



**Marshall County
Group # 33665
Rating Period 7/1/22 through 6/30/23
Financial Exhibit**

Delta Dental PPOSM

Experience Period Claims Paid 1/1/21 through 12/31/21

Claims Paid 1/1/21 through 12/31/21	\$80,349
Adjustment of Claims to Incurred Basis	\$2,485
Incurred Claims	<u>\$82,834</u>
Trend in Claims	\$5,020
Projected Claims Based on Current Experience	<u>\$87,854</u>
Claims and Enrollment Fluctuation Adjustment	\$5,597
Projected Annual Claims Based on Current Enrollment	<u>\$93,451</u>

<u>Fixed Fees</u>	<u>Per Contract</u>	
Operating Costs	\$5.90	\$9,629
Broker Fee	\$0.00	\$0
Subtotal Fixed Fees	\$5.90	\$9,629
Projected Annual Expense		\$103,080

I acknowledge acceptance of this renewal at the rates shown above.

Percent of Premium Contributed by Employer: Single 100 % Two Person 50 % Family 43.8 %

Total Employees Enrolled: 131

Total Employees Eligible: 152

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

E-Mail Address

Date

<u>Current Enrollment</u>		
<u>Single</u>	<u>Two Person</u>	<u>Family</u>
68	25	43
<u>Projected Claim Factors 7/1/22 through 6/30/23</u>		
<u>Single</u>	<u>Two Person</u>	<u>Family</u>
\$36.04	\$72.09	\$82.20
<u>Fixed Fees</u>		
<u>Cost Per Contract</u>		
Current	Renewal	
\$5.75	\$5.90	
<u>Suggested Rates 7/1/22 through 6/30/23</u>		
<u>Single</u>	<u>Two Person</u>	<u>Family</u>
\$39.75	\$79.52	\$90.67