

Exhibit A - Plan Structure & Rates

Request for Proposal Number 4587Z1

State of Nebraska/Voluntary Dental Plan

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| Eligibility | Plan is provided as part of State of Nebraska Section 125 Plan. All permanent employees working at least 20 hours per week. All temporary employees who work at least 20 hours per week and are in a position with a 6-month assignment or longer. Coverage also extends to eligible COBRA and retiree members. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Enrollment period | All eligible employees may enroll themselves and any eligible dependents within 30 days of their hire date with coverage effective the first of the month following their initial 30 days of eligibility. If coverage is elected as a new hire within 30 days, employees and eligible dependents are eligible for full benefits with no waiting periods or late entrant penalties. Outside of the initial enrollment period, employees may elect coverage through a mid-year qualifying life event or during Open Enrollment. Employees, who enroll during open enrollment or re-elects after dropping coverage, will be considered late entrants. Only preventative services will be available during the first 12 months of coverage (exams, cleanings, x-rays, sealants) for late entrants. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Method of Payment | Premiums are collected through payroll deductions. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BASIC PLAN DESIGN | <p><u>PPO In-Network Dentist</u></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Deductible</td> </tr> <tr> <td style="padding-left: 20px;">Preventive, Orthodontia & TMJ</td> <td style="text-align: right;">\$0</td> </tr> <tr> <td style="padding-left: 20px;">Basic and Major Procedures</td> <td style="text-align: right;">\$50 individual/\$150 family</td> </tr> <tr> <td>Annual Maximum benefit</td> <td style="text-align: right;">\$1,000 per person</td> </tr> <tr> <td>Orthodontia and TMJ lifetime max</td> <td style="text-align: right;">\$2,000 per person</td> </tr> <tr> <td>Preventive Procedures</td> <td style="text-align: right;">Plan pays 100%</td> </tr> <tr> <td>Basic Procedures</td> <td style="text-align: right;">Plan covers 80%</td> </tr> <tr> <td>Major Procedures</td> <td style="text-align: right;">Plan covers 50%</td> </tr> <tr> <td>Orthodontia (to age 19) & TMJ</td> <td style="text-align: right;">Plan covers 50%</td> </tr> </table> <p><u>Non PPO Out-of-Network Dentist</u></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Deductible</td> </tr> <tr> <td style="padding-left: 20px;">Preventive, Orthodontia & TMJ</td> <td style="text-align: right;">\$0</td> </tr> <tr> <td style="padding-left: 20px;">Basic and Major Procedures</td> <td style="text-align: right;">\$50 individual/\$150 family</td> </tr> <tr> <td>Annual Maximum benefit</td> <td style="text-align: right;">\$1,000 per person</td> </tr> <tr> <td>Orthodontia and TMJ lifetime max</td> <td style="text-align: right;">\$2,000 per person</td> </tr> <tr> <td>Preventive Procedures</td> <td style="text-align: right;">Plan pays 50%</td> </tr> <tr> <td>Basic Procedures</td> <td style="text-align: right;">Plan covers 50%</td> </tr> <tr> <td>Major Procedures</td> <td style="text-align: right;">Plan covers 25%</td> </tr> <tr> <td>Orthodontia (to age 19) & TMJ</td> <td style="text-align: right;">Plan covers 25%</td> </tr> </table> | Deductible | | Preventive, Orthodontia & TMJ | \$0 | Basic and Major Procedures | \$50 individual/\$150 family | Annual Maximum benefit | \$1,000 per person | Orthodontia and TMJ lifetime max | \$2,000 per person | Preventive Procedures | Plan pays 100% | Basic Procedures | Plan covers 80% | Major Procedures | Plan covers 50% | Orthodontia (to age 19) & TMJ | Plan covers 50% | Deductible | | Preventive, Orthodontia & TMJ | \$0 | Basic and Major Procedures | \$50 individual/\$150 family | Annual Maximum benefit | \$1,000 per person | Orthodontia and TMJ lifetime max | \$2,000 per person | Preventive Procedures | Plan pays 50% | Basic Procedures | Plan covers 50% | Major Procedures | Plan covers 25% | Orthodontia (to age 19) & TMJ | Plan covers 25% |
| Deductible | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Preventive, Orthodontia & TMJ | \$0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Basic and Major Procedures | \$50 individual/\$150 family | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Annual Maximum benefit | \$1,000 per person | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Orthodontia and TMJ lifetime max | \$2,000 per person | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Preventive Procedures | Plan pays 100% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Basic Procedures | Plan covers 80% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Major Procedures | Plan covers 50% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Orthodontia (to age 19) & TMJ | Plan covers 50% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Deductible | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Preventive, Orthodontia & TMJ | \$0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Basic and Major Procedures | \$50 individual/\$150 family | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Annual Maximum benefit | \$1,000 per person | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Orthodontia and TMJ lifetime max | \$2,000 per person | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Preventive Procedures | Plan pays 50% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Basic Procedures | Plan covers 50% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Major Procedures | Plan covers 25% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Orthodontia (to age 19) & TMJ | Plan covers 25% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| | <p><u>Dental Rewards</u> If person files at least one claim during the plan year and total benefits paid are less than \$500, person’s annual maximum for following year is increased by \$250 (\$350 if using PPO dentist). This continues until person reaches total reward of \$1,000. This award amount is available to use in future years in addition to \$1,000 Annual Maximum. Reward is only reduced if person has claims exceeding more than \$1,000 Annual Maximum or if person fails to submit at least one claim during plan year. Orthodontia and TMJ are excluded from Dental Rewards.</p> |
| <p>PREMIUM PLAN DESIGN</p> | <p><u>PPO In-Network Dentist</u> Deductible Preventive, Orthodontia & TMJ \$0 Basic and Major Procedures \$50 individual/\$150 family Annual Maximum benefit \$1,500 per person Orthodontia and TMJ lifetime max \$2,000 per person Preventive Procedures Plan pays 100% Basic Procedures Plan covers 80% Major Procedures Plan covers 50% Orthodontia (children & adults) & TMJ Plan covers 50%</p> <p><u>Non PPO Out-of-Network Dentist</u> Deductible Preventive, Orthodontia & TMJ \$0 Basic and Major Procedures \$50 individual/\$150 family Annual Maximum benefit \$1,500 per person Orthodontia and TMJ lifetime max \$2,000 per person Preventive Procedures Plan pays 80% Basic Procedures Plan covers 80% Major Procedures Plan covers 50% Orthodontia (children & adults) & TMJ Plan covers 50%</p> <p><u>Dental Rewards</u> If person files at least one claim during the plan year and total benefits paid are less than \$500, person’s annual maximum for following year is increased by \$250 (\$350 if using PPO dentist). This continues until person reaches total reward of \$1,000. This award amount is available to use in future years in addition to \$1,500 Annual Maximum. Reward is only reduced if person has claims exceeding more than \$1,500 Annual Maximum or if person fails to submit at least one claim during plan year. Orthodontia and TMJ are excluded from Dental Rewards.</p> |

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| MONTHLY RATES | <u>Basic Plan</u> | |
| | Employee Only | \$21.16 |
| | Employee & Spouse | \$42.36 |
| | Employee & Children | \$61.04 |
| | Employee & Spouse & Children | \$66.32 |
| | <u>Premium Plan</u> | |
| | Employee Only | \$23.68 |
| | Employee & Spouse | \$47.40 |
| | Employee & Children | \$68.32 |
| | Employee & Spouse & Children | \$74.24 |