



Woodbury County

Group Number: 33541

Network: Delta Dental PPO Plus Premier™

Contract Period: 1/1/26 to 12/31/26

Renewal Financial Exhibit  
Self-Funded

5e  
12/16/25

| Employee Enrollment | Current | Previous |
|---------------------|---------|----------|
| Single              | 189     | 180      |
| Employee / Spouse   | 66      | 77       |
| Employee / Child    | 39      | 39       |
| Family              | 103     | 93       |
| Total               | 397     | 389      |

### Your Savings

Claims Period: 8/1/24 to 7/31/25

#### Submitted Claims

\$599,466

#### Paid Claims

\$261,679



Delta Dental  
Savings:

Delta Dental  
Discount:

\$204,170

34.06 %

### Projected Annual Expense

#### Monthly Amounts Per Employee

|         | Administrative Fee | Broker Fee |
|---------|--------------------|------------|
| Current | \$6.06             | \$0.00     |
| Renewal | \$6.21             | \$0.00     |

#### Annual Renewal Amounts\*

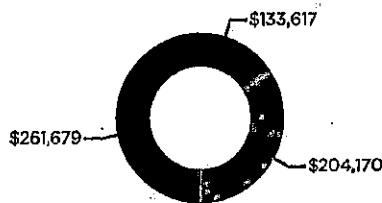
|                          |           |
|--------------------------|-----------|
| Administrative Fee       | \$29,584  |
| Broker Fee               | \$0       |
| Projected Claims         | \$276,118 |
| Projected Dental Expense | \$305,702 |

|                   | Projected Claims | Suggested Rates | Employee Rates** | Contribution Amount | Direct Bill Cobra | Retiree  |
|-------------------|------------------|-----------------|------------------|---------------------|-------------------|----------|
| Single            | \$28.63          | \$31.70         |                  |                     | \$31.46           | \$30.84  |
| Employee / Spouse | \$60.36          | \$66.84         |                  |                     | \$66.32           | \$65.02  |
| Employee / Child  | \$72.93          | \$80.76         |                  |                     | \$79.84           | \$78.28  |
| Family            | \$104.57         | \$115.78        |                  |                     | \$115.07          | \$112.81 |

### Delta Dental Advantage

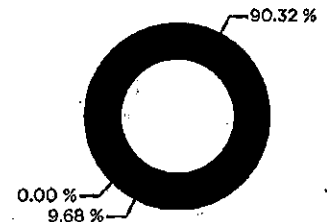
#### Claims Period Savings

- Paid Claims
- Plan Design Savings
- Delta Dental Savings



#### Projected Dental Expense: \$305,702

- Annual Projected Claims
- Administrative Fee
- Broker Fee



Signature

I acknowledge acceptance of this renewal at the rates shown above. Please provide contribution amounts above.

Total Employees Eligible: \_\_\_\_\_

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

X \_\_\_\_\_  
Signature

12/16/25  
Date

\* (Administrative Fee + Broker Fee + Projected Claims) x Current Enrollment x 12 months.

\*\* List rates if different than suggested rates.