



State of Iowa
Rating Period 1/1/24 through 12/31/24
Financial Exhibit

Experience Period	Claims Paid 6/1/21 through 5/31/22		Delta Dental PPOSM
	Claims Paid 6/1/21 through 5/31/22		\$19,370,462
	Adjustment of Claims to Incurred Basis		\$599,086
	Incurred Claims		\$19,969,548
	Trend in Claims		\$956,541
	Projected Claims Based on Current Experience		\$20,926,089
	Claims and Enrollment Fluctuation Adjustment		(\$1,193,419)
	Projected Annual Claims Based on Current Enrollment		\$19,732,670
<u>Fixed Fees</u>			
	Operating Costs	Per Contract	
		2.68	\$821,350
	Subtotal Fixed Fees	\$2.68	\$821,350
	Projected Annual Expense		\$20,554,020



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Delta Dental PPOSM

Active, Retired & Disabled Employees

Current Enrollment		
<u>Single</u> 11,490		<u>Family</u> 14,159
Administrative Fees		
<u>Single</u> \$1.40	<u>Family</u> \$3.69	<u>% Change</u> 3.08%
Maximum Liability Unit Rates		
<u>Single</u> \$36.00	<u>Family</u> \$92.00	<u>% Change</u> 2.00%
Terminal Liability Unit Rates		
<u>Single</u> \$2.50	<u>Family</u> \$6.76	<u>% Change</u> 2.00%
Terminal Liability Administrative Fees		
4.40% of Terminal Paid Claims		

Delta Dental PPOSM

COBRA

Current Enrollment		
<u>Single</u> 36		<u>Family</u> 17
Administrative Fees		
<u>Single</u> \$1.40		<u>Family</u> \$3.69
Maximum Liability Unit Rates		
<u>Single</u> \$36.00		<u>Family</u> \$92.00
Terminal Liability Unit Rates		
<u>Single</u> \$2.50		<u>Family</u> \$6.76
Terminal Liability Administrative Fees		
4.40% of Terminal Paid Claims		

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

Percent of Premium Contributed by Employer: Single _____ % Family _____ %

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

 Date