

**COST PROPOSAL
RFP 120084 O5 BAFO
STD AND LTD INSURANCE PLAN OPTIONS**

Bidder Name: UnitedHealthCare

Bidders shall fill in proposed premium amounts for each column provided below.

Prices submitted on the cost sheet, once accepted by the State, shall remain fixed for the first two (2) years of the contract. Any request for a price increase subsequent to the first two (2) years of the contract shall not exceed four percent (4 %) of the price proposed for the period. Increases shall not be cumulative and will only apply to that period of the contract. The request for a price increase must be submitted in writing to the State Purchasing Bureau a minimum of 120 days prior to the end of the current contract period. Documentation may be required by the State to support the price increase.

Each monthly premium amount proposed should be evenly divisible by "2" with no rounding to accommodate two even deductions per month through our payroll system. Any premium amount not divisible by "2" will be reduced to the nearest lower amount that is divisible by "2" for scoring. By submitting this proposal, Bidder accepts this lower amount if a contract is awarded.

This is the rate an employee will pay for 60% of basic gross monthly pay.

SHORT TERM DISABILITY INSURANCE, 1ST DAY ACCIDENT, 8TH DAY ILLNESS	Estimated # of Employees	Initial Period Year One	Initial Period Year Two	Optional Renewal One	Optional Renewal Two*	Optional Renewal Three*
Rate per \$10 of Weekly Benefit**						
Under 25	202	\$ 0.250	\$ 0.250	\$ 0.250	\$ 0.260	\$ 0.270
25-29	330	\$ 0.260	\$ 0.260	\$ 0.260	\$ 0.270	\$ 0.281
30-34	358	\$ 0.270	\$ 0.270	\$ 0.270	\$ 0.281	\$ 0.292
35-39	361	\$ 0.240	\$ 0.240	\$ 0.240	\$ 0.250	\$ 0.260
40-44	433	\$ 0.230	\$ 0.230	\$ 0.230	\$ 0.239	\$ 0.249
45-49	362	\$ 0.250	\$ 0.250	\$ 0.250	\$ 0.260	\$ 0.270
50-54	412	\$ 0.270	\$ 0.270	\$ 0.270	\$ 0.281	\$ 0.292
55-59	357	\$ 0.320	\$ 0.320	\$ 0.320	\$ 0.333	\$ 0.346
60-64	249	\$ 0.400	\$ 0.400	\$ 0.400	\$ 0.416	\$ 0.433
65 & Over	86	\$ 0.490	\$ 0.490	\$ 0.490	\$ 0.510	\$ 0.530
LONG TERM DISABILITY INSURANCE, 6 MONTH ELIMINATION PERIOD						
	Estimated # of Employees	Initial Period Year One	Initial Period Year Two	Optional Renewal One	Optional Renewal Two*	Optional Renewal Three*
Rate per \$100 of Monthly Covered Payroll**						
Under 25	221	\$ 0.045	\$ 0.045	\$ 0.045	\$ 0.047	\$ 0.049
25-29	478	\$ 0.072	\$ 0.072	\$ 0.072	\$ 0.075	\$ 0.078
30-34	551	\$ 0.108	\$ 0.108	\$ 0.108	\$ 0.112	\$ 0.117
35-39	627	\$ 0.126	\$ 0.126	\$ 0.126	\$ 0.131	\$ 0.136
40-44	749	\$ 0.153	\$ 0.153	\$ 0.153	\$ 0.159	\$ 0.165
45-49	669	\$ 0.216	\$ 0.216	\$ 0.216	\$ 0.225	\$ 0.234
50-54	749	\$ 0.324	\$ 0.324	\$ 0.324	\$ 0.337	\$ 0.350
55-59	747	\$ 0.387	\$ 0.387	\$ 0.387	\$ 0.402	\$ 0.419
60-64	715	\$ 0.405	\$ 0.405	\$ 0.405	\$ 0.421	\$ 0.438
65-69	248	\$ 0.423	\$ 0.423	\$ 0.423	\$ 0.440	\$ 0.458
70 & Over	43	\$ 0.450	\$ 0.450	\$ 0.450	\$ 0.468	\$ 0.487

* The rates for Renewal Two and Renewal Three will not exceed the age-banded rates in the above table



Renewal for State of Nebraska

Issued on: January 16, 2025



United
Healthcare

UnitedHealthcare

STD Renewal for State of Nebraska

Effective Date: 07/01/2025 | Policy Number: 00306147

Short Term Disability Insurance	Class 1 Custom Core Primary
Legal Entity	United Healthcare Insurance Company
Eligibility	All Active Full Time Employees, Regular Part Time Employees, and Temporary Employees with Assignments of 6 months or Longer.
Minimum Hours Requirement	For all eligible military firefighters hired prior to 7/1/15 = 50 hours per week For all eligible military firefighters hired on or after 7/1/15 = 53 hours per week For all eligible employees, excluding military firefighters = 20 hours per week
Basic Annual Earnings Definition	The average weekly earnings received from the Covered Person's Employer for the three-month period ending just prior to the date of Disability. Pre-Disability Weekly Earnings do not include commissions, bonuses, overtime pay, and other extra compensation.
Benefit Qualification	
Definition of Disability	Residual
Elimination Period-Accident	0 days
Elimination Period-Sickness	7 days
Benefits Begin	Benefits begin the day after completion of the Elimination Period or the exhaustion of any available sick or donated leave – whichever is later
First Day Hospital	Excluded
Recurrent Disability	14 days
Coverage Type	Non-Occupational
Maternity	Treated like any other illness
Volume Basis	Total Covered Benefit
Benefits Payable	
Benefit Type	Benefit Percent
Benefit Percentage	60.0%
Maximum Weekly Benefit	\$1,731
Minimum Weekly Benefit	\$25
Social Security Integration	Family
Maximum Benefit Duration	26 weeks Employees who have an Extended Illness Leave Bank are required to use this bank first, but in no event will the total amount of extended illness leave, plus Short Term Disability, exceed 26 weeks
Limitations and Exclusions	
Pre-existing Conditions Exclusion	None
Evidence of Insurability	Required for late entrants
Annual Enrollment Period	Not Included - See Assumptions for one-time exception
General Exclusions	Standard
Additional Benefits	
Lump Sum Survivor Benefit	Lesser of \$3,000 or 3 weeks Gross
Rehabilitation Services	Included
Telephonic Claim Intake	Included
Employer FICA Match	Not Included

Assumed Enrollment and Rates			
Number of Employees	3116		
Volume of Insurance	\$2,131,919		
Rate Basis	Age-banded per \$10 of Total Covered Weekly Benefit		
		Current	Renewal
Monthly Rate	Under 25	\$0.774	\$0.250
	25 - 29	\$0.762	\$0.260
	30 - 34	\$0.774	\$0.270
	35 - 39	\$0.643	\$0.240
	40 - 44	\$0.690	\$0.230
	45 - 49	\$0.681	\$0.250
	50 - 54	\$0.777	\$0.270
	55 - 59	\$0.951	\$0.320
	60 - 64	\$1.199	\$0.400
		65+	\$1.378
Monthly Premium		TBD	TBD
Annual Premium		TBD	TBD
Employer Contribution	0%		
Current Participation	18%		
Minimum Participation Requirement	25%		
Employee Contribution Tax Basis	Post-Tax		
Broker Commissions	None		
Rate Guarantee	36 Months		

UnitedHealthcare

Assumptions for State of Nebraska

Effective Date: 07/01/2025 | Policy Number: 00306147

General Assumptions

- We reserve the right to change rates and/or plan provisions if the number of lives or volume of insurance change by more than 10% before, on, or after the effective date listed above or if factors used to generate this quote such as group demographics or effective date are changed, found to be incomplete or incorrect.
- Rates assume no changes in legislation or regulation that affects the benefits payable, eligibility or contract.
- Rates assume standard administrative services including Claims & Data processing, Enrollment & Billing, Customer Service, Case Management, Provider Relations, and Reporting
- Assumed contract situs is Nebraska.
- This quote is based on our current filed and approved policies and rates. Please be advised, if awarded the business, the benefits and/or rates in this proposal may need to be altered specific to any insured employee who resides in the State of New Mexico as required by changes to New Mexico law (13.10.34, et al).
- Employees must be U.S. citizens or residents regularly working and living in the U.S. Coverage for U.S. citizens working outside of the U.S. must be approved in writing by us. Approval depends on locale and length of assignment.
- Employers assumed primary business is classified as 9111 SIC Code.
- Rates may change at the next renewal in accordance with the terms of the policy.
- Policy Form UHI-DI-POL-NE 2023

STD Assumptions

Premium is calculated using Total Covered Weekly Benefit.

In the event of a disability, the claimant must remain a permanent resident of the United States and must be continuously under the care of a Physician as defined in our policy.

Our quote assumes the employer participates in Social Security and provides Workers Compensation for all eligible employees.

Benefit may be subject to Other Income Benefit Offsets outlined in policy.

A one-time exception for an Open Enrollment for the Voluntary STD has been approved for 7/1/25.

An Employees who is not currently insured may elect coverage with no proof of good health.

Notes

1. The enrollment should be completed, and the final census submitted by 7/31/25
2. The actively at work requirement will apply.

Our contract is for non-occupational coverage only and does not replace statutory mandated coverage..

The Policy will not cover a disability if it is due to: intentionally self-inflicted injuries, commission or attempted commission of a felony, participation in a riot, war, act of war of armed conflict between organized military forces or while the covered person is incarcerated or under house arrest.

The above exclusion is intended for illustrative purposes only. State specific exclusions and language may apply. Please refer to your Certificate of Coverage for detailed information.