

**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	Kaiser Permanente Insurance Company
4. DBA	Kaiser Permanente 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
 Kaiser Permanente Insurance Company
 dBA
 Kaiser Permanente 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 DHMO Products						Health Insurance Coverage DPPPO & 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	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 16,003,663	\$ 16,003,831	\$ 21,825,159	\$ 21,838,342	\$ 822,066	\$ 812,975
2.	Claims												
2.1	Total incurred claims (MLR Form Part 2, Line 2.11)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 7,200,527	\$ 7,107,116	\$ 13,343,697	\$ 13,106,570	\$ 558,825	\$ 516,258
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							\$ 2,205,981	\$ 2,205,981	\$ 1,272,521	\$ 1,272,521	\$ 26,116	\$ 26,116
3.1 a	Federal income taxes deductible from premium in MLR calculations							\$ 489,872	\$ 489,872	\$ 668,016	\$ 668,016	\$ 25,161	\$ 25,161
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							\$ 893	\$ 893	\$ 1,218	\$ 1,218	\$ 46	\$ 46
3.2 b	State premium taxes							\$ 376,116	\$ 376,116	\$ 512,891	\$ 512,891	\$ 19,319	\$ 19,319
3.2 c	Community benefit expenditures												
3.3	Regulatory authority licenses and fees							\$ 13,637	\$ 13,637	\$ 18,596	\$ 18,596	\$ 700	\$ 700
3.4	Total Federal and State Taxes and fees to be excluded from premium	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 3,086,499	\$ 3,086,499	\$ 2,473,242	\$ 2,473,242	\$ 71,342	\$ 71,342
4.	Non-Claims Costs												
4.1	Direct sales salaries and benefits									\$ 1,034,375	\$ 1,034,375	\$ 38,961	\$ 38,961
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							\$ 1,991,212	\$ 1,991,212	\$ 3,210,265	\$ 3,210,265	\$ 128,197	\$ 128,197
4.5	Total non-claims costs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,991,212	\$ 1,991,212	\$ 4,244,640	\$ 4,244,640	\$ 167,158	\$ 167,158
5.	Other Indicators or Information												
5.1	Number of covered lives							56,548	56,548	38,676	38,676	1,916	1,916
5.2	Member months							715,629	715,629	500,565	500,565	22,800	22,800
5.3	Number of life-years							59,636	59,636	41,714	41,714	1,900	1,900
		Grand Total as of 12/31/14 for ALL markets in col. 1-12											
6.	Net investment income and other gain / (loss)	\$ 325,519											
7.	Other Federal income taxes (exclude taxes on Line 3.1a and 3.1b)	\$ 109,920											

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Part 2

Part 2 NOTE: REFER TO MLR INSTRUCTIONS FOR IMPORTANT INFORMATION ABOUT	Health Insurance Coverage DHMO Products						Health Insurance Coverage DPPO & 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 Direct premium written							\$ 16,004,917	\$ 16,005,085	\$ 21,825,159	\$ 21,838,342	\$ 822,066	\$ 812,975
1.2 Unearned premium prior year												
1.3 Unearned premium MLR Reporting year												
1.4 Premium balances written off							\$ 1,254	\$ 1,254				
2. Claims:												
2.1 Claims Paid												
2.1a Claims paid during the MLR reporting year regardless of incurred date							\$ 7,346,658		\$ 13,390,405		\$ 553,958	
2.1b Claims incurred only during the MLR reporting year, paid through 3/31 of the following year								\$ 7,008,947		\$ 12,955,214		\$ 510,044
2.2 Direct claim liability												
2.2a Liability as of 12/31 of MLR reporting year for all claims regardless of incurred date							\$ 683,003		\$ 1,194,456		\$ 51,231	
2.2b Liability for claims incurred only during the MLR reporting year, calculated as of 3/31 of the following year								\$ 98,169		\$ 151,356		\$ 6,214
2.3 Direct claim liability prior year							\$ 829,134		\$ 1,241,164		\$ 46,364	
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	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 7,200,527	\$ 7,107,116	\$ 13,343,697	\$ 13,106,570	\$ 558,825	\$ 516,258

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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		
		Paid claims are specifically identified by state and market. The current year and
		prior year IBNR claims are allocated to each state's market using actuarial techniques
		applied to actual paid claims.
2. Federal and State Taxes and Licensing or Regulatory Fees		
2.a Federal taxes and assessments		
		Federal taxes and assessments includes Federal Income Taxes (FIT) and Affordable Care
		Act section 9010 fees. FIT is allocated to state and market based on taxable income.
		Affordable Care Act section 9010 fees are specifically identified by state and product
		are allocated to market based on premium.
2.b State insurance, premium and other taxes		
		State insurance, premium and other taxes includes state premium taxes and state
		assessments, which are specifically identified by state, are allocated to dental and
		each market based on premium.
2.c Community benefit expenditures		
		None.
2.d Regulatory authority licenses and fees		
		Regulatory authority licenses and fees includes licenses and fees, which are
		specifically identified by state, and are allocated to dental and each market based
		on premium.
3. Non-Claims costs		
3.a Direct sales salaries and benefits		
		None.
3.b Agents and brokers fees and commissions		
		Brokers fees and commissions are identified by state. Brokers fees and commissions
		are not paid for the individual market and are allocated to dental small and dental
		large group by premiums.
3.c Other taxes		
		Other taxes that consist solely of fines and penalties of regulatory authorities,
		which are specifically identified by state, and are allocated to dental and each
		market based on premium.
3.d Other general and administrative expenses		
		Other general and administrative expenses includes claims adjustment expenses and
		other administrative expenses. Claims adjustment expenses consist primarily of third
		party claims administrators fees and are mostly specifically identified as dental, are
		allocated to each market based upon claims paid. For other administrative expenses,
		where possible, specific expenses are identified, with the remaining expense amounts
		allocated to the state and market based upon premium and self funding fees.

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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 DPPD & Indemnity 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	PY2	PY1	CY	Total
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24				
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	Life-years (Part 1 Line 5.3)																												
3.1	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																												

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Department of Managed Health Care/Department of Insurance
 Medical Loss Ratio Reporting Form: Dental Coverage
 Part 5 - Additional Responses

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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. 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		
None		
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	
None		

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

Health Plan ID

0

Legal Name

Kaiser Permanente Insurance Company

dBA

Kaiser Permanente 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