

Department of Health and Human Services
 Medical Loss Ratio Reporting Form
 Parts 1 and 2 - Data Development

Holding Company
 Company Name
 DBA / Marketing Name:
 Address:

Federal EIN :
 AmBest Number:
 Issuer ID:
 Merge Markets - Ind/SmGrp (MA Only)
 NAIC Group Code:
 Business in the State of:
 Not-For-Profit
 Yes
 NAIC Company Code:
 Domiciliary State:
 MLR Reporting Year:

Part 1	NAIC Supp. Health Care Exhibit Line	Health Insurance Coverage															"Mini-Med"						
		Individual					Small Group					Large Group					Individual		Small Group		Large Group		
		Total as of 12/31/XX	3/31/YY	Deferred PY (Add)	Deferred CY (Subtract)	Total as of 3/31/YY	Total as of 12/31/XX	3/31/YY	Deferred PY (Add)	Deferred CY (Subtract)	Total as of 3/31/YY	Total as of 12/31/XX	3/31/YY	Deferred PY (Add)	Deferred CY (Subtract)	Total as of 3/31/YY	Total as of 12/31/XX	Total as of 3/31/YY	Total as of 12/31/XX	Total as of 3/31/YY	Total as of 12/31/XX	Total as of 3/31/YY	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	
1. Premium																							
1.1 Total direct premium earned (from Part 2, Line 1.11 respectively)	Pt 1, Ln 1.1	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
1.2 Federal high risk pools	Pt 1, Ln 1.2	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
1.3 State high risk pools	Pt 1, Ln 1.3	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
1.4 Premium earned including federal and state high risk programs (Lines 1.1 + 1.2 + 1.3)	Pt 1, Ln 1.4	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
1.5 Net assumed less ceded reinsurance premium earned (exclude amts reported already included in Line 1.1)	Pt 1, Ln 1.9		XXX	XXX	XXX	XXX		XXX	XXX	XXX	XXX		XXX	XXX	XXX		XXX		XXX		XXX		XXX
1.6 Other adjustments due to MLR calculations Premium	Pt 1, Ln 1.10		XXX	XXX	XXX	XXX		XXX	XXX	XXX	XXX		XXX	XXX	XXX		XXX		XXX		XXX		XXX
1.7 Risk revenue	Pt 1, Ln 1.11		XXX	XXX	XXX	XXX		XXX	XXX	XXX	XXX		XXX	XXX	XXX		XXX		XXX		XXX		XXX
1.8 Premium earned including federal and state high risk programs net of reinsurance (Lines 1.4 + 1.5 + 1.6 + 1.7)		\$ -	XXX	XXX	XXX	XXX	\$ -	XXX	XXX	XXX	XXX	\$ -	XXX	XXX	XXX	\$ -	XXX	\$ -	XXX	\$ -	XXX	\$ -	XXX
2. Claims																							
2.1 Adjusted Incurred Claims (from Part 2, Line 2.17 & 2.18 respectively)		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
2.2 Prescription drugs (informational only; already included in adjusted incurred claims above)	Pt 1, Ln 2.2			XXX	XXX	\$ -		XXX	XXX	\$ -		XXX	XXX	\$ -		XXX		XXX		XXX		XXX	
2.3 Pharmaceutical rebates (informational only; already excluded from adjusted incurred claims above)	Pt 1, Ln 2.3			XXX	XXX	\$ -		XXX	XXX	\$ -		XXX	XXX	\$ -		XXX		XXX		XXX		XXX	
2.4 State stop loss, market stabilization and claim/census based assessments (informational only; already excluded from adjusted incurred claims above)	Pt 1, Ln 2.4			XXX	XXX	\$ -		XXX	XXX	\$ -		XXX	XXX	\$ -		XXX		XXX		XXX		XXX	
2.5 Net assumed less ceded claims incurred (exclude amounts reported already included in Line 2.1)	Pt 1, Ln 5.1		XXX	XXX	XXX	XXX		XXX	XXX	XXX	XXX		XXX	XXX	XXX		XXX		XXX		XXX		XXX
2.6 Other adjustments due to MLR calculation - claims incurred	Pt 1, Ln 5.2		XXX	XXX	XXX	XXX		XXX	XXX	XXX	XXX		XXX	XXX	XXX		XXX		XXX		XXX		XXX
2.7 Rebates paid	Pt 1, Ln 5.3		XXX	XXX	XXX	XXX		XXX	XXX	XXX	XXX		XXX	XXX	XXX		XXX		XXX		XXX		XXX
2.8 Estimated rebates unpaid at the end of the prior MLR reporting year	Pt 1, Ln 5.4		XXX	XXX	XXX	XXX		XXX	XXX	XXX	XXX		XXX	XXX	XXX		XXX		XXX		XXX		XXX
2.9 Estimated rebates unpaid at the end of the current MLR reporting year	Pt 1, Ln 5.5		XXX	XXX	XXX	XXX		XXX	XXX	XXX	XXX		XXX	XXX	XXX		XXX		XXX		XXX		XXX
2.10 Fee-for-service and co-pay revenue (net of expenses)	Pt 1, Ln 5.6		XXX	XXX	XXX	XXX		XXX	XXX	XXX	XXX		XXX	XXX	XXX		XXX		XXX		XXX		XXX
2.11 Net incurred claims after reinsurance (Line 2.1 + 2.5 + 2.6 + 2.7 - 2.8 + 2.9 - 2.10)		\$ -	XXX	XXX	XXX	XXX	\$ -	XXX	XXX	XXX	XXX	\$ -	XXX	XXX	XXX	\$ -	XXX	\$ -	XXX	\$ -	XXX	\$ -	XXX
3. Federal and State Taxes and Licensing or Regulatory Fees																							
3.1 Federal taxes and assessments	Pt 1, Ln 1.5		\$ -			\$ -		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -	
3.2 State insurance, premium and other taxes																							
3.2 a State income, excise, business, and other taxes excluded from premium	Pt 1, Ln 1.6		\$ -			\$ -		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -	
3.2 b State premium taxes	Pt 1, Ln 1.6		\$ -			\$ -		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -	
3.2 c Community Benefit Expenditures	Pt 1, Ln 1.6		\$ -			\$ -		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -	
3.3 Regulatory authority licenses and fees	Pt 1, Ln 1.7		\$ -			\$ -		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -	
3.4 Total Federal and State taxes and fees to be excluded from Premium (Lines 3.1 + 3.2a + Max(3.2b or 3.2c) + 3.3)		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. Improving Health Care Quality Expenses Incurred:																							
4.1 Improve health outcomes	Pt 1, Ln 6.1	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4.2 Activities to prevent hospital readmission	Pt 1, Ln 6.2	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4.3 Improve patient safety and reduce medical errors	Pt 1, Ln 6.3	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4.4 Wellness and health promotion activities	Pt 1, Ln 6.4	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4.5 Health information technology expenses related to health improvement	Pt 1, Ln 6.5	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4.6 Total of defined expenses incurred for improving health care quality (Lines 4.1 + 4.2 + 4.3 + 4.4 + 4.5)	Pt 1, Ln 6.6	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Non-Claims Costs:																							
5.1 Cost containment expenses not included in quality improvement expenses on Line 4.6	Pt 1, Ln 8.1	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5.2 All other claims adjustment expenses	Pt 1, Ln 8.2	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5.3 Direct sales salaries and benefits	Pt 1, Ln 10.1																						
5.4 Agents and brokers fees and commissions	Pt 1, Ln 10.2																						
5.5 Other taxes																							
5.5a State taxes and assessments not excluded from premium (not reported in Line 3.2a)	Pt 1, Ln 10.3		\$ -			\$ -		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -	
5.5b Fines and penalties of regulatory authorities (not reported in Line 3.3)	Pt 1, Ln 10.3		\$ -			\$ -		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -	
5.6 Other general and administrative expenses	Pt 1, Ln 10.4		\$ -			\$ -		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -	
5.7 Community benefit expenditures (exclude amounts reported already in Line 3.2c)			\$ -			\$ -		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -	
5.8 Total non-claims costs (Lines 5.1 + 5.2 + 5.3 + 5.4 + 5.5a + 5.5b + 5.6 + 5.7)		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5.9 ICD-10 implementation expenses (informational only)	Pt 1, Ln 16		\$ -	XXX	XXX	\$ -		XXX	XXX	\$ -		XXX	XXX	\$ -		XXX		XXX		XXX		XXX	
6. Pre-tax underwriting gain / (loss) (Lines 1.8 - 2.11 - 4.6 - 5.8 + 5.5a + 5.5b - Part 2 Line 2.16)		\$ -	XXX	XXX	XXX	XXX	\$ -	XXX	XXX	XXX	XXX	\$ -	XXX	XXX	XXX	\$ -	XXX	\$ -	XXX	\$ -	XXX	\$ -	XXX
7. Income from fees of uninsured plans	Pt 1, Ln 12	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8. Net investment and other gain / (loss)	Pt 1, Ln 13	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9. Federal income taxes (excluding taxes on Line 3.1 above)	Pt 1, Ln 14	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
10. After-tax net gain / (loss) (Lines 1.8 - 2.11 - 3.4 - 4.6 - 5.8 + 7 + 8 - 9)	Pt 1, Ln 15	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
11. Other Indicators or information:																							
11.1 Number of policies/certificates	Pt 1 Other, Ln 1																						
11.2 Number of covered lives	Pt 1 Other, Ln 2																						
11.3 Number of groups	Pt 1 Other, Ln 3	XXX	XXX	XXX	XXX	XXX										XXX	XXX						
11.4 Member months	Pt 1 Other, Ln 4																						
11.5 Number of life-years																							

Department of Health and Human Services
 Medical Loss Ratio Reporting Form
 Parts 1 and 2 - Data Development

Holding Company
 Company Name
 DBA / Marketing Name:
 Address:

Part 1	Expatriate								Government Program Plans	Other Health Business	Aggregate 2% Rule	Uninsured Plans	Grand Total as of 12/31/XX
	Small Group				Large Group								
	Deferred PY (Add)	Deferred CY (Subtract)	Total as of 3/31/YY	Total as of 12/31/XX	3/31/YY	Deferred PY (Add)	Deferred CY (Subtract)	Total as of 3/31/YY					
24	25	26	27	28	29	30	31	32	33	34	35	36	
1. Premium													
1.1 Total direct premium earned (from Part 2, Line 1.11 respectively)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	XXX	\$ -
1.2 Federal high risk pools												XXX	\$ -
1.3 State high risk pools												XXX	\$ -
1.4 Premium earned including federal and state high risk programs (Lines 1.1 + 1.2 + 1.3)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	XXX	\$ -
1.5 Net assumed less ceded reinsurance premium earned (exclude amts reported already included in Line 1.1)	XXX	XXX	XXX		XXX	XXX	XXX	XXX				XXX	\$ -
1.6 Other adjustments due to MLR calculations Premium	XXX	XXX	XXX		XXX	XXX	XXX	XXX				XXX	\$ -
1.7 Risk revenue	XXX	XXX	XXX		XXX	XXX	XXX	XXX				XXX	\$ -
1.8 Premium earned including federal and state high risk programs net of reinsurance (Lines 1.4 + 1.5 + 1.6 + 1.7)	XXX	XXX	XXX	\$ -	XXX	XXX	XXX	XXX	\$ -	\$ -	\$ -	XXX	\$ -
2. Claims													
2.1 Adjusted Incurred Claims (from Part 2, Line 2.17 & 2.18 respectively)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	XXX	\$ -
2.2 Prescription drugs (informational only; already included in adjusted incurred claims above)	XXX	XXX	\$ -			XXX	XXX	\$ -				XXX	\$ -
2.3 Pharmaceutical rebates (informational only; already excluded from adjusted incurred claims above)	XXX	XXX	\$ -			XXX	XXX	\$ -				XXX	\$ -
2.4 State stop loss, market stabilization and claim/census based assessments (informational only; already excluded from adjusted incurred claims above)	XXX	XXX	\$ -			XXX	XXX	\$ -				XXX	\$ -
2.5 Net assumed less ceded claims incurred (exclude amounts reported already included in Line 2.1)	XXX	XXX	XXX		XXX	XXX	XXX	XXX				XXX	\$ -
2.6 Other adjustments due to MLR calculation – claims incurred	XXX	XXX	XXX		XXX	XXX	XXX	XXX				XXX	\$ -
2.7 Rebates paid	XXX	XXX	XXX		XXX	XXX	XXX	XXX				XXX	\$ -
2.8 Estimated rebates unpaid at the end of the prior MLR reporting year	XXX	XXX	XXX		XXX	XXX	XXX	XXX				XXX	\$ -
2.9 Estimated rebates unpaid at the end of the current MLR reporting year	XXX	XXX	XXX		XXX	XXX	XXX	XXX				XXX	\$ -
2.10 Fee-for-service and co-pay revenue (net of expenses)	XXX	XXX	XXX		XXX	XXX	XXX	XXX				XXX	\$ -
2.11 Net incurred claims after reinsurance (Line 2.1 + 2.5 + 2.6 + 2.7 – 2.8 + 2.9 – 2.10)	XXX	XXX	XXX	\$ -	XXX	XXX	XXX	XXX	\$ -	\$ -	\$ -	XXX	\$ -
3. Federal and State Taxes and Licensing or Regulatory Fees													
3.1 Federal taxes and assessments			\$ -		\$ -			\$ -					\$ -
3.2 State insurance, premium and other taxes													
3.2 a State income, excise, business, and other taxes excluded from premium			\$ -		\$ -			\$ -					\$ -
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 (Lines 3.1 + 3.2a + Max(3.2b or 3.2c) + 3.3)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. Improving Health Care Quality Expenses Incurred:													
4.1 Improve health outcomes	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4.2 Activities to prevent hospital readmission	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4.3 Improve patient safety and reduce medical errors	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4.4 Wellness and health promotion activities	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4.5 Health information technology expenses related to health improvement	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4.6 Total of defined expenses incurred for improving health care quality (Lines 4.1 + 4.2 + 4.3 + 4.4 + 4.5)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Non-Claims Costs:													
5.1 Cost containment expenses not included in quality improvement expenses on Line 4.6	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5.2 All other claims adjustment expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5.3 Direct sales salaries and benefits													
5.4 Agents and brokers fees and commissions													
5.5 Other taxes													
5.5a State taxes and assessments not excluded from premium (not reported in Line 3.2a)			\$ -		\$ -			\$ -					\$ -
5.5b Fines and penalties of regulatory authorities (not reported in Line 3.3)			\$ -		\$ -			\$ -					\$ -
5.6 Other general and administrative expenses													
5.7 Community benefit expenditures (exclude amounts reported already in Line 3.2c)													
5.8 Total non-claims costs (Lines 5.1 + 5.2 + 5.3 + 5.4 + 5.5a + 5.5b + 5.6 + 5.7)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5.9 ICD-10 implementation expenses (informational only)	XXX	XXX	\$ -		\$ -	XXX	XXX	\$ -					\$ -
6. Pre-tax underwriting gain / (loss) (Lines 1.8 – 2.11 – 4.6 – 5.8 + 5.5a + 5.5b - Part 2 Line 2.16)	XXX	XXX	XXX	\$ -	XXX	XXX	XXX	XXX	\$ -	\$ -	\$ -	XXX	\$ -
7. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	\$ -
8. Net investment and other gain / (loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	\$ -
9. Federal income taxes (excluding taxes on Line 3.1 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	\$ -
10. After-tax net gain / (loss) (Lines 1.8 – 2.11 – 3.4 – 4.6 – 5.8 + 7 + 8 – 9)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	\$ -
11. Other Indicators or information:													
11.1 Number of policies/certificates													
11.2 Number of covered lives													
11.3 Number of groups													
11.4 Member months													
11.5 Number of life-years													

Department of Health and Human Services
 Medical Loss Ratio Reporting Form
 Parts 1 and 2 - Data Development

Holding Company
 Company Name
 DBA / Marketing Name:
 Address:

Federal EIN :
 AmBest Number: Issuer ID: Merge Markets - Ind/SmGrp (MA Only)
 NAIC Group Code: Business in the State of: Not-For-Profit
 NAIC Company Code: Domiciliary State: MLR Reporting Year: Yes

Blank cells require input from issuer
 Grey cells denote calculated cells or no input required - locked down
 Pink "XXX" cells require no data input - locked down
 Green cells - not pertinent to 2011 MLR - locked down

Part 2		NAIC Supp. Health Care Exhibit Line	Health Insurance Coverage												"Mini-Med"								
			Individual				Small Group				Large Group				Individual		Small Group		Large Group				
			Total as of 12/31/XX	3/31/YY	Deferred PY (Add)	Deferred CY (Subtract)	Total as of 3/31/YY	Total as of 12/31/XX	3/31/YY	Deferred PY (Add)	Deferred CY (Subtract)	Total as of 3/31/YY	Total as of 12/31/XX	3/31/YY	Deferred PY (Add)	Deferred CY (Subtract)	Total as of 3/31/YY	Total as of 12/31/XX	Total as of 3/31/YY	Total as of 12/31/XX	Total as of 3/31/YY	Total as of 12/31/XX	3/31/YY
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	
1.	Premium:																						
1.1	Direct premium written	Pt 2, Ln 1.1	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
1.2	Unearned premium prior year	Pt 2, Ln 1.2	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
1.3	Unearned premium current year	Pt 2, Ln 1.3	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
1.4	Change in unearned premium (Lines 1.2 - 1.3)	Pt 2, Ln 1.4	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
1.5	Experience rating refunds (rate credits) paid																						
1.5a	Experience rating refunds with all incurred dates that were paid in the reporting year	Pt 2, Ln 1.5	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
1.5b	Experience rating refunds incurred only in the reporting year and paid in the reporting year and through 3/31 of the following year																						
1.6	Reserve for experience rating refunds (rate credits) current year	Pt 2, Ln 1.6																					
1.7	Reserve for experience rating refunds (rate credits) prior year	Pt 2, Ln 1.7		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
1.8	Change in reserve for experience rating refunds (Lines 1.6 - 1.7)	Pt 2, Ln 1.8	\$ -	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
1.9	Premium balances written off	Pt 2, Ln 1.9	\$ -																				
1.10	Group conversion charges	Pt 2, Ln 1.10	\$ -																				
1.11	Total direct premium earned (Lines 1.1 + 1.4 - 1.9 + 1.10)	Pt 2, Ln 1.11	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
1.12	Premium ceded under 100% reinsurance (informational only; excluded from Line 1.1)		\$ -																				
1.13	Premium assumed under 100% reinsurance (informational only; already included in Line 1.1)		\$ -																				
2.	Claims:																						
2.1	Claims paid																						
2.1a	Claims with all incurred dates that were paid in the reporting year	Pt 2, Ln 2.1	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2.1b	Claims incurred only in the reporting year, and paid in the reporting year and through 3/31 of the following year																						
2.2	Direct claim liability current year	Pt 2, Ln 2.2																					
2.3	Direct claim liability prior year	Pt 2, Ln 2.3		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2.4	Direct claim reserves current year	Pt 2, Ln 2.4																					
2.5	Direct claim reserves prior year	Pt 2, Ln 2.5		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2.6	Direct contract reserves current year	Pt 2, Ln 2.6	\$ -																				
2.7	Direct contract reserves prior year	Pt 2, Ln 2.7	\$ -		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2.8	Experience rating refunds (rate credits) paid																						
2.8a	Experience rating refunds with all incurred dates that were paid in the reporting year	Pt 2, Ln 2.8	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2.8b	Experience rating refunds incurred only in the reporting year and paid in the reporting year and through 3/31 of the following year																						
2.9	Reserve for experience rating refunds (rate credits) current year	Pt 2, Ln 2.9																					
2.10	Reserve for experience rating refunds (rate credits) prior year	Pt 2, Ln 2.10		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2.11	Incurred medical incentive pool and bonuses																						
2.11a	Paid medical incentive pools and bonuses current year	Pt 2, Ln 2.11a																					
2.11b	Accrued medical incentive pools and bonuses current year	Pt 2, Ln 2.11b																					
2.11c	Accrued medical incentive pools and bonuses prior year	Pt 2, Ln 2.11c		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2.12	Net healthcare receivables																						
2.12a	Healthcare receivables current year	Pt 2, Ln 2.12a																					
2.12b	Healthcare receivables prior year	Pt 2, Ln 2.12b		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2.13	Contingent benefit and lawsuit reserves																						
2.14	Group conversion charges	Pt 2, Ln 2.13																					
2.15	Blended rate adjustment	Pt 2, Ln 2.14																					
2.16	Allowable fraud reduction expense (the smaller of Lines 2.16a or 2.16b)	Pt 1, Ln 4	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
2.16a	Total fraud reduction expense	Pt 3, Col 7, Ln 1.11/ 2.11/3.11/5.11/6.11																					
2.16b	Total fraud recoveries that reduced paid claims	Pt 2, Ln 3																					
2.17	Total adjusted incurred claims as of 12/31 (Lines 2.1a + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8a + 2.9 - 2.10 + 2.11a + 2.11b - 2.11c - 2.12a + 2.12b + 2.13 + 2.14 + 2.15 + 2.16)		\$ -	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2.18	Total adjusted incurred claims as of 3/31 (Lines 2.1b + 2.2 + 2.4 + 2.6 - 2.7 + 2.8b + 2.9 + 2.11a + 2.11b - 2.12a + 2.13 + 2.14 + 2.15 + 2.16)		XXX	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	XXX	\$ -	\$ -	\$ -	\$ -	XXX	\$ -	XXX	\$ -	XXX	\$ -	XXX	\$ -

Department of Health and Human Services
 Medical Loss Ratio Reporting Form
 Parts 1 and 2 - Data Development

Holding Company: _____
 Company Name: _____
 DBA / Marketing Name: _____
 Address: _____

Blank cells require input from issuer
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 Pink "XXX" cells require no data input - locked down
 Green cells - not pertinent to 2011 MLR - locked down

Part 2		Expatriate							Government Program Plans	Other Health Business	Aggregate 2% Rule	Uninsured Plans	Grand Total as of 12/31/XX	
		Small Group			Large Group									
		Deferred PY (Add)	Deferred CY (Subtract)	Total as of 3/31/YY	Total as of 12/31/XX	3/31/YY	Deferred PY (Add)	Deferred CY (Subtract)						Total as of 3/31/YY
24	25	26	27	28	29	30	31	32	33	34	35	36		
1.	Premium:													
1.1	Direct premium written			\$ -		\$ -		\$ -				XXX	\$ -	
1.2	Unearned premium prior year			\$ -		\$ -		\$ -				XXX	\$ -	
1.3	Unearned premium current year			\$ -		\$ -		\$ -				XXX	\$ -	
1.4	Change in unearned premium (Lines 1.2 – 1.3)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	XXX	\$ -	
1.5	Experience rating refunds (rate credits) paid													
1.5a	Experience rating refunds with all accrual dates that were paid in the reporting year	XXX	XXX	XXX		XXX	XXX	XXX	XXX			XXX	\$ -	
1.5b	Experience rating refunds incurred only in the reporting year and paid in the reporting year and through 3/31 of the following year			\$ -	XXX			\$ -		XXX	XXX	XXX	\$ -	
1.6	Reserve for experience rating refunds (rate credits) current year			\$ -				\$ -				XXX	\$ -	
1.7	Reserve for experience rating refunds (rate credits) prior year	XXX	XXX	XXX		XXX	XXX	XXX	XXX			XXX	\$ -	
1.8	Change in reserve for experience rating refunds (Lines 1.6 – 1.7)	XXX	XXX	XXX	\$ -	XXX	XXX	XXX	XXX	\$ -	\$ -	\$ -	XXX	\$ -
1.9	Premium balances written off			\$ -		\$ -		\$ -				XXX	\$ -	
1.10	Group conversion charges			\$ -		\$ -		\$ -				XXX	\$ -	
1.11	Total direct premium earned (Lines 1.1 + 1.4 – 1.9 + 1.10)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	XXX	\$ -	
1.12	Premium ceded under 100% reinsurance (informational only; excluded from Line 1.1)			\$ -		\$ -		\$ -				XXX	\$ -	
1.13	Premium assumed under 100% reinsurance (informational only; already included in Line 1.1)			\$ -		\$ -		\$ -				XXX	\$ -	
2.	Claims:													
2.1	Claims paid													
2.1a	Claims with all accrual dates that were paid in the reporting year	XXX	XXX	XXX		XXX	XXX	XXX	XXX			XXX	\$ -	
2.1b	Claims incurred only in the reporting year, and paid in the reporting year and through 3/31 of the following year			\$ -	XXX			\$ -		XXX	XXX	XXX	\$ -	
2.2	Direct claim liability current year			\$ -				\$ -				XXX	\$ -	
2.3	Direct claim liability prior year	XXX	XXX	XXX		XXX	XXX	XXX	XXX			XXX	\$ -	
2.4	Direct claim reserves current year			\$ -				\$ -				XXX	\$ -	
2.5	Direct claim reserves prior year	XXX	XXX	XXX		XXX	XXX	XXX	XXX			XXX	\$ -	
2.6	Direct contract reserves current year			\$ -		\$ -		\$ -				XXX	\$ -	
2.7	Direct contract reserves prior year	XXX	XXX	\$ -		\$ -	XXX	XXX	\$ -			XXX	\$ -	
2.8	Experience rating refunds (rate credits) paid													
2.8a	Experience rating refunds with all accrual dates that were paid in the reporting year	XXX	XXX	XXX		XXX	XXX	XXX	XXX			XXX	\$ -	
2.8b	Experience rating refunds incurred only in the reporting year and paid in the reporting year and through 3/31 of the following year			\$ -	XXX			\$ -		XXX	XXX	XXX	\$ -	
2.9	Reserve for experience rating refunds (rate credits) current year			\$ -				\$ -				XXX	\$ -	
2.10	Reserve for experience rating refunds (rate credits) prior year	XXX	XXX	XXX		XXX	XXX	XXX	XXX			XXX	\$ -	
2.11	Incurred medical incentive pool and bonuses													
2.11a	Paid medical incentive pools and bonuses current year			\$ -				\$ -				XXX	\$ -	
2.11b	Accrued medical incentive pools and bonuses current year			\$ -				\$ -				XXX	\$ -	
2.11c	Accrued medical incentive pools and bonuses prior year	XXX	XXX	XXX		XXX	XXX	XXX	XXX			XXX	\$ -	
2.12	Net healthcare receivables													
2.12a	Healthcare receivables current year			\$ -				\$ -				XXX	\$ -	
2.12b	Healthcare receivables prior year	XXX	XXX	XXX		XXX	XXX	XXX	XXX			XXX	\$ -	
2.13	Contingent benefit and lawsuit reserves			\$ -				\$ -				XXX	\$ -	
2.14	Group conversion charges			\$ -				\$ -				XXX	\$ -	
2.15	Blended rate adjustment			\$ -				\$ -				XXX	\$ -	
2.16	Allowable fraud reduction expense (the smaller of Lines 2.16a or 2.16b)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	XXX	\$ -	
2.16a	Total fraud reduction expense			\$ -				\$ -					\$ -	
2.16b	Total fraud recoveries that reduced paid claims			\$ -				\$ -					\$ -	
2.17	Total adjusted incurred claims as of 12/31 (Lines 2.1a + 2.2 – 2.3 + 2.4 – 2.5 + 2.6 – 2.7 + 2.8a + 2.9 – 2.10 + 2.11a + 2.11b – 2.11c – 2.12a + 2.12b + 2.13 + 2.14 + 2.15 + 2.16)	XXX	XXX	XXX	\$ -	XXX	XXX	XXX	XXX	\$ -	\$ -	\$ -	XXX	\$ -
2.18	Total adjusted incurred claims as of 3/31 (Lines 2.1b + 2.2 + 2.4 + 2.6 – 2.7 + 2.8b + 2.9 + 2.11a + 2.11b – 2.12a + 2.13 + 2.14 + 2.15 + 2.16)	\$ -	\$ -	\$ -	XXX	\$ -	\$ -	\$ -	\$ -	XXX	XXX	XXX	XXX	\$ -

**Department of Health and Human Services
Medical Loss Ratio Reporting Form
Part 3 - Expense Allocation Report**

Federal EIN :

DBA/Marketing Name:

AmBest Number:

Issuer ID:

Merge Markets - Ind/SmGrp (MA Only)

NAIC Group Code:

Business in the State of:

Not-For-Profit

NAIC Company Code:

Domiciliary State:

MLR Reporting Year:

Holding Company

Company Name:

Address:

Description of Expense Element (by Type)	Improving Health Care Quality Expenses					Claims Adjustment Expenses		General Administrative Expenses	Total Expenses
	Improve Health Outcomes	Activities to prevent hospital readmission	Improve patient safety and reduce medical errors	Wellness and health promotion activities	HIT Expenses	Cost Containment Expenses	Other Claims Adjustment Expenses		
	1	2	3	4	5	6	7	8	9
1. Health Insurance Coverage									
1.1a Individual									\$ -
1.1b Deferred (PY)									\$ -
1.1c Deferred (CY)									\$ -
1.1d Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
1.2a Small group									\$ -
1.2b Deferred (PY)									\$ -
1.2c Deferred (CY)									\$ -
1.2d Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
1.3a Large group									\$ -
1.3b Deferred (PY)									\$ -
1.3c Deferred (CY)									\$ -
1.3d Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
2. "Mini-Med"									\$ -
2.1 Individual									\$ -
2.2 Small group									\$ -
2.3 Large group									\$ -
3. Expatriate									\$ -
3.1a Small group									\$ -
3.1b Deferred (PY)									\$ -
3.1c Deferred (CY)									\$ -
3.1d Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3.2a Large group									\$ -
3.2b Deferred (PY)									\$ -
3.2c Deferred (CY)									\$ -
3.2d Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. Other Business									\$ -
4.1 Government program plans									\$ -
4.2 Other health business									\$ -
4.3 Aggregate 2% rule									\$ -
4.4 Uninsured / Self-funded plans									\$ -
5. Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Cell Keys:

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Pink "XXX" cells require no data input - locked down

Green cells - not pertinent to 2011 MLR - locked down

Department of Health and Human Services
 Medical Loss Ratio Reporting Form
 Part 5 - MLR and Rebate Calculation

Federal EIN :

DBA/Marketing Name:

AmBest Number:

Issuer ID:

Merge Markets - Ind/SmGrp (MA Only)

Holding Company

NAIC Group Code:

Business in the State of:

Not-For-Profit

Company Name:

NAIC Company Code:

Domiciliary State:

MLR Reporting Year:

		Health Insurance Coverage												Individual			
		Individual				Small Group				Large Group							
		PY2	PY1	CY	Total	PY2	PY1	CY	Total	PY2	PY1	CY	Total				
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
1.	Medical Loss Ratio Numerator																
1.1	Adjusted incurred claims (from Part 1, Line 2.1) as of 12/31			\$ -	\$ -			\$ -	\$ -			\$ -	\$ -			\$ -	\$ -
1.2	Adjusted incurred claims for prior year restated as of March 31 following the current MLR reporting year			\$ -	\$ -			\$ -	\$ -			\$ -	\$ -			\$ -	\$ -
1.3	Quality improvement expenses (from Part 1, Line 4.6)			\$ -	\$ -			\$ -	\$ -			\$ -	\$ -			\$ -	\$ -
1.4	MLR rebates paid based on 2011 or 2012 experience	XXX		\$ -	\$ -	XXX		\$ -	\$ -	XXX		\$ -	\$ -	XXX		\$ -	\$ -
1.5	MLR numerator (Lines 1.2 + 1.3 + 1.4)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
1.6	MLR numerator: "Mini-Med" & Expatriate (Line 1.5 x adjustment factor)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2.	Medical Loss Ratio Denominator																
2.1	Premium earned including federal and state high risk programs (from Part 1, Line 1.4)			\$ -	\$ -			\$ -	\$ -			\$ -	\$ -			\$ -	\$ -
2.2	Federal and State taxes and licensing or regulatory fees (from Part 1, Line 3.4)			\$ -	\$ -			\$ -	\$ -			\$ -	\$ -			\$ -	\$ -
2.3	MLR denominator (Lines 2.1 – 2.2)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3.	Credibility Adjustment																
3.1	Life years to determine credibility (from Part 1, Line 11.5)																
3.2	Base credibility factor	XXX	XXX	XXX	0.0%	XXX	XXX	XXX	0.0%	XXX	XXX	XXX	0.0%	XXX	XXX	XXX	0.0%
3.3	Average deductible	XXX	XXX	XXX		XXX	XXX	XXX		XXX	XXX	XXX		XXX	XXX	XXX	
3.4	Deductible factor	XXX	XXX	XXX	1.000	XXX	XXX	XXX	1.000	XXX	XXX	XXX	1.000	XXX	XXX	XXX	#N/A
3.5	Credibility adjustment factor (Lines 3.2 x 3.4)	XXX	XXX	XXX	N/A	XXX	XXX	XXX	N/A	XXX	XXX	XXX	N/A	XXX	XXX	XXX	N/A
4.	MLR Calculation																
4.1	Is experience credible?	XXX	XXX	XXX	No	XXX	XXX	XXX	No	XXX	XXX	XXX	No	XXX	XXX	XXX	No
4.2	Preliminary MLR																
4.2a	Preliminary MLR (Lines 1.5 / 2.3, as calculated in the Total column of this Part on the MLR Form submitted for the relevant MLR reporting year)			XXX	80.0%			XXX	80.0%	XXX	XXX	XXX	85.0%	XXX	XXX	XXX	80.0%
4.2b	Preliminary MLR: "Mini-Med" & Expatriate (Lines 1.6 / 2.3, as calculated in the Total column of this Part on the MLR Form submitted for the relevant MLR reporting year)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX			XXX	80.0%
4.3	Credibility adjustment factor (Line 3.5)	XXX	XXX	XXX	N/A	XXX	XXX	XXX	N/A	XXX	XXX	XXX	N/A	XXX	XXX	XXX	N/A
4.4	Credibility-adjusted MLR (Lines 4.2a or 4.2b + 4.3)	XXX	XXX	XXX	80.0%	XXX	XXX	XXX	80.0%	XXX	XXX	XXX	85.0%	XXX	XXX	XXX	80.0%
5.	Rebate Calculation																
5.1	MLR standard	XXX	XXX	XXX	80.0%	XXX	XXX	XXX	80.0%	XXX	XXX	XXX	85.0%	XXX	XXX	XXX	80.0%
5.2	Credibility-adjusted MLR (Line 4.4)	XXX	XXX	XXX	80.0%	XXX	XXX	XXX	80.0%	XXX	XXX	XXX	85.0%	XXX	XXX	XXX	80.0%
5.3	Adjusted earned premium less Federal and State taxes and licensing or regulatory fees (Line 2.3 CY)	XXX	XXX	XXX	\$ -	XXX	XXX	XXX	\$ -	XXX	XXX	XXX	\$ -	XXX	XXX	XXX	\$ -
5.4	Rebate amount if credibility-adjusted MLR is less than MLR standard (Lines (5.1 – 5.2) x 5.3)	XXX	XXX	XXX	\$ -	XXX	XXX	XXX	\$ -	XXX	XXX	XXX	\$ -	XXX	XXX	XXX	\$ -

Cell Keys:
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 Green cells - not pertinent to 2011 MLR - locked down

Department of Health and Human Services
 Medical Loss Ratio Reporting Form
 Part 5 - MLR and Rebate Calculation

Holding Company
 Company Name:

	"Mini-Med"								Expatriate							
	Small Group				Large Group				Small Group				Large Group			
	PY2 17	PY1 18	CY 19	Total 20	PY2 21	PY1 22	CY 23	Total 24	PY2 25	PY1 26	CY 27	Total 28	PY2 29	PY1 30	CY 31	Total 32
1. Medical Loss Ratio Numerator																
1.1 Adjusted incurred claims (from Part 1, Line 2.1) as of 12/31			\$ -	\$ -			\$ -	\$ -			\$ -	\$ -			\$ -	\$ -
1.2 Adjusted incurred claims for prior year restated as of March 31 following the current MLR reporting year			\$ -	\$ -			\$ -	\$ -			\$ -	\$ -			\$ -	\$ -
1.3 Quality improvement expenses (from Part 1, Line 4.6)			\$ -	\$ -			\$ -	\$ -			\$ -	\$ -			\$ -	\$ -
1.4 MLR rebates paid based on 2011 or 2012 experience	XXX		\$ -	\$ -	XXX		\$ -	\$ -	XXX		\$ -	\$ -	XXX		\$ -	\$ -
1.5 MLR numerator (Lines 1.2 + 1.3 + 1.4)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
1.6 MLR numerator: "Mini-Med" & Expatriate (Line 1.5 x adjustment factor)				\$ -			\$ -	\$ -				\$ -			\$ -	\$ -
2. Medical Loss Ratio Denominator																
2.1 Premium earned including federal and state high risk programs (from Part 1, Line 1.4)			\$ -	\$ -			\$ -	\$ -			\$ -	\$ -			\$ -	\$ -
2.2 Federal and State taxes and licensing or regulatory fees (from Part 1, Line 3.4)			\$ -	\$ -			\$ -	\$ -			\$ -	\$ -			\$ -	\$ -
2.3 MLR denominator (Lines 2.1 – 2.2)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3. Credibility Adjustment																
3.1 Life years to determine credibility (from Part 1, Line 11.5)			-	-			-	-			-	-			-	-
3.2 Base credibility factor	XXX	XXX	XXX	0.0%	XXX	XXX	XXX	0.0%	XXX	XXX	XXX	0.0%	XXX	XXX	XXX	0.0%
3.3 Average deductible				1.000	XXX	XXX	XXX	1.000	XXX	XXX	XXX	1.000	XXX	XXX	XXX	1.000
3.4 Deductible factor	XXX	XXX	XXX	N/A	XXX	XXX	XXX	N/A	XXX	XXX	XXX	N/A	XXX	XXX	XXX	N/A
3.5 Credibility adjustment factor (Lines 3.2 x 3.4)	XXX	XXX	XXX		XXX	XXX	XXX		XXX	XXX	XXX		XXX	XXX	XXX	
4. MLR Calculation																
4.1 Is experience credible?	XXX	XXX	XXX	No	XXX	XXX	XXX	No	XXX	XXX	XXX	No	XXX	XXX	XXX	No
4.2 Preliminary MLR				80.0%				85.0%				80.0%				85.0%
4.2a Preliminary MLR (Lines 1.5 / 2.3, as calculated in the Total column of this Part on the MLR Form submitted for the relevant MLR reporting year)	XXX	XXX	XXX	80.0%	XXX	XXX	XXX	85.0%	XXX	XXX	XXX	80.0%	XXX	XXX	XXX	85.0%
4.2b Preliminary MLR: "Mini-Med" & Expatriate (Lines 1.6 / 2.3, as calculated in the Total column of this Part on the MLR Form submitted for the relevant MLR reporting year)			XXX	80.0%			XXX	85.0%			XXX	80.0%			XXX	85.0%
4.3 Credibility adjustment factor (Line 3.5)	XXX	XXX	XXX	N/A	XXX	XXX	XXX	N/A	XXX	XXX	XXX	N/A	XXX	XXX	XXX	N/A
4.4 Credibility-adjusted MLR (Lines 4.2a or 4.2b + 4.3)	XXX	XXX	XXX	80.0%	XXX	XXX	XXX	85.0%	XXX	XXX	XXX	80.0%	XXX	XXX	XXX	85.0%
5. Rebate Calculation																
5.1 MLR standard	XXX	XXX	XXX	80.0%	XXX	XXX	XXX	85.0%	XXX	XXX	XXX	80.0%	XXX	XXX	XXX	85.0%
5.2 Credibility-adjusted MLR (Line 4.4)	XXX	XXX	XXX	80.0%	XXX	XXX	XXX	85.0%	XXX	XXX	XXX	80.0%	XXX	XXX	XXX	85.0%
5.3 Adjusted earned premium less Federal and State taxes and licensing or regulatory fees (Line 2.3 CY)	XXX	XXX	XXX	\$ -	XXX	XXX	XXX	\$ -	XXX	XXX	XXX	\$ -	XXX	XXX	XXX	\$ -
5.4 Rebate amount if credibility-adjusted MLR is less than MLR standard (Lines (5.1 – 5.2) x 5.3)	XXX	XXX	XXX	\$ -	XXX	XXX	XXX	\$ -	XXX	XXX	XXX	\$ -	XXX	XXX	XXX	\$ -

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**Department of Health and Human Services
Medical Loss Ratio Reporting Form
Part 6 - Rebate Disbursement Report**

Holding Company
Company Name:

Federal EIN :
AmBest Number:
NAIC Group Code:
NAIC Company Code:

DBA/Marketing Name:
Issuer ID:
Business in the State of:
Domiciliary State:

Merge Markets - Ind/SmGrp (MA Only)
Not-For-Profit
MLR Reporting Year:

	Health Insurance Coverage			"Mini-Med"			Expatriate	
	Individual	Small Group	Large Group	Individual	Small Group	Large Group	Small Group	Large Group
	1	2	3	4	5	6	7	8
1. Is rebate being paid?	No	No	No	No	No	No	No	No
2. Number of policies / certificates (from Part 1 Line 11.1)	-	-	-	-	-	-	-	-
3. Number of policyholders/subscribers owed rebates								
3.a Number of policyholders being paid a rebate	XXX			XXX				
3.b Number of subscribers being paid a rebate								
3.c Number of policyholders whose rebate would be de minimis	XXX			XXX				
3.d Number of subscribers whose rebate would be de minimis								
4. Total amount of rebates								
4.a Total amount of rebates (from Part 5, Line 5.4)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4.b Amount of de minimis rebates								
4.c Amount of rebates being paid by premium credit								
4.d Amount of rebates being paid by lump-sum reimbursement								
5. Amount of unclaimed rebates from prior MLR reporting year								

5.a Description of methods used to locate policyholders/subscribers for prior MLR reporting year's unclaimed rebates:

5.b Describe disbursement of prior MLR reporting year's unclaimed rebates:

- Cell Keys:**
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 Pink "XXX" cells require no data input - locked down
 Green cells - not pertinent to 2011 MLR - locked down

**Department of Health and Human Services
Medical Loss Ratio Attestation**

Holding Company	Federal EIN :	DBA/Marketing Name:	
Company Name:	AmBest Number:	Issuer ID:	Merge Markets - Ind/SmGrp (MA Only)
Address:	NAIC Group Code:	Business in the State of:	Not-for-Profit
	NAIC Company Code:	Domiciliary State:	MLR Reporting Year:

Attestation Statement

The officers of this reporting issuer being duly sworn, each attest that he/she is the described officer of the reporting issuer, and that this MLR Reporting Form is a full and true statement of all the elements related to the health insurance coverage issued for the MLR reporting year stated above, and that the MLR Reporting Form has been completed in accordance with the Department of Health and Human Services 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, that are required by Department of Health and Human Services under section 2718 of the Public Health Service Act and implementing regulations.

Chief Executive Officer/President

Chief Financial Officer

Table 1
Base Credibility Adjustment Factors

Life Years	Base credibility factor
-	0.0%
1,000	8.3%
2,500	5.2%
5,000	3.7%
10,000	2.6%
25,000	1.6%
50,000	1.2%
75,000	0.0%

Table 2
Deductible Factors

Average Health Plan Deductible	Deductible factor	Average Health Plan Deductible
<\$2,500	1.000	<\$2,500
\$2,500	1.164	>=\$2,500 - <\$5,000
\$5,000	1.402	>=\$5,000 - <\$10,000
\$10,000	1.736	>= \$10,000

Table 3
State and Territory Names

Alaska
Alabama
Arkansas
American Samoa
Arizona
California
Colorado
Connecticut
District of Columbia
Delaware
Florida
Georgia
Grand Total
Guam
Hawaii
Iowa
Idaho
Illinois
Indiana
Kansas
Kentucky
Louisiana
Massachusetts
Maryland
Maine
Michigan
Minnesota
Missouri
Mississippi
Montana
Northern Mariana Islands
North Carolina
North Dakota
Nebraska
New Hampshire
New Jersey
New Mexico
Nevada
New York
Ohio
Oklahoma
Oregon
Pennsylvania
Puerto Rico
Rhode Island
South Carolina

Table 4
Reporting Years

2011
2012
2013
2014
2015
2016
2017
2018
2019
2020
2021
2022
2023
2024
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2026
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2042
2043
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2048
2049
2050
2051
2052
2053
2054
2055
2056

Table 5
Yes/No

Yes
No

South Dakota	2057
Tennessee	2058
Texas	2059
Utah	2060
Virginia	
United States Virgin Islands	
Vermont	
Washington	
Wisconsin	
West Virginia	
Wyoming	