

WOODBURY COUNTY BOARD OF SUPERVISORS AGENDA ITEM(S) REQUEST FORMDate: 10-12-17 Weekly Agenda Date: 10-17-17ELECTED OFFICIAL / DEPARTMENT HEAD / CITIZEN: Ed Gilliland**WORDING FOR AGENDA ITEM:**Acceptance of Delta Dental renewal**ACTION REQUIRED:**Approve Ordinance ☐Approve Resolution ☐Approve Motion ☒Public Hearing ☐Other: Informational ☐Attachments ☒**EXECUTIVE SUMMARY:**Delta Dental renewal is being presented with guaranteed pricing for admin for the next 3 years.**BACKGROUND:****FINANCIAL IMPACT:**Fixed Costs will increase from \$4.82 to \$4.97 for an increase of \$.15 per member. Currently we have 366 members. This would be an approximate increase of \$54.90 per month.**IF THERE IS A CONTRACT INVOLVED IN THE AGENDA ITEM, HAS THE CONTRACT BEEN SUBMITTED AT LEAST ONE WEEK PRIOR AND ANSWERED WITH A REVIEW BY THE COUNTY ATTORNEY'S OFFICE?**Yes ☐ No ☐**RECOMMENDATION:**Recommendation to accept the renewal.**ACTION REQUIRED / PROPOSED MOTION:**Motion to accept the Delta Dental renewal.



Woodbury County
Group # 33541
Rating Period 1/1/18 through 12/31/20
Financial Exhibit

Experience Period Claims Paid 9/1/16 through 8/31/17

Claims Paid 9/1/16 through 8/31/17	\$216,923
Adjustment of Claims to Incurred Basis	\$6,709
Incurred Claims	\$223,632
Trend in Claims	\$12,009
Projected Claims Based on Current Experience	\$235,641
Claims and Enrollment Fluctuation Adjustment	\$6,876
Projected Annual Claims Based on Current Enrollment	\$242,517

Fixed Fees

Per Contract

Operating Costs	\$4.97	\$21,769
Broker Fee	\$0.00	\$0

Subtotal Fixed Fees \$4.97 \$21,769

Projected Annual Expense \$264,285

Delta Dental Premier®

Current Enrollment

<u>Single</u>	<u>E/S</u>	<u>E/C</u>	<u>Family</u>
166	69	44	86

Projected Claim Factors 1/1/18 through 12/31/18

<u>Single</u>	<u>E/S</u>	<u>E/C</u>	<u>Family</u>
\$27.42	\$57.84	\$69.62	\$100.04

Fixed Fees

Cost Per Contract

Current	2018	2019	2020
\$4.82	\$4.97	\$5.12	\$5.27

Suggested Rates 1/1/18 through 12/31/18

<u>Single</u>	<u>E/S</u>	<u>E/C</u>	<u>Family</u>
\$29.88	\$63.04	\$75.87	\$109.02

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

Total Employees Enrolled: _____

Total Employees Eligible: _____

Signature of Group Administrator
Please sign and return to fax # 888-337-5157

E-Mail Address _____

Date _____

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