



**Woodbury County  
Group # 33541  
Rating Period 1/1/25 through 12/31/25  
Financial Exhibit**

**Delta Dental PPO<sup>SM</sup>**

**Experience Period**      Claims Paid 8/1/23 through 7/31/24

Claims Paid 8/1/23 through 7/31/24	\$247,497
Adjustment of Claims to Incurred Basis	\$7,655
Incurred Claims	\$255,152
Trend in Claims	\$12,732
Projected Claims Based on Current Experience	\$267,884
Claims and Enrollment Fluctuation Adjustment	(\$8,526)
<b>Projected Annual Claims Based on Current Enrollment</b>	<b>\$259,358</b>

<u>Fixed Fees</u>	<u>Per Contract</u>	
Operating Costs	\$6.06	\$28,288
Broker Fee	\$0.00	\$0
 <b>Subtotal Fixed Fees</b>	 \$6.06	 \$28,288
 <b>Projected Annual Expense</b>		 \$287,646

<u>Current Enrollment</u>			
<u>Single</u>	<u>E/S</u>	<u>E/C</u>	<u>Family</u>
180	77	39	93
<u>Projected Claim Factors 1/1/25 through 12/31/25</u>			
<u>Single</u>	<u>E/S</u>	<u>E/C</u>	<u>Family</u>
\$27.66	\$58.32	\$70.46	\$101.03
<u>Fixed Fees Cost Per Contract</u>			
<u>Current</u>		<u>2024</u>	
\$5.91		\$6.06	
<u>Suggested Rates 1/1/25 through 12/31/25</u>			
<u>Single</u>	<u>E/S</u>	<u>E/C</u>	<u>Family</u>
\$30.68	\$64.68	\$78.15	\$112.05
<u>Direct Bill Rates 1/1/25 through 12/31/25</u>			
<u>Single</u>	<u>E/S</u>	<u>E/C</u>	<u>Family</u>
\$30.84	\$65.02	\$78.28	\$112.81
<u>COBRA Direct Bill Rates 1/1/25 through 12/31/25</u>			
<u>Single</u>	<u>E/S</u>	<u>E/C</u>	<u>Family</u>
\$31.46	\$66.32	\$79.84	\$115.07
<b>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.</b>			

Percent of Premium Contributed by Employer: Single 100 % Emp/Spouse 0 % Emp/Child(ren) 0 % Family 0 %

Total Employees Enrolled: 407  
  
 Signature of Group Administrator

Total Employees Eligible: 407  
melissathomas@woodburycountyiowa.gov  
 E-Mail Address

10/15/2024  
 Date

**Please sign and return to fax # 888-337-5157 or email to: TeamReNew@deltadentalia.com**