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**	**Metropolitan Life Insurance Company**
4.	**DBA**	**None**
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.

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
Metropolitan Life Insurance Company
dBA
None
MLR Reporting Year
2017

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 DHMO Products Individual Total as of 12/31/2017	Individual Total as of 3/31/2018	Small Group Total as of 12/31/2017	Small Group Total as of 3/31/2018	Large Group Total as of 12/31/2017	Large Group Total as of 3/31/2018	Individual Total as of 12/31/2017	Individual Total as of 3/31/2018
	1	2	3	4	5	6	7	8
1. Premium								
1.1 Total direct premium earned	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
2. Claims								
2.1 Total incurred claims (MLR Form Part 2, Line 2.11)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
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								
3.1 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 heath 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								
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	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Non-Claims Costs								
4.1 Direct sales salaries and benefits								
4.2 Agents and brokers fees and commissions								
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								
4.5 Total non-claims costs	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Other Indicators or information								
5.1 Number of covered lives								
5.2 Member months								
5.3 Number of life-years	-	-	-	-	-	-	-	-
	Grand Total as of 12/31/2017 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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Blue cells: computed cell (formula cell)

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
Metropolitan Life Insurance Company
dBA
None
MLR Reporting Year
2017

	Part 1 NOTE: REFER TO MLR INSTRUCTIONS FOR IMPORTANT INFORMATION ABOUT COMPLETING EACH COLUMN AND ROW.	Health Insurance Coverage DPPO & Indemnity Products Small Group Total as of 12/31/2017 9	Small Group Total as of 3/31/2018 10	Large Group Total as of 12/31/2017 11	Large Group Total as of 3/31/2018 12
1.	Premium				
	1.1 Total direct premium earned	$ 69,558,519	$ 69,558,519	$ 233,296,526	$ 233,296,526
2.	Claims				
	2.1 Total incurred claims (MLR Form Part 2, Line 2.11)	$ 42,943,251	$ 43,789,724	$ 180,247,603	$ 178,373,790
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	$ 4,557,634	$ 4,557,634	$ 6,865,937	$ 6,865,937
	3.1 b Other Federal Taxes (other than income tax) and assessments deductible from premium	$ 133,078	$ 133,078	$ 364,513	$ 364,513
	3.2 State insurance, premium and other taxes incurred by the reporting health plan or heath insurer during the MLR reporting year (deductible from premium in MLR calculation)				
	3.2 a State income, excise, business, and other taxes	$ 17,937	$ 17,937	$ 49,131	$ 49,131
	3.2 b State premium taxes	$ 1,634,625	$ 1,634,625	$ 5,482,468	$ 5,482,468
	3.2 c Community benefit expenditures	$ -	$ -	$ -	$ -
	3.3 Regulatory authority licenses and fees	$ 82,020	$ 82,020	$ 275,092	$ 275,092
	3.4 Total Federal and State Taxes and fees to be excluded from premium	$ 6,425,294	$ 6,425,294	$ 13,037,141	$ 13,037,141
4.	Non-Claims Costs				
	4.1 Direct sales salaries and benefits	$ 486,592	$ 486,592	$ 1,332,819	$ 1,332,819
	4.2 Agents and brokers fees and commissions	$ 5,581,993	$ 5,581,993	$ 10,238,025	$ 10,238,025
	4.3 Other taxes				
	4.3a Taxes and assessments (exclude amounts reported in Section 3 or Line 10)	$ 9,379	$ 9,379	$ 25,689	$ 25,689
	4.3b Fines and penalties of regulatory authorities (exclude amounts reported in Line 3.3)	$ 338	$ 338	$ 1,132	$ 1,132
	4.4 Other general and administrative expenses	$ 4,923,828	$ 4,923,828	$ 13,486,802	$ 13,486,802
	4.5 Total non-claims costs	$ 11,002,129	$ 11,002,129	$ 25,084,467	$ 25,084,467
5.	Other Indicators or information				
	5.1 Number of covered lives	133,492	133,492	654,551	654,551
	5.2 Member months	1,573,933	1,573,933	7,760,056	7,760,056
	5.3 Number of life-years	131,161	131,161	646,671	646,671
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 2 - Premium and Claims

Health Plan ID
0
Legal Name
Metropolitan Life Insurance Company
dBA
None
MLR Reporting Year
2017

Part 2

Part 2 NOTE: REFER TO MLR INSTRUCTIONS FOR IMPORTANT INFORMATION ABOUT COMPLETING EACH COLUMN AND ROW.	Health Insurance Coverage						Health Insura		
	DHMO Products						DPPO & Indem		
	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
1. Premium:									
1.1 Direct premium written									$ 69,600,103
1.2 Unearned premium prior year									$ 505,589
1.3 Unearned premium MLR Reporting year									$ 547,172
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									$ 43,043,003
2.1b Claims incurred only during the MLR reporting year, paid through 3/31 of the following year									
2.2 Direct claim liability									
2.2a Liability as of 12/31 of MLR reporting year for all claims regardless of incurred date									$ 3,108,967
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									$ 3,208,720
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	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 42,943,251

Cell Keys:
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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
Metropolitan Life Insurance Company
dBA
None
MLR Reporting Year
2017

Part 2 NOTE: REFER TO MLR INSTRUCTIONS FOR IMPORTANT INFORMATION ABOUT COMPLETING EACH COLUMN AND ROW.	nce Coverage nity Products Group Total as of 3/31/2018 10	Large Group Total as of 12/31/2017 11	Large Group Total as of 3/31/2018 12
1. Premium:			
1.1 Direct premium written	$ 69,600,103	$ 233,435,996	$ 233,435,996
1.2 Unearned premium prior year	$ 505,589	$ 1,695,725	$ 1,695,725
1.3 Unearned premium MLR Reporting year	$ 547,172	$ 1,835,195	$ 1,835,195
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		$ 180,666,298	
2.1b Claims incurred only during the MLR reporting year, paid through 3/31 of the following year	$ 43,602,075		$ 177,586,161
2.2 Direct claim liability			
2.2a Liability as of 12/31 of MLR reporting year for all claims regardless of incurred date		$ 13,049,404	
2.2b Liability for claims incurred only during the MLR reporting year, calculated as of 3/31 of the following year	$ 187,649		$ 787,629
2.3 Direct claim liability prior year		$ 13,468,100	
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	$ 43,789,724	$ 180,247,603	$ 178,373,790

Cell Keys:
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Department of Managed Health Care/Department of Insurance
Medical Loss Ratio Reporting Form: Dental Coverage
Part 3 - Expense Allocation

Health Plan ID
0
Legal Name
Metropolitan Life Insurance Company
dBA
None
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		
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 2017.
Lines 2.4 through 2.10		These Lines are not applicable to the Company's business.
2. Federal and State Taxes and Licensing or Regulatory Fees		
2.a Federal taxes and assessments		
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. Note that PPACA fees were suspended in 2017 so no fees were included for that year.
Line 3.1b - 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 3.1b - Federal Unemployment Taxes		Federal Unemployment tax expense was allocated in the same manner as Social Security tax expense.
Line 3.1b - Other Federal Taxes		Other Federal tax expense was allocated in the same manner as Social Security tax expense.
2.b State insurance, premium and other taxes		
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.
2.c Community benefit expenditures		
Line 3.2c - Community Benefit Expenditures		None
2.d Regulatory authority licenses and fees		
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.
3. Non-Claims costs		
3.a Direct sales salaries and benefits		
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.
3.b Agents and brokers fees and commissions		
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.
3.c Other taxes		
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.
3.d Other general and administrative expenses		
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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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
Metropolitan Life Insurance Company
dBA
None
MLR Reporting Year
2017

Part 4

		Health Insurance Coverage						
		DHMO Products						
		Individual				Small Group		
	Part 4 **NOTE: REFER TO MLR INSTRUCTIONS FOR IMPORTANT INFORMATION ABOUT COMPLETING EACH COLUMN AND ROW.**	PY2	PY1	CY	Total	PY2	PY1	CY
		1	2	3	4	5	6	7
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						

Cell Keys:
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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
Metropolitan Life Insurance Company
dBA
None
MLR Reporting Year
2017

	Part 4 NOTE: REFER TO MLR INSTRUCTIONS FOR IMPORTANT INFORMATION ABOUT COMPLETING EACH COLUMN AND ROW.		Large Group				Inc	
		Total	PY2	PY1	CY	Total	PY2	PY1
		8	9	10	11	12	13	14
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				Not Required to Calculate		

Cell Keys:
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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
Metropolitan Life Insurance Company
dBA
None
MLR Reporting Year
2017

		Health Insurance Coverage						
		DPPO & Indemnity Products						
		ividual		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)			$ 27,556,524	$ 44,391,953			$ 224,660,698
	1.2 Adjusted incurred claims as of 3/31 of the year following the MLR reporting year (Part 1 Line 2.1)	$ -	$ -	$ 27,446,298	$ 44,214,385	$ 43,789,724	$ 115,450,408	$ 223,762,055
	1.3 MLR numerator (Line 1.2)	$ -	$ -	$ 27,446,298	$ 44,214,385	$ 43,789,724	$ 115,450,408	$ 223,762,055
2.	Medical Loss Ratio Denominator							
	2.1 Premium earned (Part 1 Line 1.1)	$ -	$ -	$ 44,534,907	$ 70,195,406	$ 69,558,519	$ 184,288,832	$ 289,600,538
	2.2 Federal and State taxes and licensing or regulatory fees (Part 1 Line 3.4)	$ -	$ -	$ 4,648,131	$ 6,667,736	$ 6,425,294	$ 17,741,161	$ 22,338,092
	2.3 MLR Denominator (Line 2.1 - Line 2.2)	$ -	$ -	$ 39,886,776	$ 63,527,671	$ 63,133,225	$ 166,547,671	$ 267,262,447
3.	3.1 Life-years (Part 1 Line 5.3)	0	0	82,429	133,074	131,161	346,664	701,265
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				69.3%	

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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
Metropolitan Life Insurance Company
dBA
None
MLR Reporting Year
2017

	Part 4 NOTE: REFER TO MLR INSTRUCTIONS FOR IMPORTANT INFORMATION ABOUT COMPLETING EACH COLUMN AND ROW.	Large Group PY1 22	CY 23	Total 24
1.	Medical Loss Ratio Numerator			
	1.1 Adjusted incurred claims as reported on MLR Form for prior year(s)	$ 215,917,547		
	1.2 Adjusted incurred claims as of 3/31 of the year following the MLR reporting year (Part 1 Line 2.1)	$ 215,053,877	$ 178,373,790	$ 617,189,722
	1.3 MLR numerator (Line 1.2)	$ 215,053,877	$ 178,373,790	$ 617,189,722
2.	Medical Loss Ratio Denominator			
	2.1 Premium earned (Part 1 Line 1.1)	$ 273,163,696	$ 233,296,526	$ 796,060,761
	2.2 Federal and State taxes and licensing or regulatory fees (Part 1 Line 3.4)	$ 18,522,996	$ 13,037,141	$ 53,898,229
	2.3 MLR Denominator (Line 2.1 - Line 2.2)	$ 254,640,701	$ 220,259,385	$ 742,162,532
3.	3.1 Life-years (Part 1 Line 5.3)	680,072	646,671	2,028,008
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			83.2%

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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
2017

Part 5

	Tax Rate
1. If a health plan or health insurer uses the hightest premium tax rate in the State, the health plan or health insurer must report applicabe 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 2017.	n/a

Cell Keys:
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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
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