DENTAL HEALTH CENTERS & ASSOCIATES, L.L.C.
3700 Donnell Drive - Suite 215
Forestville, MD 20747-3901
Phone: (301)736-1400
Toll Free: (888)802-6970
Fax: (301)736-1635
ROBERT P. COHEN, D.M.D.
Director

Summary of 2011 Annual Report Local 730

Dental Health Centers is pleased to present the Annual Utilization Report for the 2011 year to the trustees of Local 730.

Each line of the report itemizes each covered procedure, provides the usual, customary and reasonable (U.C.R.*) dental value for each procedure, and gives the number of members and dependents who received each procedure during the year. The value of each service for members and dependents is also totaled on each line along with a month by month breakdown for each procedure done on members and dependents.

Following is an analysis of the utilization report (based on an average of 947 members, with Class E members receiving root canal coverage):

	Total	*Class E (with endo) (886)*	*Class C (without endo) (61)*
Total yearly premium paid for dental coverage	$320,873.22	$302,309.70	$18,563.52
Amount of dentistry produced at average U.C.R. fees in 2011	618,695.00	596,118.00	22,577.00
Total premium paid per member/month (average)	28.25	28.45	25.36
Amount of dentistry received at U.C.R. fees per member/month	54.47	56.10	30.84

We are most pleased to report that for every $.52 in premium, the members are receiving $1.00 worth of dental services, and for each $1.00 in premium paid, the members are receiving $1.93 of dental services based on U.C.R. values.

*U.C.R. fees used for this report are average fees taken from the National Dental Advisory Service publication (2008 edition), from the 2008 annual fee survey contained in Dental Economics magazine, and from the 2009 fee survey in Dental Practice Report.

DENTAL HEALTH CENTERS & ASSOCIATES, L.L.C.
3700 Donnell Drive - Suite 215
Forestville, MD 20747-3901
Phone: (301)736-1400
Toll Free: (888)802-6970
Fax: (301)736-1635
ROBERT P. COHEN, D.M.D.
Director

SUMMARY OF 2011 COST OF CARE INCLUDING FORESTVILLE DENTAL CENTER

TOTAL	FORESTVILLE CENTER	ASSOC. DENTISTS	TOTAL
PREMIUMS PAID	$42,279.75	$278,593.47	$320,873.22
COST OF CARE	$59,900.74	$259,502.77	$319,403.51
EXCESS	($17,620.99)	$19,090.70	$1,469.71
EXCESS %	(4.17%)	6.85%	0.46%

DENTAL HEALTH CENTERS & ASSOCIATES

12 MONTH SUMMARY OF COST OF CARE, 2011 & 2010

LOCAL 730

	2011	CLASS E (WITH ENDO.)	CLASS C (WITHOUT ENDO.)	2010	CLASS E (WITH ENDO.)	CLASS E (WITHOUT ENDO.)
PREMIUM PAID	$320,873.22	$302,309.70	$18,563.52	302,570.04	$284,127.02	$18,443.02
COST OF CARE:						
LOCAL 730	319,403.51	303,784.59	15,618.92	287,683.93	269,201.17	18,482.76
TOTAL COST OF CARE	$319,403.51	$303,784.59	$15,618.92	$287,683.93	$269,201.17	$18,482.76
COST OF CARE EXCESS/ (DEFICIT)	$1,469.71	($1,474.89)	$2,944.60	$14,886.11	$14,925.85	($39.74)
COST OF CARE EXCESS/ (DEFICIT) PERCENTAGE	0.46%	-0.49%	15.86%	4.92%	5.25%	-0.22%
DENTAL VALUE OF SERVICES RECEIVED	$618,695.00	$596,118.00	$22,577.00	$614,163.00	$575,529.00	$38,634.00
DENTAL VALUE PER DOLLAR OF PREMIUM RECEIVED	$1.93	$1.97	$1.22	$2.03	$2.03	$2.09
PREMIUM PAID FOR $1.00 OF DENTAL SERVICES	$0.52	$0.51	$0.82	$0.49	$0.49	$0.48
TOTAL PREMIUM PAID PER MEMBER PER MONTH	$28.25	$28.45	$25.36	$27.76	$27.97	$24.93
AVERAGE MONTHLY MEMBERSHIP	947	886	61	908	847	62
AVERAGE AMOUNT OF DENTISTRY RECEIVED AT U.C.R. FEES PER MEMBER PER MONTH	$54.47	$56.10	$30.84	$56.36	$56.66	$52.22