



**DELTA DENTAL INSURANCE COMPANY
INCOME COST EXPERIENCE REPORT**

**CITY OF HALLANDALE
Group Number: 10-03589-
1/13 - 3/13**

Date	Primary Enrollees	Premium*	Administration	\$ Claims Paid	# Claims Paid
1/13 +	170	\$13,911.69	\$2,374.79	\$9,783.80	48
2/13	169	14,165.00	2,418.04	9,822.90	54
3/13	170	14,034.85	2,395.82	11,709.60	60
Totals	509	\$42,111.54	\$7,188.65	\$31,316.30	162

**Premium is based on cash receipts plus receivables by month of accrual.*

+Indicates more than twenty claims processing days in the month.