

**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	Union Security Insurance Compan
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
 Union Security Insurance Company
 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	\$ -	\$ -	\$ -	\$ -	\$ 75,174	\$ 77,961	\$ -	\$ -
2.	Claims								
2.1	Total incurred claims (MLR Form Part 2, Line 2.11)	\$ -	\$ -	\$ (152)	\$ -	\$ (366)	\$ 510	\$ -	\$ -
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	\$ -	\$ -	\$ 53	\$ 53	\$ 26,439	\$ 26,439	\$ -	\$ -
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	\$ -	\$ -	\$ 53	\$ 53	\$ 26,439	\$ 26,439	\$ -	\$ -
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	-	-	-	-	871	871	-	-
5.2	Member months	-	-	-	-	8,727	8,727	-	-
5.3	Number of life-years	-	-	-	-	727	727	-	-
		Grand Total as of 12/31/2017 for ALL markets in col. 1-12.							
6.	Net investment income and other gain / (loss)	\$ 222,158							
7.	Other Federal income taxes (exclude taxes on Line 3.1a and 3.1b)	\$ -							

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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
 0
 Legal Name
 Union Security Insurance Company
 dBA
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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	\$ 8,503,145	\$ 8,574,630	\$ 49,395,075	\$ 49,608,515
2.	Claims				
2.1	Total incurred claims (MLR Form Part 2, Line 2.11)	\$ 5,054,896	\$ 4,518,933	\$ 32,990,108	\$ 30,216,074
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	\$ 103,443	\$ 103,443	\$ 310,150	\$ 310,150
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	\$ 201,504	\$ 201,504	\$ 1,165,800	\$ 1,165,800
3.2 c	Community benefit expenditures	\$ -	\$ -	\$ -	\$ -
3.3	Regulatory authority licenses and fees	\$ 7,042	\$ 7,066	\$ 40,907	\$ 40,907
3.4	Total Federal and State Taxes and fees to be excluded from premium	\$ 311,989	\$ 312,013	\$ 1,516,857	\$ 1,516,857
4.	Non-Claims Costs				
4.1	Direct sales salaries and benefits	\$ 261,998	\$ 261,998	\$ 1,521,954	\$ 1,521,954
4.2	Agents and brokers fees and commissions	\$ 1,020,221	\$ 1,020,221	\$ 3,135,933	\$ 3,135,933
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	\$ 1,661,934	\$ 1,661,934	\$ 9,654,232	\$ 9,654,232
4.5	Total non-claims costs	\$ 2,944,152	\$ 2,944,152	\$ 14,312,118	\$ 14,312,118
5.	Other Indicators or information				
5.1	Number of covered lives	13,044	13,044	101,574	101,574
5.2	Member months	174,707	174,707	1,228,596	1,228,596
5.3	Number of life-years	14,559	14,559	102,383	102,383
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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Health Plan ID
 0
 Legal Name
 Union Security Insurance Company
 dBA
 0
 MLR Reporting Year
 2017

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 3/31/2018	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	\$ -	\$ -	\$ -	\$ -	\$ 75,174	\$ 77,961	\$ -	\$ -	\$ 8,504,237
1.2	Unearned premium prior year	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 182
1.3	Unearned premium MLR Reporting year	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,274
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	\$ -	\$ -	\$ -	\$ -	\$ 510	\$ -	\$ -	\$ -	\$ 4,960,687
2.1b	Claims incurred only during the MLR reporting year, paid through 3/31 of the following year	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 510	\$ -	\$ -	\$ -
2.2	Direct claim liability									
2.2a	Liability as of 12/31 of MLR reporting year for all claims regardless of incurred date	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 391,529
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	\$ -	\$ -	\$ 152	\$ -	\$ 876	\$ -	\$ -	\$ -	\$ 302,360
2.4	Direct claim reserves									
2.4a	Reserves as of 12/31 of MLR reporting year for all claims regardless of incurred date	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 39,848
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	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 34,808
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	\$ -	\$ -	\$ (152)	\$ -	\$ (366)	\$ 510	\$ -	\$ -	\$ 5,054,896

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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
 0
 Legal Name
 Union Security Insurance Company
 dBA
 0
 MLR Reporting Year
 2017

		Dental Coverage		
		Individual 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
Part 2				
NOTE: REFER TO MLR INSTRUCTIONS FOR IMPORTANT INFORMATION ABOUT COMPLETING EACH COLUMN AND ROW.				
1.	Premium:			
1.1	Direct premium written	\$ 8,574,630	\$ 49,395,075	\$ 49,608,515
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		\$ 32,594,874	
2.1a	Claims paid during the MLR reporting year regardless of incurred date		\$ 32,594,874	
2.1b	Claims incurred only during the MLR reporting year, paid through 3/31 of the following year	\$ 4,457,718		\$ 29,813,857
2.2	Direct claim liability		\$ 2,572,553	
2.2a	Liability as of 12/31 of MLR reporting year for all claims regardless of incurred date		\$ 2,572,553	
2.2b	Liability for claims incurred only during the MLR reporting year, calculated as of 3/31 of the following year	\$ 61,215		\$ 402,216
2.3	Direct claim liability prior year		\$ 2,187,335	
2.4	Direct claim reserves		\$ 261,825	
2.4a	Reserves as of 12/31 of MLR reporting year for all claims regardless of incurred date		\$ 261,825	
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		\$ 251,809	
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	\$ 4,518,933	\$ 32,990,108	\$ 30,216,074

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Health Plan ID _____
 Local Name _____
 Union Security Insurance Company _____
 dBA _____
 MLR Reporting Year _____
 2017

Part 3

Description of Expense Element (by Type)	NEW	Detailed Description of Expense Allocation Methods
1	2	3
1. Incurred Claims		
2.1 Claims Paid		Actual Experience. No allocation.
2.2 Direct Claim Liability		In Course of Settlement and BNR liabilities, allocated to CA and between small and large group at same percentage as actual paid claims.
2.4 Direct Claim Reserves		Seasonally Reserve, allocated to CA and between small and large group at same percentage as actual paid claims.
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% Tax Rate
3.1 b Other Federal Taxes (other than income tax) and assessments deductible from premium: ACA Fee		Allocated to CA by CA premium percentage. Allocated between small group and large group by premium percentage.
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		
State insurance department licenses and fee, other state taxes (which includes guaranty fund assessments and state franchise and excise taxes), US Social Security taxes		Allocated to CA by premium percentages. Allocated between small group and large group by premium.
3. Non-Claims costs		
3.a Direct sales salaries and benefits		
3.a Direct sales salaries and benefits		California direct sales expenditures, allocated between small group and large group using expense assumptions from pricing.
3.b Agents and brokers fees and commissions		
Commissions on premiums, annuity considerations, and deposit- how contract funds		Allocated to CA by premium percentages. Allocated between small group and large group using expense assumptions from pricing.
3.c Other taxes		
3.d Other general and administrative expenses		
General Expenses		Allocated to CA by case count percentages. Allocated between small group and large group using expense assumptions from pricing.
		Note: Prepaid for USIC is immaterial (<\$100K premium.) Brought in premium and paid claims but did not make effort to allocate capitation, expenses, taxes, commissions, etc to that block.

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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
 0
 Legal Name
 Union Security Insurance Company
 dBA
 0
 MLR Reporting Year
 2017

Part 4

Part 4		Health Insurance Coverage						
		Individual				DHMO Products		
						Small Group		
NOTE: REFER TO MLR INSTRUCTIONS FOR IMPORTANT INFORMATION ABOUT COMPLETING EACH COLUMN AND ROW.		PY2	PY1	CY	Total	PY2	PY1	CY
		1	2	3	4	5	6	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)			\$ -	\$ -			\$ 53
2.3	MLR Denominator (Line 2.1 - Line 2.2)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ (53)
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
 0
 Legal Name
 Union Security Insurance Company
 dBA
 0
 MLR Reporting Year
 2017

		Large Group					Inc	
		Total	PY2	PY1	CY	Total	PY2	PY1
		8	9	10	11	12	13	14
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)	\$ -			\$ 510	\$ 510		
1.3	MLR numerator (Line 1.2)	\$ -	\$ -	\$ -	\$ 510	\$ 510	\$ -	\$ -
2.	Medical Loss Ratio Denominator							
2.1	Premium earned (Part 1 Line 1.1)	\$ -			\$ 77,961	\$ 77,961		
2.2	Federal and State taxes and licensing or regulatory fees (Part 1 Line 3.4)	\$ 53			\$ 26,439	\$ 26,439		
2.3	MLR Denominator (Line 2.1 - Line 2.2)	\$ (53)	\$ -	\$ -	\$ 51,522	\$ 51,522	\$ -	\$ -
3.	3.1 Life-years (Part 1 Line 5.3)	0			727	727		
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

Health Plan ID
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 MLR Reporting Year
 2017

		Health Insurance Coverage						
		DPP0 & 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)			\$ 4,526,606	\$ 4,185,295			\$ 32,012,363
1.2	Adjusted incurred claims as of 3/31 of the year following the MLR reporting year (Part 1 Line 2.1)	\$ -	\$ -	\$ 4,533,943	\$ 4,226,661	\$ 4,518,933	\$ 13,279,537	\$ 32,283,446
1.3	MLR numerator (Line 1.2)	\$ -	\$ -	\$ 4,533,943	\$ 4,226,661	\$ 4,518,933	\$ 13,279,537	\$ 32,283,446
2.	Medical Loss Ratio Denominator							
2.1	Premium earned (Part 1 Line 1.1)	\$ -	\$ -	\$ 9,036,311	\$ 8,178,184	\$ 8,574,630	\$ 25,789,125	\$ 49,383,997
2.2	Federal and State taxes and licensing or regulatory fees (Part 1 Line 3.4)	\$ -	\$ -	\$ 934,627	\$ 762,235	\$ 312,013	\$ 2,008,876	\$ 3,954,211
2.3	MLR Denominator (Line 2.1 - Line 2.2)	\$ -	\$ -	\$ 8,101,684	\$ 7,415,949	\$ 8,262,617	\$ 23,780,249	\$ 45,429,786
3.	3.1 Life-years (Part 1 Line 5.3)	0	0			14,559	14,559	
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			55.8%	

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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
 0
 Legal Name
 Union Security Insurance Company
 dBA
 0
 MLR Reporting Year
 2017

Part 4			
NOTE: REFER TO MLR INSTRUCTIONS FOR IMPORTANT INFORMATION ABOUT COMPLETING EACH COLUMN AND ROW.			
	PY1	CY	Total
	22	23	24
Large Group			
1. Medical Loss Ratio Numerator			
1.1 Adjusted incurred claims as reported on MLR Form for prior year(s)	\$ 30,682,202		
1.2 Adjusted incurred claims as of 3/31 of the year following the MLR reporting year (Part 1 Line 2.1)	\$ 30,827,918	\$ 30,216,074	\$ 93,327,438
1.3 MLR numerator (Line 1.2)	\$ 30,827,918	\$ 30,216,074	\$ 93,327,438
2. Medical Loss Ratio Denominator			
2.1 Premium earned (Part 1 Line 1.1)	\$ 49,180,634	\$ 49,608,515	\$ 148,173,146
2.2 Federal and State taxes and licensing or regulatory fees (Part 1 Line 3.4)	\$ 3,390,479	\$ 1,516,857	\$ 8,861,546
2.3 MLR Denominator (Line 2.1 - Line 2.2)	\$ 45,790,155	\$ 48,091,658	\$ 139,311,600
3. 3.1 Life-years (Part 1 Line 5.3)		102,383	102,383
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			67.0%

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

Health Plan ID

0

Legal Name

Union Security Insurance Company

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