

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

1.	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 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 _____
 Legal Name _____
 dBA _____
 MLR Reporting Year _____

Federal Tax Exempt

Part 1

NOTE: REFER TO MLR INSTRUCTIONS FOR IMPORTANT INFORMATION ABOUT COMPLETING EACH COLUMN AND ROW.	Health Insurance Coverage						Health Insurance Coverage					
	Individual		DMMO Products		Large Group		Individual		DMMO & Voluntary Products		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	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 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 Fees 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 12/31/15 for ALL markets in col. 1-12										
6. Net investment income and other gain / (loss)	\$	1										
7. Other Federal income taxes (exclude taxes on Line 3, 1a and 3, 1b)	\$	1										

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

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	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													
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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Part 3

Description of Expense Element (by Type)	NEW	Detailed Description of Expense Allocation Methods
1	2	3
1. Incurred Claims		
1.a Federal taxes and assessments		
1.b State insurance, premium and other taxes		
1.c Community benefit expenditures		
1.d Regulatory authority licenses and fees		
2. Non-Claims costs		
2.a Direct sales salaries and benefits		
2.b Agents and brokers fees and commissions		
2.c Other taxes		
2.d Other general and administrative expenses		

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Health Plan ID _____
 Logo Name _____
 CBA _____
 MLR Reporting Year _____

Part 4

Part 4 NOTE: REFER TO MLR INSTRUCTIONS FOR IMPORTANT INFORMATION ABOUT COMPLETING EACH COLUMN AND ROW.		Health Insurance Coverage Non-Public Products												Health Insurance Coverage Public 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)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
1.3	MLR numerator (Line 1.2)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
2.1	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 5.3)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
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				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 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 applicabe 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

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 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