

**Summary Annual Report
for the
Nebraska Dental Association Alliance Health Insurance Plan**

This is a summary of the annual report of the Nebraska Dental Association Alliance Health Insurance Plan (the "Plan") for the Plan Year ending December 31, 2021. The Plan's federal Employer Identification Number ("EIN") is 83-2915927. The EIN of the Nebraska Dental Association Health Insurance Alliance (the "Sponsor") is 83-2915788. The Sponsor has assigned number 501 to the Plan. The Plan is a fully insured employee welfare benefit plan providing health benefits. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 ("ERISA").

Insurance Information

The Plan had a contract with UnitedHealthcare Insurance Company to pay all health claims under the terms of the Plan. The total premiums paid for the contract year ended December 31, 2021 were \$178,217.

The Plan has a contract with BlueCross BlueShield Insurance Company to pay all claims under the terms of the Plan. The total premiums paid for the contract year ended December 31, 2021 were \$1,273,935. Because the contract is rated based on experience, the premium costs are affected by the number and size of claims, among other things. Of the total insurance premiums paid for the Plan Year ending December 31, 2021, all were paid under the experience-rated contract. The total of all benefit claims paid under the experience-rated contract during the plan year was \$1,018,184. The insurer maintains a reserve for pending and unreported claims.

Your Rights to Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

- Financial information and information on payments to service providers.
- Fiduciary information.
- Insurance information including sales commissions paid by insurance carriers.

To obtain a copy of the full annual report, or any part thereof, write or call the Sponsor who is the Plan Administrator at 7160 S. 28th Street, Suite 1, Lincoln, NE 68516-5853, email – david@nedental.org or telephone (402) 476-1704. There is no charge to cover copying costs.

You also have the legally protected right to examine the annual report during normal business hours at the main office of the Plan at the Sponsor's office, at 7160 S. 28th Street, Suite 1, Lincoln, NE 68516-5853, and at the U.S. Department of Labor in Washington, D.C. or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.