

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

1. MLR Reporting Year	12/31/2014
2. Enter DMHC Health Plan ID. Insurers may leave this field blank	
3. Legal Name	United Concordia Insurance Comp
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

Health Plan ID
 0
 Legal Name
 United Concordia Insurance Company
 dBA
 0
 MLR Reporting Year
 12/31/2014

Federal Tax Exempt
 No

Part 1

NOTE: REFER TO MLR INSTRUCTIONS FOR IMPORTANT INFORMATION ABOUT COMPLETING EACH COLUMN AND ROW.	Health Insurance Coverage						Health Insurance Coverage					
	Individual		DMEPOS Products		Large Group		Individual		DMEPOS & Voluntary Products		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	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 485,170	\$ 485,170	\$ 10,318,209	\$ 10,318,209	\$ 61,857,955	\$ 61,857,955
2. Claims												
2.1 Total incurred claims (MLR Form Part 2, Line 2.11)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 440,424	\$ 453,879	\$ 8,935,894	\$ 9,005,913	\$ 52,286,189	\$ 52,402,614
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							\$ (255)	\$ (255)	\$ (5,413)	\$ (5,413)	\$ (32,454)	\$ (32,454)
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 health insurer during the MLR reporting year (deductible from premium in MLR calculation)							\$ 210	\$ 210	\$ 4,481	\$ 4,481	\$ 28,743	\$ 28,743
3.2 a State income, excise, business, and other taxes							\$ 10,855	\$ 10,855	\$ 230,422	\$ 230,422	\$ 1,381,389	\$ 1,381,389
3.2 b State premium taxes							\$ 902	\$ 902	\$ 19,185	\$ 19,185	\$ 115,016	\$ 115,016
3.2 c Community benefit expenditures												
3.2 d Regulatory authority licenses and fees												
3.2 e Total Federal and State Taxes and fees to be excluded from premium	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 11,692	\$ 11,692	\$ 248,655	\$ 248,655	\$ 1,490,694	\$ 1,490,694
4. Non-Claims Costs												
4.1 Direct sales salaries and benefits							\$ 6,917	\$ 6,917	\$ 147,103	\$ 147,103	\$ 881,887	\$ 881,887
4.2 Agents and brokers fees and commissions							\$ 36,397	\$ 36,397	\$ 774,059	\$ 774,059	\$ 4,640,504	\$ 4,640,504
4.3 Other taxes												
4.3 a Taxes and assessments (exclude amounts reported in Section 3 or Line 10)												
4.3 b Fines and penalties of regulatory authorities (exclude amounts reported in Line 3.3)												
4.3 c Other general and administrative expenses							\$ 18,334	\$ 18,334	\$ 389,911	\$ 389,911	\$ 2,337,529	\$ 2,337,529
4.3 d Total non-claims costs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 61,648	\$ 61,648	\$ 1,311,073	\$ 1,311,073	\$ 7,859,920	\$ 7,859,920
5. Other Indicators or Information												
5.1 Number of covered lives							1,220	1,220	25,946	25,946	155,547	155,547
5.2 Member months							20,971	20,971	260,340	260,340	1,733,662	1,733,662
5.3 Number of life-years							1,748	1,748	21,695	21,695	144,472	144,472
9. Net investment income and other gain / (loss)	\$										225,913	
10. Other Federal income taxes (exclude taxes on Line 3, 1a and 3, 1b)	\$										5,176	

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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 12/31/14		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																						
1.2	Unearned premium prior year																						
1.3	Unearned premium MLR Reporting year																						
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																						
2.1b	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																						
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																						
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	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
		\$ 440,424	\$ 453,879	\$ 8,935,894	\$ 9,005,913	\$ 52,286,189	\$ 52,402,614																

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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		
		The Incurred Claims expense is allocated based on revenue.

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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 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	PY2	PY1	CY
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)																											
1.3	MLR numerator (Line 1.2)																											
2.1	Medical Loss Ratio Denominator																											
2.2	Premium earned (Part 1 Line 1.1)																											
2.3	Federal and State taxes and licensing or regulatory fees (Part 1 Line 3.4)																											
2.3	MLR Denominator (Line 2.1 - Line 2.2)																											
3.1	Life-years (Part 1 Line 5.3)																											
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)																											

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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

United Concordia Insurance Company

dBA

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MLR Reporting Year

12/31/2014

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	

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

Health Plan ID

0

Legal Name

United Concordia Insurance Company

dBA

0

MLR Reporting Year

12/31/2014

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
Frederick G. Merkel

Chief Financial Officer
Daniel J. Wright