

fulfilling life

for State of Nebraska

Dental RFP 6591 Z1

November 15, 2021



Mary Nelson, Group Sales Representative

**6940 O Street, Suite 308
Lincoln, NE 68510
402.305.1747**



mary.nelson@ameritas.com

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Mary Nelson
6940 O Street, Suite 308
Lincoln, NE 68510
402-466-4885

Dental Proposal

Presented By
MARY NELSON

November 12, 2021





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Based on the information provided to us, we've prepared this proposal to meet the needs of State of Nebraska and its people. Every benefits solution we offer -- from fully insured coverage to administrative service arrangements -- represents **our promise** to provide products that help protect the health of your employees and serve your organization. If any of your information or needs change, we will be happy to provide an updated proposal.

Dental Summary

Proposed Effective Date: 7/1/2022

Plan Benefit		Basic Plan		Premium Plan	
		In Network	Out of Network	In Network	Out of Network
	Type 1	100%	50%	100%	50-60-70%
	Type 2	80%	50%	80%	50-60-70%
	Type 3	50%	25%	50%	30%
	Type 4	50%	25%	50%	30%
Deductible		\$50/Calendar Year Waived Type 1 & 4 \$150/family	\$50/Calendar Year Waived Type 1 & 4 \$150/family	\$50/Calendar Year Waived Type 1 & 4 \$150/family	\$50/Calendar Year Waived Type 1 & 4 \$150/family
Maximum (per person)		\$1,000/Calendar Year	\$1,000/Calendar Year	\$1,500/Calendar Year	\$1,000/Calendar Year
PPO		Freedom of Choice®		Freedom of Choice®	
Allowance	Type 1	Discounted Fee	90th U&C	Discounted Fee	90th U&C
	Type 2	Discounted Fee	90th U&C	Discounted Fee	90th U&C
	Type 3	Discounted Fee	90th U&C	Discounted Fee	90th U&C
	Type 4	Discounted Fee	90th U&C	Discounted Fee	90th U&C
Dental Rewards®		Included	Included	Included	Included
Waiting Period		None	None	None	None
Annual Open Enrollment		None	None	None	None

Orthodontia Summary

Allowance All Plan Designs: In Network, discounted fee. Out of Network, U&C.

Plan Benefit		Basic Plan		Premium Plan	
		In Network	Out of Network	In Network	Out of Network
		50%	25%	50%	50%
Coverage for Adults		No	No	Yes	Yes
Lifetime Maximum (per person)		\$2,000*	\$2,000*	\$2,000*	\$2,000*
Waiting Period		None	None	None	None

*The Orthodontia Lifetime Maximum is combined with the TMJ Maximum for both plans.

Monthly Rates

Employee (EE)	\$25.92	\$30.34
EE + Spouse	\$51.92	\$60.74
EE + Children	\$74.88	\$87.56
EE + Spouse & Children	\$81.58	\$95.06

Rates are guaranteed for 36 months following the effective date listed above and include Orthodontia.

PLEASE NOTE: Rates assume enrollment in our electronic certificate (eCert) program. If you choose to receive paper certificates, monthly rates will increase. This quote also assumes enrollment in our electronic ID Card delivery (eCard) program.

Monthly Rates for 7/1/2025-6/30/2026

Employee (EE)	\$26.70	\$31.26
EE + Spouse	\$53.48	\$62.58
EE + Children	\$77.14	\$90.20
EE + Spouse & Children	\$84.04	\$97.92

Rates are guaranteed for 12 months following the effective date listed above and include Orthodontia.

PLEASE NOTE: Rates assume enrollment in our electronic certificate (eCert) program. If you choose to receive paper certificates, monthly rates will increase. This quote also assumes enrollment in our electronic ID Card delivery (eCard) program.

Monthly Rates for 7/1/2026-6/30/2027

Employee (EE)	\$27.50	\$32.20
EE + Spouse	\$55.10	\$64.44
EE + Children	\$79.46	\$92.90
EE + Spouse & Children	\$86.56	\$100.86

Rates are guaranteed for 12 months following the effective date listed above and include Orthodontia.

PLEASE NOTE: Rates assume enrollment in our electronic certificate (eCert) program. If you choose to receive paper certificates, monthly rates will increase. This quote also assumes enrollment in our electronic ID Card delivery (eCard) program.

Monthly Rates for 7/1/2027-6/30/2028

Employee (EE)	\$28.34	\$33.16
EE + Spouse	\$56.74	\$66.38
EE + Children	\$81.84	\$95.68
EE + Spouse & Children	\$89.16	\$103.88

Rates are guaranteed for 12 months following the effective date listed above and include Orthodontia.
PLEASE NOTE: Rates assume enrollment in our electronic certificate (eCert) program. If you choose to receive paper certificates, monthly rates will increase. This quote also assumes enrollment in our electronic ID Card delivery (eCard) program.

Employee Participation Requirements

Eligible Employees: 16,297

	The greater of 60% or 3 lives between the plans Voluntary
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Plan Design Summary	Basic Plan		Premium Plan	
	In Network 100/80/50/50 \$50/Calendar Year Waived Type 1 & 4 \$150/family \$1,000	Out of Network 50/50/25/25 \$50/Calendar Year Waived Type 1 & 4 \$150/family \$1,000	In Network 100/80/50/50 \$50/Calendar Year Waived Type 1 & 4 \$150/family \$1,500	Out of Network 50-60-70/50-60-70/30/30 \$50/Calendar Year Waived Type 1 & 4 \$150/family \$1,000
Type 1 Procedure (Frequency)	<ul style="list-style-type: none"> Routine Exam (2 per benefit period) Bitewing X-rays (2 per benefit period) Full Mouth/Panoramic X-rays (1 in 5 years) Periapical X-rays Cleaning (2 per benefit period) Fluoride for Children 15 and under (1 per benefit period) Sealants (age 15 and under) Space Maintainers 	<ul style="list-style-type: none"> Routine Exam (2 per benefit period) Bitewing X-rays (2 per benefit period) Full Mouth/Panoramic X-rays (1 in 5 years) Periapical X-rays Cleaning (2 per benefit period) Fluoride for Children 15 and under (1 per benefit period) Sealants (age 15 and under) Space Maintainers 	<ul style="list-style-type: none"> Routine Exam (2 per benefit period) Bitewing X-rays (2 per benefit period) Full Mouth/Panoramic X-rays (1 in 5 years) Periapical X-rays Cleaning (2 per benefit period) Fluoride for Children 15 and under (1 per benefit period) Sealants (age 15 and under) Space Maintainers 	<ul style="list-style-type: none"> Routine Exam (2 per benefit period) Bitewing X-rays (2 per benefit period) Full Mouth/Panoramic X-rays (1 in 5 years) Periapical X-rays Cleaning (2 per benefit period) Fluoride for Children 15 and under (1 per benefit period) Sealants (age 15 and under) Space Maintainers
Type 2 Procedure (Frequency)	<ul style="list-style-type: none"> Restorative Amalgams Restorative Composites Crown Repair Endodontics (nonsurgical) Endodontics (surgical) Periodontics (nonsurgical) Periodontics (surgical) Denture Repair Simple Extractions Complex Extractions Anesthesia 	<ul style="list-style-type: none"> Restorative Amalgams Restorative Composites Crown Repair Endodontics (nonsurgical) Endodontics (surgical) Periodontics (nonsurgical) Periodontics (surgical) Denture Repair Simple Extractions Complex Extractions Anesthesia 	<ul style="list-style-type: none"> Restorative Amalgams Restorative Composites Crown Repair Endodontics (nonsurgical) Endodontics (surgical) Periodontics (nonsurgical) Periodontics (surgical) Denture Repair Simple Extractions Complex Extractions Anesthesia 	<ul style="list-style-type: none"> Restorative Amalgams Restorative Composites Crown Repair Endodontics (nonsurgical) Endodontics (surgical) Periodontics (nonsurgical) Periodontics (surgical) Denture Repair Simple Extractions Complex Extractions Anesthesia
Type 3 Procedure (Frequency)	<ul style="list-style-type: none"> Onlays Crowns (1 in 8 years per tooth) Implants Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years) 	<ul style="list-style-type: none"> Onlays Crowns (1 in 8 years per tooth) Implants Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years) 	<ul style="list-style-type: none"> Onlays Crowns (1 in 8 years per tooth) Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years) 	<ul style="list-style-type: none"> Onlays Crowns (1 in 8 years per tooth) Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years)
Type 4 Procedure (Frequency)	<ul style="list-style-type: none"> Temporomandibular Joint Disorder Occlusal Guards 	<ul style="list-style-type: none"> Temporomandibular Joint Disorder Occlusal Guards 	<ul style="list-style-type: none"> Temporomandibular Joint Disorder Occlusal Guards 	<ul style="list-style-type: none"> Temporomandibular Joint Disorder Occlusal Guards

Dental Rewards®

This dental plan includes a valuable feature that allows qualifying plan members to carryover part of their unused annual maximum. A member earns dental rewards by submitting at least one claim for dental expenses incurred during the benefit year, while staying at or under the threshold amount for benefits received for that year. In addition, a person earning dental rewards who submits a claim for services received through the dental network earns an extra reward, called the PPO Bonus. Employees and their covered dependents may accumulate rewards up to the stated maximum carryover amount, and then use those rewards for any covered dental procedures subject to applicable coinsurance and plan provisions. If a plan member doesn't submit a dental claim during a benefit year, all accumulated rewards are lost. But he or she can begin earning rewards again the very next year.

Basic Plan & Premium Plan		
Benefit Threshold	\$500	Dental benefits received for the year cannot exceed this amount
Annual Carryover Amount	\$250	Dental Rewards amount is added to the following year's maximum
Annual PPO Bonus	\$100	Additional bonus is earned if the member sees a network provider
Maximum Carryover	\$1,000	Maximum possible accumulation for Dental Rewards and PPO Bonus combined

Ameritas Network Products

- Employers achieve a balance between cost efficiency and employee choice.
- Plan members are free to receive care from any dentist they choose. Their out-of-pocket expenses are generally lower when using network providers, who have agreed to provide dental care at discounted fees.
- Our plans give members across the nation over 576,000 provider access points for dental care.
- Network providers must meet our credentialing and quality assurance requirements.

Freedom of Choice®

- The two-tier approach gives plan members the freedom to select any dentist.
- Members receive richer benefits and the money-saving advantages of network discounted fees if they seek care from network providers.

Rx Savings - Extra value for Ameritas plan members

- It's no secret that prescription medications can be one of the biggest - and most important - health care expenditures a person, family or organization faces. Not to mention, when a person requires long-term maintenance medications, it can become a serious budgeting issue.
- Our valued plan members and their covered dependents can save on prescription medications at over 60,000 pharmacies across the nation including CVS, Walgreens, Rite Aid and Walmart. This Rx discount is offered at no additional cost, and it is not insurance.
- If your organization offers its associates health care pharmacy benefits, this no-cost Rx discount could save significant dollars. Participating pharmacies will give Ameritas plan members their normal health care pharmacy benefit, or the Rx discount, whichever saves more.
- Members can receive up to 65% savings on generic prescriptions, and overall average savings of 40% across brand name and generic prescription combined.
- To receive the Rx discount, Ameritas plan members just need to visit us at ameritas.com and sign into (or create) a secure member account. That's where they can access and print an online-only Rx discount savings ID card.
- Also, when choosing eServices, your benefits administrator will have access to the online-only Rx discount savings ID card to assist members without Internet access.

Eyewear Savings at Walmart Vision Centers

- Ameritas plan members may receive up to 10% off eyewear frames and lenses purchased at any Walmart Vision Center nationwide. Members may also bring in their current vision prescription from any vision care provider and purchase eyewear at Walmart.
- This savings arrangement is not insurance: it is available to members at no additional cost to their plan premium.
- To receive the eyewear savings identification card, Ameritas plan members can visit ameritas.com and sign-in (or create) a secure member account. Members must present the Ameritas Eyewear Savings Card at time of purchase to receive the discount.
- Also, when choosing eServices, your benefits administrator will have access to the Ameritas Eyewear Savings Card to assist members without Internet access.

Dental Cost Estimator

Ever wonder what a dental procedure usually costs? The answer can be found using the Ameritas group division's Dental Cost Estimator tool located in our Secure Member Account portal.

Members can search by ZIP Code for a specific dental procedure and see fee range estimates for out-of-network general dentists in that area. Of course, we always suggest that members partner with their dentists, so they know what's involved in any recommended treatment plan.

The estimator tool is powered by Go2Dental and uses FAIR Health data that is updated annually. Please note, cost estimates do not reflect discounted rates available through provider networks, and the estimator does not include orthodontic estimates at this time.

In addition, when members are in their Secure Member Account, they can:

- Go paperless with electronic Explanation of Benefits statements and reduce the clutter in their mailboxes
- View their certificate of insurance and specific plan benefits information
- Access value-added extras like the Rx discount ID card

Dental Health Scorecard

Available in 2016, your Ameritas dental plan members can receive a Dental Health Report Card through their secure member account online. They'll receive a score for their dental health based on claims and procedures they've submitted while covered under the plan. They'll also learn what they can do if they need to improve their dental health. Please encourage plan members to access the report card in their secure member account on ameritas.com.

If your group has over 300 enrolled members, you have the opportunity to receive a Dental Health Report Card that indicates how your plan members' dental health rates overall. You'll gain insights into why dental health should be a priority for you and your plan members, and learn where to find more information that can help you communicate the importance of dental wellbeing.

U&C

We determine the Usual and Customary (U&C) allowance listed on the plan summary page using information including data from a nationally recognized independent data source. Plan members are reimbursed based on the appropriate charges in the dentist's ZIP Code area. We review our U&C allowances annually.

- 90th U&C means 9 out of 10 dentists in a specific ZIP Code area charge at or below the plan allowance for a procedure.

Worldwide Support

When our members travel abroad, they'll have peace of mind knowing that should a dental or vision need arise, help is just a phone call away. Through AXA Assistance, Ameritas offers its dental and vision plan members 24-hour access to dental or vision provider referrals when traveling outside the U.S.

Immediately after a call is made to AXA, an assistance coordinator assesses the situation, provides credible provider referrals and can even assist with making the appointment. Within 48 hours following the appointment, the coordinator calls the member to find out if additional assistance is needed. If all is well, the case is closed. Then, the plan member may submit a claim to Ameritas for reimbursement consideration based on applicable plan benefits. Contact AXA Assistance USA toll free by calling 866-662-2731, or call collect from anywhere in the world by dialing 1-312-935-3727.

Individual Dental Benefits for Retirees

Provide affordable dental benefits to retiring employees (and those not eligible for group benefits) without paying any monthly premium. Ameritas individual dental plan members can see any dentist, or save an average of 30% when visiting a network dentist. Plans may also include vision, LASIK and hearing care benefit options, and discounts on prescriptions and eyewear frames and lenses. Contact your broker or Ameritas sales representative to find out how you can offer Ameritas individual dental benefits.

Deductibles

After the date that \$150 in accumulated deductibles with network providers, or \$150 in accumulated deductibles with a non-network provider, has been met within a family, the entire deductible or any remaining portion of the deductible amount for any other family members will be waived for the rest of that calendar year. At no time can a family member contribute more than the selected deductible amount.

Incentive Coinsurance

Plans with coinsurance levels that progressively increase are designed to reward your loyal employees: The longer they stay in the plan, the richer their coverage. As long as plan members visit the dentist and have at least one covered procedure performed each benefit period, they continue to advance one coinsurance level until they reach the plan's highest coinsurance level. If a plan member fails to have at least one dental procedure performed during any benefit year, he or she will revert back to the beginning coinsurance level but can begin again to advance through the levels.

- If you purchase group insurance through Ameritas, your producer will receive compensation from Ameritas Group. This compensation may include one or more of the following:
 - Commission or override commission based on customary or negotiated scales.
 - Additional compensation based on factors such as the volume of premium, cases or lives placed by your producer with Ameritas, or persistency.
 - Fees for administrative or consulting services.

If you have any questions about the amount or type of compensation, please contact your producer.

- Some states require that producers be appointed with Ameritas Life Insurance Corp. before any presentation or solicitation of this plan design.
- This proposal is not a contract or a certificate of insurance. It contains proposed rates and benefits that are based on preliminary enrollment data. Such rates and benefits are subject to adjustment if final enrollment varies from the preliminary data.
- This proposal is based on the assumption it will be sold in conjunction with a bona fide cafeteria plan regulated by Section 125 of the Internal Revenue code, and it must meet all of the Section 125 requirements. Ameritas Life Insurance Corp. reserves the right to request a copy of the employer's Section 125 cafeteria plan. If you select Ameritas Life Insurance Corp.'s plan and implement it through a cafeteria approach regulated by Section 125, we will require that all eligible employees and dependents requesting benefits: (a) make annual selections, and (b) remain in the plan for a minimum of one year. Changes in these selections will not be allowed except for certain "life event" or family status changes such as marriage, birth, death or termination of employment.
- This proposal assumes a Section 125 plan year of July 1, 2022 to July 1, 2023.
- Benefits could be available for all full-time, active employees working at least 30 hours per week and dependents who have completed the designated waiting period.
- This proposal is being made as a result of information provided in the request for a proposal. It is intended for informational purposes and is not an offer to contract. If **State of Nebraska** wishes to apply for group insurance based upon this proposal, **State of Nebraska** may complete a Preliminary Application for Group Insurance. The Application will be subject to review and approval by the Home Office of the Company. If the Application is accepted, the final rates and benefits will be based on verification of this information and final enrollment.
- Ameritas does not issue coverage to individuals residing in Europe.
- Dependent children are covered up to age 26 regardless of student status in the situs State of Nebraska.
- This plan is provided as part of the Policyholder's Section 125 Plan. Each employee has the option under the Section 125 Plan of participating or not participating in this plan. If an employee does not elect to participate when initially eligible, he/she may elect to participate at the Policyholder's next Annual Election Period. An employee who elects to participate at an election period other than the initial election period or annual open enrollment period will be a Late Entrant and subject to the Late Entrant provision.
- Our proposal assumes that the Ameritas Life Insurance Corp. dental plan is the only plan offered for acceptance or consideration. If any other dental coverage is involved, such as a self-insured, DHMO or Prepaid plan, we would gladly provide another quote, as this one is no longer valid.
- This proposal assumes 0% of the benefit eligible employees are retirees. If this percentage changes, Ameritas Life Insurance Corp. reserves the right to revise the rates retroactive to the effective date of the dental benefits to accommodate this change.

Covered Expenses will not include and no benefits will be payable for expenses incurred:

All Plans

- for any procedure except exams, cleaning and fluoride applications for the first 12 months when an employee or dependent becomes classified as a late entrant. An employee or dependent who does not enroll within 31 days from the date the person qualifies for the insurance, or who elects to become covered again after canceling a premium contribution agreement, will be classified as a late entrant.
- for any treatment which is for cosmetic purposes, except as specifically listed in the Table of Dental Procedures.
- to replace any prosthetic appliance, crown, inlay or onlay restoration, or fixed partial denture within eight years of the date of the last placement of these items. However, if a replacement is required because of an accidental bodily injury sustained while the plan member is covered under the dental expense benefit, it will be a Covered Expense.
- for initial placement of any dental prosthesis or prosthetic crown unless such placement is needed because of the extraction of one or more teeth while the plan member is covered under the dental expense benefit. The extraction of a third molar (wisdom tooth) will not qualify under the above. Any such dental prosthesis or prosthetic crown must include the replacement of the extracted tooth or teeth.
- for any procedure begun before the plan member was covered under the dental expense benefit.
- for any procedure begun after the member's insurance under the dental expense benefit terminates; or for any prosthetic dental appliances installed or delivered more than 90 days after the member's insurance under the dental expense benefit terminates.
- to replace lost or stolen appliances.
- for appliances, restorations, or procedures to:
 - alter vertical dimension;
 - restore or maintain occlusion;
 - splint or replace tooth structure lost because of abrasion or attrition
- for any procedure which is not shown on the Table of Dental Procedures.
- for orthodontic treatment (unless otherwise specified in this contract.)
- for which the plan member is entitled to benefits under any workmen's compensation or similar law, or charges for services or supplies received as a result of any dental condition caused or contributed to by an injury or sickness arising out of or in the course of any employment for wage or profit.
- for charges for which the plan member is not liable or which would not have been made had no insurance been in force.
- for services which are not required for necessary care and treatment or are not within the generally accepted parameters of care.
- because of war or any act of war, declared or not.
- in any quarter of a Program if the member was not covered under the orthodontic expense benefits for the entire quarter.
- after the member's insurance under the orthodontic expense benefits terminates.

Limitations for Plan(s) Basic Plan

- for a Program which was begun on or after the member's 19th birthday.

DENTAL INSURANCE PLAN REQUIRED COST PROPOSAL

REQUEST FOR PROPOSAL NUMBER 6591 Z1

Firm Name Ameritas Life Insurance Corp.

Bidders shall fill in the proposed monthly premium amounts for each column provided below. All premium amounts specified are guaranteed by Bidder.

	Original 3 year Initial Award		Optional Ren 1 year 4		Optional Ren 2 year 5		Optional Ren 3 year 6	
	Basic Plan	Premium Plan	Basic Plan	Premium Plan	Basic Plan	Premium Plan	Basic Plan	Premium Plan
Employee Only	\$25.92	\$30.34	\$26.70	\$31.26	\$27.50	\$32.20	\$28.34	\$33.16
Employee + Spouse	\$51.92	\$60.74	\$53.48	\$62.58	\$55.10	\$64.44	\$56.74	\$66.38
Employee + Dependent Child(ren)	\$74.88	\$87.56	\$77.14	\$90.20	\$79.46	\$92.90	\$81.84	\$95.68
Employee + Spouse + Dependent Child(ren)	\$81.58	\$95.06	\$84.04	\$97.92	\$86.56	\$100.86	\$89.16	\$103.88

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.

Guarantees & Credits	Original 3 year Initial Award	Optional Ren 1 Year 4	Optional Ren 2 Year 5	Optional Ren 3 Year 6
Guaranteed Fees (Y/N)	Y	Y	Y	Y
Enrollment Change Tolerance (+/- XX%)	+/-10%	+/-10%	+/-10%	+/-10%
Implementation Fee (\$)	\$0	\$0	\$0	\$0
Annual Communications Credit (\$)	\$10,000	\$10,000	\$10,000	\$10,000
Services/Items Included in Fees ("Included", N/A, or \$X.XX)	Original 3 Year Initial Award	Optional Ren 1 Year 4	Optional Ren 2 Year 5	Optional Ren 3 Year 6
Claims Adjudication	Included	Included	Included	Included
Benefit Booklet/SPD	Included	Included	Included	Included
Toll-free Member Services Line	Included	Included	Included	Included
Member Services Hours of Operation, M-F, 8:00 am to 5:00 pm, CST	Included	Included	Included	Included
Electronic Eligibility Transmittal and Receipt of Updates and Monthly Reconciliation	Included	Included	Included	Included
Standard Reporting - Monthly, Quarterly, Annually	Included	Included	Included	Included
Monthly, Quarterly, Annual Account Team Meetings	Included	Included	Included	Included
Network Access	Included	Included	Included	Included
Interactive Web Portal	Included	Included	Included	Included
Enrollment Communications	Included	Included	Included	Included
Postage Costs	Included	Included	Included	Included
Other, such as ad hoc reporting, report customization, etc. please describe . . .	Included	Included	Included	Included
Other, please describe . . .	Included	Included	Included	Included