

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  
 Dearborn National Life Insurance Company  
 dBA  
 Health Insurer  
 MLR Reporting Year  
 2017

		Health Insurance Coverage					
		DPPO & Indemnity Products					
		Individual		Small Group		Large Group	
		Total as of 12/31/2017	Total as of 3/31/2018	Total as of 12/31/2017	Total as of 3/31/2018	Total as of 12/31/2017	Total as of 3/31/2018
		7	8	9	10	11	12
<b>Part 1</b> <b>NOTE: REFER TO MLR INSTRUCTIONS FOR IMPORTANT INFORMATION ABOUT COMPLETING EACH COLUMN AND ROW.</b>							
1.	Premium						
1.1	Total direct premium earned	\$ -	\$ -	\$ 747,878	\$ 750,975	\$ -	\$ -
2.	Claims						
2.1	Total incurred claims (MLR Form Part 2, Line 2.11)	\$ -	\$ -	\$ 492,942	\$ 497,486	\$ -	\$ -
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			\$ 3,696	\$ 3,191		
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)						
3.2 a	State income, excise, business, and other taxes						
3.2 b	State premium taxes			\$ 17,575	\$ 17,648		
3.2 c	Community benefit expenditures						
3.3	Regulatory authority licenses and fees						
3.4	Total Federal and State Taxes and fees to be excluded from premium	\$ -	\$ -	\$ 21,271	\$ 20,839	\$ -	\$ -
4.	Non-Claims Costs						
4.1	Direct sales salaries and benefits						
4.2	Agents and brokers fees and commissions			\$ 67,384	\$ 67,663		
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			\$ 151,595	\$ 152,223		
4.5	Total non-claims costs	\$ -	\$ -	\$ 218,979	\$ 219,886	\$ -	\$ -
5.	Other Indicators or information						
5.1	Number of covered lives			621	626		
5.2	Member months			7,608	7,622		
5.3	Number of life-years	-	-	634	635	-	-
6.	Net investment income and other gain / (loss)						
7.	Other Federal income taxes (exclude taxes on Line 3.1a and 3.1b)						

Cell Keys:  
 Blank cells require input from Health plan or Health insurer  
 Grey cells require no data input  
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**Department of Managed Health Care/Department of Insurance  
Medical Loss Ratio Reporting Form  
Dental Coverage**

<b>1. MLR Reporting Year</b>	<b>2017</b>
<b>2. Enter DMHC Health Plan ID. Insurers may leave this field blank</b>	
<b>3. Legal Name</b>	<b>Dearborn National Life Insurance</b>
<b>4. DBA</b>	<b>Health Insurer</b>
<b>5. Federal Tax Exempt Status? Please enter Yes or No</b>	<b>No</b>

**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 2 - Premium and Claims

Health Plan ID  
 0  
 Legal Name  
 Dearborn National Life Insurance Company  
 dBA  
 Health Insurer  
 MLR Reporting Year  
 2017

		Health Insurance Coverage					
		DPPO & Indemnity Products					
		Individual		Small Group		Large Group	
		Total as of 12/31/2017	Total as of 3/31/2018	Total as of 12/31/2017	Total as of 3/31/2018	Total as of 12/31/2017	Total as of 3/31/2018
Part 2		7	8	9	10	11	12
<b>NOTE: REFER TO MLR INSTRUCTIONS FOR IMPORTANT INFORMATION ABOUT COMPLETING EACH COLUMN AND ROW.</b>							
1.	Premium:						
	1.1 Direct premium written			\$ 747,878	\$ 750,975		
	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			\$ 456,670			
	2.1b Claims incurred only during the MLR reporting year, paid through 3/31 of the following year				\$ 491,775		
	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			\$ 36,272			
	2.4b Reserves for claims incurred only during the MLR reporting year, calculated as of 3/31 of the following year				\$ 5,712		
	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	\$ -	\$ -	\$ 492,942	\$ 497,486	\$ -	\$ -

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 Local Name \_\_\_\_\_  
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 Health Insurer \_\_\_\_\_  
 MLR Reporting Year \_\_\_\_\_  
 2017 \_\_\_\_\_

### Part 3

Description of Expense Element (by Type)	NEW	Detailed Description of Expense Allocation Methods
1	2	3
<b>1. Incurred Claims</b>		
		Actual - no allocation
<b>2. Federal and State Taxes and Licensing or Regulatory Fees</b>		
2 a Federal taxes and assessments		
		Federal Income Tax rate is (20.00%) of Net Income
2 b State insurance, premium and other taxes		
		Actual premium tax expense is calculated at 2.95% of premium
2 c Community benefit expenditures		
		none
2 d Regulatory authority licenses and fees		
		none
<b>3. Non-Claims costs</b>		
3 a Direct sales salaries and benefits		
		none
3 b Agents and brokers fees and commissions		
		Direct Commission State Report - Actual Expense allocated based on Premium
3 c Other taxes		
		none
3 d Other general and administrative expenses		
		Actual Expense allocated based on Premium

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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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 Health Insurer  
 MLR Reporting Year  
 2017

		Health Insurance Coverage								
		DPPO & Indemnity Products								
		Individual				Small Group				
		PY2	PY1	CY	Total	PY2	PY1	CY		
		13	14	15	16	17	18	19		
<b>Part 4</b>										
<b>NOTE: REFER TO MLR INSTRUCTIONS FOR IMPORTANT INFORMATION ABOUT COMPLETING EACH COLUMN AND ROW.</b>										
1.	Medical Loss Ratio Numerator									
1.1	Adjusted incurred claims as reported on MLR Form for prior year(s)					\$ 756,785	\$ 507,430			
1.2	Adjusted incurred claims as of 3/31 of the year following the MLR reporting year (Part 1 Line 2.1)			\$ -	\$ -	\$ 756,785	\$ 507,430	\$ 497,486		
1.3	MLR numerator (Line 1.2)	\$ -	\$ -	\$ -	\$ -	\$ 756,785	\$ 507,430	\$ 497,486		
2.	Medical Loss Ratio Denominator									
2.1	Premium earned (Part 1 Line 1.1)			\$ -	\$ -	\$ 1,036,466	\$ 813,303	\$ 750,975		
2.2	Federal and State taxes and licensing or regulatory fees ( Part 1 Line 3.4)			\$ -	\$ -	\$ 24,357	\$ 74,930	\$ 20,839		
2.3	MLR Denominator (Line 2.1 - Line 2.2)	\$ -	\$ -	\$ -	\$ -	\$ 1,012,109	\$ 738,373	\$ 730,136		
3.	3.1 Life-years (Part 1 Line 5.3)			0	0	946	748	635		
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					Not Required to Calculate				

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 Medical Loss Ratio Reporting Form: Dental Coverage  
 Part 4 - MLR Calculation

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 MLR Reporting Year  
 2017

		Large Group				
		Total 20	PY2 21	PY1 22	CY 23	Total 24
<b>Part 4</b>						
<b>NOTE: REFER TO MLR INSTRUCTIONS FOR IMPORTANT INFORMATION ABOUT COMPLETING EACH COLUMN AND ROW.</b>						
1.	Medical Loss Ratio Numerator					
1.1	Adjusted incurred claims as reported on MLR Form for prior year(s)		\$ 376,966	\$ 81,328		
1.2	Adjusted incurred claims as of 3/31 of the year following the MLR reporting year (Part 1 Line 2.1)	\$ 1,761,701	\$ 376,966	\$ 81,328	\$ -	\$ 458,293
1.3	MLR numerator (Line 1.2)	\$ 1,761,701	\$ 376,966	\$ 81,328	\$ -	\$ 458,293
2.	Medical Loss Ratio Denominator					
2.1	Premium earned (Part 1 Line 1.1)	\$ 2,600,744	\$ 377,331	\$ 114,466	\$ -	\$ 491,796
2.2	Federal and State taxes and licensing or regulatory fees ( Part 1 Line 3.4)	\$ 120,126	\$ 8,447	\$ 7,077	\$ -	\$ 15,524
2.3	MLR Denominator (Line 2.1 - Line 2.2)	\$ 2,480,618	\$ 368,884	\$ 107,389	\$ -	\$ 476,272
3.	3.1 Life-years (Part 1 Line 5.3)	2,330	453	102	0	555
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	71.0%				Not Required to Cal

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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

Dearborn National Life Insurance Company

dBA

Health Insurer

MLR Reporting Year

2017

# 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**

Dearborn National Life Insurance Company

dBA

**Health Insurer**

**MLR Reporting Year**

2017

## 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.

DocuSigned by:

*Gregory Benesh*

D94BA87554EF4CC

Chief Executive Officer/President

DocuSigned by:

*Claire Burke*

36689E7212949E1

Chief Financial Officer