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	United States Branch of the Sun L
4. DBA	
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.

Health	Plan ID
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0
Legal Name
United States Branch of the Sun Life Assurance Company of Canada dBA

MLR Reporting Year 2017

Federal Tax Exempt

Part 1

		Health Insurance Coverage																
								DHMO Produc										
			Total as of	Indivi	dual			Sma	all Gr			Large				Indi		
Г	Part 1					Total as of 3/31/2018				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	
1	NOTE: REFER TO MLR INSTRUCTIONS FOR IMPORTANT INFORMATION ABOUT COMPLETING EACH COLUMN AND ROW.		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	\$		-	\$		-	\$ -	\$	i -	\$		\$		\$		\$	-
5.	Other Indicators or information 5.1 Number of covered lives 5.2 Member months 5.3 Number of life-years		otal as of 12/31/				-					_						
6.	Net investment income and other gain / (loss) Other Federal income taxes (exclude taxes on Line 3.1a and 3.1b)	ALL \$	markets in col. 1	1-12. 197,261														

Cell Keys:

Health Plan ID

Legal Name
United States Branch of the Sun Life Assurance Company of Canada dBA

MLR Reporting Year 2017

		Health Insurance Coverage												
			DPPO & Inde	mnit	y Products									
			Small	Gro	up		Large	oup						
	Part 1		Total as of 12/31/2017		Total as of 3/31/2018		Total as of 12/31/2017		Total as of 3/31/2018					
N	IOTE: REFER TO MLR INSTRUCTIONS FOR IMPORTANT INFORMATION ABOUT COMPLETING EACH COLUMN AND ROW.		9		10		11		12					
1.	Premium 1.1 Total direct premium earned	\$	1,205,556	\$	1,208,787	\$	1,793,547	\$	1,769,021					
2.	Claims 2.1 Total incurred claims (MLR Form Part 2, Line 2.11)	\$	821,011	\$	733,044	\$	1,441,652	\$	1,406,421					
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	\$	(108,131)	\$	(108,157)	\$	(160,870)	\$	(160,668)					
	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	\$	28,331	\$	28,406	\$	42,148	\$	41,572					
	3.4 Total Federal and State Taxes and fees to be excluded from premium	\$	(79,800)	\$	(79,751)	\$	(118,721)	\$	(119,096)					
4.	Non-Claims Costs													
	4.1 Direct sales salaries and benefits	\$	44,238		44,238		65,814		65,814					
	Agents and brokers fees and commissions Other taxes 4.3a Taxes and assessments (exclude amounts reported in Section 3 or Line 10)	\$	148,021	\$	148,021	\$	220,217	\$	220,217					
	4.3b Fines and penalties of regulatory authorities (exclude amounts reported in Line 3.3)													
	4.4 Other general and administrative expenses	\$	280,614		280,614		417,479		417,479					
	4.5 Total non-claims costs	\$	472,873	\$	472,873	\$	703,510	\$	703,510					
5.	Other Indicators or information													
	5.1 Number of covered lives		975		975		3,456		3,456					
	5.2 Member months		12,174		12,174		30,618	\$	30,618					
	5.3 Number of life-years		1,014		1,014		2,552		2,552					
6.	Net investment income and other gain / (loss)													
7.	Other Federal income taxes (exclude taxes on Line 3.1a and 3.1b)													

Cell Keys:

Health Plan ID

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Legal Name

United States Branch of the Sun Life Assurance Company of Canada
dBA

MLR Reporting Year 2017

Part 2

				Health Insurance							Health Insura
				DHMO Prod							OPPO & Inden
			ndividual		nall Group		Group		Individual		Small
	Part 2	Total as of 12/31/2017	Total as of 3/31/2018		tal as of 31/2017						
NOTE:	REFER TO MLR INSTRUCTIONS FOR IMPORTANT INFORMATION ABOUT COMPLETING EACH COLUMN AND ROW.	1	2	3	4	5	6	7	8		9
1. Pre 1.1 1.2 1.3 1.4	mium: Direct premium written Unearned premium prior year Unearned premium MLR Reporting year Premium balances written off									\$	1,204,146 1,410
2. Cla 2.1	ims: Claims Paid 2.1a Claims paid during the MLR reporting year regardless of incurred date 2.1b Claims incurred only during the MLR reporting year, paid through 3/31 of the following year									\$	1,060,715
2.2	Direct claim liability 2.2a Liability as of 12/31 of MLR reporting year for all claims regardless of incurred date 2.2b Liability for claims incurred only during the MLR reporting year, calculated as of 3/31 of the following year									\$	10,371
2.3 2.4	Direct claim liability prior year Direct claim reserves 2.4a Reserves as of 12/31 of MLR reporting year for all claims regardless of									\$	250,075
2.5	incurred date 2.4b Reserves for claims incurred only during the MLR reporting year, calculated as of 3/31 of the following year 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										
2.7	2.6b Experience rating refunds associated with premium earned only in the reporting year and paid through 3/31 of the following year Reserve for experience rating refunds (rate credits)										
2.7	Reserved in MLR reporting year regardless of incurred date The Reserves specific to the MLR reporting year through 3/31 of the following year										
2.8 2.9	Reserve for experience rating refunds (rate credits) prior year 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										
2.10	2.9c Accrued dental incentive pools and bonuses prior year Contingent benefit and lawsuit reserves	s -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	S	821,011
		*	, and the second	Ť	•	•	Ť	*	Ť	Ţ	321,011

Cell Keys:

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Legal Name
United States Branch of the Sun Life Assurance Company of Canada
dBA

0 MLR Reporting Year 2017

			nce Coverage											
				roducts										
			Group			Large	Grou	р						
		Part 2		Total as of 3/31/2018		Total as of 12/31/2017		Total as of 3/31/2018						
N	NOTE: F	REFER TO MLR INSTRUCTIONS FOR IMPORTANT INFORMATION ABOUT COMPLETING EACH COLUMN AND ROW.		10		11		12						
1.	Prem	nium:												
	1.1	Direct premium written	\$	1,208,787		1,788,848	\$	1,769,021						
	1.2	Unearned premium prior year			\$	4,699								
	1.3	Unearned premium MLR Reporting year												
	1.4	Premium balances written off												
2.	Clain 2.1	ns: Claims Paid												
	2.1				•	0.000.000	_							
		2.1a Claims paid during the MLR reporting year regardless of incurred date			\$	2,066,903								
		2.1b Claims incurred only during the MLR reporting year, paid through 3/31 of	\$	733,044			\$	1,360,470						
		the following year												
	2.2	Direct claim liability												
		2.2a Liability as of 12/31 of MLR reporting year for all claims regardless of			\$	91,523								
		incurred date												
		2.2b Liability for claims incurred only during the MLR reporting year, calculated					\$	45,951						
		as of 3/31 of the following year												
	2.3	Direct claim liability prior year			\$	716,774								
	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												
J	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												
- 1		2.9c Accrued dental incentive pools and bonuses prior year												
	2.10	Contingent benefit and lawsuit reserves												
2	2.11	Total incurred claims	\$	733,044	\$	1,441,652	\$	1,406,421						

Cell Keys:

Part 3 Excense Allocation
Health Plan ID
Local Name
Linied States Branch of the Sun Life Assurance Company of Canada del
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MLR Reporting Year
2017

Part 3

Description of Expense Element (by Type) 1	NEW 2	Detailed Description of Expense Allocation Methods 3
1. Incurred Claims		
Direct Claim Liability		Allocated to policy level.
2. Federal and State Taxes and Licensing or Regulatory Fees		
2.a Federal taxes and assessments 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.
		Allocated dased upon premium.
2.b State insurance, premium and other taxes		
3.2 b State premium taxes		
		2.35% of premium
2.c Community benefit expenditures		
2.d Regulatory authority licenses and fees		
2.d Regulatory authority licenses and fees State insurance department licenses and fee, other state taxes (which includes guaranty fund assessments and state franchise		Allocated to CA by premium percentages. Allocated between small group and large group by premium.
and excise taxes). US Social Security taxes		Dremium.
Non-Claims costs 3.a Direct sales salaries and benefits		
		California direct sales expenditures, allocated between small group and large group using exp
3.a Direct sales salaries and benefits		assumptions from pricing.
3.b Agents and brokers fees and commissions		
Commissions on premiums, annuity considerations, and deposit-		Allocated to CA by premium percentages. Allocated between small group and large group usi
type contract funds		expense assumptions from pricing.
3.c Other taxes		
3.d Other general and administrative expenses		
		Allocated to CA by case count percentages. Allocated between small group and large group use expense assumptions from pricing.
		1

Medical Loss Ratio Reporting Form [Pt 3 Expense Allocation]

Health Plan ID
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Legal Name
United States Branch of the Sun Life Assurance Company of Canada
dBA
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MLR Reporting Year
2017

Part 4

											DI	HMO Pr	
	Part 4				Individu	ıal						Small G	roup
NOT	E: REFER TO MLR INSTRUCTIONS FOR IMPORTANT INFORMATION ABOUT COMPLETING EACH COLUMN AND ROW.	PY2	!	PY1		CY 3		Total	PY2		PY1		CY
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)	\$	- \$	-	\$ \$	-	Ψ	-	\$ -	. \$	-	\$	-
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 Cal	culate				

Cell Keys:

Health Plan ID
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Legal Name
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2017

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Part 4 NOTE: REFER TO MLR INSTRUCTIONS FOR IMPORTANT INFORMATION ABOUT COMPLETING EACH COLUMN AND ROW.		Total 8			PY2 9	PY1 10		CY 11		Total 12			PY2 13		PY1 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 R	equired to Ca	culate		_				Not R	equired to Ca	alculate)		

Cell Keys:

Health Plan ID

Legal Name

United States Branch of the Sun Life Assurance Company of Canada

MLR Reporting Year 2017

		Health Insurance Coverage													
									DPPO & Ir	ndem	nnity Products				
		lividual			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.	Line 2.1)	\$	-	- \$		\$	3,781,855		3,040,723		733,044	·	7,555,622	•	12,543,573
	1.3 MLR numerator (Line 1.2)	\$		- \$	-	\$	3,781,855	\$	3,040,723	\$	733,044	\$	7,555,622	\$	12,543,573
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)	\$ \$ \$		- \$ - \$ - \$	- - -	\$ \$	5,264,194 (79,255) 5,343,449	\$	4,557,484 (305,602) 4,863,086	\$	1,208,787 (79,751) 1,288,538	\$	11,030,465 (464,608) 11,495,073	\$	14,867,598 (401,481) 15,269,079
3.	3.1 Life-years (Part 1 Line 5.3)		0		0		4,921		4,666		1,014		10,601		18,578
MLR Calculation (for Health plans or health insurers with at least 1,000 life years in the Total column of Line 3.1)				Not	Paguirod to Co	loulo	to						65.7%		
	4.1 MLR			Not	Required to Ca	cula	ie						65.7%		

Cell Keys:

Health Plan ID
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Legal Name
United States Branch of the Sun Life Assurance Company of Canada
dBA
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MLR Reporting Year
2017

			Large	Grou	ıp		
NOT	Part 4 E: REFER TO MLR INSTRUCTIONS FOR IMPORTANT INFORMATION ABOUT COMPLETING EACH COLUMN AND ROW.		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) 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)	\$	7,961,183 7,961,183		1,406,421 1,406,421	·	21,911,177 21,911,177
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)	\$ \$	10,562,699 (550,750) 11,113,449	\$	1,769,021 (119,096) 1,888,117	\$	27,199,318 (1,071,327) 28,270,645
3.	3.1 Life-years (Part 1 Line 5.3)		11,318		2,552		32,448
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						77.5%

Cell Keys:

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

United States Branch of the Sun Life Assurance Company of Canada

Health Plan ID

MLR Reporting Year

Legal Name

dBA

2017		
		Tax Rate
1. If a health plan or health insurer uses the hightest premium	tay rate in the State the	Tax Nate
health plan or health insurer must report applicabe highest Sta		
2. If the health plan or health insurer included deferred experie	·	ludod
deferred experience for current year, provide the total direct w		
claims for the deferred experience by market.		iourrea
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 eff	ective
during the reporting year provide the name of the entity to who	om the business was sold	or
transferred and the date of the sale or transfer.		
		date of sale
Name of Entity to whom business was sold or transfe	rred or tra	ansfer

Grey cells require no data input

Blank cells require input from Health plan or Health insurer

Pink cells require no data input - locked down Blue cells: computed cell (formula cell)

Cell Keys:

Part 5

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	
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