

**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

Draft

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

Federal Tax Exempt
 0

Part 1

Part 1 NOTE: REFER TO MLR INSTRUCTIONS FOR IMPORTANT INFORMATION ABOUT COMPLETING EACH		Health Insurance Coverage					
		DHMO Products					
		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
		1	2	3	4	5	6
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 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
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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
0

Part 1 NOTE: REFER TO MLR INSTRUCTIONS FOR IMPORTANT INFORMATION ABOUT COMPLETING EACH		Health Insurance Coverage					
		DPPO & Indemnity Products					
		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
		7	8	9	10	11	12
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 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)						

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Health Plan ID
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Legal Name
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MLR Reporting Year
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Part 2

Part 2 NOTE: REFER TO MLR INSTRUCTIONS FOR IMPORTANT INFORMATION ABOUT		Health Insurance Coverage					
		DHMO Products					
		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 12/31/13	Total as of 3/31/14
		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 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		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

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

Health Plan ID
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Legal Name
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MLR Reporting Year
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Part 2 NOTE: REFER TO MLR INSTRUCTIONS FOR IMPORTANT INFORMATION ABOUT		Health Insurance Coverage					
		DPPO & Indemnity Products					
		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 12/31/13	Total as of 3/31/14
		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	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

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3. Non-Claims costs		
3.a Direct sales salaries and benefits		
3.b Agents and brokers fees and commissions		
3.c Other taxes		
3.d Other general and administrative expenses		

Cell Keys:
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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									
		DHMO Products									
		Individual				Small Group				Large	
		PY2	PY1	CY	Total	PY2	PY1	CY	Total	F	L
1	2	3	4	5	6	7	8	9	10		
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 5.5)			0	0	0	0	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				#DIV/0!			#DIV/0!			

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

Health Plan ID
0
Legal Name
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MLR Reporting Year
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		Health Insurance Coverage									
		DPPO & Indemnity Products									
		Group		Individual				Small Group			
Part 4 NOTE: REFER TO MLR INSTRUCTIONS FOR IMPORTANT INFORMATION ABOUT COMPLETING EACH COLUMN AND ROW.		CY	Total	PY2	PY1	CY	Total	PY2	PY1	CY	Total
		11	12	13	14	15	16	17	18	19	20
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 5.5)	0	0			0	0			0	0
4.	MLR Calculation (for Health plans or health insurers with at least 1,000 life years in the Total column)										
	4.1 MLR		#DIV/0!				#DIV/0!				#DIV/0!

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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 NOTE: REFER TO MLR INSTRUCTIONS FOR IMPORTANT INFORMATION ABOUT COMPLETING EACH COLUMN AND ROW.		Large Group			
		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.	3.1 Life-years (Part 1 Line 5.5)			0	0
4.	MLR Calculation (for Health plans or health insurers with at least 1,000 life years in the Total column)				
	4.1 MLR				#DIV/0!

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

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

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	

Cell Keys:
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**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

Draft

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