

**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 | Golden Rule Insurance Company |
| 4. DBA | Golden Rule Insurance Company |
| 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
 Legal Name
 Golden Rule Insurance Company
 dBA
 Golden Rule Insurance Company
 MLR Reporting Year
 2014

Federal Tax Exempt
 No

Part 1

| Part 1 NOTE: REFER TO MLR INSTRUCTIONS FOR IMPORTANT INFORMATION ABOUT COMPLETING EACH COLUMN AND ROW. | Health Insurance Coverage | | | | | | Health Insurance Coverage | | | | | | |
|---|---|---------------------|----------------------|---------------------|----------------------|---------------------|----------------------------|---------------------|----------------------|---------------------|----------------------|---------------------|--|
| | DHMO Products | | | | | | DFFHO & Indemnity 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 Total direct premium earned | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 1,364,037 | \$ 1,361,963 | \$ - | \$ - | \$ - | \$ - | |
| 2. Claims | | | | | | | | | | | | | |
| 2.1 Total incurred claims (MLR Form Part 2, Line 2.11) | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 702,316 | \$ 741,983 | \$ - | \$ - | \$ - | \$ - | |
| 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 | | | | | | | \$ 150,135 | \$ 150,135 | | | | | |
| 3.1 a Federal income taxes deductible from premium in MLR calculations | | | | | | | \$ 4,422 | \$ 4,422 | | | | | |
| 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) | | | | | | | \$ 2,050 | \$ 2,050 | | | | | |
| 3.2 a State income, excise, business, and other taxes | | | | | | | \$ 25,766 | \$ 25,766 | | | | | |
| 3.2 b State premium taxes | | | | | | | \$ - | \$ - | | | | | |
| 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 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 182,374 | \$ 182,374 | \$ - | \$ - | \$ - | \$ - | |
| 4. Non-Claims Costs | | | | | | | | | | | | | |
| 4.1 Direct sales salaries and benefits | | | | | | | \$ 529 | \$ 529 | | | | | |
| 4.2 Agents and brokers fees and commissions | | | | | | | \$ 38,573 | \$ 38,573 | | | | | |
| 4.3 Other taxes | | | | | | | \$ - | \$ - | | | | | |
| 4.3a Taxes and assessments (exclude amounts reported in Section 3 or Line 10) | | | | | | | \$ 291 | \$ 291 | | | | | |
| 4.3b Fees and penalties of regulatory authorities (exclude amounts reported in Line 3.3) | | | | | | | \$ - | \$ - | | | | | |
| 4.4 Other general and administrative expenses | | | | | | | \$ 181,179 | \$ 181,179 | | | | | |
| 4.5 Total non-claims costs | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 220,572 | \$ 220,572 | \$ - | \$ - | \$ - | \$ - | |
| 5. Other Indicators or information | | | | | | | | | | | | | |
| 5.1 Number of covered lives | | | | | | | 2,245 | 2,245 | | | | | |
| 5.2 Member months | | | | | | | 28,063 | 28,063 | | | | | |
| 5.3 Number of life-years | | | | | | | 2,339 | 2,339 | | | | | |
| | | | | | | | | | | | | | |
| | Grand Total as of 12/31/12 for ALL markets in col. 1-12 | | | | | | | | | | | | |
| 6. Net investment income and other gain / (loss) | | | | | | | | \$ 10,568 | | | | | |
| 7. Other Federal income taxes (exclude taxes on Line 3, 1a and 3, 1b) | | | | | | | | \$ - | | | | | |

Cell Keys:
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Health Plan ID
 0
 Local Name
 Golden Rule Insurance Company
 dBA
 Golden Rule Insurance Company
 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. Premium: | | | | | | | | | | | | |
| 1.1 Direct premium written | | | | | | | \$ 1,366,365 | \$ 1,289,434 | | | | |
| 1.2 Unearned premium prior year | | | | | | | \$ 72,528 | \$ 72,528 | | | | |
| 1.3 Unearned premium MLR Reporting year | | | | | | | \$ 74,857 | \$ - | | | | |
| 1.4 Premium balances written off | | | | | | | \$ - | \$ - | | | | |
| 2. Claims: | | | | | | | | | | | | |
| 2.1 Claims Paid | | | | | | | \$ 749,605 | \$ 738,830 | | | | |
| 2.1a Claims paid during the MLR reporting year regardless of incurred date | | | | | | | | | | | | |
| 2.1b Claims incurred only during the MLR reporting year, paid through 3/31 of the following year | | | | | | | | | | | | |
| 2.2 Direct claim liability | | | | | | | \$ 10,375 | \$ - | | | | |
| 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 | | | | | | | \$ 3,152 | \$ - | | | | |
| 2.3 Direct claim liability prior year | | | | | | | \$ 56,663 | \$ - | | | | |
| 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 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 702,316 | \$ 741,983 | \$ - | \$ - | \$ - | \$ - |

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Part 3

| Description of Expense Element (by Type) 1 | NEW 2 | Detailed Description of Expense Allocation Methods 3 |
|--|----------|---|
| 1. Incurred Claims | | |
| Paid Claims - Adjudicated claim activity for fee for service claims from source system. | | Transactions are allocated to Legal Entity, State, Product, and Group Size (where applicable) directly from policyholder/member information obtained during case installation. |
| Change in IBNR - Incurred but not reported claim activity (IBNR) for service claims not yet adjudicated for current and prior periods. | | IBNR developed using historical fee for service claims development triangles at a Legal Entity, State, Product, and Group Size (where applicable) level. |
| Capitation - Payments to dental care providers and clinical risk bearing entities (as defined in HHS Guidance) for patient services. | | Capitation payments recorded to Legal Entity, State, Product, and Group Size based on actual membership (pmpm) within these aggregations who have access to these services. |
| Provider Settlements - Provider settlement cost for specifically known and identified in-network and out-of-network provider settlements paid/payable/reserve due to extra-contractual negotiated settlements, fee schedule errors, contracts with disputed calculations, etc. | | Settlement expense is allocated to Legal Entity, State, Product, and Group Size in the following manner: Pairs and known payables based on membership while the IBNR component is allocated based on paid claims, or there is a direct charge and no allocation is required. |
| State Assessments | | State specific assessment/surcharges based on member count, provider payments and/or patient access surcharges. Assessment calculated, and allocated to the Legal Entity, State, Product, and Group Size the assessment applies. Allocation based on Legal Entity, State, Product, and Group Size membership or fee for service claim experience depending on assessment type. |
| 2. Federal and State Taxes and Licensing or Regulatory Fees | | |
| 2.a Federal taxes and assessments | | |
| Federal Income Tax | | Federal income tax, excluding tax on investment income and the MLR rebate, is allocated across each State and column (line of business) based on the respective portion of pre-tax income or loss to the issuer's total pre-tax income or loss. |
| Other Federal Taxes (other than income tax) and assessments deductible from premium | | These taxes are booked to the legal entity or are included in the management fees paid to the contract company. They are allocated within the legal entity to the various states and columns based on membership, revenue, or largest financial cross section depending on the legal entity. |
| 2.b State insurance, premium and other taxes | | |
| State income, excise, business, and other taxes | | These taxes are booked to the legal entity or are included in the management fees paid to the contract company. They are allocated within the legal entity to the various states and columns based on membership, revenue, or largest financial cross section depending on the legal entity. |
| State premium taxes | | Premium tax (where applicable), excluding premium tax on the MLR rebate, is calculated based on member situs and reconfigured to be reported based on employer situs. |
| 2.c Community benefit expenditures | | |
| Community Benefit Expenditures | | Not applicable. |
| 2.d Regulatory authority licenses and fees | | |
| Regulatory authority licenses and fees | | Regulatory authority licenses and fees are direct charges incurred by the legal entity from various regulatory agencies. These expenses are recorded to the legal entity charged and then allocated within the legal entity to the various states and columns based on membership, revenue, or largest financial cross section depending on the legal entity. |
| 3. Non-Claims costs | | |
| 3.a Direct sales salaries and benefits | | |
| Direct sales salaries and benefits | | Direct sales salaries and benefits are part of the management fees paid to the contract company. Direct sales salaries and benefits were allocated to each state and column through multiple drivers which include programs, employees, revenue, selling, general, and administrative expenses, and membership. |
| 3.b Agents and brokers fees and commissions | | |
| Agents and brokers fees and commissions | | Agents and brokers fees and commissions expenses are booked at the various states and columns based on policy level information and/or membership. |
| 3.c Other taxes | | |
| Other Taxes | | Other taxes are direct charges incurred by the legal entity. These expenses are booked to the legal entity charged and then allocated within the legal entity to the various states and columns based on membership, revenue, or largest financial cross section depending on the legal entity. |
| 3.d Other general and administrative expenses | | |
| Other general and administrative expenses | | Other general and administrative expenses are part of vendor services paid either to the regulated entities contract company, UnitedHealth Group Incorporated (UnitedHealth Group) affiliates or non affiliated external vendors. Management fee other general and administrative expenses were allocated to each state and column through multiple drivers which include claims volume, call volume, programs, employees, revenue, medical expense, selling, general, and administrative expenses, and membership. Any general and administrative expenses provided through direct arrangements with UnitedHealth Group affiliates or non affiliates are based on the vendor provided percentage of overall spending purchased by this entity for each state and line of business. |

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Health Plan ID
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 Local Name
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 dBA
 Golden Rule Insurance Company
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 2014

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 1 | PY1 2 | CY 3 | Total 4 | PY2 5 | PY1 6 | CY 7 | Total 8 | PY2 9 | PY1 10 | CY 11 | Total 12 | PY2 13 | PY1 14 | CY 15 | Total 16 | PY2 17 | PY1 18 | CY 19 | Total 20 | PY2 21 | PY1 22 | CY 23 | Total 24 |
| 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) | | | \$ - | \$ - | | | \$ - | \$ - | | | \$ - | \$ - | | | \$ 741,983 | \$ 741,983 | | | \$ - | \$ - | | | \$ - | \$ - |
| 1.3 | MLR numerator (Line 1.2) | | | \$ - | \$ - | | | \$ - | \$ - | | | \$ - | \$ - | | | \$ 741,983 | \$ 741,983 | | | \$ - | \$ - | | | \$ - | \$ - |
| 2.1 | Medical Loss Ratio Denominator | | | \$ - | \$ - | | | \$ - | \$ - | | | \$ - | \$ - | | | \$ 1,361,963 | \$ 1,361,963 | | | \$ - | \$ - | | | \$ - | \$ - |
| 2.2 | Premium earned (Part 1 Line 1.1) | | | \$ - | \$ - | | | \$ - | \$ - | | | \$ - | \$ - | | | \$ 182,374 | \$ 182,374 | | | \$ - | \$ - | | | \$ - | \$ - |
| 2.3 | Federal and State taxes and licensing or regulatory fees (Part 1 Line 3.4) | | | \$ - | \$ - | | | \$ - | \$ - | | | \$ - | \$ - | | | \$ 1,179,589 | \$ 1,179,589 | | | \$ - | \$ - | | | \$ - | \$ - |
| 2.3 | MLR Denominator (Line 2.1 - Line 2.3) | | | \$ - | \$ - | | | \$ - | \$ - | | | \$ - | \$ - | | | \$ 1,179,589 | \$ 1,179,589 | | | \$ - | \$ - | | | \$ - | \$ - |
| 3.1 | Life-years (Part 1 Line 5.3) | | | 0 | 0 | | | 0 | 0 | | | 0 | 0 | | | 2,339 | 2,339 | | | 0 | 0 | | | 0 | 0 |
| 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) | | | | | | | | | | | | | | | 62.90% | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |

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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
 Golden Rule Insurance Company
 dBA
 Golden Rule Insurance Company
 MLR Reporting Year
 2014

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 applicabe highest State health premium tax rate. | | |
| 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 | | |
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| 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

Golden Rule Insurance Company

dBA

Golden Rule Insurance Company

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

Chief Financial Officer