

5C
11/7/23



Woodbury County
Group # 33541
Rating Period 1/1/24 through 12/31/24
Financial Exhibit

Delta Dental PPOSM

Experience Period Claims Paid 8/1/22 through 7/31/23

Claims Paid 8/1/22 through 7/31/23	\$219,050
Adjustment of Claims to Incurred Basis	\$6,775
Incurred Claims	\$225,825
Trend in Claims	\$11,269
Projected Claims Based on Current Experience	\$237,093
Claims and Enrollment Fluctuation Adjustment	\$6,003
Projected Annual Claims Based on Current Enrollment	\$243,096

<u>Fixed Fees</u>	<u>Per Contract</u>	
Operating Costs	\$5.76	\$25,644
Broker Fee	\$0.00	\$0
Subtotal Fixed Fees	\$5.76	\$25,644
Projected Annual Expense		\$268,740

Current Enrollment			
<u>Single</u>	<u>E/S</u>	<u>E/C</u>	<u>Family</u>
177	72	38	84
Projected Claim Factors 1/1/24 through 12/31/24			
<u>Single</u>	<u>E/S</u>	<u>E/C</u>	<u>Family</u>
\$27.86	\$58.32	\$70.46	\$101.03
Fixed Fees			
Cost Per Contract			
<u>Current</u>	<u>2024</u>		
\$5.76	\$5.91		
Suggested Rates 1/1/24 through 12/31/24			
<u>Single</u>	<u>E/S</u>	<u>E/C</u>	<u>Family</u>
\$30.57	\$64.47	\$77.89	\$111.69
Direct Bill Rates 1/1/24 through 12/31/24			
<u>Single</u>	<u>E/S</u>	<u>E/C</u>	<u>Family</u>
\$30.84	\$65.02	\$78.28	\$112.81
COBRA Direct Bill Rates 1/1/24 through 12/31/24			
<u>Single</u>	<u>E/S</u>	<u>E/C</u>	<u>Family</u>
\$31.46	\$66.32	\$79.84	\$115.07
The Direct Bill Rates above will be the amount charged unless desired rates are communicated to DDIA at least 45 days prior to the start of this contract period.			

Percent of Premium Contributed by Employer: Single 100 % Emp/Spouse 47 % Emp/Child(ren) 39 % Family 27 %

Total Employees Enrolled: 345

Total Employees Eligible: 345

Signature of Group Administrator
Please sign and return to fax # 888-337-5157 or
email to: TeamReNew@deltadentalia.com

E-Mail Address

Date