



**RENEWAL CALCULATION  
24 MONTH CONTRACT**

Group Name	City of Marshall		
Group Number	310748		
Renewal Period:	January 1, 2020	through	December 31, 2021
Experience Period:	June 1, 2017	through	May 31, 2019

Earned Premium \$246,255

Incurred Claims \$165,294

Estimated Unpaid Claim Liability\*: \$1,452

\* EUCL has already been added to the incurred claim total

Average Experience Period Enrollment:	Single	24
	Family	75
	Total	<hr style="width: 100%; border: 0.5px solid black;"/> 99

Trend Factor: 7.43%

Trend is calculated from the mid-point of the experience period to the midpoint of the renewal period.

Current Corporate Trend: 3.50%

Benefit Adjustment Factor (BAF): 0.00%

BAF is needed if any benefit changes are proposed for the upcoming contract period.

Projected Incurred Claims: \$88,787

Needed Increase: 2.00%

Proposed Increase: 2.00%

Rates:		Current	New
		<u>Rates</u>	<u>Rates</u>
	Single	\$45.22	\$46.12
	Family	\$125.64	\$128.16

***Delta Dental reserves the right to re-evaluate the rates/fees and restrict funding options if during the contract period:***

***\* the number of enrolled employees deviates from the above enrollment by 10% or more***

***\* any changes are made to the plan design, contractual benefits or networks that are utilized***

**This renewal is valid only if the contract is issued in the state of Minnesota.**

Note: Our rates include all applicable taxes and fees.	72.34% Target Loss Ratio	DRM
	2.00% Broker Commission	7/9/19