

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

1. MLR Reporting Year	2014
2. Enter DMHC Health Plan ID. Insurers may leave this field blank	
3. Legal Name	Anthem Blue Cross Life and Health
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

Health Plan ID
 0
 Lead Name
 Anthem Blue Cross Life and Health Insurance Company
 dBA
 0
 MLR Reporting Year
 2014

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 12/31/14	Total as of 3/31/15	Total as of 12/31/14	Total as of 3/31/15	Total as of 12/31/14	Total as of 3/31/15	Total as of 12/31/14	Total as of 3/31/15	Total as of 12/31/14	Total as of 3/31/15	Total as of 12/31/14	Total as of 3/31/15
1	2	3	4	5	6	7	8	9	10	11	12	
1. Premium:												
1.1 Direct premium written						\$ 33,130,140	\$ 33,130,140	\$ 69,870,908	\$ 69,870,908	\$ 132,552,809	\$ 132,552,809	
1.2 Unearned premium prior year						\$ (241,739)	\$ (241,739)	\$ 1,676,148	\$ 1,676,148	\$ (20,906)	\$ (20,906)	
1.3 Unearned premium MLR Reporting year						\$ (330,554)	\$ (330,554)	\$ 1,067,571	\$ 1,067,571	\$ (20,906)	\$ (20,906)	
1.4 Premium balances written off						\$ -	\$ (0)	\$ -	\$ -	\$ (25)	\$ (25)	
2. Claims:												
2.1 Claims Paid:												
2.1a Claims paid during the MLR reporting year regardless of incurred date						\$ 15,656,137	\$ 15,656,137	\$ 27,612,253	\$ 27,612,253	\$ 106,914,139	\$ 106,914,139	
2.1b Claims incurred only during the MLR reporting year, paid through 3/31 of the following year						\$ -	\$ -	\$ 19,212,968	\$ 19,212,968	\$ 26,752,755	\$ 26,752,755	
2.2 Direct claim liability:												
2.2a Liability as of 12/31 of MLR reporting year for all claims regardless of incurred date						\$ 1,468,400	\$ 1,468,400	\$ 3,076,162	\$ 3,076,162	\$ 12,161,350	\$ 12,161,350	
2.2b Liability for claims incurred only during the MLR reporting year, calculated as of 3/31 of the following year						\$ -	\$ -	\$ 406,628	\$ 406,628	\$ 561,534	\$ 561,534	
2.3 Direct claim liability prior year						\$ 1,471,456	\$ 1,471,456	\$ 2,852,127	\$ 2,852,127	\$ 9,634,350	\$ 9,634,350	
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						\$ -	\$ -	\$ -	\$ -	\$ 1,853,796	\$ 1,853,796	
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						\$ -	\$ -	\$ -	\$ -	\$ 2,085,645	\$ 2,085,645	
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	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 15,653,081	\$ 15,653,081	\$ 27,836,288	\$ 27,836,288	\$ 109,009,290	\$ 109,009,290	

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Part 3

Description of Expense Element (by Type)	NEW	Detailed Description of Expense Allocation Methods
1	2	3
1. Incurred Claims		
		Claims incurred that are specifically identifiable to a line of business, product and state are reported fully in that line of business and product. Any reserves, liabilities or receivables related to claims incurred that are not specifically identified are allocated based on allocation drivers such as claim payments or membership as deemed appropriate in accordance with accounting practices generally accepted and in accordance with state approved regulations that are consistently applied and that are apportioned pro rata to the lines of business, and products incurring the expense.
2. Federal and State Taxes and Licensing or Regulatory Fees		
2.a Federal taxes and assessments		Federal Taxes and assessments that can be specifically identifiable to a line of business or product are reported fully in that classification. Amounts that are not specifically identifiable are allocated based on an effective rate methodology apportioned to the line of business or product incurring the expense. Each entity's effective tax rate on insurance operations is applied to the income related to insurance operations before income taxes for those lines of business or products accordingly. Taxes not related to insurance operations as defined by IRS, such as investment activities, are not included in the allocation and are separately reported such to not impact the MLR.
2.b State insurance, premium and other taxes		State insurance, premium and other taxes that can be specifically identifiable to a line of business or product are reported fully in that classification. Amounts that are not specifically identifiable are allocated based on an effective rate methodology apportioned to the line of business or product incurring the expense.
2.c Community benefit expenditures		Not applicable.
2.d Regulatory authority licenses and fees		Regulatory authority licenses and fees as classified by HHS that can be specifically identifiable to a line of business or product are reported fully in that classification. Amounts that are not specifically identifiable are allocated based on a pro rata apportionment to the line of business or product incurring the expense.
3. Non-Claims costs		
3.a Direct sales salaries and benefits		Direct sales salaries and benefits expenses are captured in cost centers and are allocated to those lines of business and products supported by each specific cost center using measures that apportion the expenses related to those lines of business and products incurring such expense.
3.b Agents and brokers fees and commissions		Agents and brokers fees and commissions that are specifically identifiable to a line of business and product are reported fully to that line of business and product classification. Any amounts that are not specifically identifiable are allocated on an apportioned pro rata basis to those lines of business and products that incur the expense.
3.c Other taxes		Other taxes, if any, that are specifically identifiable to a line of business and product are reported fully to that line of business and product. Any amounts that are not specifically identifiable are allocated on an apportioned pro rata basis to those lines of business and products that incur the expense.
3.d Other general and administrative expenses		Other general and administrative expenses, if any, that are specifically identifiable to a line of business and product are reported fully to that line of business and product. Any amounts that are not specifically identifiable are allocated on an apportioned pro rata basis to those lines of business and products that incur the expense.

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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 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
1.1	Medical Loss Ratio Numerator																								
1.2	Adjusted incurred claims as reported on MLR Form for prior year(s) (Part 1 Line 2.1)																								
1.3	MLR numerator (Line 1.2)																								
2.1	Medical Loss Ratio Denominator																								
2.2	Premium earned (Part 1 Line 1.1)																								
2.3	Federal and State taxes and licensing or regulatory fees (Part 1 Line 3.4)																								
3.1	Life-years (Part 1 Line 5.3)																								
4.1	MLR Calculation (for Health plans or health insurers with at least 1,000 life years in the Total column of Line 3.1)																								

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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

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Legal Name

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MLR Reporting Year

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Part 5

	Tax Rate
<p>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</p>	
<p>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.</p>	
<p>Deferred experience for prior year</p>	
<p>Deferred experience for current year</p>	
<p>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.</p>	
<p>Name of Entity to whom business was sold or transferred</p>	<p>Effective date of sale or transfer</p>

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

Health Plan ID

0

Legal Name

Anthem Blue Cross Life and Health Insurance Company

dBA

0

MLR Reporting Year

2014

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
John B. Ternan

Chief Financial Officer
Jay R. King