

**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	The Lincoln National Life Insurance Company
4.	DBA	Lincoln Financial Group
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
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 The Lincoln National Life Insurance Company
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 Lincoln Financial Group
 MLR Reporting Year
 2017

Part 1

		Health Insurance Coverage DHMO Products		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
		1	2	9	10	11	12
Part 1 NOTE: REFER TO MLR INSTRUCTIONS FOR IMPORTANT INFORMATION ABOUT COMPLETING EACH COLUMN AND ROW.							
1.	Premium						
	1.1 Total direct premium earned	\$ -	\$ -	\$ -	\$ -	\$ 35,992,025	\$ 35,992,025
2.	Claims						
	2.1 Total incurred claims (MLR Form Part 2, Line 2.11)	\$ -	\$ -	\$ -	\$ -	\$ 25,592,410	\$ 25,600,631
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					\$ (172,030)	\$ (172,030)
	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					\$ 9,002	\$ 9,002
	3.2 b State premium taxes					\$ 703,032	\$ 703,032
	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	\$ -	\$ -	\$ -	\$ -	\$ 540,004	\$ 540,004
4.	Non-Claims Costs						
	4.1 Direct sales salaries and benefits					\$ 2,500,275	\$ 2,500,275
	4.2 Agents and brokers fees and commissions					\$ 3,746,211	\$ 3,746,211
	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					\$ 5,393,822	\$ 5,393,822
	4.5 Total non-claims costs	\$ -	\$ -	\$ -	\$ -	\$ 11,640,309	\$ 11,640,309
5.	Other Indicators or information						
	5.1 Number of covered lives					75,881	75,881
	5.2 Member months					859,660	859,660
	5.3 Number of life-years					71,638	71,638
		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)						

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Part 2

		Health Insurance Coverage		Health Insurance Coverage			
		DHMO Products		DPPO & Indemnity Products			
		Individual	Small Group	Large Group	Large Group		
Part 2		Total as of	Total as of	Total as of	Total as of		
NOTE: REFER TO MLR INSTRUCTIONS FOR IMPORTANT INFORMATION ABOUT COMPLETING EACH COLUMN AND ROW.		12/31/2017	3/31/2018	12/31/2017	3/31/2018		
		1	2	9	10	11	12
1.	Premium:						
	1.1 Direct premium written					\$ 35,991,041	\$ 35,991,041
	1.2 Unearned premium prior year					\$ 3,189	\$ 3,189
	1.3 Unearned premium MLR Reporting year					\$ 2,206	\$ 2,206
	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					\$ 25,514,305	
	2.1b Claims incurred only during the MLR reporting year, paid through 3/31 of the following year						\$ 25,314,149
	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					\$ 1,479,543	
	2.4b Reserves for claims incurred only during the MLR reporting year, calculated as of 3/31 of the following year						\$ 286,482
	2.5 Direct claim reserves prior year					\$ 1,401,438	
	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	\$ -	\$ -	\$ -	\$ -	\$ 25,592,410	\$ 25,600,631

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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		
		Expenses are allocated on a cost center-level basis using one of the following: paid claims, quotes, subscribers, coverages, cases, new claims, open claims, list bills, self bills, sales, in force lives or in force premium.
		Allocations are not automatically available at a state level. However, CA premium is tracked on an independent database. For survey, manually calculated the CA ratio of expenses using the total CA premium reported for the survey divided by the total premium for all states.
2. Federal and State Taxes and Licensing or Regulatory Fees		
2.a Federal taxes and assessments		
3.1a: FIT		Expenses are allocated on a cost center-level basis using one of the following: paid claims, quotes, subscribers, coverages, cases, new claims, open claims, list bills, self bills, sales, in force lives or in force premium.
3.1b: ACA Fees		No ACA Fees in 2017
2.b State insurance, premium and other taxes		
3.2a: State Insurance Dept licenses and fees		Expenses are allocated on a cost center-level basis using one of the following: paid claims, quotes, subscribers, coverages, cases, new claims, open claims, list bills, self bills, sales, in force lives or in force premium.
3.2b: State premium taxes		Allocations are not automatically available at a state level. However, CA premium is tracked on an independent database. For survey, manually calculated the CA ratio of expenses using the total CA premium reported for the survey divided by the total premium for all states.
2.c Community benefit expenditures		
		Expenses are allocated on a cost center-level basis using one of the following: paid claims, quotes, subscribers, coverages, cases, new claims, open claims, list bills, self bills, sales, in force lives or in force premium.
		Allocations are not automatically available at a state level. However, CA premium is tracked on an independent database. For survey, manually calculated the CA ratio of expenses using the total CA premium reported for the survey divided by the total premium for all states.
2.d Regulatory authority licenses and fees		
		Expenses are allocated on a cost center-level basis using one of the following: paid claims, quotes, subscribers, coverages, cases, new claims, open claims, list bills, self bills, sales, in force lives or in force premium.
		Allocations are not automatically available at a state level. However, CA premium is tracked on an independent database. For survey, manually calculated the CA ratio of expenses using the total CA premium reported for the survey divided by the total premium for all states.
3. Non-Claims costs		
3.a Direct sales salaries and benefits		
Variable and base compensation (salaries, benefits, and related) for sales-oriented individuals are centralized in specific grouping of cost centers.		Expenses are allocated on a cost center-level basis using one of the following: paid claims, quotes, subscribers, coverages, cases, new claims, open claims, list bills, self bills, sales, in force lives or in force premium.
		Allocations are not automatically available at a state level. However, CA premium is tracked on an independent database. For survey, manually calculated the CA ratio of expenses using the total CA premium reported for the survey divided by the total premium for all states.
3.b Agents and brokers fees and commissions		
Agents and broker fees and commissions are booked in cost centers exclusively for these expenses.		Expenses are allocated on a cost center-level basis using one of the following: paid claims, quotes, subscribers, coverages, cases, new claims, open claims, list bills, self bills, sales, in force lives or in force premium.
The dental-allocated commission and fee expenses are not deferred due to the short term nature of the contracts.		Allocations are not automatically available at a state level. However, CA premium is tracked on an independent database. For survey, manually calculated the CA ratio of expenses using the total CA premium reported for the survey divided by the total premium for all states.
3.c Other taxes		
N/A		Expenses are allocated on a cost center-level basis using one of the following: paid claims, quotes, subscribers, coverages, cases, new claims, open claims, list bills, self bills, sales, in force lives or in force premium.
		Allocations are not automatically available at a state level. However, CA premium is tracked on an independent database. For survey, manually calculated the CA ratio of expenses using the total CA premium reported for the survey divided by the total premium for all states.
3.d Other general and administrative expenses		
Contains all other expenses (direct, non-direct, T L&F, commissions, etc.) which are allocated to CA (per ratio) but are not captured in other fields within the survey.		Expenses are allocated on a cost center-level basis using one of the following: paid claims, quotes, subscribers, coverages, cases, new claims, open claims, list bills, self bills, sales, in force lives or in force premium.
		Allocations are not automatically available at a state level. However, CA premium is tracked on an independent database. For survey, manually calculated the CA ratio of expenses using the total CA premium reported for the survey divided by the total premium for all states.

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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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 MLR Reporting Year
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Part 4

		Health Insurance Coverage								
		Individual				DPPO & Indemnity Products				
						Small Group				
Part 4		PY2	PY1	CY	Total	PY2	PY1	CY		
NOTE: REFER TO MLR INSTRUCTIONS FOR IMPORTANT INFORMATION ABOUT COMPLETING EACH COLUMN AND ROW.		13	14	15	16	17	18	19		
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

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Part 4		Large Group				
		Total 20	PY2 21	PY1 22	CY 23	Total 24
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)		\$ 20,256,157	\$ 64,660,493		
1.2	Adjusted incurred claims as of 3/31 of the year following the MLR reporting year (Part 1 Line 2.1)	\$ -	\$ 20,353,348	\$ 23,491,449	\$ 25,600,631	\$ 69,445,427
1.3	MLR numerator (Line 1.2)	\$ -	\$ 20,353,348	\$ 23,491,449	\$ 25,600,631	\$ 69,445,427
2.	Medical Loss Ratio Denominator					
2.1	Premium earned (Part 1 Line 1.1)	\$ -	\$ 27,662,139	\$ 32,624,810	\$ 35,992,025	\$ 96,278,973
2.2	Federal and State taxes and licensing or regulatory fees (Part 1 Line 3.4)	\$ -	\$ 824,580	\$ 1,037,540	\$ 540,004	\$ 2,402,123
2.3	MLR Denominator (Line 2.1 - Line 2.2)	\$ -	\$ 26,837,559	\$ 31,587,270	\$ 35,452,021	\$ 93,876,849
3.	3.1 Life-years (Part 1 Line 5.3)	0	55,758	62,871	71,638	190,267
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				74.0%

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

Health Plan ID

0

Legal Name

The Lincoln National Life Insurance Company

dBA

Lincoln Financial Group

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
