

July 1, 2024

South Koochiching Rainy River ISD 363

RE: Insurance Renewal for South Koochiching Rainy River ISD 363, Group # 001119
Dental, Delta Dental
NIS Policy # 17870

The Dental Insurance renews October 1, 2024. After careful review of the current plan, Delta Dental is adjusting the rates as follows:

Dental

| Class # | Class Title | Current Rate Per Person Per Month | Renewal Rate Per Person Per Month | Impact |
|---------|-------------------------|-----------------------------------|-----------------------------------|-----------------|
| 01 | EMPLOYEE | \$42.68 | \$46.27 | Increase |
| 02 | EMPLOYEE AND SPOUSE | \$81.89 | \$88.77 | Increase |
| 03 | EMPLOYEE AND CHILD(REN) | \$100.47 | \$108.91 | Increase |
| 04 | FAMILY | \$156.07 | \$169.18 | Increase |

These rates are guaranteed for 1 Year until October 1, 2025, assuming no changes to the current benefit structure.

We believe our level of commitment to you is most evident in our ongoing efforts to secure both competitive pricing and extended rate guarantees. We truly appreciate your business and the opportunity to continue negotiating on your behalf.

In return for your commitment to National Insurance Services (NIS), NIS agrees to provide the following:

- Annual Best Practices Service Visit or Call
- Dedicated Account Representative
- Dedicated Client Relations Representative
- Free Gap Analysis (when requested)
- Compliance with State Bid Laws
- Monitoring Market Conditions

By signing the below, you are acknowledging your reciprocal 1 Year commitment to NIS. In pricing the renewal, the claims risk and administrative expenses are spread over the rate guarantee. In exchange for our rate guarantee, you must remain directly contracted with NIS for the duration of the rate guarantee. In the event you cancel prior to the end of the rate guarantee a risk charge in the amount of 1% of annual premium will be assessed for each month remaining on the rate guarantee.

Please complete the bottom portion and return a copy to National Insurance Services as indication of your acceptance of the renewal. Thank you for your continued business. Please do not hesitate to call me if you have any questions.

Sincerely,

Natalie Owen

Sr. Account Representative

The October 1, 2024 renewal of Group Dental Insurance as outlined above is accepted.

Signature & Title

Date

Renewal eForm # 18046

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