

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

1. MLR Reporting Year	2017
2. Enter DMHC Health Plan ID. Insurers may leave this field blank	
3. Legal Name	HumanaDental Insurance Company
4. DBA	HumanaDental 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

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.

Health Plan ID
 0
 Legal Name
 HumanaDental Insurance Company
 dBA
 HumanaDental Insurance Company
 MLR Reporting Year
 2017

Federal Tax Exempt
 No

Part 1

		Health Insurance Coverage							
		DHMO Products							
		Individual		Small Group		Large Group		Individual	
		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	Total as of 12/31/2017	Total as of 3/31/2018
		1	2	3	4	5	6	7	8
Part 1 NOTE: REFER TO MLR INSTRUCTIONS FOR IMPORTANT INFORMATION ABOUT COMPLETING EACH COLUMN AND ROW.									
1.	Premium								
	1.1 Total direct premium earned	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 3,133,043	\$ 3,105,375
2.	Claims								
	2.1 Total incurred claims (MLR Form Part 2, Line 2.11)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,647,720	\$ 1,663,654
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							\$ 83,197	\$ 83,197
	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)							\$ 138,236	\$ 138,236
	3.2 a State income, excise, business, and other taxes							\$ 75,748	\$ 75,748
	3.2 b State premium taxes								
	3.2 c Community benefit expenditures								
	3.3 Regulatory authority licenses and fees							\$ 4,259	\$ 4,259
	3.4 Total Federal and State Taxes and fees to be excluded from premium	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 301,440	\$ 301,440
4.	Non-Claims Costs								
	4.1 Direct sales salaries and benefits							\$ 30,603	\$ 30,603
	4.2 Agents and brokers fees and commissions							\$ 129,940	\$ 129,940
	4.3 Other taxes								
	4.3a Taxes and assessments (exclude amounts reported in Section 3 or Line 10)							\$ 26,623	\$ 26,623
	4.3b Fines and penalties of regulatory authorities (exclude amounts reported in Line 3.3)							\$ 341	\$ 341
	4.4 Other general and administrative expenses							\$ 779,522	\$ 779,522
	4.5 Total non-claims costs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 967,028	\$ 967,028
5.	Other Indicators or information								
	5.1 Number of covered lives							10,600	10,600
	5.2 Member months							140,916	140,916
	5.3 Number of life-years							11,743	11,743
		Grand Total as of 12/31/2017 for ALL markets in col. 1-12.							
6.	Net investment income and other gain / (loss)								
7.	Other Federal income taxes (exclude taxes on Line 3.1a and 3.1b)								

Cell Keys:
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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
 HumanaDental Insurance Company
 dBA
 HumanaDental Insurance Company
 MLR Reporting Year
 2017

Part 1		Health Insurance Coverage			
		DPPO & Indemnity Products			
		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
		9	10	11	12
NOTE: REFER TO MLR INSTRUCTIONS FOR IMPORTANT INFORMATION ABOUT COMPLETING EACH COLUMN AND ROW.					
1.	Premium				
1.1	Total direct premium earned	\$ 23,535,284	\$ 23,462,985	\$ 10,757,749	\$ 10,857,226
2.	Claims				
2.1	Total incurred claims (MLR Form Part 2, Line 2.11)	\$ 16,055,245	\$ 14,165,218	\$ 7,319,159	\$ 8,708,882
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	\$ 425,754	\$ 425,754	\$ 194,608	\$ 194,608
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	\$ 906,981	\$ 906,981	\$ 414,573	\$ 414,573
3.2 b	State premium taxes	\$ 486,076	\$ 486,076	\$ 222,181	\$ 222,181
3.2 c	Community benefit expenditures				
3.3	Regulatory authority licenses and fees	\$ 13,078	\$ 13,078	\$ 5,978	\$ 5,978
3.4	Total Federal and State Taxes and fees to be excluded from premium	\$ 1,831,890	\$ 1,831,890	\$ 837,340	\$ 837,340
4.	Non-Claims Costs				
4.1	Direct sales salaries and benefits	\$ 175,160	\$ 175,160	\$ 115,428	\$ 115,428
4.2	Agents and brokers fees and commissions	\$ 1,458,732	\$ 1,458,732	\$ 961,279	\$ 961,279
4.3	Other taxes				
4.3a	Taxes and assessments (exclude amounts reported in Section 3 or Line 10)	\$ 80,214	\$ 80,214	\$ 52,859	\$ 52,859
4.3b	Fines and penalties of regulatory authorities (exclude amounts reported in Line 3.3)	\$ 955	\$ 955	\$ 629	\$ 629
4.4	Other general and administrative expenses	\$ 2,280,373	\$ 2,280,373	\$ 1,502,726	\$ 1,502,726
4.5	Total non-claims costs	\$ 3,995,434	\$ 3,995,434	\$ 2,632,921	\$ 2,632,921
5.	Other Indicators or information				
5.1	Number of covered lives	35,587	35,587	23,451	23,451
5.2	Member months	478,414	478,414	315,267	315,267
5.3	Number of life-years	39,868	39,868	26,272	26,272
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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Health Plan ID
 0
 Legal Name
 HumanaDental Insurance Company
 dBA
 HumanaDental Insurance Company
 MLR Reporting Year
 2017

Part 2

		Health Insurance Coverage						Health Insurance Coverage		
		DHMO Products						DPPO & Indemnity		
		Individual		Small Group		Large Group		Individual		Small
		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	Total as of 12/31/2017	Total as of 3/31/2018	Total as of 12/31/2017
		1	2	3	4	5	6	7	8	9
Part 2		NOTE: REFER TO MLR INSTRUCTIONS FOR IMPORTANT INFORMATION ABOUT COMPLETING EACH COLUMN AND ROW.								
1.	Premium:									
1.1	Direct premium written							\$ 3,105,375	\$ 3,105,375	\$ 23,535,284
1.2	Unearned premium prior year							\$ 110,938		
1.3	Unearned premium MLR Reporting year							\$ 83,270		
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							\$ 1,705,258		\$ 16,566,990
2.1b	Claims incurred only during the MLR reporting year, paid through 3/31 of the following year								\$ 1,653,586	
2.2	Direct claim liability									
2.2a	Liability as of 12/31 of MLR reporting year for all claims regardless of incurred date							\$ 75,499		\$ 1,249,696
2.2b	Liability for claims incurred only during the MLR reporting year, calculated as of 3/31 of the following year								\$ 10,068	
2.3	Direct claim liability prior year							\$ 133,037		\$ 1,761,441
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	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,647,720	\$ 1,663,654	\$ 16,055,245

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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
 HumanaDental Insurance Company
 dBA
 HumanaDental Insurance Company
 MLR Reporting Year
 2017

		Dental Coverage		
		Individual Products		
		Group	Large Group	
		Total as of 3/31/2018	Total as of 12/31/2017	Total as of 3/31/2018
		10	11	12
Part 2				
NOTE: REFER TO MLR INSTRUCTIONS FOR IMPORTANT INFORMATION ABOUT COMPLETING EACH COLUMN AND ROW.				
1.	Premium:			
1.1	Direct premium written	\$ 23,462,985	\$ 10,757,749	\$ 10,857,226
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		\$ 7,572,609	
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	\$ 13,907,517		\$ 8,549,991
2.2	Direct claim liability			
2.2a	Liability as of 12/31 of MLR reporting year for all claims regardless of incurred date		\$ 759,504	
2.2b	Liability for claims incurred only during the MLR reporting year, calculated as of 3/31 of the following year	\$ 257,701		\$ 158,891
2.3	Direct claim liability prior year		\$ 1,012,954	
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	\$ 14,165,218	\$ 7,319,159	\$ 8,708,882

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 MLR Reporting Year
 2017

Part 3

Description of Expense Element (by Type)	NEW	Detailed Description of Expense Allocation Methods
1	2	3
1. Incurred Claims		Incurred claims, when allocated, are allocated based upon actual claims payment amounts.
2. Federal and State Taxes and Licensing or Regulatory Fees		
2.a Federal taxes and assessments		This category consists of FICA taxes that were not included in one of the Quality Improvement category below. Allocations are based on detailed cost examination and interview processes to identify the product and market supported by the department. Quality improvement activities are also identified for each department. Each department's expenses are allocated to the Entity, State, Product and Segment using the market/product information along with weighted membership.
		Federal income taxes are allocated based upon statutory income.
2.b State insurance, premium and other taxes		This category primarily consists of state premium taxes that are recorded to Entity, State, Product and Segment based on the underlying premium. Other taxes are recorded directly to the Entity incurring the tax and allocated to State, Product and Segment using weighted membership. These other taxes include franchise tax, occupational tax and guaranty and comco assessments.
		State income taxes are allocated based upon statutory income.
2.c Community benefit expenditures		Not applicable
2.d Regulatory authority licenses and fees		The category consists of regulatory assessments that are recorded directly to the entity that was billed and allocated to State, Product and Segment using weighted membership.
3. Non-Claims costs		
3.a Direct sales salaries and benefits		Allocations are based on detailed cost examination and interview processes to identify the product and market supported by the department. Quality improvement activities are also identified for each department. Each department's expenses are allocated to the Entity, State, Product and Segment using the market/product information along with weighted membership.
3.b Agents and brokers fees and commissions		Costs are recorded directly to Entity, State, Product and Segment based on the identification of the Group or Member.
3.c Other taxes		Allocations are based on detailed cost examination and interview processes to identify the product and market supported by the department. Quality improvement activities are also identified for each department. Each department's expenses are allocated to the Entity, State, Product and Segment using the market/product information along with weighted membership.
3.d Other general and administrative expenses		Allocations are based on detailed cost examination and interview processes to identify the product and market supported by the department. Quality improvement activities are also identified for each department. Each department's expenses are allocated to the Entity, State, Product and Segment using the market/product information along with weighted membership.

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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
 0
 Legal Name
 HumanaDental Insurance Company
 dBA
 HumanaDental Insurance Company
 MLR Reporting Year
 2017

Part 4

		Health Insurance Coverage						
		Individual				DHMO Products		
						Small Group		
		PY2	PY1	CY	Total	PY2	PY1	CY
		1	2	3	4	5	6	7
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)							
1.2	Adjusted incurred claims as of 3/31 of the year following the MLR reporting year (Part 1 Line 2.1)			\$ -	\$ -			\$ -
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.	3.1 Life-years (Part 1 Line 5.3)			0	0			0
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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Department of Managed Health Care/Department of Insurance
 Medical Loss Ratio Reporting Form: Dental Coverage
 Part 4 - MLR Calculation

Health Plan ID
 0
 Legal Name
 HumanaDental Insurance Company
 dBA
 HumanaDental Insurance Company
 MLR Reporting Year
 2017

		Large Group					Inc		
		Total	PY2	PY1	CY	Total	PY2	PY1	
		8	9	10	11	12	13	14	
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)						\$ 2,633,037	\$ 2,302,249	
1.2	Adjusted incurred claims as of 3/31 of the year following the MLR reporting year (Part 1 Line 2.1)	\$ -			\$ -	\$ -	\$ 2,633,666	\$ 2,316,045	
1.3	MLR numerator (Line 1.2)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,633,666	\$ 2,316,045	
2.	Medical Loss Ratio Denominator								
2.1	Premium earned (Part 1 Line 1.1)	\$ -			\$ -	\$ -	\$ 5,080,540	\$ 4,380,844	
2.2	Federal and State taxes and licensing or regulatory fees (Part 1 Line 3.4)	\$ -			\$ -	\$ -	\$ 650,764	\$ 544,588	
2.3	MLR Denominator (Line 2.1 - Line 2.2)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 4,429,776	\$ 3,836,255	
3.	3.1 Life-years (Part 1 Line 5.3)	0			0	0	18,043	15,921	
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			Not Required to Calculate				

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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
 0
 Legal Name
 HumanaDental Insurance Company
 dBA
 HumanaDental Insurance Company
 MLR Reporting Year
 2017

Health Insurance Coverage						
DPO & Indemnity Products						
Individual	Small Group					

Part 4							
NOTE: REFER TO MLR INSTRUCTIONS FOR IMPORTANT INFORMATION ABOUT COMPLETING EACH COLUMN AND ROW.							
	CY	Total	PY2	PY1	CY	Total	PY2
	15	16	17	18	19	20	21
1. Medical Loss Ratio Numerator							
1.1 Adjusted incurred claims as reported on MLR Form for prior year(s)			\$ 23,627,377	\$ 20,697,465			\$ 13,321,504
1.2 Adjusted incurred claims as of 3/31 of the year following the MLR reporting year (Part 1 Line 2.1)	\$ 1,663,654	\$ 6,613,365	\$ 24,693,871	\$ 21,140,193	\$ 14,165,218	\$ 59,999,282	\$ 12,263,431
1.3 MLR numerator (Line 1.2)	\$ 1,663,654	\$ 6,613,365	\$ 24,693,871	\$ 21,140,193	\$ 14,165,218	\$ 59,999,282	\$ 12,263,431
2. Medical Loss Ratio Denominator							
2.1 Premium earned (Part 1 Line 1.1)	\$ 3,105,375	\$ 12,566,759	\$ 33,837,481	\$ 31,430,480	\$ 23,462,985	\$ 88,730,946	\$ 16,111,576
2.2 Federal and State taxes and licensing or regulatory fees (Part 1 Line 3.4)	\$ 301,440	\$ 1,496,793	\$ 2,015,868	\$ 2,108,305	\$ 1,831,890	\$ 5,956,063	\$ 919,311
2.3 MLR Denominator (Line 2.1 - Line 2.2)	\$ 2,803,935	\$ 11,069,966	\$ 31,821,613	\$ 29,322,175	\$ 21,631,095	\$ 82,774,883	\$ 15,192,265
3. 3.1 Life-years (Part 1 Line 5.3)	11,743	45,707	63,292	56,912	39,868	160,071	37,455
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		59.7%				72.5%	

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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
 HumanaDental Insurance Company
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 HumanaDental Insurance Company
 MLR Reporting Year
 2017

		Large Group		
Part 4		PY1	CY	Total
NOTE: REFER TO MLR INSTRUCTIONS FOR IMPORTANT INFORMATION ABOUT COMPLETING EACH COLUMN AND ROW.		22	23	24
1.	Medical Loss Ratio Numerator			
1.1	Adjusted incurred claims as reported on MLR Form for prior year(s)	\$ 12,155,960		
1.2	Adjusted incurred claims as of 3/31 of the year following the MLR reporting year (Part 1 Line 2.1)	\$ 11,919,189	\$ 8,708,882	\$ 32,891,502
1.3	MLR numerator (Line 1.2)	\$ 11,919,189	\$ 8,708,882	\$ 32,891,502
2.	Medical Loss Ratio Denominator			
2.1	Premium earned (Part 1 Line 1.1)	\$ 15,086,527	\$ 10,857,226	\$ 42,055,329
2.2	Federal and State taxes and licensing or regulatory fees (Part 1 Line 3.4)	\$ 992,478	\$ 837,340	\$ 2,749,129
2.3	MLR Denominator (Line 2.1 - Line 2.2)	\$ 14,094,049	\$ 10,019,886	\$ 39,306,200
3.	3.1 Life-years (Part 1 Line 5.3)	36,206	26,272	99,934
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			83.7%

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

Health Plan ID

0

Legal Name

HumanaDental Insurance Company

dBA

HumanaDental Insurance Company

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.

Chief Executive Officer/President

Chief Financial Officer