



Woodbury County
Group # 33541
Rating Period 1/1/23 through 12/31/23
Financial Exhibit

Delta Dental PPOSM

Experience Period Claims Paid 8/1/21 through 7/31/22

Claims Paid 8/1/21 through 7/31/22	\$220,183
Adjustment of Claims to Incurred Basis	\$6,810
Incurred Claims	\$226,993
Trend in Claims	\$11,327
Projected Claims Based on Current Experience	\$238,320
Claims and Enrollment Fluctuation Adjustment	(\$738)
Projected Annual Claims Based on Current Enrollment	\$237,581

<u>Fixed Fees</u>	<u>Per Contract</u>	
Operating Costs	\$5.76	\$24,952
Broker Fee	\$0.00	\$0
Subtotal Fixed Fees	\$5.76	\$24,952
Projected Annual Expense		\$262,534

Current Enrollment			
<u>Single</u>	<u>E/S</u>	<u>E/C</u>	<u>Family</u>
167	77	37	80
Projected Claim Factors 1/1/23 through 12/31/23			
<u>Single</u>	<u>E/S</u>	<u>E/C</u>	<u>Family</u>
\$27.66	\$58.32	\$70.46	\$101.03
Fixed Fees			
Cost Per Contract			
<u>Current</u>		<u>2023</u>	
\$5.63		\$5.76	
Suggested Rates 1/1/23 through 12/31/23			
<u>Single</u>	<u>E/S</u>	<u>E/C</u>	<u>Family</u>
\$30.56	\$64.44	\$77.85	\$111.64
Direct Bill Rates 1/1/23 through 12/31/23			
<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 1/1/23 through 12/31/23			
<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 _____ % Emp/Child(ren) _____ % Family _____ %

Total Employees Enrolled: 374

Total Employees Eligible: 374

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

E-Mail Address _____

Date _____