Dental Health Centers & Associates
1450 Mercantile Lane – Suite 131
Largo, MD 20774
Phone: (301)583-1400
Fax: (301) 583-1402
Toll Free: (888) 802-6970

February 22, 2021

Ms. Alicia Cochran – Account Executive
Board of Trustees Union Local No. 730
Associated Administrators, LLC
911 Ridgebrook Road
Sparks, MD 21152-9459

Dear Ms. Cochran and Board of Trustees:

Enclosed is a copy of the Summary of 2020 Annual Report and the Summary of Cost of Care (including the Largo Dental Center).

The Summary of 2020 Annual Report indicates the value of the dentistry received based on U.C.R. value. As noted, for every $1.00 in premium, members are receiving approximately $1.24 of dental services.

The summary of 2020 Cost of Care report also indicates that our overall profit for 2020 was 18.00%. Utilization and the value of dental services was slightly lower in 2020 due to the Covid-19 pandemic. The enclosed spreadsheets show the number of members and dependents receiving each procedure, along with the dental values of each procedure. There is a breakdown of the total number of each procedure done per month for the entire year.

It is our pleasure to be of service to the Local 730 members and dependents, and we will be glad to answer any questions or concerns you may have at any time.

Sincerely yours,

Robert P. Cohen, D.M.D.
Dental Health Centers & Associates

DENTAL HEALTH CENTERS & ASSOCIATES, L.L.C.
1450 Mercantile Lane – Suite 131
Largo, MD 20774-5386
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ROBERT P. COHEN, D.M.D.
Director

Summary of 2020 Annual Report Local 730

Dental Health Centers is pleased to present the Annual Utilization Report for the 2020 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 345 Class E members).

	Class E Total
Total yearly premium paid for dental coverage	$127,425.30
Amount of dentistry produced at average U.C.R. fees in 2020	158,532.00
Total premium paid per member/month (average)	30.78
Amount of dentistry received at U.C.R. fees per member/month	38.30

We are most pleased to report that for every $.80 in premium, the members are receiving $1.00 worth of dental services, and for each $1.00 in premium paid, the members are receiving $1.24 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 (2018 edition), from the 2018 annual fee survey contained in Dental Economics magazine, and from the 2018 fee survey in Dental Practice Report.

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SUMMARY OF 2020 COST OF CARE INCLUDING THE DENTAL CENTER IN LARGO, MD

TOTAL	ASSOC. DENTISTS INCLUDING LARGO
PREMIUMS PAID	$127,425.30
COST OF CARE	$104,488.76
EXCESS	$22,936.54
EXCESS %	18.00%

Dental Health Centers, LLC
BATCHDATE: 12/31/2020

Dental Value Summary
Local 730A

Code	Value	Procedure	Associate Member	Associate Dependent	Associate Value	Clinic Member	Clinic Dependent	Clinic Value	Total Member	Total Dependent	Total Value
0120	$65.00	RECALL EXAM	63	57	7,800.00	20	12	2,080.00	83	69	9,880.00
0140	$95.00	EMER. EXAM	8	12	1,900.00	8	4	1,140.00	16	16	3,040.00
0150	$110.00	INITIAL EXAM	15	16	3,410.00			0.00	15	16	3,410.00
0170		EXAM RE-EVALUATION			0.00			0.00	0	0	0.00
0180		COMPREHENSIVE PERIO EVAL - NEV			0.00			0.00	0	0	0.00
0210	$200.00	FULL MOUTH X-RAYS	4	1	1,000.00			0.00	4	1	1,000.00
0220	$45.00	IND. X-RAYS	24	16	1,800.00	26	11	1,665.00	50	27	3,465.00
0230	$40.00	IND. X-RAYS ADDITIONAL	19	9	1,120.00			0.00	19	9	1,120.00
0240	$50.00	OCCLUSAL			0.00			0.00	0	0	0.00
0272	$80.00	BITEWINGS	4	17	1,680.00		1	80.00	4	18	1,760.00
0274	$110.00	BITEWINGS	41	25	7,260.00	11	8	2,090.00	52	33	9,350.00
0330	$150.00	PANORAMIC	14	10	3,600.00	2	1	450.00	16	11	4,050.00
0362		CONE BEAM - 2 DIMENSIONAL			0.00			0.00	0	0	0.00
1110	$125.00	ADULT PROPHY	76	46	15,250.00	19	13	4,000.00	95	59	19,250.00
1120	$71.00	CHILD PROPHY		27	1,917.00			0.00	0	27	1,917.00
1203	$38.00	FLUORIDE			0.00			0.00	0	0	0.00
1208	$38.00	FLUORIDE			0.00			0.00	0	0	0.00
1351	$65.00	SEALANTS		13	845.00			0.00	0	13	845.00
1510	$500.00	FIXED, UNILATERAL RETAINER			0.00			0.00	0	0	0.00
1515	$525.00	SPACE MAINTAINER, FIXED			0.00			0.00	0	0	0.00
2110	$100.00	ONE SURFACE-DECIDOUS			0.00			0.00	0	0	0.00
2120	$130.00	TWO SURFACE			0.00			0.00	0	0	0.00
2130	$160.00	THREE SURFACE			0.00			0.00	0	0	0.00
2140	$200.00	ONE SURFACE - PRIMARY OR PERM	1		200.00			0.00	1	0	200.00
2150	$250.00	TWO SURFACES - PRIMARY OR PER	2		500.00			0.00	2	0	500.00
2160	$325.00	THREE SURFACES - PRIMARY OR PI	7		2,275.00			0.00	7	0	2,275.00
2161	$350.00	FOUR OR MORE SURFACES - PRIMA			0.00			0.00	0	0	0.00
2190	$35.00	PIN RETENTION			0.00			0.00	0	0	0.00
2330	$250.00	COMPOSITE ONE SURFACE		1	250.00			0.00	0	1	250.00
2331	$275.00	COMPOSITE TWO SURFACE	3	1	1,100.00			0.00	3	1	1,100.00
2332	$350.00	COMPOSITE THREE SURFACES	6	4	3,500.00	1		350.00	7	4	3,850.00
2335	$425.00	COMP RESIN 4 OR MORE	6		2,550.00			0.00	6	0	2,550.00
2380		ONE SURFACE			0.00			0.00	0	0	0.00
2381		TWO SURFACES			0.00			0.00	0	0	0.00
2382		THREE OR MORE SURFACES			0.00			0.00	0	0	0.00
2385	$94.00	RESIN- ONE SURFACE POSTERIOR			0.00			0.00	0	0	0.00
2386	$130.00	RESIN- TWO SURFACE POSTERIOR			0.00			0.00	0	0	0.00
2387	$160.00	RESIN- THREE OR MORE SURFACE			0.00			0.00	0	0	0.00
2390	$600.00	RESIN BASED COMPOSITE CROWN,			0.00			0.00	0	0	0.00
2391	$250.00	RESIN - ONE SURFACE POSTERIOR	12	15	6,750.00		4	1,000.00	12	19	7,750.00
2392	$325.00	RESIN - TWO SURFACES POSTERIOI	19	9	9,100.00		2	650.00	19	11	9,750.00
2393	$380.00	RESIN - THREE OR MORE SURF POS	9	5	5,320.00	1		380.00	10	5	5,700.00
2394	$450.00	RESIN - FOUR OR MORE SURF POST	3	4	3,150.00	2	1	1,350.00	5	5	4,500.00

Dental Health Centers, LLC
BATCHDATE: 12/31/2020

Dental Value Summary
Local 730A

Code	Value	Procedure	Associate Member	Associate Dependent	Associate Value	Clinic Member	Clinic Dependent	Clinic Value	Total Member	Total Dependent	Total Value
2751	$1,500.00	CROWN	1		1,500.00			0.00	1	0	1,500.00
2920	$150.00	RECEMENT CROWN	1		150.00	4		600.00	5	0	750.00
2930	$355.00	PREFAB STAINLESS STEEL CROWN		1	355.00			0.00	0	1	355.00
2932	$475.00	PREFAB RESIN CROWN			0.00			0.00	0	0	0.00
2940	$180.00	SEDATIVE FILLING	1	3	720.00			0.00	1	3	720.00
2950	$365.00	CROWN BUILDUP	2	1	1,095.00			0.00	2	1	1,095.00
2951	$55.00	PIN RETENTION 3 PER TOOTH	1		55.00			0.00	1	0	55.00
2954	$455.00	PREFAB POST & CORE	1		455.00			0.00	1	0	455.00
3220	$300.00	THERAP. PULPOTOMY			0.00			0.00	0	0	0.00
3240	$325.00	PULPAL THERAPY - POST. PRIM.TOC			0.00			0.00	0	0	0.00
3310	$995.00	ROOT CANAL	2		1,990.00			0.00	2	0	1,990.00
3320	$1,100.00	2 ROOT CANAL		1	1,100.00			0.00	0	1	1,100.00
3330	$1,400.00	3 ROOT CANAL	4	2	8,400.00			0.00	4	2	8,400.00
3332		INCOMPLETE ROOT CANAL			0.00			0.00	0	0	0.00
3346	$1,200.00	RETREATMENT OF 1 CANAL TOOTH			0.00			0.00	0	0	0.00
3347	$1,275.00	RETREATMENT OF 2 CANAL TOOTH			0.00			0.00	0	0	0.00
3348	$1,500.00	RETREATMENT OF 3 OR MORE CAN/			0.00			0.00	0	0	0.00
3410	$1,100.00	APICOECTOMY- FIRST ROOT			0.00			0.00	0	0	0.00
3415	$900.00	APICOECTOMY- ADD. ROOT			0.00			0.00	0	0	0.00
3430	$415.00	RETROGRADE AMALGAM			0.00			0.00	0	0	0.00
3450	$725.00	ROOT AMPUTATION			0.00			0.00	0	0	0.00
3950	$375.00	CANAL PREP & POST FITTING			0.00			0.00	0	0	0.00
4200	$150.00	PERIO CONSULT BY PERIODON.			0.00			0.00	0	0	0.00
4210	$647.00	GINGEVECTOMY			0.00			0.00	0	0	0.00
4220	$227.00	GINGIVAL CURETTAGE			0.00			0.00	0	0	0.00
4240	$975.00	GINGIVAL FLAP			0.00			0.00	0	0	0.00
4249	$1,100.00	CROWN LENGTHENING			0.00			0.00	0	0	0.00
4260	$1,500.00	OSSEOUS SURGERY			0.00			0.00	0	0	0.00
4263	$680.00	BONE REPLAC. GRAFT- 1ST			0.00			0.00	0	0	0.00
4264	$420.00	BONE REPLAC. GRAFT- ADD.			0.00			0.00	0	0	0.00
4266	$1,100.00	GUIDED TISSUE REGEN.			0.00			0.00	0	0	0.00
4270	$1,200.00	PEDICLE SOFT TISSUE GRAFT			0.00			0.00	0	0	0.00
4271	$1,200.00	FREE SOFT TISSUE GRAFT			0.00			0.00	0	0	0.00
4273	$1,275.00	SUBEPITHELIAL TISSUE GRAFT			0.00			0.00	0	0	0.00
4275	$1,400.00	NON -AUTOGEN CONNECT. TISSUE (			0.00			0.00	0	0	0.00
4277	$1,200.00	FREE SOFT TISSUE GRAFT INCL RE(			0.00			0.00	0	0	0.00
4285	$1,100.00	NON-AUTOGEN CONN. TISSUE GRAI			0.00			0.00	0	0	0.00
4320	$775.00	PROVISIONAL SPLINTING - INTRACO			0.00			0.00	0	0	0.00
4340	$175.00	GINGIVITIS 2 X YEAR			0.00			0.00	0	0	0.00
4340	$275.00	GINGIVITIS 2 X YEAR			0.00			0.00	0	0	0.00
4341	$350.00	PERIO SCALING (FOUR OR MORE TI			0.00			0.00	0	0	0.00
4342	$275.00	PERIO SCALING (ONE TO THREE TEI			0.00			0.00	0	0	0.00
4346	$175.00	SCALING GENERALIZED MODERATE			0.00			0.00	0	0	0.00

Dental Health Centers, LLC
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Dental Value Summary
Local 730A

Code	Value	Procedure	Associate Member	Associate Dependent	Associate Value	Clinic Member	Clinic Dependent	Clinic Value	Total Member	Total Dependent	Total Value
4355	$250.00	FULL MOUTH DEBRIDEMENT			0.00			0.00	0	0	0.00
4910	$195.00	PERIO MAINTENANCE	1		195.00			0.00	1	0	195.00
5000	$65.00	PROSTHETICS STEPS			0.00	4		260.00	4	0	260.00
5110	$2,525.00	FULL DENTURE - UPPER	1		2,525.00			0.00	1	0	2,525.00
5120	$2,525.00	FULL DENTURE - LOWER			0.00			0.00	0	0	0.00
5211	$2,025.00	PARTIAL DENTURES			0.00			0.00	0	0	0.00
5212	$2,025.00	PARTIAL DENTURES	1		2,025.00			0.00	1	0	2,025.00
5213	$2,500.00	PARTIAL DENT. -UPPER		1	2,500.00			0.00	0	1	2,500.00
5214	$2,500.00	PARTIAL DENT. -LOWER	1	1	5,000.00			0.00	1	1	5,000.00
5610	$295.00	SIMPLE REPAIRS 2 OR LESS			0.00			0.00	0	0	0.00
5630	$275.00	COMPLEX REPAIR 3 OR MORE	1		275.00			0.00	1	0	275.00
5630	$375.00	COMPLEX REPAIR 3 OR MORE	1		375.00			0.00	1	0	375.00
5730	$525.00	RELINE COMPLETE MAX. - CHSD.			0.00			0.00	0	0	0.00
5731	$500.00	RELINE COMPLETE MAN. - CHSD.			0.00			0.00	0	0	0.00
5740	$475.00	RELINE PARTIAL MAX. - CHSD.			0.00			0.00	0	0	0.00
5741	$475.00	RELINE PARTIAL MAN. - CHSD.			0.00			0.00	0	0	0.00
5750	$650.00	RELINE COMPLETE MAX. - LAB.			0.00			0.00	0	0	0.00
5751	$625.00	RELINE COMPLETE MAN. - LAB.			0.00			0.00	0	0	0.00
5760	$600.00	RELINE PARTIAL MAX. - LAB.			0.00			0.00	0	0	0.00
5761	$600.00	RELINE PARTIAL MAN. - LAB			0.00			0.00	0	0	0.00
6241	$1,350.00	PONTIC			0.00			0.00	0	0	0.00
6545	$1,250.00	MD BRIDGE/ UNIT			0.00			0.00	0	0	0.00
6930	$235.00	RECEMENT FIXED PARTIAL DENTUR	1		235.00			0.00	1	0	235.00
7002	$50.00	UNCLASSIFIED			0.00			0.00	0	0	0.00
7110	$124.00	ROUTINE EXTRACTION			0.00			0.00	0	0	0.00
7111	$195.00	CORONAL REMNANTS - DECIDUOUS			0.00			0.00	0	0	0.00
7120	$124.00	EACH ADDITIONAL			0.00			0.00	0	0	0.00
7130	$124.00	ROOT REMOVAL - EXPOSED ROOTS			0.00			0.00	0	0	0.00
7140	$250.00	EXTRACTION, ERUPT. TOOTH OR EX		7	1,750.00			0.00	0	7	1,750.00
7210	$400.00	SURG. REMOV. OF ERUP. TOOTH	21	2	9,200.00	1	1	800.00	22	3	10,000.00
7220	$425.00	SOFT TISSUE			0.00			0.00	0	0	0.00
7230	$550.00	PARTIALLY BONY			0.00			0.00	0	0	0.00
7240	$750.00	COMPLETE BONY			0.00			0.00	0	0	0.00
7241	$795.00	COMPLETE BONY - UNUSUAL			0.00			0.00	0	0	0.00
7250	$450.00	SURG.REMOVAL OF RES. ROOT	16	3	8,550.00			0.00	16	3	8,550.00
7280	$750.00	SUR. EXPOS. OF IMPACT. TOOTH			0.00			0.00	0	0	0.00
7281	$750.00	EXPOSURE TO AID ERUPTION			0.00			0.00	0	0	0.00
7285	$750.00	BIOPSY			0.00			0.00	0	0	0.00
7286	$248.00	BIOPSY WITH CONSULT			0.00			0.00	0	0	0.00
7290	$725.00	SURG. REPOSIT. OF TOOTH			0.00			0.00	0	0	0.00
7291	$450.00	TRANSEPTAL FIBEROTOMY			0.00			0.00	0	0	0.00
7310	$425.00	ALVEOLOPLASTY	4		1,700.00			0.00	4	0	1,700.00
7311	$400.00	ALVEOPLASTY WITH EXT. 1-3 TEETH			0.00			0.00	0	0	0.00

Dental Health Centers, LLC
BATCHDATE: 12/31/2020

Dental Value Summary
Local 730A

Code	Value	Procedure	Associate Member	Associate Dependent	Associate Value	Clinic Member	Clinic Dependent	Clinic Value	Total Member	Total Dependent	Total Value
7320	$625.00	ALVEOLOPLASTY/ NO EXTRACT.			0.00			0.00	0	0	0.00
7350	$3,895.00	VESTIBULOPLASTY/GRAFTS,MUSCLI			0.00			0.00	0	0	0.00
7450	$650.00	EXCISION OF BENIGN TUMOR - DIAM			0.00			0.00	0	0	0.00
7451	$1,100.00	EXCISION OF BENIGN TUMOR-DIAM			0.00			0.00	0	0	0.00
7470	$1,100.00	REMOVAL OF EXOSTOSIS			0.00			0.00	0	0	0.00
7472	$1,225.00	REMOVAL OF TORUS PALATINUS			0.00			0.00	0	0	0.00
7473	$1,225.00	REMOVAL OF TORUS MANDIBULARIS			0.00			0.00	0	0	0.00
7510	$350.00	INCISE AND DRAIN ABCESS		1	350.00	1		350.00	1	1	700.00
7953	$2,150.00	BONE REPLACEMENT GRAFT FOR R			0.00			0.00	0	0	0.00
7960	$625.00	FRENECTOMY			0.00			0.00	0	0	0.00
7972	$1,000.00	SURGICAL REDUCTION OF FIBROUS			0.00			0.00	0	0	0.00
8010	$500.00	ORTHO CONSULT.			0.00			0.00	0	0	0.00
8020	$1,000.00	ORTHO DOWNPAYMENT			0.00			0.00	0	0	0.00
8030	$500.00	PERIODIC ORTHO TREATMENT VISIT			0.00			0.00	0	0	0.00
8110	$1,000.00	REMOVAB. TOOTH GUID. APPL.			0.00			0.00	0	0	0.00
8210	$1,000.00	REMOVAB. INTERCEPTIVE APPL.			0.00			0.00	0	0	0.00
8220	$1,300.00	FIXED INTERCEPTIVE APPL.			0.00			0.00	0	0	0.00
8665	$500.00	INITIAL ORTHO WORKUP			0.00			0.00	0	0	0.00
8680	$750.00	RETAINER WITH POST TREAT.			0.00			0.00	0	0	0.00
9110	$200.00	PALLIATIVE TREATMENT	2	3	1,000.00	3		600.00	5	3	1,600.00
9220	$550.00	ANESTHESIA GENERAL O.S.			0.00			0.00	0	0	0.00
9221	$200.00	ANESTHESIA EACH ADD 15 MIN			0.00			0.00	0	0	0.00
9223	$250.00	ANESTHESIA EACH 15 MIN INCREME	3	5	2,000.00			0.00	3	5	2,000.00
9230	$125.00	ANALGESIA	1	3	500.00			0.00	1	3	500.00
9241	$600.00	IV SEDATION			0.00			0.00	0	0	0.00
9242	$250.00	IV SEDATION - EACH ADDIT 15 MIN			0.00			0.00	0	0	0.00
9243	$250.00	IV SEDATION EACH 15 MIN	3		750.00			0.00	3	0	750.00
9310	$200.00	CONSULTATION - 2ND OPINION	7	2	1,800.00			0.00	7	2	1,800.00
9940	$875.00	BITEGUARD			0.00			0.00	0	0	0.00
9951	$300.00	LIMITED OCCLUSAL ADJ.			0.00			0.00	0	0	0.00
9952	$900.00	COMPLETE OCCLUSAL ADJ.			0.00			0.00	0	0	0.00
9999		FEE ADJUST			0.00			0.00	0	0	0.00
LAB		LAB WORK			0.00			0.00	0	0	0.00
NB					0.00			0.00	0	0	0.00
PRIM		PRIMARY INSURANCE			0.00			0.00	0	0	0.00
		Total			$138,827.00			$17,845.00			$156,672.00

Add: patient reimbursements !

1,860.00
$158,532.00