

**EXHIBIT**  
**"A"**



October 3, 2024

“Revised2”

City of Round Rock  
Craig Morgan  
221 East Main Street  
Round Rock, TX 78664

Re: **City of Round Rock:** Dental Insurance Renewal for 2025  
Group Numbers: 923517-000/001/099; Account Number: 0228442

Dear Mr. Morgan:

Thank you for allowing United Concordia to continue to serve as the dental plan administrator for **City of Round Rock**. We appreciate the opportunity to provide the employees and their dependents with access to quality, affordable dental care. Please allow this letter to serve as formal notification of the renewal of the Administrative Services Only (ASO) dental contract with United Concordia for the policy period of **January 1, 2025 through December 31, 2027 (3-years)**. Effective January 1, 2025, the group’s Administrative Fee/Network Access Fee (NAF) for the United Concordia dental program are as follows:

Current ASO Fee: \$1.20	<b>Renewal ASO Fee: \$1.20</b>
Current ASO NAF: 12%	<b>Renewal ASO NAF: 13%</b>

*\*Included in renewal is increase of CYM to \$2,000*

Enclosed is a copy of the Renewal Acceptance Form. Please have an authorized representative sign and scan a copy to my e-mail, [felicia.knox@ucci.com](mailto:felicia.knox@ucci.com). If a copy of the Renewal Acceptance Form is not received by United Concordia, payment of the above renewal ASO fees will constitute acceptance of the United Concordia dental program.

Should you have any questions with regards to the above fees/rates, please contact me at (713) 787-0562. United Concordia Companies, Inc. looks forward to continuing as the dental benefits administrator of choice.

Sincerely

Felicia Knox  
Sr. Client Manager, United Concordia  
Attachment: Acceptance Form

**City of Round Rock**

United Concordia Renewal Acceptance Form

**Funding:** Administrative Services Only (ASO)  
**Fee Policy Period:** January 1, 2025 through December 31, 2027 (3-years)  
*\*Included in renewal is increase of CYM to \$2,000*  
**Group Numbers:** 923517-000/001/099

<b>RENEWAL ASO FEE: \$1.20*</b>	<b>RENEWAL NAF FEE: 13%**</b>
---------------------------------	-------------------------------

I, \_\_\_\_\_, as a duly authorized representative of the above named, do hereby accept the monthly ASO fees as noted above.

\_\_\_\_\_  
**Signature** **Date**

Please return Acceptance to: [felicia.knox@ucci.com](mailto:felicia.knox@ucci.com)  
Or  
Felicia Knox  
9801 Westheimer Road  
#310  
Houston, TX 77042  
(713) 787-0562

*\*The ASO Fee is per contract per month.  
\*\*The Network Access Fee (NAF) is the percentage of the difference between the amount billed by a participating provider for a covered service and the allowed amount negotiated by the Claims Administrator with the participating provider for the covered service.*

Notice: United Concordia requires at least 31 days written notice prior to termination of group policy.