

**Milbank Memorial Fund
CHIP Dental Plan
Summary of Rate**

Worksheet 3
Summary

	Per Member Per Month Costs			
	Under 2	Ages 2-5	Ages 6-14	Ages 15-18
Adjunctive General	\$0.03	\$0.23	\$0.20	\$0.28
Anesthesia Surgical	\$0.01	\$0.16	\$0.09	\$0.15
Diagnostic	\$0.19	\$2.53	\$3.50	\$3.08
Endodontics	\$0.08	\$0.94	\$0.80	\$1.47
Implant/Pros Fixed	\$0.00	\$0.12	\$0.19	\$0.00
Maxillofacial Pros	\$0.00	\$0.00	\$0.02	\$0.19
Oral Surgery	\$0.06	\$0.70	\$1.71	\$2.83
Orthodontics	\$0.00	\$0.00	\$0.70	\$1.46
Other	\$0.03	\$0.14	\$0.04	\$0.03
Periodontics	\$0.00	\$0.01	\$0.05	\$0.17
Preventive	\$0.13	\$1.44	\$2.12	\$1.39
Pros Removable	\$0.00	\$0.00	\$0.01	\$0.05
Restorative	\$0.39	\$7.31	\$7.43	\$8.36
Total	\$0.93	\$13.59	\$16.85	\$19.48

Resulting PMPM \$14.55

Program Administration

State Plan Administration	5%
Assumed Carrier Administration	10%
<input checked="" type="radio"/> Assume carrier expenses in addition to dental claims <input type="radio"/> Assume carrier expenses come from plan savings	
Dental Claims Expense	\$14.55
State Plan Administration	\$0.77
Carrier Administration	\$1.62
Total Required Revenue PMPM	\$16.94

Federal/State Funding

Percentage of Total Cost Covered by the State Government	40.0%
Percentage of Total Cost Covered by the Federal Government	60.0%
Estimated Average Number of Children Covered per Year	10,000
Resulting Annual State Cost	\$812,974
Resulting Annual Federal Cost	\$1,219,460
Total Annual Cost	\$2,032,434