LGI SERVICES, LLC
Group # 32353
Contract Period 01/01/2025 Through 12/31/2025
Financial Exhibit
Delta Dental PPO℠

Enrollment at Renewal	
Single	235
Emp/Spouse	72
Emp/Child(ren)	67
Family	83
Total	457

Enrollment as of Previous Renewal	
Single	206
Emp/Spouse	72
Emp/Child(ren)	72
Family	86
Total	436

Current Rates

Effective 01/01/2024 through 12/31/2024

Single	$31.46
Emp/Spouse	$62.94
Emp/Child(ren)	$80.04
Family	$111.98

Projected Annual Expense
$318,982

Annual trend used in renewal pricing **3.5%**

Renewal Percentage Change ***0.0%***

Renewal Rates

Effective 01/01/2025 through 12/31/2025

Single	$31.46
Emp/Spouse	$62.94
Emp/Child(ren)	$80.04
Family	$111.98

Projected Annual Expense
$318,982

Insured rates include standard broker commissions

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

Total Employees Enrolled: _____ Total Employees Eligible: _____

Signature of Group Administrator | E-Mail Address | Date

Please sign and return to fax # 888-337-5157

DELTA DENTAL OF IOWA