

Department of Health and Human Services
 Medical Loss Ratio Reporting Form
 Part 1 - Summary of Data

Group Affiliation: _____
 Company Name: _____
 DBA / Marketing Name: _____
 Address: _____

Federal EIN : _____
 A.M. Best Number: _____
 NAIC Group Code: _____
 NAIC Company Code: _____
 Issuer ID: _____
 Business in the State of: _____
 Domiciliary State: _____
 Merge Markets - Ind/Sm/Grp (MA Only) _____
 Not-For-Profit _____
 MLR Reporting Year: _____

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Part 1	NAIC Supp. Health Care Exhibit Line	Health Insurance Coverage																	
		Individual					Small Group					Large Group					Individual		
		Total as of 12/31/12	Total as of 3/31/13	Dual Contract (Included in 3/31/13)	Deferred PY1 (Add)	Deferred CY (Subtract)	Total as of 12/31/12	Total as of 3/31/13	Dual Contract (Included in 3/31/13)	Deferred PY1 (Add)	Deferred CY (Subtract)	Total as of 12/31/12	Total as of 3/31/13	Dual Contract (Included in 3/31/13)	Deferred PY1 (Add)	Deferred CY (Subtract)	Total as of 12/31/12	Total as of 3/31/13	Dual Contract (Included in 3/31/13)
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	
1.	Premium																		
1.1	Total direct premium earned																		
1.2	Federal high risk pools																		
1.3	State high risk pools																		
1.4	Net assumed less ceded reinsurance premium earned (exclude amounts already reported in Line 1.1)																		
1.5	Other adjustments due to MLR calculations - premium																		
1.6	Risk revenue																		
2.	Claims																		
2.1	Total incurred claims																		
2.2	Prescription drugs (informational only; already included in total incurred claims above)																		
2.3	Pharmaceutical rebates (informational only; already excluded from total incurred claims above)																		
2.4	State stop loss, market stabilization and claim/census based assessments (informational only; already excluded from total incurred claims above)																		
2.5	Net assumed less ceded claims incurred (exclude amounts already reported in Line 2.1)																		
2.6	Other adjustments due to MLR calculations - claims incurred																		
2.7	Rebates paid																		
2.8	Estimated rebates unpaid at the end of the prior MLR reporting year																		
2.9	Estimated rebates unpaid at the end of the current MLR reporting year																		
2.10	Fee-for-service and co-pay revenue (net of expenses)																		
3.	Federal and State Taxes and Licensing or Regulatory Fees																		
3.1	Federal taxes and assessments incurred by the reporting issuer 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 issuer 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 deductible from premium in MLR calculations																		
3.3	Regulatory authority licenses and fees																		
4.	Health Care Quality Improvement 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 healthcare quality																		
4.6	Allowable Implementation ICD-10 expenses (not to exceed 0.3% of premium)																		
5.	Non-Claims Costs																		
5.1	Cost containment expenses not included in quality improvement expenses in Section 4																		
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	Taxes and assessments not excluded from premium (not reported in Section 3 or Line 9)																		
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 (informational only; include amounts reported in Sections 3 & 5)																		
5.8	ICD-10 implementation expenses (informational only; include amounts reported in Sections 4 & 5)																		
6.	Income from fees of uninsured plans																		
7.	Other indicators of information																		
7.1	Number of policies/certificates																		
7.2	Number of covered lives																		
7.3	Number of groups																		
7.4	Member months																		
7.5	Number of life-years																		
8.	Net investment income and other gain / (loss)																		
9.	Other Federal income taxes (excluding taxes on line 3.1 above)																		

Cell Keys:
 Blank cells require input from issuer
 Grey cells require no data input - input will result in an upload failure
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 Yellow cells require a calculation by the issuer that is dependent on issuer size

Department of Health and Human Services
 Medical Loss Ratio Reporting Form
 Part 1 - Summary of Data

Group Affiliation: _____
 Company Name: _____
 DBA / Marketing Name: _____
 Address: _____

Part 1	NAIC Supp. Health Care Exhibit Line	"Mini-Med"		Large Group		Small Group		Expatriate		Large Group		Expatriate		Government Program Plans	Other Health Business	Aggregate 2% Rule	Uninsured Plans			
		Small Group	Dual Contract (Included in 3/31/13)	Total as of 12/31/12	Total as of 3/31/13	Dual Contract (Included in 3/31/13)	Total as of 12/31/12	Total as of 3/31/13	Dual Contract (Included in 3/31/13)	Deferred PY1 (Add)	Deferred CY (Subtract)	Total as of 12/31/12	Total as of 3/31/13	Dual Contract (Included in 3/31/13)	Deferred PY1 (Add)	Deferred CY (Subtract)	Total as of 12/31/12			
		20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38
1. Premium																				
1.1 Total direct premium earned	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 Net assumed less ceded reinsurance premium earned (exclude amounts already reported in Line 1.1)	Pt 1, Ln 1.9																			
1.5 Other adjustments due to MLR calculations - premium	Pt 1, Ln 1.10																			
1.6 Risk revenue	Pt 1, Ln 1.11																			
2. Claims																				
2.1 Total incurred claims	Pt 1, Ln 5.0																			
2.2 Prescription drugs (informational only; already included in total incurred claims above)	Pt 1, Ln 2.2																			
2.3 Pharmaceutical rebates (informational only; already excluded from total incurred claims above)	Pt 1, Ln 2.3																			
2.4 State stop loss, market stabilization and claim/census based assessments (informational only; already excluded from total incurred claims above)	Pt 1, Ln 2.4																			
2.5 Net assumed less ceded claims incurred (exclude amounts already reported in Line 2.1)	Pt 1, Ln 5.1																			
2.6 Other adjustments due to MLR calculations - claims incurred	Pt 1, Ln 5.2																			
2.7 Rebates paid	Pt 1, Ln 5.3																			
2.8 Estimated rebates unpaid at the end of the prior MLR reporting year	Pt 1, Ln 5.4																			
2.9 Estimated rebates unpaid at the end of the current MLR reporting year	Pt 1, Ln 5.5																			
2.10 Fee-for-service and co-pay revenue (net of expenses)	Pt 1, Ln 5.6																			
3. Federal and State Taxes and Licensing or Regulatory Fees																				
3.1 Federal taxes and assessments incurred by the reporting issuer 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 issuer 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 deductible from premium in MLR calculations	Pt 1, Ln 1.6a																			
3.3 Regulatory authority licenses and fees	Pt 1, Ln 1.7																			
4. Health Care Quality Improvement 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 healthcare quality	Pt 1, Ln 6.5																			
4.6 Allowable Implementation ICD-10 expenses (not to exceed 0.3% of premium)	Pt 1, Ln 16a																			
5. Non-Claims Costs																				
5.1 Cost containment expenses not included in quality improvement expenses in Section 4	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 Taxes and assessments not excluded from premium (not reported in Section 3 or Line 9)																				
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 (informational only; include amounts reported in Sections 3 & 5)	Pt 1, Ln 10.4a																			
5.8 ICD-10 implementation expenses (informational only; include amounts reported in Sections 4 & 5)	Pt 1, Ln 16																			
6. Income from fees of uninsured plans	Pt 1, Ln 12																			
7. Other indicators or information																				
7.1 Number of policies/certificates	Pt 1 Other, Ln 1																			
7.2 Number of covered lives	Pt 1 Other, Ln 2																			
7.3 Number of groups	Pt 1 Other, Ln 3																			
7.4 Member months	Pt 1 Other, Ln 4																			
7.5 Number of life-years																				
8. Net investment income and other gain / (loss)	Pt 1, Ln 13																			
9. Other Federal income taxes (excluding taxes on line 3.1 above)	Pt 1, Ln 14																			

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Department of Health and Human Services
 Medical Loss Ratio Reporting Form
 Part 2 - Premium and Claims

Group Affiliation: _____
 Company Name: _____
 DBA / Marketing Name: _____
 Address: _____

Federal EIN: _____
 A.M. Best Number: _____
 NAIC Group Code: _____
 NAIC Company Code: _____

Issuer ID: _____
 Business in the State of: _____
 Domiciliary State: _____

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

Part 2	NAIC Supp. Health Care Exhibit Line	Health Insurance Coverage																	
		Individual					Small Group					Large Group							
		Total as of 12/31/12	Total as of 3/31/13	Dual Contract (Included in 3/31/13)	Deferred PY1 (Add)	Deferred CY (Subtract)	Total as of 12/31/12	Total as of 3/31/13	Dual Contract (Included in 3/31/13)	Deferred PY1 (Add)	Deferred CY (Subtract)	Total as of 12/31/12	Total as of 3/31/13	Dual Contract (Included in 3/31/13)	Deferred PY1 (Add)	Deferred CY (Subtract)	Total as of 12/31/12	Total as of 3/31/13	Dual Contract (Included in 3/31/13)
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	
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 MLR Reporting year	PT 2, Ln 1.3																	
1.4	Experience rating refunds (rate credits) paid																		
1.4a	Experience rating refunds, with all incurred dates, paid in the MLR reporting year	PT 2, Ln 1.5																	
1.4b	Experience rating refunds associated with premium earned only in the reporting year and paid through 3/31 of the following year																		
1.5	Reserve for experience rating refunds (rate credits) MLR Reporting year	PT 2, Ln 1.6																	
1.6	Reserve for experience rating refunds (rate credits) prior year	PT 2, Ln 1.7																	
1.7	Premium balances written off	PT 2, Ln 1.9																	
1.8	Group conversion charges	PT 2, Ln 1.10																	
1.9	Premium ceded under 100% reinsurance (informational only; excluded from Line 1.1)																		
1.10	Premium assumed under 100% reinsurance (informational only; already included in Line 1.1)																		
2	Claims:																		
2.1	Claims Paid																		
2.1a	Claims paid during the MLR reporting year regardless of incurred date	PT 2, Ln 2.1																	
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	PT 2, Ln 2.2																	
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	PT 2, Ln 2.3																	
2.4	Direct claim reserves																		
2.4a	Reserves as of 12/31 of MLR reporting year for all claims regardless of incurred date	PT 2, Ln 2.4																	
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	PT 2, Ln 2.5																	
2.6	Direct contract reserves																		
2.6a	Direct contract reserves 12/31 column	PT 2, Ln 2.6																	
2.6b	Direct contract reserves 3/31, dual contract, deferred columns																		
2.7	Direct contract reserves prior year	PT 2, Ln 2.7																	
2.8	Experience rating refunds (rate credits) paid																		
2.8a	Experience rating refunds, with all incurred dates, paid in the MLR reporting year	PT 2, Ln 2.8																	
2.8b	Experience rating refunds associated with premium earned only in the reporting year and paid through 3/31 of the following year																		
2.9	Reserve for experience rating refunds (rate credits)																		
2.9a	Reserved in MLR reporting year regardless of incurred date	PT 2, Ln 2.9																	
2.9b	Reserves specific to the MLR reporting year through 3/31 of the following year																		
2.10	Reserve for experience rating refunds (rate credits) prior year	PT 2, Ln 2.10																	
2.11	Incurred medical incentive pool and bonuses																		
2.11a	Paid medical incentive pools and bonuses MLR Reporting year	PT 2, Ln 2.11a																	
2.11b	Accrued medical incentive pools and bonuses MLR Reporting year	PT 2, Ln 2.11b																	
2.11c	Accrued medical incentive pools and bonuses prior year	PT 2, Ln 2.11c																	
2.12	Net healthcare receivables																		
2.12a	Healthcare receivables MLR Reporting year	PT 2, Ln 2.12a																	
2.12b	Healthcare receivables prior year	PT 2, Ln 2.12b																	
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	Total incurred claims	PT 2, Ln 2.15																	
2.17	Allowable fraud reduction expense (the smaller of Lines 2.17a or 2.17b)	PT 1, Ln 4																	
2.17a	Total fraud reduction expense	PT 3, Col 7, Ln 1.11/2.11/3.11/5.11/6.11																	
2.17b	Total fraud recoveries that reduced paid claims in Line 2.1	PT 2, Ln 3																	

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Department of Health and Human Services
 Medical Loss Ratio Reporting Form
 Part 2 - Premium and Claims

Group Affiliation: _____
 Company Name: _____
 DBA / Marketing Name: _____
 Address: _____

Part 2	NAIC Supp. Health Care Exhibit Line	"Mini-Med"		Large Group			Expatriate					Government Program Plans		Other Health Business	Aggregate 2% Rule	Uninsured Plans				
		Small Group		Total as of 12/31/12	Total as of 3/31/13	Dual Contract (Included in 3/31/13)	Total as of 12/31/12	Total as of 3/31/13	Dual Contract (Included in 3/31/13)	Deferred PY1 (Add)	Deferred CY (Subtract)	Total as of 12/31/12	Total as of 3/31/13	Dual Contract (Included in 3/31/13)	Deferred PY1 (Add)	Deferred CY (Subtract)	Total as of 12/31/12	Total as of 12/31/12	Total as of 12/31/12	
		20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38
1.	Premium:																			
1.1	Direct premium written																			
1.2	Unearned premium prior year																			
1.3	Unearned premium MLR Reporting year																			
1.4	Experience rating refunds (rate credits) paid																			
1.4a	Experience rating refunds, with all incurred dates, paid in the MLR reporting year																			
1.4b	Experience rating refunds associated with premium earned only in the reporting year and paid through 3/31 of the following year																			
1.5	Reserve for experience rating refunds (rate credits) MLR Reporting year																			
1.6	Reserve for experience rating refunds (rate credits) prior year																			
1.7	Premium balances written off																			
1.8	Group conversion charges																			
1.9	Premium ceded under 100% reinsurance (informational only; excluded from Line 1.1)																			
1.10	Premium assumed under 100% reinsurance (informational only; already included in Line 1.1)																			
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	Direct contract reserves																			
2.6a	Direct contract reserves 12/31 column																			
2.6b	Direct contract reserves 3/31, dual contract, deferred columns																			
2.7	Direct contract reserves prior year																			
2.8	Experience rating refunds (rate credits) paid																			
2.8a	Experience rating refunds, with all incurred dates, paid in the MLR reporting year																			
2.8b	Experience rating refunds associated with premium earned only in the reporting year and paid through 3/31 of the following year																			
2.9	Reserve for experience rating refunds (rate credits)																			
2.9a	Reserve in MLR reporting year regardless of incurred date																			
2.9b	Reserve specific to the MLR reporting year through 3/31 of the following year																			
2.10	Reserve for experience rating refunds (rate credits) prior year																			
2.11	Incurred medical incentive pool and bonuses																			
2.11a	Paid medical incentive pools and bonuses MLR Reporting year																			
2.11b	Accrued medical incentive pools and bonuses MLR Reporting year																			
2.11c	Accrued medical incentive pools and bonuses prior year																			
2.12	Net healthcare receivables																			
2.12a	Healthcare receivables MLR Reporting year																			
2.12b	Healthcare receivables prior year																			
2.13	Contingent benefit and lawsuit reserves																			
2.14	Group conversion charges																			
2.15	Blended rate adjustment																			
2.16	Total incurred claims																			
2.17	Allowable fraud reduction expense (the smaller of Lines 2.17a or 2.17b)																			
2.17a	Total fraud reduction expense																			
2.17b	Total fraud recoveries that reduced paid claims in Line 2.1																			

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Federal EIN : _____
 A.M. Best Number: _____
 NAIC Group Code: _____
 NAIC Company Code: _____

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

Merge Markets - Ind/SmGrp (M) _____
 Not-For-Profit _____
 MLR Reporting Year: _____

Group Affiliation: _____
 Company Name: _____

Description of Expense Element (by Type)	NEW	Detailed Description of Expense Allocation Methods
1	2	3
1. Incurred Claims		
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		
3. Quality Improvement Expenses		
3.a Improve health outcomes		
3.b Activities to prevent hospital readmission		
3.c Improve patient safety and reduce medical errors		
3.d Wellness and health promotion activities		
3.e Health Information Technology expenses related to healthcare quality		
3.f Allowable ICD-10 Expenses		

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

Federal EIN : _____
 A.M. Best Number: _____
 NAIC Group Code: _____
 NAIC Company Code: _____

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

Merge Markets - Ind/SmGrp (M) _____
 Not-For-Profit _____
 MLR Reporting Year: _____

Group Affiliation: _____
 Company Name: _____

Description of Expense Element (by Type)	NEW	Detailed Description of Expense Allocation Methods
1	2	3
4. Non-Claims costs		
4.a Cost containment expenses not included in quality improvement expenses		
4.b All other claims adjustment expenses		
4.c Direct sales salaries and benefits		
4.d Agents and brokers fees and commissions		
4.e Other taxes		
4.f Other general and administrative expenses		
4.g Community benefit expenditures		
4.h ICD-10 implementation expenses		

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Department of Health and Human Services
 Medical Loss Ratio Reporting Form
 Part 4 - MLR and Rebate Calculation

Group Affiliation: _____
 Company Name: _____

Federal EIN : _____
 A.M. Best 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: _____

Part 4	Health Insurance Coverage															
	Individual				Small Group				Large Group				Individual			
	PY2	PY1	CY	Total	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 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																
1.3 Quality improvement expenses																
1.4 MLR rebates paid based on 2011 or 2012 experience																
1.5 MLR numerator																
1.6 MLR numerator "Mini-Med" and Expatriate (MLR numerator x adjustment factor)																
2. Medical Loss Ratio Denominator																
2.1 Premium earned including Federal and State high risk programs																
2.2 Federal and State taxes and licensing or regulatory fees																
2.3 MLR Denominator (Line 2.1 - Line 2.2)																
3. Credibility Adjustment																
3.1 Life Years to determine credibility																
3.2 Base credibility factor																
3.3 Average deductible																
3.4 Deductible factor																
3.5 Credibility adjustment (Lines 3.2 x 3.4 (do not round))																
4. MLR Calculation (for issuers with at least 1,000 life years in the Total column of Line 3.1)																
4.1 Preliminary MLR																
4.1a Preliminary MLR (Lines 1.5 / 2.3)																
4.1b Preliminary MLR: "Mini-Med" and Expatriate (Lines 1.6 / 2.3)																
4.2 Credibility adjustment (Line 3.5, if applicable)																
4.3 Credibility-adjusted MLR (Lines 4.1a or 4.1b + 4.2)																
5. Rebate Calculation																
5.1 MLR standard																
5.2 Credibility-adjusted MLR (Line 4.3)																
5.3 Adjusted earned premium less Federal and State taxes and licensing or regulatory fees ((Line 2.3, column CY only)																
5.4 Rebate amount if credibility-adjusted MLR is less than MLR standard (Lines (5.1 - 5.2) X 5.3)																

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Department of Health and Human Services
 Medical Loss Ratio Reporting Form
 Part 4 - MLR and Rebate Calculation

Group Affiliation: _____
 Company Name: _____

Part 4	"Mini-Med"				Large Group				Expatriate				Large Group			
	Small Group				Large Group				Small Group				Large Group			
	PY2	PY1	CY	Total												
	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32
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																
1.3 Quality improvement expenses																
1.4 MLR rebates paid based on 2011 or 2012 experience																
1.5 MLR numerator																
1.6 MLR numerator "Mini-Med" and Expatriate (MLR numerator x adjustment factor)																
2. Medical Loss Ratio Denominator																
2.1 Premium earned including Federal and State high risk programs																
2.2 Federal and State taxes and licensing or regulatory fees																
2.3 MLR Denominator (Line 2.1 - Line 2.2)																
3. Credibility Adjustment																
3.1 Life Years to determine credibility																
3.2 Base credibility factor																
3.3 Average deductible																
3.4 Deductible factor																
3.5 Credibility adjustment (Lines 3.2 x 3.4 (do not round))																
4. MLR Calculation (for issuers with at least 1,000 life years in the Total column of Line 3.1)																
4.1 Preliminary MLR																
4.1a Preliminary MLR (Lines 1.5 / 2.3)																
4.1b Preliminary MLR: "Mini-Med" and Expatriate (Lines 1.6 / 2.3)																
4.2 Credibility adjustment (Line 3.5, if applicable)																
4.3 Credibility-adjusted MLR (Lines 4.1a or 4.1b + 4.2)																
5. Rebate Calculation																
5.1 MLR standard																
5.2 Credibility-adjusted MLR (Line 4.3)																
5.3 Adjusted earned premium less Federal and State taxes and licensing or regulatory fees ((Line 2.3, column CY only)																
5.4 Rebate amount if credibility-adjusted MLR is less than MLR standard (Lines (5.1 - 5.2) X 5.3)																

Cell Keys:
 Blank cells require input from issuer
 Grey cells require no data input - input will result in an upload failure
 Pink cells require no data input - locked down
 Blue cells require a calculation by the issuer
 Yellow cells require a calculation by the issuer that is dependent on issuer size

**Department of Health and Human Services
Medical Loss Ratio Reporting Form
Part 5 - Rebate Disbursement**

Group Affiliation: _____
Company Name: _____

Federal EIN : _____
A.M. Best Number: _____
NAIC Group Code: _____
NAIC Company Code: _____

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

Merge Markets - Ind/SmGrp (MA Or
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. Number of policies / certificates (from Part 1 Line 7.1)								
2. Number of policyholders/subscribers owed rebates								
2.a Number of group policyholders being paid a rebate								
2.b Number of subscribers being paid a rebate								
2.c Number of group policyholders whose rebate is de minimis								
2.d Number of subscribers whose rebate is de minimis								
3. Total amount of rebates								
3.a Total amount of rebates (from Part 4, Line 5.4)								
3.b Amount of de minimis rebates								
3.c Amount of rebates being paid by premium credit								
3.d Amount of rebates being paid by lump-sum reimbursement								
4. Prior MLR year rebates								
4.a Amount of rebates paid in prior MLR year								
4.b Percentage of notices sent timely to individual policy subscribers or group policyholders owed a rebate								
4.c Percentage of notices sent timely to subscribers of group policies owed a rebate								
4.d Percentage of rebates paid timely to individual policy subscribers or group policyholders owed a rebate								
4.e Percentage of rebates paid timely to subscribers of group policies owed a rebate								
4.f Amount of unclaimed rebates from prior MLR reporting year								
4.g Describe methods used to locate policyholders/subscribers for prior MLR reporting year's unclaimed rebates:								
4.h Describe disbursement of prior MLR reporting year's unclaimed rebates:								

- Cell Keys:**
 Blank cells require input from issuer
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 Yellow cells require a calculation by the issuer that is dependent on issuer size

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

Group Affiliation:

Company Name:

DBA/Marketing Name:

Address:

Federal EIN :

A.M. Best Number:

NAIC Group Code:

NAIC Company Code:

Issuer ID:

Business in the State of:

Domiciliary State:

Merge Markets - Ind/SmGrp (MA Only)

Not-for-Profit

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, the Company/Issuer Associations, and any supplemental submission that the issuer 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 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 and which are required by Department of Health and Human Services under section 2718 of the Public Health Service Act and implementing regulation.

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
\$0	1.000
\$2,500	1.164
\$5,000	1.402
\$10,000	1.736

Table 3
State and Territory Names

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

Rhode Island
South Carolina
South Dakota
Tennessee
Texas
Utah
Virginia
Virgin Islands
Vermont
Washington
Wisconsin
West Virginia
Wyoming
Grand Total

Table 4
Reporting Years

2011
2012
2013
2014
2015
2016
2017
2018
2019
2020
2021
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2055

Table 5
Yes/No

Yes
No

2056
2057
2058
2059
2060