

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

<b>1. MLR Reporting Year</b>	<b>2015</b>
<b>2. Enter DMHC Health Plan ID. Insurers may leave this field blank</b>	
<b>3. Legal Name</b>	<b>Blue Shield of California Life &amp; Health Insurance Co.</b>
<b>4. DBA</b>	
<b>5. Federal Tax Exempt Status? Please enter Yes or No</b>	<b>No</b>

**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.



Health Plan ID  
 0  
 Least Name  
 Blue Shield of California Life & Health Insurance Co.  
 dBA  
 0  
 MLR Reporting Year  
 2015

# 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 12/31/15		Total as of 3/31/16		Total as of 12/31/15		Total as of 3/31/16		Total as of 12/31/15		Total as of 3/31/16		Total as of 12/31/15		Total as of 3/31/16	
		1	2	3	4	5	6	7	8	9	10	11	12		
1	Premium:														
1.1	Direct premium written							\$ 10,084,039	\$ 10,084,039	\$ 635,099	\$ 635,099	\$ 124,264	\$ 124,264		
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							\$ 3,939,698	\$ 3,939,698	\$ 352,269	\$ 352,269	\$ 28,983	\$ 28,983		
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							\$ 564,491	\$ 564,491	\$ 35,648	\$ 35,648	\$ 6,975	\$ 6,975		
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 reserves:														
2.4	Direct claim reserves							\$ 563,982	\$ 563,982	\$ 24,424	\$ 24,424				
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	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 3,940,207	\$ 3,939,698	\$ 383,493	\$ 383,493	\$ 35,958	\$ 35,958		

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

Health Plan ID  
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 Local Name  
 Blue Shield of California Life & Health Insurance Co.  
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### Part 3

Description of Expense Element (by Type)	NEW	Detailed Description of Expense Allocation Methods
1	2	3
<b>1. Incurred Claims</b>		Claims are specifically identified by member and each member associated with a respective group in our systems. Groups are assigned benefit type codes. Benefit type codes are cross-referenced to product codes which determine market segment.

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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 - Other Insurance 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
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)		\$ -	\$ -	\$ -		\$ -	\$ -	\$ -		\$ -	\$ -	\$ -	\$ 3,499,228	\$ 3,939,698	\$ 7,438,926		\$ 165,705	\$ 303,493	\$ 529,198			\$ 35,958	\$ 35,958	
1.3	MLR numerator (Line 1.2)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 3,499,228	\$ 3,939,698	\$ 7,438,926		\$ 165,705	\$ 303,493	\$ 529,198		\$ -	\$ 35,958	\$ 35,958	
2.1	Medical Loss Ratio Denominator		\$ -	\$ -	\$ -		\$ -	\$ -	\$ -		\$ -	\$ -	\$ -	\$ 8,686,967	\$ 10,084,039	\$ 18,771,006		\$ 398,718	\$ 635,009	\$ 1,033,817		\$ 124,264	\$ 124,264	\$ 124,264	
2.2	Premium earned (Part 1 Line 1.1)		\$ -	\$ -	\$ -		\$ -	\$ -	\$ -		\$ -	\$ -	\$ -	\$ 1,425,003	\$ 1,585,421	\$ 3,010,424		\$ 84,271	\$ 68,701	\$ 162,972		\$ (3)	\$ 19,954	\$ 19,922	
2.3	Federal and State taxes and licensing or regulatory fees (Part 1 Line 3.4)		\$ -	\$ -	\$ -		\$ -	\$ -	\$ -		\$ -	\$ -	\$ -	\$ 7,261,964	\$ 8,498,618	\$ 15,760,582		\$ 314,447	\$ 566,308	\$ 870,845		\$ (32)	\$ 104,310	\$ 104,342	
2.3	MLR Denominator (Line 2.1 - Line 2.3)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 7,261,964	\$ 8,498,618	\$ 15,760,582		\$ 314,447	\$ 566,308	\$ 870,845		\$ (32)	\$ 104,310	\$ 104,342	
3.1	Life-years (Part 1 Line 5.3)	0	0	0	0	0	0	0	0	0	0	0	0	18,402	19,498	19,498		503	1,031	1,031		365	365	365	
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)	Not Required to Calculate				Not Required to Calculate				Not Required to Calculate				47.20%				60.06%				Not Required to Calculate			

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

**Health Plan ID**

0

**Legal Name**

Blue Shield of California Life & Health Insurance Co.

**dBA**

0

**MLR Reporting Year**

2015

## 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

**Jeff Smith**

\_\_\_\_\_  
Chief Financial Officer

**Michael J Stuart**