

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

<b>1. MLR Reporting Year</b>	<b>2015</b>
<b>2. Enter DMHC Health Plan ID. Insurers may leave this field blank</b>	
<b>3. Legal Name</b>	<b>United States Branch of the Sun Life Assurance Company of Canada</b>
<b>4. DBA</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.



Health Plan ID  
 0  
 Local Name  
 United States Branch of the Sun Life Assurance Company of Canada  
 dBA  
 0  
 MLR Reporting Year  
 2015

# Part 2

Part 2 NOTE: REFER TO MLR INSTRUCTIONS FOR IMPORTANT INFORMATION ABOUT	Health Insurance Coverage Dental Products						Health Insurance Coverage DPPD & Indemnity 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	2	3	4	5	6	7	8	9	10	11	12
1. Premium:												
1.1 Direct premium written									\$ 5,370,430	\$ 5,264,194	\$ 14,854,246	\$ 14,867,598
1.2 Unearned premium prior year								\$ 2,243	\$ -	\$ 6,204	\$ -	
1.3 Unearned premium MLR Reporting year								\$ 1,788	\$ -	\$ 4,944	\$ -	
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									\$ 3,890,149		\$ 12,916,114	
2.1b Claims incurred only during the MLR reporting year, paid through 3/31 of the following year									\$ 3,737,872		\$ 12,410,521	
2.2 Direct claim liability:												
2.2a Liability as of 12/31 of MLR reporting year for all claims regardless of incurred date									\$ 433,466		\$ 1,150,267	
2.2b Liability for claims incurred only during the MLR reporting year, calculated as of 3/31 of the following year									\$ 43,983		\$ 133,052	
2.3 Direct claim liability prior year									\$ 465,371		\$ 1,924,861	
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	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 3,858,244	\$ 3,781,855	\$ 12,141,520	\$ 12,543,573

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  
 0  
 Local Name  
 United States Branch of the Sun Life Assurance Company of Canada  
 dBA  
 0  
 MLR Reporting Year  
 2015

### Part 3

Description of Expense Element (by Type)	NEW	Detailed Description of Expense Allocation Methods
1	2	3
<b>1. Incurred Claims</b>		
Direct Claim Liability		Allocated to policy level.
<b>2. Federal and State Taxes and Licensing or Regulatory Fees</b>		
<b>2 a. Federal taxes and assessments</b>		
3.1 a. Federal income taxes deductible from premium in MLR calculations		(Revenue-Claims-State Taxes- Regulatory Fees - Expenses)*35%
3.1 b. Other Federal Taxes (other than income tax) and assessments deductible from premium		Allocated based upon premium.
<b>2 b. State insurance, premium and other taxes</b>		
3.2 b. State premium taxes		2.35% of premium
<b>2 c. Community benefit expenditures</b>		
<b>2 d. Regulatory authority licenses and fees</b>		
<b>3. Non-Claims costs</b>		
<b>3 a. Direct sales salaries and benefits</b>		
		Allocated to CA based upon premium; then to small group large group based upon pricing allowables.
<b>3 b. Agents and brokers fees and commissions</b>		
		Allocated to CA based upon premium; then to small group large group based upon pricing allowables.
<b>3 c. Other taxes</b>		
<b>3 d. Other general and administrative expenses</b>		
		Allocated to CA based upon premium; then to small group large group based upon pricing allowables.

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**

United States Branch of the Sun Life Assurance Company of Canada

**dBA**

0

**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