

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

<b>1. MLR Reporting Year</b>	<b>2016</b>
<b>2. Enter DMHC Health Plan ID. Insurers may leave this field blank</b>	
<b>3. Legal Name</b>	<b>Metropolitan Life Insurance Company</b>
<b>4. DBA</b>	<b>None</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.

Health Plan ID  
 0  
 Legal Name  
 Metropolitan Life Insurance Company  
 d/b/a  
 None  
 MLR Reporting Year  
 2016

Federal Tax Exempt  
 No

# Part 1

	Health Insurance Coverage DHMO Products						Health Insurance Coverage DPPD & Indemnity Products					
	Individual		Small Group		Large Group		Individual		Small Group		Large Group	
	Total as of 12/31/2016	Total as of 3/31/2017	Total as of 12/31/2016	Total as of 3/31/2017	Total as of 12/31/2016	Total as of 3/31/2017	Total as of 12/31/2016	Total as of 3/31/2017	Total as of 12/31/2016	Total as of 3/31/2017	Total as of 12/31/2016	Total as of 3/31/2017
<b>Part 1</b>												
<b>NOTE: REFER TO MLR INSTRUCTIONS FOR IMPORTANT INFORMATION ABOUT COMPLETING EACH COLUMN AND ROW.</b>												
1. Premium	1	2	3	4	5	6	7	8	9	10	11	12
1.1 Total direct premium earned	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 70,195,406	\$ 70,195,406	\$ 273,163,696	\$ 273,163,696
2. Claims												
2.1 Total incurred claims (MLR Form Part 2, Line 2.11)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 44,702,340	\$ 44,391,953	\$ 217,361,829	\$ 215,917,547
3. Federal and State Taxes and Licenses or Regulatory Fees												
3.1 Federal taxes and assessments incurred by the reporting health plan or health insurer during the MLR reporting year									\$ 3,541,410	\$ 3,541,410	\$ 6,481,754	\$ 6,481,754
3.1 a Federal income taxes deductible from premium in MLR calculations									\$ 1,309,192	\$ 1,309,192	\$ 4,944,034	\$ 4,944,034
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									\$ 22,956	\$ 22,956	\$ 65,176	\$ 65,176
3.2 b State premium taxes									\$ 1,649,592	\$ 1,649,592	\$ 6,419,347	\$ 6,419,347
3.2 c Community benefit expenditures												
3.3 Regulatory authority licenses and fees									\$ 144,586	\$ 144,586	\$ 612,686	\$ 612,686
3.4 Total Federal and State Taxes and fees to be excluded from premium	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 6,667,796	\$ 6,667,796	\$ 18,629,966	\$ 18,629,966
4. Non-Claims Costs												
4.1 Direct sales salaries and benefits									\$ 479,587	\$ 479,587	\$ 1,361,620	\$ 1,361,620
4.2 Agents and brokers fees and commissions									\$ 5,615,859	\$ 5,615,859	\$ 9,317,989	\$ 9,317,989
4.3 Other taxes												
4.3a Taxes and assessments (exclude amounts reported in Section 3 or Line 10)									\$ 10,223	\$ 10,223	\$ 29,023	\$ 29,023
4.3b Fines and penalties of regulatory authorities (exclude amounts reported in Line 3.3)									\$ 526	\$ 526	\$ 2,046	\$ 2,046
4.4 Other general and administrative expenses									\$ 4,651,675	\$ 4,651,675	\$ 13,206,809	\$ 13,206,809
4.5 Total non-claims costs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 10,757,869	\$ 10,757,869	\$ 23,917,487	\$ 23,917,487
5. Other Indicators or Information												
5.1 Number of covered lives									135,931	135,931	664,287	664,287
5.2 Member months									1,598,890	1,598,890	8,160,854	8,160,854
5.3 Number of life-years									133,074	133,074	680,072	680,072
	Grand Total as of 12/31/2016 for ALL markets in col. 1-12.											
6. Net investment income and other gain / (loss)	\$ 1,263,990											
7. Other Federal income taxes (exclude taxes on Line 3.1a and 3.1b)	\$ 442,397											

Cell Keys:  
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Health Plan ID  
 0  
 Legal Name  
 Metropolitan Life Insurance Company  
 dBA  
 None  
 MLR Reporting Year  
 2016

# Part 2

Part 2 NOTE: REFER TO MLR INSTRUCTIONS FOR IMPORTANT INFORMATION ABOUT COMPLETING EACH COLUMN AND ROW.		Health Insurance Coverage						Health Insurance Coverage					
		DHMO Products						DPPD & Indemnity Products					
		Individual		Small Group		Large Group		Individual		Small Group		Large Group	
		Total as of 12/31/2016	Total as of 3/31/2017	Total as of 12/31/2016	Total as of 3/31/2017	Total as of 12/31/2016	Total as of 3/31/2017	Total as of 12/31/2016	Total as of 3/31/2017	Total as of 12/31/2016	Total as of 3/31/2017	Total as of 12/31/2016	Total as of 3/31/2017
		1	2	3	4	5	6	7	8	9	10	11	12
1.	Premium:												
1.1	Direct premium written									\$ 70,224,389	\$ 70,224,389	\$ 273,276,480	\$ 273,276,480
1.2	Unearned premium prior year									\$ 456,220	\$ 456,220	\$ 1,775,369	\$ 1,775,369
1.3	Unearned premium MLR Reporting year									\$ 485,202	\$ 485,202	\$ 1,888,152	\$ 1,888,152
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									\$ 44,298,348		\$ 215,397,450	
2.1b	Claims incurred only during the MLR reporting year, paid through 3/31 of the following year									\$ 43,876,339		\$ 213,410,409	
2.2	Direct claim liability												
2.2a	Liability as of 12/31 of MLR reporting year for all claims regardless of incurred date									\$ 3,521,130		\$ 17,121,237	
2.2b	Liability for claims incurred only during the MLR reporting year, calculated as of 3/31 of the following year										\$ 615,615		\$ 2,507,138
2.3	Direct claim liability prior year									\$ 3,117,139		\$ 15,156,858	
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	Reserve 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	Contract benefit and lawsuit reserves												
2.11	Total incurred claims	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 44,702,340	\$ 44,391,953	\$ 217,361,829	\$ 215,917,547

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Health Plan ID  
 0  
 Legal Name  
 Metropolitan Life Insurance Company  
 dBA  
 None  
 MLR Reporting Year  
 2016

### Part 3

Description of Expense Element (by Type)	NEW	Detailed Description of Expense Allocation Methods
1	2	3
<b>1. Incurred Claims</b>		
Line 2.1 - Claims Paid		Claims paid on Lines 2.1a and 2.1b is the actual paid claims for the policies issued in California, in both the Small Group and Large Group columns. There was no allocation used.
Line 2.2 - Direct Claim Liability		The claim liability was allocated to the Small Group and Large Group columns, and to the Company's business in other states, in proportion to claims paid during 2016.
Lines 2.4 through 2.10		These Lines are not applicable to the Company's business.
<b>2. Federal and State Taxes and Licensing or Regulatory Fees</b>		
<b>2 a Federal taxes and assessments</b>		
Line 3.1a - Federal Income Taxes		Federal income tax expense was allocated to the Small Group and Large Group columns, and to the Company's business in other states, in proportion to taxable income.
Line 3.1b - PPACA Section 9010 Fees		PPACA fees were allocated to the Small Group and Large Group columns, and to the Company's business in other states, in proportion to premium revenue.
Line 3.1c - Social Security Taxes		Social Security tax expense was allocated to the Small Group and Large Group columns, and to the Company's business in other states, in proportion to adjusted member months. Adjusted member months take into account the fact that Small Groups require more administrative effort per member than Large Groups.
Line 3.1d - Federal Unemployment Taxes		Federal Unemployment tax expense was allocated in the same manner as Social Security tax expense.
Line 3.1e - Other Federal Taxes		Other Federal tax expense was allocated in the same manner as Social Security tax expense.
<b>2 b State insurance, premium and other taxes</b>		
Line 3.2a - State Income Tax		The Company has no State Income Tax expense in California, as the Company pays premium tax in lieu of state income tax.
Line 3.2a - Other State Taxes		Other State Tax expense was allocated in the same manner as Social Security tax expense.
Line 3.2b - Premium Taxes		Premium Tax expense is based on the actual premium tax rate in California. There was no allocation used.
<b>2 c Community benefit expenditures</b>		
Line 3.2c - Community Benefit Expenditures		None
<b>2 d Regulatory authority licenses and fees</b>		
Line 3.3 - Regulatory Licenses and Fees		Regulatory expenses that are specific to California are included in this report, and expenses that are specific to other states are excluded. California expenses were allocated to the Small Group and Large Group columns in proportion to premium revenue. Expenses that are not specific to a state were allocated to the Small Group and Large Group columns, and to the Company's business in other states, in proportion to premium revenue.
<b>3. Non-Claims costs</b>		
<b>3 a Direct sales salaries and benefits</b>		
Line 4.1 - Direct Sales Salaries and Benefits		Direct Sales Salaries and Benefits expense was allocated in the same manner as Social Security tax expense.
<b>3 b Agents and brokers fees and commissions</b>		
Line 4.2 - Broker Commissions		Broker Commission expense is the actual commissions paid for policies issued in California, in both the Small Group and Large Group columns. There was no allocation used.
<b>3 c Other taxes</b>		
Line 4.3a - Sales and Use Tax		Sales and Use Tax expense was allocated in the same manner as Social Security tax expense.
Line 4.3b - Fines and Penalties of Regulatory Authorities		Fines and Penalties were allocated to the Small Group and Large Group columns, and to the Company's business in other states, in proportion to premium revenue.
<b>3 d Other general and administrative expenses</b>		
Line 4.4 - Other General and Administrative Expenses		Other General and Administrative expense was allocated in the same manner as Social Security tax expense.

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Health Plan ID:  
 Local Name:  
 Metropolitan Life Insurance Company  
 dBA:  
 None  
 MLR Reporting Year:  
 2016

## Part 4

Part 4	Health Insurance Coverage - ERISA Products												Health Insurance Coverage - ERISA & Industry Products											
	Individual				Small Group				Large Group				Individual				Small Group				Large Group			
	PY2	PY1	CY	Total	PY2	PY1	CY	Total	PY2	PY1	CY	Total	PY2	PY1	CY	Total	PY2	PY1	CY	Total	PY2	PY1	CY	Total
1	NOTE: REFER TO MLR INSTRUCTIONS FOR IMPORTANT INFORMATION ABOUT COMPLETING EACH COLUMN AND ROW																							
1.1	Medical Loss Ratio Numerator																							
1.2	Adjusted incurred claims as reported on MLR Form for prior year(s)																							
1.3	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 fees and 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)																							
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				Not Required to Calculate				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 5 - Additional Responses

Health Plan ID

0

Legal Name

Metropolitan Life Insurance Company

dBA

None

MLR Reporting Year

2016

# 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		2.35%
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		
The Company had no deferred experience in the prior year or 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	
The Company did not transfer any business to another entity during 2016.	n/a	

**Cell Keys:**  
 Blank cells require input from Health plan or Health insurer  
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**Department of Managed Health Care  
Medical Loss Ratio Reporting Form: Dental Coverage  
Attestation**

**Health Plan ID**

0

**Legal Name**

Metropolitan Life Insurance Company

**dBA**

None

**MLR Reporting Year**

2016

## 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