EXHIBIT "A"

Quote #: 252215
Account Name: City of Joplin
Effective Date: 1/1/2018 Sales Office: St. Louis
SIC Code: 8121 Sales Rep: Yvonne Frigerio

	Total Cigna DPPO		
	Cigna DPPO Advantage	Cigna DPPO	Out of Network
Plan Design:	100%/90%/60%/50%	100%/80%/50%/50%	100%/80%/50%/50%
Deductibles:	$25 Indiv / $75 Fam	$25 Indiv / $75 Fam	$25 Indiv / $75 Fam
Ded Apply to Class 1:	No	No	No
Calendar Year Max:	750	750	750
Cal Yr Max Apply to Class I:	Yes	Yes	Yes
Missing Tooth Limit:	Standard	Standard	Standard
Student / Dependent Age:	26 / 26	26 / 26	26 / 26
Ortho Lifetime Max:	750	750	750
Ortho Deductible:	No Ortho Ded applies	No Ortho Ded applies	No Ortho Ded applies
Ortho for Dep to 19 Only:	Yes	Yes	Yes

Rate Option Code #11

QUOTED RATES

	Standalone
EE Only:	$28.57
EE + Fam:	$75.99

Out of Network Reimbursement:
90th Percentile

There are certain conditions upon which this quotation is based. These include:

- The quoted DPPO rates are valid only when Dental is sold on a Stand Alone basis.
- The rates identified are subject to regulatory approval. If, as of their proposed effective date, regulatory approval is not obtained, Cigna shall use rates consistent with its then currently approved rates and the foregoing rates shall be effective automatically upon approval.
- The DPPO rates are guaranteed for a period of 24 months while the contract remains in force.
- The rates and benefits quoted are valid for the quoted effective date of coverage only.
- Rates require an employer contribution of at least 50% for the employee and 50% for the dependent.
- These rates include costs for up to twelve sub headings / groups within the bill. Additional subgroups are available at a cost of $600 per subgroup in excess of twelve.

A minimum participation of 65% is required. This will be based on the total eligible employees, identified as 473 employees.

- Cigna may revise or withdraw this quote, if (1) Enrollment varies by 15% or more during the policy year or any time prior to implementation. (2) Benefits and any applicable experience do NOT match benefits with incumbent carrier; a review of the SPD may be required prior to implementation.
- Only a passive DPPO plan must be offered to TX or MS employees due to regulatory requirements.

The rates contain sufficient commission load for DPPO - 0.00%

- The rates are dependent upon eligibility being effective on the first of the month.
- Quote includes the additional Cigna PPO healthcare professionals for which Cigna Healthcare retains a portion of the savings generated.
- The dental insurance coverage shall be provided under a standalone group insurance policy and is an "excepted benefit" as defined in Public Health Service Act Section 2721(c) and (d) and not subject to the requirement of the Patient Protection and Affordable Care Act.
- The information contained in this Proposal by Cigna HealthCare is proprietary and highly confidential. It is being provided with the understanding that it will not be used by the employer, its representatives or consultants for any purpose other than the evaluation of the Proposal. Under no circumstances is any of the information contained herein (including excerpts, summaries, extracts, and evaluations thereof) to be used, disseminated, disclosed or otherwise communicated to any person or entity other than the employer, its representatives and consultants, and their respective employees who are directly involved in the evaluation process.
- Cigna HealthCare may have an agreement with your benefit advisor, under which the benefit advisor may be paid for providing marketplace intelligence or for the performance of administrative services. The qualification for and amount of this payment may be based upon overall business growth and/or retention levels.

Any such payment is funded through Cigna HealthCare's general overhead.
• The benefit advisor may qualify for incentive payment (monetary or non-monetary) from Cigna HealthCare. For example, the benefit advisor may receive payment based upon new sales, new customer growth or retention. This incentive payment is funded from Cigna HealthCare's general overhead.
• Cigna HealthCare sponsors programs to inform benefit advisors about Cigna HealthCare's plan coverage and services (including producer advisory councils). The cost of these events is funded through Cigna HealthCare's general overhead.
• Assumes that Cigna HealthCare's standard insurance policy form approved for use in the applicable state by the state insurance regulator will be issued. Because the insurance policy and certificate terms require regulatory approval, there is very little flexibility to change the provisions. The provisions of the insurance policy and certificate will supersede the Proposal in the event of a conflict.

The premium rates proposed by Cigna HealthCare are subject to final Underwriting approval and may be changed due to differences in selection of benefits, changes in census data, or any other changes in risk as determined by Cigna

The plan will be implemented using Cigna's standard policy provisions, limitations, and contract language as reflected in Cigna's summary plan description unless specific modifications have been approved and rated appropriately. These standards are summarized in the Underwriting benefit summary. Any benefit modifications must be communicated in writing from Underwriting

The quoted rates include the cost of the Health Insurance Assessment fees (PPACA) for 2016. Rates for 2017 do not include Health Insurance Assessment fees (PPACA). Rates for 2018 and later, will be adjusted to include applicable PPACA fees imposed for that time period. Cigna reserves the right to modify quoted rates, as necessary, consistent with any future change in regulation.