

**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	Physicians Mutual Insurance Company
4. DBA	same
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
 Local Name
 Physicians Mutual Insurance Company
 dBA
 same
 MLR Reporting Year
 2015

Part 2

NOTE: REFER TO MLR INSTRUCTIONS FOR IMPORTANT INFORMATION ABOUT	Health Insurance Coverage						Health Insurance Coverage					
	DPMO Products						DPMO & Indemnity 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 Direct premium written							\$ 4,481,133	\$ 4,481,133				
1.2 Unearned premium prior year							\$ 231,076	\$ 231,076				
1.3 Unearned premium MLR Reporting year							\$ 340,564	\$ 340,564				
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							\$ 2,459,551	\$ 2,459,551				
2.1b Claims incurred only during the MLR reporting year, paid through 3/31 of the following year							\$ 2,509,911	\$ 2,509,911				
2.2 Direct claim liability												
2.2a Liability as of 12/31 of MLR reporting year for all claims regardless of incurred date							\$ 207,322	\$ 207,322				
2.2b Liability for claims incurred only during the MLR reporting year, calculated as of 3/31 of the following year							\$ 20,328	\$ 20,328				
2.3 Direct claim reserves												
2.3a Reserves as of 12/31 of MLR reporting year for all claims regardless of incurred date							\$ 170,770	\$ 170,770				
2.3b Reserves for claims incurred only during the MLR reporting year, calculated as of 3/31 of the following year							\$ 25,170	\$ 25,170				
2.4 Direct claim reserves												
2.4a Reserves as of 12/31 of MLR reporting year for all claims regardless of incurred date							\$ 14,405	\$ 14,405				
2.4b Reserves for claims incurred only during the MLR reporting year, calculated as of 3/31 of the following year							\$ -	\$ -				
2.5 Experience rating refunds (rate credits) paid												
2.5a Experience rating refunds, with all incurred dates, paid in the MLR reporting year							\$ -	\$ -				
2.5b 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	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,506,868	\$ 2,555,409	\$ -	\$ -	\$ -	\$ -

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 Blue cells: computed cell (formula cell)

Health Plan ID
 0
 Legal Name
 Physicians Mutual Insurance Company
 dBA
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 MLR Reporting Year
 2015

Part 3

Description of Expense Element (by Type)	NEW	Detailed Description of Expense Allocation Methods
1	2	3
1. Incurred Claims		
Claim Liability		2015 Earned Premium
2. Federal and State Taxes and Licensing or Regulatory Fees		
2.a Federal taxes and assessments		
		2015 Pre-Tax Operating Gain
2.b State insurance, premium and other taxes		
		2015 Written Premium
2.c Community benefit expenditures		
2.d Regulatory authority licenses and fees		
3. Non-Claims costs		
3.a Direct sales salaries and benefits		
		2015 Issues
3.b Agents and brokers fees and commissions		
		2015 Written Premium
3.c Other taxes		
3.d Other general and administrative expenses		
Claims Expenses		12/31/2015 Policies in Force
Service Expenses		12/31/2015 Policies in Force
Overhead		2015 Written Premium
Advertising		2015 Issues

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Health Plan ID _____
 Local Name _____
 Physicians Mutual Insurance Company _____
 dBA _____
 MLR Reporting Year _____
 2015 _____

Part 4

Part 4															
NOTE: REFER TO MLR INSTRUCTIONS FOR IMPORTANT INFORMATION ABOUT COMPLETING EACH COLUMN AND ROW.															
Health Insurance Coverage															
Individual				Small Group				Large Group				Total			
FY0	FY1	CY	Total	FY0	FY1	CY	Total	FY0	FY1	CY	Total	FY0	FY1	CY	Total
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
1	Medical Loss Ratio Numerator														
1.1	Adjusted incurred claims as reported on MLR Form for prior years)														
1.2	Adjusted incurred claims as of 3/31 of the year following the MLR reporting year (Part 1 Line 2.3)														
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)														
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

Physicians Mutual Insurance Company

dBA

same

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