

11/17/20  
Item # SC



Woodbury County  
Group # 33541  
Rating Period 1/1/21 through 12/31/23  
Financial Exhibit

Delta Dental PPO<sup>SM</sup>

Experience Period      Claims Paid 9/1/19 through 8/31/20

Claims Paid 9/1/19 through 8/31/20	\$215,694
Adjustment of Claims to Incurred Basis	\$6,671
Incurred Claims	<u>\$222,365</u>
Trend in Claims	<u>\$11,941</u>
Projected Claims Based on Current Experience	\$234,306
Claims and Enrollment Fluctuation Adjustment	<u>\$7,401</u>
<b>Projected Annual Claims Based on Current Enrollment</b>	<b>\$241,707</b>

<u>Fixed Fees</u>	<u>Per Contract</u>	
Operating Costs	\$5.50	\$24,090
Broker Fee	\$0.00	\$0
<b>Subtotal Fixed Fees</b>	<b>\$5.50</b>	<b>\$24,090</b>
<b>Projected Annual Expense</b>		<b>\$265,797</b>

Current Enrollment			
<u>Single</u>	<u>E/S</u>	<u>E/C</u>	<u>Family</u>
163	86	36	80
Projected Claim Factors 1/1/21 through 12/31/21			
<u>Single</u>	<u>E/S</u>	<u>E/C</u>	<u>Family</u>
\$27.66	\$58.32	\$70.46	\$101.03
Fixed Fees			
<u>Cost Per Contract</u>			
<u>Current</u>	<u>2021</u>	<u>2022</u>	<u>2023</u>
\$5.37	\$5.50	\$5.63	\$5.76
Suggested Rates 1/1/21 through 12/31/21			
<u>Single</u>	<u>E/S</u>	<u>E/C</u>	<u>Family</u>
\$30.41	\$64.13	\$77.48	\$111.10
Direct Bill Rates 1/1/21 through 12/31/21			
<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 1/1/21 through 12/31/21			
<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: 368      Total Employees Eligible: 368

Signature of Group Administrator \_\_\_\_\_ Date 11/17/2020  
E-Mail Address \_\_\_\_\_

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