

Office of Risk Assessment  
50 W. Town Street, Ste 300  
Columbus, OH 43215  
(614) 644-2658  
Fax (614) 644-3256  
www.insurance.ohio.gov

RECEIVED  
FEB 28 2017  
OFFICE OF RISK  
ASSESSMENT

Ohio Department of Insurance  
John R. Kaslich – Governor  
Mary Taylor – Lt. Governor Director  
*Exhibit of Premiums, Enrollment and Utilization - HMO*



STATEMENT AS OF 12/31/2016 OF THE Superior Dental Care, Inc.



9 6 2 8 0 2 0 1 6 4 3 0 3 6 1 0 0 \*

SUPERIOR DENTAL CARE, INC.

NAIC Group Code

HMO BUSINESS IN THE STATE OF OHIO

NAIC Company Code 96280

	1	Comprehensive (H & M.)		4	5	6	7	8	9	10	11	12	13
		2	3										
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other
Total Members at end of:													
1. Prior Year	163,144					163,144							
2. First quarter	163,000					163,000							
3. Second Quarter	161,272					161,272							
4. Third Quarter	163,838					163,838							
5. Current Year	166,114					166,114							
6. Current Year Member Months	1,981,223					1,981,223							
Total Member Ambulatory Encounters for year:													
7. Physician													
8. Non-Physician													
9. Total													
10. Hospital Patient Days Incurred													
11. Number of Inpatient Admissions													
12. Health Premiums Written	45,544,360					45,544,360							
13. Life Premiums Direct													
14. Property/Casualty Premiums Written													
15. Health Premiums Earned	45,544,360					45,544,360							
16. Property/Casualty Premiums Earned													
17. Amount Paid for Provision of Health Care Services	35,005,012					35,005,012							
18. Amount Incurred for Provision of Health Care Services	34,916,899					34,916,899							

\*\* Quarterly Filing – Year to Date