordable Care Act section 9010 Fee: The ACA section 9010 fee included on line 3.1b equals the current year fee accrued on the Annual Statement allocated based upon a premium ratio that excludes premiums from insurance coverage not subject to the ACA section 9010 fee.
2.b State insurance, premium and other taxes		
State insurance, premium and other taxes included on line 3.2 is comprised of premium taxes, payroll taxes, property taxes, franchise taxes, and other taxes and includes all State taxes allocated to health insurance coverage reported under section 2718 of the PHS Act. The only state taxes excluded from line 3.2 are certain sales taxes as required by regulation (45 CFR Section 158.162(b)(2)(i)).		State Property, Franchise and Other Taxes: State payroll, property, franchise and other taxes included in line 3.2a are allocated to each market in each State based on a direct written premium ratio. State Premium Taxes: Premium taxes included in line 3.2b are allocated to each health insurance market in each State based on the relative taxable premium reported for each health insurance market to the total taxable premium for all markets for all states for the reporting issuer.
2.c Community benefit expenditures		
		Where applicable, expenses were allocated to state and market (MLR pools) based upon a direct written premium ratio.
2.d Regulatory authority licenses and fees		
Regulatory authority licenses and fees included on line 3.3 is comprised of state regulatory licenses and fees allocated to health insurance coverage reported under section 2718 of the PHS Act.		Where applicable, expenses were allocated to state and market (MLR pools) based upon a direct written premium ratio.
3. Non-Claims costs		
3.a Direct sales salaries and benefits		
Regulatory authority licenses and fees included on line 3.3 is comprised of state regulatory licenses and fees allocated to health insurance coverage reported under section 2718 of the PHS Act.		Regulatory authority licenses and fees included in line 3.3 are allocated to each market in each state based on a direct written premium ratio.
3.b Agents and brokers fees and commissions		
Including expense incurred by the issuer payable to a licensed agent, broker, or producer who is not an employee of the issuer in relation to the sale and solicitation of policies for the company.		Agent and broker fees and commissions are allocated to legal entity consistent with SSAP 70 and allocation methodologies used historically for other financial reporting purposes. Expenses are then directly assigned to each state and allocated to each market based upon percentage of fees and commissions that were paid by the legal entity in each Aetna market. Fees which were not a condition of issuing coverage do not constitute "premiums" and for that reason were not allocated.
3.c Other taxes		
3.d Other general and administrative expenses		
		Other general and administrative expenses are allocated to legal entity consistent with SSAP 70 and allocation methodologies used historically for other financial reporting purposes. Expenses are then allocated to each state and market (MLR pool) based upon a direct written premium ratio.

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Health Plan ID _____
 Leaflet Name _____
 Aetna Life Insurance Company _____
 DBA _____
 MLR Reporting Year _____
 2016

Part 4

Part 4 NOTE: REFER TO MLR INSTRUCTIONS FOR IMPORTANT INFORMATION ABOUT COMPLETING EACH COLUMN AND ROW.		Health Insurance Coverage DENTAL PRODUCTS												Health Insurance Coverage NON-DENTAL PRODUCTS											
		Individual				Small Group				Large Group				Individual				Small Group				Large Group			
		PY2	PY1	CY	Total	PY2	PY1	CY	Total	PY2	PY1	CY	Total	PY2	PY1	CY	Total	PY2	PY1	CY	Total	PY2	PY1	CY	Total
1.	Medical Loss Ratio Numerator																								
1.1	Adjusted incurred claims as reported on MLR Form for prior year(s) (Part 1 Line 2.1)			\$ -	\$ -			\$ -	\$ -			\$ -	\$ -			\$ -	\$ -			\$ -	\$ -			\$ -	\$ -
1.2	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.	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.	Life-years (Part 1 Line 5.3)			0	0			0	0			0	0			0	0			0	0			0	0
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/Department of Insurance
 Medical Loss Ratio Reporting Form: Dental Coverage
 Part 5 - Additional Responses

Health Plan ID

0

Legal Name

Aetna Life Insurance Company

dBA

0

MLR Reporting Year

2016

Part 5

		Tax Rate
1. If a health plan or health insurer uses the highest premium tax rate in the State, the health plan or health insurer must report applicable highest State health premium tax		
2. If the health plan or health insurer included deferred experience for prior year and excluded deferred experience for current year, provide the total direct written premium and total incurred claims for the deferred experience by market.		
Deferred experience for prior year		
Deferred experience for current year		
3. If the health plan or health insurer novated any business in the MLR reporting year effective during the reporting year provide the name of the entity to whom the business was sold or transferred and the date of the sale or transfer.		
Name of Entity to whom business was sold or transferred	Effective date of sale or transfer	

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

Health Plan ID

0

Legal Name

Aetna Life Insurance Company

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