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Exhibit "A"

June 26, 2025

Via E-Mail: clarke.v.canedy@metlife.com

Mr. Clarke Canedy
Senior Account Manager – Small & Mid-Market Business
MetLife

Re: City of Joplin, Missouri – Dental, Life and AD&D, and Long-Term Disability RFP

Dear Clarke:

The City of Joplin, Missouri (the City) has accepted MetLife's renewal proposal for Long-Term Disabailty coverage, and has accepted MetLife's proposal for dental and Life and AD&D lines of coverage for the City's participants and eligible dependents, effective January 1, 2026. Based on the bundling of these lines of coverage, MetLife agrees to reduce the dental premiums by 2%.

Long-Term Disability Coverage

Description	Rate
Long Term Disability	
Long Term Disability – Active per $100 covered payroll	$0.162
Long Term Disability - Pension per $100 covered payroll	$0.165
Rates effective (3-year guarantee)	1/1/2026 – 12/31/2028
Open Enrollment Allowance	3% of Premiums
Communication Allowance	3% of Premiums

As this is a renewal, the City understands that there will be no changes to the current plan design.

Life and AD&D Coverage (City Paid Coverages)

Description	Rate
Life and AD&D	
Basic Life per $1,000	$0.118
AD&D per $1,000	$0.021

Supplemental Life (Employee Paid Coverages)

Supplemental Life	
Age Band	**Rate**
Under 25	$0.050
25-29	$0.050
30-34	$0.050
35-39	$0.080
40-44	$0.100
45-49	$0.150
50-54	$0.230
55-59	$0.430
60-64	$0.660
65-69	$1.110
70-74	$1.670
75+	$1.670
Supplemental Dependent Life	
Under 25	$0.050
25-29	$0.050
30-34	$0.050
35-39	$0.080
40-44	$0.100
45-49	$0.150
50-54	$0.230
55-59	$0.430
60-64	$0.660
65-69	$1.110
70-74	$1.670
75+	$1.670
Child Rate	
Child Rate per $1,000	$0.070

Life and AD&D Benefits

Benefit	MetLife
Eligible Classes	All Eligible Employees
Basic Life Benefit Amount	**1.5 X Earnings**
Minimum Benefit	$25,000
Maximum Benefit	$200,000
Guarantee Issue Amount	
Basic Life	$200,000
Supplemental Life	$50,000
Dependent Spouse	$25,000
Dependent Child 15 days to 6 months	$250
Dependent Child 6 months to age 26	$10,000
Accelerated Benefit	80% of coverage to a maximum of $500,000
Waiver of Premium	Included prior to age 60; 180 day waiting period; to age 65
Conversion	Included
Portability	Included - Supplemental and Dep Life
Basic AD&D Benefit Amount	**Matches Basic Life Benefit**
Seatbelt Benefit	10% up to $25,000
Airbag Benefit	5% up to $10,000
Repatriation Benefit	Not Included
Child Education Benefit	Not Included
Day Care Benefit	$5,000 per year up to 4 years up to 12% of Full Amount
Rehabilitation Benefit	Not Included
Spouse Education Benefit	Not Included
Adaptive Home and Vehicle Benefit	Not Included
Supplemental Life and AD&D Benefit Amount	Flat $50,000
Supplemental Life and AD&D Guarantee Issue Amount	Flat $50,000
Supplemental Life and AD&D Maximum	$50,000
Accelerated Benefit	80% to a maximum of $500,000
Waiver of Premium	Included prior to age 60; 180 day waiting period to age 65

Benefit	MetLife
Conversion	Included
Portability	Included
Dependent Life	
Spouse Benefit Amount	**$25,000**
Spouse Maximum	Not to exceed 50% of the employees Supplemental Life
Child Benefit – 15 days to 6 months	**$250**
Child Benefit – 6 months to age 26	**$10,000**
Conversion	Included
Portability	Included
Suicide Exclusion	2 years
Reduction Schedule (All Coverages)	
65-69	Basic Life - 35% Supplemental Life - No Reduction
70-74	Basic Life - 58% Supplemental Life - No Reduction
75-79	Basic Life - 73% Supplemental Life - No Reduction
80-84	Basic Life - 79% Supplemental Life - No Reduction
85-89	Basic Life - 85% Supplemental Life - No Reduction
90-94	Basic Life - 88% Supplemental Life - No Reduction
95+	Basic Life - 91% Supplemental Life - No Reduction

AD&D Covered Losses:	MetLife
Life	100%
Both Hands or Both Feet or Sight of Both Eyes	100%
One hand and one foot	100%
Speech and Hearing in both Ears	100%
Either Hand or Foot and Sight of One Eye	100%
Brain Damage	100%
Arm	75%
Leg	75%

AD&D Covered Losses:	MetLife
Either Hand or Foot	50%
Sight of One Eye	50%
Speech or Hearing in Both Ears	50%
Thumb and Index Finger of Either Hand	25%
Quadriplegia	100%
Paraplegia	50%
Triplegia	75%
Hemiplegia	50%
Uniplegia	25%
Coma	1% monthly up to 60 months

	Allowances and Guarantees
Rate Guarantee (Basic Life and AD&D)	January 1, 2026 - December 31, 2028
Rate Guarantee (Supplemental and Dependent Life)	January 1, 2026 - December 31, 2027
Implementation/Open Enrollment Allowance	3% of Premiums
Communication Allowance	3% of Premiums

Dental Coverage

Dental PPO January 1, 2026 thru December 31, 2028	
Voluntary Dental ***(per Employee Per Month)***	**Rate**
Employee Only	$27.83
Employee + Family	$72.08

Due to bundling the dental with the Life and AD&D and Long-Term Disability coverage, MetLife agrees to reduce the dental premiums shown by 2% which would be $27.27 for Employee Only and $70.64 for Employee + Family.

The City is increasing both the annual maximum and orthodontia lifetime maximum from the current $750 to $1,000, with Type A preventive and diagnostic services not subject to the annual maximum.

	Allowances and Guarantees
Fee Guarantee	3 Years, with maximum 7% rate caps in years 2 and 3
Implementation/Open Enrollment Allowance	3% of Premiums
Communication Allowance	3% of Premiums

Voluntary Dental Benefits		
Class Description	**All Active Full Time Employees (30 Hours)**	
	In-Network	**Out-of-Network***
Reimbursement	Negotiated Fee Schedule	R&C 90th Percentile
Type A – Preventive	100%	100%
Type B – Basic	90%	80%
Type C – Major	60%	50%
Calendar Year Deductible applies to: Individual Family	B & C $25 $75 Aggregate	B & C $25 $75 Aggregate
Calendar Year Maximum	$1,000 *(applies to B&C services)*	$1,000 *(applies to B&C services)*
Orthodontia	50%	50%
Orthodontia Lifetime Maximum	$1,000	$1,000
* Out of Network benefits are payable for services rendered by a dentist who is not a participating provider. The Reasonable and Customary charge is based on the lowest of (1) the dentist's actual charge (the 'Actual Charge'), (2) the dentist's usual charge for the same or similar services (the 'Usual Charge') or (3) the charge of most dentists in the same geographic area for the same or similar services as determined by MetLife (the 'Customary Charge'). Services must be necessary in terms of generally accepted dental standards.		

Class Description: All Active Full Time Employees	
TYPE A ***Benefits are payable immediately from the start date of an individual's benefits***	
• Examinations	• 2 times in 1 calendar year
• Examinations – Problem Focused	• Combined with Examinations Limit
• Prophylaxis: Cleanings	• 2 times in 1 calendar year
• Sealants	• 1 per molar in 3 years for a child under age 14
• Space Maintainers	• No Limit for a child under age 16
• Fluoride	• 1 time in 1 calendar year for a dependent child under age 15
• Full Mouth X-Rays	• Once in 36 months
• Bitewing X-Rays	• For a child under 14: 2 times in 1 calendar year • Adult: 2 times in 1 calendar year
• Periodontal Maintenance	• 2 periodontal treatments in 1 calendar yr, includes 2 cleanings (total comb: 2)
• Emergency Palliative Treatment	• Other X-Rays
• Periapical X-Rays	

Class Description: All Active Full Time Employees	
TYPE B ***Benefits are payable immediately from the start date of an individual's benefits***	
• Consultations	• 1 in 12 months
• Amalgam Fillings	• 1 replacement per surface in 24 Months
• Root Canal	• 1 per tooth per lifetime
• Periodontal Surgery	• 1 per quadrant in any 36 month period
• Scaling & Root Planing	• 1 per quadrant in any 24 month period
• Occlusal Adjustments	• 1 in 12 months
• Labs & Other Tests	• Periodontal Surgery – Soft & Connective Tissue Grafts
• General Anesthesia	• Periodontics – Non-Surgical
• Resin Composite Fillings(excludes coverage for composite fillings on molars)	• Oral Surgery: Simple Extractions
• Pulpotomy	• Oral Surgery: Surgical Extractions
• Pulp Capping	• Other Oral Surgery
• Pulp Therapy	• General Services
• Apexification & Recalcification	
TYPE C ***Benefits are payable immediately from the start date of an individual's benefits***	
• Prefabricated Crowns	• 1 per tooth in 5 calendar years
• Crown Buildups / Post Core	• 1 per tooth in 5 calendar years
• Repairs	• 1 in 12 months
• Recementations	• 1 in 12 months
• Dentures	• 1 in 5 calendar years
• Immediate Temporary Dentures – Complete / Partial	• 1 replacement in 12 months
• Dentures – Rebases / Relines	• 1 in 36 months
• Denture Adjustments	• 1 in 12 months
• Fixed Bridges	• 1 in 5 calendar years
• Inlays / Onlays /Crowns	• 1 replacement per tooth in 5 calendar years
• Tissue Conditioning	• 1 in 36 months
• Harmful Habit Appliances	

Orthodontics ***Benefits are payable immediately from the start date of an individual's benefits***	
• Orthodontic Diagnostics	
• Orthodontic Treatment	

Exclusions
All Active Full Time Employees
• Services which are not dentally necessary, those which do not meet generally accepted standards of care for treating the particular dental condition, or which we deem experimental in nature. • Services for which a covered person would not be required to pay in the absence of dental insurance. • Services or supplies received by a covered person before the insurance starts for that person. • Services which are neither performed nor prescribed by a dentist except for those services of a licensed dental hygienist which are supervised and billed by a dentist and which are for scaling or polishing of teeth or fluoride treatment. • Services which are primarily cosmetic. (For residents of Texas: Services which are primarily cosmetic unless required for the treatment or correction of a congenital defect of a newborn child). • Services or appliances which restore or alter occlusion or vertical dimension. • Restoration of tooth structure damaged by attrition, abrasion or erosion unless caused by disease. • Restorations or appliances used for the purpose of periodontal splinting. • Counseling or instruction about oral hygiene, plaque control, nutrition and tobacco. • Personal supplies or devices including, but not limited to: water piks, toothbrushes, or dental floss. • Initial installation of a Denture to replace one or more teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth. • Decoration or inscription of any tooth, device, appliance, crown or other dental work. • Missed appointments. • Services covered under any workers' compensation or occupational disease law. • Services covered under any employer liability law. • Services for which the employer of the person receiving such services is not required to pay. • Services received at a facility maintained by the Policyholder, labor union, mutual benefit association, or VA hospital. • Services covered under other coverage provided by the Policyholder. • Temporary or provisional restorations. • Temporary or provisional appliances. • Prescription drugs. • Services for which the submitted documentation indicates a poor prognosis. • Services, to the extent such services, or benefits for such services, are available under a government plan. This exclusion will apply whether or not the person receiving the services is enrolled for the government plan. We will not exclude payment of benefits for such services if the government plan requires that Dental Insurance under the group policy be paid first.

Exclusions
All Active Full Time Employees
• The following when charged by the dentist on a separate basis - Claim form completion; infection control such as gloves, masks, and sterilization of supplies; or local anesthesia, non-intravenous conscious sedation or analgesia such as nitrous oxide. • Dental services arising out of accidental injury to the teeth and supporting structures, except for injuries to the teeth due to chewing and biting of food. • Caries susceptibility tests. • Precision attachments associated with fixed and removable prostheses. • Adjustment of a denture made within 6 months after installation by the same dentist who installed it. • Duplicate prosthetic devices or appliances. • Replacement of a lost or stolen appliance, cast restoration or denture. • Intra and extraoral photographic images. • Appliances or treatment for bruxism (grinding teeth), including but not limited to occlusal guards and night guards. • Implantology, including repairs. • Treatment of temporomandibular joint disorder. This exclusion does not apply to residents of Minnesota.

Contract and Administration

Please confirm that you will allow a minimum of 180 days' renewal notification in all forthcoming years. Please finalize the contract and any other applicable documentation, matching the information detailed above, corresponding to your firm's proposal and send one copy to me and one to each of the following:

Ms. Leslie Haase, CPA
Finance Director
City of Joplin, MO
602 South Main Street
Joplin, MO 64801
(417) 624-0820 x251
lhaase@joplinmo.org

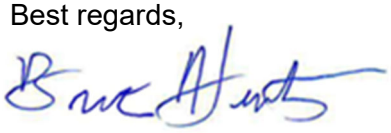
Ms. Kimberly Wixson
Senior Vice President & Health Consultant
Segal
3001 West Big Beaver Road, Suite 320
Troy, MI 48084-3104
(248) 606-1435
kwixson@segalco.com

Please contact Ms. Haase with ongoing correspondence.

All other correspondence, including copies of reports and renewal information, should be sent to Ms. Wixson, with copies to Ms. Haase for the City's records.

Please feel free to reach out to me if you have any questions regarding the above. The City looks forward to continuing its relationship with MetLife.

Best regards,



Brian Hunter
Associate Health Consultant

cc: Ms. Kim Wixson
Ms. Leslie Haase