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

1. Dental MLR Reporting Year	
2. Enter DMHC Health Plan ID. Insurers may leave this field blank	
3. Legal Name	
4. DBA	
5. Federal Tax Exempt Status? Please enter Yes or No	

Cell Key:

Blank cells require input from Health plan or Health insurer

version 030215

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

Health Plan ID	
0	
Legal Name	
0	
dBA	
0	
MLR Reporting Year	

Federal Tax Exempt

Part 1

						nce Coverage		
						Products	<u> </u>	
	Dovt 4	T	Total as of 12/31/14	vidual	Total as of 12/31/14	Group		Group Total as of 3/31/15
Ι,	Part 1 NOTE: REFER TO MLR INSTRUCTIONS FOR IMPORTANT INFORMATION ABOUT COMPLETING EACH		10tal as 01 12/31/14	Total as of 3/31/15	3	Total as of 3/31/15	Total as of 12/31/14 5	10tal as 01 3/31/15
1.	Premium		•		Ŭ	-1	Ü	Ü
	1.1 Total direct premium earned		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
2.	Claims		Φ.	•	Φ.	Φ.	Φ.	Φ.
	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 r	eporting 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		c	C	Φ.	Φ.		Φ.
	3.4 Total Federal and State Taxes and fees to be excluded from premium		\$ -	\$ -	-	\$ -	\$	5 -
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 policies/certificates							
	5.2 Number of covered lives							
	5.3 Number of groups							
	5.4 Member months							
	5.5 Number of life-years		-	-		-	-	-
			Grand Total as of					
			12/31/12 for ALL					
			markets in col. 1-12					
6.	Net investment income and other gain / (loss)							
7.	Other Federal income taxes (exclude taxes on Line 3.1a and 3.1b)							

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/Department of Insurance Dental Medical Loss Ratio Reporting Form Part 1 - Summary of Data

ealth Plan ID
gal Name
SA .
R Reporting Year

							Health Insura	nce C	overage				
							DPPO & Inder	nnity	Products				
			I	ndiv	idual		Small	Grou	р		Large	Group	
	Part 1		Total as of 12/31/	14	Total as of 3/31/15	5	Total as of 12/31/14	To	tal as of 3/31/15	Total a	as of 12/31/14	Total a	s of 3/31/15
	NOTE: REFER TO MLR INSTRUCTIONS FOR IMPORTANT INFORMATION ABOUT COMPLETING EACH		7		8		9		10		11		12
·	1. Premium												
	1.1 Total direct premium earned		\$	-	\$ -	\$	-	\$	-	\$	-	\$	-
<u> </u>) Oleima					+		-					
1	2. Claims 2.1 Total incurred claims (MLR Form Part 2, Line 2.11)		¢	_	\$ -		r	¢	_	c		¢	
	2.1 Total incurred ciains (MEX Form Fait 2, Line 2.11)		Ψ		Ψ -	,	p -	Ψ		Ψ		Ψ	-
	3. Federal and State Taxes and Licensing or Regulatory Fees			\rightarrow		+							
	3.1 Federal taxes and assessments incurred by the reporting health plan or health insurer during the MLR re	eporting year											
	3.1 a Federal income taxes deductible from premium in MLR calculations	. 0,				Т							
	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 taxes3.2 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		\$	_	\$ -	9	.	\$	-	\$	-	\$	_
	Total Foundation Funds and		•		•					*			
-	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		\$	_	\$ -	9	-	\$	_	\$	-	\$	_
			·					Ť		•		Ţ	
	5. Other Indicators or information												
	5.1 Number of policies/certificates												
	5.2 Number of covered lives					_							
	5.3 Number of groups												
	5.4 Member months												
	5.5 Number of life-years			-	-	_	-						-
(6. Net investment income and other gain / (loss)												
-	7. Other Federal income taxes (exclude taxes on Line 3.1a and 3.1b)												

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

Health Plan ID	
0	
Legal Name	
0	
dBA	
0	
MLR Reporting Year	

Part 2

			Health Insura	nce Coverage				
	DHMO Products							
	Indiv	vidual	Small	Group	Large	Group		
Part 2	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 12/31/13	Total as of 3/31/14		
NOTE: REFER TO MLR INSTRUCTIONS FOR IMPORTANT INFORMATION ABOUT	1	2	3	4	5	6		
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 year2.9b Accrued dental incentive pools and bonuses MLR Reporting year								
2.96 Accrued dental incentive pools and bonuses mick Reporting year 2.9c Accrued dental incentive pools and bonuses prior year								
2.10 Contingent benefit and lawsuit reserves			1					
2.11 Total incurred claims	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		

Cell Keys:

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

Health Plan ID
0
Legal Name
0
dBA
0
MLR Reporting Year

				Health Insura	nce Coverage		
		DPPO & Indemnity Products					
		Indiv	/idual	Small	Group	Large	Group
	Part 2	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 12/31/13	Total as of 3/31/14
NOT	E: REFER TO MLR INSTRUCTIONS FOR IMPORTANT INFORMATION ABOUT	7	8	9	10	11	12
1. Prem	nium:						
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. Clair							
2.1	Claims Paid						
i	2.1a Claims paid during the MLR reporting year regardless of incurred date						
i	2.1b Claims incurred only during the MLR reporting year, paid through 3/31 of the following year						
2.2	·						
i	2.2a Liability as of 12/31 of MLR reporting year for all claims regardless of incurred date						
i	2.2b Liability for claims incurred only during the MLR reporting year, calculated as of						
i	3/31 of the following year						
2.3							
2.4	· · · · · · · · · · · · · · · · · · ·						
	2.4a Reserves as of 12/31 of MLR reporting year for all claims regardless of						
i	incurred date						
i	2.4b Reserves for claims incurred only during the MLR reporting year, calculated as						
i	of 3/31 of the following year						
2.5	Direct claim reserves prior year						
2.6	, , , , , , , , , , , , , , , , , , , ,						
i	2.6a Experience rating refunds, with all incurred dates, paid in the MLR reporting						
i	year						
i	2.6b Experience rating refunds associated with premium earned only in the reporting						
i	year and paid through 3/31 of the following year						
2.7	Reserve for experience rating refunds (rate credits)						
i	2.7a Reserved in MLR reporting year regardless of incurred date						
i	2.7b Reserves specific to the MLR reporting year through 3/31 of the following year						
2.8	, , , , , , , , , , , , , , , , , , , ,						
2.9							
i	2.9a Paid dental incentive pools and bonuses MLR Reporting year 2.9b Accrued dental incentive pools and bonuses MLR Reporting year						
i	2.9c 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			1			
2.10	Total incurred claims	\$ -	-	\$ -	\$ -	\$ -	\$ -
2.11	Total mountain	*	•	•	•	•	ų.

Cell Keys:

Department of Managed Health Care/Department of Insurance Dental Medical Loss Ratio Reporting Form Part 3 - Expense Allocation

Health Plan ID		
0		
Legal Name		
0		
dBA		
0		
MLR Reporting Year		
0		

Part 3

Description of Expense Element (by Type)	NEW	Detailed Description of Expense Allocation Methods
1. Incurred Claims	2	3
III III OUT		
2. Federal and State Taxes and Licensing or Regulatory Fees		
2.a Federal taxes and assessments		
2.b State insurance, premium and other taxes		
2.c Community benefit expenditures		
2.d Regulatory authority licenses and fees		

S. Non-Claires coles Le l'annet sales side his sed berefés 3.b Agents on: Divien fees and por makins 3.c Char tasses 3.d Other garrens and administrative expenses		
3.b Agents and brokers fees and commissions 3.c Other taxes		
3.b Agents and brokers fees and commissions 3.c Other taxes		
3.b Agents and brokers fees and commissions 3.c Other taxes		
3.b Agents and brokers fees and commissions 3.c Other taxes	2. Non Claima agata	
3.b Agents and brokers fees and commissions 3.c Other taxes	3.a Direct sales salaries and benefits	
3.c Other taxes		
	3.b Agents and brokers fees and commissions	
3.d Other general and administrative expenses	3.c Other taxes	
3.d Other general and administrative expenses		
3.d Other general and administrative expenses		
3.d Other general and administrative expenses		
3.d Other general and administrative expenses		
3.d Other general and administrative expenses		
3.d Other general and administrative expenses		
3.d Other general and administrative expenses		
3.d Other general and administrative expenses		
	3.d Other general and administrative expenses	

Cell Keys:

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

Health Plan ID	
0	
Legal Name	
0	
dBA	
0	
MLR Reporting Year	
0	

Part 4

	Health Insurance Coverage DHMO Products								
		Indi	vidual				Group		Large
Part 4 NOTE: REFER TO MLR INSTRUCTIONS FOR IMPORTANT INFORMATION ABOUT COMPLETING EACH COLUMN AND ROW.	PY2 1	PY1 2	CY 3	Total 4	PY2 5	PY1 6	CY 7	Total 8	F
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 5.5) 4. MLR Calculation (for Health plans or health insurers with at least 1,000 life years in the Total column 4.1 MLR 	n of Line 3.1)		0	0 #DIV/0!			0	#DIV/0!	

Cell Keys:

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

Health Plan ID		
0		
Legal Name		
0		
dBA		
0		
MLR Reporting Year		
0		

	Crown			lo div	idual			DPPO & Inden		
Part 4 NOTE: REFER TO MLR INSTRUCTIONS FOR IMPORTANT INFORMATION ABOUT COMPLETING EACH COLUMN AND ROW.	CY	Total 12	PY2 13	PY1	CY 15	Total 16	PY2 17	PY1	CY 19	Total 20
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)	\$ -	\$ - \$ -	13	14	\$ - \$ -	\$ - \$ -	17	10	\$ - \$ -	\$ - \$ -
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)	\$ - \$ - \$ -	\$ - \$ - \$ -			\$ - \$ - \$ -	\$ - \$ - \$ -			\$ - \$ - \$ -	\$ - \$ - \$ -
 3.1 Life-years (Part 1 Line 5.5) 4. MLR Calculation (for Health plans or health insurers with at least 1,000 life years in the Total column 4.1 MLR 	0	#DIV/0!			0	#DIV/0!			0	0 #DIV/0!

Cell Keys:

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

Health Plan ID
0
Legal Name
0
dBA
0
MLR Reporting Year
0

			Larg	je Group			
NO	Part 4 TE: REFER TO MLR INSTRUCTIONS FOR IMPORTANT INFORMATION ABOUT COMPLETING EACH COLUMN AND ROW.	PY2 21	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) 			\$		\$ \$	
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. 4.	3.1 Life-years (Part 1 Line 5.5) MLR Calculation (for Health plans or health insurers with at least 1,000 life years in the Total colum 4.1 MLR				0		0 #DIV/0!
	1. I IVILIA						151770.

Cell Keys:

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

Health Plan ID

Legal Name

0		Pai	r4 5
dBA		rai	LJ
0			
MLR Reporting Year			
0			
			Tax Rate
1. If a health plan or health insurer uses the high	est premium tax rate in the St	ate, the	
health plan or health insurer must report applical	pe highest State health premiu	ım tax	
2. If the health plan or health insurer included de	ferred experience for prior yea	r and excl	uded
deferred experience for current year, provide the	total direct written premium a	nd total in	curred
claims for the deferred experience by market.			
Deferred experience for prior year			
Deferred experience for current year			
	7		
	 		
3. If the health plan or health insurer novated any	business in the MLR reportin	g vear effe	ective
during the reporting year provide the name of the			
transferred and the date of the sale or transfer.		nuo oonu o	4
		Effective d	ate of sale
Name of Entity to whom business was	sold or transferred		nsfer
Name of Entity to whom business was	30id of transferred	OI tid	1113101

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 Dental Medical Loss Ratio Reporting Form Attestation

Health Plan ID	
0	
Legal Name	
0	
dBA	
0	
MLR Reporting Year	
0	



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 Dental 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 Dental 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