

UnitedHealthcare
Billing Operations MN017-W 700
9700 Health Care Lane
Minnetonka, MN 55343-4522

ATTACHMENT O



Received

SEP 25 2024

2611MPLANBW0003001-00709-01
STATE OF NEBRASKA
ATTN: KRIS BOURKE
1526 K ST STE 110
LINCOLN NE 68508-2734

Employee Wellness & Benefits

Invoice Date: 9/15/2024
Invoice Number: 242590000935
Group ID: 306147
Subgroup ID: 1002
Coverage Period: 10/1/2024-10/31/2024
Due Date: 10/1/2024

Please note: Our records indicate that premiums for prior months have not been received and the grace period has expired. If this is an error please call 866-322-1210 and speak to a Billing Specialist. If the premium has not been sent, please send payment to ensure that there is no lapse in coverage.

Please Detach and Return this Remittance Slip with your payment

Customer Name	Customer Number	Payment Due Date	Invoice Number
STATE OF NEBRASKA	Group ID: 306147 Subgroup ID: 1002	10/1/2024	242590000935

Amount Paid: \$ _____

Please make check payable to: UnitedHealthcare

Return Payment To:

UnitedHealthcare
PO Box 860511
Minneapolis, MN 55486-0511

For questions regarding this invoice please call 866-322-1210 or email life_billing@uhc.com



Invoice Summary

STATE OF NEBRASKA
 ATTN: KRIS BOURKE
 1526 K STREET, STE 110
 LINCOLN, NE 68508

Invoice #: 242590000935
 Invoice Date: 9/15/2024
 Coverage Period From: 10/1/2024
 Coverage Period To: 10/31/2024
 Group ID: 306147
 Subgroup ID: 1002

Due On: Tuesday, October 1, 2024

Please update the current period count, volume and total premium due for each product and remit with your payment by the due date. For questions regarding this invoice, call 1-866-322-1210 or email life_billing@uhc.com.

Plan Description	Current Period Count	Current Period Volume	Rate	Current Period Total Due
Short Term Disability 00 - 24			\$0.774000	
Short Term Disability 25 - 29			\$0.762000	
Short Term Disability 30 - 34			\$0.774000	
Short Term Disability 35 - 39			\$0.643000	
Short Term Disability 40 - 44			\$0.690000	
Short Term Disability 45 - 49			\$0.681000	
Short Term Disability 50 - 54			\$0.777000	
Short Term Disability 55 - 59			\$0.951000	
Short Term Disability 60 - 64			\$1.199000	
Short Term Disability 65+			\$1.378000	
LONG TERM DISABILITY 70+			\$0.500000	
Long Term Disability 00 - 24			\$0.050000	
Long Term Disability 25 - 29			\$0.080000	

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Long Term Disability 60 - 64 <small>00080709-02</small>	ATTACHMENT O		\$0.120000	
Long Term Disability 35 - 39			\$0.140000	
Long Term Disability 40 - 44			\$0.170000	
Long Term Disability 45 - 49			\$0.240000	
Long Term Disability 50 - 54			\$0.360000	
Long Term Disability 55 - 59			\$0.430000	
Long Term Disability 60 - 64			\$0.450000	
Long Term Disability 65 - 69			\$0.470000	
Retro Adjustments				



Total _____

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PO Box 860511

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	A	B	ATTACHMENT O		D
1	STATE OF NEBRASKA				
2	Group ID 306147				
3	UnitedHealthcare Short Term Disability Premium Payment Report for October 2024				
4	Plan Name/ Age Range	Count of EE's by Plan/Age	Current Period Volume	Total Monthly Premium Paid	
5	STD-60% Salary				
6	00-24	202	\$107,325.06	\$8,306.96	
7	25-29	330	\$207,781.76	\$15,832.97	
8	30-34	358	\$237,006.07	\$18,344.27	
9	35-39	361	\$262,497.05	\$16,878.56	
10	40-44	433	\$293,232.46	\$20,233.04	
11	45-49	362	\$256,316.89	\$17,455.18	
12	50-54	412	\$287,545.69	\$22,342.30	
13	55-59	357	\$250,336.28	\$23,806.98	
14	60-64	249	\$173,835.20	\$20,842.84	
15	65 & Over	86	\$63,537.08	\$8,755.41	
16	Grand Total STD	3,150	\$2,139,413.54	\$172,798.51	
17					
18					
19					
20	STATE OF NEBRASKA				
21	Group ID 306147				
22	UnitedHealthcare Long Term Disability Premium Payment Report for October 2024				
23	Plan Name/ Age Range	Count of EE's by Plan/Age	Current Period Volume	Total Monthly Premium Paid	
24	LTD-60% Salary				
25	20-24	221	\$952,080.00	\$476.04	
26	25-29	478	\$2,226,012.50	\$1,780.81	
27	30-34	551	\$2,813,166.67	\$3,375.80	
28	35-39	627	\$3,499,450.00	\$4,899.23	
29	40-44	749	\$4,133,194.12	\$7,026.43	
30	45-49	669	\$3,848,420.83	\$9,236.21	
31	50-54	749	\$4,246,661.11	\$15,287.98	
32	55-59	747	\$4,368,806.98	\$18,785.87	
33	60-64	715	\$4,157,613.33	\$18,709.26	
34	65-69	248	\$1,405,619.15	\$6,606.41	
35	70 & Over	43	\$236,494.00	\$1,182.47	
36	Grand Total LTD	5,797	\$31,887,518.69	\$87,366.51	
37					
38					
39					
40	ACH Payment was sent to UnitedHealthcare: 11/5/2024 in the amount of \$260,165.02				