

**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	Unicare Life & Health Insurance
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
 0
 Legal Name
 Unicare Life & Health Insurance
 dBA
 0
 MLR Reporting Year
 2017

Federal Tax Exempt
 No

Part 1

		Health Insurance Coverage							
		DHMO Products							
		Individual		Small Group		Large Group		Individual	
		Total as of 12/31/2017	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	Total as of 12/31/2017	Total as of 3/31/2018
		1	2	3	4	5	6	7	8
Part 1 NOTE: REFER TO MLR INSTRUCTIONS FOR IMPORTANT INFORMATION ABOUT COMPLETING EACH COLUMN AND ROW.									
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 health 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		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Other Indicators or information									
5.1 Number of covered lives									
5.2 Member months									
5.3 Number of life-years		-	-	-	-	-	-	-	-
		Grand Total as of 12/31/2017 for ALL markets in col. 1-12.							
6. Net investment income and other gain / (loss)								\$ 9,530	
7. Other Federal income taxes (exclude taxes on Line 3.1a and 3.1b)								\$ 243,542	

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Department of Managed Health Care/Department of Insurance
 Medical Loss Ratio Reporting Form: Dental Coverage
 Part 1 - Summary of Data

Health Plan ID
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 Unicare Life & Health Insurance
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 MLR Reporting Year
 2017

		Health Insurance Coverage			
		DPPO & Indemnity Products			
		Small Group		Large Group	
		Total as of 12/31/2017	Total as of 3/31/2018	Total as of 12/31/2017	Total as of 3/31/2018
		9	10	11	12
Part 1					
NOTE: REFER TO MLR INSTRUCTIONS FOR IMPORTANT INFORMATION ABOUT COMPLETING EACH COLUMN AND ROW.					
1.	Premium				
	1.1 Total direct premium earned	\$ 1,921,106	\$ 1,921,106	\$ -	\$ -
2.	Claims				
	2.1 Total incurred claims (MLR Form Part 2, Line 2.11)	\$ 962,983	\$ 924,485	\$ -	\$ -
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	\$ (124,643)	\$ (124,643)		
	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	\$ 18,660	\$ 18,660		
	3.2 b State premium taxes	\$ 43,467	\$ 43,467		
	3.2 c Community benefit expenditures				
	3.3 Regulatory authority licenses and fees	\$ 23,080	\$ 23,080		
	3.4 Total Federal and State Taxes and fees to be excluded from premium	\$ (39,436)	\$ (39,436)	\$ -	\$ -
4.	Non-Claims Costs				
	4.1 Direct sales salaries and benefits	\$ 2,692	\$ 2,692		
	4.2 Agents and brokers fees and commissions	\$ 160,523	\$ 160,523		
	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	\$ 638,870	\$ 638,870		
	4.5 Total non-claims costs	\$ 802,085	\$ 802,085	\$ -	\$ -
5.	Other Indicators or information				
	5.1 Number of covered lives	3,625	3,625		
	5.2 Member months	44,230	44,230		
	5.3 Number of life-years	3,686	3,686	-	-
6.	Net investment income and other gain / (loss)				
7.	Other Federal income taxes (exclude taxes on Line 3.1a and 3.1b)				

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Part 2

		Health Insurance Coverage						Health Insurance		
		DHMO Products						DPPO & Indemnity		
		Individual		Small Group		Large Group		Individual	Small	
		Total as of 12/31/2017	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	Total as of 12/31/2017	Total as of 12/31/2017	
		1	2	3	4	5	6	7	8	9
Part 2		NOTE: REFER TO MLR INSTRUCTIONS FOR IMPORTANT INFORMATION ABOUT COMPLETING EACH COLUMN AND ROW.								
1.	Premium:									
	1.1 Direct premium written									\$ 1,922,747
	1.2 Unearned premium prior year									\$ (1,641)
	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									\$ 969,128
	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									\$ 66,753
	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									\$ 72,898
	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	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 962,983

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Department of Managed Health Care/Department of Insurance
 Medical Loss Ratio Reporting Form: Dental Coverage
 Part 2 - Premium and Claims

Health Plan ID
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 MLR Reporting Year
 2017

Part 2 NOTE: REFER TO MLR INSTRUCTIONS FOR IMPORTANT INFORMATION ABOUT COMPLETING EACH COLUMN AND ROW.		Dental Coverage		
		Dental Products		
		Group	Large Group	
		Total as of 3/31/2018	Total as of 12/31/2017	Total as of 3/31/2018
		10	11	12
1.	Premium:			
1.1	Direct premium written	\$ 1,922,747		
1.2	Unearned premium prior year	\$ (1,641)		
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	\$ 902,112		
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	\$ 22,373		
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	\$ 924,485	\$ -	\$ -

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 MLR Reporting Year
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Part 3

Description of Expense Element (by Type) 1	NEW 2	Detailed Description of Expense Allocation Methods 3
1. Incurred Claims		
		Claims incurred that are specifically identifiable to a line of business, product and state are reported fully in that line of business and product. Any reserves, liabilities or receivables related to
		claims incurred that are not specifically identified are allocated based on allocation drivers such as claim payments or membership as deemed appropriate in accordance with accounting practices
		generally accepted and in accordance with state approved regulations that are consistently applied and that are apportioned pro rata to the lines of business, and products incurring the expense.
2. Federal and State Taxes and Licensing or Regulatory Fees		
2.a Federal taxes and assessments		
		Federal Taxes and assessments that can be specifically identifiable to a line of business or product are reported fully in that classification. Amounts that are not specifically identifiable are
		allocated based on an effective rate methodology apportioned to the line of business or product incurring the expense. Each entities effective tax rate on insurance operations is applied
		to the income related to insurance operations before income taxes for those line of business or products accordingly. Taxes not related to insurance operations as defined by HHS, such as
		investment activities, are not included in the allocation and are separately reported such to not impact the MLR.
2.b State insurance, premium and other taxes		
		State Insurance, premium and other taxes that can be specifically identifiable to a line of business or product are reported fully in that classification. Amounts that are not specifically identifiable
		are allocated based on an effective rate methodology apportioned to the line of business or product incurring the expense.
2.c Community benefit expenditures		
		Not applicable.
2.d Regulatory authority licenses and fees		
		Regulatory authority licenses and fees as classified by HHS that can be specifically identifiable to a line of business or product are reported fully in that classification. Amounts that are not
		specifically identifiable are allocated based on a pro rata apportionment to the line of business or product incurring the expense.
3. Non-Claims costs		
3.a Direct sales salaries and benefits		
		Direct sales salaries and benefits expenses are captured in cost centers and are allocated to those lines of business and products supported by each specific cost center using measures that
		apportion the expenses related to those lines of business and products incurring such expense.
3.b Agents and brokers fees and commissions		
		Agents and brokers fees and commissions that are specifically identifiable to a line of business and product are reported fully to that line of business and product classification. Any amounts that
		are not specifically identifiable are allocated on an apportioned pro rata basis to those lines of business and products that incur the expense.
3.c Other taxes		
		Other taxes, if any, that are specifically identifiable to a line of business and product are reported fully to that line of business and product. Any amounts that are not specifically identifiable are
		allocated on an apportioned pro rata basis to those lines of business and products that incur the expense.
3.d Other general and administrative expenses		
		Other general and administrative expenses, if any, that are specifically identifiable to a line of business and product are reported fully to that line of business and product. Any amounts that are
		not specifically identifiable are allocated on an apportioned pro rata basis to those lines of business and products that incur the expense.

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Department of Managed Health Care/Department of Insurance
 Medical Loss Ratio Reporting Form: Dental Coverage
 Part 4 - MLR Calculation

Health Plan ID
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 2017

Part 4

Part 4 NOTE: REFER TO MLR INSTRUCTIONS FOR IMPORTANT INFORMATION ABOUT COMPLETING EACH COLUMN AND ROW.		Health Insurance Coverage						
		DHMO Products						
		Individual				Small Group		
		PY2 1	PY1 2	CY 3	Total 4	PY2 5	PY1 6	CY 7
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 Required to Calculate

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Department of Managed Health Care/Department of Insurance
 Medical Loss Ratio Reporting Form: Dental Coverage
 Part 4 - MLR Calculation

Health Plan ID
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 MLR Reporting Year
 2017

Part 4 NOTE: REFER TO MLR INSTRUCTIONS FOR IMPORTANT INFORMATION ABOUT COMPLETING EACH COLUMN AND ROW.		Large Group					Inc		
		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 Required to Calculate			Not Required to Calculate				

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Department of Managed Health Care/Department of Insurance
 Medical Loss Ratio Reporting Form: Dental Coverage
 Part 4 - MLR Calculation

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 2017

		Health Insurance Coverage						
		DPPO & Indemnity Products						
		Individual		Small Group				
		CY	Total	PY2	PY1	CY	Total	PY2
		15	16	17	18	19	20	21
Part 4								
NOTE: REFER TO MLR INSTRUCTIONS FOR IMPORTANT INFORMATION ABOUT COMPLETING EACH COLUMN AND ROW.								
1.	Medical Loss Ratio Numerator							
1.1	Adjusted incurred claims as reported on MLR Form for prior year(s)			\$ 1,297,134	\$ 953,686			
1.2	Adjusted incurred claims as of 3/31 of the year following the MLR reporting year (Part 1 Line 2.1)	\$ -	\$ -	\$ 1,322,140	\$ 1,001,058	\$ 924,485	\$ 3,247,683	
1.3	MLR numerator (Line 1.2)	\$ -	\$ -	\$ 1,322,140	\$ 1,001,058	\$ 924,485	\$ 3,247,683	\$ -
2.	Medical Loss Ratio Denominator							
2.1	Premium earned (Part 1 Line 1.1)	\$ -	\$ -	\$ 2,550,241	\$ 2,050,313	\$ 1,921,106	\$ 6,521,660	
2.2	Federal and State taxes and licensing or regulatory fees (Part 1 Line 3.4)	\$ -	\$ -	\$ 368,204	\$ 198,691	\$ (39,436)	\$ 527,459	
2.3	MLR Denominator (Line 2.1 - Line 2.2)	\$ -	\$ -	\$ 2,182,037	\$ 1,851,622	\$ 1,960,542	\$ 5,994,201	\$ -
3.	3.1 Life-years (Part 1 Line 5.3)	0	0	4,951	3,894	3,686	12,531	
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 Calculate				54.2%

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Department of Managed Health Care/Department of Insurance
 Medical Loss Ratio Reporting Form: Dental Coverage
 Part 4 - MLR Calculation

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 MLR Reporting Year
 2017

		Large Group		
		PY1	CY	Total
		22	23	24
Part 4				
NOTE: REFER TO MLR INSTRUCTIONS FOR IMPORTANT INFORMATION ABOUT COMPLETING EACH COLUMN AND ROW.				
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
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 Calc

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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

Unicare Life & Health Insurance

dBA

0

MLR Reporting Year

2017

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

Unicare Life & Health Insurance

dBA

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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
Paul Nobile

Chief Financial Officer
Robert D. Kretschmer