



July 2013

Board of Trustees
United Food and Commercial Workers Union
and Participating Employers Health and Welfare Fund
Associated Administrators, Inc.
Attn: Bill Jensen
4301 Garden City Drive
Landover, Maryland 20785

Dear Trustees:

Group Dental Service, Inc. ("GDS") is pleased to present the utilization report for year-end 2012. An overview of the highlights of this report includes:

- * More than 10,826 total visits
- * An average enrollment of 8,951 including participants and dependents.
- * Value-to-cost ratio is 1.24
- * Cost of Care is 71.9%

We have enclosed the following reports for your review:

1. Annual Summary Report for 2012
2. Annual Cost of Care Report for 2012
3. Group Utilization Analysis for 2012
4. Group Profile Analysis for 2012
5. Group Benefit Analysis for 2012

GDS greatly appreciates the opportunity of working with the Board and providing managed dental care for the Fund's participants. We hope the Trustees are pleased with our service and delivery of care.

Sincerely,

Ethan Foxman
President
Group Dental Service, Inc.



Group Dental Service of Maryland, Inc.
111 Rockville Pike, Suite 700
Rockville, Maryland 20850

**UNITED FOOD AND COMMERCIAL WORKERS UNION
AND PARTICIPATING EMPLOYERS
HEALTH AND WELFARE FUND**

2012 ANNUAL UTILIZATION REPORT

Presented by:

GROUP DENTAL SERVICE, INC.

July 2013

**GROUP DENTAL SERVICE, INC.
2012 YEAR-END UTILIZATION REPORT**

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UNITED FOOD & COMMERCIAL WORKERS
& PARTICIPATING EMPLOYERS
HEALTH AND WELFARE FUND

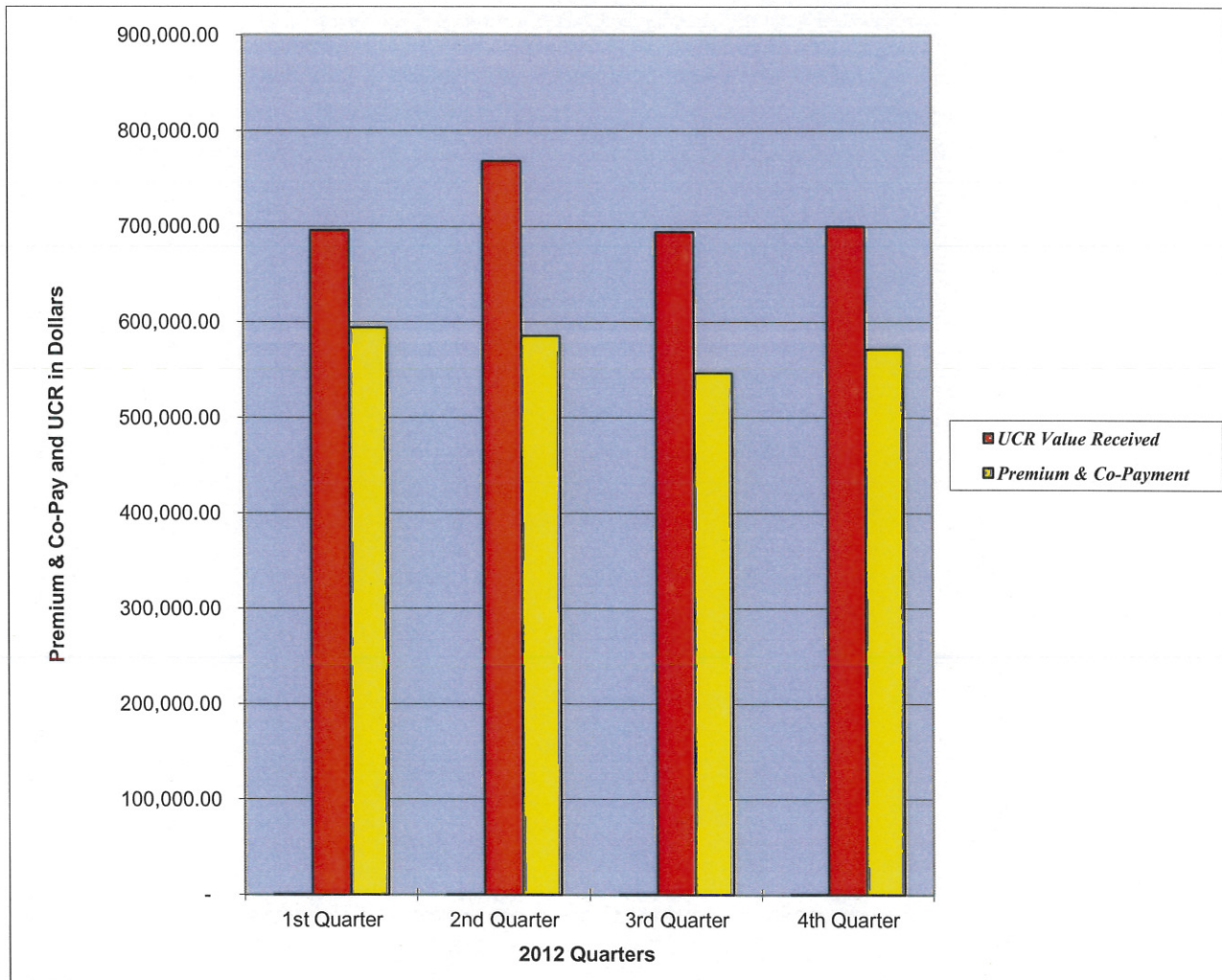
SUMMARY REPORT
JANUARY - DECEMBER 2012

Average Participants	5,832
Average Dependents	<u>3,119</u>
Average Total Enrollment	8,951
Participant Visits	6,939
Dependent Visits	<u>3,887</u>
Total Visits	10,826
Procedures	22,704
UCR Value	2,859,167
Premiums Paid	2,168,305
Co-payments Received	<u>130,070</u>
Total Income	\$ 2,298,375
Total Income	\$ 2,298,375
UCR Value	2,859,167
Relative Value	1.24

2012 ANNUAL RELATIVE VALUE EXHIBIT

The following graph, Premium & Patient Co-payments and UCR Values 2012, demonstrates the impressive leveraging of the Fund's premium dollars for the four quarters of the 2012 experience. The table at the bottom of the exhibit shows, by calendar quarter, the actual dollars paid in premiums and patient co-payments, the value of services received as priced at usual and customary rates (UCR), and the Relative Value ratio. During the period from January 2012 through December 2012, the Fund received \$2,859,167.00 in dental care value while expending \$2,298,375.00 in premium and patient co-payments. This represents an average relative value of 1.24, indicating that \$1.24 in dental care value was received for each \$1.00 expended during this period. Within the dental insurance industry, plans that deliver a relative value of 1.00 are considered to be excellent.

**United Food & Commercial Workers
& Participating Employers
Health and Welfare Fund
2012 Relative Value by Calendar Quarter**



	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
UCR Value Received	\$ 695,994	\$ 768,496	\$ 694,334	\$ 700,343
Premium & Co-Payment	\$ 594,203	\$ 585,614	\$ 546,735	\$ 571,823
Relative Value	1.17	1.31	1.27	1.22

	2012 Annual
UCR Value Received	\$ 2,859,167
Premium & Co-Payment	\$ 2,298,375
Relative Value	1.24

ANNUAL

UFCW & PARTICIPATING EMPLOYERS EXPERIENCE/
ANNUAL COST OF CARE REPORT

JAN-DEC 2012

PREMIUM PAID:	\$	2,168,305
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COST OF CARE:

CLAIMS PAID	\$	1,558,525	71.9%
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TOTAL COST OF CARE	\$	1,558,525	71.9%
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GROUP DENTAL SERVICE, INC
UTILIZATION AND QUALITY ASSURANCE SYSTEM
GROUP UTILIZATION ANALYSIS

1. TOT CNTRCTS UTIL – This is the total number of contracts where at least one family member has visited a provider during a three or twelve month period.
2. % CNTRCTS UTIL – This is the total number of contracts where at least one family member has visited a provider divided by the average number of active contracts during a three or twelve month period. Average number of active contracts is the sum of the active contracts per month divided by the appropriate number of months (i.e. three or twelve months).
3. AVG. # PATIENT/CNTRCT – Average number of active members (i.e. subscribers, spouses and non-spouse dependents) per month divided by the sum of the number of active contracts per month for a three or twelve month period.
4. TOT # PATIENT UTIL – This is the total number of members who visited a provider during a three or twelve month period.
5. % PATIENT UTIL – This is the total number of members who visited a provider during a three or twelve month period divided by the total active members during three or twelve month period.
6. AVG # OF SUBSCRIBERS – This is the sum of the number of active subscribers per month divided by the appropriate number of months (i.e. three or twelve months).
7. TOTAL NO OF SUB UTILING - This is the total number of subscribers who visited a provider during a three or twelve month period
8. % SUBS UTIL – This is the number of subscribers who visited a provider during a three or twelve month period divided by the total number of active subscribers .
9. AVG. # SPOUSES ENROLLED. – This is the sum of the number of active spouses per month divided by the appropriate number of months (i.e. three or twelve months).
10. TOT SPOUSES UTIL – This is the total number of spouses who visited a provider during a three or twelve month period.
11. % SPOUSE UTIL – This is the number of spouses who visited a provider during a three or twelve month period divided by the total number of active spouses.
12. AVG. # DEPS ENROLLED - This is the sum of the number of active non-spouse dependents per month divided by the appropriate number of months (i.e. three or twelve months).

GROUP DENTAL SERVICE, INC
UTILIZATION AND QUALITY ASSURANCE SYSTEM
GROUP UTILIZATION ANALYSIS

13. TOT # DEPS UTIL – This is the total number of non-spouse dependents who visited a provider during a three or twelve month period
14. % DEPS UTIL – This is the number of non-spouse dependents who visited a provider during a three or twelve month period divided by the total number of active non-spouse dependents
15. # SUBS & SPOUSE VST. – This is the total number of provider visits made by subscribers and spouses during a three or twelve month period.
16. # VST/UTIL. SUB, SPOU. – This is the total number of provider visits made by subscribers and spouses during a three or twelve month period divided by the number of subscribers and spouses who visited a provider during a three or twelve month period.
17. # PROC./UTIL. SUB, SPOU – This is the total number of procedures reported for subscribers and spouses during a three or twelve month period divided by the number of subscribers and spouses who visited a provider during a three or twelve month period.
18. # PROC./SUB, SPOU. VST – This is the total number of procedures performed for subscribers and spouses during a three or twelve month period divided by the number of provider visits made by subscribers and spouses during a three or twelve month period.
19. # DEPS VISITS – This is the total number of provider visits made by non-spouse dependents during a three or twelve month period.
20. # VST/UTL. DEP – This is the total number of provider visits made by non-spouse dependents during a three or twelve month period divided by the number of non-spouse dependents who visited a provider during a three or twelve month period.
21. # PROC./DEP. VISIT – This is the total number of procedures reported for non-spouse dependents during a three or twelve month period divided by the number of provider visits made by non-spouse dependents during a three or twelve month period.

GROUP DENTAL SERVICE, INC.
UTILIZATION AND QUALITY ASSURANCE SYSTEM
GROUP PROFILE ANALYSIS

1. **SERVICE MIX # OF PROCEDURES REPORTED** – This is the total number of procedures reported that are in a particular category of services for members (i.e. subscribers, spouses and non-spouse dependents) during a three or twelve month period.
2. **SERVICE MIX % OF PROCEDURES REPORTED** – This is the total number of procedures reported that are in a particular category of services for members during a three or twelve month period (#1) divided by the total number of procedures reported for all service categories for members during a three or twelve month period.
3. **SERVICE MIX # PROC. RPTD PER UTILIZING SUBSCRIBER** – This is the total number of procedures reported that are in a particular category of services for members during a three or twelve month period (#1) divided by the Total number of active subscribers who visited a provider during a three or twelve month period.
4. **SERVICE MIX # PROC. RPTD. PER UTILIZING MEMBER.**- This is the total number of procedures reported that are in a particular category of services for members during a three or twelve month period (#1) divided by the total number of members who visited a provider during a three or twelve month period.
5. **KEY RATIOS # OF PROCEDURES REPORTED** – This is the total number of procedures reported that are within a range of procedure codes for members during a three or twelve month period divided by the total number of procedures reported that are within another range of procedure codes for members during a three or twelve month period.
6. **SERVICE MIX PROCEDURE CODES** –

Service type	ADA Procedure Codes
Preventive	D0120-D1550 except those included in Exam and X-ray types
Exams	D0120 to D0180
X-rays	D0210 to D0330
Minor Restore	D2140 to D2394, D2940, D2951, D2930 to D2933
Major Restore	D2410 to D2799, D2910 to D2920, D2950, D2952 to D2999
Fixed Prosth	D6000 to D6999
Dentures	D5000 to D5999
Endo	D3000 to D3999

Service type	ADA Procedure Codes
Perio	D4000 to D4999
Simple Ext	D7110, D7120, D7111, D7140
Oral Srg	D7000 to D7999 except those counted as Simple Ext
Ortho	D8010 to D8999
Other	All others

GROUP DENTAL SERVICE, INC.
UTILIZATION AND QUALITY ASSURANCE SYSTEM
GROUP BENEFIT ANALYSIS

1. PROC CODE # - This is the total number of procedures reported for a procedure code for members (i.e. subscribers, spouses and non-spouse dependents) during a three or twelve month period.
2. PROC CODE PT COPAY – This is the total amount of co-payments paid by patients for procedures reported for a procedure code during a three or twelve month period.
3. PROC CODE UCR VALUE – This is the total usual and customary value of procedures reported for a procedure code during a three or twelve month period for UCR value.
4. TOT PT. COPAYMENTS – This is the total amount of co-payments paid by patients for all procedures reported during the last twelve months.
5. UCR VALUE OF DENTISTRY RECEIVED – This is the total usual and customary value of all procedures reported during the last twelve months.
6. TOTAL PREMIUM PAID – This is the sum of the premium amounts paid each month by the client during the last twelve months.
7. BENEFIT RATIO: UCR/(PREMIUM + COPAYMENTS) – This is the total usual and customary value of all procedures reported during the last twelve months (#5) divided by the sum of the premium amounts paid each month by the client during the last twelve months (#6) plus the total amount of co-payments paid by patients for all procedures reported during the last twelve months (#4).

GROUP DENTAL SERVICE OF MARYLAND, INC

GDS GROUP BENEFIT ANALYSIS

FROM: 1/1/2011 TO: 12/31/2012

CASE: UFCW UNIONS AND PARTICIPATING - 01GDS01 PLAN: <ALL PLANS>

---THIS QUARTER---

---LAST 12 MONTHS---

---PRIOR 12 MONTHS---

PROC CODE	NUMBER TIMES	PT COPAY	UCR VALUE	NUMBER TIMES	PT COPAY	UCR VALUE	NUMBER TIMES	PT COPAY	UCR VALUE
D0120	878	0	34671	3494	0	139424	4108	0	164861
D0140	196	0	12568	752	0	48915	890	0	58641
D0150	178	0	11955	699	0	47197	724	0	50833
D0170	0	0	0	1	0	60	3	0	171
D0180	3	0	294	22	0	2219	27	0	2719
D0210	63	0	7472	251	0	29664	245	0	29990
D0220	383	0	9470	1426	0	35248	1513	0	37534
D0230	120	0	2655	427	0	9447	480	0	10777
D0240	0	0	0	1	0	35	1	0	35
D0270	2	0	54	16	0	420	25	0	720
D0272	157	0	5614	619	0	22199	705	0	25789
D0273	2	0	80	3	0	119	7	0	288
D0274	301	0	15956	1246	0	66278	1522	0	80926
D0277	0	0	0	0	0	0	2	0	136
D0330	149	0	14522	619	0	60206	675	0	66588
D0340	0	0	0	1	0	80	4	0	320
D0460	4	0	202	4	0	202	3	0	175
D1110	873	0	62301	3438	0	247122	3967	0	287608
D1120	96	0	5336	433	0	24227	525	0	29857
D1203	61	0	1924	294	0	9293	383	0	12291
D1351	0	0	0	0	0	0	12	0	564
D1510	0	0	0	1	10	301	1	10	300
D1515	0	0	0	0	0	0	2	40	920
D2140	218	0	28275	957	0	120047	1059	0	134258
D2150	227	0	33953	872	0	130957	989	0	152721
D2160	95	0	18205	439	0	83027	422	0	78909
D2161	18	0	3859	113	0	24682	116	0	24355
D2330	81	0	9969	379	0	46722	334	0	40965
D2331	82	0	12424	334	0	51282	326	0	50756
D2332	58	0	11175	226	0	43360	232	0	45060
D2335	18	0	3838	104	0	23636	134	0	31293
D2391	2	0	228	8	0	1017	28	0	3350

GROUP DENTAL SERVICE OF MARYLAND, INC

GDS GROUP BENEFIT ANALYSIS

FROM: 1/1/2011 TO: 12/31/2012

CASE: UFCW UNIONS AND PARTICIPATING - 01GDS01 PLAN: <ALL PLANS>

---THIS QUARTER---

---LAST 12 MONTHS---

---PRIOR 12 MONTHS---

PROC CODE	NUMBER TIMES	PT COPAY	UCR VALUE	NUMBER TIMES	PT COPAY	UCR VALUE	NUMBER TIMES	PT COPAY	UCR VALUE
D5130	2	60	2430	19	570	25860	23	690	31270
D5140	0	0	0	5	150	6447	14	420	19239
D5211	2	60	1980	12	360	11975	8	240	7839
D5212	1	30	1000	5	150	5124	15	450	15734
D5213	12	360	18503	56	1680	79133	61	1830	84967
D5214	21	630	27946	70	2100	96961	76	2280	106325
D5410	1	0	67	1	0	67	2	0	124
D5411	0	0	0	3	0	239	3	0	207
D5421	2	0	131	7	0	484	7	0	574
D5422	2	0	146	4	0	305	10	0	745
D5510	0	0	0	5	0	851	8	0	1300
D5520	2	0	410	4	0	660	8	0	1071
D5610	1	0	160	8	0	1283	8	0	1239
D5620	0	0	0	1	0	246	1	0	200
D5630	0	0	0	3	0	498	2	0	433
D5640	0	0	0	10	0	1235	12	0	1787
D5650	11	0	1913	41	0	7107	41	0	7075
D5660	1	0	175	5	0	1054	3	0	627
D5730	0	0	0	2	0	510	4	0	1214
D5731	0	0	0	1	0	298	3	0	761
D5740	0	0	0	2	0	719	2	0	523
D5741	0	0	0	2	0	640	4	0	1218
D5750	2	0	806	12	0	4602	9	0	3204
D5751	1	0	498	4	0	1641	5	0	1853
D5760	1	0	313	3	0	1045	0	0	0
D5761	0	0	0	1	0	438	1	0	298
D6240	2	250	2075	9	1125	8723	15	1875	14748
D6241	0	0	0	4	500	3162	7	875	5495
D6242	0	0	0	1	125	800	4	500	3819
D6245	2	250	2500	2	250	2500	0	0	0
D6545	0	0	0	0	0	0	1	50	308
D6740	2	250	2776	2	250	2776	0	0	0