

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

1. MLR Reporting Year	2015
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.

Health Plan ID
 0
 Legal Name
 HumanaDental Insurance Company
 dBA
 HumanaDental Insurance Company
 MLR Reporting Year
 2015

Part 2

Part 2 NOTE: REFER TO MLR INSTRUCTIONS FOR IMPORTANT INFORMATION ABOUT	Health Insurance Coverage						Health Insurance Coverage					
	Dental Products						Dental Products					
	Individual		Small Group		Large Group		Individual		Small Group		Large Group	
	Total as of 12/31/15	Total as of 3/31/16	Total as of 12/31/15	Total as of 3/31/16	Total as of 12/31/15	Total as of 3/31/16	Total as of 12/31/15	Total as of 3/31/16	Total as of 12/31/15	Total as of 3/31/16	Total as of 12/31/15	Total as of 3/31/16
1. Premium:												
1.1 Direct premium written	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 5,113,373	\$ 5,080,540	\$ 34,295,848	\$ 33,837,481	\$ 15,640,187	\$ 16,111,576
1.2 Unearned premium prior year	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 172,161	\$ -	\$ -	\$ -	\$ -	\$ -
1.3 Unearned premium MLR Reporting year	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 175,790	\$ -	\$ -	\$ -	\$ -	\$ -
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	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,601,080	\$ 2,601,080	\$ 25,641,297	\$ 25,641,297	\$ 11,693,389	\$ 11,693,389
2.1b Claims incurred only during the MLR reporting year, paid through 3/31 of the following year	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,606,083	\$ 2,606,083	\$ 22,983,136	\$ 22,983,136	\$ 12,958,270	\$ 12,958,270
2.2 Direct claim liability:												
2.2a Liability as of 12/31 of MLR reporting year for all claims regardless of incurred date	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 182,905	\$ 182,905	\$ 2,045,980	\$ 2,045,980	\$ 1,103,797	\$ 1,103,797
2.2b Liability for claims incurred only during the MLR reporting year, calculated as of 3/31 of the following year	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 28,720	\$ 28,720	\$ 397,653	\$ 397,653	\$ 224,278	\$ 224,278
2.3 Direct claim reserves:												
2.3a Reserves as of 12/31 of MLR reporting year for all claims regardless of incurred date	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 133,560	\$ 133,560	\$ 2,165,859	\$ 2,165,859	\$ 1,092,678	\$ 1,092,678
2.3b Reserves as of 3/31 of the following year	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
2.4 Direct claim reserves prior year	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
2.5 Experience rating refunds (rate credits) paid:												
2.5a Experience rating refunds, with all incurred dates, paid in the MLR reporting year	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
2.5b 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	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,650,405	\$ 2,632,803	\$ 25,521,418	\$ 23,380,795	\$ 11,704,508	\$ 13,182,546

Cell Keys:
 Blank cells require input from Health plan or Health insurer
 Green cells require no data input
 Pink cells require no data input - locked down
 Blue cells: computed cell (formula cell)

Health Plan ID
 Local Name
 HumanaDental Insurance Company
 dBA
 HumanaDental Insurance Company
 MLR Reporting Year
 2015

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 Licenses 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 comp 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
		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
		State, Product and Segment using the market/product information along with weighted membership.

Cell Keys:
 Blank cells require input from Health plan or Health insurer
 Grey cells require no data input
 Pink cells require no data input - locked down
 Blue cells: computed cell (formula cell)

Health Plan ID
 0
 Local Name
 HumanaDental Insurance Company
 DBA
 HumanaDental Insurance Company
 MLR Reporting Year
 2015

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 NON-DENTAL 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				
1.1	Medical Loss Ratio Numerator																												
1.2	Adjusted incurred claims as reported on MLR Form for prior year(s) (Part 1 Line 2.1)		\$ -	\$ -	\$ -		\$ -	\$ -	\$ -		\$ -	\$ -	\$ -	\$ 2,182,324	\$ 2,134,392	\$ 2,632,803	\$ 4,767,195	\$ 24,121,124	\$ 24,419,500	\$ 23,380,795	\$ 47,800,295	\$ 11,168,869	\$ 12,127,173	\$ 13,182,548	\$ 25,309,719				
1.3	MLR numerator (Line 1.2)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,134,392	\$ 2,632,803	\$ 4,767,195	\$ 24,419,500	\$ 23,380,795	\$ 47,800,295	\$ 12,127,173	\$ 13,182,548	\$ 25,309,719							
2.1	Medical Loss Ratio Denominator		\$ -	\$ -	\$ -		\$ -	\$ -	\$ -		\$ -	\$ -	\$ -	\$ 4,120,120	\$ 5,080,540	\$ 9,200,660	\$ 34,838,445	\$ 33,837,481	\$ 68,672,936	\$ 13,601,808	\$ 16,111,576	\$ 29,713,474							
2.2	Premium earned (Part 1 Line 1.1)		\$ -	\$ -	\$ -		\$ -	\$ -	\$ -		\$ -	\$ -	\$ -	\$ 4,120,120	\$ 5,080,540	\$ 9,200,660	\$ 34,838,445	\$ 33,837,481	\$ 68,672,936	\$ 13,601,808	\$ 16,111,576	\$ 29,713,474							
2.3	Federal and State taxes and licensing or regulatory fees (Part 1 Line 3.4)		\$ -	\$ -	\$ -		\$ -	\$ -	\$ -		\$ -	\$ -	\$ -	\$ 511,955	\$ 650,764	\$ 1,162,719	\$ 1,953,977	\$ 2,015,868	\$ 3,969,845	\$ 762,953	\$ 919,311	\$ 1,682,284							
2.3	MLR Denominator (Line 2.1 - Line 2.3)		\$ -	\$ -	\$ -		\$ -	\$ -	\$ -		\$ -	\$ -	\$ -	\$ 3,608,165	\$ 4,429,776	\$ 8,037,941	\$ 32,884,468	\$ 31,821,613	\$ 64,703,091	\$ 12,838,855	\$ 15,192,265	\$ 28,031,210							
3.1	Life-years (Part 1 Line 5.3)		0	0	0		0	0	0		0	0	0	14,651	18,043	18,043	63,306	63,292	63,292	16,981	37,656	37,656							
4.1	MLR Calculation (for Health plans or health insurers with at least 1,000 life years in the Total column of Line 3.1)																												

Cell Keys:
 Blank cells require input from Health plan or Health Insurer
 Grey cells require no data input
 Pink cells require no data input - locked down
 Blue cells: computed cell (formula cell)

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
 HumanaDental Insurance Company
 dBA
 HumanaDental Insurance Company
 MLR Reporting Year
 2015

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		
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	

Cell Keys:
 Blank cells require input from Health plan or Health insurer
 Grey cells require no data input
 Pink cells require no data input - locked down
 Blue cells: computed cell (formula cell)

**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

2015

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