

**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	
3. Legal Name	Standard Life and Accident Insura
4. DBA	Standard Life and Accident Insura
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.

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

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

Health Plan ID
 0
 Legal Name
 Standard Life and Accident Insurance Company
 dBA
 Standard Life and Accident Insurance Company
 MLR Reporting Year
 2016

		Health Insurance Coverage			
		DPPO & Indemnity Products			
		Individual		Small 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
		7	8	9	10
Part 1					
NOTE: REFER TO MLR INSTRUCTIONS FOR IMPORTANT INFORMATION ABOUT COMPLETING EACH COLUMN AND ROW.					
1.	Premium				
1.1	Total direct premium earned	\$ 1,377,388	\$ 1,377,388	\$ -	\$ -
2.	Claims				
2.1	Total incurred claims (MLR Form Part 2, Line 2.11)	\$ 386,965	\$ 153,995	\$ -	\$ 24,483
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				
3.1 a	Federal income taxes deductible from premium in MLR calculations				
3.1 b	Other Federal Taxes (other than income tax) and assessments deductible from premium	\$ (616)	\$ (616)		
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	\$ 1,796	\$ 1,796		
3.2 b	State premium taxes	\$ 24,510	\$ 24,510		
3.2 c	Community benefit expenditures				
3.3	Regulatory authority licenses and fees	\$ 4,171	\$ 4,171		
3.4	Total Federal and State Taxes and fees to be excluded from premium	\$ 29,862	\$ 29,862	\$ -	\$ -
4.	Non-Claims Costs				
4.1	Direct sales salaries and benefits				
4.2	Agents and brokers fees and commissions	\$ 45,321	\$ 45,321		
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	\$ 178,569	\$ 178,569		
4.5	Total non-claims costs	\$ 223,890	\$ 223,890	\$ -	\$ -
5.	Other Indicators or information				
5.1	Number of covered lives	899	899	-	-
5.2	Member months	11,668	11,668	636	636
5.3	Number of life-years	972	972	53	53
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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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
 Standard Life and Accident Insurance Company
 dBA
 Standard Life and Accident Insurance Company
 MLR Reporting Year
 2016

		Health Insurance Coverage			
		DPPO & Indemnity Products			
		Individual		Small 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
		7	8	9	10
Part 2					
NOTE: REFER TO MLR INSTRUCTIONS FOR IMPORTANT INFORMATION ABOUT COMPLETING EACH COLUMN AND ROW.					
1.	Premium:				
	1.1 Direct premium written	\$ 1,377,388	\$ 1,377,388		
	1.2 Unearned premium prior year				
	1.3 Unearned premium MLR Reporting year				
	1.4 Premium balances written off				
2.	Claims:				
	2.1 Claims Paid				
	2.1a Claims paid during the MLR reporting year regardless of incurred date	\$ 399,209			
	2.1b Claims incurred only during the MLR reporting year, paid through 3/31 of the following year		\$ 153,995		\$ 24,483
	2.2 Direct claim liability				
	2.2a Liability as of 12/31 of MLR reporting year for all claims regardless of incurred date	\$ 235,615			
	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	\$ 247,859			
	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	\$ 386,965	\$ 153,995	\$ -	\$ 24,483

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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		

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Department of Managed Health Care/Department of Insurance
 Medical Loss Ratio Reporting Form: Dental Coverage
 Part 4 - MLR Calculation

Health Plan ID
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 Legal Name
 Standard Life and Accident Insurance Company
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 Standard Life and Accident Insurance Company
 MLR Reporting Year
 2016

		Health Insurance Coverage DPP0 & Indemnity Products							
		Individual				Small Group			
		PY2	PY1	CY	Total	PY2	PY1	CY	Total
		13	14	15	16	17	18	19	20
Part 4 NOTE: REFER TO MLR INSTRUCTIONS FOR IMPORTANT INFORMATION ABOUT COMPLETING EACH COLUMN AND ROW.									
1.	Medical Loss Ratio Numerator								
1.1	Adjusted incurred claims as reported on MLR Form for prior year(s)	\$ 168,424	\$ 178,428			\$ 1,661	\$ 1,152		
1.2	Adjusted incurred claims as of 3/31 of the year following the MLR reporting year (Part 1 Line 2.1)	\$ 171,661	\$ 181,522	\$ 153,995	\$ 507,178	\$ 2,212	\$ 979	\$ 24,483	\$ 27,674
1.3	MLR numerator (Line 1.2)	\$ 171,661	\$ 181,522	\$ 153,995	\$ 507,178	\$ 2,212	\$ 979	\$ 24,483	\$ 27,674
2.	Medical Loss Ratio Denominator								
2.1	Premium earned (Part 1 Line 1.1)	\$ 1,172,743	\$ 1,464,168	\$ 1,377,388	\$ 4,014,299	\$ 13,837	\$ (2,443)	\$ -	\$ 11,394
2.2	Federal and State taxes and licensing or regulatory fees (Part 1 Line 3.4)	\$ 28,667	\$ 36,398	\$ 29,862	\$ 94,927	\$ 339	\$ -	\$ -	\$ 339
2.3	MLR Denominator (Line 2.1 - Line 2.2)	\$ 1,144,076	\$ 1,427,770	\$ 1,347,526	\$ 3,919,372	\$ 13,498	\$ (2,443)	\$ -	\$ 11,055
3.	3.1 Life-years (Part 1 Line 5.3)	1,795	1,056	972	3,823	21	8	53	82
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				12.9%				Not Required to Cal

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

Health Plan ID

0

Legal Name

Standard Life and Accident Insurance Company

dBA

Standard Life and Accident Insurance Company

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