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

1. MLR Reporting Year	2015
2. Enter DMHC Health Plan ID. Insurers may leave this field blank	
3. Legal Name	Pan-American Life Insurance Con
4. DBA	
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.

Department of Managed Health Care/Department of Insurance
Medical Loss Ratio Reporting Form: Dental Coverage
Part 1 - Summary of Data

th Plan ID	
il Name	
American Life Insurance Company	

Federal Tax Exempt No

Part 1

	Health Insurance Coverage DPPO & Indemnity Products Small Group	
Individual		
Part 1 Total as of 12/31/15 Total as of 3/31/16 Total as of 12/31/15 Total as of 12/31/15 Total as of 12/31/16 Total as of 12/31/15 Total as of 12/31/16 Total as of 12/31/16 Total as of 12/31/15 Total as of 12/31/16 Total		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
NOTE: REFER TO MLR INSTRUCTIONS FOR IMPORTANT INFORMATION ABOUT COMPLETING EACH		
CCLUMN AND ROW. 1 2 3 4 5 6 7 8	9 10	11 12
1. Premium		
1.1 Total direct premium earned \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$	s - s -	\$ 476,721 \$ 476,721
2 Claims 2.1 Tata incurred claims (MLR Form Part 2 Line 2.1)		S 163.548 S 153.738
2.1 I lotal incurred claims (MLR Form Part 2 Line 2.11)		S 163.548 S 153.738
3. Federal and State Taxes and Licensing or Regulatory Fees		
3.1 Fortient loses and assessments incurred by the reporting health plan or health insurer during the MLR reporting year 3.1 Fortient loses and assessments in sorred with insurer during the MLR reporting year 3.1 Fortient loses and described insurer during the MLR reporting year 3.1 Fortient loses and described insurer during the MLR reporting year 3.1 Fortient loses and described insurer during the MLR reporting year 3.1 Fortient loses and described insurer during the MLR reporting year 3.1 Fortient loses and described in the province of the MLR reporting year 3.1 Fortient loses and described in the province of th		
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 recording vear (indiquicable from ceremium in MLR calculation) 3.2 s State income, excise business, and other taxes and		\$ 722 \$ 722
3.2.2 State recome, excess, ousness, and order taxes 3.2.5 State commium taxes		\$ 722 \$ 722 \$ 13,554 \$ 13,554
3.2 of Grant premium sales 3.2 c Community benefit expenditures		\$ 13,004 \$ 13,004
3.2 Community of the community of the communities and fees and fee		S 482 S 482
3.4 Total Federal and State Taxes and fees to be excluded from premium SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS	s - s -	\$ 14.757 \$ 14.757
4. Non-Claims Costs		
4.1 Direct sales salaries and benefits		\$ 20,881 \$ 20,881 \$ 47,195 \$ 47,195
4.2 Agents and brokers fees and commissions		\$ 47,195 \$ 47,195
4.3 Other taxes 4.3 Taxes and assessments (exclude amounts recorded in Section 3 or Line 10) 4.3 Taxes and assessments feedback amounts recorded in Section 3 or Line 10)		S 4.903 S 4.903
		\$ 4,903 \$ 4,903
4.3b Fines and penalties of regulatory authorities (exclude amounts reported in Line 3.3)		
4.4 Other general and administrative expenses 4.5 Total non-claims cores 5 S S S S S S S S S S S S S S S S S S S	. 2 . 2	\$ 121,063 \$ 121,063 \$ 194,043 \$ 194,043
4.5 10tal non-claims costs		\$ 194,043 \$ 194,043
5. Other Indicators or information		
5.1 Number of covered lives		1,426 \$ 1,426
5.2 Member months		18.145 S 18.145
5.3 Number of life-years		1,512 1,512
Grand Total as of 12/31/15 for ALL		
markets in col. 1-12		
6. Net investment income and other calin / lioss) S 1		
Net resement mome and other gain 1 (1005) Net Presement mome and other gain 1 (1005) Net Presement mome and other gain 1 (1005) S 1		

Cell Keys:
Blank cells require input from Health plan or Health insurer
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Plink cells require no data input -locked down
Blue cells: computed cell (formula cell)

Department of Managed Health Care/Department of Insurance Medical Loss Ratio Reporting Form: Dental Coverage Part 2 - Premium and Claims

Health Plan ID	
0	
Legal Name	
Pan-American Life Insurance Company	
dBA	
0	
MLR Reporting Year	
2015	

Part 2

		Health Insurance Coverage							Health Insurance Coverage											
			DPPO & Indemnity Products																	
	In	dividual	Small G	roup	Large	Group	Indi	idual	Small	Group	Large Group									
Part 2	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								
NOTE: REFER TO MLR INSTRUCTIONS FOR IMPORTANT INFORMATION ABOUT	1	2	3	4	5	6	7	8	9	10	11	12								
1. Premium:																				
1.1 Direct premium written											\$ 476,214	\$ 476,214								
1.2 Unearned premium prior year											\$ 726 \$ 219									
Unearned premium MLR Reporting year Premium balances written off											\$ 219	\$ 219								
1.4 Premium balances written on																				
2. Claims:																				
2.1 Claims Paid																				
2.1a Claims paid during the MLR reporting year regardless of incurred date											S 162,736									
2.1b Claims incurred only during the MLR reporting year, paid through 3/31 of												\$ 144,387								
the following year												4								
2.2 Direct claim liability 2.2a Liability as of 12/31 of MLR reporting year for all claims regardless of																				
incurred date											\$ 7,808									
2.2b Liability for claims incurred only during the MLR reporting year,												S 1,758								
calculated as of 3/31 of the following year												1,100								
2.3 Direct claim liability prior year											S 7.654									
2.4 Direct claim reserves																				
2.4a Reserves as of 12/31 of MLR reporting year for all claims regardless of											\$ 33,720									
incurred date																				
2.4b Reserves for claims incurred only during the MLR reporting year, calculated as of 3/31 of the following year												\$ 7,593								
2.5 Direct claim reserves prior year											S 33.062	4								
2.6 Experience rating refunds (rate credits) paid											33,002									
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						I				l		4								
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												4								
vear 2.8 Reserve for experience rating refunds (rate credits) prior year												4								
2.9 Incurred dental incentive pool and bonuses							1													
2.9a Paid dental incentive pools and bonuses MLR Reporting year																				
2.9b Accrued dental incentive pools and bonuses MLR Reporting year	1		1	1			ĺ		ĺ	l	ĺ									
2.9c Accrued dental incentive pools and bonuses prior year							ĺ		ĺ		ı									
2.10 Contingent benefit and lawsuit reserves							l													
2.11 Total incurred claims	s -	s -	s -	s -	s -	s -	. 2	s -	s -	s -	S 163.548	\$ 153.738								

Cell Kevs:
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Blue cells: computed cell (formula cell)

Health Plan ID

Legal Name
Pan-American Life Insurance Company
dBA

Part 3

Description of Expense Element (by Type)	NEW	Detailed Description of Expense Allocation Methods
1. Incurred Claims		3
	-	
Federal and State Taxes and Licensing or Regulatory Fees 2.a Federal taxes and assessments		
2.b State insurance, premium and other taxes		
Premium Tax		Premium Taxes are allocated based on a percentage of 2015 premium.
2.c Community benefit expenditures		
2.d Regulatory authority licenses and fees		
Regulatory authority licenses and fees		Regulatory authority licenses and fees are allocated based on a percentage of 2015 premium.
3. Non-Claims costs		
3.a Direct sales salaries and benefits		
Direct Sales		Direct Sales Salaries are allocated based on a percentage of 2015 premium.
3.b Agents and brokers fees and commissions		
Commissions		Agent and Broker Fees and Commissions are allocated based on a percentage of 2015 premium.
2 a Othas tawa		
3.c Other taxes		
Other Taxes		Other Taxes are allocated based on a percentage of 2015 premium.
-		
3.d Other general and administrative expenses		
0		Other General and Administrative Expenses are allocated based on a percentage of 2015 premiur
General Expenses		İ
General expenses		
General Expenses		
General Expenses		
Gentral Expenses		
Unterla Expenses		
Central Epimos		

Blank cells require input from Health plan or Health insurer Grey cells require no data input Pink cells require no data input - locked down Blue cells: computed cell (formula cell)

Medical Loss Ratio Reporting Form [P1 3 Expense Allocation]

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

Part 4 - MLR Calculation

leath Plan ID

Accol Name
Brightnedican Life Insurance Company
BA

BA

LIR Reporting Year

Part 4

	Health Insurance Coverage													Health In	surance Coverage										
								Products						DPPO & Indemnity Products											
			In	dividual			Small	I Group			La	rge Group			ln	dividual			S	mail Group			Largo	Group	
NOT	Part 4 E: REFER TO MLR INSTRUCTIONS FOR IMPORTANT INFORMATION ABOUT COMPLETING EACH COLUMN AND ROW.	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	2	3	4	5	6	7	8	9	10	- 11	12	13	14	15	16	17	18	19	20	21	22	23	24
1.	Medical Loss Ratio Numerator 1.1 Adjusted incurred claims as reported on MLR Form for prior year(s) 1.2 Adjusted incurred claims as of 3/31 of the year following the MLR reporting year (Part Line 2.1) 1.3 MLR numerator (Line 1.2)		s ·	s .	\$ ·		s - s	- 1	s .		s ·	s -	\$ ·		s -	s .	s .		s .	s .	\$ ·		s - s	153,738 \$ 153,738 \$	
2.	Medical Loss Ratio Denominator 2.1 Premium earned (Part 1 Line 1.1) 2.2 Federal and State taxes and Iconsting or regulatory fees (Part 1 Line 3.4) 2.3 MLR Denominator (Line 2.1 - Line 2.2)		\$.	s . s . s .	s . s .	2	\$ \$ \$: :	s . s .		s .	s . s .			s ·	:	s . s .		s .	s . s . s .	s . s .		s . s	476.721 \$ 14.757 \$ 461.964 \$	14.75
3.	3.1 Life-years (Part 1 Line 5.3)			0	0			0	0			0	0			0	0			0	0			1.512	1.512
4.	MLR Calculation (for Health plans or health insurers with at least 1,000 life years in the Total column 4.1 MLR	of Line 3.1)			Not Required to Co	culate		N	Not Required to Co	alculate			Not Required to C	alculate			Not Required to Ca	culate			Not Required to Co	dculate			33.28

Cell Kevs:

ivs: Blank cells require input from Health plan or Health insurer Grey cells require no data input Pink cells require no data input - locked down Department of Managed Health Care/Department of Insurance Medical Loss Ratio Reporting Form: Dental Coverage Part 5 - Additional Responses

Health Plan ID

MLR Reporting Year

Pan-American Life Insurance Company

Legal Name

dBA

2015

		Tax Rate
1. If a health plan or health insurer uses the hightest premium tax rate in the S health plan or health insurer must report applicabe highest State health premi	•	
If the health plan or health insurer included deferred experience for prior yea deferred experience for current year, provide the total direct written premium a 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 during the reporting year provide the name of the entity to whom the business transferred and the date of the sale or transfer.		
Name of Entity to whom business was sold or transferred	Effective d or tra	ate of sale nsfer

Grey cells require no data input

Blank cells require input from Health plan or Health insurer

Pink cells require no data input - locked down

Blue cells: computed cell (formula cell)

Cell Keys:

Part 5

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

Health Plan ID

0

Legal Name

Pan-American Life Insurance Company

dBA

MLR Reporting Year

2015

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