Ameritas
fulfilling life.

Vision Proposal

Due Date: December 2, 2022

6729 Z1
Vision Technical Proposal

Prepared for:

State of Nebraska

Effective Date: 7/1/2023

Ameritas Life Insurance Corp.
Chris Ober
Regional Group Manager
440 Regency Parkway Dr, Ste 250
Omaha, NE 68114

Phone: 402-384-8000
Email: cober@ameritas.com

Cover Letter

December 1, 2022

Ameritas Group, a division of Ameritas Life Insurance Corp., offers quality group dental and eye care products to companies nationwide. Ameritas is pleased to present your organization with a comprehensive Vision health proposal. We're confident that our Vision administrative expertise, nationwide networks, and superior customer service will enable you to achieve your goals of offering a competitive benefit package at an affordable cost.

After reviewing your proposal specifications, we are sure you will find that our proposal compares favorably to your current or prior coverage. We believe we have combined all the elements we need to further our dialogue with you.

We look forward to the possibility of partnering with State of Nebraska and having a positive impact on the Vision health of your employee population. Thank you for the consideration to be your Vision partner.

Sincerely,

Bruce E. Mieth, Ph.D.
Senior Vice President -Group Operations

Welcome Letter

December 1, 2022

Dear Connie –

On behalf of Ameritas leadership and all of our employees, thank you for the opportunity to supply a vision proposal to the State of Nebraska. A team of experts from the functional areas of Sales, Underwriting, Actuarial, Administration and Compliance have worked collaboratively to design this competitive offer that should be seriously considered. Ameritas has humbly served the State of Nebraska for the last 20 years as your group dental insurance partner. We would welcome the opportunity to deepen our engagement and support of you and your members.

We are presenting our dual vision network solution. Employee's satisfaction with their benefits improves with increased choice between options that best meets their individual needs. Our dual vision network solution will not take away any in-network provider being used today but will greatly expand access to more private practitioners, new retail chains and increased on-line shopping options. Ameritas is uniquely positioned in the marketplace offer two of the leading vision insurance networks in the country within a single policy by way of our partnership with both EyeMed and VSP. Highlights include:

- Your EyeMed plan(s) and Insight network will remain unchanged and will not be interrupted
- We are also introducing the VSP Choice network
- The core benefit components offered today within the Basic option and the Premium option <u>do not</u> change between networks
- Members simply select the network that will best meet their family's needs for the following plan year
- In addition to more private practitioners, retail locations such as Walmart/Sam's Club, Visionworks, and Costco are contracted in the VSP Choice network
- Members have the flexibility to switch between networks/plans during your open enrollment period
- The premiums between networks/plans are exactly the same

The State of Nebraska enjoys local dedicated contacts and continues to use the online resources we have built, customized, and maintained for them. All of these resources will remain in place to support the installation and on-going management of the vision plan(s). Thank you again for this opportunity. We look forward to discussing our vision capabilities with you soon.

Respectfully,

Chris J. Ober

Chris Ober
Regional Group Sales Manager

Table of Contents

Request for Proposal Forms

Form A
Bidder Proposal Point of Contact
Request for Proposal Number 6729 Z1

Form A should be completed and submitted with each response to this solicitation. This is intended to provide the State with information on the bidder's name and address, and the specific person(s) who are responsible for preparation of the bidder's response.

Preparation of Response Contact Information	
Bidder Name:	Ameritas Life Insurance Corp.
Bidder Address:	5900 O Street Lincoln, NE 68521
Contact Person & Title:	Chris Ober, Regional Group Manager
E-mail Address:	cober@ameritas.com
Telephone Number (Office):	402-384-8000
Telephone Number (Cellular):	402-450-3777
Fax Number:	402-325-4258

Each bidder should also designate a specific contact person who will be responsible for responding to the State if any clarifications of the bidder's response should become necessary. This will also be the person who the State contacts to set up a presentation/demonstration, if required.

Communication with the State Contact Information	
Bidder Name:	Ameritas Life Insurance Corp.
Bidder Address:	5900 O Street Lincoln, NE 68521
Contact Person & Title:	Chris Ober, Regional Group Manager
E-mail Address:	cober@ameritas.com
Telephone Number (Office):	402-384-8000
Telephone Number (Cellular):	402-450-3777
Fax Number:	402-325-4258

REQUEST FOR PROPOSAL FOR CONTRACTUAL SERVICES FORM

By signing this Request for Proposal for Contractual Services form, the bidder guarantees

BIDDER MUST COMPLETE THE FOLLOWING

compliance with the procedures stated in this Solicitation, and agrees to the terms and conditions unless otherwise indicated in writing and certifies that bidder maintains a drug free work place.

Per Nebraska's Transparency in Government Procurement Act, Neb. Rev Stat § 73-603 DAS is required to collect statistical information regarding the number of contracts awarded to Nebraska Contractors. This information is for statistical purposes only and will not be considered for contract award purposes.

__X___ NEBRASKA CONTRACTOR AFFIDAVIT: Bidder hereby attests that bidder is a Nebraska Contractor. "Nebraska Contractor" shall mean any bidder who has maintained a bona fide place of business and at least one employee within this state for at least the six (6) months immediately preceding the posting date of this Solicitation.

_____ I hereby certify that I am a Resident disabled veteran or business located in a designated enterprise zone in accordance with Neb. Rev. Stat. § 73-107 and wish to have preference, if applicable, considered in the award of this contract.

_____ I hereby certify that I am a blind person licensed by the Commission for the Blind & Visually Impaired in accordance with Neb. Rev. Stat. §71-8611 and wish to have preference considered in the award of this contract.

FORM MUST BE SIGNED MANUALLY IN INK OR BY DOCUSIGN

BIDDER:	Ameritas Life Insurance Corp.
COMPLETE ADDRESS:	5900 O Street Lincoln, NE 68510
TELEPHONE NUMBER:	402-309-2524
FAX NUMBER:	402-309-2512
DATE:	11/18/2022
SIGNATURE: Bruce Mieth Bruce Mieth (Nov 21, 2022 15:46 CST)	Bruce Mieth Bruce Mieth (Nov 21, 2022 15:46 CST)
TYPED NAME & TITLE OF SIGNER:	Bruce E. Mieth, Ph.D SVP- Group Operations

Sections II through IV

I. TERMS AND CONDITIONS

Bidders should complete Sections II through VI as part of their proposal. Bidder should read the Terms and Conditions and should initial either accept, reject, or reject and provide alternative language for each clause. The bidder should also provide an explanation of why the bidder rejected the clause or rejected the clause and provided alternate language. By signing the solicitation, bidder is agreeing to be legally bound by all the accepted terms and conditions, and any proposed alternative terms and conditions submitted with the proposal. The State reserves the right to negotiate rejected or proposed alternative language. If the State and bidder fail to agree on the final Terms and Conditions, the State reserves the right to reject the proposal. The State of Nebraska is soliciting proposals in response to this solicitation. The State of Nebraska reserves the right to reject proposals that attempt to substitute the bidder's commercial contracts and/or documents for this solicitation.

The bidders should submit with their proposal any license, user agreement, service level agreement, or similar documents that the bidder wants incorporated in the Contract. The State will not consider incorporation of any document not submitted with the bidder's proposal as the document will not have been included in the evaluation process. These documents shall be subject to negotiation and will be incorporated as addendums if agreed to by the Parties.

If a conflict or ambiguity arises after the Addendum to Contract Award have been negotiated and agreed to, the Addendum to Contract Award shall be interpreted as follows:

1. If only one Party has a particular clause then that clause shall control;
2. If both Parties have a similar clause, but the clauses do not conflict, the clauses shall be read together;
3. If both Parties have a similar clause, but the clauses conflict, the State's clause shall control.

A. GENERAL

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
BM BM			

The contract resulting from this solicitation shall incorporate the following documents:

1. Request for Proposal and Addenda;
2. Amendments to the solicitation;
3. Questions and Answers;
4. Contractor's proposal (Contractor's response to the solicitation and properly submitted documents); and
5. Amendments and Addendums to the Contract.

These documents constitute the entirety of the contract.

Unless otherwise specifically stated in a future contract amendment, in case of any conflict between the incorporated documents, the documents shall govern in the following order of preference with number one (1) receiving preference over all other documents and with each lower numbered document having preference over any higher numbered document: 1) Amendments and addendums to the executed Contract with the most recent dated amendment or addendum, respectively, having the highest priority, 2) Amendments to solicitation 3) Questions and Answers, 4) the original solicitation document and any Addenda, and 5) the Contractor's submitted Proposal.

Any ambiguity or conflict in the contract discovered after its execution, not otherwise addressed herein, shall be resolved in accordance with the rules of contract interpretation as established in the State of Nebraska.

B. NOTIFICATION

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
BM BM			Chris Ober will serve as the point of contact for the executed contract. Phone: 402-384-8000 Email: cober@ameritas.com

Contractor and State shall identify the contract manager who shall serve as the point of contact for the executed contract.

Communications regarding the executed contract shall be in writing and shall be deemed to have been given if delivered personally electronically or mailed. All notices, requests, or communications shall be deemed effective upon receipt.

Either party may change its address for notification purposes by giving notice of the change, and setting forth the new address and an effective date.

C. BUYER'S REPRESENTATIVE

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
BM BM			

The State reserves the right to appoint a Buyer's Representative to manage [or assist the Buyer in managing] the contract on behalf of the State. The Buyer's Representative will be appointed in writing, and the appointment document will specify the extent of the Buyer's Representative authority and responsibilities. If a Buyer's Representative is appointed, the Contractor will be provided a copy of the appointment document, and is expected to cooperate accordingly with the Buyer's Representative. The Buyer's Representative has no authority to bind the State to a contract, amendment, addendum, or other change or addition to the contract.

D. GOVERNING LAW (Statutory)

Notwithstanding any other provision of this contract, or any amendment or addendum(s) entered into contemporaneously or at a later time, the parties understand and agree that, (1) the State of Nebraska is a sovereign state and its authority to contract is therefore subject to limitation by the State's Constitution, statutes, common law, and regulation; (2) this contract will be interpreted and enforced under the laws of the State of Nebraska; (3) any action to enforce the provisions of this agreement must be brought in the State of Nebraska per state law; (4) the person signing this contract on behalf of the State of Nebraska does not have the authority to waive the State's sovereign immunity, statutes, common law, or regulations; (5) the indemnity, limitation of liability, remedy, and other similar provisions of the final contract, if any, are entered into subject to the State's Constitution, statutes, common law, regulations, and sovereign immunity; and, (6) all terms and conditions of the final contract, including but not limited to the clauses concerning third party use, licenses, warranties, limitations of liability, governing law and venue, usage verification, indemnity, liability, remedy or other similar provisions of the final contract are entered into specifically subject to the State's Constitution, statutes, common law, regulations, and sovereign immunity.

The Parties must comply with all applicable local, state and federal laws, ordinances, rules, orders, and regulations.

E. BEGINNING OF WORK

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
BM BM			

The awarded bidder shall not commence any billable work until a valid contract has been fully executed by the State. The awarded bidder will be notified in writing when work may begin.

F. AMENDMENT

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
BM BM			

This Contract may be amended in writing, within scope, upon the agreement of both parties.

G. CHANGE ORDERS OR SUBSTITUTIONS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
BM BM BM BM			

The State and the Contractor, upon the written agreement, may make changes to the contract within the general scope of the solicitation. Changes may involve specifications, the quantity of work, or such other items as the State may find necessary or desirable. Corrections of any deliverable, service, or work required pursuant to the contract shall not be deemed a change. The Contractor may not claim forfeiture of the contract by reasons of such changes.

The Contractor shall prepare a written description of the work required due to the change and an itemized cost sheet for the change. Changes in work and the amount of compensation to be paid to the Contractor shall be determined in accordance with applicable unit prices if any, a pro-rated value, or through negotiations. The State shall not incur a price increase for changes that should have been included in the Contractor's proposal, were foreseeable, or result from difficulties with or failure of the Contractor's proposal or performance.

No change shall be implemented by the Contractor until approved by the State, and the Contract is amended to reflect the change and associated costs, if any. If there is a dispute regarding the cost, but both parties agree that immediate implementation is necessary, the change may be implemented, and cost negotiations may continue with both Parties retaining all remedies under the contract and law.

In the event any product is discontinued or replaced upon mutual consent during the contract period or prior to delivery, the State reserves the right to amend the contract or purchase order to include the alternate product at the same price.

*****Contractor will not substitute any item that has been awarded without prior written approval of SPB*****

H. VENDOR PERFORMANCE REPORT(S)

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
BM BM			

The State may document any instance(s) of products or services delivered or performed which exceed or fail to meet the terms of the purchase order, contract, and/or solicitation specifications. The State Purchasing Bureau may contact the Vendor regarding any such report. Vendor performance report(s) will become a part of the permanent record of the Vendor.

I. NOTICE OF POTENTIAL CONTRACTOR BREACH

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
BM BM			

If Contractor breaches the contract or anticipates breaching the contract, the Contractor shall immediately give written notice to the State. The notice shall explain the breach or potential breach, a proposed cure, and may include a request for a waiver of the breach if so desired. The State may, in its discretion, temporarily or permanently waive the breach. By granting a waiver, the State does not forfeit any rights or remedies to which the State is entitled by law or equity, or pursuant to the provisions of the contract. Failure to give immediate notice, however, may be grounds for denial of any request for a waiver of a breach.

J. BREACH

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
BM BM			

Either Party may terminate the contract, in whole or in part, if the other Party breaches its duty to perform its obligations under the contract in a timely and proper manner. Termination requires written notice of default and a thirty (30) calendar day (or longer at the non-breaching Party's discretion considering the gravity and nature of the default) cure period. Said notice shall be delivered by Certified Mail, Return Receipt Requested, or in person with proof of delivery. Allowing time to cure a failure or breach of contract does not waive the right to immediately terminate the contract for the same or different contract breach which may occur at a different time. In case of breach by the Contractor, the State may, without unreasonable delay, make a good faith effort to make a reasonable purchase or contract to purchased goods in substitution of those due from the contractor. The State may recover from the Contractor as damages the difference between the costs of covering the breach. Notwithstanding any clause to the contrary, the State may also recover the contract price together with any incidental or consequential damages defined in UCC Section 2-715, but less expenses saved in consequence of Contractor's breach.

The State's failure to make payment shall not be a breach, and the Contractor shall retain all available statutory remedies and protections.

K. NON-WAIVER OF BREACH

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
BM BM			

The acceptance of late performance with or without objection or reservation by a Party shall not waive any rights of the Party nor constitute a waiver of the requirement of timely performance of any obligations remaining to be performed.

L. SEVERABILITY

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
BM BM			

If any term or condition of the contract is declared by a court of competent jurisdiction to be illegal or in conflict with any law, the validity of the remaining terms and conditions shall not be affected, and the rights and obligations of the parties shall be construed and enforced as if the contract did not contain the provision held to be invalid or illegal.

M. INDEMNIFICATION

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
BM BM			

1. **GENERAL**
The Contractor agrees to defend, indemnify, and hold harmless the State and its employees, volunteers, agents, and its elected and appointed officials ("the indemnified parties") from and against any and all third party claims, liens, demands, damages, liability, actions, causes of action, losses, judgments, costs, and expenses of every nature, including investigation costs and expenses, settlement costs, and attorney fees and expenses ("the claims"), sustained or asserted against the State for personal injury, death, or property loss or damage, arising out of, resulting from, or attributable to the willful misconduct, negligence, error, or omission of the Contractor, its employees, Subcontractors, consultants, representatives, and agents, resulting from this contract, except to the extent such Contractor liability is attenuated by any action of the State which directly and proximately contributed to the claims.

2. **INTELLECTUAL PROPERTY** The Contractor agrees it will, at its sole cost and expense, defend, indemnify, and hold harmless the indemnified parties from and against any and all claims, to the extent such claims arise out of, result from, or are attributable to, the actual or alleged infringement or misappropriation of any patent, copyright, trade secret, trademark, or confidential information of any third party by the Contractor or its employees, Subcontractors, consultants, representatives, and agents; provided, however, the State gives the Contractor prompt notice in writing of the claim. The Contractor may not settle any infringement claim that will affect the State's use of the Licensed Software without the State's prior written consent, which consent may be withheld for any reason.

If a judgment or settlement is obtained or reasonably anticipated against the State's use of any intellectual property for which the Contractor has indemnified the State, the Contractor shall, at the Contractor's sole cost and expense, promptly modify the item or items which were determined to be infringing, acquire a license or licenses on the State's behalf to provide the necessary rights to the State to eliminate the infringement, or provide the State with a non-infringing substitute that provides the State the same functionality. At the State's election, the actual or anticipated judgment may be treated as a breach of warranty by the Contractor, and the State may receive the remedies provided under this solicitation.

3. **PERSONNEL**
The Contractor shall, at its expense, indemnify and hold harmless the indemnified parties from and against any claim with respect to withholding taxes, worker's compensation, employee benefits, or any other claim, demand, liability, damage, or loss of any nature relating to any of the personnel, including subcontractor's and their employees, provided by the Contractor.

4. **SELF-INSURANCE**
The State of Nebraska is self-insured for any loss and purchases excess insurance coverage pursuant to Neb. Rev. Stat. § 81-8,239.01 (Reissue 2008). If there is a presumed loss under the provisions of this agreement, Contractor may file a claim with the Office of Risk Management pursuant to Neb. Rev. Stat. §§ 81-8,829 – 81-8,306 for review by the State Claims Board. The State retains all rights and immunities under the State Miscellaneous (§ 81-8,294), Tort (§ 81-8,209), and Contract Claim Acts (§ 81-8,302), as outlined in Neb. Rev. Stat. § 81-8,209 et seq. and under any other provisions of law and accepts liability under this agreement to the extent provided by law.

5. The Parties acknowledge that Attorney General for the State of Nebraska is required by statute to represent the legal interests of the State, and that any provision of this indemnity clause is subject to the statutory authority of the Attorney General.

N. ATTORNEY'S FEES

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
BM BM			

In the event of any litigation, appeal, or other legal action to enforce any provision of the contract, the Parties agree to pay all expenses of such action, as permitted by law and if ordered by the court, including attorney's fees and costs, if the other Party prevails.

O. PERFORMANCE BOND

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
BM BM			

The Contractor will be required to supply a cashier's check or a bond executed by a corporation authorized to contract surety in the State of Nebraska, payable to the State of Nebraska, which shall be valid for the life of the contract to include any renewal and/or extension periods. The amount of the cashier's check or bond must be an established dollar amount of $100,000.00. The check or bond will guarantee that the Contractor will faithfully perform all requirements, terms and conditions of the contract. If the Contractor chooses to provide a cashier's check, the check must show an expiration date on the check. Cashier's checks will only be allowed for contracts for three (3) years or less, including all renewal options. Failure to comply shall be grounds for forfeiture of the check or bond as liquidated damages. Amount of forfeiture will be determined by the agency based on loss to the State. The bond or cashier's check will be returned when the contract has been satisfactorily completed as solely determined by the State, after termination or expiration of the contract.

P. ASSIGNMENT, SALE, OR MERGER

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
BM BM			

Either Party may assign the contract upon mutual written agreement of the other Party. Such agreement shall not be unreasonably withheld.

The Contractor retains the right to enter into a sale, merger, acquisition, internal reorganization, or similar transaction involving Contractor's business. Contractor agrees to cooperate with the State in executing amendments to the contract to allow for the transaction. If a third party or entity is involved in the transaction, the Contractor will remain responsible for performance of the contract until such time as the person or entity involved in the transaction agrees in writing to be contractually bound by this contract and perform all obligations of the contract.

Q. CONTRACTING WITH OTHER NEBRASKA POLITICAL SUB-DIVISIONS OF THE STATE OR ANOTHER STATE

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
BM BM			

The Contractor may, but shall not be required to, allow agencies, as defined in Neb. Rev. Stat. §81-145, to use this contract. The terms and conditions, including price, of the contract may not be amended. The State shall not be contractually obligated or liable for any contract entered into pursuant to this clause. A listing of Nebraska political subdivisions may be found at the website of the Nebraska Auditor of Public Accounts.

The Contractor may, but shall not be required to, allow other states, agencies or divisions of other states, or political subdivisions of other states to use this contract. The terms and conditions, including price, of this contract shall apply to any such contract, but may be amended upon mutual consent of the Parties. The State of Nebraska shall not be contractually or otherwise obligated or liable under any contract entered into pursuant to this clause. The State shall be notified if a contract is executed based upon this contract.

R. FORCE MAJEURE

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
BM BM			

Neither Party shall be liable for any costs or damages, or for default resulting from its inability to perform any of its obligations under the contract due to a natural or manmade event outside the control and not the fault of the affected Party ("Force Majeure Event"). The Party so affected shall immediately make a written request for relief to the other Party, and shall have the burden of proof to justify the request. The other Party may grant the relief requested; relief may not be unreasonably withheld. Labor disputes with the impacted Party's own employees will not be considered a Force Majeure Event.

S. CONFIDENTIALITY

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
BM BM			

All materials and information provided by the Parties or acquired by a Party on behalf of the other Party shall be regarded as confidential information. All materials and information provided or acquired shall be handled in accordance with federal and state law, and ethical standards. Should said confidentiality be breached by a Party, the Party shall notify the other Party immediately of said breach and take immediate corrective action.

It is incumbent upon the Parties to inform their officers and employees of the penalties for improper disclosure imposed by the Privacy Act of 1974, 5 U.S.C. 552a. Specifically, 5 U.S.C. 552a (i)(1), which is made applicable by 5 U.S.C. 552a (m)(1), provides that any officer or employee, who by virtue of his/her employment or official position has possession of or access to agency records which contain individually identifiable information, the disclosure of which is prohibited by the Privacy Act or regulations established thereunder, and who knowing that disclosure of the specific material is prohibited, willfully discloses the material in any manner to any person or agency not entitled to receive it, shall be guilty of a misdemeanor and fined not more than $5,000.

T. EARLY TERMINATION

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
BM BM			

The contract may be terminated as follows:

1. The State and the Contractor, by mutual written agreement, may terminate the contract at any time.

2. The State, in its sole discretion, may terminate the contract for any reason upon thirty (30) calendar day's written notice to the Contractor. Such termination shall not relieve the Contractor of warranty or other service obligations incurred under the terms of the contract. In the event of termination the Contractor shall be entitled to payment, determined on a pro rata basis, for products or services satisfactorily performed or provided.

3. The State may terminate the contract immediately for the following reasons:

a. if directed to do so by statute;
b. Contractor has made an assignment for the benefit of creditors, has admitted in writing its inability to pay debts as they mature, or has ceased operating in the normal course of business;
c. a trustee or receiver of the Contractor or of any substantial part of the Contractor's assets has been appointed by a court;
d. fraud, misappropriation, embezzlement, malfeasance, misfeasance, or illegal conduct pertaining to performance under the contract by its Contractor, its employees, officers, directors, or shareholders;
e. an involuntary proceeding has been commenced by any Party against the Contractor under any one of the chapters of Title 11 of the United States Code and (i) the proceeding has been pending for at least sixty (60) calendar days; or (ii) the Contractor has

consented, either expressly or by operation of law, to the entry of an order for relief; or (iii) the Contractor has been decreed or adjudged a debtor;

f. a voluntary petition has been filed by the Contractor under any of the chapters of Title 11 of the United States Code;

g. Contractor intentionally discloses confidential information;

h. Contractor has or announces it will discontinue support of the deliverable; and,

i. In the event funding is no longer available.

U. CONTRACT CLOSEOUT

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
BM BM			

Upon contract closeout for any reason the Contractor shall within 30 days, unless stated otherwise herein:

1. Transfer all completed or partially completed deliverables to the State;
2. Transfer ownership and title to all completed or partially completed deliverables to the State;
3. Return to the State all information and data, unless the Contractor is permitted to keep the information or data by contract or rule of law. Contractor may retain one copy of any information or data as required to comply with applicable work product documentation standards or as are automatically retained in the course of Contractor's routine back up procedures;
4. Cooperate with any successor Contactor, person or entity in the assumption of any or all of the obligations of this contract;
5. Cooperate with any successor Contactor, person or entity with the transfer of information or data related to this contract;
6. Return or vacate any state owned real or personal property; and,
7. Return all data in a mutually acceptable format and manner.

Nothing in this Section should be construed to require the Contractor to surrender intellectual property, real or personal property, or information or data owned by the Contractor for which the State has no legal claim.

Signature: Bruce E. Mieth
Bruce E. Mieth (Nov 22, 2022 09:09 CST)

Email: bmieth@ameritas.com

III. CONTRACTOR DUTIES

A. INDEPENDENT CONTRACTOR / OBLIGATIONS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
BM BM			

It is agreed that the Contractor is an independent contractor and that nothing contained herein is intended or should be construed as creating or establishing a relationship of employment, agency, or a partnership.

The Contractor is solely responsible for fulfilling the contract. The Contractor or the Contractor's representative shall be the sole point of contact regarding all contractual matters.

The Contractor shall secure, at its own expense, all personnel required to perform the services under the contract. The personnel the Contractor uses to fulfill the contract shall have no contractual or other legal relationship with the State; they shall not be considered employees of the State and shall not be entitled to any compensation, rights or benefits from the State, including but not limited to, tenure rights, medical and hospital care, sick and vacation leave, severance pay, or retirement benefits.

By-name personnel commitments made in the bidder's proposal shall not be changed without the prior written approval of the State. Replacement of these personnel, if approved by the State, shall be with personnel of equal or greater ability and qualifications.

All personnel assigned by the Contractor to the contract shall be employees of the Contractor or a subcontractor, and shall be fully qualified to perform the work required herein. Personnel employed by the Contractor or a subcontractor to fulfill the terms of the contract shall remain under the sole direction and control of the Contractor or the subcontractor respectively.

With respect to its employees, the Contractor agrees to be solely responsible for the following:

1. Any and all pay, benefits, and employment taxes and/or other payroll withholding;
2. Any and all vehicles used by the Contractor's employees, including all insurance required by state law;
3. Damages incurred by Contractor's employees within the scope of their duties under the contract;
4. Maintaining Workers' Compensation and health insurance that complies with state and federal law and submitting any reports on such insurance to the extent required by governing law;
5. Determining the hours to be worked and the duties to be performed by the Contractor's employees; and,
6. All claims on behalf of any person arising out of employment or alleged employment (including without limit claims of discrimination alleged against the Contractor, its officers, agents, or subcontractors or subcontractor's employees)

If the Contractor intends to utilize any subcontractor, the subcontractor's level of effort, tasks, and time allocation should be clearly defined in the bidder's proposal. The Contractor shall agree that it will not utilize any subcontractors not specifically included in its proposal in the performance of the contract without the prior written authorization of the State.

The State reserves the right to require the Contractor to reassign or remove from the project any Contractor or subcontractor employee.

Contractor shall insure that the terms and conditions contained in any contract with a subcontractor does not conflict with the terms and conditions of this contract.

The Contractor shall include a similar provision, for the protection of the State, in the contract with any Subcontractor engaged to perform work on this contract.

B. EMPLOYEE WORK ELIGIBILITY STATUS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
BM BM			

The Contractor is required and hereby agrees to use a federal immigration verification system to determine the work eligibility status of employees physically performing services within the State of Nebraska. A federal immigration verification system means the electronic verification of the work authorization program authorized by the Illegal Immigration Reform and Immigrant Responsibility Act of 1996, 8 U.S.C. 1324a, known as the E-Verify Program, or an equivalent federal program designated by the United States Department of Homeland Security or other federal agency authorized to verify the work eligibility status of an employee.

If the Contractor is an individual or sole proprietorship, the following applies:

1. The Contractor must complete the United States Citizenship Attestation Form, available on the Department of Administrative Services website at http://das.nebraska.gov/materiel/purchasing.html

2. The completed United States Attestation Form should be submitted with the solicitation response.

3. If the Contractor indicates on such attestation form that he or she is a qualified alien, the Contractor agrees to provide the US Citizenship and Immigration Services documentation required to verify the Contractor's lawful presence in the United States using the Systematic Alien Verification for Entitlements (SAVE) Program.

4. The Contractor understands and agrees that lawful presence in the United States is required and the Contractor may be disqualified or the contract terminated if such lawful presence cannot be verified as required by Neb. Rev. Stat. §4-108.

C. COMPLIANCE WITH CIVIL RIGHTS LAWS AND EQUAL OPPORTUNITY EMPLOYMENT / NONDISCRIMINATION (Statutory)

The Contractor shall comply with all applicable local, state, and federal statutes and regulations regarding civil rights laws and equal opportunity employment. The Nebraska Fair Employment Practice Act prohibits Contractors of the State of Nebraska, and their Subcontractors, from discriminating against any employee or applicant for employment, with respect to hire, tenure, terms, conditions, compensation, or privileges of employment because of race, color, religion, sex, disability, marital status, or national origin (Neb. Rev. Stat. §48-1101 to 48-1125). The Contractor guarantees compliance with the Nebraska Fair Employment Practice Act, and breach of this provision shall be regarded as a material breach of contract. The Contractor shall insert a similar provision in all Subcontracts for goods and services to be covered by any contract resulting from this solicitation.

D. COOPERATION WITH OTHER CONTRACTORS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
BM BM			

Contractor may be required to work with or in close proximity to other contractors or individuals that may be working on same or different projects. The Contractor shall agree to cooperate with such other contractors or individuals, and shall not commit or permit any act which may interfere with the performance of work by any other contractor or individual. Contractor is not required to compromise Contractor's intellectual property or proprietary information unless expressly required to do so by this contract.

E. PERMITS, REGULATIONS, LAWS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
BM BM			

The contract price shall include the cost of all royalties, licenses, permits, and approvals, whether arising from patents, trademarks, copyrights or otherwise, that are in any way involved in the contract. The Contractor shall obtain and pay for all royalties, licenses, and permits, and approvals necessary for the execution of the contract. The Contractor must guarantee that it has the full legal right to the materials, supplies, equipment, software, and other items used to execute this contract.

F. OWNERSHIP OF INFORMATION AND DATA / DELIVERABLES

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
BM BM			

The State shall have the unlimited right to publish, duplicate, use, and disclose all information and data developed or obtained by the Contractor on behalf of the State pursuant to this contract.

The State shall own and hold exclusive title to any deliverable developed as a result of this contract. Contractor shall have no ownership interest or title, and shall not patent, license, or copyright, duplicate, transfer, sell, or exchange, the design, specifications, concept, or deliverable.

G. INSURANCE REQUIREMENTS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
BM BM			**Please See the RFP Insurance Deviations on Page 32.**

The Contractor shall throughout the term of the contract maintain insurance as specified herein and provide the State a current Certificate of Insurance/Acord Form (COI) verifying the coverage. The Contractor shall not commence work on the contract until the insurance is in place. If Contractor subcontracts any portion of the Contract the Contractor must, throughout the term of the contract, either:

1. Provide equivalent insurance for each subcontractor and provide a COI verifying the coverage for the subcontractor;
2. Require each subcontractor to have equivalent insurance and provide written notice to the State that the Contractor has verified that each subcontractor has the required coverage; or,
3. Provide the State with copies of each subcontractor's Certificate of Insurance evidencing the required coverage.

The Contractor shall not allow any Subcontractor to commence work until the Subcontractor has equivalent insurance. The failure of the State to require a COI, or the failure of the Contractor to provide a COI or require subcontractor insurance shall not limit, relieve, or decrease the liability of the Contractor hereunder.

In the event that any policy written on a claims-made basis terminates or is canceled during the term of the contract or within (one) (1) years of termination or expiration of the contract, the contractor shall obtain an extended discovery or reporting period, or a new insurance policy, providing coverage required by this contract for the term of the contract and (one) (1) years following termination or expiration of the contract.

If by the terms of any insurance a mandatory deductible is required, or if the Contractor elects to increase the mandatory deductible amount, the Contractor shall be responsible for payment of the amount of the deductible in the event of a paid claim.

Notwithstanding any other clause in this Contract, the State may recover up to the liability limits of the insurance policies required herein.

1. WORKERS' COMPENSATION INSURANCE

The Contractor shall take out and maintain during the life of this contract the statutory Workers' Compensation and Employer's Liability Insurance for all of the contactors' employees to be engaged in work on the project under this contract and, in case any such work is sublet, the Contractor shall require the Subcontractor similarly to provide Worker's Compensation and Employer's Liability Insurance for all of the Subcontractor's employees to be engaged in such work. This policy shall be written to meet the statutory requirements for the state in which the work is to be performed, including Occupational Disease. **The policy shall include a waiver of subrogation in favor of the State. The COI shall contain the mandatory COI subrogation waiver language found hereinafter**. The amounts of such insurance shall not be less than the limits stated hereinafter. For employees working in the State of Nebraska, the policy must be written by an entity authorized by the State of Nebraska Department of Insurance to write Workers' Compensation and Employer's Liability Insurance for Nebraska employees.

2. COMMERCIAL GENERAL LIABILITY INSURANCE AND COMMERCIAL AUTOMOBILE LIABILITY INSURANCE

The Contractor shall take out and maintain during the life of this contract such Commercial General Liability Insurance and Commercial Automobile Liability Insurance as shall protect Contractor and any Subcontractor performing work covered by this contract from claims for damages for bodily injury, including death, as well as from claims for property damage, which may arise from operations under this contract, whether such operation be by the Contractor or by any Subcontractor or by anyone directly or indirectly employed by either of them, and the amounts of such insurance shall not be less than limits stated hereinafter.

The Commercial General Liability Insurance shall be written on an **occurrence basis**, and provide Premises/Operations, Products/Completed Operations, Independent Contractors, Personal Injury, and Contractual Liability coverage. **The policy shall include the State, and others as required by the contract documents, as Additional Insured(s). This policy shall be primary, and any insurance or self-insurance carried by the State shall be considered secondary and non-contributory**. **The COI shall contain the mandatory COI liability waiver language found hereinafter.** The Commercial Automobile Liability Insurance shall be written to cover all Owned, Non-owned, and Hired vehicles.

REQUIRED INSURANCE COVERAGE	
COMMERCIAL GENERAL LIABILITY	
General Aggregate	$2,000,000
Products/Completed Operations Aggregate	$2,000,000
Personal/Advertising Injury	$1,000,000 per occurrence
Bodily Injury/Property Damage	$1,000,000 per occurrence
Medical Payments	$10,000 any one person
Damage to Rented Premises (Fire)	$300,000 each occurrence
Contractual	Included
XCU Liability (Explosion, Collapse, and Underground Damage)	Included
Independent Contractors	Included
Abuse & Molestation	Included
If higher limits are required, the Umbrella/Excess Liability limits are allowed to satisfy the higher limit.	
WORKER'S COMPENSATION	
Employers Liability Limits	$500K/$500K/$500K
Statutory Limits- All States	Statutory - State of Nebraska
USL&H Endorsement	Statutory
Voluntary Compensation	Statutory
COMMERCIAL AUTOMOBILE LIABILITY	
Bodily Injury/Property Damage	$1,000,000 combined single limit
Include All Owned, Hired & Non-Owned Automobile liability	Included
Motor Carrier Act Endorsement	Where Applicable
UMBRELLA/EXCESS LIABILITY	
Over Primary Insurance	$5,000,000 per occurrence
PROFESSIONAL LIABILITY	
Professional liability (Medical Malpractice)	Limits consistent with Nebraska Medical Malpractice Cap
Qualification Under Nebraska Excess Fund	
All Other Professional Liability (Errors & Omissions)	$3,000,000 Per Claim / Aggregate
COMMERCIAL CRIME	
Crime/Employee Dishonesty Including 3rd Party Fidelity	$1,000,000
CYBER LIABILITY	
Breach of Privacy, Security Breach, Denial of Service, Remediation, Fines and Penalties	$5,000,000
MANDATORY COI SUBROGATION WAIVER LANGUAGE	
"Workers' Compensation policy shall include a waiver of subrogation in favor of the State of Nebraska."	
MANDATORY COI LIABILITY WAIVER LANGUAGE	
"Commercial General Liability & Commercial Automobile Liability policies shall name the State of Nebraska as an Additional Insured and the policies shall be primary and any insurance or self-insurance carried by the State shall be considered secondary and non-contributory as additionally insured."	

3. EVIDENCE OF COVERAGE

The Contractor shall furnish the Contract Manager, with a certificate of insurance coverage complying with the above requirements prior to beginning work at:

State of Nebraska
State Purchasing Bureau
Attn: Connie Heinrichs
RFP #: 6729 Z1

Email: connie.heinrichs@nebraska.gov

These certificates or the cover sheet shall reference the RFP number, and the certificates shall include the name of the company, policy numbers, effective dates, dates of expiration, and amounts and types of coverage afforded. If the State is damaged by the failure of the Contractor to maintain such insurance, then the Contractor shall be responsible for all reasonable costs properly attributable thereto.

Reasonable notice of cancellation of any required insurance policy must be submitted to the contract manager as listed above when issued and a new coverage binder shall be submitted immediately to ensure no break in coverage.

4. DEVIATIONS

The insurance requirements are subject to limited negotiation. Negotiation typically includes, but is not necessarily limited to, the correct type of coverage, necessity for Workers' Compensation, and the type of automobile coverage carried by the Contractor.

H. ANTITRUST

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
BM BM			

The Contractor hereby assigns to the State any and all claims for overcharges as to goods and/or services provided in connection with this contract resulting from antitrust violations which arise under antitrust laws of the United States and the antitrust laws of the State.

I. CONFLICT OF INTEREST

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
BM BM			

By submitting a proposal, bidder certifies that no relationship exists between the bidder and any person or entity which either is, or gives the appearance of, a conflict of interest related to this Request for Proposal or project.

Bidder further certifies that bidder will not employ any individual known by bidder to have a conflict of interest nor shall bidder take any action or acquire any interest, either directly or indirectly, which will conflict in any manner or degree with the performance of its contractual obligations hereunder or which creates an actual or appearance of conflict of interest.

If there is an actual or perceived conflict of interest, bidder shall provide with its proposal a full disclosure of the facts describing such actual or perceived conflict of interest and a proposed mitigation plan for consideration. The State will then consider such disclosure and proposed mitigation plan and either approve or reject as part of the overall bid evaluation.

J. STATE PROPERTY

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:

BM BM			

The Contractor shall be responsible for the proper care and custody of any State-owned property which is furnished for the Contractor's use during the performance of the contract. The Contractor shall reimburse the State for any loss or damage of such property; normal wear and tear is expected.

K. SITE RULES AND REGULATIONS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
BM BM			

The Contractor shall use its best efforts to ensure that its employees, agents, and Subcontractors comply with site rules and regulations while on State premises. If the Contractor must perform on-site work outside of the daily operational hours set forth by the State, it must make arrangements with the State to ensure access to the facility and the equipment has been arranged. No additional payment will be made by the State on the basis of lack of access, unless the State fails to provide access as agreed to in writing between the State and the Contractor.

L. ADVERTISING

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
BM BM			

The Contractor agrees not to refer to the contract award in advertising in such a manner as to state or imply that the company or its goods or services are endorsed or preferred by the State. Any publicity releases pertaining to the project shall not be issued without prior written approval from the State.

M. NEBRASKA TECHNOLOGY ACCESS STANDARDS (Statutory)

Contractor shall review the Nebraska Technology Access Standards, found at http://nitc.nebraska.gov/standards/2-201.html and ensure that products and/or services provided under the contract are in compliance or will comply with the applicable standards to the greatest degree possible. In the event such standards change during the Contractor's performance, the State may create an amendment to the contract to request the contract comply with the changed standard at a cost mutually acceptable to the parties.

N. DISASTER RECOVERY/BACK UP PLAN

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
BM BM			

The Contractor shall have a disaster recovery and back-up plan, of which a copy should be provided upon request to the State, which includes, but is not limited to equipment, personnel, facilities, and transportation, in order to continue delivery of goods and services as specified under the specifications in the contract in the event of a disaster.

O. DRUG POLICY

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
BM BM			

Contractor certifies it maintains a drug free work place environment to ensure worker safety and workplace integrity. Contractor agrees to provide a copy of its drug free workplace policy at any time upon request by the State.

P. WARRANTY

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
BM BM			

Despite any clause to the contrary, the Contractor represents and warrants that its services hereunder shall be performed by competent personnel and shall be of professional quality consistent with generally accepted industry standards for the performance of such services and shall comply in all respects with the requirements of this Agreement. For any breach of this warranty, the Contractor shall, for a period of ninety (90) days from performance of the service, perform the services again, at no cost to the State, or if Contractor is unable to perform the services as warranted, Contractor shall reimburse the State all fees paid to Contractor for the unsatisfactory services. The rights and remedies of the parties under this warranty are in addition to any other rights and remedies of the parties provided by law or equity, including, without limitation actual damages, and, as applicable and awarded under the law, to a prevailing party, reasonable attorneys' fees and costs.

Signature: Bruce E. Mieth
Bruce E. Mieth (Nov 22, 2022 09:08 CST)

Email: bmieth@ameritas.com

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 10/8/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
SilverStone Group, LLC a HUB International company
1300 West 57th Street
Suite 100
Sioux Falls SD 57108

CONTACT NAME: Bonita Feilmeier
PHONE (A/C, No, Ext): 605-444-5104 **FAX (A/C, No):** 605-305-3230
E-MAIL ADDRESS: Bonita.Feilmeier@hubinternational.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : The Continental Insurance Co.	35289
INSURER B : American Casualty Co.	20427
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED 18259
Ameritas Holding Company
PO Box 81889
Lincoln NE 68501

COVERAGES **CERTIFICATE NUMBER:** 1385888590 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			7014828163	6/1/2021	6/1/2022	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 1,000,000
							MED EXP (Any one person)	$ 15,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:							$
B	AUTOMOBILE LIABILITY			7014828177	6/1/2021	6/1/2022	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	X ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY; SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS ONLY; X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
A	X UMBRELLA LIAB X OCCUR			7014828213	6/1/2021	6/1/2022	EACH OCCURRENCE	$ 10,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$ 10,000,000
	DED X RETENTION $ 10,000							$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N			7014828180	6/1/2021	6/1/2022	X PER STATUTE OTH-ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N	N / A					E.L. EACH ACCIDENT	$ 1,000,000
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
F) Hartford; D&O/E&O Primary $10M; 10/1/2021-22; 83 DE 0141426 21
G) Ironshore; D&O/E&O $5M x $10M; 10/1/2021-22; DO6CAB3K96002
H) XL Group; D&O/E&O $5M x $15M; 10/1/2021-22; ELU170428-21
I) Arch Specialty; D&O/E&O $5M x $20M; 10/1/2021-22; BLX9300024-07

CERTIFICATE HOLDER

To Whom it May Concern

CANCELLATION 30

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 10/21/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
MARSH, INC.
1801 WEST END AVE., SUITE 1400
NASHVILLE, TN 37203
Attn: Tammy.A.Adcock@marsh.com

CN119046153-EMDEO-GAWU-21-

CONTACT NAME: Tammy Adcock
PHONE (A/C, No, Ext): 615-340-2444 **FAX (A/C, No):**
E-MAIL ADDRESS: Tammy.A.Adcock@marsh.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Phoenix Insurance Company	25623
INSURER B : Travelers Property Casualty Company Of America	25674
INSURER C : Starr Indemnity & Liability Company	38318
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Change Healthcare Inc.
100 Airpark Center Drive East
Nashville, TN 37217

COVERAGES **CERTIFICATE NUMBER:** ATL-005336676-01 **REVISION NUMBER:** 2

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			660-0J60255	04/01/2021	04/01/2022	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 1,000,000
							MED EXP (Any one person)	$ 10,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:							$
B	AUTOMOBILE LIABILITY			BA 1P082893	04/01/2021	04/01/2022	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	X ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS ONLY / X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
B	X UMBRELLA LIAB X OCCUR			CUP 1J64882A	04/01/2021	04/01/2022	EACH OCCURRENCE	$ 1,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$ 1,000,000
	DED X RETENTION $ 10,000							$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N			1000002641 (AOS)	04/01/2021	04/01/2022	X PER STATUTE / OTH-ER	
C	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N	N / A		1000002642-AZ,CT,IA,NJ,NY,NC,TX,VT	04/01/2021	04/01/2022	E.L. EACH ACCIDENT	$ 1,000,000
C	(Mandatory in NH)			1000002643 (WI)	04/01/2021	04/01/2022	E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
C	If yes, describe under DESCRIPTION OF OPERATIONS below			1000002644 (FL,MA,AK)	04/01/2021	04/01/2022	E.L. DISEASE - POLICY LIMIT	$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Re: Work at: DAS State Purchasing Bureau
The State of Nebraska, and others is/are included as additional insured (except workers' compensation) where required by written contract. This insurance is primary and non-contributory over any existing insurance and limited to liability arising out of the operations of the named insured subject to policy terms and conditions. Waiver of subrogation is applicable where required by written contract and subject to policy terms and conditions.

CERTIFICATE HOLDER
Ameritas Life Insurance Corp
475 Fallbrook Blvd
Lincoln, NE 68521

CANCELLATION
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
Marsh USA Inc.

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ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/07/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Willis Towers Watson Midwest, Inc.
c/o 26 Century Blvd
P.O. Box 305191
Nashville, TN 372305191 USA

CONTACT NAME: Willis Towers Watson Certificate Center
PHONE (A/C, No, Ext): 1-877-945-7378 FAX (A/C, No): 1-888-467-2378
E-MAIL ADDRESS: certificates@willis.com

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A :	Zurich American Insurance Company	16535
INSURER B :	ACE American Insurance Company	22667
INSURER C :	American Guarantee and Liability Insurance	26247
INSURER D :	Indemnity Insurance Company of North Ameri	43575
INSURER E :	ACE Fire Underwriters Insurance Company	20702
INSURER F :		

INSURED
EyeMed Vision Care LLC
c/o EssilorLuxottica USA Inc.
4000 Luxottica Place
Mason, OH 45040

COVERAGES **CERTIFICATE NUMBER:** W23728148 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY; CLAIMS-MADE; X OCCUR; X Optical Professional; GEN'L AGGREGATE LIMIT APPLIES PER: POLICY; PRO-JECT; X LOC; OTHER:			GLC484629300	12/31/2021	12/31/2022	EACH OCCURRENCE	$ 3,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 1,000,000
							MED EXP (Any one person)	$ 10,000
							PERSONAL & ADV INJURY	$ 3,000,000
							GENERAL AGGREGATE	$ 3,000,000
							PRODUCTS - COMP/OP AGG	$ 3,000,000
							Optical Professional	$ 3,000,000
B	AUTOMOBILE LIABILITY; X ANY AUTO; OWNED AUTOS ONLY; SCHEDULED AUTOS; HIRED AUTOS ONLY; NON-OWNED AUTOS ONLY			ISAH25555089	12/31/2021	12/31/2022	COMBINED SINGLE LIMIT (Ea accident)	$ 2,000,000
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
C	X UMBRELLA LIAB; X OCCUR; EXCESS LIAB; CLAIMS-MADE; DED; RETENTION $			AUC484629400	12/31/2021	12/31/2022	EACH OCCURRENCE	$ 10,000,000
							AGGREGATE	$ 10,000,000
								$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY; ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: No; If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		WLRC68929192	12/31/2021	12/31/2022	X PER STATUTE; OTH-ER	
							E.L. EACH ACCIDENT	$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000
D	Stop Gap/Employers Liability ND, WA, WY			WLRC68929192	12/31/2021	12/31/2022	See Below	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Stop Gap / Employers Liability :
Bodily Injury by Accident - Each Accident $1,000,000
Bodily Injury by Disease - Each Employee $1,000,000
Bodily Injury by Disease - Policy Limit $1,000,000
SEE ATTACHED

CERTIFICATE HOLDER

EyeMed Vision Care LLC
c/o EssilorLuxottica USA Inc.
4000 Luxottica Place
Mason, OH 45040

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Jeffy Dichard

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AGENCY CUSTOMER ID:

LOC #:

ADDITIONAL REMARKS SCHEDULE

AGENCY Willis Towers Watson Midwest, Inc.	NAMED INSURED EyeMed Vision Care LLC c/o EssilorLuxottica USA Inc. 4000 Luxottica Place Mason, OH 45040
POLICY NUMBER See Page 1	
CARRIER See Page 1 / NAIC CODE See Page 1	EFFECTIVE DATE: See Page 1

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

INSURER AFFORDING COVERAGE: ACE American Insurance Company NAIC#: 22667
POLICY NUMBER: WLRC68929155 EFF DATE: 12/31/2021 EXP DATE: 12/31/2022

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Workers Compensation	E.L. EACH ACCIDENT	$1,000,000
	E.L. DISEASE - EA EMP	$1,000,000
	E.L. DISEASE - POL LI	$1,000,000

INSURER AFFORDING COVERAGE: ACE Fire Underwriters Insurance Company NAIC#: 20702
POLICY NUMBER: SCFC68929234 EFF DATE: 12/31/2021 EXP DATE: 12/31/2022

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Workers Compensation	E.L. EACH ACCIDENT	$10,000,000
	E.L. DISEASE - EA EMP	$1,000,000
	E.L. DISEASE - POL LI	$1,000,000

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SR ID: 22072978 BATCH: 2363890 CERT: W23728148

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

12/1/2022

DATE (MM/DD/YYYY) 12/9/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Lockton Insurance Brokers, Inc. 400 Capitol Mall Avenue, Suite 2600 Sacramento CA 95814 (213) 689-0550	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS:
	INSURER(S) AFFORDING COVERAGE — NAIC #
	INSURER A : Illinois Union Insurance Company — 27960
INSURED 1421565 Vision Service Plan 3333 Quality Dr. Rancho Cordova CA 95670-9757	INSURER B :
	INSURER C :
	INSURER D :
	INSURER E :
	INSURER F :

COVERAGES VISSE01 **CERTIFICATE NUMBER:** 18071708 **REVISION NUMBER:** XXXXXXX

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE / OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY / PRO-JECT / LOC OTHER:			NOT APPLICABLE			EACH OCCURRENCE	$ XXXXXXX
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ XXXXXXX
							MED EXP (Any one person)	$ XXXXXXX
							PERSONAL & ADV INJURY	$ XXXXXXX
							GENERAL AGGREGATE	$ XXXXXXX
							PRODUCTS - COMP/OP AGG	$ XXXXXXX
								$
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY / SCHEDULED AUTOS HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY			NOT APPLICABLE			COMBINED SINGLE LIMIT (Ea accident)	$ XXXXXXX
							BODILY INJURY (Per person)	$ XXXXXXX
							BODILY INJURY (Per accident)	$ XXXXXXX
							PROPERTY DAMAGE (Per accident)	$ XXXXXXX
								$ XXXXXXX
	UMBRELLA LIAB / OCCUR EXCESS LIAB / CLAIMS-MADE DED / RETENTION $			NOT APPLICABLE			EACH OCCURRENCE	$ XXXXXXX
							AGGREGATE	$ XXXXXXX
								$ XXXXXXX
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		NOT APPLICABLE			PER STATUTE / OTH-ER	
							E.L. EACH ACCIDENT	$ XXXXXXX
							E.L. DISEASE - EA EMPLOYEE	$ XXXXXXX
							E.L. DISEASE - POLICY LIMIT	$ XXXXXXX
A	ManageCare E&O	N	N	MSP G71840426 002 (MC E&O)	12/1/2021	12/1/2022	$10,000,000 Ea. Occ. Retention: $5,000,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER	CANCELLATION See Attachments
18071708 Evidence of Coverage	**SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.**
	AUTHORIZED REPRESENTATIVE Timothy J. [signature]

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ACORD 25 (2016/03)

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Vision Service Plan, et al
Named Insured Schedule

Marchon Europe B.V.
Marchon Eyewear, Inc.
Marchon Eyewear, Inc. its subsidiaries, affiliates & divisions
Monkey Software Pty. Ltd. (Australia)
Marchon Canada, Inc.
Marchon UK Ltd.
OfficeMate Software Solutions, Inc.
Allure Eyewear, LLC
Altair Eyewear, Inc.
Dragon Alliance
General Optical Pty., Ltd.
VSP Vision Care, Inc.
Eyefinity OfficeMate Pty. Ltd.
Vision Service Plan Insurance Company
Visionworks of America, Inc.
Community Eye Care, LLC

deviations

Ameritas proposes the following deviations to the Terms and Conditions section:

III. Contractor Duties

H. Insurance Requirements

REQUIRED INSURANCE COVERAGE	
COMMERCIAL GENERAL LIABILITY	
General Aggregate	$2,000,000
Products/Completed Operations Aggregate	$2,000,000
Personal/Advertising Injury	$1,000,000 per occurrence
Bodily Injury/Property Damage	$1,000,000 per occurrence
Medical Payments	$10,000 any one person
Damage to Rented Premises (Fire)	$300,000 each occurrence
Contractual	Included
XCU Liability (Explosion, Collapse, and Underground Damage)	Included
Independent Contractors	Included
~~Abuse & Molestation~~	~~Included~~

- The Ameritas policy does not mention abuse and molestation

WORKER'S COMPENSATION	
Employers Liability Limits	$500K/$500K/$500K
Statutory Limits- All States	Statutory - State of Nebraska
~~USL&H Endorsement~~	~~Statutory~~
~~Voluntary Compensation~~	~~Statutory~~

- The Ameritas policy does not mention USL&H or Voluntary Compensation.

PROFESSIONAL LIABILITY	
Professional liability ~~(Medical Malpractice)~~	~~Limits consistent with Nebraska Medical Malpractice Cap~~
~~Qualification Under Nebraska Excess Fund~~	
All Other Professional Liability (Errors & Omissions)	$1,000,000 Per Claim / Aggregate

- Ameritas does not have a professional liability medical malpractice policy.
- Ameritas does not have liability insurance for Qualification Under Nebraska Excess Fund as it appears this is related to medical malpractice insurance.

IV. PAYMENT

A. PROHIBITION AGAINST ADVANCE PAYMENT (Statutory)

Neb. Rev. Stat. §81-2403 states, "[n]o goods or services shall be deemed to be received by an agency until all such goods or services are completely delivered and finally accepted by the agency."

B. TAXES (Statutory)

The State is not required to pay taxes and assumes no such liability as a result of this solicitation. The Contractor may request a copy of the Nebraska Department of Revenue, Nebraska Resale or Exempt Sale Certificate for Sales Tax Exemption, Form 13 for their records. Any property tax payable on the Contractor's equipment which may be installed in a state-owned facility is the responsibility of the Contractor

C. INVOICES

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
BM BM			

See Section VI.B. Payment Schedule for information regarding premium remittance.

D. INSPECTION AND APPROVAL

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
BM BM			

Final inspection and approval of all work required under the contract shall be performed by the designated State officials.

The State and/or its authorized representatives shall have the right to enter any premises where the Contractor or Subcontractor duties under the contract are being performed, and to inspect, monitor or otherwise evaluate the work being performed. All inspections and evaluations shall be at reasonable times and in a manner that will not unreasonably delay work.

E. PAYMENT (Statutory)

Payment will be made by the responsible agency in compliance with the State of Nebraska Prompt Payment Act (See Neb. Rev. Stat. §81-2403). The State may require the Contractor to accept payment by electronic means such as ACH deposit. In no event shall the State be responsible or liable to pay for any goods and services provided by the Contractor prior to the Effective Date of the contract, and the Contractor hereby waives any claim or cause of action for any such services.

F. LATE PAYMENT (Statutory)

The Contractor may charge the responsible agency interest for late payment in compliance with the State of Nebraska Prompt Payment Act (See Neb. Rev. Stat. §81-2401 through 81-2408).

G. SUBJECT TO FUNDING / FUNDING OUT CLAUSE FOR LOSS OF APPROPRIATIONS (Statutory)

The State's obligation to pay amounts due on the Contract for a fiscal years following the current fiscal year is contingent upon legislative appropriation of funds. Should said funds not be appropriated, the State may terminate the contract with respect to those payments for the fiscal year(s) for which such funds are not appropriated. The State will give the Contractor written notice thirty (30) calendar days prior to the effective date of termination. All obligations of the State to make payments after the termination date will cease. The Contractor shall be entitled to receive just and equitable compensation for any authorized work which has been satisfactorily completed as of the termination date. In no event shall the Contractor be paid for a loss of anticipated profit.

H. RIGHT TO AUDIT (First Paragraph is Statutory)

The State shall have the right to audit the Contractor's performance of this contract upon a thirty (30) days' written notice. Contractor shall utilize generally accepted accounting principles, and shall maintain the accounting records, and other records and information relevant to the contract (Information) to enable the State to audit the contract. (Neb. Rev. Stat. §84-304 et seq.) The State may audit and the Contractor shall maintain, the Information during the term of the contract and for a period of five (5) years after the completion of this contract or until all issues or litigation are resolved, whichever is later. The Contractor shall make the Information available to the State at Contractor's place of business or a location acceptable to both Parties during normal business hours. If this is not practical or the Contractor so elects, the Contractor may provide electronic or paper copies of the Information. The State reserves the right to examine, make copies of, and take notes on any Information relevant to this contract, regardless of the form or the Information, how it is stored, or who possesses the Information. Under no circumstance will the Contractor be required to create or maintain documents not kept in the ordinary course of contractor's business operations, nor will contractor be required to disclose any information, including but not limited to product cost data, which is confidential or proprietary to contractor.

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
BM BM			

The Parties shall pay their own costs of the audit unless the audit finds a previously undisclosed overpayment by the State. If a previously undisclosed overpayment exceeds one-half of one percent (.5%) of the total contract billings, or if fraud, material misrepresentations, or non-performance is discovered on the part of the Contractor, the Contractor shall reimburse the State for the total costs of the audit. Overpayments and audit costs owed to the State shall be paid within ninety (90) days of written notice of the claim. The Contractor agrees to correct any material weaknesses or condition found as a result of the audit.

Signature: Bruce E. Mieth
Bruce E. Mieth (Nov 22, 2022 09:14 CST)

Email: bmieth@ameritas.com

Project Description and Scope of Work

Project Overview

Choosing Ameritas as your Vision provider would ultimately benefit you and your employees, by creating a balance between competitive pricing and best-in-class service capabilities. We are offering you a cost-effective proposed Vision plan.

In the following narrative, we have outlined our experience, background and qualifications to provide a competitive Vision plan for you and demonstrate our capabilities in providing you with best-in-class benefits administration.

Ameritas has the benefit plans that keep organizations in the game by helping keep plan members and their loved ones happy. It all begins by fulfilling life. And that's what we do best.

PLAN DESIGN

The group division of Ameritas has helped people get the care they need since 1959. Today, we protect the dental, vision and hearing of more than 7.9 million people through more than 78,800 employer groups nationwide. We do this with innovative products and services.

At Ameritas, we design dental, vision and hearing plans tailored to the employer's budget and their employees' needs. Our goal is to offer products that provide valuable benefits and a variety of ways to fund them. We offer a series of products that can be sold with no employer money and low participation requirements. These plans enable employees to participate in an affordable program that provides coverage for their dental, vision and/or hearing health needs.

Our product portfolio includes pure voluntary, and employer paid; dual and triple option plans; dental and vision issued in one policy with shared deductibles and maximums and partial rollover of unused maximum; coverage for composites, bleaching, LASIK and more. Our plan design options are flexible and customizable; we will work with to customize a plan design to meet your needs. We take pride in offering products that lead the industry in creativity and needs-based delivery.

Since we specialize in only dental, vision and hearing care, our actuaries and underwriters are equipped to calculate plan rates accurately. This gives you an edge when it comes to renewal, because your plan will be priced right to begin with.

ADMINISTRATION

Group Administration provides a streamlined process for new case implementation, billing and policy change services. Our electronic submission process of the sold case materials and utilization of an implementation coordinator provide increased efficiency and personal communication, for the employer group.

Our standard turnaround time for New Business Case Issue is 10 days; we strive to have 90% of cases mailed in all months except for January and December, in which our turnaround time averages 15 days. Once the employee is entered into our system, we process and mail the ID card within two days.

Administration customer service hours are: Monday through Thursday, 7:00 A.M. to 7:00 P.M. CT and Friday, 7:00 A.M. to 5:30 P.M. CT.

Eligibility
Group Administration offers the employer a variety of eligibility and enrollment services including sending eligibility electronically via an email attachment or sending to a secure server or the policyholder may use paper enrollment forms to report employee updates such as additions, terminations, status changes, and COBRA continuation. These updates can be sent to us via fax or email and some updates can be processed by phone. Further, members may be added, in real-time, in the system using eEnroll, from our suite of eServices. Finally, EDI Transfer enrollment information can be transferred directly from your payroll system.

Billing
We list-bill the monthly premium for each employee and reflect adjustments for previous months. Billing can be separated for multiple locations and departments, and then sent for all locations/departments to one address or to multiple addresses. It should be noted that all Benefits Administrators have the option of signing up for eBill, our electronic billing service. eBill allows your Benefits Administrator to view the bill online, print a list of billing and detailed adjustments, or download the information as an Excel® file. Ameritas also offers COBRA administration services through a partner, Wageworks. Wageworks is the nationally recognized expert in third-party benefits administration, administers our dental and eye care COBRA accounts.

NETWORK

EyeMed Network
EyeMed plans are designed to serve your busy employees through a network that emphasizes convenient locations, expanded hours and same-day service. EyeMed plan members have access to over 107,949 EyeMed provider access points nationwide at over 26,690 locations, with a choice between independent and retail providers. EyeMed's network of optical chains includes LensCrafters®, Target® Optical America's Best, EyeMart Express and most Pearle Vision® locations. Retail chain advantages include same-day service, evening and weekend hours, walk-in appointments, and specific guarantees on eyeglasses.

As with every Ameritas Group plan, members may visit any eye doctor. When EyeMed plan members see non-EyeMed doctors, benefits are reimbursed according to the plan schedule.

VSP Network
VSP offers your employees 79,000 provider access points nationwide at over 21,950 locations and the largest national network of independent doctors.

Whether your employees live in cities, suburbs or rural areas, VSP network providers are nearby – an average of only four miles away from where our members live and work.

Here are some highlights about our VSP doctors:

- Full service (exams and eyewear)
- 91% offer extended evening, weekend, or early morning hours
- Hundreds of fashionable frame choices in stock and the ability to order any frame
- Lens enhancement choices with leading manufactures ensuring greatest selection and value
- Always taking new VSP patients and providing 24-hour on-call availability
- Credentialed according to NCQA standards
- 99% annual retention promoting stability and consistency your employees can count on
- Collect health data from every VSP patient they see and often the first to identify signs of chronic conditions

COST SAVINGS

EyeMed Network
EyeMed's plans provide members with additional savings and features that are applied consistently at all provider locations – making out-of-pocket charges predictable and easier to understand by members. Unlike optical retailers at mass merchants or big box retailers, all providers contracted to our network must accept our plans and discount schedules – providing a consistent member experience across the entire network.

Discount on Additional Eyewear Purchases
Members receive 40% off unlimited additional complete pair purchases of prescription eyeglasses after the initial benefit is exhausted. This discount is the largest and most flexible additional pair discount in the industry, available anytime throughout the benefit year at any network provider location.

Discounts on Out-of-Pocket Amounts
Once the plan frame allowance has been applied, members receive 20% off any remaining frame balance and 15% off any balance over the conventional contact lens

allowance. Finally, members receive 20% off any item not covered by the plan, such as non-prescription sunglasses, accessories and lens cleaner.

LASIK and PRK Discount
Members receive 15% off of the standard price or 5% off of any promotional price of LASIK or PRK services through the U.S. Laser Network, managed by LCA-Vision.

Additionally, cost containment occurs routinely, through our claim processing system. The system performs the following functions, automatically:

- Membership maintenance (benefit effective & termination dates)
- Execution of benefits
- Eligibility of services/next eligible date
- Claims denials
- Claim payment amounts/remittance advice
- Claims billing amounts
- Membership-based billing
- EOBs as part of claim payment execution
- List of benefits, including plan design
- Claim history on each member

VSP Network
At VSP we use set copays to ensure cost-effectiveness. Employees and their families will receive industry-leading coverage and value under our proposed plan. Outlined below are some of the ways we deliver a cost-effective benefit. (Based on applicable laws, benefits may vary by location. Valid through VSP network doctors.)

- Full coverage after a copay for all lens enhancements, saving members an average of 30%.
- Full coverage on standard progressives with no additional copay.
- Wholesale frame pricing guarantee with 20% savings on retail frame overages.
- An [extra20] to spend at VSP network doctor locations or eyeconic.com® on featured frame brands.
- Valuable savings on additional complete sets of prescription and non-prescription glasses (including sunglasses), contact lens exam services, and laser vision surgery.
- Savings on contact lens fitting and evaluation, covered-in-full with patient copay not to exceed $60 and 15% off contact lens exam (evaluation and fitting) – unlike some other plans, this applies to all contact lens patients including standard and premium fit.
- Variable fee-for-service payment system for doctors averaging a savings of 60% below U&C.

- Access to special offers that enhance their overall health, including discounts on diabetic care supplies, prescription drugs, telehealth services, hearing aids, plus much more. Learn more at **vsp.com/offers**.

Proud to be in the business of fulfilling life

Backed by a foundation of financial strength, we offer a competitive array of insurance, employee benefits and financial products and services. And we service them in a highly welcoming, ethical and professional manner that builds lasting trust and enduring relationships.

We are here to help customers put worry behind and the future ahead and help enable a life that is rich in family, happiness, health and financial security. Thank you for this chance to outline our qualifications for you – we couldn't be more delighted for the opportunity.

PROJECT REQUIREMENTS

Explain in the tables provided below how the bidder will meet the following requirements:

1.	Describe how the bidder's plan design will include both the Basic Plan and Premium Plan.
	Response: The Proposal we are providing include both the Basic and Premium Plan designs.

2.	Provide complete administrative, fiduciary, and support services for the vision plans.
	Response: Ameritas will provide complete administrative and fiduciary services. VSP and EyeMed will provide the Customer and Claims support services for the State of Nebraska's vision plans. We would be happy to discuss any additional services that will help meet State of Nebraska's needs.

3.	Administer the plans in compliance with the insurance laws of the State of Nebraska. Link to the Department of Insurance: https://doi.nebraska.gov/
	Response: Ameritas has a compliance department and procedures in place to ensure plans are administered in compliance with Nebraska insurance laws and regulations. The Compliance Department tracks proposed legislative and regulatory requirements through various sources. Upon enactment of laws or finalization of regulations, items are placed in a database for regulatory review. For items determined to be applicable, regulatory requirements are communicated to applicable business areas for implementation. If necessary, to comply with legislation or regulation, filings will be made with the Department of Insurance.

4.	Customer Service and Communication to Members:
a.	Design materials to communicate the vision insurance program to employees.
	Response: We have developed communication materials that have worked well in explaining the plan highlights to employees. Many of the communication materials that members receive during enrollment will be customized to include State of Nebraska's name (and logo if desired), and the details specific to the plan. Once enrolled, members receive an ID card that includes State of Nebraska's name and policy number. We would be glad to discuss other communication materials that State of Nebraska may desire to see and potentially customize. Determining the customizability and additional cost will depend on what is requested.

b.	Describe the bidder's approach to customer service. **i.** Bidder must offer a toll-free customer service number to participants. **ii.** The State requires a minimum customer service hours from Monday through Friday, 8:00 am to 5:00 pm Central Time.
	Response: **EyeMed** The Customer Care Center is open seven days a week, 362 days a year – closing only on Easter, Thanksgiving Day and Christmas. And with our state-of-the-art IVR system and self-service website, we are able to serve your members around the clock, offering automated features 24 hours a day. We have built our service model around you and your employees' busy lifestyles. We provide extensive live-agent support Monday through Saturday, as follows: • Monday – Saturday: 6:30 a.m. – 10:00 p.m. CT • Sunday: 10:00 a.m. – 7:00 p.m. CT Our toll-free customer service number is 866-800-5457. **VSP** Extended hours give your employees the ability to talk to a U.S.-based VSP employee at their convenience. Our customer service representatives are available 7 days a week, toll free: • Monday through Friday, 7 a.m. to 10 p.m. CT • Saturday, 9 a.m. to 10 p.m. CT • Sunday, 9 a.m. to 9 p.m. CT
c.	Describe how the bidder will provide any enrollment information and enrollment ID cards to new members and shall be responsible for the cost and postage of the packets. The State requires the contractor to mail a physical copy to the member's address, however access to electronic cards should be available.
	Response: ID cards are generated during the implementation process before the plan is effective. For new hires, once the employee is entered into our system, we process and mail the ID card within two days. As we have provided for the Dental, ID Cards will be sent to the home mailing address of the member. The costs will be included in the rates. We can reissue ID Cards upon request. ID cards are also available online. There is no limit to the number of cards you can request.

d.	Describe how new information/features will be communicated to the members of the vision plan i.e. mobile device application.
	Response: **EyeMed** All benefits are maintained on our secure website and are accessible to members, providers and EyeMed's Customer Care Center representatives. Additionally, State of Nebraska's plan administrators will have access to EyeManage which offers several capabilities including eligibility updating, downloading employee rosters, invoice history and utilization reports. And members can access the EyeMed mobile app where they can view their eligibility, locate a provider, access their ID card and more. **VSP & EyeMed** To enable your employees to understand their coverage, we can provide a variety of communication materials: • plan benefit summaries (highlight sheets) • instructions on how to use the plan(s) • wellness information • customized information to incorporate into State of Nebraska website • employee communications • information about laser vision correction (if applicable)

5.	Advise and assist the State in the preparation of forms and other documentation necessary to fulfill reporting and disclose requirements.
a.	All communication materials shall be provided in an electronic format.
	Response: Agreed. Ameritas will advise and assist the State in the preparation of forms and other documentation necessary to fulfill reporting and disclose requirements including ERISA, HIPAA notifications, claim processing requirements, PPO provider requirement, member certificates, plan documents, etc. Ameritas would be happy to provide additional detail if the intent of this question is not covered by this response.

6.	Prepare summary plan descriptions and plan summaries by May 1st prior to the effective date of each plan year.
	Response: Agreed, as the incumbent carrier for your Dental Benefits we have provided timely documents in the past. We will prepare Summary Plan Descriptions and Plan Summaries and provide them by May 1st.

7.	On-site meetings:
a.	Attend on-site meetings for Open Enrollment at contractor's expense, inclusive of all travel expenses. The State of Nebraska currently holds a one-day Open Enrollment meeting in Lincoln for all Human Resource representatives. Last year, there were multiple meetings at various locations including Lincoln, Omaha, Scottsbluff, North Platte, Norfolk, Tecumseh, McCook and Grand Island. The locations may change slightly from year to year as determined by the State.
	Response: Agreed
b.	Attend an annual on-site/virtual meeting/presentation in April with State staff to discuss a review of the previous year. The meeting will be held in Lincoln, NE. The State will request the meeting/presentation to include but not limited to the following: **i.** Membership **ii.** In-Network Utilization **iii.** Member Satisfaction **iv.** Out-of-Pocket Assessment of both options
	Response: Agreed

8.	Network of Providers:
a.	Describe the current network structure, including whether it is a proprietary network or a contracted network. **i.** Network must include a nationwide network of providers with uniform quality of care and services.
	Response: Ameritas partners with the two largest vision providers in the country in EyeMed and VSP. Ameritas utilizes EyeMed and VSP proprietary networks to give you nationwide coverage. **EyeMed** EyeMed plans are designed to serve your busy employees through a network that emphasizes convenient locations, expanded hours and same-day service. EyeMed plan members have access to over 107,949 EyeMed provider access points nationwide at over 26,690 locations, with a choice between independent and retail providers. EyeMed's network of optical chains includes LensCrafters®, Target® Optical America's Best, EyeMart Express and most Pearle Vision® locations. Retail chain advantages include same-day service, evening and weekend hours, walk-in appointments, and specific guarantees on eyeglasses. As with every Ameritas Group plan, members may visit any eye doctor. When EyeMed plan members see non-EyeMed doctors, benefits are reimbursed according to the plan schedule. **VSP** VSP offers your employees 79,000 provider access points nationwide at over 21,950 locations and the largest national network of independent doctors.

	Whether your employees live in cities, suburbs or rural areas, VSP network providers are nearby – an average of only four miles away from where our members live and work. The network is owned. VSP offers a choice of doctors through contracts we have directly with optometrists, ophthalmologists, participating retail chain locations, and ophthalmic laboratories.
b.	Which major optical chain stores participate in your network?
	Response: **EyeMed** EyeMed Vision Care has more than 30 retail chains on our panel, equating to approximately 4,800 retail locations across the country. EyeMed's diverse network gives members access to both independent and retail optical chains. EyeMed's panel includes the nation's top optical retailers: LensCrafters, Target Optical, America's Best, EyeMart Express and Pearle Vision locations. **VSP** VSP network providers include popular participating retail chains like Pearle Vision, Costco, Visionworks, Cohen's Fashion Optical, Eyecare, and others. VSP can provide a list of all chain providers for the State of Nebraska at their request. We have included an EyeMed Insight and VSP Choice + Affiliates Retail Chains List, for your review.
c.	How do members access information regarding participating providers?
	Response: **EyeMed** Our Provider directory is located at: https://www.eyemedvisioncare.com/locator. Members can visit our website and select a link to view EyeMed Providers. **VSP** Our Provider directory is located at: www.vsp.com/find-eye-doctors.html?id=guest&WT.ac=fad-guest. Members can visit our website and select a link to view VSP Providers. Alternatively, Members may visit www.ameritas.com, and select the "find a provider" link, from there they can select which vision network they are using. The Ameritas website will link the member to the correct website.
d.	Does your network include online providers?
	Response: **EyeMed** Yes, our network includes Glasses.com and Contactsdirect.com. EyeMed members can use their contact lens in-network benefits on ContactsDirect.com. Members can be sure they can find what they need

because ContactsDirect stocks the best-selling brands. The site also offers a best-in-class user experience that allows users to view their eligibility and available allowance. All with fast, free shipping!

EyeMed members can also use their in-network benefits on Glasses.com. Easy to use site that includes:

- Thousands of name-brand frames
- Snap and send a picture of the prescription – or have Glasses.com call the provider for it
- Lenses available for most prescriptions (including progressives and multifocals)
- Orders fulfilled and shipped the following day – and it's free!
- All supported by the award-winning photorealistic and geometrically accurate 3D virtual "try-on" app

VSP

Yes, our network includes Eyeconic.com. Eyeconic®, the online eyewear store for VSP members, allows your employees to purchase glasses, sunglasses and contact lenses from the convenience of their homes, 24/7. Members can also find nearby VSP doctors who carry their favorite brands of glasses.

9. Perform and provide a GeoAccess analysis based on your contracted vision provider network and the Census File provided in Attachment 2. The access standards in the table below will be utilized in the analysis. Please base your analysis on the entire ELIGIBLE population.

Provider Type	Urban/ Suburban Access Standard	Rural Access Standard
Optometrist	2 in 10 miles	2 in 20 miles
Ophthalmologist	1 in 10 miles	1 in 20 miles
Other Specialist	1 in 10 miles	1 in 20 miles

Response:

We've included an EyeMed Insight and VSP Choice + Affiliates Geo Access Report, for your review.

10. Summarize the results of your GeoAccess analysis. Please enter the number of employees who do or do not have access to your network providers based on the distance parameters noted in the grid below.

Response:

Other Specialist for EyeMed is shown as Optician on the Geo Report. VSP does not track Opticians, therefore we won't be reporting on "Other Specialist".

EYEMED NETWORK

Vision	Urban/ Suburban			Rural	
Access Standards	# of Employees WITH Access	# of Employees WITHOUT Access	Access Standards	# of Employees WITH Access	# of Employees WITHOUT Access
2 Optometrists within 10 miles	7,836	6	2 Optometrists within 20 miles	7,834	1,103
1 Ophthalmologist within 10 miles	7,524	318	1 Ophthalmologist within 20 miles	3,692	5,245
1 Other Specialist within 10 miles	1,922	5,920	1 Other Specialist within 20 miles	834	8,103

VSP NETWORK

Vision	Urban/ Suburban			Rural	
Access Standards	# of Employees WITH Access	# of Employees WITHOUT Access	Access Standards	# of Employees WITH Access	# of Employees WITHOUT Access
2 Optometrists within 10 miles	7,836	6	2 Optometrists within 20 miles	8,125	812
1 Ophthalmologist within 10 miles	2,062	5,780	1 Ophthalmologist within 20 miles	2,725	6,212
1 Other Specialist within 10 miles	NA	NA	1 Other Specialist within 20 miles	NA	NA

11. Provide your provider turnover percentages for calendar years 2021 and 2022. Breakdown your providers by category, and calculate turnover percentages for each category.

Response:

EyeMed

2022 YTD
Ophthalmologists: 0%
Optometrists: 1.49%

2021
Ophthalmologists: 0%
Optometrists: 4.68%

VSP

Stability is one of our greatest strengths. We experience extremely low VSP network doctor turnover as shown below *for 2021 and 2022 YTD:*

2022 YTD
Ophthalmologists: 0.45%
Optometrists: 0.09%

	2021 Ophthalmologists: 0.13% Optometrists: 0.07%

EYEMED NETWORK

12.	Please check off those elements that are included in the provider selection process and provide the estimated percentage of vision providers that satisfy the following selection criteria elements:		
		Check	Provide estimated percentage
a.	Require unrestricted state licensure	X	100%; all participating providers must meet the stated criteria.
b.	Review malpractice coverage and history	X	100%
c.	Require full disclosure of current litigation	X	100%
d.	Require signed application & agreement	X	100%
e.	Require current DEA registration	X	100%
f.	Review adherence to state & community practice standards	X	100%
g.	Onsite review of office location	*	
h.	Review hours of operation and capacity	X	100%
i.	Board eligibility	X	100%
j.	Review practice patterns and utilization results	X	100%

**Optometrists, ophthalmologists and opticians are not classified as primary care providers or high-volume behavioral health care providers; the National Committee for Quality Assurance (NCQA) does not require an initial site visit prior to credentialing.*

VSP NETWORK

12.	Please check off those elements that are included in the provider selection process and provide the estimated percentage of vision providers that satisfy the following selection criteria elements:		
		Check	Provide estimated percentage
a.	Require unrestricted state licensure	X	100%
b.	Review malpractice coverage and history	X	100%
c.	Require full disclosure of current litigation	X	100%
d.	Require signed application & agreement	X	100%
e.	Require current DEA registration	X	100%
f.	Review adherence to state & community practice standards	X	100%
g.	Onsite review of office location	*	
h.	Review hours of operation and capacity	X	100%
i.	Board eligibility	X	100%

j.	Review practice patterns and utilization results		

** Although we do not conduct on-site inspections of our doctors' offices during the credentialing process, an on-site quality management review may be scheduled based upon the following criteria:*

- *New VSP network doctors*
- *Selection from the doctor re-credentialing date*
- *Referral from VSP Corporate Committees (QM, Credentialing)*
- *Follow-up to previous reviews*
- *Special review requests (practice patterns, client requests, etc.)*

13.	What is your firm's current book-of-business in-network utilization percentage?
	Response: **EyeMed** Current in-network utilization is nearly 98%.* The network consists of independent ophthalmologists, optometrists and opticians, as well as the nation's leading optical retailers. This network diversity provides members with a wide variety of alternatives, ensuring that members can choose a provider that meets their specific vision care needs. **EyeMed Book of Business, 2021* **VSP** Our current in-network utilization is 90%.

14.	Describe your relationship with optical laboratories.
	Response: **EyeMed** Our providers choose their lab from our extensive national network of more than 150 national lab locations, including labs owned by Essilor Laboratories of America and independent labs such as Walman. **VSP** We work with more than 200 of the most qualified full-service optical labs across the country to provide local service. We own 15 labs located in California, Colorado, Florida, Hawaii, Maryland, Minnesota, New York, North Carolina, Ohio, Texas, and Washington. We comply with state law requirements regarding provider lab choices.

15.	Laser surgery (Lasik):
a.	Describe your relationship with Lasik providers. Response: **EyeMed** The U.S. Laser Network provides access to more than 440 Lasik surgeons at over 600 locations across the country, including 53 LasikPlus Vision Centers nationwide. The increase in locations is due to a concerted effort on LCA's part to recruit LASIK providers in key geographic areas and to achieve at least 600 locations. In fact, approximately 96% of the US population has at least one provider within 100 miles of their residence. **VSP** VSP was the first vision plan to offer a variety of LASIK coverage options through the VSP Laser VisionCare℠ Program.
b.	Do you offer a discount arrangement for laser surgery to correct vision deficiencies? If so, provide details. Response: **EyeMed** Our laser vision correction discount is available through the nation's largest independently owned, surgeon-based LASIK network, U.S. Laser Network, owned and managed by LCA-Vision. Members receive a discount on LASIK, e-LASIK and PRK laser vision correction – available at no additional cost to State of Nebraska. LCA-Vision provides consistent discounts with all network providers. They define standard pricing so State of Nebraska's members always pay less than the public. Members receive 15% off the standard price or 5% off any promotional price for treatments performed through the U.S. Laser Network. These discounts apply to the global cost of the treatment, surgeon fee, facility fee and all pre/post-operative care. Unlike some competitors, EyeMed members are not required to get a referral from their optometrist or ophthalmologist prior to seeing a U.S. Laser Network doctor. **VSP** As part of each VSP plan, they offer their Laser VisionCare Program, which provides valuable discounts on PRK, LASIK, Custom LASIK, Custom PRK, and Bladeless LASIK. Discounts vary by location, yet members (including dependents) can receive an average discount of 15% from the contracted laser center's usual and customary price for vision correction[1]. The most a member will pay, regardless of the discount level, is $1,500 per eye for PRK, $1,800 per eye for LASIK, and $2,300 per eye for Custom PRK, Custom LASIK or Bladeless LASIK.

16.	Frames, Lens and/or Contacts:
a.	Confirm that a member may receive an exam from one provider and materials (frames, lens or contacts) from another provider.
	Response: **EyeMed** Confirmed. All members individually are free-to-choose different providers to receive their exam and materials. The free-to-choose model endorses a simplistic approach to accessing your benefits. **VSP** Yes. Members can receive an eye exam from one provider and materials from another. To ensure complete freedom of choice, VSP doesn't limit or assign members to specific providers. Under the paperless benefit delivery system, obtaining services from different providers is simple and efficient.
b.	Does your organization use frame towers or otherwise limit members to a certain selection of frames?
	Response: **EyeMed** No. EyeMed understands that members want freedom of choice. That's why at EyeMed, members can choose from any frame available at any network provider, avoiding the limiting frame towers or collections. To ensure a diverse selection of frames, providers are permitted to carry a frame assortment that meets the lifestyle and budgetary needs of their local consumer base. **VSP** No. Your employees can choose from nearly all frames on the market today, including designer frames. Your employees will receive full coverage for nearly 16,000 current frames under our proposed frame allowance. With a retail allowance for ease of understanding, as well as guaranteed wholesale protection for added value – we ensure your employees receive better frame coverage under VSP as compared to plans that offer only a retail frame allowance.
c.	Are discounts available for items such as designer frames, special coatings, tints, etc.? If so, what kinds of savings are available?
	Response: **EyeMed** EyeMed is committed to keeping money in members' pockets. That's why EyeMed offers their members additional discounts above the proposed benefits, such as: • 40% off additional pairs of glasses at any location, any time throughout the benefit year - largest and most flexible in the industry! • Up to 34% off popular lens options not covered by the benefit • Up to 30% savings on a standard fit and follow-up on qualifying networks • 15% off retail or 5% off the promotional price of LASIK

	• 20% off any remaining balance over the frame allowance • 15% off any balance over the conventional contact lens allowance • 20% off any item not covered by the benefit, including non-prescription sunglasses **VSP** VSP offers additional savings and discounts to all VSP members when they visit a VSP doctor. Eyeglass cases are typically supplied by the frame company and included with the purchase of glasses. We also offer valuable savings on additional pairs of prescription glasses, contact lens services, and laser vision surgery as follows: • 20% off the VSP doctor's U&C fees for unlimited additional complete pairs of prescription and non-prescription glasses, including sunglasses. • 15% off the VSP doctor's contact lens professional services (savings not applicable to materials). • Average 15% off laser vision surgery (Custom LASIK, Custom PRK, Bladeless LASIK, LASIK or PRK), through our doctors and contracted laser centers. These savings are available from any VSP doctor within 12 months of the last covered eye exam.
d.	Are discounts available for complete pairs of glasses and/or contact lenses once the funded benefit has been used?
	Response: **EyeMed** Once the frame allowance is applied, members receive 20% off any remaining frame balance and 40% off unlimited additional complete pairs of prescription eye wear purchased throughout the plan year. 15% off any balance over the conventional contact lens allowance. EyeMed offers 15% off any balance over the conventional contact lens allowance **VSP** VSP doctors offer 20% off their usual and customary fees for unlimited additional complete pairs of prescription and non-prescription glasses, including sunglasses. This savings is available from any VSP doctor within 12 months of the last covered eye exam. We offer 15% off the VSP dot's contact lens professional services but the discount is not applicable to materials.

e.	On average, what percentage of frames sold by participating providers fall within your fully covered frame allowance?	
	Response: **EyeMed** Because there are no limiting frame selections that members must choose from, they are free to put their allowance toward any available frame at a provider location. For the proposed $110 frame allowance, members will find approximately 200 fully covered frame choices, on average, at each location. And for those with a $130 allowance, the average selection at each location is more than 280. Providers are also required to carry a minimum of 100 frames priced at $130 or less. **VSP** Network providers must carry a minimum of 100 frames at a $130 or less. However, they are permitted to carry the frame assortment that meets the lifestyle and budgetary needs of their local consumer base. Unlike competitor plans, there are no limiting frame towers or frame selections that members must choose from. The benefits are based upon retail pricing and applied consistently at all network provider locations, allowing members to easily anticipate any out-of-pocket costs. As part of our membership contract, we require our doctors to carry at least 200 frames in stock (100 covered within our standard allowance). In fact, we find that our doctors typically stock several hundred frames for their patients to choose from. And, it's important to note that your employees aren't restricted to VSP doctors' stock on hand; our doctors can order frames for their VSP patients even if they're not stocked in their inventory. Visit vsp.com to find our Premier program doctor locations that offer wide selections of featured frames to maximize value.	
f.	Describe your approach to coverage for contact lenses.	
	Response: **EyeMed** At EyeMed, we are dedicated to ensuring that our members experience low out-of-pocket spending while receiving a complete contact lens benefit. The proposed plan consists of a comprehensive contact lens benefit that includes a materials allowance and discounted prices to control member out-of-pocket costs for contact lens fit and follow-up exams. This differentiating feature means a richer fit and follow-up benefit for the member and preserves the contact lens allowance for the purchase of the lens supply. Providers are free to prescribe the brand of contact lenses that best meets the visual needs of our members; there are no formulary benefits, and no manufacturer lists to choose from. To ensure our members receive proper eye care, providers perform contact lens compatibility tests, diagnostic evaluations, and diagnostic lens analysis to determine a patient's suitability for contact lenses or a contact lens prescription	

	change. During the contact lens fitting, the provider will give instructions regarding adequate care, handling, insertion, and wearing time. **VSP** Your employees will receive a thorough VSP WellVision Exam® focused on eye and overall health, as well as to determine any vision correction needs. Patients who choose prescription contact lenses instead of glasses will also receive a contact lens exam (fitting and evaluation) if needed, which is covered in full with a copay not to exceed $60 and 15% off of contact lens exam services. VSP is the only vision plan providing this level of coverage for all contact lens wearers – not just standard, but premium fit too, which includes toric and multifocal lenses. Contact lens wearers are covered in full after the plan copay for the initial fitting and evaluation period, up to 90 days. Necessary contact lenses are covered in full (less any applicable copay) for VSP members who have specific conditions for which contact lenses provide better visual correction than glasses.
g.	Does the bidder have a 'contact lens-by-mail' program? If so, will you give members a discount for these mail order lenses?
	Response: **EyeMed** EyeMed members can use their contact lens in-network benefits on ContactsDirect.com. Members can be sure they can find what they need because ContactsDirect stocks the best-selling brands. The site also offers a best-in-class user experience that allows users to view their eligibility and available allowance. All with fast, free shipping! **VSP** Eyeconic®, the online eyewear store for VSP members, also offers members the ability to shop for more than 100 types of contact lens products from the convenience of their homes, 24/7. Shipping is free and members can purchase with their vision benefit if you participate in Eyeconic. Eyeconic provides a safe, secure environment for online browsing and purchasing for your employees who prefer to shop online. We've also teamed up with market leaders in the eye care industry to provide exclusive mail-in savings and free trials on Bausch & Lomb® contacts.

17.	Portal:
a.	Describe the portal available for participants to access information including provider listings, claims, ID cards, etc.
	Response: **EyeMed** The following website capabilities are available for plan members. • Provider locator with maps • Provider information (languages spoken, special services, etc.) • Link to provider's web site (if applicable) • Access to past service claim history • In-network savings information • Wellness and education information • Link to contact customer service **VSP** With our mobile-ready website (the preferred method for accessing VSP from smart devices), members can easily view their benefits or find a VSP doctor by visiting vsp.com from their desktop, tablet, or mobile phone. Members can access: • Find a doctor locator • Special offers and savings with Exclusive Member Extras • Personalized plan information and eligibility • Print or download a Member Vision Card • Personalized savings statement • Past service and doctor information • Spanish version of vsp.com At no additional cost, State of Nebraska will receive an interactive, custom website to increase your employees' awareness and understanding of the vision benefit you are providing, including: • Specific benefit coverage information • Open enrollment information and dates • Find a doctor locator • Importance of eye care related to overall • E-mail VSP Customer Service • Personalized video message to encourage enrollment
b.	Describe the employer portal available to the State's Benefits Administration department.
	Response: We offer free online services that will make administration of the employee benefit plan fast and easy. A group's benefits administrator can choose to use our easy, secure, online enrollment services to enroll, change, or terminate member coverage in real time through eEnroll. Administrators can also view

member coverage status including effective dates and dependent coverage levels, view plan documents and print or order replacement ID cards for a member.

When a Policyholder signs up for eEnroll, all employee status updates are processed online instead of mailing or faxing the updates to us.

eBill and EFT are available to all benefits administrators signed up for eBill. Our electronic billing service keeps things simple. View the bill online, print a list of billing and detailed adjustments, or download the information as an Excel® file. Order and pay your bill online when you're ready. A year of premium information billing history is available online for quick reference.

Our eCert and ePolicy service provides online access to the policy and certificates. Benefit Administrators can print certificates for members' reference or distribute them electronically by downloading as a PDF file to attach to an email or to post on the company intranet. No more waiting for paper copies and the information is always up-to-date. Many of our plan members may also view and print their own copy of the certificate, giving them direct access to their benefit information right when they need it. In addition, our eView service allows you to view member coverage status, including effective dates and dependent coverage levels. With eView you can also view the policy and certificate.

There is no additional cost for these online services.

For a look at our online enrollment and billing, visit our Benefits Administrator Home Page at http://www.employeebenefitservice.com/gmr/demo/

EyeMed
At no additional charge, EyeMed's secure Client Web makes managing State of Nebraska's vision plan easy and convenient. This tool allows State of Nebraska benefit administrators to:

- View, edit and update member records
- Print replacement ID cards for members
- Download member rosters (active and termed) in a spreadsheet format
- View individual plan benefits and service eligibility
- Access EyeMed contact information including account management
- Access client newsletters, forms, training and vision wellness information
- View administrative fee invoices
- Download utilization reports

	VSP Many tools are available to State of Nebraska through the Employers Manage Your Plan section of vsp.com. You can instantly update membership and receive real-time customized reports with just a click. Here is just some of the information available on vsp.com: • Dynamic doctor directory • Benefit management tools • Printable Member Vision Cards • Link your website to vsp.com • Member education tools • Value of providing a VSP benefit
c.	Describe how web services are 508 compliant as referenced in Section III. M. Nebraska Technology Access Standards.
	Response: We have included our VPAT on pages 72-86 for the member portal which was conducted in recently by an external accessibility consultant and details our 508 compliance. While there are areas of the technology access standard requirements that we do not meet, we are actively working to identify these areas for improvement and determine next steps. **EyeMed** EyeMed strives to follow WCAG 2.0 AA standards and guidelines for its stakeholder portals and apps. Automated WCAG audits are run weekly utilizing SiteImprove. Full audits are completed in January and July each year. A full audit consists of scans using the automated tool SiteImprove and a fully manual scan aided by screen reader tools such as NVDA, TalkBack and VoiceOver. Remediation is done with every release throughout the year. **VSP** We understand the importance of ensuring vsp.com is accessible to all users whether they use graphical browsers, text browsers, or assistive technologies. Our website has been designed to meet many aspects of current accessibility standards, such as those defined by Section 508 of the U.S. Rehabilitation Act and the W3C's Web Content Accessibility Guidelines.

18.	In the future, the State may request the Vision Insurance Contractor to work with the Health Insurance Contractor and Wellness Program Contractor as vision exams may be used as early indicators of diabetes, CAD, etc. Does your organization participate in any programs that can integrate with Disease Management or Wellness programs? Please describe.	
	Response: **EyeMed** We know that a comprehensive eye exam is about more than just healthy vision. It can reveal early clinical signs of serious eye and general health conditions. And because nearly four times more individuals receive an annual eye examination than a health physical1, eye care professionals have a significant opportunity to drive detection and intervention. EyeMed HealthyEyes, our complimentary vision wellness support program, works with our network providers and your disease management vendor to promote prevention through the eye exam, report on medical data and educate members on the importance of vision wellness, all while helping to lower your overall healthcare costs. As a disease management partner, EyeMed HealthyEyes: • Promotes the importance of the annual eye exam and facilitates members receiving annual exams • Ensures that every provider on our network is certified to diagnose, treat and manage eye disease • Facilitates exam findings of patients with high-risk conditions from the eye care provider to the primary care provider • Captures and reports on 243 high-risk condition diagnosis codes (ICD-10) for eight high-risk conditions, more than any other vision plan, to your health plan or disease management partner at no additional charge • Encourages eye exams and other care to patients with high-risk conditions • Provides consultative services to your health plan or disease management vendor at no additional charge to enhance the understanding and use of the vision plan high-risk diagnosis codes • Provides you with a quarterly summary report of identified high-risk ICD-10 codes to assess overall eye and general health of your member population as well as quarter-to-quarter trending on cases over 1,000 lives **VSP** We provide eye health and wellness support at no additional cost. For more than 15 years, the VSP Healthy Innovations Program has provided: *Better Access:* Only 1 out of 10 Americans get the preventive screenings you'd expect during a routine physical exam. But up to 6 out of 10 VSP members get an annual WellVision Exam®, increasing the opportunity for early detection 6X.	

	Earlier Detection: VSP doctors are often the first to detect chronic conditions—before other healthcare providers—including diabetes 34% of the time. *Lower Healthcare Costs:* Early detection of a condition during a WellVision Exam allows employees to seek follow-up care with their healthcare provider, saving you nearly $2800 in healthcare costs—over two years—for each diabetic employee. *Proactive Engagement:* At no cost to you, we send reminder letters to members identified with diabetes who have not had an eye exam in 14 months. Typically, more than 22% of these members return for an exam after receiving a reminder. *Turnkey Wellness Program:* Our GetFIT 10-week wellness program works with your VSP coverage to improve productivity and lower healthcare costs. Organizations with wellness programs have a 34% reduction in sick leave, absenteeism, and 30% savings in workers' compensation and disability costs. *Exclusive Member Extras:* Your employees receive access to special offers that enhance their overall health, including discounts on diabetic care supplies, prescription drugs, tele-health services, hearing aids, plus much more.

19.	Describe bidder's standards with respect to the following:
a.	Plan member inquiries.
	Response: **EyeMed** It is our standard that inquiries are responded to within 24 business hours, excluding holidays. **VSP** It is our standard that 100% of e-mail inquiries are responded to within 2 business days. We typically resolve 99% of all inquiries during the first contact and guarantee an average speed of answer of 25 seconds or less.
b.	Claims turnaround (defined as the time between when a claim is received and when it is processed).
	Response: **EyeMed** It is our standard is 90% of Clean and Valid Claims Paid within 10 business days (in and out of network).

	VSP It is our standard is 95% of all VSP doctor claims processed within 5 business days.
c.	Claims accuracy.
	Response: **EyeMed** It is our standard for Overall Processing Accuracy is 99%. **VSP** It is our standard for Overall Processing Accuracy is 99%.
d.	Timeliness of grievance/appeals process.
	Response: **EyeMed** It is our standard that we respond to 100% member complaints/appeals/grievances within 24 hours **VSP** It is our standard is to acknowledge complaints within 5 business days is 96%.

TECHNICAL REQUIREMENTS
Explain in the tables provided below how the bidder will meet the following requirements:

1.	The contractor must certify that it (as well as any subcontractors that it utilizes) is in full compliance with HIPAA's regulations.
	Response: At Ameritas, we're committed to protecting your privacy and securely maintaining your personal information. For example: • We do not sell your information for marketing or any other purpose. • We require all outside service providers and vendors who assist us with business functions or provide products and services on our behalf to maintain our standards of privacy and security with regard to your information. The contracts we require for such relationships strictly prohibit them from using our customers' information for their own purpose or gain. • Access to any medical information we maintain about our customers is strictly limited to associates that need it to underwrite policies, pay claims and comply with applicable laws. We will never share your medical information within our family of companies or with outside

	parties without your written authorization except when we are required by law to do so. Ameritas Dental and Eye Care Protected Health Information Privacy Policies are summarized in our HIPAA Privacy Notice. To review our Notice of Protected Health Information Privacy Practices, go to ameritas.com (under “Privacy Policy”)
2.	The contractor shall agree to sign the State’s Business Associate Agreement. See Attachment 3, Business Associate Agreement.
	Response: The vision plan we are quoting is fully insured. In this instance, we are not considered a Business Associate. We have provided a letter which confirms our compliance with HIPAA in a fully insured plan. The Fully-Insured HIPAA Compliance Letter can be found on pages 87-88..
3.	The contractor must be able to accept a full weekly automated eligibility file from Workday, the State’s Human Resource Information System (HRIS) vendor. The State is providing the current contractor with the following data fields: Effective Date of Coverage Enrollment Relationship Cobra Qualifying Event Code Position Time Type Member Level Date Configuration Gender Marital Status Pay Rate Frequency Health Care Classification Plan Type Insurance Line Code Health Care FSA Code Dependent Care FSA Code Plan Coverage Description Coverage Level Code HSA Coverage Level Code Rate Based Covered Entity Plan Type Begin Date DFO Map Health Coverage Date Configuration Amount Qualifier Code Monetary Amount Coverage Level Increments (units) Plan Code Health Coverage Plan Coverage Description Health Coverage Policy Number Member ID Number (Contractor is responsible for creating their own member ID# as fits the contractor’s needs. The State prefers the ID# to be included on the card, but only if the ID # is system generated and does not include the SSN in any part of the ID#.) Member Location
	Response: We currently accept your Dental electronic eligibility files through Workday. Since this working relationship has already been established, we can smooth and successfully incorporate your Vision eligibility files through Workday, as well.

	There are several options available for the electronic transfer of eligibility. For security reasons, we prefer that you transmit the file using an FTP server with PGP encryption or SFTP. We will accept an electronic eligibility file using the 834 HIPAA compliant format for groups of any size. We can also accept a 240-byte flat file for groups over 250 members.

A. REPORTING

Describe the reporting capabilities the Bidder provides at no additional cost to the State.

	Indicate the name of the report, describe the information reported and the frequency of the report. Please provide examples. **a.** Standard Report: Report Name Standard Report: Description Standard Report: Frequency Standard Report: Format/File Type Are the reports available in real-time and on-line via the Internet? **i.** Real-time _____ **ii.** Internet ______
1.	Response: As the in-force carrier for Dental, we currently provide reports suited to your needs. If we are to be awarded the Vision, we will continue to develop reports to your specific needs. We provide standard reports that can be generated for selected time periods and sorted by policy, division, plan, or plan by division, at no additional cost. We also have the ability to create Ad Hoc reports. **Standard Reports** All standard reports can be separated by different units or locations, in and out-of-network claims (if applicable) and summarized for the entire contract. We have the following standard reports: • Claim Payment Summary • Claim Payment Breakdown by Procedure Type • Claim Payment Analysis by Category within Procedure Group Reports are available in PDF format and are mailed to the policyholder. Additionally, standard reports can be available monthly, quarterly, semi-annually or on an annual basis. **Ad Hoc Reports** In addition to standard reports, we also offer client specific reports. We will work with State of Nebraska to develop reports based on your needs. We can provide many Ad Hoc reports at no additional cost; however, on a rare occasion a policyholder requests a report that we do not yet have automated or created. In this case, we may assess a charge to the group based on the time it takes to develop the report. If there is an additional charge to produce the requested

	report, we will provide the policyholder with an estimate of this cost prior to producing the report. For all reporting tools, data security is managed via our existing data access privileges. A Sample Report Document has been included on pages 89-93, for your review.

B. PERFORM IMPLEMENTATION

The bidder shall provide a plan detailing the implantation timeline, including any implementation phases by January 31, 2023. Implementation must be completed by March 1, 2023 prior to the State's Annual Open Enrollment period in May 2023. The plan shall define responsibilities assigned to the contractor and responsibilities assigned to the State. Failure to provide an implementation timeline will be reflected in the bidder's score.

A Detailed Sample Implementation Timeline has been included and can be viewed on pages 94-101.

C. DELIVERABLES

Per Cost Proposal

1. CORPORATE OVERVIEW

The Corporate Overview section of the Technical Proposal should consist of the following subdivisions:

a. BIDDER IDENTIFICATION AND INFORMATION

The bidder should provide the full company or corporate name, address of the company's headquarters, entity organization (corporation, partnership, proprietorship), state in which the bidder is incorporated or otherwise organized to do business, year in which the bidder first organized to do business and whether the name and form of organization has changed since first organized.

Company Name: Ameritas Life Insurance Corp. (“Ameritas”)

Headquarters:	**The Group Division of Ameritas:**
5900 “O” Street	475 Fallbrook Boulevard
Lincoln, Nebraska 68510	Lincoln, NE 68521

Ameritas is a for-profit, taxable United States Corporation incorporated in the state of Nebraska.

In 1887, there were no local insurance companies in Lincoln, Nebraska. Five local businessmen saw that as an opportunity, and on April 6, 1887, the Old Line Bankers Life Insurance Company of Nebraska (Bankers Life) was formed.

During the first half of the 20th century Bankers Life grew from a small company serving a limited Midwest geographical area to one of the nation’s 100 largest insurance companies with operations extending to both coasts.

In the 1980s and 1990s, subsidiaries were formed to offer and underwrite variable insurance products; security and investment products; and dental insurance, individual and low-load life insurance and annuity products in New York.

In 1988, Bankers Life changed its name to Ameritas Life Insurance Corp. (Ameritas) to reflect its broad product line and national scope. The American bison was chosen as the new logo. A widely recognized image, it suggests strength and represents a Midwestern heritage.

In 1998, Ameritas Mutual Insurance Holding Company was formed, then merged in 1999 with Acacia Mutual Holding Corp. to form Ameritas Acacia Mutual Holding Company (The Ameritas Acacia Companies)—the first-ever merger of two mutual holding companies.

In 2006, Ameritas Acacia Mutual Holding Company merged with Union Central Mutual Holding Company and was renamed UNIFI Mutual Holding Company.

In 2012, UNIFI Mutual Holding Company changed its name to Ameritas Mutual Holding Company as part of an enterprise-wide initiative to leverage the collective strengths of its various companies under the Ameritas brand. That same year, Ameritas modernized its bison logo and adopted the "fulfilling life" tagline. In 2014, Acacia Life and Union Central Life merged into Ameritas Life.

In 2016, Ameritas completed the acquisition of Security Life Insurance Company and subsequently merged Security Life Insurance Company with and into Ameritas at the end of 2016.

Based in Lincoln, Nebraska, and supported by offices across the country, Ameritas offers an unmatched combination of insurance, retirement and investment products and services. The group division of Ameritas offers dental, vision and hearing care products nationwide.

b. FINANCIAL STATEMENTS

The bidder should provide financial statements applicable to the firm. If publicly held, the bidder should provide a copy of the corporation's most recent audited financial reports and statements, and the name, address, and telephone number of the fiscally responsible representative of the bidder's financial or banking organization.

If the bidder is not a publicly held corporation, either the reports and statements required of a publicly held corporation, or a description of the organization, including size, longevity, client base, areas of specialization and expertise, and any other pertinent information, should be submitted in such a manner that proposal evaluators may reasonably formulate a determination about the stability and financial strength of the organization. Additionally, a non-publicly held firm should provide a banking reference.

The bidder must disclose any and all judgments, pending or expected litigation, or other real or potential financial reversals, which might materially affect the viability or stability of the organization, or state that no such condition is known to exist.

The State may elect to use a third party to conduct credit checks as part of the corporate overview evaluation.

Each bidder must provide its most recent financial rating or filing, including the date of the rating from each of the following agencies:

i. AM Best
i. Standard and Poors
ii. Fitch
iii. Moody's

We have included our 2021 Audited Financial Statement on pages 121-175, for your review.

Our customer-focused culture reflects our mutual-based structure. We are here to serve our members and help them realize their dreams. Our solid foundation of financial health allows us to provide value to customers over the long term and is reflected in continued strong, stable ratings from Standard & Poor's and AM Best. Our total GAAP equity increased to nearly $4.1 billion in 2021.

AM Best and Standard & Poor's are recognized among the top authorities in analyzing insurance companies. Best's Rating Report and S&P's Full Analysis Report are available at Ameritas.com.

Standard & Poor's
In April 2021, Standard & Poor's rated Ameritas A+ (Strong) for insurer financial strength. This is the fifth-highest of Standard & Poor's 21 ratings.

AM Best
In April 2021, AM Best rated Ameritas A (Excellent) for insurer financial strength. This is the third-highest of Best's 13 ratings.

Capital
The fundamental basis for our financially healthy company resides within our solid capital position. As one of the largest mutual-based insurance organizations in the country, our nearly $4.1 billion in equity helps protect customers against the uncertainties of today's financial markets and helps to ensure we'll be there when they need us the most.

Solid Financial Performance
Total insurance revenues, net investment income and other revenue totaled $4.1 billion as of Dec. 31, 2021. Deeply rooted with one of the strongest balance sheets in the industry, the financial health of Ameritas provides the strength and stability that customers expect. It is backed by a tradition of financial stewardship and a commitment to a conservative investment and risk management philosophy.

Our finance department contact is:

Laura Fender
SVP, Controller
phone: 402-467-7790
email: laura.fender@ameritas.com

Our bank contact/reference is:

Bob Balfany
Lincoln Market President
U.S. Bank
Lincoln Tower
233 S 13th St.
Lincoln, NE 68508
Phone: 402-434-1035
Cell: 402-310-2527
Email: robert.balfany@usbank.com

Ameritas does not have any judgements, pending or expected litigation, or other real or potential financial reversals that are expected to materially affect the viability of stability of the organization.

c. **CHANGE OF OWNERSHIP**

If any change in ownership or control of the company is anticipated during the twelve (12) months following the proposal due date, the bidder should describe the circumstances of such change and indicate when the change will likely occur. Any change of ownership to an awarded bidder(s) will require notification to the State.

No change is anticipated during the twelve months following the proposal due date.

d. **OFFICE LOCATION**

The bidder's office location responsible for performance pursuant to an award of a contract with the State of Nebraska should be identified.

Chris Ober, Regional Group Manager
440 Regency Parkway Dr, Ste 250
Omaha, Nebraska 68114

The Group Division of Ameritas:
475 Fallbrook Boulevard
Lincoln, Nebraska 68521

e. **RELATIONSHIPS WITH THE STATE**

The bidder should describe any dealings with the State over the previous three (3) years. If the organization, its predecessor, or any Party named in the bidder's proposal response has contracted with the State, the bidder should identify the contract number(s) and/or any other information available to identify such contract(s). If no such contracts exist, so declare.

We currently provide Group Dental Insurance to the State of Nebraska employees. Ameritas has been the incumbent dental carrier since 2002. The State's policy number is 350274.

Ameritas previously contracted with the State of Nebraska through the Nebraska Department of Administrative Services in 2020 to provide contact tracing services – the Master Services Agreement was effective as of May 15, 2020. The engagement for services was temporary for emergent needs resulting from the COVID-19 pandemic and the contract for such services has ended.

f. BIDDER'S EMPLOYEE RELATIONS TO STATE

If any Party named in the bidder's proposal response is or was an employee of the State within the past twelve (12) months, identify the individual(s) by name, State agency with whom employed, job title or position held with the State, and separation date. If no such relationship exists or has existed, so declare.

If any employee of any agency of the State of Nebraska is employed by the bidder or is a Subcontractor to the bidder, as of the due date for proposal submission, identify all such persons by name, position held with the bidder, and position held with the State (including job title and agency). Describe the responsibilities of such persons within the proposing organization. If, after review of this information by the State, it is determined that a conflict of interest exists or may exist, the bidder may be disqualified from further consideration in this proposal. If no such relationship exists, so declare.

No such relationship exists.

g. CONTRACT PERFORMANCE

If the bidder or any proposed Subcontractor has had a contract terminated for default during the past three (3) years, all such instances must be described as required below. Termination for default is defined as a notice to stop performance delivery due to the bidder's non-performance or poor performance, and the issue was either not litigated due to inaction on the part of the bidder or litigated and such litigation determined the bidder to be in default.

It is mandatory that the bidder submit full details of all termination for default experienced during the past three 3) years, including the other Party's name, address, and telephone number. The response to this section must present the bidder's position on the matter. The State will evaluate the facts and will score the bidder's proposal accordingly. If no such termination for default has been experienced by the bidder in the past three (3) years, so declare.

If at any time during the past three (3) years, the bidder has had a contract terminated for convenience, non-performance, non-allocation of funds, or any other reason, describe fully all circumstances surrounding such termination, including the name and address of the other contracting Party.

We have not had any case terminate due to default by Ameritas. There have not been any instances of a group leaving us (Ameritas) as a result of our default. While we have had groups leave mid-year as a result of their own changes in circumstances, we weren't at default in those instances and do not track such instances.

h. SUMMARY OF BIDDER'S CORPORATE EXPERIENCE

The bidder should provide a summary matrix listing the bidder's previous projects similar to this solicitation in size, scope, and complexity. The State will use no more than three (3) narrative project descriptions submitted by the bidder during its evaluation of the proposal.

The bidder should address the following:

i. Provide narrative descriptions to highlight the similarities between the bidder's experience and this solicitation. These descriptions should include:

a) The time period of the project;
b) The scheduled and actual completion dates;
c) The bidder's responsibilities;
d) For reference purposes, a customer name (including the name of a contact person, a current telephone number, a facsimile number, and e-mail address); and
e) Each project description should identify whether the work was performed as the prime Contractor or as a Subcontractor. If a contractor performed as the prime Contractor, the description should provide the originally scheduled completion date and budget, as well as the actual (or currently planned) completion date and actual (or currently planned) budget.

ii. Bidder and Subcontractor(s) experience should be listed separately. Narrative descriptions submitted for Subcontractors should be specifically identified as Subcontractor projects.

iii. If the work was performed as a Subcontractor, the narrative description should identify the same information as requested for the bidders above. In addition, Subcontractors should identify what share of contract costs, project responsibilities, and time period were performed as a Subcontractor.

We have provided a summary of our corporate experience on pages 103-107, for your review.

i. SUMMARY OF BIDDER'S PROPOSED PERSONNEL/MANAGEMENT APPROACH

The bidder should present a detailed description of its proposed approach to the management of the project.

The bidder should identify the specific professionals who will work on the State's project if their company is awarded the contract resulting from this solicitation. The names and titles of the team proposed for assignment to the State project should be identified in full, with a description of the team leadership, interface and support functions, and reporting relationships. The primary work assigned to each person should also be identified.

The bidder should provide resumes for all personnel proposed by the bidder to work on the project. The State will consider the resumes as a key indicator of the bidder's understanding of the skill mixes required to carry out the requirements of the solicitation in addition to assessing the experience of specific individuals.

Resumes should not be longer than three (3) pages. Resumes should include, at a minimum, academic background and degrees, professional certifications, understanding of the process, and at least three (3) references (name, address, and telephone number) who can attest to the competence and skill level of the individual. Any changes in proposed personnel shall only be implemented after written approval from the State.

We have enclosed our account management team on pages 108-111 and organizational chart on pages 112, for your review. Resumes for key personnel have been included on pages 113-119 who will continue to partner with the State of Nebraska on the dental plans.

j. SUBCONTRACTORS

If the bidder intends to Subcontract any part of its performance hereunder, the contractor should provide:

iv. name, address, and telephone number of the Subcontractor(s);

	Address	Phone No.
EyeMed	4000 Luxottica Place Mason, Ohio 45040	866-800-5457
VSP	3333 Quality Drive Rancho Cordova, CA 95670	800-877-7195
Change Healthcare	3055 Lebanon Pike, Suite 1000 Nashville, TN 37214	763-428-8022

v. specific tasks for each Subcontractor(s);

EyeMed	Ameritas subcontracts with EyeMed for Vision. EyeMed owns and operates the vision provider network quoted for the Vision Plan.
VSP	Ameritas subcontracts with VSP for Vision. VSP owns and operates the vision provider network quoted for the Vision Plan
Change Healthcare	Payment distribution as well as printing and distribution of the Explanation of Benefit and Explanation of Payment statements is subcontracted to Change Healthcare.

vi. percentage of performance hours intended for each Subcontract; and

EyeMed	60%
VSP	60%
Change Healthcare	60%

vii. total percentage of Subcontractor(s) performance hours.

EyeMed	60%
VSP	60%
Change Healthcare	60%

2. TECHNICAL APPROACH

The technical approach section of the Technical Proposal should consist of the following subsections:

a. Understanding of the project requirements;
b. Proposed development approach;
c. Technical requirements;
d. Detailed project work plan; and
e. Deliverables and due dates.

A. PAYMENT SCHEDULE

1. Premium Remittance

a. The State requires a self-bill billing process.

i. The State deducts premiums through payroll deduction.

ii. Premiums for COBRA and pre-65 retirees are collected through a third-party administrator and sent to the State. (The Contractor is not responsible for providing data to the TPA COBRA provider.)

iii. Monthly, the State will remit 100% of the premiums collected to a bank account determined by the contractor, via ACH.

Yes. In order to accept State of Nebraska’s self -billing, we will need a list of individuals paid for and their coverage type at least quarterly. We reconcile our system against what the group is remitting.

b. The contractor will be responsible for reconciling the funds received each month.

For fully insured contracts, annual reconciliation is generally not required, however, we are willing to work with State of Nebraska on providing any reporting and reconciliation as mutually agreed to ensure State of Nebraska's satisfaction and expectations are met.

To ensure that no billing reconciliation is required, for each billing period, we pay State of Nebraska’s claims out of our bank account, and then the policyholder reimburses us for the paid claims. We send a detailed report of all paid claims for that billing cycle. Within three business days of sending this report to State of Nebraska we withdrawal the amount reflected in the report from the policyholder’s bank account.

VPAT Accessibility Conformance Report

Name of Product	Ameritas Member Portal
Date Last Updated	8 May 2021
Completed by	Ted Gies, INCLUSIVE ACCESS LLC
Document Description	This document rates the Ameritas Member Portal against the W3C WCAG 2.1 A and AA requirements.
Contact for More Information	**Gaurav Mehra** Gaurav.Mehra@ameritas.com
Testing Tools and Methods	Hands-on keyboard operation Firebug/Code inspection Firefox Web Developer Toolbar (removing style sheets) JAWS 2021 on Chrome browser version 87 NVDA screen reader v2019.2.1 VoiceOver screen reader on iPad Air Wave Extension Color Contrast Analyzer W3C WAI Pages AXE Checker Accessibility Bookmarklets
Relevant Standards	Web Content Accessibility Guidelines 2.1 or WCAG 2.1 Revised Section 508 standards – the U.S. Federal accessibility standard for ICT Products, published by the U.S. Access Board in the Federal Register on January 18, 2017 and corrected on January 22, 2018
Pages Covered	1.Ameritas member secure website home 2.Sign In to Your Account 3.Dental, Vision, Lasik Member Sign In 4.User Authorization Page *(and Multi Factor Authentication Screens)* 5.Member Account Home Screen 6.Dental Home screen 7.Claims Screen (search) and results table data 8.Claims Details Screen 9. Explanation of dental benefits 10.Benefits summary screen 11Remaining Benefits Screen 12.Certificate of Coverage 13.ID Card (not the PDF) 14.Go Paperless 15.Dental Health Report Card - NY Members. 16.Worldwide support 17.Member Savings 18.Eyewear savings card page 19.Hearing loss 20.Dental - Resource center 21.Submit a claim or pre-treatment estimate

	22.How to submit a claims form 23.Member FAQ 24.Glossary Dental Terminology 25.Go paperless screen 26.Wellness screen 27.Dental Home - Find a dental provider 28.Additional tools - Nominate a dental provider to be part of network 29.Out of network dental cost estimator 30.Contact Us 31.Vision Home 32.Lasik Home Additionally: 2 factor authentication screens Contact Form Submit a vision claim
Note from W3C on Conformance	https://www.w3.org/TR/UNDERSTANDING-WCAG20/conformance.html "If there is no content to which a success criterion applies, the success criterion is satisfied." This VPAT shows such criterion as: "Supports (N/A)"
Notes/Terminology	"AT" stands for Assistive Technology such as screen readers, voice input, etc.
Conformance Terms	**Supports**: The functionality of the product has at least one method that meets the criterion without known defects or meets with equivalent facilitation. Note: Within the WCAG 2.1 Evaluation details table, "Supports N/A" indicates criterion where there was not relevant content to evaluate. For instance, Closed Captions would be marked as "Supports (N/A)" since the site does not have video content. **Partially Supports**: Some functionality of the product does not meet the criterion. **Does Not Support**: The majority of product functionality does not meet the criterion.
Conformance Claim	On 25 April 2021, all Web pages at https://www-m.ameritas.com/applications/group/member conform to Web Content Accessibility Guidelines 2.1 at https://www.w3.org/TR/WCAG21/. Level A and AA conformance. The exceptions to conformance are detailed in this VPAT/ACR. Note the exceptions listed in each relevant criterion with violations.

WCAG 2.1 Overall Conformance Evaluation

WCAG 2.1 Criteria	Level	Conformance Level
1.1.1: Non-text Content	A	Partially Supports
1.2.1: Audio-only and Video-only (Prerecorded)	A	Supports
1.2.2: Captions (Prerecorded)	A	Supports
1.2.3: Audio Description or Full Text Alternative	A	Supports
1.2.4: Captions (Live)	AA	Supports
1.2.5: Audio Description	AA	Supports
1.3.1: Info and Relationships	A	Partially Supports
1.3.2: Meaningful Sequence	A	Supports
1.3.3: Sensory Characteristics	A	Supports
1.3.4 Orientation	AA	Supports
1.3.5 Identify Input Purpose	AA	Does not Support
1.4.1: Use of Color	A	Partially Supports
1.4.2: Audio Control	A	Supports
1.4.3: Contrast (Minimum)	AA	Partially Supports
1.4.4: Resize text	AA	Supports
1.4.5: Images of Text	AA	Partially Supports
1.4.10 Reflow	AA	Supports
1.4.11 Non-Text Contrast	AA	Supports
1.4.12 Text Spacing	AA	Supports
1.4.13 Content on Hover or Focus	AA	Partially Supports
2.1.1: Keyboard	A	Partially Supports
2.1.2: No Keyboard Trap	A	Supports
2.1.4 Character Key Shortcuts	A	Supports
2.2.1: Timing Adjustable	A	Does not Support
2.2.2: Pause, Stop, Hide	A	Supports
2.3.1: Three Flashes or Below Threshold	A	Supports
2.4.1: Bypass Blocks	A	Partially Supports
2.4.2: Page Titled	A	Partially Supports
2.4.3: Focus Order	A	Partially Supports
2.4.4: Link Purpose (In Context)	A	Partially Supports
2.4.5: Multiple Ways	AA	Partially Supports
2.4.6: Headings and Labels	AA	Supports
2.4.7: Focus Visible	AA	Supports
2.5.1 Pointer Gestures	A	Supports
2.5.2 Pointer Cancellation	A	Supports
2.5.3 Label in Name	A	Supports
2.5.4 Motion Actuation	A	Supports
3.1.1: Language of Page	A	Supports

WCAG 2.1 Criteria	Level	Conformance Level
3.1.2: Language of Parts	AA	Supports
3.2.1: On Focus	A	Partially Supports
3.2.2: On Input	A	Supports
3.2.3: Consistent Navigation	AA	Supports
3.2.4: Consistent Identification	AA	Supports
3.3.1: Error Identification	A	Partially Supports
3.3.2: Labels or Instructions	A	Partially Supports
3.3.3: Error Suggestion	AA	Partially Supports
3.3.4: Error Prevention (Legal, Financial, Data)	AA	Does not Support
4.1.1: Parsing	A	Partially Supports
4.1.2: Name, Role, Value	A	Does not Support
4.1.3 Status Messages	AA	Partially Supports

WCAG 2.1 Evaluation Details

WCAG 2.1 Criteria	Conformance	Remarks and Explanations
Principle 1: Perceivable - Information and user interface components must be presentable to users in ways they can perceive.		
1.1.1: Non-Text Content (A) Provide text alternatives for non-text content (e.g. images)	Partially supports	Most images and icons have appropriate text equivalents. **Supporting Remarks:** Dental home page has a banner graphic which is marked with alt="". Footer social media icon link has alt="Ameritas on LinkedIn". **Exceptions:** The Worldwide support page is a graphic of content without a text equivalent. A minor number of icons such as the social media icons and red error message icons are missing alt text.
1.2.1: Audio-only or Video-only (Prerecorded) (A) Provide alternatives for pre-recorded audio-only or video-only content.	Supports (N/A)	There is no audio-only or video-only content in the Ameritas Member Portal.
1.2.2: Captions (Prerecorded) (A) Provide captions for pre-recorded audio	Supports (N/A)	There is no pre-recorded audio content in the Ameritas Member Portal.
1.2.3: Audio Description or Media	Supports (N/A)	There is no synchronized audio/video in the Ameritas Member Portal.

Alternative (Prerecorded) (A) Provide alternatives for pre-recorded synchronized audio/video		
1.2.4: Captions (Live) (AA) Provide captions for live audio in synchronized audio/video.	Supports (N/A)	There is no live audio in synchronized audio/video in the Ameritas Member Portal.
1.2.5: Audio Description (Prerecorded) (AA) Provide an audio description of pre-recorded video.	Supports (N/A)	There is no pre-recorded video content in the Ameritas Member Portal.
1.3.1: Information and Relationships (A) Info, structure, and relationships can be programmatically determined	Partially supports	Some of the information and relationships conveyed through presentation can be programmatically determined. **Supporting Remarks:** The table with Claims is marked with column headers <th> Some pages like Dental Home and Vision Home have meaningful landmarks such as <header> and <nav> **Exceptions:** Landmarks are incomplete, e.g., there is not <main> element on pages. Some content like the main heading and footer content are outside landmarks. Many pages skip heading levels Some pages like how your claim was submitted are organized like tables visually but lack the correct <table> markup. Lists of items such as the red buttons on the forms page that should be marked up as unordered lists. The help text given for inputs beforehand, such as password requirements, are sufficient to provide suggestions for valid input. However, the suggestions should be programmatically associated with the password fields via label or aria reference.
1.3.2: Meaningful Sequence (A) The correct reading sequence can be programmatically determined	Partially supports	**Supporting Remarks:** The correct reading sequence is logical with the DOM order matching the visual order in most areas. Screen reader users will hear a meaningful experience when content such as tables is linearized.
1.3.3: Sensory Characteristics (A) Do not rely on sensory characteristics of components such as shape, size, visual	Supports	**Supporting Remarks:** There are no instructions or areas of content which rely solely on sensory characteristics such as shape, color, size, visual location, orientation, or sound.

location, orientation, or sound		**NOTE:** See 1.4.1 for in requirements related to color, refer to Guideline 1.4.
1.3.4 Orientation (AA) Content does not restrict its view and operation to a single display orientation, such as portrait or landscape, unless a specific display orientation is essential.	Supports	**Supporting Remarks:** Ameritas Member Portal does not restrict its view to a single orientation. People using iPads or tablets can successfully switch between portrait and landscape views.
1.3.5 Identify Input Purpose (AA) The purpose of each input field collecting information about the user can be programmatically determined when: The input field serves a purpose identified in the Input Purposes for User Interface Components section; and the content is implemented using technologies with support for identifying the expected meaning for form input data.	Does not support	Pages with personal input fields collecting information about the user include: Member Sign In and New User Registration. New user registration contains several such input fields which do not have the autocomplete attributes such as: <label>First Name <input type="text" autcomplete="given-name"></label>
1.4.1: Use of Color (A) Color is not used as the only visual means of conveying info	Partially Supports	Color is not used as the only means of conveying information in most areas. **Supporting Remarks:** Red color font is used to denote error messages such as Invalid User ID or Password. There is an icon with alt="Error" that also accompanies the error messages. Red text links are not underlined but provide a 4:1 contrast ratio against adjacent black text to help distinguish links from non-linked text. **Exceptions:** On 2 Step Verification, form field error messages use red color alone to denote error conditions. On Find a Provider there are "most cost-effective providers" which are identified using only a green color.
1.4.2: Audio Control (A) Audio can be paused and stopped, or the	Supports (N/A)	There is no audio that plays automatically on the site.

audio volume can be changed.		
1.4.3: Color Contrast (Minimum) (AA) Text has enough contrast with the background (4.5:1 for small text and 3:1 for large text)	Partially supports	Text has enough contrast with its corresponding background in almost all areas. **Supporting Remarks:** Red text on white background such as on main headings and in text links has 5.2:1 contrast ratio. Black information text on white background has excellent contrast. **Exceptions:** Light blue cookie acceptance links on gray background. White text on Light blue button background (focused styles). White text on orange background (Worldwide Support) Green text on gray background (Find a Provider) Blue links on gray background (Cookie Acceptance Footer)
1.4.4: Resize Text (AA) Text can be enlarged up to 200% without loss of functionality.	Supports	Text can be enlarged to 200% and content remains functional.
1.4.5: Images of Text (AA) Text is used rather than images of text, except where the presentation of text is essential, such as logos	Partially Supports	Overall images of text are not used other than for the Ameritas logo and in the Worldwide Support page. **Exception:** The Worldwide Support page is an image with structured text. This content needs to be redone as HTML or a PDF with machine readable content.
1.4.10 Reflow (AA) Content can be presented without loss of information or functionality, and without requiring scrolling in two dimensions for: Vertical scrolling content at a width equivalent to 320 CSS pixels; Horizontal scrolling content at a height equivalent to 256 CSS pixels.	Supports	The Member Portal uses a responsive view that properly scrolls in only one direction once width reaches low CSS pixels. Zooming pages such as Claims to 400% changes some content to a responsive view, for instance the data tables switch to a flattened list of claim records.
1.4.11 Non-Text Contrast (AA) User interface components and graphical objects have a contrast ratio of at least 3:1 against adjacent color(s).	Supports	**Supporting Remarks:** Overall, the Member Portal provides excellent non-text contrast for user interface components and graphical objects. All non-text UI components and graphical objects have at least a 3:1 contrast ratio.

		The red checkbox color has a 3.8:1 color contrast against white page background. **Exception:** The non-selected gray checkbox (Check here if you are the insured member does not have enough contrast with the white background.
[1.4.12 Text Spacing (AA)] In content implemented using markup languages that support the following text style properties, no loss of content or functionality occurs by setting all the following and by changing no other style property: Line height (line spacing) to at least 1.5 times the font size; Spacing following paragraphs to at least 2 times the font size; Letter spacing (tracking) to at least 0.12 times the font size; Word spacing to at least 0.16 times the font size.	Supports	**Supporting Remarks:** The Member Portal site allows users to adjust the text spacing without causing loss of content or functionality. Users can to override text spacing via user stylesheet, bookmarklet, extension, or application. **Note**: related to text spacing is Worldwide Support page which should be redone as HTML page to allow for user applying text spacing adjustments.
1.4.13 Content on Hover or Focus (AA) Where receiving and then removing pointer hover or keyboard focus triggers additional content to become visible and then hidden, the following are true: • Dismissable • Hoverable • Persistent	Partially supports	**Supporting Remarks:** Overall, there is very little content that appears on hover or focus. **Exceptions:** The Out of Network Cost Estimator provides some gray balloon/white text directions on the refresh button. This content is not dismissible nor hoverable. Users cannot 1) Hit the escape key to hide the tooltips 2) Move the mouse pointer over the tooltip without it hiding.
Principle 2: Operable - User interface components and navigation must be operable.		
2.1.1: Keyboard (A) All functionality is available from a	Partially supports	**Supporting Remarks:** Most interactive content such as text links and buttons are keyboard operable.

keyboard, except for tasks such as drawing		**Exceptions**: The dark gray accordion such as on Dental Home and Contact Us pages cannot be opened or closed with keyboard. The right site hamburger menu/quick links cannot be opened or closed with keyboard.
2.1.2: No Keyboard Trap (A) The user can use the keyboard to move through page elements and is not trapped on a particular element	Supports	**Supporting Remarks:** No pages have a keyboard trap.
2.1.4 Character Key Shortcuts (A) If a keyboard shortcut is implemented in content using only letter (including upper- and lower-case letters), punctuation, number, or symbol characters, then at least one of the following is true: • Turn off • Remap Active only on focus	Supports (N/A)	The site does not use any character key shortcuts.
2.2.1: Timing Adjustable (A) Users are warned of time limits shorter than 20 hours and time limits can be turned off or extended	Does Not Support	The application times out and goes to the Member Sign Out page. After this user must login again and complete multi factor authentication. Users must also see the go paperless screen before proceeding to the previous pages. The application should provide a warning to users about a timeout when it is about to happen and allow extending with a simple button selection. *Can users bookmark the member home page to circumvent some of the steps?*
2.2.2: Pause, Stop, Hide (A) Users can stop, pause, or hide moving, blinking, scrolling, or auto-updating information.	Supports (N/A)	There is no moving, scrolling, or auto-updating information.
2.3.1: Three Flashes or Below Threshold (A) No more than three flashes in a 1-second period, or the flashes	Supports (N/A)	No flashing content exists.

are below the defined thresholds		
2.4.1: Bypass Blocks (A) Users can bypass repeated blocks of content.	Partially Supports	**Supporting Remarks:** Headings are present on most pages such as the Dental Home, which allow users using Assistive Technology to jump to the different areas of content quickly, bypassing the top navigation area. Landmarks are present on the Contact Us page which allows Assistive Technology to navigate to the main areas on the page. **Exception:** A Skip to Main content is needed to allow keyboard users skip over repeated content. Some pages lack headings such as Contact Us
2.4.2: Page Titled (A) The page has a title describing its topic or purpose	Partially Supports	**Supporting remarks:** The title changes dynamically and is descriptive such as with: <title>2-Step Verification</title> **Exceptions:** Ideally page title would indicate the name of the website in addition to the name of the page, such as: <title>Dental Home – Ameritas Member Portal</title> The Worldwide Support Page lacks a meaningful page title.
2.4.3: Focus Order (A) Users can tab through the elements of a page in a logical order	Partially supports	**Supporting Remarks:** Tab order is logical on the site in most areas. Most of the links and buttons receive focus top to bottom, left to right. **Exceptions:** On Sign In to Your Account, the top level accordion items such as Personal Accounts are not in the tab order. The child links under each accordion item are hidden and receive focus, causing a loss in logical focus order. On Provider Search the hamburger menu does not receive focus when opened and there are 5 tab presses to get to the first item under the hamburger. Password assistance link is after the top site logo on Login screen.
2.4.4: Link Purpose (In Context) (A) The purpose of each link can be determined from the link text or surrounding context.	Partially supports	**Supporting Remarks:** Most links used have an identifiable purpose from the link text or surrounding context. The link "Provider Search" appears at the end of a descriptive sentence about finding a dentist for people who do not have dental coverage. **Exceptions:** Patient Details Page provides repeated "View" links within the table. A work around is screen reader user could rely on table navigation commands to help discern the "View Patient Details" meaning. There are 3 empty links on the Explanation of Benefits page.

2.4.5: Multiple Ways (AA) More than one way is available to navigate to other web pages.	Partially Supports	**Supporting Remarks:** Most pages can only be accessed via two routes. For instance, to get to Claims, users can select Dental in the global nav and then link to the main area through the set of linked icons such as Claims. Users can also select the quick links/hamburger to get to the Claims page. Some pages such as Prescription savings ID card can be linked from the home page accordion and through the global nav, then by selecting icon links on the main landing pages such as on Vision Home. **Exceptions:** Nominate a provider and Out-of-Network Dental Cost estimator are only available from the Dental Home page.
2.4.6 Headings and Labels (AA)	Supports	**Supporting Remarks:** Overall Headings and Labels are clear and describe topic or purpose. Dental Home is a heading level 2 which describes the nature of the Dental home page. User Authorization provides several input forms with clear labels such as, Member Zip Code and Member ID.
2.4.7: Focus Visible (AA) The page element with the current keyboard focus has a visible focus indicator	Partially Supports	**Supporting Remarks:** Most interactive elements within the Member Portal provide visible focus indicators. The application allows the default focus indicator to display as specified in the browser. For instance, Chrome browser provides a highly noticeable 2 px black border around text links to indicate focus. **Exceptions** On Sign In to Your Account, the top level accordion items such as Personal Accounts are not in the tab order. The child links under each accordion item are visually hidden and receive focus, also causing a loss in logical focus order.
2.5.1 Pointer Gestures (A) All functionality that uses multipoint or path-based gestures for operation can be operated with a single pointer without a path-based gesture, unless a multipoint or path-based gesture is essential.	Supports	**Supporting Remarks:** Ameritas Member Portal does not use any multipoint or path-based gestures. All interactive elements can be operated using single pointer gestures such as mouse clicks and touch screen taps.
2.5.2 Pointer Cancellation (A) For functionality that can be operated using a single pointer, at least one of the following is true:	Supports	**Supporting Remarks:** All interactive content functions through the Up-Event, allowing users to potentially move their pointer off the component to cancel. For instance, iPad users who tap the wrong link can abort by moving their finger away from the link while still touching. Similarly, mouse users who click the wrong link can abort by holding the mouse click down and moving away from the link.

• No Down-Event • Abort or Undo • Up Reversal Essential		
2.5.3 Label in Name (A) For user interface components with labels that include text or images of text, the name contains the text that is presented visually.	Supports	**Supporting Remarks:** User interface components that have visible text contain that text consistently within the accessible name. Text links such as Sign Out, Dental, Prescription Savings Card all have accessible names which have the visible text. Note that some of the main home pages links such as those on Dental will have double reading because the icon alt text is the same as the visible link text.
2.5.4 Motion Actuation (A) Functionality that can be operated by device motion or user motion can also be operated by user interface components and responding to the motion can be disabled to prevent accidental actuation, except when: • Supported Interface Essential	Supports (N/A)	There are no features or content that utilizes device or user motion.
Principle 3: Understandable - Information and the operation of user interface must be understandable.		
3.1.1: Language of Page (A) The language of the page is specified	Supports	**Supporting Remarks:** Overall, most every page defines the page language with lang="en" or lang="en-us". **Note:** The Worldwide Support page does not have the lang tag, however there is no machine-readable content, only an image of content so this doesn't have any detrimental effect on the page.
3.1.2: Language of Parts (AA) Specify the language of text passages that are in a different language than the default language of the page.	Supports (N/A)	**Supporting Remarks:** All page content is written in English, so no page language changes are present.
3.2.1: On Focus (A) When a UI component receives focus, this does not trigger unexpected actions.	Partially Supports	Overall, when interactive UI components receive focus in the Member Portal there are no unexpected actions. There was one instance in the mobile view of the Sign in to your Account page where when the mobile menu receives focus, it can animate a menu to open and take over the screen which can be jarring and unexpected.

3.2.2: On Input (A) Changing the setting of a checkbox, radio button, or other UI component does not trigger unexpected changes in context.	Supports	**Supporting Remarks:** Across Member Portal, changing the setting of any user interface component does not automatically cause a change of context.
3.2.3: Consistent Navigation (AA) Navigation menus are in the same location and order on every web page.	Supports	**Supporting Remarks:** Navigational components such as the global navigation links and quick link menus are consistently in the same place and in same order across pages. The quick links shows links in the same relative order as on the main home pages such as Dental Home, Vision Home, and Lasik Home. Within the quick links menu, the links are in the same relative order across pages of each area such as Dental, Vision, or Lasik.
3.2.4: Consistent Identification (AA) UI components used across the web site are identified consistently on every page.	Supports	**Supporting Remarks:** UI components are consistent across the site. Many pages use the same exact components, resulting in a consistent experience. **Supporting Remarks:** On main home pages such as dental home, all main areas are consistently heading level 5 links with image icon alt text that repeats the text in the links.
3.3.4: Error Prevention (Legal, Financial, Data) (AA) For web pages with legal or financial commitments, input can be reviewed and corrected before final submission, and submissions can be reverted.	Does Not Support	Systems must allow submissions or data to be reversible, checked, or a confirmed. The Member Portal has user-controllable data such as name and address fields. Also pages allow financial or legal commitment for applying for benefits. User first name, last name, email, and other user-controllable data does not appear to allow review or post submission edit as part of the new user registration or user authorization pages. Submitting a Vision or Dental Claim does not appear to allow review or post submission edit as part of the submission process.
3.3.1: Error Identification (A) Input errors are clearly marked and described to the user.	Partially Supports	Errors are identified well in context of the input fields however the error condition of pages is not well known after form submission. **Supporting Remarks:** Error identification happens and is presented well visually using both red text and icons such as with missing required fields on Contact Us. Fields with errors on New User Registration provide a red icon with alt text indicating errors properly as part of the form labels. **Exceptions:**

		On new user registration, errors are summarized both at the top of the page and within the label, however focus is not managed in a way where screen reader users will know about the errors right away. In the case of Contact Us, the icons do not have a text equivalent or heading which would communicate that there is an error condition to a screen reader.
3.3.2: Labels and Instructions (A) Items requiring user input are clearly labeled or have clear instructions.	Partially Supports	Some input areas have clear labels which are programmatically assigned. **Supporting Remarks:** New User Registration provides appropriately labelled inputs for text input and select menus and provides clear examples of User ID and Password requirements. Contact us denotes required fields with an asterisk as part of the label. Go paperless provides a label element on the opt in checkbox to allow for larger/easier click targets. Submit a Vision Claim provides a summary of the steps and required information as part of the vision claim form submission. **Exceptions:** New User Registration does not note required/mandatory fields. Go paperless email text inputs do not have proper form labels. The help text given for inputs beforehand, such as password requirements, are sufficient to provide suggestions for valid input. However, the suggestions should be programmatically associated with the password fields via label or aria reference. (see 1.3.1)
3.3.3: Error Suggestion (AA) When the user makes an input error, give suggestions for valid input.	Partially Supports	Most errors are described with text to help users fix the error according to the required parameters. **Supporting Remarks:** On New User Registration, When email format is invalid, users get an error message: You didn't supply a valid e-mail address. **Exceptions:** When required fields are not filled in, there is only a generic error message at the top about incorrectly populated fields.
Principle 4: Robust - Content must be robust enough that it can be interpreted reliably by a wide variety of user agents, including assistive technologies.		
4.1.1: Parsing (A) Use valid, error-free HTML	Partially supports	**Supporting Remarks:** Within the Member Portal Pages, most all HTML and CSS passes concerning these 4 specific criteria: (I) elements have complete start and end tags, (ii) elements are nested according to their specifications (iii) elements do not contain duplicate attributes (iv) any IDs are unique, except where the specifications allow these features.

		This means screen readers and other assistive technology will be able to successfully parse the DOM and provide a meaningful user experience. **Exceptions:** The side menu on the Member home, Dental home, Vision home <ul class="dropdown-menu"> has child <div> elements which is not allowed. Only elements can be direct descendants of .
4.1.2: Name, Role, Value (A) For all UI components, the name, value, and role can be programmatically determined.	Does not Support	**Supporting Remarks:** The standard HTML interactive elements such as text links and input boxes are well done with Name, Role, and Value. For example the Register Now button is a button role: <input type=”button”> with a name, “Register Now”. **Exceptions:** The non-standard elements such as the hamburger menus and accordions do not communicate name, role, value. The following interactive elements lack name, role, value: Gray Accordion on Dental Home, Hamburger menu/quick menu, White accordion on mobile view of Sign in to Your Account. Additionally there are several buttons which are coded as <span> or <a> elements. Some elements such as Category button and Procedure Code buttons are coded as links and show/hide content but do not communicate this through ARIA markup or other means.
4.1.3 Status Messages (AA) In content implemented using markup languages, status messages can be programmatically determined through role or properties such that they can be presented to the user by assistive technologies without receiving focus.	Supports with Exceptions	**Supporting Remarks:** Submit a vision claim provides a status message informing a screen reader user that the PDF form upload is complete and the name of the successfully uploaded file. **Exceptions:** After selecting the submit button on submit a vision claim, the Submitted success message is not communicated to screen readers. Additionally, the following should use WCAG techniques for status messages such as role=”alert” and aria-live=”assertive”. Loading message/spinner on login page Error messages which are dynamically displayed such as when a user makes an error logging in. Success messages such as when a vision claim has been successfully submitted.

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Ameritas
fulfilling life

November 21, 2022

Re: Ameritas' HIPAA Compliance Program

Dear Plan Sponsor Owner,

Thank you for considering Ameritas Life Insurance Corp. ("Ameritas") to provide your organization with fully insured vision benefits. When a fully insured policy is issued, Ameritas is considered the Covered Entity under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). Ameritas understands that the State of Nebraska is requesting assurances that Ameritas complies with HIPAA, and this letter is intended to serve as confirmation to the State of Nebraska that Ameritas has adequate processes, policies, and procedures to comply with HIPAA.

Ameritas complies with business associate agreement requirements and administrative requirements of HIPAA. Ameritas has proper business associate agreements with those entities and individuals that provide specific plan functions for Ameritas and have access to Protected Health Information ("PHI"). Ameritas requires all business associates to notify Ameritas upon discovering a breach of security, intrusion, or unauthorized use or disclosure of PHI and any actual or suspected use or disclosure of data in violation of any applicable federal or state laws or regulations. Ameritas has reviewed and implemented appropriate safeguards, as required by HIPAA, for PHI/ePHI that we create, maintain, transmit, and receive. Workforce members must complete periodic privacy and security trainings, and workforce members who fail to comply with HIPAA and/or our internal HIPAA policies and procedures are appropriately sanctioned. Individuals are permitted to file privacy complaints with Ameritas or the Secretary of the Department of Health and Human Services. All complaints received by Ameritas are promptly investigated, documented, and appropriate actions are taken to respond to the individual. Workforce members are not permitted to intimidate, threaten, coerce, discriminate against, or take other retaliatory action against an individual for exercising any privacy right.

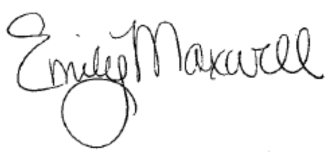
Furthermore, Ameritas has adequate processes in place to comply with the breach notification requirements of HIPAA. Ameritas has a company-wide plan to respond to privacy and security incidents for systems and information that Ameritas creates, receives, maintains, or transmits. All known breaches of Ameritas' unsecured PHI are reported to the Secretary of the Department of Health and Human Services within the required timeframe, depending upon the number of individuals involved in the breach. If Ameritas experiences a breach of unsecured PHI and the breach involves more than five-hundred individuals, Ameritas provides notification contemporaneously to the Secretary of the Department of Health and Human Services and affected individuals. A log of discovered breaches of Ameritas' unsecured PHI for less than five-hundred individuals is maintained, and breaches in that log are reported to the Secretary of the Department of Health and Human Services within sixty days after the end of the calendar year. In the event of a breach of Ameritas' unsecured PHI, Ameritas provides any other notifications necessary to applicable state or government officials, as required by law. Finally, Ameritas has policies and procedures to send the appropriate notice to affected individuals regarding a breach of Ameritas' unsecured PHI.

Ameritas complies with the individual rights requirements and the privacy notice requirements of the HIPAA Privacy Rule. Ameritas complies with the individual right to request access and/or to inspect/copy PHI, as well as request amendments to their PHI. Ameritas also complies with the individual right to request alternative communications, request restrictions, and request an accounting of disclosures. Ameritas distributes copies of our privacy notices with the certificate to the insured, as well as information regarding the availability of our privacy notice on the bottom of explanation of benefits ("EOB") correspondence. Copies of the privacy notices are available on Ameritas' website, and we provide individuals copies of our privacy notices periodically and upon request.

Ameritas complies with the use and disclosure requirements of HIPAA. Ameritas is permitted to use and/or disclose PHI for treatment, payment, and/or health care operations, in accordance with HIPAA. Ameritas uses and discloses the minimum amount of PHI necessary to achieve the purpose of the use or disclosure, and Ameritas limits the PHI it requests from other entities to comply with the minimum necessary standard. Authorization forms are available upon request, and on Ameritas' website, in order for a covered individual to permit Ameritas to disclose information to another individual, including PHI, plan information, or other documentation.

We are committed to protecting your privacy and securely maintaining information. Ameritas reserves the right to change our processes, policies, and procedures, without notice. However, in no event will Ameritas change our processes, policies, and procedures in a way that results in non-compliance with HIPAA. Please contact me with the information in my signature block if you have any questions or need additional assistance.

Sincerely,



Emily Maxwell, JD, CHP
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our report
on Sample Company
Presented by
SAMPLE REP
5250 PRUE RD STE 445
SAN ANTONIO TX 78240-1757
210-638-7964
03/23/20XX
AMERITAS GROUP
We're Ameritas. We're for people.

Sample Company

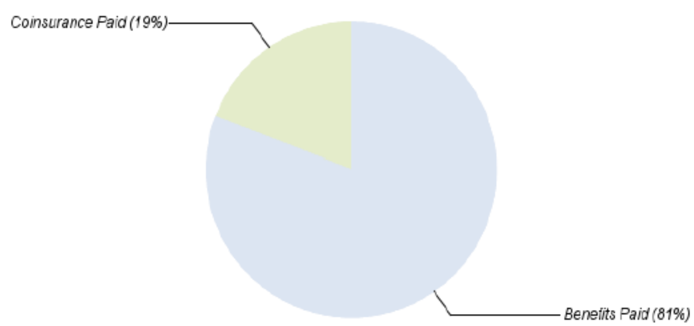
Claim Payment Summary

AMERITAS GROUP

Policy #: 999999   03/01/20XX through 02/28/20XX

Actual Claims	Claim Savings	Remaining Eligible Charge	Total Deductible Paid by Member	Total Coinsurance Paid by Member	Total Benefits Paid
$821,425	$.00	$821,425	$0	$58,204	$244,662

Claim Payment Summary



AMERITAS LIFE INSURANCE CORP.

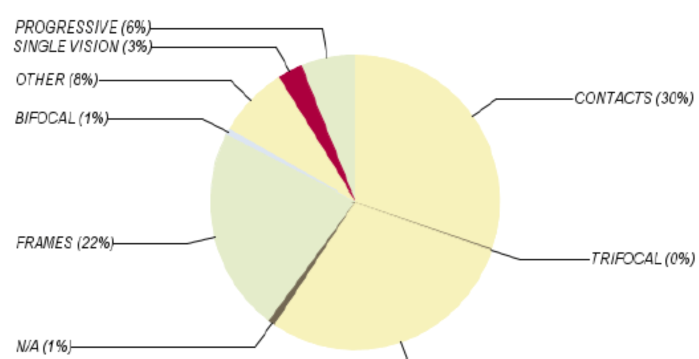
Sample Company

Claim Payment Breakdown by Procedure Type

Policy #: 999999   *03/01/20XX through 02/28/20XX*

Procedure Category	Procedure Type	Procedure Count	Total Claims	Claims Savings	Total Deductible Paid by Member	Total Coinsurance Paid by Member	Total Benefits Paid
	N/A	5	$2,125	$0	$0	$0	$1,806
VISION EXAM	VISION EXAM	1,827	$245,781	$0	$0	$17,570	$71,186
LENSES	SINGLE VISION	611	$35,901	$0	$0	$9,852	$6,791
	BIFOCAL	73	$6,836	$0	$0	$1,100	$1,912
	TRIFOCAL	9	$1,221	$0	$0	$140	$398
	PROGRESSIVE	513	$138,100	$0	$0	$9,580	$15,058
	CONTACTS	925	$168,729	$0	$0	$19,754	$73,732
FRAMES	FRAMES	883	$156,094	$0	$0	$208	$54,573
MISC	MISC	106	$0	$0	$0	$0	$0
OTHER	OTHER	3,429	$66,638	$0	$0	$0	$19,205
TOTAL		8,381	$821,425	$0	$0	$58,204	$244,661

Total Benefits Paid by Procedure Type



AMERITAS LIFE INSURANCE CORP.

Sample Company
Claim Payment Analysis by Category within Procedure Group

Policy #: 999999 03/01/20XX through 02/28/20XX

Group	Procedure Type	Procedure Category	Proc Count	Total Claims	Claim Savings	Remain Eligible Charge	Total Deduct Paid by Member	Total Coins Paid by Member	Total Benefits Paid
	N/A		5	$2,125	$0	$2,125	$0	$0	$1,806
VISION EXAM	VISION EXAM	EYE EXAM & TREATMENT	997	$145,389	$0	$145,389	$0	$9,560	$39,640
		EYE EXAM ESTABLISHED PAT	50	$4,859	$0	$4,859	$0	$480	$1,391
		EYE EXAM, NEW PATIENT	532	$73,554	$0	$73,554	$0	$5,050	$20,115
		ROUTINE OPHTHALMOLOGICAL EXAMINATION INCLUDING REF	248	$21,979	$0	$21,979	$0	$2,480	$10,041
LENSES	BIFOCAL	SPHERE, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D, PER	18	$1,417	$0	$1,417	$0	$180	$457
		SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.	45	$4,420	$0	$4,420	$0	$760	$1,156
		SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLU	8	$679	$0	$679	$0	$120	$229
		SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 7.25 TO PLU	2	$320	$0	$320	$0	$40	$70
	CONTACTS	CONTACT LENS FITTING	385	$33,749	$0	$33,749	$0	$19,194	$9,418
		CONTACT LENS, GAS PERMEABLE, BIFOCAL, PER LENS	3	$850	$0	$850	$0	$0	$130
		CONTACT LENS, GAS PERMEABLE, SPHERICAL, PER LENS	3	$1,428	$0	$1,428	$0	$0	$390
		CONTACT LENS, GAS PERMEABLE, TORIC, PRISM BALLAST,	2	$470	$0	$470	$0	$0	$260
		CONTACT LENS, HYDROPHILIC, EXTENDED WEAR, PER LENS	27	$4,419	$0	$4,419	$0	$0	$3,183
		CONTACT LENS, HYDROPHILIC, SPHERICAL, PER LENS	229	$59,995	$0	$59,995	$0	$20	$28,617
		CONTACT LENS, HYDROPHILIC, TORIC, OR PRISM BALLAST	105	$28,096	$0	$28,096	$0	$20	$12,587
		CONTACT LENS, HYDROPHILLIC, BIFOCAL, PER LENS	29	$9,912	$0	$9,912	$0	$0	$3,729
		CONTACT LENS, OTHER TYPE	61	$13,766	$0	$13,766	$0	$60	$8,271
		CONTACT LENS, PMMA, SPHERICAL, PER LENS	51	$10,440	$0	$10,440	$0	$0	$5,635
		CONTACT LENS, PMMA, TORIC OR PRISM BALLAST, PER LE	1	$159	$0	$159	$0	$0	$66
		CONTACT LENS, SCLERAL, GAS PERMEABLE, PER LENS (FO	5	$4,700	$0	$4,700	$0	$60	$1,397
		REPLACEMENT OF CONTACT LENS	24	$745	$0	$745	$0	$401	$50
	PROGRESSIVE	PROGRESSIVE LENS, PER LENS	400	$122,094	$0	$122,094	$0	$7,740	$14,339
		VARIABLE ASPHERICITY LENS, SINGLE VISION, FULL FIE	113	$16,006	$0	$16,006	$0	$1,840	$720
	SINGLE VISION	SPHERE, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00	209	$9,631	$0	$9,631	$0	$3,222	$2,260
		SPHERE, SINGLE VISION, PLUS OR MINUS 7.12 TO PLUS	3	$76	$0	$76	$0	$0	$8
		SPHERE, SINGLE VISION, PLUS OR MINUS 4.12 TO PLUS	17	$1,237	$0	$1,237	$0	$280	$243
		SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MI	315	$20,979	$0	$20,979	$0	$5,300	$3,531
		SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25	45	$2,569	$0	$2,569	$0	$720	$514

AMERITAS LIFE INSURANCE CORP.

Sample Company

Claim Payment Analysis by Category within Procedure Group

AMERITAS GROUP

Policy #: 999999 03/01/20XX through 02/28/20XX

Group	Procedure Type	Procedure Category	Proc Count	Total Claims	Claim Savings	Remain Eligible Charge	Total Deduct Paid by Member	Total Coins Paid by Member	Total Benefits Paid
LENSES	SINGLE VISION	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25D	9	$511	$0	$511	$0	$110	$133
		SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 7.25	13	$898	$0	$898	$0	$220	$102
	TRIFOCAL	SPHERE, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D, PE	4	$531	$0	$531	$0	$40	$166
		SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS	5	$690	$0	$690	$0	$100	$232
FRAMES	FRAMES	DELUXE FRAME	1	$240	$0	$240	$0	$0	$68
		FRAMES, PURCHASES	882	$155,854	$0	$155,854	$0	$208	$54,505
MISC	MISC	VISION SERVICE, MISCELLANEOUS	106	$0	$0	$0	$0	$0	$0
OTHER	OTHER	ADDITION TO LENS, TINT, ANY COLOR, SOLID, GRADIENT	24	$0	$0	$0	$0	$0	$0
		ANTI-REFLECTIVE COATING, PER LENS	661	$0	$0	$0	$0	$0	$0
		DELUXE LENS FEATURE	20	$0	$0	$0	$0	$0	$0
		EYE GLASS CASE	13	$65	$0	$65	$0	$0	$0
		INTEGRAL LENS SERVICE, MISCELLANEOUS SERVICES REPO	58	$0	$0	$0	$0	$0	$0
		LENS, INDEX 1.54 TO 1.65 PLASTIC OR 1.60 TO 1.79 G	78	$0	$0	$0	$0	$0	$0
		LENS, INDEX GREATER THAN OR EQUAL TO 1.66 PLASTIC	104	$0	$0	$0	$0	$0	$0
		LENS, POLYCARBONATE OR EQUAL, ANY INDEX, PER LENS	568	$76	$0	$76	$0	$0	$1,911
		MIRROR COATING, ANY TYPE, SOLID, GRADIENT OR EQUAL	2	$0	$0	$0	$0	$0	$0
		OVERSIZE LENS, PER LENS	3	$0	$0	$0	$0	$0	$0
		POLARIZATION, ANY LENS MATERIAL, PER LENS	24	$0	$0	$0	$0	$0	$0
		REFRACTION	1,417	$66,497	$0	$66,497	$0	$0	$17,294
		SCRATCH RESISTANT COATING, PER LENS	5	$0	$0	$0	$0	$0	$0
		TINT, PHOTOCHROMATIC, PER LENS	184	$0	$0	$0	$0	$0	$0
		U-V LENS, PER LENS	268	$0	$0	$0	$0	$0	$0
TOTAL			**8,381**	**$821,425**	**$0**	**$821,425**	**$0**	**$58,204**	**$244,662**

AMERITAS LIFE INSURANCE CORP.

State of Nebraska

Implementation Schedule - Sample
(fully insured vision)

Implementation Dates

Contract Award: 1/31/2023

Enrollment Period: 5/15/2023 – 6/2/2023 (assumed)

Effective Date: 7/1/2023

Note: This implementation schedule is provided as a sample. Ameritas partners with State of Nebraska to clarify new/changing needs/expectations, identify resources and timing, and develop a customized, more detailed implementation schedule that meets State of Nebraska's specific needs, availability and timing expectations. Most implementations plans for new clients are finalized following contract award and executed within 90 to 180 days prior to the plan effective date.

Implementation Team

Chris Ober
Regional Mgr. Group Sales
402-548-6381
COber@Ameritas.com

Kip Koll
Natl Dir Cust & Prov Network Relations
402-309-2529
KKoll@ameritas.com

Shannon Neill
Implementation Manager
402-309-2541
sneill@ameritas.com

Peter Kaczmar
Underwriting Manager
847-572-8250
pkaczmar@ameritas.com

Donna Kozakiewicz
Lead Rep., Policy Services
402-309-2091
dkozakiewicz@ameritas.com

Contract Award Announcement	January 31, 2023	
General Implementation	**When**	**Who**
Ameritas notifies internal account team of the contract award and begins development of implementation strategy, timeline, and initial implementation schedule.	January 31, 2023	Ameritas
Conference call with State of Nebraska to review, modify and discuss steps to finalize implementation schedule, begin discussion regarding enrollment material needs, enrollment meeting schedules/staff support needed, and booklet/ID card distribution needs. If not already done, Ameritas provides application form for fully insured plans and provides client information checklist and banking forms.	February 1-10, 2023	Ameritas and State of Nebraska
Ameritas conducts internal audit of plan design set up, booklet/cert format, and enrollment system requirements. Corrections made immediately or scheduled in timeline..	February 10-15	Ameritas
Implementation update calls. Frequency of update calls is discussed with the State of Nebraska team as part of our initial implementation. At a minimum, a monthly update call is suggested. However, during certain implementation periods, more frequent update calls are suggested.	February 22, 2023 March 22, 2023 April 26, 2023 May 17, 2023 May 31, 2023 June 14, 2023 June 28, 2023	Ameritas and State of Nebraska
Conduct debrief with State of Nebraska and outline any remaining implementation deliverables and next steps.	July 3-14, 2023	Ameritas and State of Nebraska

Account Structure for Eligibility and Billing	When	Who
Conference call to discuss any changes to data splits and reporting, i.e., Divisions, Classes, Departments, Locations, etc. for billing and other reports.	February 1-10, 2023	Ameritas and State of Nebraska
If there are any changes from established processes, conference call to discuss billing process and reconciliation. Ameritas sends banking forms to State of Nebraska.	February 13-23, 2023	Ameritas and State of Nebraska
Ameritas sets up plans on system, assigning policy # with appropriate division, classes, departments, and locations to meet State of Nebraska needs based on information from conference call discussions.	February 24- 28, 2023	Ameritas
Ameritas creates updated enrollment file formats and sends to State of Nebraska for review. Conference call is held if needed to discuss the file format, data transfer process, connectivity needs, and answer questions about the enrollment files.	March 1-8, 2023	Ameritas

Enrollment Transfer (EDI)	When	Who
Ameritas partners with State of Nebraska, for any additional enrollment file testing.	March 9-31, 2023	Ameritas and State of Nebraska
State of Nebraska compiles data from open enrollment and loads their internal systems for 7/1/23 changes.	June 5-7, 2023	State of Nebraska .
State of Nebraska creates “live” enrollment file and transmits complete eligibility information to Ameritas in format that was tested and mutually agreed upon.	June 7-8, 2022	State of Nebraska
Ameritas takes eligibility file from State of Nebraska, conducts any final testing, validates enrollment counts with State of Nebraska and loads the enrollment to Ameritas’ system.	June 9-12, 2023,	Ameritas
State of Nebraska continues transmitting weekly enrollment/eligibility file transfers. Ameritas receives file by 4:00 pm Central Time. The file runs and loads the system overnight with ID Cards printing the following business day for any new additions on the file.	Ongoing weekly	State of Nebraska

Enrollment Materials and Meetings	When	Who
Ameritas prepares draft of benefit highlight, FAQs, and other written materials for enrollment meetings; sends drafts to State of Nebraska for review.	February 1-10, 2023	Ameritas
State of Nebraska provides feedback/changes to benefit highlight/enrollment material drafts.	February 13-17, 2023	State of Nebraska
Ameritas makes State of Nebraska changes to enrollment materials, provides final draft for State of Nebraska sign off.	February 20-28, 2023	Ameritas
State of Nebraska provides sign off on final format of enrollment materials.	March 1-8, 2023	State of Nebraska
If needed, Ameritas will print/ship highlight materials for enrollment to State of Nebraska by due date.	May 8-10, 2023	Ameritas
Ameritas conducts training of State of Nebraska's key benefit staff (train the trainer).	May 8-12, 2023	Ameritas

Enrollment Welcome Line	When	Who
Ameritas begins internal processes to request the set up of the **Welcome Line**, record the Welcome message, and conduct testing.	March20-24, 2023	Ameritas
Ameritas trains internal Customer Service Representatives that will be handling calls from the toll-free **Welcome Line** during open enrollment	May 8-12, 2023	Ameritas

Microsite	When	Who
Ameritas modifies the custom microsite and /or recorded presentation, if needed.	March 1-10, 2023	Ameritas
If Ameritas’ microsite is used, Ameritas sends State of Nebraska a link to the custom site demo for review.	March 13-17, 2023	Ameritas
State of Nebraska provides feedback on the custom site demo and/or sign off.	March 20-24, 2023	State of Nebraska
Ameritas completes changes requested for custom website and sends like back to State of Nebraska for final review and sign off.	March 27-31,2023	Ameritas
State of Nebraska provides sign off on the custom site.	April 3-7, 2023	State of Nebraska

Open Enrollment Period and Meetings	5/15/2023 – 6/2/2023	
Contract Execution	**When**	**Who**
State of Nebraska completes Application for insurance form.	February 6-10, 2023	State of Nebraska
Sales Representative prepares and submits updated documents to Home Office required for new plan set up.	February 13-17, 2023	Ameritas

Roll Out	When	Who
Ameritas provides updated draft certificate benefit booklet with any plan changes for review if requested.	June 5-9, 2023	Ameritas
Ameritas delivers policy to State of Nebraska along with Administrative Guide.	June 12-16, 2023	Ameritas
Delivery of ID Cards & Benefit Booklets. • Ameritas emails updated pdf benefit booklet to State of Nebraska • Ameritas creates and prints ID cards to new members and/or members that changed coverage. • Ameritas mails ID cards by due date to employee home addresses.	June 2-15, 2023	Ameritas
State of Nebraska visit by Ameritas Account Manager to: • Discuss ongoing service model. • Determine ongoing reporting needs and frequency. • Answer questions / train State of Nebraska as needed.	August 17-31, 2023	Ameritas and State of Nebraska
Plan Effective Date:	**7/1/2023**	
Billing	**When**	**Who**
Ameritas generates first bill for July premium based on enrollment submitted in June for members effective July 1, 2023. Payment is typically due within 30 days; however alternate grace periods can be discussed during the planning process if needed due to payroll cycles and client workflows.	June 20, 2022 - July 17, 2023	Ameritas

Technical Approach

summary of bidder's corporate experience

Bryan Health:	3,678 enrolled employees in ASO dental benefit
Reference Contact	Teena Kissler, Total Rewards Manager Phone: 402-481-8141 Fax: Not Available Email: Teena.Kissler@bryanhealth.org
Project Description	Implementation of a new electronic data exchange to support Bryan Health's new benefit administration. Ameritas acted as the Primary Contractor in providing the benefit with ongoing support as customer needs change. Like the State of Nebraska, Bryan Health is a large employer with employees located in many locations in metro and rural areas and selected Ameritas as their dental carrier in 2005.
Time Period	The project submitted was a request to create and implement a new electronic data exchange to support their new benefit administration vendor. This would improve data security and reduce manual intervention for their team. The request was received April 19, 2019 and was completed on June 10, 2019.
Contractor Responsibilities	■ Provide mutual agreed upon project plan for the dental enrollment file from Bryan Health to be recreated based on their new file definitions. ■ Provide periodic updates with Bryan Health throughout implementation to ensure the project stays on task, on time, and incorporates any new/changed needs. Provide a dedicated implementation manager to act as liaison between Bryan Health's team and Ameritas' implementation team. ■ Accurately set up the Administrative systems to reflect Bryan Health's needs for billing/payment process and enrollment reporting. ■ Provide enrollment file formats needed for Bryan Health to transfer dental enrollment data to Ameritas. Provide support for file testing needs and questions by the Bryan Health in developing this process. ■ Load and process the initial and ongoing enrollment files in a timely manner, working with Bryan Health on enrollment questions. ■ Continue monthly billing and payment reconciliation processes in a timely manner based on the new file structures. ■ Like the State of Nebraska, the administrative and reporting processes established for the dental benefit needed to be reviewed to determine changes or updates that may be needed to reflect both benefits. ■ Continue day to day contacts for Administrative functions including enrollment, billing, and overall account management contacts.

Project Time Line	Following the request to introduce new electronic data files on April 19, 2021 we conducted our first implementation planning call with the Bryan Health team. <u>Critical steps in the project plan:</u> Define project expectations and responsible team members for both Bryan Health and Ameritas Target completion date: 5/1/2019 Completion date: 04/19/2019 Identify data split needs for future reporting and set up of the Administrative system to accommodate splits and reporting. Enrollment file transfers (EDI) including set up of file formats, file testingwith the client, and mutual signoff. Target completion date: 05/01/2019 Completion date: 04/22/2019 Receive test file from Bryan Health Target completion date: 05/01/2019 Completion date: 05/22/2019 Review test file by Ameritas CSR and share results with Bryan Health team Target completion date: 05/01/2019 Completion date: 06/10/2019 Loading of enrollment data to Ameritas' s system Target completion date: 07/01/2019 Completion date: 06/10/2019

Ameritas
fulfilling life

summary of bidder's corporate experience

University of NE :	13,229 enrolled employees in ASO dental benefit
Reference Contact	Brian Schlichting, Assistant VP/Director of Benefits Phone: 402-472-5258 Fax: Not Available Email: bschlichting@nebraska.edu
Project Description	Implementation the Ameritas dental program for employees of University of Nebraska. Ameritas acted as the Primary Contractor in providing the benefit. Like the State of Nebraska, University of Nebraska is a large employer with employees located in many locations in metro and rural areas and selected Ameritas as their dental carrier in 2018.
Time Period	The contract for the dental benefit was awarded to Ameritas August 1, 2018 for coverage to be effective 1/1/2019.
Contractor Responsibilities	■ Provide detailed implementation project plan for the dental plan with University of Nebraska to include all needs and deadlines that needed to be met. ■ Provide periodic updates with University of Nebraska throughout implementation to ensure the project stays on task, on time, and incorporates any new/changed needs. Provide a dedicated implementation manager to actas liaison between University of Nebraska's team and Ameritas' implementation team. ■ Partner with University of Nebraska to review and approve communication materials developed by with the benefit team. Like the State of Nebraska, University of Nebraska many locations, our service team developed both online material and attended benefit education events to the University of Nebraska's main campuses. ■ Accurately set up the Administrative systems to reflect University of Nebraska's needs for billing/payment process and enrollment reporting. ■ Provide enrollment file formats needed for University of Nebraska to transfer dental enrollment data to Ameritas. Provide support for file testing needs and questions by the University of Nebraska in developing this process. ■ Load and process the initial and ongoing enrollment files in a timely manner, working with University of Nebraska on enrollment questions. ■ Conduct monthly billing and payment reconciliation processes in a timely manner. ■ Establish future reporting needs and delivery those reports on time in formats promised. ■ Like the State of Nebraska, the administrative and reporting processes established for the dental benefit needed to be reviewed to determine changes or updates that may be needed to reflect both benefits. ■ Assign and introduce day to day contacts for Administrative functions including enrollment, billing, and overall account management contacts.

Project Time Line	Following the award of the contract on August 2018, we conducted our first implementation planning call with Brian Schlichting, and team. Bi-weekly implementation emails were sent with monthly calls scheduled throughout the implementation period between Ameritas' implementation team and Becky (and her team). Implementation schedule/ timelines were developed, maintained, and reviewed for additional/changing needs throughout this period to address the various implementation deliverables. The implementation schedule timelines were fluid documents holding deliverable dates for both Ameritas and the University of Nebraska. <u>Critical steps in the project plan:</u> Implementation project completed and approved by University of Nebraska Target completion date: 9/14/2018 Completion date: 9/14/2018 Identify data split needs for future reporting and set up of the Administrative system to accommodate those splits and reports. Target completion date: 9/28/2018 Completion date: 09/06/2018 Establish Welcome Line for open enrollment support Target completion date: 09/24/2018 Completion date: 09/03/2018 Open enrollment meeting materials (design, printed and ship): Target completion date: 09/24/2018 Completion date: 09/12/2018 Enrollment file transfers (EDI) including set up of file formats, file testing with the client, and mutual signoff. Target completion date: 11/21/2018 Completion date: 08/23/2018 Receipt of "live" enrollment data via EDI file from UNIVERSITY OF NEBRASKA and loading ofthat data to Ameritas' s system Target completion date: 11/27/2018 Completion date: 11/30/2018 Loading of enrollment data to Ameritas' s system Target completion date: 12/7/2018 Completion date: 12/3/2018 Print and mail ID cards to member home addresses Target completion date: 12/14/2018 Completion date: 12/07/2018 Provide policy in final form to UNIVERSITY OF NEBRASKA along with electronic certificatesfor members. Target completion date: 12/15/2018 Completion date: 12/15/2018 Completion of Underwriting approval Target completion date: 12/27/2018 Completion date: 12/21/2018 Effective date of coverage -benefits available for use by members, Ameritas customer service lines ready to take member calls. Target completion date: 1/1/2019 Completion date: 1/1/2019

summary of bidder's corporate experience

Crete Carrier:	4,864 enrolled employees in self-insured dental benefit
Reference Contact	Tim Ashoff, Executive Vice President/COO & General Counsel Phone: 402-479-2539 Fax: Not Available Email: TAschoff@cretecarrier.com
Project Description	Crete Carrier is a large employer with employees located in many locations. Ameritas had administered Crete Carrier's dental program since April 1, 1994 and has retained the coverage for the past 27 years. We received notice of a new EDI feed on July 14, 2017 from Crete Carrier. The implantation schedule was fluid based on the results of the test file, and the time related to receiving the test files from the TPA. The timelines and schedule were developed and changed dependent on the receipt of documents received from Ameritas, Crete Carrier, and the TPA who was implementing the EDI feed
Time Period	The contract for the dental benefit was awarded to Ameritas on 8/15/1993. The project for this customer experience took place between July 2017 and November 2017.
Contractor Responsibilities	■ Provide periodic updates with Crete Carrier throughout file implementation to ensure the project stays on task, on time, and incorporates any new/changed needs. Provide a field customer relations manager to act as liaison between Crete Carrier's team and Ameritas' implementation team. ■ Accurately set up the Administrative systems to reflect Crete Carrier's needs for the billing/payment process and enrollment reporting. ■ Provide enrollment file formats needed for Crete Carrier to transfer dental enrollment data to Ameritas. Provide support for file testing needs and questions by Crete Carrier in developing this process. ■ Load and process the initial and ongoing enrollment files in a timely manner, working with Crete Carrier on enrollment questions. ■ Conduct monthly billing and payment reconciliation processes in a timely manner. ■ Establish future reporting needs and delivery those reports on time in formats promised. ■ The assigned day to day contacts for Administrative functions including enrollment, billing, and overall account management contacts
Project Time Update	Critical Steps in the Project Plan: 07/14/2017 Received request from Crete Carrier. EDI Request submitted to EDI team. Administration routes Enrollments Format sent. Waiting on test file. 09/07/2017 Test file received from TPA. Test file in review. 9/11/2017 New test file received from TPA. Test file in review. 10/06/2017 Test results in review. File reviewed by CSR for errors. 11/13/2017 Test file received and approved by CSR. EDI file implemented. Project completed.

Account Management Team

SALES, SERVICE AND RENEWAL

Chris Ober, Regional Group Manager
p: 402.548.6381 / email: cober@ameritas.com
Group Office: Omaha, NE

Chris Ober will be the main point of contact for State of Nebraska regarding the sales process, strategic planning, renewal presentations and ongoing account maintenance. With a background in national account administration, underwriting and sales, Chris understands the unique needs of national account sized clients and enjoys working closely with some of the largest employers in the area.

Chris joined Ameritas in 2006 and has more than 16 years of experience in the group insurance industry. He is located at our Omaha sales office. He holds his life and health producer's license.

Kippard (Kip) Koll, ALMI, ACS
Director – Customer & Provider Network Relations
p: 800.543.7784 ext. 82529
email: kkoll@ameritas.com
Location: Lincoln, NE

Kip Koll will be the assigned Field Customer Relations Manager for State of Nebraska. She will remain attentive to the benefits administrator's needs during plan implementation, ongoing administration, and throughout the life of the plan. Kip will act as the liaison between State of Nebraska and the various departments within Ameritas to ensure service expectations are being met.

Kip joined Ameritas in 1991 as a claims representative. She transitioned into the Provider Network team in 1996 and became the National Manager – Field Customer Relations in 2012. In 2016, Kip was promoted to Director – Customer & Provider Network Relations. Kip has more than 30 years of experience in the insurance industry.

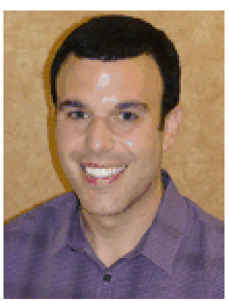
IMPLEMENTATION

M. Shannon Neill, Group National Account Executive
p: 800.659.2223 ext. 82541 / email: sneill@ameritas.com
Location: Lincoln, NE

Shannon Neill will serve as the implementation project manager for this national account, partnering with State of Nebraska, the Ameritas sales team, and internal operational areas. With experience in marketing, customer service, and new business acquisitions, her role has revolved around the implementation of our large, national accounts in addition to the development of service models for our largest accounts.

Shannon joined Ameritas in 1991 and has more than 30 years of experience in the insurance and employee benefit industry. Shannon is located at our Fallbrook location in Lincoln, NE. In addition to coursework from the Project Management Institute, Shannon holds her life, health and annuities license.

FINANCIAL/UNDERWRITING



Peter Kaczmar, Underwriting Manager
p: 847.572.8250 / Email: pkaczmar@ameritas.com
Group Office: Chicago. IL

Pete Kaczmar will be the active Underwriting Manager working on State of Nebraska Vision plan. He is responsible for all functions related to the underwriting, risk evaluation, pricing, renewal calculations, and reporting needs.

Pete Kaczmar joined Ameritas in 2007 and is responsible for leading the underwriting operations for our National Accounts and Key Partnering Relationships. He has over 21 years of insurance underwriting experience.

CUSTOMER CONNECTIONS

Donna Kozakiewicz, Lead Representative – Policy Services
p: 800.659.2223 ext. 82091
email: dkozakiewicz@ameritas.com
Location: Lincoln, NE

Donna is part of our Relations Team in Group Customer Connections. She will be the CSR assigned to the State of Nebraska's Vision account. She sets up and maintains Administrative data and functions on assigned cases and coordinates with IT, Accounting, and other departments to meet the needs of the policyholder. She answers telephone calls and maintains a working knowledge of all Group Administrative functions.

Donna has been with Ameritas since 1999 and brings with her over 22 years of industry experience. She is located in our Home Office in Lincoln, NE.

Kerry Erdkamp-Curry, Lead Representative – Policy Services
Group Customer Connections – Administration
p: 800.659.2223 ext. 82024
email: Kerry.ErdkampCurry@ameritas.com
Location: Lincoln, NE

Kerry is part of our Suspense Team in Group Customer Connections. She will be the CSR assigned to State of Nebraska's dental account. She implements the billing, collection and reconciliation of premiums, policy lapses and cancellations. She maintains Administrative data and functions on assigned cases and coordinates with Accounting, and other departments to meet the needs of the policyholder. She answers telephone calls and maintains a working knowledge of all Group Administrative functions to provide customer service to policyholders, field sales offices, agent/brokers, and individual insureds.

Kerry joined Ameritas in 2013 and brings with her more than 8 years of experience in the insurance industry. She is located at our Home Office in Lincoln, NE.

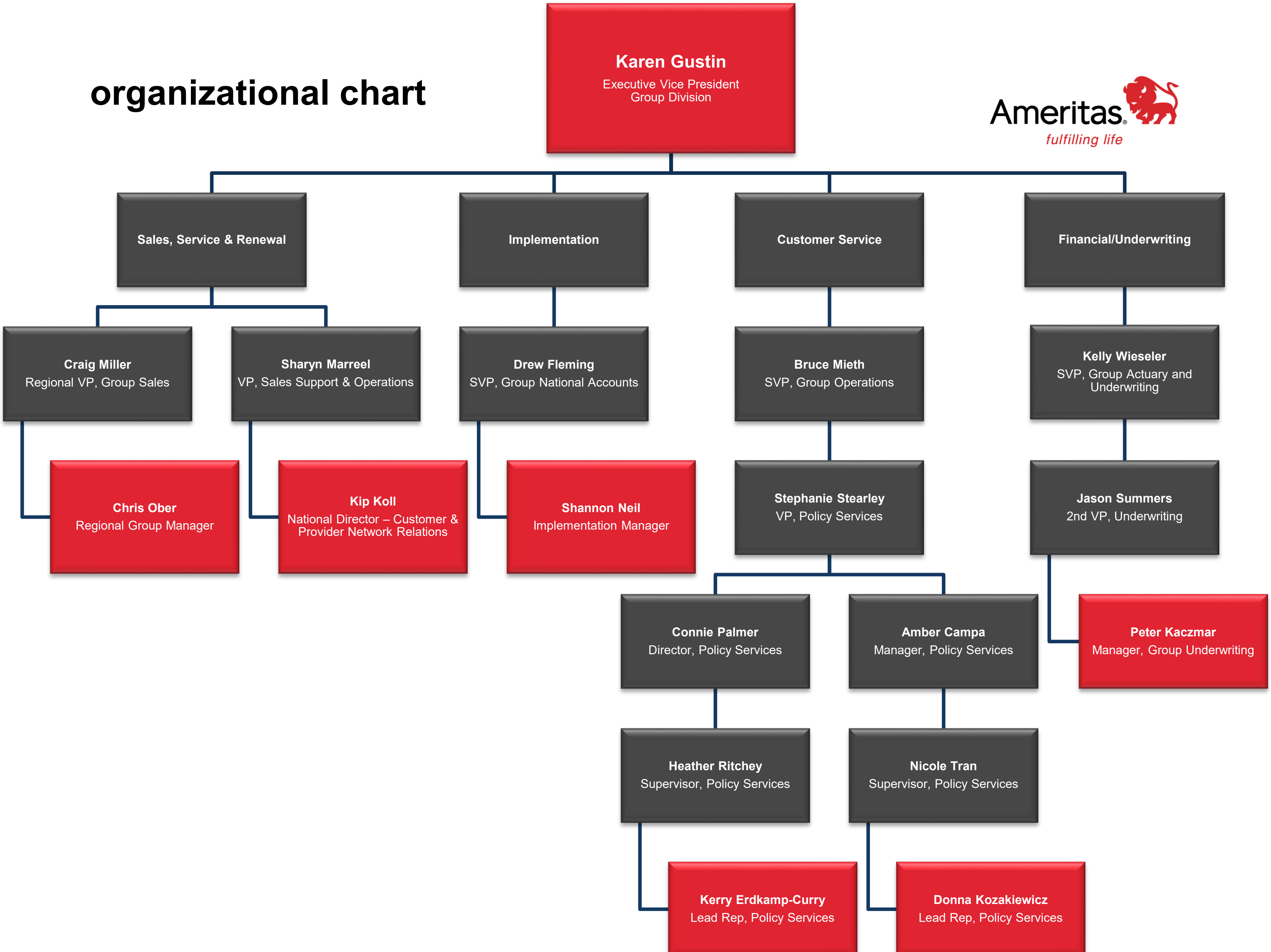
LEADERSHIP

Craig Miller, Regional Vice President – Southwest Central Region
p: 512.373.3036 / email: craig.miller@ameritas.com
Group Office: Austin, TX

Craig Miller will be the Field Officer responsible for client interaction, oversight of the relationship, and the successful delivery of our services. He will also make certain that we meet our performance standards. He will participate in regular ongoing interaction with State of Nebraska and work to ensure your satisfaction with our Vision health expertise.

Craig has extensive expertise in the design, sale, and on-going management of dental and vision programs for large groups. As Regional Vice President of Sales, Craig is responsible for managing the Ameritas field sales force in the Southwest Region. He bears ultimate accountability for the region's new business production and client retention. Craig joined Ameritas in 2003 and brings with him more than 28 years of experience in the insurance industry. Craig is located in our Austin Group Office.

organizational chart



Sales & Service Representative

Chris Ober

Regional Group Manager
Group Division of Ameritas Life
Omaha, NE

Work History

- Regional Group Manager – 2021
- Large Group Sales Representative – 2016 to 2021
- Underwriter – 2015 to 2016
- Underwriting Assistant – 2013 to 2015
- Joined Ameritas as a customer service representative in administration – 2006 to 2013

Education

- Bachelor of Science – Business Administration – University of Nebraska
- NE Life and Health Producer License - #17221506 (Health, Sickness, Accident, Life and Annuities)

Business and Community Activities

- Board of Directors, PGA REACH Nebraska - Current
- Executive Committee, 15th Club – Pinnacle Bank Championship – Current
- University of Nebraska Young Alumni Academy – 2018-2019 cohort
- Executive Leadership Team, American Heart Association - 2015-2016

Ameritas Honors and Awards

- Senior Sales Council Member - 2020-Current
- Rising Star Award - 2017
- Bronze All Star Award - 2017
- Group Sales Congress Qualifier - 2017
- Gold All Star Award – 2018 to 2021
- Premium Persistency Award - 2018
- Production Leader Award – 2019 to 2020
- Sales Congress Top Performer – 2020
- Premium Growth Award - 2021
- Foundations of Leadership – Spring 2022 cohort

References

- Joe D'Amico, Vice President/Owner
  General Excavating
  - Lincoln, NE, 402-432-7906
- Brad Strittmatter, Chief Executive Officer
  Olsson Associates
  - Lincoln, NE, 602-751-0407
- Dr. Scott Reins, Optometrist
  EyeCare Specialties
  - Lincoln, NE, 402-799-8888

Kip Koll

Director – Customer and Provider Network Relations
Group Division of Ameritas Life
Lincoln, NE

Sales & Service Field Customer Relations

Work History

- Director – Customer and Provider Network Relations - 2016
- National Manager – Field Customer Relations - 2012 to 2016
- Project Manager – Provider Networks - 2009 to 2012
- Project Coordinator – Provider Networks - 2008 to 2009
- Sr. Provider Network Specialist - 1997 to 2008
- Provider Network Specialist - 1996 to 1997
- Customer Service Representative - 1992 to 1996
- Joined Ameritas as a dental claim's examiner - 1991 to 1992

Education

- ALMI and ACS designation through LOMA
- Licensed in Life and Health in multiple states
- Dental Assisting National Board
- OHSA
- Great Leader Program

Business and Community Activities

- Active volunteer with multi-state program, Mission of Mercy which provides free dental care to people in need.
    - Department lead for Nebraska Mission of Mercy, since 2009
    - 2^{nd} lead for State of Wisconsin Mission of Mercy, since 2010
    - Department lead for the 1^{st} National Mission of Mercy (New Orleans 2013)
    - Department lead for National Mission of Mercy (Washington, DC, 2015)
- Volunteered in other state's events including Iowa, Mississippi, Virginia, Florida and Minnesota

References

- Vicki Lee
    - 444 S. 16^{th} St, 4E/EP2, Omaha, NE 68102, 531-226-3117
- Cheryl White
    - 4107 Central Ave, Kearney, NE 68847, 308-224-7271
- Lani Becker
    - W214N10385 Oak Ln, Colgate, WI 53017, 414-640-1311

Shannon Neill

National Account Executive – Implementation Manager
Group Division of Ameritas Life
Lincoln, NE

Implementation Manager

Work History

- National Account Implementation Manager - 2000
- Group National Account Sales Manager - 1995 to 2000
- Joined Ameritas as a group large case supervisor - 1991 to 1995

Education

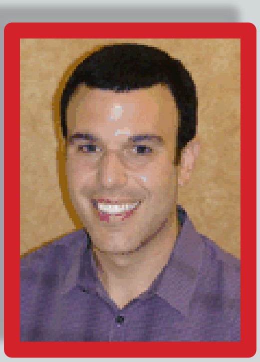
- University of Nebraska, Marketing/Business
- Southeast Community College, Accounting

Business and Community Activities

- Habitat for Humanity volunteer
- Special Olympics fundraising
- United Way-Women in Philanthropy event sponsor and donor

References

- Irene Correia
    - 500 Volvo Pkwy, Chesapeake, VA 23320, 757-321-5022
- Shelby Hale
    - 7313 Bell Creek Rd., Mechanicsville, VA 23111, 804-417-1909
- Kevin Ahern
    - 5700 W. 112th St., Suite 500, Overland Park, KS 662211, 913-904-5700



Peter Kaczmar

Underwriting Manager
Group Division of Ameritas Life
Chicago, IL

Ameritas
fulfilling life.

Underwriting Manager

Work History

- Underwriting Manager – National Accounts & Key Partnering Relationships - 2018
- Manager – Group Underwriting - 2014 to 2018
- Joined Ameritas as a senior group underwriter - 2007 to 2014
- MetLife - 2001 to 2007

Education

- Bachelor of Science – Finance, The University of Illinois at Chicago

Committees/Awards

- Committee Chair, Group Underwriters Association of America - 2018
- Received the Ameritas Group Associate of the Month in January 2010

References

- John Golden
    - 2921 Landmark PL, Suite 420, Madison, WI 53713, 816-605-
- Paul Sohn
    - 5904 Stone Creek Drive, Suite 120, The Colony, TX 75056, 414-213-7517
- Jonathan Jennings
    - 12399 Gravois Road, St. Louis, MO 63127, 314-619-5781

Donna Kozakiewicz

Lead Representative – Policy Services
Group Division of Ameritas Life
Lincoln, NE

Work History

- Joined Ameritas as a Client Service Representative - 1999

Education

- Pima Community College – Tucson, Arizona

Professional Work Designations

- LOMA – FMLI – Level 1 – July 2017
- LOMA – Associate, Customer Service (ACS)– October 2017
- LOMA – Associate Life Management Institute (FLMI)– November 2017

Community Activities

- Junior Achievement volunteer

Committees/Awards

- Employee of the Year – Group Administration - 2020

References

- Nicole Tran
    - 5900 O Street Lincoln, NE 68510, 402-309-2058
- Genelll Klein
    - 5900 O Street Lincoln, NE 68510, 402-309-2408
- Tammye Waite
    - 5900 O Street Lincoln, NE 68510, 402-309-2302

Customer Connections Representative

Kerry Erdkamp-Curry

Lead Representative – Policy Services
Group Division of Ameritas Life
Lincoln, NE

Work History

- Joined Ameritas as a lead representative - 2013

Education

- University of Nebraska – Lincoln – Area of focus Business with an emphasis in Accounting and Sociology. 1996-2001

References

- Heather Ritchey
  - 475 Fallbrook Blvd Lincoln, NE 68521, 402-309-2012
- Kevin Carter
  - 475 Fallbrook Blvd Lincoln, NE 68521, 402-309-2372
- Connie Palmer
  - 475 Fallbrook Blvd Lincoln, NE 68521, 402-309-2182

Craig Miller

Regional Vice President – Southwest Central Region
Group Division of Ameritas Life
Austin, TX

Leadership Regional Vice President

Work History

- Regional Vice President-Southwest Central Region - 2011
- Regional Director - 2010
- State Manager - 2007
- Joined Ameritas a regional group manager - 2006

Education

- Bachelor of Art – Communications – University of Texas
- Masters – Psychology – University of Houston

Business Activities

- Awards received through Ameritas (Award, Year):
  - Chairman's Award, 2007, 2008, 2009
  - President's Award, 2004, 2005, 2006
  - Lives Growth Award, 2006, 2007
  - Lives Persistency, 2004
  - State Manager Net Growth, 2007
  - Group Sales Congress, 2005, 2007, 2009, 2011
  - Region Average Award, 2015, 2016
  - Region Growth Net Award, 2015, 2016
  - Regional Sales Team Cup, 2019, 2021

- Leadership Committees:
- Senior Sales Council

References

- Matt Stadler
  - 8144 Walnut Hill Lane 16th Floor, Dallas, TX 75231, 972-770-1600
- Mark D. Krum
  - 6034 W. Courtyard Dr., Ste 300, Austin, TX 78730, 847-778-5214
- Brian Robertson
  - 11910 Anderson Mill Rd., Ste 401, Austin, TX 78726, 512-827-5350

The following Networking Document(s) has/have been attached, for your review. Please see the attachment tab in the left margin, which looks like a paperclip "", to view the following document(s):

- Vision GEO Access Report - EyeMed Insight
- Vision GEO Access Report - VSP Choice + Affiliates
- EyeMed Insight and VSP Choice + Affiliates Retail Chain List

AMERITAS MUTUAL HOLDING COMPANY AND SUBSIDIARIES

CONSOLIDATED FINANCIAL STATEMENTS AS OF DECEMBER 31, 2021 AND 2020 AND FOR EACH OF THE THREE YEARS IN THE PERIOD ENDED DECEMBER 31, 2021 AND INDEPENDENT AUDITORS' REPORT

INDEPENDENT AUDITOR'S REPORT

To the Board of Directors
Ameritas Mutual Holding Company
Lincoln, Nebraska

Opinion

We have audited the consolidated financial statements of Ameritas Mutual Holding Company and subsidiaries (the "Company"), which comprise the consolidated balance sheets as of December 31, 2021 and 2020, and the related consolidated statements of operations, comprehensive income, equity, and cash flows for each of the three years in the period ended December 31, 2021, and the related notes to the consolidated financial statements (collectively referred to as the "financial statements").

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Company as of December 31, 2021 and 2020, and the results of its operations and its cash flows for the three years in the period ended December 31, 2021 in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Company and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Company's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Company's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Company's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Deloitte & Touche LLP

Omaha, Nebraska
March 14, 2022

AMERITAS MUTUAL HOLDING COMPANY AND SUBSIDIARIES
CONSOLIDATED BALANCE SHEETS
(in thousands)

	December 31	
	2021	2020
ASSETS		
Investments:		
Fixed maturity securities	$ 12,520,020	$ 12,172,789
Equity securities	608,846	498,976
Mortgage loans on real estate, net	2,458,886	2,313,607
Loans on insurance policies	463,836	447,589
Real estate, less accumulated depreciation	14,944	14,898
Other investments	829,915	762,706
Total investments	16,896,447	16,210,565
Cash, cash equivalents and restricted cash	245,718	458,690
Accrued investment income	115,665	112,904
Deferred acquisition costs (DAC) and identifiable intangibles	915,603	775,616
Property and equipment, less accumulated depreciation	48,811	60,957
Current income taxes	29,534	17,388
Reinsurance receivables	823,140	760,090
Goodwill	123,955	109,510
Other assets	291,360	253,792
Separate accounts	12,488,946	11,514,156
Total assets	$ 31,979,179	$ 30,273,668
LIABILITIES AND EQUITY		
Policy and contract liabilities	$ 3,762,714	$ 3,520,088
Policyholder account balances	9,623,435	9,100,494
Deposit liability	953,588	986,401
Borrowings	62,696	63,106
Deferred income taxes	225,063	259,139
Other liabilities	719,639	719,182
Separate accounts	12,488,946	11,514,156
Total liabilities	27,836,081	26,162,566
COMMITMENTS AND CONTINGENCIES (Note 12)		
Retained earnings	3,617,329	3,357,118
Accumulated other comprehensive income	525,769	753,984
Total members' equity	4,143,098	4,111,102
Total liabilities and equity	$ 31,979,179	$ 30,273,668

The accompanying notes to the consolidated financial statements are an integral part of these statements.

AMERITAS MUTUAL HOLDING COMPANY AND SUBSIDIARIES
CONSOLIDATED STATEMENTS OF OPERATIONS
(in thousands)

	Years Ended December 31		
	2021	**2020**	**2019**
INCOME			
Insurance revenues			
Premium income	$ 1,565,068	$ 1,355,147	$ 1,265,322
Contract charges	450,061	375,663	382,182
Reinsurance, net	(187,174)	(177,397)	(170,639)
Broker dealer and investment advisor revenues	163,148	129,691	129,367
Other income	105,602	113,129	93,036
Net investment income	750,528	634,384	662,664
Realized gains and (losses)			
Total other-than-temporary-impairment losses and provision for loan losses	(1,645)	(7,997)	(5,029)
Portion recognized in other comprehensive income (loss)	21	—	—
Net other-than-temporary-impairment losses recognized in earnings	(1,624)	(7,997)	(5,029)
Sales, other realized gains and fair value adjustments, net	130,720	95,109	128,996
Total realized gains, net	129,096	87,112	123,967
	2,976,329	2,517,729	2,485,899
BENEFITS AND EXPENSES			
Policy benefits	1,276,767	1,109,925	1,108,510
Interest credited to policyholder account balances	342,439	289,674	268,665
Sales and operating expenses	887,705	786,148	742,292
Interest expense	36,575	31,073	43,739
Amortization of DAC and identifiable intangibles	113,994	97,343	71,299
	2,657,480	2,314,163	2,234,505
Income before income taxes	318,849	203,566	251,394
Income tax expense	58,638	39,164	45,454
Net income attributable to members	$ 260,211	$ 164,402	$ 205,940

The accompanying notes to the consolidated financial statements are an integral part of these statements.

AMERITAS MUTUAL HOLDING COMPANY AND SUBSIDIARIES
CONSOLIDATED STATEMENTS OF COMPREHENSIVE INCOME
(in thousands)

	Years Ended December 31		
	2021	**2020**	**2019**
Net income attributable to members	$ 260,211	$ 164,402	$ 205,940
Other comprehensive income (loss), net of tax			
Change in unrealized gains/losses on securities			
Unrealized holding gains/losses arising during the period (net of deferred tax expense (benefit) of $(76,530), $119,529, and $162,702, respectively)	(287,010)	449,500	611,473
Reclassification adjustments from accumulated other comprehensive income (loss), (net of deferred tax expense (benefit) of $(756), $(2,755), and $(5,702), respectively)	(2,844)	(10,081)	(21,448)
Allocation from (to) Closed Block policyholder dividend obligation (PDO) (net of deferred tax expense (benefit) $4,499, $(8,136), and $(1,564), respectively)	16,926	(30,607)	(5,883)
Allocation of unrealized gains/losses to DAC (net of deferred tax expense (benefit) of $9,678, $(24,009), and $(35,761), respectively)	36,410	(90,321)	(134,530)
Allocation of unrealized gains/losses to policy and contract liabilities (net of deferred tax expense (benefit) of $294, $4,686, and $14,103, respectively)	1,108	17,629	53,054
Other-than-temporary impairments (net of deferred tax expense (benefit) of $(137), $(116), and $(119), respectively)	(517)	(437)	(447)
Change in unrealized gains/losses on defined benefit plan obligations			
Unrecognized defined benefit plans obligation (net of deferred tax expense (benefit) of $2,735, $1,206, and $(680), respectively)	7,828	3,275	(2,237)
Reclassification adjustments from (to) accumulated other comprehensive income (loss), (net of deferred tax expense (benefit) of $(42), $(195), and $(176), respectively)	(116)	(535)	(483)
Other comprehensive income (loss)	(228,215)	338,423	499,499
Comprehensive income attributable to members	$ 31,996	$ 502,825	$ 705,439

The accompanying notes to the consolidated financial statements are an integral part of these statements.

AMERITAS MUTUAL HOLDING COMPANY AND SUBSIDIARIES
CONSOLIDATED STATEMENTS OF EQUITY
(in thousands)

	Retained Earnings	Accumulated Other Comprehensive Income (Loss)	Total Members' Equity
BALANCE, January 1, 2019	$ 2,986,776	$ (83,938)	$ 2,902,838
Net income attributable to members	205,940	—	205,940
Other comprehensive income	—	499,499	499,499
BALANCE, December 31, 2019	3,192,716	415,561	3,608,277
Net income attributable to members	164,402	—	164,402
Other comprehensive income	—	338,423	338,423
BALANCE, December 31, 2020	3,357,118	753,984	4,111,102
Net income attributable to members	260,211	—	260,211
Other comprehensive loss	—	(228,215)	(228,215)
BALANCE, December 31, 2021	$ 3,617,329	$ 525,769	$ 4,143,098

The accompanying notes to the consolidated financial statements are an integral part of these statements.

AMERITAS MUTUAL HOLDING COMPANY AND SUBSIDIARIES
CONSOLIDATED STATEMENTS OF CASH FLOWS
(in thousands)

	Years Ended December 31,		
	2021	2020	2019
OPERATING ACTIVITIES:			
Net income attributable to members	$ 260,211	$ 164,402	$ 205,940
Adjustments to reconcile net income attributable to members to net cash provided by operating activities:			
Depreciation and amortization	10,302	10,627	12,858
Amortization of DAC and identifiable intangibles	113,994	97,343	71,299
Acquisition costs deferred	(190,779)	(158,842)	(143,869)
Interest credited to policyholder account balances	342,439	289,674	268,665
Policy charges and fee income on policyholder account balances	(359,282)	(344,215)	(329,886)
Interest expense on deposit liability	31,024	25,715	39,535
Amortization of discounts or premiums, net	(15,660)	(8,415)	(1,346)
Net realized gains on investment transactions	(129,096)	(87,112)	(123,967)
Unrealized losses (gains) on other investments	5,489	(106,096)	(142,994)
Deferred income taxes	26,183	(3,705)	(8,479)
Change in assets and liabilities:			
Fixed maturity securities trading	(7,668)	9,318	(26)
Accrued investment income	(2,761)	887	(2,563)
Current income taxes	(1,862)	(6,356)	22,428
Reinsurance receivables	(63,050)	(63,195)	(24,373)
Other assets	(25,332)	21,987	(25,833)
Policy and contract liabilities	244,029	319,988	221,917
Other liabilities	10,657	124,968	(15,232)
Net cash from operating activities	248,838	286,973	24,074
INVESTING ACTIVITIES:			
Purchase of investments:			
Fixed maturity securities	(2,798,411)	(2,144,864)	(1,677,779)
Equity securities	(99,262)	(115,847)	(89,022)
Mortgage loans on real estate	(464,245)	(295,309)	(389,830)
Real estate	(1,553)	(1,096)	(972)
Other investments	(371,278)	(278,790)	(229,433)
Proceeds from sales, maturities or repayment of investments:			
Fixed maturity securities	2,122,125	1,574,526	1,335,105
Equity securities	85,876	113,012	165,276
Mortgage loans on real estate	320,141	271,061	262,870
Real estate	10,506	2,430	2,802
Other investments	312,428	202,763	182,071

The accompanying notes to the consolidated financial statements are an integral part of these statements.

AMERITAS MUTUAL HOLDING COMPANY AND SUBSIDIARIES
CONSOLIDATED STATEMENTS OF CASH FLOWS
(in thousands)

	Years Ended December 31, 2021	2020	2019
INVESTING ACTIVITIES (continued):			
Purchase of property and equipment	(2,897)	(12,602)	(7,018)
Proceeds from sale of property and equipment	327	841	1,934
Proceeds from company-owned life insurance	—	4,301	—
Acquisition of company	(34,807)	(92,897)	—
Net change in loans on insurance policies	(16,247)	4,207	(12,938)
Net cash from investing activities	(937,297)	(768,264)	(456,934)
FINANCING ACTIVITIES:			
Deposits credited to policyholder account balances	2,548,244	2,289,223	2,408,076
Withdrawals from policyholder account balances	(1,126,265)	(1,067,382)	(1,042,033)
Net transfers to separate accounts	(882,195)	(612,402)	(792,625)
Repayment of borrowings	(460)	(443)	(426)
Proceeds from deposit liability	49,952	66,510	57,291
Repayment of deposit liability	(113,789)	(125,702)	(152,017)
Net cash from financing activities	475,487	549,804	478,266
CHANGE IN CASH, CASH EQUIVALENTS AND RESTRICTED CASH	(212,972)	68,513	45,406
CASH, CASH EQUIVALENTS AND RESTRICTED CASH AT BEGINNING OF PERIOD	458,690	390,177	344,771
CASH, CASH EQUIVALENTS AND RESTRICTED CASH AT END OF PERIOD	$ 245,718	$ 458,690	$ 390,177

	2021	2020	2019
Supplemental cash flow information:			
Cash paid for income taxes, net	$ 34,454	$ 49,228	$ 31,504
Cash paid for interest	$ 4,603	$ 4,629	$ 4,637
Non-cash transactions:			
Conversion of mortgage loans to real estate	$ 153	$ —	$ 555
Low-income housing tax credit amortization	$ 10,284	$ 5,060	$ 5,099
Recognition of commitments for low-income housing partnerships	$ —	$ 20,000	$ —

The accompanying notes to the consolidated financial statements are an integral part of these statements.

NOTE 1 - BASIS OF PRESENTATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation

The accompanying consolidated financial statements of the Company have been prepared in accordance with accounting principles generally accepted in the United States of America (GAAP) and include the accounts of Ameritas Mutual Holding Company (AMHC), a mutual insurance holding company and its subsidiaries (the Company). AMHC's wholly-owned holding company, Ameritas Holding Company (AHC), owns Ameritas Life Insurance Corp. (Ameritas Life), a stock company, and Ameritas Investment Partners, Inc. (AIP), an advisor providing investment management services. Primary subsidiaries of Ameritas Life are Ameritas Life Insurance Corp. of New York (Ameritas-NY), a New York domiciled life insurance subsidiary and Ameritas Investment Company LLC (AIC), a broker dealer. Ameritas Life and its insurance subsidiary operate in all 50 states and the District of Columbia.

Effective January 1, 2020, AIC converted from a corporation to a single member limited liability company, and Ameritas Life formed two single member limited liability companies, Variable Contract Agency LLC (VCA), an insurance agency, and Ameritas Advisory Services LLC (AAS), an investment advisor. Effective September 30, 2021, Ameritas Life acquired BlueStar Retirement Services, a defined contribution and defined benefit plans recordkeeper and third-party administrator. Effective April 30, 2020, Ameritas Life acquired Select Benefits Group, LLC dba Dental Select (Dental Select), a third-party administrator (TPA) for dental and vision insurance plans.

The consolidated financial statements include the accounts of AMHC and its majority owned subsidiaries and all variable interest entities (VIEs) for which the Company is the primary beneficiary, but exclude the effects of all intercompany transactions as these amounts have been eliminated in consolidation.

Nature of Operations

The Company provides life and health insurance and annuities to individual customers and health insurance and pension contracts to group customers. Owners of designated policies issued by Ameritas Life and Ameritas-NY have membership interests in AMHC, while contractual rights remain with each respective insurance company.

Use of Estimates

The preparation of consolidated financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the consolidated financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates. Material estimates susceptible to significant change include investment valuations, DAC, goodwill and intangible assets and related impairments, unearned revenue, pension plan liabilities, policy and contract liabilities, and income taxes.

Risks and Uncertainties

The Company operates in a business environment which is subject to various risks and uncertainties. Such risks and uncertainties include, but are not limited to, interest rate risk, market risk, credit risk and legal and regulatory changes. Beginning in the first quarter of 2020, the outbreak of the novel coronavirus (COVID-19) has resulted in extreme stress and disruption in the economy and financial markets, and has impacted, and may continue to impact, results of operations, financial condition and cash flows. Due to the highly uncertain nature of these conditions, it is not possible to estimate ultimate impacts. Risks include i) increased risk of loss in investments due to default or deterioration in credit quality or value; and ii) potential changes to assumptions regarding investment returns, mortality, morbidity and policyholder behavior reflected in policy and contract liabilities and certain related balances.

Interest rate risk is the potential for interest rates to change, which may result in fluctuations in the value of investments, policy and contract liabilities and the carrying amount of deferred policy acquisition costs. Market risk is the potential for market values to change, which can cause fluctuations in certain policy and contract liabilities including future policy benefits

NOTE 1 - BASIS OF PRESENTATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

and contract charges. Credit risk is the risk that issuers of investments owned by the Company may default or that other parties may not be able to pay amounts due to the Company. The Company is also subject to oversight by various state and federal regulatory authorities. The potential exists for changes in regulatory initiatives, which can result in additional, unanticipated impacts to the Company.

Subsequent Events

The Company has evaluated events subsequent to December 31, 2021 and through March 18, 2022, the date the consolidated financial statements were available to be issued.

Investments

Available for sale fixed maturity securities are carried at fair value on the consolidated balance sheets with unrealized gains and losses excluded from operations and reported as a component of AOCI, net of related deferred policy acquisition costs, policy and contract liabilities, and income tax effects. Fixed maturity trading securities are carried at fair value with unrealized gains and losses included in sales, other realized gains and fair value adjustments, net on the consolidated statements of operations. Held to maturity securities are carried at amortized cost.

For residential and commercial mortgage-backed and asset-backed securities, the Company recognizes income using a constant effective yield based on anticipated prepayments and the estimated economic life of the securities. When estimates of prepayments change, the effective yield is recalculated to reflect actual payments to date and anticipated future payments and any resulting adjustment is included in net investment income.

Equity securities are carried at fair value with changes in unrealized gains and losses recognized in sales, other realized gains and fair value adjustments, net on the consolidated statements of operations.

Mortgage loans on real estate are carried at amortized cost less an allowance for estimated uncollectible amounts, except impaired loans, which are measured at the present value of expected future cash flows, or alternatively, the loan's observable market price or the fair value of the collateral. The allowance for loan losses represents the estimate of probable losses inherent in the loan portfolio and is established through the provision for loan losses included in sales and other realized gains and fair value adjustments, net on the consolidated statements of operations. Loan losses are charged against the allowance for loan losses when the uncollectibility of a loan balance is confirmed. The Company calculates the allowance for loan losses reserves based on estimates of loan collectability in light of historical experience, the nature and volume of the loan portfolio, adverse situations that may affect the borrower's ability to repay, estimated value of any underlying collateral, and prevailing economic conditions. Interest income is accrued on the unpaid principal balance of mortgage loans. Loan origination fees, net of direct origination costs, are deferred and recognized as an adjustment of the related loan yield using the interest or straight-line methods. The accrual of interest on mortgage loans is placed on nonaccrual status when collection of principal and interest is considered doubtful. Interest received on nonaccrual loans is accounted for on the cash basis or cost-recovery method until returned to accrual status. Mortgage loans are returned to accrual status when collectability of past due and future payments is reasonably assured.

The Company considers all troubled debt restructurings (TDRs) to be impaired and defines TDRs as loans whose terms have been modified to provide for a reduction of either interest or principal because of deterioration in the financial condition of the borrower. Once an obligation has been classified as a TDR it continues to be considered a TDR until paid in full or until the loan returns to performing status and yields a market interest rate equal to the current interest rate for new debt with similar risk. TDRs are evaluated by management on a regular basis utilizing the Company's risk grading matrix. TDRs are evaluated for impairment on a loan-by-loan basis in accordance with the Company's impairment methodology.

Realized investment gains and losses on sales of securities are determined on the specific identification method.

Loans on insurance policies are recorded at the unpaid principal balance.

NOTE 1 - BASIS OF PRESENTATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Real estate held for investment, including related improvements, is carried at cost less accumulated depreciation of $34,993 and $32,772 at December 31, 2021 and 2020, respectively.

Under agreements with the Federal Home Loan Banks (FHLB) of Topeka and New York, the Company pledges certain assets as collateral in exchange to extensions of credit. At December 31, 2021 and 2020, the Company pledged fixed maturity securities of $324,721 and $300,338, and mortgage loans of $1,052,535 and $937,929, respectively, which are both reported on the consolidated balance sheets. As of December 31, 2021 and 2020, the Company had $500,000 of funding agreements outstanding with the FHLB of Topeka and $30,000 with the FHLB of New York, which are reported in policyholder account balances on the consolidated balance sheets.

Other investments primarily include investments in venture capital partnerships accounted for using the cost or equity method, depending on ownership percentages; equity method investments in real estate limited partnerships and real estate limited liability companies; FHLB stock carried at cost; and call options, foreign currency swaps and private equity securities carried at fair value. The carrying value of venture capital partnerships, real estate limited partnerships and real estate limited liability companies is determined using a one-quarter lag adjusted for all capital contributions, certain distributions, and impairment charges for the most recent quarter. Equity in earnings is included in net investment income in the consolidated statements of operations. The limited partnership agreements restrict investment redemptions prior to the termination of the partnership.

The Company regularly reviews its securities in an unrealized loss position to determine if other-than-temporary-impairments (OTTI) exist. Under the current OTTI accounting model, if the Company has the intent to sell a security or it is more likely than not that the Company will be required to sell the security before recovery, an OTTI loss will be recognized in net income equal to the difference between fair value and amortized cost. If the Company does not intend to sell the security before recovery and it is not more likely than not that the Company will be required to sell the security before recovery, the Company must evaluate the security for credit losses. If a credit loss exists, only the amount of impairment associated with the credit loss is recognized in net income. The portion of unrealized loss relating to all other factors is recorded in accumulated other comprehensive income.

For other than residential and commercial mortgage-backed and asset-backed fixed maturity securities, the Company monitors several factors to determine if an unrealized loss should be recognized as OTTI. Based on the evaluation of the prospects of the issuers, including, but not limited to, the Company's intentions to sell or whether it is more likely than not that the Company will be required to sell the security prior to recovery, the length of time and magnitude of the unrealized loss, credit ratings of the issuers, failure of the issuer to make contractual payments, management judgment of future performance, and relevant independent research, the Company has concluded that the declines in fair values of the Company's investments in U.S. corporate, foreign, U.S. Treasury securities and obligations of U.S. government agencies fixed maturity securities at December 31, 2021 and 2020 were temporary.

For residential and commercial mortgage-backed and asset-backed fixed maturity securities, credit impairment is assessed by estimating future cash flows from the underlying collateral. The cash flow estimates are based on actual cash flows through the current period and projections of the remaining cash flows. Projections of the remaining cash flows are developed using assumptions for prepayment rate, default rate, loss severity, rating agency action, and other credit performance by security type based on the underlying collateral and vintage. The estimated future cash flows are discounted to present value. If the present value of future cash flows is less than amortized cost, the Company recognizes the estimated credit loss in earnings, with the remaining unrealized loss recognized in accumulated other comprehensive income. Based on the evaluation of estimated future cash flows, the Company has concluded that all other declines in fair values of the Company's investments in mortgage-backed fixed maturity securities at December 31, 2021 and 2020 were temporary.

Variable Interest Entities (VIE)

The Company invests through normal investment activities in entities that are considered VIEs. The Company determines whether it is the primary beneficiary of its VIEs upon its initial involvement with the VIE and performs an ongoing assessment to identify the primary beneficiary of its VIEs. The primary beneficiary of a VIE is required to consolidate the VIE on it's consolidated financial statements when it holds both the power to direct the activities of a VIE that most significantly impact the entity's economic performance and the obligation to absorb losses of the entity or the right to receive benefits from the entity that could potentially be significant to the VIE.

NOTE 1 - BASIS OF PRESENTATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Consolidated VIEs

The Company consolidates four grantor trusts for reinsurance transactions which were determined to be VIEs. The VIEs were formed to provide a security interest in the grantor trusts' assets to ceding entities which were a party to the reinsurance transactions. The Company is the investment manager of each VIEs' assets and receives all investment income and gains and losses on these assets. As the Company has both the power to direct the activities of the VIEs that most significantly impact the economic performance of the VIEs and the obligation to absorb losses, or the right to receive benefits that could potentially be significant to the VIEs, the Company determined it was the primary beneficiary of the VIEs. The following table presents total assets held by type for the Company's consolidated VIEs:

	Years Ended December 31	
	2021	*2020*
Fixed maturity securities available for sale	$ 1,246,437	$ 1,300,266
Cash and cash equivalents and restricted cash	15,773	18,391
Accrued investment income	12,652	12,771

The Company owns an equity interest in one Collateralized Bond Obligation (CBO) VIE for which the Company manages the underlying collateral. The CBO is Company managed and holds various subordinated debt securities as collateral in a trust. The unpaid principal balance of long term debt instruments held within this security was $541,666 and $494,766 at December 31, 2021 and 2020, respectively. The Company has no exposure to loss as the investors have no recourse against the Company in the event of default by the VIE and the Company has no obligation to provide funding to the VIE in the future.

Nonconsolidated VIEs

The Company passively invests in structured securities issued by VIEs for which the Company is not the manager. The securities are included in residential mortgage-backed securities, commercial mortgage-backed securities, asset-backed securities and collateralized debt obligations included in fixed maturities in Note 5. The Company determined that it is not the primary beneficiary of these investments after considering the relative size of the Company's investment in comparison to the principal amount of the structured securities issued by the VIEs and the Company's inability to direct the activities that most significantly impact the economic performance of the VIEs. The Company's maximum exposure to loss on these investments is limited to the amount of the Company's investment.

The following table presents the carrying value of assets and liabilities, and the maximum exposure to loss related to VIEs for which the Company does not have a controlling financial interest and is, therefore, not the primary beneficiary, as it does not have the ability to manage the the activities of the partnership that most significantly impact the VIE's economic performance. The Company determined the maximum exposure to loss was equivalent to the carrying value of the assets as the Company is not required to provide additional financial support in the future and other investors have no recourse against the Company in the event of a default.

	December 31, 2021			December 31, 2020		
	Total Assets	*Total Liabilities*	*Maximum Exposure To Loss*	*Total Assets*	*Total Liabilities*	*Maximum Exposure To Loss*
Other Investments:						
Alternative limited partnerships	$ 227,751	$ —	$ 227,751	$ 168,051	$ —	$ 168,051
Real estate partnerships	95,903	—	95,903	58,891	—	58,891
Low-income housing partnerships	28,640	3,750	28,640	31,898	12,303	31,898
Bridge loan partnerships	15,084	—	15,084	4,274	—	4,274
Total	$ 367,378	$ 3,750	$ 367,378	$ 263,114	$ 12,303	$ 263,114

The Company has made unconditional commitments to provide additional capital contributions in low-income housing partnerships of $8,757, $7,521, and $6,571 in 2022, 2023 and 2024, respectively, and $1,190 through 2035. The carrying value of the largest VIE in which the Company is not the primary beneficiary is not material to the Company's total assets or equity as of December 31, 2021.

NOTE 1 - BASIS OF PRESENTATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Cash Equivalents and Restricted Cash

The Company considers all highly liquid debt securities purchased with a remaining maturity of less than three months to be cash equivalents. Restricted cash of $3,600 and $2,461 at December 31, 2021 and 2020, respectively, is included in the consolidated balance sheets.

Deferred Acquisition Costs and Identifiable Intangibles

The direct costs of acquiring new insurance contracts are deferred to the extent that they relate to successful acquisitions and are recoverable from future premiums. Such costs include commissions, certain costs of policy issuance and underwriting, and certain agency expenses. All other acquisition-related costs, including those related to general advertising and solicitation, market research, agent training, product development, unsuccessful sales and underwriting efforts, as well as all indirect costs, are expensed as incurred.

Costs deferred related to term life and disability income insurance are amortized over the premium-paying period of the related policies, in proportion to the ratio of annual premium revenues to total anticipated premium revenues. Such anticipated premium revenues are estimated using the same assumptions used for computing liabilities for future policy benefits. Costs deferred related to participating life, universal life-type policies and investment contracts are generally amortized over the lives of the policies, in relation to the present value of estimated gross profits from mortality, investment and expense margins. The estimated gross profits are reviewed and adjusted periodically based on actual experience and changes in assumptions. Deferred policy acquisition costs related to policies issued are subject to recoverability testing at the end of the year. When future gross premiums and the related policy liabilities are insufficient to cover deferred policy acquisition costs and expected future benefits determined using current assumptions, deferred acquisition costs are charged to expense to the extent they are not recoverable.

To the extent that unrealized gains or losses on available for sale securities would result in an adjustment of deferred acquisition costs had those gains or losses actually been realized, the related unamortized deferred acquisition costs are recorded as an adjustment to the unrealized investment gains or losses included in AOCI.

Identifiable intangible assets primarily consist of the amortized value of customer relationships acquired (VOCRA), non-compete agreements acquired in subsidiary and business block acquisitions, trade name and provider network values acquired in a subsidiary acquisition, and internal-use software licenses. The VOCRA is amortized in relation to customer persistency. If customer persistency differs from the expected experience, the amortization of intangible assets will be adjusted accordingly. Internally developed software and software licenses acquired are amortized over a useful life determined at acquisition and is periodically reassessed.

Property and Equipment

Property and equipment are carried at cost of $181,756 and $207,570 less accumulated depreciation of $132,945 and $146,613 at December 31, 2021 and 2020, respectively. Property and equipment (net) primarily includes properties occupied by the Company of $34,947 and $43,694 at December 31, 2021 and 2020, respectively, and also includes electronic data processing equipment, software, and furniture and equipment. The Company provides for depreciation of property and equipment using straight-line and accelerated methods over the estimated useful lives of the assets. Depreciation expense for property and equipment is included in sales and operating expenses on the consolidated statements of operations at $5,633, $6,101, and $7,100 in 2021, 2020 and 2019, respectively.

Reinsurance Receivables

Reinsurance receivables include amounts due from reinsurers relating to paid and unpaid losses, reinsurance ceded reserves and the unexpired or unearned portion of reinsured policies. Amounts due from reinsurers are evaluated for collectability on a quarterly basis. An allowance is established for all amounts deemed uncollectible and losses are charged against the allowance when the uncollectability of amounts recoverable from reinsurers is confirmed.

Goodwill

Goodwill is the excess of cost over the fair value of net assets acquired in a merger or acquisition transaction and is not amortized. Goodwill is tested for impairment on an annual basis, or more frequently if events or changes in circumstances indicate that the asset might be impaired. The Company tests goodwill annually by performing a qualitative analysis to determine whether it is more likely than not that the fair value of net assets acquired is less than the carrying amount of those assets, or if the qualitative analysis is bypassed, impairment testing will be performed using the fair value approach, which

NOTE 1 - BASIS OF PRESENTATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

requires the use of estimates and judgment. At December 31, 2021 and 2020, there was no impairment indicated for goodwill and no accumulated impairment. The additional goodwill recorded during 2021 and 2020 was related to the BlueStar and Dental Select acquisitions, respectively, (see Note 2).

Other Assets

Other assets include cash surrender value on a company owned life insurance policy, receivables for uncollected premium income, prepaid expenses, and other miscellaneous receivables.

Separate Accounts

The Company operates separate accounts on which the earnings or losses accrue exclusively to policyowners. The assets (principally investments) and liabilities of each account are clearly segregated from other assets and liabilities of the Company. Separate accounts are stated at fair value based on the underlying assets of the portfolios of each individual separate account.

Insurance Revenues and Expense Recognition

Premiums from participating and term life products and certain annuities with life contingencies (immediate annuities) are recognized as premium income when due. Accident and health insurance premiums are recognized on a pro rata basis over the applicable contract term. Benefits and expenses are associated with earned premiums so as to result in recognition of profits over the premium-paying period of the contracts. Unearned revenue liabilities relate to universal life-type products and represent front-loaded policy charges for services to be provided in future periods. The charges are deferred and amortized over the expected life of the contract using the product's estimated gross profits similar to deferred policy acquisition costs in contract charges revenue on the consolidated statements of operations.

Contracts that do not subject the Company to significant risks arising from policyowner mortality or morbidity are referred to as investment contracts. Deposit administration plans and certain deferred annuities, including funding agreements, are considered investment contracts. Amounts received as payments for such contracts are reflected as deposits in policyholder account balances and are not reported as premium revenues.

Revenues for investment contracts consist of investment income and policy administration charges. Contract benefits that are charged to expense include benefit claims incurred in the period in excess of related contract balances and interest credited to contract balances.

Reinsurance, net

Reinsurance premiums are generally reflected in income in a manner consistent with the recognition of premiums on the reinsured contracts.

Broker Dealer and Investment Advisor Revenues

Broker dealer revenues consist of commissions, underwriting income and service and investment advisory fees. Commissions are based on set rates and are recognized at the time the trade is executed. Underwriting income is recognized on the trade date (the date on which the Company purchases the securities from the issuer) as there are no significant actions which the Company needs to take subsequent to this date and the issuer obtains the control and benefit of the capital markets offering at that point. Fees for general financial services and personal investment advisory services are recognized as they are earned.

Policy and Contract Liabilities

Liabilities for future policy and contract benefits for participating and term life contracts and additional coverages offered under policy riders and disability income policies are calculated using the net level premium method and assumptions as to investment yields, mortality or morbidity, withdrawals and dividends. The term life assumptions are based on projections of past experience and include provisions for possible unfavorable deviation. Interest assumptions for participating traditional life reserves for all policies ranged from 2.0% to 6.0% for the years ended December 31, 2021 and 2020.

Unearned revenue liabilities relate to universal life-type products and represent front-loaded policy charges. The charges are deferred as unearned revenue and are recorded in policy and contract liabilities on the consolidated balance sheet and are amortized using the same basis as DAC. Such amortization is recorded in contract charges revenue on the statements of operations. Reserves for unpaid claims are estimated using individual case basis valuations and statistical analysis.

NOTE 1 - BASIS OF PRESENTATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Estimates are reviewed and adjusted as experience develops or new information becomes known and such adjustments are included in current operations.

Policyholder Account Balances
Liabilities for future policy and contract benefits on universal life-type and investment contracts equal to the policy account balance. Policy account balances represent an accumulation of gross premium payments plus credited interest less withdrawals, expense charges and mortality charges.

Deposit Liability
If the Company determines that a reinsurance agreement does not expose the reinsurer to a reasonable possibility of a significant loss from insurance risk, the Company records the agreement using the deposit method of accounting. Under the deposit accounting, a deposit liability is recorded based on the consideration paid or received. The amount of deposit liability is adjusted at subsequent reporting dates by calculating the effective yield on the deposit to reflect actual payments to date and expected future payments with a corresponding credit or charge to interest income or expense.

Dividends Payable To Policyowners
A portion of the Company's business has been issued on a participating basis which is 9.8% and 9.4% of in force at December 31, 2021 and 2020, respectively. The amount of policyowners' dividends to be paid is determined annually by the respective insurance subsidiaries' Board of Directors.

Income Taxes
The provision for income taxes includes amounts currently paid and accrued and deferred income taxes. Deferred tax assets and liabilities are measured using enacted tax rates expected to apply to taxable income in the years the temporary differences are expected to reverse. The principal assets and liabilities giving rise to such differences are unrealized gains and losses on certain investments, policy and contract liabilities, deferred policy acquisition costs and employee benefits. A deferred tax asset valuation allowance is established when there is uncertainty that such assets will be realized. The Company reports a liability for unrecognized tax benefits resulting from uncertain tax positions taken or expected to be taken in a tax return. Uncertain tax positions are evaluated based upon the facts and circumstances that exist at each reporting measurement. Adjustments may result from new information, resolution of an issue with the taxing authorities, or changes in laws or regulations. The Company files a life/non-life consolidated federal income tax return with its eligible affiliates. A life company may not be included in the consolidated income tax return until it has been a member of the consolidated group for five years. For the tax years 2021, 2020, and 2019, AMHC AHC, and Ameritas Life and their includible affiliates have joined in one consolidated federal return. The Company's income tax allocation is based upon a written agreement which uses a modified separate return method which adjusts the separate return method so that the net operating losses are characterized as realized by subsidiaries when those attributes are realized (or realizable) by the consolidated group.

Other Liabilities
Other liabilities include benefit plan and deferred compensation liabilities, general expense and payroll accruals, negative cash reclassification, investment commitments and suspense items, written call options and foreign currency swaps carried at fair value, and other miscellaneous payables.

Accounting Pronouncements

Accounting for Leases
In February 2016, the Financial Accounting Standards Board (FASB) issued guidance that revises the accounting for leases. Under the new guidance, lessees will be required to recognize a right-of-use asset and lease liability for all leases other than those that meet the definition of a short-term lease. The lease liability will be equal to the present value of lease payments. A right-of-use asset will be based on the lease liability adjusted for qualifying initial direct costs. The expense of operating leases under the new guidance will be recognized in the income statement on a straight-line basis after combining the lease expense components (interest expense on the lease liability and amortization of the right-of-use asset) over the term of the lease. The guidance is effective for reporting periods beginning after December 15, 2021 using either a modified retrospective approach applied at the beginning of the earliest period presented or an optional transition method with a cumulative effect adjustment recorded as of the beginning of the fiscal year of adoption. The Company is currently evaluating the impact of this guidance on its consolidated financial statements.

NOTE 1 - BASIS OF PRESENTATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Measurement of Credit Losses on Financial Instruments
In June 2016, the FASB issued guidance which revises the credit loss recognition criteria for certain financial assets measured at amortized cost. The new guidance replaces the existing incurred loss recognition model with an expected loss recognition model. The objective of the expected credit loss model is for the reporting entity to recognize its estimate of expected credit losses for affected financial assets in a valuation allowance deducted from the amortized cost basis of the related financial assets that results in presenting the net carrying value of the financial assets at the amount expected to be collected. The reporting entity must consider all available relevant information when estimating expected credit losses, including details about past events, current conditions, and reasonable and supportable forecasts over the contractual life of an asset. Financial assets may be evaluated individually or on a pooled basis when they share similar risk characteristics. The measurement of credit losses for available-for-sale debt securities measured at fair value is not affected except that credit losses recognized are limited to the amount by which fair value is below amortized cost and the carrying value adjustment is recognized through an allowance and not as a direct write-down. The guidance is effective for reporting periods beginning after December 15, 2022, and for most affected instruments must be adopted using a modified retrospective approach, with a cumulative effect adjustment recorded to beginning retained earnings. The Company is currently evaluating the impact of this guidance on its consolidated financial statements.

Simplifying the Test for Goodwill Impairment
In January 2017, the FASB issued guidance which eliminates the second step of the goodwill impairment test. The new guidance allows an entity to apply a one-step quantitative test and record the amount of goodwill impairment as the excess of a reporting unit's carrying amount over its fair value, not to exceed the total amount of goodwill allocated to the reporting unit. The guidance is effective for reporting periods beginning after December 15, 2022. The Company is currently evaluating the impact of this guidance on its consolidated financial statements.

Disclosure Framework-Changes to the Disclosure Requirements for Defined Benefit Plans
In August 2018, the FASB issued guidance which modifies the disclosure requirements for employers that sponsor defined benefit pension or other postretirement plans. The guidance modifies and clarifies certain disclosure requirements. The guidance is effective for reporting periods ending after December 15, 2021. The Company implemented this guidance resulting in no significant changes to the disclosures in Note 7.

Targeted Improvements to the Accounting for Long-Duration Contracts
In August 2018, the FASB issued new guidance on long-duration insurance contracts. The new guidance (i) prescribes the discount rate to be used in measuring the liability for future policy benefits for traditional and limited payment long-duration contracts, and requires assumptions for those liability valuations to be updated at least annually after contract inception, (ii) requires more market-based product guarantees on certain separate account and other account balance long-duration contracts to be accounted for at fair value, (iii) changes the amortization of deferred policy acquisition costs for virtually all long-duration contracts, and (iv) introduces certain financial statement presentation requirements, as well as significant additional quantitative and qualitative disclosures. The new guidance is effective for fiscal years beginning after December 15, 2024 with required retrospective application as of January 1 of the earliest year presented. The Company is currently evaluating the impact of this guidance on its consolidated financial statements.

Intangibles—Goodwill and Other—Internal-Use Software: Customer's Accounting for Implementation Costs Incurred in a Cloud Computing Arrangement That Is a Service Contract
In August 2018, the FASB issued new guidance on implementation costs in a cloud computing arrangement that is a service contract. The new guidance requires a customer in a cloud computing arrangement that is a service contract to follow the internal-use software guidance to determine which implementation costs to capitalize as assets. The new guidance can be applied either prospectively to eligible costs incurred on or after the guidance is first applied, or retrospectively to all periods presented. The new guidance is effective for fiscal years beginning after December 15, 2020. The Company applied the amendments prospectively to implementation costs incurred after the date of adoption. The adoption of this guidance had no impact on the consolidated financial statements.

NOTE 1 - BASIS OF PRESENTATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Reference Rate Reform (Topic 848): Facilitation of the Effects of Reference Rate Reform on Financial Reporting
In March 2020, the FASB issued new guidance which provides optional expedients and exceptions for applying GAAP to contracts, hedging relationships and other transactions affected by reference rate reform if certain criteria are met. The expedients and exceptions provided by the amendments do not apply to contract modifications made and hedging relationships entered into or evaluated after December 31, 2022, with certain exceptions. The Company is currently evaluating the potential impacts and implementation of this guidance.

NOTE 2 - ACQUISITIONS AND DISPOSALS

On September 30, 2021, (BlueStar Acquisition Date), the Company acquired all of the issued and outstanding capital stock of BlueStar Retirement Services, Inc. for a total purchase price of $34,858. The Company provided an account on deposit with a paying agent for the payment to BlueStar shareholders and a contingency reserve in the amount of $3,600 which is included in other liabilities on the consolidated balance sheets and recorded goodwill of $14,445. The purchase accounting on this transaction is not finalized.

Recognized amounts of identifiable assets acquired and liabilities assumed at the BlueStar Acquisition Date were as follows:

Consideration:

Cash	$	34,858
Fair value of consideration transferred	$	34,858

Recognized amounts of identifiable assets acquired and liabilities assumed:

Cash, cash equivalents and restricted cash	$	51
Other investments		13
Property and equipment		169
Other assets		2,934
Goodwill		14,445
Value of customer relationships acquired (VOCRA)		14,500
Value of software		4,100
Other liabilities		(1,354)
Fair value of identifiable assets acquired and liabilities assumed	$	34,858

Acquisition-related costs	$	461

NOTE 2 - ACQUISITIONS AND DISPOSALS (continued)

On April 30, 2020, (Dental Select Acquisition Date), the Company acquired all of the issued and outstanding capital stock of Select Benefits, Inc. dba Dental Select for a total purchase price of $92,897. The Company provided an account on deposit with a paying agent for the payment to Dental Select shareholders and a contingency reserve in the amount of $2,461 which is included in other liabilities on the consolidated balance sheets and recorded goodwill of $63,816. There were no changes to the final purchase price as reported at December 31, 2020.

Recognized amounts of identifiable assets acquired and liabilities assumed at the Dental Select Acquisition Date were as follows:

Cash	$	92,897
Fair value of consideration transferred	$	92,897
Recognized amounts of identifiable assets acquired and liabilities assumed:		
Property and equipment, less accumulated depreciation		1,784
Goodwill		63,816
Other assets		7,638
Value of customer relationships acquired (VOCRA)		17,900
Value of trade name		2,500
Value of provider networks		2,200
Value of software		4,400
Deferred tax asset		160
Other liabilities		(7,501)
Fair value of identifiable assets acquired and liabilities assumed	$	92,897
Acquisition-related costs	$	1,395

NOTE 3 - FAIR VALUE HEDGING INSTRUMENTS

Derivative contracts are carried at fair value. Over-the-counter (OTC) derivatives are adjusted for the effects, if any, of enforceable master netting agreements and are presented on a net basis, by counterparty agreement, in the consolidated balance sheets.

The Company purchases and sells call options (OTC Index call options) to hedge insurance contracts whose credited interest is linked to returns on multiple equity indices based on a formula which applies participation rates and/or cap rates to the returns in the indices. The OTC Index call options expire monthly until December 22, 2023. The Company paid and received initial fees (the option premium) to enter the option contracts. The purchased OTC Index call options give the Company the right to receive cash at settlement if the closing index value is above the strike price, while the written OTC Index call options require the Company to pay cash at settlement if the closing index value is above the strike price.

The Company purchases and sells exchange traded index call options (Exchange traded index call options) based on multiple equity indices to hedge equity index annuity and universal life contracts. The Company has purchased and written Exchange traded index call options that expire through December 16, 2022. The Company paid and received initial fees (the option premium) to enter the option contracts. The purchased Exchange traded index call options are carried at fair value and give the Company the right to receive cash at settlement if the closing index value is above the strike price, while the written Exchange traded index call options require the Company to pay cash at settlement if the closing index value is above the strike price. If the closing index value is below the strike price, the Exchange traded index call options expire without value.

The Company purchases and sells exchange traded put options (Equity put options) based on multiple equity indices to hedge variable annuity contracts with a guaranteed lifetime withdrawal benefit rider attached. The Company has no outstanding Equity put options as of December 31, 2021. The Company paid and received initial fees (the option premium) to enter the option contracts. Purchased Equity put options are carried at fair value and give the Company the right to receive cash at settlement if the closing index value is below the strike price, while the written Equity put options require the Company to

NOTE 3 - FAIR VALUE HEDGING INSTRUMENTS (continued)

pay cash at settlement if the closing index value is below the strike price. If the closing index value is above the strike price, the Equity put options expire without value.

The Company is exposed to credit-related losses in the event of nonperformance by counter-parties to the Index call options. To minimize this risk, the Company enters into private options contracts with counterparties having Standard & Poor's credit ratings of AA- or above or listed contracts guaranteed by the Chicago Board Options Exchange. The Company posted collateral to the brokering bank of $4,000 and $2,000 as of December 31, 2021 and 2020, respectively, which is included in fixed maturity securities on the consolidated balance sheets.

The Company uses OTC foreign currency swaps to reduce the risk from fluctuations in foreign currency exchange rates associated with holding foreign currency denominated investments. The notional amount of each currency is exchanged at the inception and termination of the currency swap by each party. When the currency swaps meet specific criteria, they may be designated as accounting hedges and accounted for as foreign currency fair value hedges. In its hedge documentation, the Company sets forth how the hedging instrument is expected to hedge the designated risks related to the hedged item and sets forth the method that will be used to retrospectively and prospectively assess the hedging instrument's effectiveness. A derivative designated as a hedging instrument must be assessed as being highly effective in offsetting the designated risk of the hedged item. Hedge effectiveness is formally assessed at inception and at least quarterly throughout the life of the designated hedging relationship.

The Company designates and accounts for foreign currency swaps to hedge the foreign currency fair value exposure of foreign currency denominated assets and liabilities when they have met the requirements of fair value hedging. The carrying amount of the items designated and qualifying as hedged items in fair value hedges at December 31, 2021 and 2020, was $46,272 and $4,714, respectively, which is included in fixed maturity securities on the consolidated balance sheets.

The Company manages its exposure to credit risk by utilizing highly rated counterparties, establishing risk control limits, executing legally enforceable master netting agreements (MNAs) and obtaining collateral where appropriate. The Company uses MNAs for OTC derivative transactions that permit either party to net payments due for transactions and collateral is either pledged or obtained when certain predetermined exposure limits are exceeded. As of December 31, 2021, the Company had no collateral pledged to or from counterparties. There are no losses on derivative financial instruments due to counterparty nonperformance.

Counterparty credit exposure represents the Company's potential loss if all of the counterparties concurrently fail to perform under the contractual terms of the contract and all collateral, if any, becomes worthless. The credit exposure was limited to the fair value of the options and foreign currency swaps as follows:

	Fair Values of Derivative Instruments				
	Asset Derivatives				
	Balance Balance Sheets Location	*Notional Amount 2021*	*Notional Amount 2020*	*Fair Value 2021*	*Fair Value 2020*
Derivatives Not Designated as Hedging Instruments:					
OTC equity call option contracts owned	Other investments	$ 1,771,358	$ 1,321,017	$ 149,826	$ 167,600
OTC equity call option contracts written	Other investments	(929,642)	(708,459)	(86,692)	(106,748)
Exchange traded equity call option contracts owned	Other investments	1,294,318	1,182,884	173,605	266,267
Foreign currency swaps - gross asset	Other investments	5,631	—	163	—
Foreign currency swaps - gross asset	Other investments	(4,353)	—	(113)	—
Derivatives Not Designated as Hedging Instruments:					
Foreign currency swaps - gross asset	Other investments	42,145	—	1,338	—
Foreign currency swaps - gross asset	Other investments	(4,473)	—	(341)	—
Total asset derivatives		$ 2,174,984	$ 1,795,442	$ 237,786	$ 327,119

NOTE 3 - FAIR VALUE HEDGING INSTRUMENTS (continued)

The liabilities listed on the balance sheet are adjusted based on the fair value of the related embedded derivatives were as follows:

	Fair Values of Derivative Instruments				
	Liability Derivatives				
	Consolidated Balance Balance Sheets Location	*Notional Amount*		*Fair Value*	
		2021	*2020*	*2021*	*2020*
Derivatives Not Designated as Hedging Instruments:					
Equity index annuities	Policyholder account balances	$ —	$ —	$ 417,758	$ 355,493
Equity index universal life	Policyholder account balances	—	—	33,409	32,017
Variable annuity with guaranteed lifetime withdrawal benefit	Policyholder account balances	—	—	56,572	94,798
Exchange traded equity call options written	Other liabilities	1,295,367	1,183,066	121,851	212,028
Foreign currency swaps-gross liability	Other liabilities	—	17,515	—	310
Derivatives Designated as Hedging Instruments:					
Fair value hedges:					
Foreign currency swaps-gross liability	Other liabilities	—	4,473	—	393
Total liability derivatives		$ 1,295,367	$ 1,205,054	$ 629,590	$ 695,039

Information on derivatives is also disclosed in Note 11 (Liabilities for Contract Guarantees) and Note 13 (Fair Value Measurements).

The Company purchases and sells futures contracts to hedge against principal losses on variable annuity contracts with a guaranteed lifetime withdrawal benefit rider attached. The gains and losses of futures contracts are derived from the daily movement of the underlying markets. These gains and losses are settled in cash through a daily margin. The Company sells futures contracts on certain equity indices with expiration dates of less than 6 months as well as buys and sells futures contracts on certain treasury notes and bonds, ranging in maturities between 1 and 30 years, with expiration dates of less than 6 months. The Company does not receive cash on the initial purchase or sale of futures contracts, but will receive or pay cash daily based on the movement of the underlying indices or Treasury notes. The notional amount of the Equity and Treasury Futures at December 31, 2021 and 2020 was $47,726 and $(101,040), respectively.

The Company is required to post collateral to ensure performance of its obligations under the futures contracts. To comply with this requirement, the Company posts short-term Treasury bills. Collateral of $29,998 and $24,991 are included in fixed maturity securities available for sale on the consolidated balance sheets as of December 31, 2021 and 2020, respectively. The futures contracts are not considered an effective hedge and the total variation margin on open and closed contracts is reflected in net investment income on the consolidated statements of operations.

The Company purchases and sells interest rate swaps to hedge against principal losses on variable annuity contracts with a guaranteed lifetime withdrawal benefit rider attached. The company trades interest rate swaps where a fixed payment is exchanged for a floating payment where the floating payment is based on three-month LIBOR. The Company does not receive cash on the initial purchase or sale of an interest rate swap, but will receive or pay cash daily based on the change in value of the position. The notional amount of the interest rate swaps at December 31, 2021 and 2020 was $0 and $244,000, respectively.

The Company is required to post collateral to ensure performance of its obligations under the swap contracts. To comply with this requirement, the Company posts short-term Treasury bills. Collateral of $0 and $27,997 is included in fixed maturity securities on the consolidated balance sheets as of December 31, 2021 and 2020, respectively.

The interest rate swap contracts are not considered an effective hedge and the total variation margin on open and closed contracts is reflected in net investment income on the consolidated statements of operations.

NOTE 3 - FAIR VALUE HEDGING INSTRUMENTS (continued)

The gain (loss) on call and put options, futures, interest rate swaps and foreign currency swaps included in net investment income in the consolidated statements of operations was as follows:

	Amount Recognized in Income		
	2021	*2020*	*2019*
Derivatives Not Designated as Hedging Instruments:			
Call and put option contracts - open	$ (14,101)	$ 3,050	$ 71,270
Call and put option contracts - closed	69,359	21,022	9,492
Futures contracts - open	(1,185)	(1,785)	(4,655)
Futures contracts - closed	(30,960)	(25,598)	(29,900)
Interest rate swap contracts - open	11,668	(1,262)	(12,319)
Interest rate swap contracts - closed	(22,723)	38,845	23,921
Foreign currency swap contracts - open	50	(310)	—
Derivatives Designated as Hedging Instruments:			
Fair value hedges:			
Foreign currency swap contracts - open	1,404	(154)	—
Total	$ 13,512	$ 33,808	$ 57,809

NOTE 4 - CLOSED BLOCKS

The Company has established three Closed Blocks of policies: (a) the first on October 1, 1998 in connection with the reorganization of Ameritas Life from a mutual company to a stock company, (b) the second on July 1, 2005 in connection with the reorganization of The Union Central Life Insurance Company from a mutual company to a stock company, and (c) the third on July 1, 2007, in connection with the reorganization of Acacia Life Insurance Company that occurred in 1999 from a mutual company to a stock company (collectively, the Closed Blocks). The Company formed these closed blocks of policies, under arrangements approved by the Insurance Departments of the State of Nebraska, Ohio or the District of Columbia, as appropriate, to provide for dividends on policies that were in force on each respective effective date and which were within the classes of individual policies, for which the Company had a dividend scale in effect at those dates. The Closed Blocks were designed to give reasonable assurance to owners of affected policies that the assets will be available to support such policies, including maintaining dividend scales in effect at the effective dates, if the experience underlying such scales continues. The assets, including income thereon, will accrue solely to the benefit of the owners of policies included in each block until the respective block is no longer in effect.

The financial results of the Closed Blocks, while prepared in accordance with GAAP, reflect the provisions of the approved arrangement and not the actual results of operations and financial position. The arrangement provides for the level of expenses charged to the Closed Blocks, actual expenses related to the Closed Blocks' operations are charged outside of the Closed Blocks; therefore, the contribution or loss from the Closed Blocks does not represent the actual operations of the Closed Blocks.

NOTE 4 - CLOSED BLOCKS (continued)

Summarized financial information for the Closed Blocks included in the consolidated financial statements was as follows:

	December 31 2021	December 31 2020
Liabilities:		
Policy and contract liabilities	$ 736,700	$ 770,259
Policyholder account balances	42,488	44,976
Dividends payable to policyowners	3,582	4,656
Other liabilities (including policyholder dividend obligation (PDO) of $24,766 and $46,190, respectively)	26,197	57,486
Total Closed Block liabilities	808,967	877,377
Assets:		
Fixed maturity securities	519,291	586,805
Mortgage loans on real estate	141,385	135,157
Loans on insurance policies	63,918	68,804
Cash and cash equivalents	13,582	9,034
Accrued investment income	7,065	7,703
Other assets	3,542	5,619
Total Closed Block assets	748,783	813,122
Excess of reported Closed Block liabilities over Closed Block assets	60,184	64,255
Amounts included in accumulated other comprehensive income:		
Unrealized investment gains/(losses), net of tax	44,755	62,789
Allocated to PDO, net of tax	(19,564)	(36,490)
Maximum future earnings to be recognized from Closed Block assets and liabilities	$ 85,375	$ 90,554

Fixed maturity securities include securities classified as available for sale with a fair value of $519,282 and $586,783 and an amortized cost of $462,629 and $507,302 at December 31, 2021 and 2020, respectively.

	Years ended December 31 2021	2020	2019
Change in policyowner dividend obligation:			
Balance at beginning of period	$ 46,191	$ 7,447	$ —
Net unrealized investment activity	(21,425)	38,743	7,447
Balance at end of period	$ 24,766	$ 46,190	$ 7,447
Income:			
Premiums	$ 20,443	$ 23,312	$ 31,193
Net investment income	32,172	31,985	33,931
Total Closed Block income	52,615	55,297	65,124
Benefits and expenses:			
Policy benefits	35,269	39,153	43,265
Policyowner dividends	6,576	8,158	10,354
Sales and operating expenses	2,552	2,786	4,113
Total Closed Block benefits and expenses	44,397	50,097	57,732
Closed Block income before income taxes	8,218	5,200	7,392
Income taxes	3,038	1,131	1,592
Closed Block net income	$ 5,180	$ 4,069	$ 5,800

NOTE 5 - INVESTMENTS

Investment income summarized by type of investment was as follows:

	Years Ended December 31		
	2021	2020	2019
Fixed maturity securities	$ 451,031	$ 440,352	$ 435,294
Equity securities	13,661	9,177	12,098
Mortgage loans on real estate, net	117,957	113,661	113,041
Loans on insurance policies	22,571	22,904	22,801
Real estate	9,216	6,793	8,528
Derivatives	13,512	33,808	57,809
Other investments and cash and cash equivalents	168,952	45,054	52,095
Gross investment income	796,900	671,749	701,666
Investment expenses	46,372	37,365	39,002
Net investment income	$ 750,528	$ 634,384	$ 662,664

Net pretax realized gains were as follows:

	Years Ended December 31		
	2021	2020	2019
Net gains (losses) on disposals, calls and fair value adjustments			
Fixed maturity securities	$ 17,463	$ 23,142	$ 13,505
Equity securities	96,454	58,835	96,491
Real estate	4,501	(1)	652
Other investments	12,513	13,571	18,327
Property and equipment	(211)	(438)	21
Net gains (losses) on writedowns			
Fixed maturity securities	(1,581)	(6,789)	(3,953)
Mortgage loans on real estate, net	1,443	482	893
Real estate	—	—	(168)
Property and equipment	(1,486)	(1,690)	(1,801)
Net pretax realized gains	$ 129,096	$ 87,112	$ 123,967

The net gains recognized during 2021, 2020 and 2019 on fixed maturity securities trading held at December 31, 2021, 2020 and 2019 were $11,206, $14,985 and $10,534, respectively. The net gains recognized during 2021, 2020 and 2019 on equity securities held at December 31, 2021, 2020 and 2019 were $54,330, $29,611 and $112,016, respectively. In 2019, the gain from equity securities includes securities previously classified as available for sale.

Proceeds from sales of fixed maturity securities and gross gains and losses realized on those sales were as follows:

	Years Ended December 31		
	2021	2020	2019
Proceeds	$ 543,286	$ 568,184	$ 487,759
Gains	6,236	12,794	5,693
Losses	1,058	6,317	5,712

Fixed maturity securities by investment category were as follows:

	Years Ended December 31	
	2021	2020
Available for sale	$ 12,385,855	$ 12,057,275
Trading	133,698	114,860
Held to maturity	467	654
Fixed maturity securities	$ 12,520,020	$ 12,172,789

NOTE 5 - INVESTMENTS (continued)

The cost/amortized cost and fair value of fixed maturity securities by type of investment were as follows:

	December 31, 2021			
	Cost/ Amortized Cost	Gross Unrealized Gains	Gross Unrealized Losses	Fair Value
Fixed maturity securities held to maturity				
U.S. corporate securities	$ 426	$ 59	$ —	$ 485
Residential mortgage-backed securities	41	1	—	42
Total fixed maturity securities held to maturity	$ 467	$ 60	$ —	$ 527
Fixed maturity securities available for sale				
U.S. Treasury securities and obligations of U.S. government agencies	$ 50,014	$ 2,059	$ 14	$ 52,059
Debt securities issued by state of the U.S. and political subdivisions of the states	59,674	6,949	1	66,622
Foreign government securities	2,113	249	—	2,362
U.S. corporate securities	6,802,963	677,893	31,164	7,449,692
Residential mortgage-backed securities	410,780	15,264	3,253	422,791
Commercial mortgage-backed securities	62,280	4,178	—	66,458
Asset-backed securities	1,220,691	18,166	10,738	1,228,119
Collateralized debt obligations	1,035,916	4,493	2,635	1,037,774
Foreign corporate securities	1,898,897	168,576	7,495	2,059,978
Total fixed maturity securities available for sale	$ 11,543,328	$ 897,827	$ 55,300	$ 12,385,855

At December 31, 2021, the Company had fixed maturity securities with a carrying amount of $139,571 and cash of $2,136 on deposit with various state insurance departments. Deposits with states include fixed maturity securities with a carrying value of $130,940 at December 31, 2021 that the Company placed into a Regulation 109 deposit account with the State of New York.

	December 31, 2020			
	Cost/ Amortized Cost	Gross Unrealized Gains	Gross Unrealized Losses	Fair Value
Fixed maturity securities held to maturity				
U.S. corporate securities	$ 582	$ 88	$ —	$ 670
Residential mortgage-backed securities	72	4	—	76
Total fixed maturity securities held to maturity	$ 654	$ 92	$ —	$ 746
Fixed maturity securities available for sale				
U.S. Treasury securities and obligations of U.S. government agencies	$ 82,335	$ 3,820	$ —	$ 86,155
Debt securities issued by state of the U.S. and political subdivisions of the states	67,676	8,428	1	76,103
Foreign government securities	2,169	353	—	2,522
U.S. corporate securities	6,088,582	915,239	5,765	6,998,056
Residential mortgage-backed securities	456,927	31,947	148	488,726
Commercial mortgage-backed securities	68,437	8,056	1	76,492
Asset-backed securities	1,257,683	27,458	20,731	1,264,410
Collateralized debt obligations	904,900	8,195	6,575	906,520
Foreign corporate securities	1,917,657	243,006	2,372	2,158,291
Total fixed maturity securities available for sale	$ 10,846,366	$ 1,246,502	$ 35,593	$ 12,057,275

At December 31, 2020, the Company had fixed maturity securities with a carrying amount of $138,691 and cash of $7,168 on deposit with various state insurance departments. Deposits with states include fixed maturity securities with a carrying value of $129,630 at December 31, 2020 that the Company placed into a Regulation 109 deposit account with the State of New York.

NOTE 5 - INVESTMENTS (continued)

An aging of unrealized losses on the Company's fixed maturity securities and cost method investments were as follows:

	December 31, 2021					
	Less than 12 months		*12 months or more*		*Total*	
	Fair Value	*Unrealized Losses*	*Fair Value*	*Unrealized Losses*	*Fair Value*	*Unrealized Losses*
Fixed maturity securities:						
U.S. Treasury securities and obligations of U.S. government agencies	$ 22,463	$ 14	$ —	$ —	$ 22,463	$ 14
Debt securities issued by state of the U.S. and political subdivisions of the states	10,117	—	15	1	10,132	1
U.S. corporate securities	3,030,005	17,110	374,855	14,054	3,404,860	31,164
Residential mortgage-backed securities	184,387	3,145	3,993	108	188,380	3,253
Commercial mortgage-backed securities	—	—	—	—	—	—
Asset-backed securities	890,097	3,875	181,869	6,863	1,071,966	10,738
Collateralized debt obligations	840,275	1,565	143,110	1,070	983,385	2,635
Foreign corporate securities	714,940	4,208	54,169	3,287	769,109	7,495
Total fixed maturity securities	5,692,284	29,917	758,011	25,383	6,450,295	55,300
Cost method investments	110	18	—	—	110	18
Total	$ 5,692,394	$ 29,935	$ 758,011	$ 25,383	$ 6,450,405	$ 55,318

	December 31, 2020					
	Less than 12 months		*12 months or more*		*Total*	
	Fair Value	*Unrealized Losses*	*Fair Value*	*Unrealized Losses*	*Fair Value*	*Unrealized Losses*
Fixed maturity securities:						
U.S. Treasury securities and obligations of U.S. government agencies	$ 14,145	$ —	$ 1,094	$ —	$ 15,239	$ —
Debt securities issued by state of the U.S. and political subdivisions of the states	19,908	—	15	1	19,923	1
U.S. corporate securities	2,800,249	5,168	125,411	597	2,925,660	5,765
Residential mortgage-backed securities	296,494	61	5,741	87	302,235	148
Commercial mortgage-backed securities	41,454	—	76	1	41,530	1
Asset-backed securities	480,137	9,612	197,245	11,119	677,382	20,731
Collateralized debt obligations	381,749	4,775	137,957	1,800	519,706	6,575
Foreign corporate securities	917,182	471	27,797	1,901	944,979	2,372
Total	$ 4,951,318	$ 20,087	$ 495,336	$ 15,506	$ 5,446,654	$ 35,593

NOTE 5 - INVESTMENTS (continued)

Of the $55,300 and $35,593 of total unrealized losses on fixed maturity securities as of December 31, 2021 and 2020, approximately $50,715 and $28,621 was related to unrealized losses on investment grade fixed maturity securities. Investment grade is defined as a security with a rating from the National Association of Insurance Commissioners (NAIC) of 1 or 2, a rating of Aaa, Aa, A or Baa from Moody's, a rating of AAA, AA, A, or BBB from Standard and Poor's (S&P), a rating of AAA, AA, or A from Fitch, or an equivalent internal rating if an external rating is not available. Of the $25,383 and $15,506 of unrealized losses of 12 months or more as of December 31, 2021 and 2020, approximately $22,113 and $12,954 was related to unrealized losses on investment grade securities.

The Company does not intend to sell fixed maturity securities and it is not more likely than not the Company will be required to sell the fixed maturity security with unrealized losses before recovery of the amortized cost. The Company has the intent and ability to hold the cost method investments with unrealized losses for a period of time sufficient for them to recover.

The table below presents a rollforward of the cumulative credit loss component of OTTI loss recognized in net income on fixed maturity residential mortgage-backed securities still held by the Company at December 31, 2021 and 2020 for which $2,630 and $3,147 was recognized in accumulated other comprehensive income at December 31, 2021 and 2020, respectively:

	Credit Losses	
	2021	*2020*
Cumulative credit loss at beginning of period	$ 8,371	$ 9,875
Additions:		
Previously other-than-temporarily impaired securities	276	—
Reductions:		
Sales and repayments of fixed maturity securities on which credit losses were recognized	(1,340)	(1,504)
Cumulative credit loss at end of period	$ 8,612	$ 8,371

The amortized cost and fair value of fixed maturity securities by contractual maturity at December 31, 2021 are shown below. Expected maturities may differ from contractual maturities because borrowers may have the right to call or prepay obligations with or without call or prepayment penalties.

	Available for Sale		*Held to Maturity*	
	Amortized Cost	*Fair Value*	*Amortized Cost*	*Fair Value*
Due in one year or less	$ 299,565	$ 303,037	$ —	$ —
Due after one year through five years	1,849,426	1,953,286	—	—
Due after five years through ten years	2,092,932	2,238,376	—	—
Due after ten years	4,404,013	4,952,980	—	—
Mortgage-backed and asset-backed securities	2,729,667	2,755,142	41	42
Other securities with multiple repayment dates	167,725	183,034	426	485
Total	$ 11,543,328	$ 12,385,855	$ 467	$ 527

NOTE 5 - INVESTMENTS (continued)

Mortgage loans on real estate were as follows:

	December 31	
	2021	2020
Residential first mortgages	$ 43,678	$ 88,764
Commercial real estate	2,395,579	2,219,603
Construction and land development	20,707	5,960
Second trusts and home equity	1,621	2,106
Total loans - gross	2,461,585	2,316,433
Net deferred loan costs	197	314
Allowances for losses on loans	(2,896)	(3,140)
Total loans - net	$ 2,458,886	$ 2,313,607

Commercial mortgage loans are evaluated individually for impairment, while residential mortgage loans are evaluated collectively by the present value of expected future cash flows discounted at the loan's effective interest rate, the loan's obtainable market price, or the fair value of collateral if the loan is collateral dependent. Loans are considered impaired when it is probable that the Company will not collect contractual principal and interest. Factors considered by management in determining impairment include payment status, collateral value, and the probability of collecting scheduled principal and interest payments when due. Loans that experience insignificant payment delays and payment shortfalls are generally not classified as impaired. Management determines the significance of payment delays and shortfalls on a case-by-case basis, taking into consideration all of the circumstances surrounding the loan and the borrower, including the length of the delay, the reasons for the delay, the borrower's prior payment record, and the amount of shortfall in relation to the principal and interest owed.

The Company required collateral on residential real estate loans and originated loans generally with loan-to-value ratios of no greater than 80% at the time of origination, unless appropriate private mortgage insurance is obtained. For commercial real estate mortgages, the Company requires collateral on original loans with a loan-to-value ratio of no greater than 75% at the time of origination. The amount of collateral on non-real estate loans is based on management's credit assessment of the customer.

The Company's key credit quality indicators as discussed below for its loans were as follows:

	December 31	
	2021	2020
Debt service coverage ratio grade	$ 2,391,574	$ 2,197,423
Loan to value grade	24,712	28,140
Loans based on payment activity grade	45,299	90,870
Total loans - gross	$ 2,461,585	$ 2,316,433

For the commercial mortgage loans, debt service coverage ratio (DSCR) is considered a key credit quality indicator for loans that are income dependent while loan to value and borrower financial strength are considered key credit quality indicators for borrower-occupied loans. Debt service coverage ratios compare a property's net operating income to the borrower's principal and interest payments. Loan to value and debt service coverage ratios are updated annually or as warranted by economic conditions or impairment considerations.

Debt service coverage ratios for income dependent loans on commercial real estate were as follows:

	December 31	
	2021	2020
DSCR Distribution		
Below 1.0	$ 113,443	$ 43,030
1.0 - 1.2	211,163	183,539
1.2 - 1.8	1,089,395	1,086,727
Greater than 1.8	977,573	884,127
Total	$ 2,391,574	$ 2,197,423

NOTE 5 - INVESTMENTS (continued)

Mortgage loans with a debt service coverage ratio below 1.0 that are not considered impaired primarily relate to instances where the borrower has the financial capacity to fund the revenue shortfalls from the properties for the foreseeable future, the decrease in cash flows is considered temporary, or there are other risk mitigating factors.

Loan to value for borrower-occupied commercial loans was summarized as follows:

	December 31	
	2021	*2020*
Loan to Value		
Below 60%	$ 20,737	$ 25,113
60-75%	2,921	382
Above 75%	1,054	2,645
Total	$ 24,712	$ 28,140

There were no nonperforming commercial mortgage loans as of December 31, 2021 or 2020 and no commercial real estate properties that foreclosed during 2021 or 2020.

All assets are reviewed as appropriate to their size and presentation of risk. In general, large, individual loans which represent a greater element of risk will be reviewed quarterly. Other loans such as residential mortgage loans will be reviewed based upon asset size and payment history. Any asset not reviewed in detail as a single item will be reviewed as part of an asset class.

Management regularly reviews credit quality indicators including the composition of the loan portfolio, net charge-offs, nonperforming loans, performance of troubled debt restructurings (TDRs) and general economic conditions in its market. This review process is assisted by frequent internal reporting of loan production, loan quality, concentrations of credit, loan delinquencies and nonperforming and potential problem loans.

Credit quality indicators for residential mortgage loans held were as follows:

Credit risk profile based on payment activity

December 31, 2021	*Residential First Mortgages*	*Second Trusts and Home Equity*
Performing	$ 40,785	$ 1,621
Nonperforming	2,893	—
Total	$ 43,678	$ 1,621

December 31, 2020	*Residential First Mortgages*	*Second Trusts and Home Equity*
Performing	$ 86,406	$ 2,037
Nonperforming	2,358	69
Total	$ 88,764	$ 2,106

Residential mortgage loans which are delinquent as to principal and or interest 90 days or more are classified as nonperforming loans. There were no new material foreclosures in 2021 or 2020.

NOTE 5 - INVESTMENTS (continued)

The activity in the allowance for loan losses was summarized as follows:

December 31, 2021	*Residential First Mortgages*	*Commercial Real Estate*	*Construction and Land Development*	*Second Trusts and Home Equity*	*Total*
Allowance for loan losses:					
Balance at January 1	$ (1,137)	$ (2,003)	$ —	$ —	$ (3,140)
Charge-offs	92	—	—	—	92
Recoveries	(1,291)	—	—	—	(1,291)
Provisions	1,615	(172)	—	—	1,443
Balance at December 31	$ (721)	$ (2,175)	$ —	$ —	$ (2,896)
Ending balance: collectively evaluated for impairment	$ (721)	$ (2,175)	$ —	$ —	$ (2,896)
Loan receivables:					
Ending balance - net	$ 43,678	$ 2,395,579	$ 20,707	$ 1,621	$ 2,461,585
Ending balance: individually evaluated for impairment	$ 1,540	$ 2,395,579	$ 20,707	$ —	$ 2,417,826
Ending balance: collectively evaluated for impairment	$ 42,138	$ —	$ —	$ 1,621	$ 43,759

December 31, 2020	*Residential First Mortgages*	*Commercial Real Estate*	*Construction and Land Development*	*Second Trusts and Home Equity*	*Total*
Allowance for loan losses:					
Balance at January 1	$ (1,585)	$ (1,413)	$ —	$ —	$ (2,998)
Charge-offs	79	208	—	—	287
Recoveries	(911)	—	—	—	(911)
Provisions	1,280	(798)	—	—	482
Balance at December 31	$ (1,137)	$ (2,003)	$ —	$ —	$ (3,140)
Ending balance: collectively evaluated for impairment	$ (1,137)	$ (2,003)	$ —	$ —	$ (3,140)
Loan receivables:					
Ending balance - net	$ 88,764	$ 2,219,603	$ 5,960	$ 2,106	$ 2,316,433
Ending balance: individually evaluated for impairment	$ 1,881	$ 2,219,603	$ 5,960	$ 69	$ 2,227,513
Ending balance: collectively evaluated for impairment	$ 86,883	$ —	$ —	$ 2,037	$ 88,920

NOTE 5 - INVESTMENTS (continued)

An aging analysis of the loans held by the Company at December 31, 2021 and 2020 was summarized as follows:

December 31, 2021	*Current*	*31-59 days*	*60-89 days*	*90 days and greater*	*Total Past Due*	*Total Gross*	*Loans>90 days and accruing*
Residential First Mortgage	$ 40,785	$ —	$ —	$ 2,893	$ 2,893	$ 43,678	$ —
Commercial Real Estate	2,395,579	—	—	—	—	2,395,579	—
Construction & Land Development	20,707	—	—	—	—	20,707	—
Second Trusts & Home Equity	1,387	—	234	—	234	1,621	—
Total	$2,458,458	$ —	$ 234	$ 2,893	$ 3,127	$2,461,585	$ —

December 31, 2020	*Current*	*31-59 days*	*60-89 days*	*90 days and greater*	*Total Past Due*	*Total Gross*	*Loans>90 days and accruing*
Residential First Mortgage	$ 85,852	$ —	$ 555	$ 2,357	$ 2,912	$ 88,764	$ —
Commercial Real Estate	2,219,603	—	—	—	—	2,219,603	—
Construction & Land Development	5,960	—	—	—	—	5,960	—
Second Trusts & Home Equity	2,037	—	—	69	69	2,106	—
Total	$2,313,452	$ —	$ 555	$ 2,426	$ 2,981	$2,316,433	$ —

A summary of information pertaining to impaired loans held at December 31, 2021 and 2020 was as follows:

December 31, 2021	*Unpaid Contractual Principal Balance*	*Recorded Investment with No Allowance*	*Recorded Investment with Allowance*	*Total Recorded Investment*	*Related Allowance*	*Average Recorded Investment*	*Year to date Interest Income Recognized*
Residential First Mortgage	$ 37,641	$ 34,435	$ —	$ 34,435	$ —	$ 42,788	$ 1,646
Commercial Real Estate	—	—	—	—	—	—	—
Second Trusts & Home Equity	1,601	1,033	—	1,033	—	1,090	67
Total	$ 39,242	$ 35,468	$ —	$ 35,468	$ —	$ 43,878	$ 1,713

December 31, 2020	*Unpaid Contractual Principal Balance*	*Recorded Investment with No Allowance*	*Recorded Investment with Allowance*	*Total Recorded Investment*	*Related Allowance*	*Average Recorded Investment*	*Year to date Interest Income Recognized*
Residential First Mortgage	$ 57,659	$ 53,240	$ —	$ 53,240	$ —	$ 63,872	$ 2,574
Commercial Real Estate	—	—	—	—	—	1,922	144
Second Trusts & Home Equity	1,813	1,189	—	1,189	—	1,338	78
Total	$ 59,472	$ 54,429	$ —	$ 54,429	$ —	$ 67,132	$ 2,796

There were no new material TDRs or short sales in 2021 or 2020.

NOTE 5 - INVESTMENTS (continued)

The carry value of TDRs related to residential mortgage loans was $33,606 and $52,375 as of December 31, 2021 and 2020, respectively. The Company had no commercial mortgage loan or other TDR balances in 2021 and 2020. At December 31, 2021 and 2020, $31,414 and $51,064, respectively, or 93.48% and 97.50%, respectively, of TDRs were performing according to the terms of their restructured agreements.

In response to the adverse economic impact of the COVID-19 Pandemic, the Company granted concessions to certain of its commercial and residential mortgage loan borrowers, including principal and interest payment deferrals. The Company has elected the option under the Coronavirus Aid, Relief, and Economic Security Act and the Interagency Statement on Loan Modifications and Reporting for Financial Institutions Working with Customers Affected by the Coronavirus (Revised) issued by bank regulatory agencies (signed into law in 2020 and extended through January 2, 2022), not to account for or report qualifying concessions as troubled debt restructurings and does not classify such loans as either past due or nonaccrual during the payment deferral period. Additionally, in accordance with the FASB's published response to a COVID-19 Pandemic technical inquiry, the Company continues to accrue interest income on such loans that have deferred payment.

For certain residential mortgage loan borrowers, the Company granted concessions which were primarily three to six month interest and principal payment deferrals. For certain commercial mortgage loan borrowers (principally in the retail and hotel sectors), the Company granted concessions which were primarily principal payment deferrals generally ranging from three to six months and, to a much lesser extent, up to 24 months. Deferred commercial mortgage loan principal and interest payments were $0 and $3,310 at December 31, 2021 and 2020, respectively.

NOTE 6 - INCOME TAXES

The items that gave rise to deferred tax assets and liabilities relate to the following:

	December 31	
	2021	*2020*
Future policy and contract liabilities	$ 56,938	$ 47,006
Deposit liability	38,197	29,510
Policyholder dividends	379	511
Pension and post-retirement benefits	35,851	33,518
Policyowner dividend obligation	5,201	9,700
Provision for loan losses	608	659
Incentive compensation	4,668	4,253
Other	6,034	5,700
Net operating/capital losses and credits	260	277
Gross deferred tax asset	148,136	131,134
Deferred policy acquisition costs	93,884	71,291
Net unrealized investments gains	264,643	304,737
State income taxes	2,260	1,544
Other	12,412	12,701
Gross deferred tax liability	373,199	390,273
Net deferred tax liability	$ (225,063)	$ (259,139)

NOTE 6 - INCOME TAXES (continued)

The difference between the U.S. federal income tax rate and the consolidated tax provision rate was summarized as follows:

	Years ended December 31		
	2021	*2020*	*2019*
Federal statutory tax rate	21.00 %	21.00 %	21.00 %
Affordable Care Act assessment	—	1.58	—
Dividend received deduction	(1.87)	(2.17)	(2.06)
Tax credits	(1.06)	(1.83)	(1.88)
State valuation allowance	—	—	0.34
Other	0.32	0.66	0.68
Effective tax rate	18.39 %	19.24 %	18.08 %

Ameritas Life has $1,237 and $1,319 net operating loss (NOL) carryforwards as of December 31, 2021 and 2020, respectively. The 2021 and 2020 NOL carryforwards will expire in 2036.

A valuation allowance is established to reduce the deferred tax asset to the amount expected to be realized. The Company has no valuation allowance as of December 31, 2021 or 2020. The valuation allowance as of December 31, 2019 was provided against Calvert Investments Inc. (a provider of investment and administrative services formerly owned by Ameritas and liquidated on March 31, 2020) state deferred tax assets, including deferred tax assets related to state net operating loss carryforwards, that are more likely than not expected to be realized. As a result of Calvert's liquidation, the deferred tax asset was released since Ameritas Life generally pays premium taxes in lieu of state income taxes.

The Company recognizes interest accrued related to unrecognized tax benefits and penalties as income tax expense. At December 31, 2021 and 2020, the Company had no accrual for the payments of interest and penalties on the consolidated balance sheets and no expense recognized for the years ended December 31, 2021, 2020 and 2019, respectively, for interest and penalties on the consolidated statements of operations.

The Company has recorded a current income tax expense of $32,455, $42,869 and $53,933 for the years ended December 31, 2021, 2020 and 2019, respectively. Additionally, the Company has recognized deferred tax items as a (benefit) expense of $26,183, $(3,705) and $(8,479) for the years ended December 31, 2021, 2020 and 2019, respectively.

The Company is subject to taxation in the United States and various states. In 2018, the Internal Revenue Service (IRS) started a limited scope examination of the Company's consolidated federal income tax return for tax year 2015. Additionally, the 2017 net operating loss carryback claim filed amending tax years 2015 and 2016 is currently under examination as part of the Joint Committee on Taxation process. Due to the IRS examinations, the Company has extended the statute of limitations for tax years 2015 through 2017. The Company is no longer subject to examinations by tax authorities for years before 2015.

NOTE 7 - EMPLOYEE AND AGENT BENEFIT PLANS

Defined Benefit Plans
AHC and certain of its subsidiaries (the Sponsors) are sponsors and/or administrators of non-contributory qualified and non-qualified defined benefit plans (collectively the Plans) covering eligible employees. Benefits are based on the average of the employee's compensation over their career.

The Sponsors use a December 31 measurement date for their Plans.

Obligations and Funded Status at December 31:

		2021		2020		2019
Projected benefit obligation	$	425,718	$	468,272	$	436,492
Fair value of plan assets		418,978		451,432		420,854
Funded status		(6,740)		(16,840)		(15,639)
Benefit payments		21,235		32,646		27,639
Accumulated benefit obligation		413,484		453,320		422,496
Net periodic benefit cost[2]		5,344		9,582		7,069
Amounts recognized in the balance sheet consist of:						
Other assets	$	37,398	$	32,462	$	32,133
Other liabilities	$	44,138	$	49,302	$	47,772
Amounts recognized as net periodic benefit cost, net of tax, consist of:						
Service costs	$	3,581	$	3,595	$	3,489
Interest costs		8,440		10,418		12,274
Expected return on plan assets		(8,653)		(10,296)		(12,020)
Amount of recognized losses		58		3,654		1,677
Settlement loss		551		—		—
Amounts recognized in other comprehensive income, net of tax, arising during the period consist of :						
Net gain (loss)	$	7,955	$	2,663	$	(3,354)
Amounts recognized in accumulated other comprehensive income, net of tax, not yet recognized in net periodic benefit cost consist of:						
Net loss	$	(15,612)	$	(23,567)	$	(26,230)
Information for pension plans with an accumulated benefit obligation in excess of plan assets[1]:						
Projected benefit obligation	$	44,138		49,302	$	47,772
Accumulated benefit obligation		44,138		49,287		47,751

[1]The qualified pension plan with an accumulated benefit obligation of $369,346 and $404,033 is not included above for December 31, 2021 and 2020, as the fair value of plan assets of $418,978 and $451,432, respectively are in excess of the benefit obligation. The projected benefit obligation for this qualified pension plan is $381,580 and $418,970 at December 31, 2021 and 2020. There are no pension plan assets expected to be returned to the Company during the twelve month period ending December 31, 2022.

[2]Net periodic benefit costs are included with sales and operating expenses on the consolidated statements of operations.

Investment Policies and Strategies
The current investment objective of the Plan is to align the Plan's assets to the Plan's duration characteristics. At a minimum, the investment objective was to generate a positive real rate of return. The current asset allocation mix between equity and fixed income asset classes is targeted at 10% equity and 90% fixed income. Except where prudence dictates otherwise, the assets of the Plans will be reviewed monthly and will be rebalanced when the ratio of equity to fixed income varies by more than 2% from the current approved asset allocation mix.

All assets of the Plans may be allocated to and invested in any one or more of these basic forms of investment:

- Fixed income securities, including, but not limited to, fixed income or general account options under an insurance company contract.
- Equity issues, including but not limited to, common stocks or units of beneficial interest in one or more pooled separate accounts of an insurance company.
- Cash or cash equivalents, including but not limited to, units of beneficial interest in one or more pooled separate accounts of an insurance company.

NOTE 7 - EMPLOYEE AND AGENT BENEFIT PLANS (continued)

Risk Management Practices
On a quarterly basis, the Plans' Trustees, who are certain officers of the Company, review the performance of the assets in the Plans relative to expectations in order to determine if the Plans' investment goals and overall investment objectives are being met.

Fair Value Measurements of Plan Assets
The following is a description of the valuation methodologies used for instruments measured at fair value in accordance with fair value measurement guidance (see Note 13), including the general classification of such instruments pursuant to the valuation hierarchy.

Pooled Separate Accounts

Pooled separate accounts are measured at fair value using net asset value (NAV) as a practical expedient. The funds in the separate accounts are considered open-end mutual funds, meaning that the fund is ready to redeem its shares at any time and offers its shares for sale to the public, either through retail outlets or through institutional investors continuously. For institutional funds, NAVs are received daily from fund managers, and the managers stand ready to transact at these quoted amounts. The Plans' custodian transacts in these funds on a daily basis as part of the separate account trading activity. The calculation of the NAV for funds composed of other funds (e.g., retirement target date funds) is essentially the same as the calculation of the NAV for any other fund: the total fair value of assets across all underlying funds less any liabilities is divided by the outstanding shares. Again, this resulting NAV is published and/or the fund managers are ready to transact at the quoted prices The Plan does not have any unfunded commitments.

The following table presents the financial instruments carried at fair value in the Plans by the fair value measurement valuation hierarchy:

	December 31, 2021			
	Level 1	*Level 2*	*Level 3*	*Total*
Pooled separate accounts[1]	$ —	$ —	$ —	$ 418,978
Total assets at fair value	$ —	$ —	$ —	$ 418,978

	December 31, 2020			
	Level 1	*Level 2*	*Level 3*	*Total*
Pooled separate accounts[1]	$ —	$ —	$ —	$ 451,432
Total assets at fair value	$ —	$ —	$ —	$ 451,432

[1] Certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the consolidated balance sheets.

The pooled separate accounts include separate account assets invested in mutual funds, which were advised by affiliates, and are $28,308 and $29,701 at December 31, 2021 and 2020, respectively.

The long term expected return for the Plans assets is 3.03%, 2.70% and 3.45% for 2021, 2020 and 2019, respectively. The expected return was based on historical data of equity and fixed income benchmarks. It was also based on current market valuations and forecasted market returns. The allocation ranges are determined to be the most consistent at providing the expected return, limiting risk and covering the Plans' benefit obligation considering the size, duration, and nature of the Plans' obligations.

NOTE 7 - EMPLOYEE AND AGENT BENEFIT PLANS (continued)

The allocation ratio at December 31 was:

	2021	*2020*
Equities - affiliated	6.8 %	6.6 %
Equities - unaffiliated	3.5	3.7
Fixed income - unaffiliated	89.7	89.7

Contributions
There were no contributions to the qualified plan in 2021, 2020 and 2019. The qualified plan is subject to the minimum funding requirements of ERISA.

Estimated Future Benefit Payments
The following benefit payments, which reflect expected future service, as appropriate, are expected to be paid by the Plans:

Fiscal Year	*Amount*
2022	$ 31,177
2023	30,499
2024	29,952
2025	29,554
2026	30,197
2027 - 2031	142,413

Assumptions
Weighted-average assumptions used to determine benefit obligations and net periodic pension cost at December 31:

	2021	*2020*	*2019*
Discount rate for benefit obligation	2.89 %	2.54 %	3.33 %
Discount rate for net periodic pension cost	2.54	3.33	4.34
Rate of compensation increase for benefit obligation	2.85	3.05	3.05
Rate of compensation increase for net periodic pension cost	3.05	3.05	3.14
Expected long term rate of return on assets for benefit obligation	3.03	2.70	3.45
Expected long term rate of return on assets for net periodic pension cost	2.70	3.45	4.40

Defined Contribution Plans
Substantially all full-time employees and agents participate in defined contribution plans sponsored by AHC. In addition, certain of the Company's employees participate in an unfunded, non-qualified defined contribution plan sponsored by AHC. Company matching contributions under the defined contribution plan ranged from 0.5% to 3.0% in 2021, 2020 and 2019. In addition, for eligible employees who do not participate in the Plans, the Company makes an additional contribution of 6.0% of the participants' eligible compensation on a quarterly basis for those hired prior to January 1, 2006, and 5.0% for those hired after January 1, 2006. Contributions by the Company to the employee and agents defined contribution plans were $15,013, $14,725 and $14,199 in 2021, 2020 and 2019, respectively.

The defined contribution plans' assets also include investments in deposit administration contracts which include underlying investments in separate accounts of Ameritas Life.

Postretirement Benefit Plans
The Company provides certain health care and life insurance benefits for its eligible retired employees. Substantially all employees who had been employees of a previously un-merged subsidiary may become eligible for these benefits if they reach normal retirement age while employed by the Company. Benefits for all other employees are limited to those employees hired before January 1, 2005. Employer contributions for all pre-65 retirees are capped and post-65 retirees receive a fixed subsidy amount, therefore these amounts are not impacted by changes in health care costs.

NOTE 7 - EMPLOYEE AND AGENT BENEFIT PLANS (continued)

The Sponsors used a December 31 measurement date for their plans.

Obligations and Funded Status at December 31:

	2021	2020	2019
Projected benefit obligation	$ 16,897	$ 15,613	$ 15,804
Fair value of plan assets	16,865	15,654	15,049
Funded status	(32)	41	(755)
Participant contributions	484	357	289
Benefit payments	1,409	1,536	2,356
Net periodic benefit cost[1]	(50)	(535)	(428)
Amounts recognized in the balance sheet consist of:			
Other liabilities	$ 32	$ (41)	$ 755
Amounts amortizing into net periodic benefit cost, net of tax, consist of:			
Prior service cost	$ (48)	$ (326)	$ (372)
Net gain	(68)	(209)	(111)
Amounts recognized as net periodic benefit cost, net of tax, consist of:			
Service costs	$ 191	$ 180	$ 158
Interest costs	297	346	446
Expected return on plan assets	(525)	(495)	(435)
Amounts recognized in other comprehensive income, net of tax, arising during the period consist of :			
Net gain (loss)	$ (127)	$ 612	$ 1,117
Amounts recognized in accumulated other comprehensive income, net of tax, consist of:			
Prior service cost	$ —	$ 67	$ 524
Net gain	3,712	3,888	3,354
Amounts expected to be amortized into net periodic benefit cost, net of tax, in the next twelve months consist of the following:			
Prior service cost	$ —	$ (48)	$ (326)
Net loss	(294)	(252)	(169)

[1]Net periodic benefit costs are included with sales and operating expenses on the consolidated statements of operations.

Investment Policies and Strategies

The investment objective of the Postretirement Plan is to provide sufficient assets and liquidity to meet the distribution requirements of the Postretirement Plan through capital appreciation of assets. The Postretirement Plan's Trustees require investment opportunities that offer equity, fixed income and money market or other cash equivalent investment options. The current asset allocation is targeted at 48% equity and 52% cash and short-term fixed income investments.

All assets of the Postretirement Plan may be allocated to and invested in any one or more of these basic forms of investments:

- Unallocated insurance contracts
- Common stocks listed on U.S. exchanges
- Indexed mutual funds
- Cash or cash equivalents

Risk Management Practices

On a quarterly basis, the Postretirement Plan's Trustees, who are certain officers of the Company, review the performance of the assets in the Postretirement Plan relative to expectations in order to determine if the Postretirement Plan's investment goals and overall investment objectives are being met.

NOTE 7 - EMPLOYEE AND AGENT BENEFIT PLANS (continued)

Fair Value Measurements of Plan Assets

The following is a description of the valuation methodologies used for instruments measured at fair value in accordance with fair value measurement guidance (see Note 13), including the general classification of such instruments pursuant to the valuation hierarchy.

Unallocated Insurance Contract

The fair value for the unallocated insurance contract (affiliated) is determined as the present value of future guaranteed account values. Present values are derived by discounting future guaranteed account values by the appropriate market interest rates. Market interest rates are deemed to be the same rates to be credited to new issues of the same contract with like guarantees issued as of the date of the fair value determination. The market interest rates used have interest guarantee periods that match the guarantee periods remaining as of the valuation date for the contract.

Interest rate guarantees of the deposit account are backed by assets of the Postretirement Plan's custodian. Credited rates are set based on yields earned on new purchases of fixed income securities for the general account. Credited rates are guaranteed for the duration of the guaranteed period elected by the Plan Sponsor and do not vary with the subsequent performance of assets of the general account that back these guarantees. Due to the nature of these contracts, specific underlying assets are not assigned and there is no market (quoted prices or observable inputs) and as such the valuation includes significant inputs based on assumptions about market participant assumptions. The unallocated insurance contract is classified as Level 3.

Money Market Funds

Money market funds are classified in Level 1 of the fair value hierarchy as fair value is based on quoted prices in active markets for identical securities.

Common Stocks

Common stocks are valued based on quoted prices in active markets for publicly traded securities at year-end and are classified in Level 1. These assets can be redeemed at any time and its shares are offered for sale to the public.

The following table presents the financial instruments carried at fair value in the Postretirement Plan by the fair value measurement valuation hierarchy:

	December 31, 2021			
	Level 1	*Level 2*	*Level 3*	*Total*
Money market funds	3,838	—	—	3,838
Common stocks	9,689	—	—	9,689
Total assets at fair value	$ 13,527	$ —	$ —	$ 13,527

	December 31, 2020			
	Level 1	*Level 2*	*Level 3*	*Total*
Unallocated insurance contract-affiliated	$ —	$ —	$ 62	$ 62
Money market funds	3,536	—	—	3,536
Common stocks	8,570	—	—	8,570
Total assets at fair value	$ 12,106	$ —	$ 62	$ 12,168

The changes in the fair value of the Postretirement Plan's Level 3 assets related to unallocated insurance contracts for the years ended December 31, 2021 and 2020 did not included purchases, issuances, transfers into Level 3, or transfers out of Level 3.

NOTE 7 - EMPLOYEE AND AGENT BENEFIT PLANS (continued)

The following table presents information about significant unobservable inputs used in Level 3 assets measured at fair value:

December 31, 2020					
Assets Accounted for at Fair Value on a Recurring Basis	*Fair Value*	*Predominant Valuation Method*	*Significant Unobservable Input*	*Range of Values - Unobservable Inputs*	*Impact of Increase in Input on Fair Value[1]*
Unallocated Insurance Contract-affiliated	$ 62	Discounted cash flows	New deposit rate	3.00 %	Increase
			Benefit withdrawal rate	9.00 %	Decrease

[1] Conversely, the impact of a change in input would have the opposite impact to the fair value as that presented in the tables above.

The allocation will be maintained on a continuous basis with a target range of 57% equity and 43% cash and short-term fixed income investments.

The actual allocation ratio at December 31 was:

	2021	*2020*
Equities - unaffiliated	57.4 %	54.7 %
Fixed income - affiliated	—	0.4
Fixed income - unaffiliated	19.8	22.2
Cash equivalents	22.8	22.6

The Sponsors do not expect to contribute to the Postretirement Plan during 2022.

Estimated Future Benefit Payments

The following benefit payments are expected to be paid by the Postretirement Plan:

Fiscal Year	*Amount*
2022	$ 1,430
2023	1,377
2024	1,327
2025	1,289
2026	1,238
2027 - 2031	5,352

Assumptions

Weighted-average assumptions used to determine postretirement benefit obligations at December 31:

	2021	*2020*	*2019*
Discount rate - postretirement benefit obligation	2.78 %	3.20 %	3.20 %
Discount rate - net periodic postretirement benefit cost	2.26	3.20	4.20
Expected long term rate of return on assets for next year	4.32	4.79	4.68
Expected long term rate of return on assets - net periodic postretirement benefit cost	4.79	4.68	4.54

NOTE 8 - DEFERRED ACQUISITION COSTS AND INTANGIBLE ASSETS

A rollforward of the amounts reflected on the consolidated balance sheets as deferred acquisition costs was as follows:

	Years Ended December 31		
	2021	*2020*	*2019*
Beginning balance	$ 713,937	$ 761,289	$ 855,368
Acquisition costs deferred	190,779	158,842	143,869
Amortization of deferred acquisition costs	(104,043)	(91,864)	(67,657)
Adjustment for unrealized investment (gain) loss	46,088	(114,330)	(170,291)
Ending balance	$ 846,761	$ 713,937	$ 761,289

The identifiable amortized intangible assets was as follows:

	December 31, 2021		
	Gross Carrying Amount	*Accumulated Amortization*	*Net Book Value*
Value of customer relationships acquired	$ 101,301	$ (42,021)	$ 59,280
Non-compete agreements	1,984	(1,984)	—
Trade name and provider networks	4,700	(783)	3,917
Internally developed software	6,590	(1,640)	4,950
Software licenses	4,172	(3,477)	695
Ending balance	$ 118,747	$ (49,905)	$ 68,842

	December 31, 2020		
	Gross Carrying Amount	*Accumulated Amortization*	*Net Book Value*
Value of customer relationships acquired	$ 86,802	$ (34,537)	$ 52,265
Non-compete agreements	1,984	(1,909)	75
Trade name and provider networks	$ 4,700	$ (313)	4,387
Internally developed software	$ 4,400	$ (978)	3,422
Software licenses	4,172	(2,642)	1,530
Ending balance	$ 102,058	$ (40,379)	$ 61,679

Amortization expense for other intangible assets included in sales and operating expenses is $9,951, $5,479, and $3,642 for the years ended December 31, 2021, 2020, and 2019, respectively. The Company has no intangible assets with indefinite lives.

Future amortization of the intangible assets was estimated to be recognized as follows:

	December 31
2022	$ 9,689
2023	8,046
2024	7,594
2025	7,197
2026	6,306
2027 and thereafter	30,010

NOTE 9 - REGULATORY MATTERS

The Company and its subsidiaries are regulated primarily by, but not limited to, the various domiciliary state insurance or financial services departments as indicated below, the Securities and Exchange Commission (SEC), the Financial Industry Regulatory Authority (FINRA), and various other governmental authorities.

Combined net income of the Company's insurance subsidiaries, as determined in accordance with statutory accounting practices prescribed by the NAIC or permitted by the Insurance Departments of the states of Nebraska and New York, as applicable, was $129,184 for 2021, $41,412 for 2020 and $75,404 for 2019 and combined statutory capital and surplus was $1,977,265 and $1,777,793 at December 31, 2021 and 2020, respectively. Insurance companies are required to maintain a certain level of surplus to be in compliance with state laws and regulations. Surplus is monitored by state regulators to ensure compliance with risk based capital (RBC) requirements. All state insurance regulators have adopted RBC requirements developed by the NAIC. Under those requirements, the amount of capital and surplus maintained by a life and health company is to be determined based on various risk factors related to it. At December 31, 2021, the Company's insurance subsidiaries exceed the minimum RBC requirements.

Ameritas Life is subject to regulation by the Insurance Department of the State of Nebraska (DOI-NE), which restricts the advancement of funds to parent and affiliated companies as well as the amount of dividends that may be paid without prior approval. Dividend payments by Ameritas Life, when aggregated with all other dividends in the preceding 12 months, cannot exceed the greater of 10% of surplus as of the preceding year-end or the statutory net gain from operations for the previous calendar year, without prior approval from the DOI-NE. Based on this limitation, Ameritas Life would be able to pay $197,477 in dividends in 2022 without prior approval. No dividends to AHC were paid in 2021, 2020, and 2019.

Ameritas-NY is subject to regulation by the New York Department of Financial Services (NY-DFS), which restricts the advancement of funds to parent and affiliated companies as well as the amount of dividends that may be paid without prior approval. Dividend payments by Ameritas-NY cannot exceed the lesser of 10% of surplus as of the preceding year-end or the statutory net gain from operations for the previous calendar year, without prior approval from the NY-DFS. Based on this limitation, Ameritas-NY would be able to pay $11,744 in dividends in 2022 without prior approval. No dividends to Ameritas Life were paid in 2021, 2020 and 2019.

NOTE 10 - REINSURANCE

In the ordinary course of business, the Company assumes and cedes reinsurance with other insurers and reinsurers. These arrangements provide greater diversification of business and limit the maximum net loss potential on large or hazardous risks.

Reinsurance ceded contracts do not relieve the Company from its obligations to policyowners. The Company remains liable to its policyowners for the portion reinsured to the extent that any reinsurer does not meet its obligations for reinsurance ceded to it under the reinsurance agreements. Failure of reinsurers to honor their obligations could result in losses to the Company; consequently, allowances would be established for amounts deemed or estimated to be uncollectible.

To minimize its exposure to significant losses from reinsurance insolvencies, the Company evaluates the financial condition of its reinsurers and monitors concentrations of credit risk arising from similar geographic regions, activities, or economic characteristics of the reinsurers. The Company has exposure to a reinsurer currently under an order of rehabilitation. The Company has determined that certain balances related to this reinsurer will most likely be uncollectible and as such has established an allowance of $8,270 against reinsurance receivables on the consolidated balance sheets and a charge to income on the consolidated statements of operations at December 31, 2021.

Reinsurance premium transactions with other insurance companies were as follows:

	Years Ended December 31		
Premiums:	*2021*	*2020*	*2019*
Assumed	$ 83,417	$ 80,581	$ 77,371
Ceded	(270,591)	(257,978)	(248,010)
Reinsurance, net	$ (187,174)	$ (177,397)	$ (170,639)

NOTE 10 - REINSURANCE (continued)

The Company has two coinsurance treaties where the treaties do not result in the transfer of a reasonable possibility of significant loss from insurance risk. As such, the treaties are accounted for under the deposit method of accounting. A deposit liability of $953,588 and $986,401 was included as deposit liability on the consolidated balance sheets at December 31, 2021 and 2020, respectively.

NOTE 11 - LIABILITIES FOR UNPAID CLAIMS AND CLAIMS ADJUSTMENT EXPENSES

The following tables present information about incurred and paid claims development as of December 31, 2021, net of reinsurance, and the total incurred but not reported (IBNR) liabilities plus expected development on reported claims included within the net incurred claims amounts. The development tables are presented for dental business which represents the Company's significant short-duration product liability. The information about incurred and paid claims development prior to 2021 is presented as supplemental unaudited information.

Incurred Claim Development	*Years Ended December 31*		*December 31, 2021*	
Accident Year	*2020*	*2021*	*Total IBNR Liabilities Plus Expected Development on Reported Claims*	*Cumulative Number of Reported Claims*
2020	$ 558,406	$ 536,579	$ —	4,081
2021		709,232	58,076	5,000
Total		1,245,811	$ 58,076	
Cumulative paid claims and paid allocated claim adjustment expenses, net of reinsurance		(1,187,735)		
Total unpaid claims and claim adjustment expenses, net of reinsurance		$ 58,076		

Paid Claim Development	*Years Ended December 31*	
Accident Year	*2020*	*2021*
2020	$ 506,237	$ 536,579
2021		651,156
Total cumulative paid claims and paid claim adjustment expenses, net of reinsurance		$ 1,187,735

The Company develops the estimate of reserve using actuarial principles and assumptions that consider numerous factors. Of those factors, the Company considers the analysis of historical and projected claim payment patterns (including claims submission and processing patterns) to be the most critical assumptions. In developing the estimate of reserve, the Company consistently applies these actuarial principles and assumptions each period, with consideration to the variability of related factors. The reserve for unpaid claims for group and individual dental insurance includes claims in course of settlement and incurred but not reported claims. There have been no significant changes to the methodologies or assumptions used to calculate the reserve in 2021.

The methodology is a version of the Bornhuetter-Ferguson method in that it uses a Per-Member-Per-Work-Day (PMPWD) Expected Claim approach to determine the reserve for the most recent incurral month, and a completion factor approach for all other incurral months. Age-to-age development factors are determined for each incurral month/duration combination. The assumed PMPWD claim amount considers historic seasonality. It is assumed that claims are fully complete after 12 months of run out, so no reserve is held for any claims older than 12 months old. Claim adjustment expenses corresponding to the unpaid claims are added as an additional load to the reserve for unpaid claims. Claim counts initially include claims that do not ultimately result in a liability. These claims are omitted from the claim counts once it is determined that there is no liability.

NOTE 11 - LIABILITIES FOR UNPAID CLAIMS AND CLAIMS ADJUSTMENT EXPENSES (continued)

The following table provides a reconciliation of the net incurred and paid claims development tables to the gross liability for unpaid accident and health claims and claims adjustment expenses which is reported within policy and contracts liabilities on the consolidated balance sheets. Other short-duration insurance lines include vision, hearing, student accident, and group health. Insurance lines other than short-duration include disability income coverages.

		December 31, 2021
Net outstanding liabilities		
Dental	$	58,076
Other short-duration insurance lines		16,273
Liabilities for unpaid claims and claim adjustment expenses, net of reinsurance		74,349
Reinsurance recoverable on unpaid claims		
Dental		—
Other short-duration insurance lines		7,349
Total reinsurance recoverable on unpaid claims		7,349
Insurance lines other than short-duration		467,032
Total gross liability for unpaid claims and claims adjustment expenses	$	548,730

The following table provides an analysis of the activity in the liability for unpaid accident and health claims and claim adjustment expenses, which are reported within policy and contract liabilities on the consolidated balance sheets.

	Years Ended December 31		
	2021	*2020*	*2019*
Balance at January 1	$ 509,220	$ 449,284	$ 437,877
Less reinsurance recoverables	(176,499)	(153,318)	(148,203)
Net balance at January 1	332,721	295,966	289,674
Incurred related to:			
Current year	851,678	683,467	696,002
Prior year	(4,905)	7,023	4,702
Total incurred	846,773	690,490	700,704
Paid related to:			
Current year	735,844	572,836	610,889
Prior year	85,992	80,899	83,523
Total paid	821,836	653,735	694,412
Net balance at December 31	357,658	332,721	295,966
Plus reinsurance recoverables	191,072	176,499	153,318
Total reserve for unpaid claims	$ 548,730	$ 509,220	$ 449,284

As a result of (favorable)/unfavorable settlements of prior years' estimated claims, the provision for claims and claim adjustment expenses (decreased)/increased by $(4,905), $7,023 and $4,702 for the years ended December 31, 2021, 2020 and 2019, respectively.

NOTE 12 - LIABILITIES FOR CONTRACT GUARANTEES

The Company offers various guarantees to variable annuity (VA) and equity index annuity (EIA) contractholders including a return of no less than (1) the account value; (2) the sum of all premium payments less prior withdrawals and, in some cases, minus a partial withdrawal adjustment; (3) the sum of all premium payments less prior withdrawals plus a minimum return minus a partial withdrawal adjustment; (4) the highest account value on a specified anniversary date plus any premium payments since the anniversary minus any withdrawals following the anniversary and, in most cases, minus a partial withdrawal adjustment; or (5) the highest account value on a specified anniversary date minus any withdrawals following the anniversary and minus a partial withdrawal adjustment, and (6) a specified percentage of gains within the contract, or a percentage of gains plus a percentage of transferred premiums, in addition to other guarantees previously described. These guarantees include benefits that are payable in the event of death (VA) or as guaranteed periodic withdrawals (VA and EIA). The Company currently reinsures some of those guaranteed minimum death benefits (GMDB) greater than the sum of all premium payments less prior withdrawals.

The withdrawal benefits are provided through activated guaranteed lifetime withdrawal benefit (GLWB) riders. Prior to the start of the periodic withdrawals, various minimum return guarantees are tracked. At the start of the periodic withdrawals, a benefit base is determined such that it is the greatest of the tracked minimum return guarantees. The guaranteed periodic withdrawal amount is a percentage of the benefit base at the time periodic withdrawals begin. Once periodic withdrawals begin, the benefit base is increased by premium payments; the benefit base can be reset on an annual basis to the anniversary account value, if it is greater, and will be reduced for any withdrawals in excess of the guaranteed periodic withdrawal, but the percentage applied to the base benefit will not change.

Guarantees related to the variable annuity withdrawal benefits are considered to be derivative financial instruments; therefore, the liability for these benefits is established based on its fair value. The liability for these benefits was $56,572 and $94,798 at December 31, 2021 and 2020, respectively. No guaranteed withdrawal payments were made in 2021 and 2020 with an account balance less than the payment amount.

Variable and non-variable universal life-type contracts were sold with secondary guarantees that guarantee that the policy will not lapse, even if the account value is reduced to zero, as long as the policyowner makes scheduled premium payments. If benefits arise from these secondary guarantees, they do so in the latter durations of a contract's lifetime.

The liability for universal life-type contracts with secondary guarantees is established equal to a benefit ratio multiplied by the cumulative contract charges earned, plus accrued interest less the secondary guarantee benefit payments. The benefit ratio is calculated as the estimated present value of all expected secondary guarantee benefit payments divided by the present value of all expected contract charges. The secondary guarantee benefit payments are defined as death benefits paid on policies with an account value of zero that were still in force due to the presence of the secondary guarantee. At December 31, 2021 and 2020 the Company's reserve for these guarantees were $206,927 and $187,445, respectively and are recorded in policy and contract liabilities on the consolidated balance sheets.

NOTE 13 - COMMITMENTS AND CONTINGENCIES

Leases

The Company leases office space and equipment under operating leases that expire at various dates through 2031. Rent expense was $3,989 for 2021, $5,394 for 2020 and $5,289 for 2019. Future minimum payments under noncancellable operating leases consist of the following:

	December 31
2022	$ 2,615
2023	1,845
2024	1,321
2025	552
2026	447
Thereafter	655
	$ 7,435

NOTE 13 - COMMITMENTS AND CONTINGENCIES (continued)

Borrowings

As of December 31, 2021, the Company has FHLB lines of credit available up to $446,626 if an immediate liquidity need would arise. The Company had no outstanding balance as of December 31, 2021 and 2020 related to these lines of credit. Additionally, Ameritas Life has an unsecured line of credit available in the amount of $150,000 with an unaffiliated bank. No balance was outstanding at any time during 2021 and 2020.

In 2015, Ameritas Life entered into a ten year, 4.00% non-recourse loan of $15,500 on a real estate property with scheduled maturities of $480, $498, $518, and $11,388 during the years ended December 31, 2022, 2023, 2024, and 2025, respectively.

On November 1, 1996, Ameritas Life issued $50,000 of 8.20% Surplus Notes (Notes). The Notes mature on November 1, 2026 and may not be redeemed prior to maturity. The Notes are unsecured and subordinated to all present and future policy claims, prior claims and senior indebtedness. Subject to prior written approval of the Commissioner of the DOI-NE, these Notes pay interest semi-annually on May 1 and November 1. Interest expense of $4,100 was incurred in 2021, 2020 and 2019, and was recorded in interest expense on the consolidated statements of operations. In connection with issuing the Notes, Ameritas Life incurred and capitalized $765 of issuance cost. This cost is recorded as an offset to surplus notes payable on the consolidated balance sheets and to sales and operating expenses on the consolidated statements of operations. Additionally, the Notes have an original issue discount of $260, which is deducted from the balance of the Notes. Issuance costs and original issue discount will be amortized under the straight-line method over the term of the Notes.

Off Balance Sheet Instruments

Commitments on financial instruments were as follows:

	December 31	
	2021	*2020*
Securities commitments	$ 432,508	$ 269,078
Loan and real estate commitments	157,264	171,165

Securities commitments of $119,190 and $92,800 and loan and real estate commitments of $35,713 and $22,767 at December 31, 2021 and 2020, respectively, were related to non-consolidated VIEs.

These commitments have been made in the normal course of business. The Company's exposure to credit loss is represented by the contractual amount of these instruments. The Company uses the same credit policies and collateral requirements in making commitments and conditional obligations as it does for on-balance sheet instruments.

Commitments to extend credit are agreements to lend to a customer based upon the customer's fulfilling certain conditions as established in the loan agreement. These conditions are dependent on the type of loan. Commitments to extend credit under consumer lines of credit are generally dependent upon payments in accordance with the loan agreement. Adherence to the loan agreement as to prompt payment is also required for commercial and construction lines of credit. In addition, most of these credit lines require that collateral be identified and evaluated according to the terms of the loan agreement in order for additional amounts to be advanced. Commitments generally have fixed expiration dates or other termination clauses and may require payment of a fee. Commitments for lines of credit may expire without being drawn upon. Therefore, the total commitment amounts do not necessarily represent future cash requirements.

In the normal course of business the Company's brokerage activities involve, principally through its clearing firm, various securities transactions. These activities may expose the Company to off balance sheet risk in the event the customer or clearing firm is unable to fulfill its contractual obligations.

Litigation and Regulatory Examination

From time to time, the Company and its subsidiaries are subject to litigation and regulatory examination in the normal course of business. Management does not believe that the Company is party to any such pending litigation or examination which would have a material adverse effect on its financial condition or results of its operations.

NOTE 14 - FAIR VALUE MEASUREMENTS

Fair value measurement guidance requires that financial and nonfinancial assets and liabilities carried at fair value in the financial statements be included in a fair value hierarchy for disclosure purposes. The guidance defines fair value as "the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date".

In determining fair value of financial assets and liabilities, the Company utilizes market data, evaluated pricing models, cash flow, and loan performance data as available. The degree of judgment used in measuring fair value of financial instruments generally correlates with the level of pricing observability. That is, financial instruments with quoted prices in active markets have more pricing observability and therefore less judgment is used in measuring fair value. Conversely, financial instruments traded in other than active markets or that do not have quoted prices have less observability and are measured at fair value using the valuation models or other pricing techniques that require more judgment. The Company uses valuation techniques that maximize the use of observable inputs and minimize the use of unobservable techniques.

Fair values are monitored by a working group (the Working Group) comprised of investment, operations and accounting professionals on a monthly basis. Prices from third party pricing services are validated through comparison to internal pricing information and economic indicators including observed interest rates, credit spreads and market events as well as back testing and tolerance reviews Non-binding broker quotes are reviewed for reasonableness based on the Company's understanding of the market, and are generally considered unobservable inputs. Under certain conditions, the Company may conclude the prices received from independent third-party pricing services or brokers are not reasonable or reflective of market activity. In those instances, the Company may choose to apply internally developed values to the related assets or liabilities. Overrides of third-party pricing information and the rationale for the overrides are approved by the Working Group. The Company challenges third-party vendor prices for certain securities and requests additional information as appropriate.

The Company categorizes financial instruments into a three level hierarchy based on the priority of the inputs to the valuation technique. The fair value hierarchy gives the highest priority to quoted prices in active markets for identical assets (Level 1) and the lowest priority to unobservable inputs (Level 3). If the inputs used to measure fair value fall within different levels of the hierarchy, the category level disclosed is based on the lowest priority level input that is significant to the fair value measurement of the instrument in its entirety.

- Level 1 – Quoted prices in active markets for identical assets/liabilities. The Company's Level 1 assets include: Money market funds, exchange traded call and put options, equity securities and retail and institutional mutual funds (including investments held in the separate accounts).

- Level 2 – Includes prices based on other observable inputs, including quoted prices for similar assets/liabilities. The Company's Level 2 assets include the following fixed maturity securities: U.S. Treasury securities and obligations of U.S. government agencies (other than residential and commercial mortgage-backed securities and asset-backed securities), fixed maturity securities issued by states and political subdivisions of the U.S., U.S. agency residential and commercial mortgage-backed and asset-backed securities and virtually all of the U.S. and foreign public corporate securities. Level 2 assets also include over-the-counter call and put options, foreign currency swaps, and equity warrants.

- Level 3 – Includes unobservable inputs and may include the entities own assumptions about market participant assumptions. The Company's Level 3 assets include: Debt securities issued by states of the United States and political subdivisions of the states, non-agency residential and commercial mortgage-backed and asset-backed fixed maturity securities, private U.S. and foreign corporate fixed maturity and private equity securities, certain public U.S. and foreign corporate fixed maturity securities, collateralized debt obligations and liabilities for products with embedded derivatives.

NOTE 14 - FAIR VALUE MEASUREMENTS (continued)

The following table summarizes financial assets and liabilities measured at fair value on a recurring basis by input level as of December 31, 2021:

	Level 1	*Level 2*	*Level 3*	*Total*
Financial Assets:				
Fixed maturity securities available for sale:				
U.S. Treasury securities and obligations of U.S. government agencies	$ —	$ 52,059	$ —	$ 52,059
Debt securities issued by states of the United States and political subdivisions of the states	—	66,622	—	66,622
Foreign government securities	—	2,362	—	2,362
U.S. corporate securities	—	6,480,950	968,742	7,449,692
Residential mortgage-backed securities	—	296,361	126,430	422,791
Commercial mortgage-backed securities	—	66,458	—	66,458
Asset-backed securities	—	736,384	491,735	1,228,119
Collateralized debt obligations	—	—	1,037,774	1,037,774
Foreign corporate securities	—	1,266,781	793,197	2,059,978
Fixed maturity securities trading:				
U.S. corporate securities	—	88,754	2,357	91,111
Foreign corporate securities	—	42,587	—	42,587
Equity securities	608,846	—	—	608,846
Other investments:				
Exchange traded call and put options	173,605	—	—	173,605
Over the counter index call options	—	63,134	—	63,134
Foreign currency swaps	—	1,047		1,047
Municipal warrants	—	—	1,830	1,830
Private equity securities	—	—	1,020	1,020
Cash equivalents	210,503	—	—	210,503
Subtotal excluding assets related to separate accounts	992,954	9,163,499	3,423,085	13,579,538
Assets related to separate accounts[1]	—	—	—	12,488,946
Total	$ 992,954	$ 9,163,499	$ 3,423,085	$ 26,068,484
Financial Liabilities:				
Exchange traded call and put options (written)	$ (121,851)	$ —	$ —	$ (121,851)
Liabilities for products with embedded derivatives and equity indexed products	—	—	(507,739)	(507,739)
Total	$ (121,851)	$ —	$ (507,739)	$ (629,590)

[1] Certain investments measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified by input level. The input levels presented in this table are intended to permit reconciliation to the amounts presented in the consolidated balance sheets.

NOTE 14 - FAIR VALUE MEASUREMENTS (continued)

The following table summarizes financial assets and liabilities measured at fair value on a recurring basis by input level as of December 31, 2020:

	Level 1	*Level 2*	*Level 3*	*Total*
Financial Assets:				
Fixed maturity securities available for sale:				
U.S. Treasury securities and obligations of U.S. government agencies	$ —	$ 86,155	$ —	$ 86,155
Debt securities issued by states of the United States and political subdivisions of the states	—	76,103	—	76,103
Foreign government securities	—	2,522	—	2,522
U.S. corporate securities	—	6,111,659	886,397	6,998,056
Residential mortgage-backed securities	—	313,876	174,850	488,726
Commercial mortgage-backed securities	—	76,492	—	76,492
Asset-backed securities	—	347,838	916,572	1,264,410
Collateralized debt obligations	—	—	906,520	906,520
Foreign corporate securities	—	1,338,436	819,855	2,158,291
Fixed maturity securities trading:				
U.S. corporate securities	—	77,441	2,268	79,709
Foreign corporate securities	—	18,103	17,048	35,151
Equity securities	498,976	—	—	498,976
Other investments:				
Exchange traded call and put options	266,267	—	—	266,267
Over the counter index call options	—	60,852	—	60,852
Municipal warrants	—	—	156	156
Private equity securities	—	—	896	896
Cash equivalents	427,668	—	—	427,668
Subtotal excluding assets related to separate accounts	1,192,911	8,509,477	3,724,562	13,426,950
Assets related to separate accounts[1]	—	—	—	11,514,156
Total	$ 1,192,911	$ 8,509,477	$ 3,724,562	$ 24,941,106
Financial Liabilities:				
Exchange traded call and put options (written)	$ (212,028)	$ —	$ —	$ (212,028)
Foreign currency swaps	—	(703)	— $	(703)
Liabilities for products with embedded derivatives and equity indexed products	—	—	(482,308)	(482,308)
Total l	$ (212,028)	$ (703)	$ (482,308)	$ (695,039)

[1] Certain investments measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified by input level. The input levels presented in this table are intended to permit reconciliation to the amounts presented in the consolidated balance sheets.

The market approach is utilized for the majority of the Company's fair value measurements; however, certain Level 2 and Level 3 measurements utilize a combination of the market and income approaches. The valuation techniques used to measure the fair values by type of investment and liabilities in the above table follow:

Fixed maturity securities:

- *U.S. Treasury securities and obligations of U.S. government agencies:* The primary inputs to valuation include reported trades, benchmark yields and credit spreads. The fair values of the agency securities are generally classified as Level 2 as the prices are based on observable market data.

- *U.S. Government Agency and non-agency commercial and residential mortgage-backed and asset-backed securities:* The primary inputs to valuation include reported trades, bids, benchmark yields, credit spreads, estimated cash flows, prepayment speeds and collateral performance. Collateral performance is analyzed for each security and includes delinquency rates, loss severity rates and prepayment speeds. U.S. government agency securities are classified as Level 2 as the prices are based on observable market data. Non-agency commercial and residential mortgage-backed and asset-backed securities are classified as Level 2 if the prices are based on observable market data. If sufficient observable market data does not exist, such securities are classified as Level 3.

NOTE 14 - FAIR VALUE MEASUREMENTS (continued)

Fixed maturity securities, (continued):

- *All other fixed maturity securities:* The primary inputs to valuation include reported trades, bids, benchmark yields, observations of credit default swap curves and credit spreads. A pricing matrix is used to price non-public fixed maturity securities. Fixed maturity securities are generally classified as Level 2 as the fair values are based on observable market data. Fixed maturity securities with a fair value based only on uncorroborated dealer quotes or internal valuations are assigned to Level 3.

Equity securities and assets related to separate accounts:

- *Public equity securities and retail and institutional mutual funds:* Classified primarily as Level 1 as the fair values are based on quoted prices in active markets for identical securities for public equity securities and retail mutual funds, while fair values for institutional mutual funds represent NAV as a practical expedient received from fund managers who stand ready to transact at the quoted values.

Other investments:

- *Exchange traded call and put options:* Valuation is based on quoted net asset values in active markets for identical securities. Exchange traded call options and equity put options are classified as Level 1.

- *Over the Counter index call options:* The primary inputs to valuation include broker quotes that utilize inputs tailored to the remaining term of each call option. Over the counter index call options are classified as Level 2.

- *Over the Counter foreign currency swaps:* Valuation is based on models that rely on inputs such as basis curves and currency spot rates that are observable for substantially the full term of the contract. The valuation techniques underlying the models are widely accepted in the financial services industry and do not involve significant judgment. Over the counter foreign currency swaps are classified as Level 2.

- *Private equity securities:* The primary inputs to valuation include widely accepted valuation techniques as detailed in the Level 3 fair value measurement unobservable input table. Private equity securities are categorized as Level 3 as internal valuations are required to value the securities.

- *Municipal warrants:* Municipal warrants are categorized as Level 3 as internal valuations are used to value the Company's municipal warrants investments and significant inputs are unobservable.

Cash equivalents:

- *Money market funds:* Classified primarily as Level 1 as the valuation is based on quoted net asset values in active markets for identical securities.

Financial Liabilities:

- *Exchange traded call and put options:* Valuation is based on quoted net asset values in active markets for identical securities. Written exchange traded call options and written equity put options are classified as Level 1.

- *Over the Counter foreign currency swaps:* Valuation is based on models that rely on inputs such as basis curves and currency spot rates that are observable for substantially the full term of the contract. The valuation techniques underlying the models are widely accepted in the financial services industry and do not involve significant judgment. Over the counter foreign currency swaps are classified as Level 2.

- *Liabilities for products with embedded derivatives:* The Company has three products with embedded derivatives: equity index annuity, equity index universal life, and variable annuity with a guaranteed lifetime withdrawal benefit rider. These liabilities are classified as Level 3 as observable market prices are not available and actuarial methods are used to estimate the fair values.

NOTE 14 - FAIR VALUE MEASUREMENTS (continued)

The following summarizes changes to financial instruments for the years 2021 and 2020 carried at fair value for which the Company used significant unobservable inputs (Level 3) to determine fair value measurements:

	For Year Ended December 31, 2021				*For Year Ended December 31, 2020*			
	Purchases	*Issuances*	*Transfers into Level 3*	*Transfers out of Level 3*	*Purchases*	*Issuances*	*Transfers into Level 3*	*Transfers out of Level 3*
Fixed maturity securities available for sale:								
Debt securities issued by states of the United States and political subdivisions of the states	$ —	$ —	$ —	$ —	$ —	$ —	$ —	$ (20,220)
U.S. corporate securities	176,714	—	—	(39,143)	158,086	—	5,918	—
Residential mortgage-backed securities	7,731	—	—	—	22,208	—	—	—
Asset-backed securities	322,311	—	—	(383,715)	202,261	—	—	(97,070)
Collateralized debt obligations	532,055	—	—	(201,041)	323,937	—	—	—
Foreign corporate securities	78,831	—	3,005	(2,002)	82,479	—	—	—
Fixed maturity securities trading:								
U.S. corporate securities	—	—	—	—	—	—	—	—
Foreign corporate securities	—	—	—	(14,695)	9,223	—	5,505	(5,500)
Other investments:								
Municipal warrants	1,815	—	—	—	4	—	—	—
Private equity securities	147	—	—	—	144	—	—	—
Embedded derivatives	(96,927)	26,746	—	—	(57,899)	26,000	—	—
Total	$ 1,022,677	$ 26,746	$ 3,005	$ (640,596)	$ 740,443	$ 26,000	$ 11,423	$ (122,790)

Transfers into and out of Level 3 typically occur due to changes in the valuation source and the availability of observable market inputs. Transfers into Level 3 in 2021 and 2020 included situations where a fair value quote based on observable market inputs was not available and the price was replaced with a broker quote that could not be corroborated to observable market inputs. Transfers out of Level 3 in 2021 and 2020 included situations where a fair value quote based on observable market inputs was available and the price had been based in the prior period on a broker quote that could not be corroborated to observable market inputs.

NOTE 14 - FAIR VALUE MEASUREMENTS (continued)

The following table presents information about significant unobservable inputs used in Level 3 fair value measurements at December 31, 2021:

Assets accounted for at Fair Value on a recurring basis	*Fair Value*	*Predominant Valuation Method*	*Significant Unobservable Input*	*Range of Values - Unobservable Inputs (Weighted Average)* [1]	*Impact of Increase in Input on Fair Value* [2]
U.S. corporate securities[3]	$ 920,477	Discounted cash flows	Spread	59 bps - 349 bps (125 bps)	Decrease
	20	Broker quote	Price	2 - 2 (2)	Increase
	50,602	Vendor price	Price	99 - 105 (101)	Increase
Residential mortgage-backed securities[4]	$ 94,725	Discounted cash flows	Constant prepayment rate	0% - 414% (25%)	Decrease
			Constant default rate	0% - 10% (1%)	Decrease
			Loss severity	0% - 100% (37%)	Decrease
	8,655	Broker quote	Price	103 - 110 (106)	Increase
	23,050	Vendor price	Price	42 - 102 (84)	Increase
Asset-backed securities[5]	$ 25,037	Discounted cash flows	Constant prepayment rate	2% - 25% (13%)	Decrease
			Constant default rate	0% - 0% (0%)	Decrease
			Loss severity	0% - 0% (0%)	Decrease
	296,197	Broker quote	Price	94 - 103 (100)	Increase
	169,234	Vendor price	Price	36 - 104 (97)	Increase
	1,267	Discounted cash flows	Spread	101 bps - 101 bps (101 bps)	Decrease
Collateralized debt obligation securities[6]	$ 65,775	Vendor price	Price	99 - 100 (100)	Increase
	971,999	Broker quote	Price	93 - 103 (100)	Increase
Foreign corporate securities[7]	$ 790,278	Discounted cash flows	Spread	59 bps - 264 bps (117 bps)	Decrease
	2,919	Broker quote	Price	97 - 97 (97)	Increase
Municipal warrants	$ 1,830	Broker quote	Price	100	Decrease
Private equity securities	$ 1,020	Vendor price	Price	1 - 52 (27)	Increase
VA GLWB Embedded Derivatives	$ (56,572)	Stochastic Cash Flow Model	Mortality	104% -105% of 2012 IAM Basic with scale G2 improvement (104%)	Decrease
			Base Surrenders	0.5% - 12.4% (6.2%)	Decrease
			Delay Prior to Withdrawals	0 - 10 years (5.3)	Increase
			Volatility	1.0% - 28.8% (14.8%)	Increase
			Nonperformance Risk Spread	0.5% - 1.3% (0.6%)	Decrease
Indexed Life and Annuity Products	$ (33,409)	Market Value of Hedge Assets less Unamortized Cost	Unamortized Cost	12-24 months straight-line amortization (12.3)	Decrease
Indexed Annuity Products	$ (417,758)	Option Budget Method	Projected Option Cost	1.0% - 4.1% (2.0%)	Increase
			Base Withdrawals	0.0% - 16.1% (3.7%)	Decrease
			Partial Withdrawals (Non-GLWB)	0.8% - 3.4% (2.7%)	Decrease
			Mortality (Non-GLWB)	81% -130% of 1994 GAM with scale G2 improvement (103%)	Decrease
			Mortality (GLWB)	104% -105% of 2012 IAM Basic with scale G2 improvement (104%)	Decrease
			Nonperformance Risk Spread	0.6% - 1.3% (0.7%)	Decrease

[1]The weighted average is determined based on the fair value of the securities.
[2]Conversely, the impact of a decrease in input would have the opposite impact to the fair value as that presented in the table above.
[3]Includes $970,823 of privately placed securities and $960,316 of investment grade securities based on NAIC rating.
[4]Primarily subordinated tranches of non-agency residential mortgage-backed securities and includes $125,978 of investment grade securities based on NAIC rating.
[5]Securities are diversified by asset class and include $473,767 of investment grade securities based on NAIC rating.
[6]Includes $1,037,744 of investment grade securities based on NAIC rating.
[7]Includes $790,278 of privately placed securities and $775,312 of investment grade securities based on NAIC rating.

NOTE 14 - FAIR VALUE MEASUREMENTS (continued)

The following table presents information about significant unobservable inputs used in Level 3 fair value measurements at December 31, 2020:

Assets accounted for at Fair Value on a recurring basis	*Fair Value*	*Predominant Valuation Method*	*Significant Unobservable Input*	*Range of Values - Unobservable Inputs (Weighted Average)* [1]	*Impact of Increase in Input on Fair Value* [2]
U.S. corporate securities[4]	$ 864,909	Discounted cash flows	Spread	87 bps - 381 bps (146 bps)	Decrease
	23,756	Vendor price	Price	1 - 148 (95)	Increase
Residential mortgage-backed securities[5]	$ 105,670	Discounted cash flows	Constant prepayment rate	0% - 20% (11%)	Decrease
			Constant default rate	0% - 10% (1%)	Decrease
			Loss severity	0% - 100% (25%)	Decrease
	9,742	Broker quote	Price	103 - 113 (107)	Increase
	59,438	Vendor price	Price	0 - 107 (80)	Increase
Asset-backed securities[6]	$ 221,408	Discounted cash flows	Constant prepayment rate	1% - 100% (27%)	Decrease
			Constant default rate	0% - 4% (0%)	Decrease
			Loss severity	30% - 100% (14%)	Decrease
	294,301	Broker quote	Price	91 - 104 (98)	Increase
	398,942	Vendor price	Price	49 - 110 (98)	Increase
	1,921	Discounted cash flows	Spread	101 bps - 101 bps (101 bps)	Decrease
Collateralized debt obligation securities[7]	$ 77,834	Vendor Price	Price	86 - 107 (99)	Increase
	828,686	Broker quote	Price	95 - 102 (99)	Increase
Foreign corporate securities[8]	$ 817,836	Discounted cash flows	Spread	81 bps - 386 bps (145 bps)	Decrease
	19,067	Broker quote	Price	106 - 137 (121)	Increase
Municipal warrants	$ 156	Discounted cash flows	Discount Rate	100	Decrease
Private equity securities	$ 896	Vendor Price	Price	1 - 68 (35)	Increase
VA GLWB Embedded Derivatives	$ (94,798)	Stochastic Cash Flow Model	Mortality	104% -105% of 2012 IAM Basic with scale G2 improvement (104%)	Decrease
			Base Surrenders	0.5% - 10.5% (4.7%)	Decrease
			Delay Prior to Withdrawals	0 - 10 years (5.2)	Increase
			Volatility	1.0% - 29.7% (15.5%)	Increase
			Nonperformance Risk Spread	0.6% - 1.6% (0.7%)	Decrease
Indexed Life and Annuity Products	$ (32,017)	Market Value of Hedge Assets less Unamortized Cost	Unamortized Cost	12-24 months straight-line amortization (14.2)	Decrease
Equity Indexed Products	$ (355,493)	Option Budget Method	Projected Option Cost	1.0% - 4.0% (2.0%)	Increase
			Base Surrenders	0.5% - 15.5% (4.4%)	Decrease
			Mortality (Non-GLWB)	81% -130% of 1994 GAM with scale G2 improvement (104%)	Decrease
			Mortality (GLWB)	104%-105% of 2012 IAM Basic with scale G2 improvement (104%)	Decrease
			Nonperformance Risk Spread	0.6% - 1.6% (0.8%)	Decrease

[1]The weighted average is determined based on the fair value of the securities.
[2]Conversely, the impact of a decrease in input would have the opposite impact to the fair value as that presented in the table above.
[3]Includes $874,872 of privately placed securities and $880,319 of investment grade securities based on NAIC rating.
[4]Primarily subordinated tranches of non-agency residential mortgage-backed securities and includes $174,072 of investment grade securities based on NAIC rating.
[5]Securities are diversified by asset class and include $879,324 of investment grade securities based on NAIC rating.
[6]Includes $906,520 of investment grade securities based on NAIC rating.
[7]Includes $817,836 of privately placed securities and $811,147 of investment grade securities based on NAIC rating.

NOTE 14 - FAIR VALUE MEASUREMENTS (continued)

Nonrecurring Fair Value Measurements

The Company may be required to measure certain other financial assets at fair value on a nonrecurring basis. These adjustments to fair value usually result from the write-downs of individual assets, primarily impaired assets for the Company, and included mortgage loans on real estate of $99 at December 31, 2021. There were no assets measured on a nonrecurring basis at December 31, 2020.

The Company considers a loan impaired when it is probable that it will be unable to collect all amounts due according to the contractual terms of the note agreement, including principal and interest. Impairment of loans on nonaccrual status or those with restructured terms is based on observable market prices, the estimated fair value of the collateral for collateral-dependent loans, or the present value of the expected future cash flows discounted at the loan's effective interest rate. Appraised values, adjusted for management's assumptions, are generally used on real estate collateral-dependent impaired loans, which the Company classifies as a Level 3 nonrecurring fair value measurement.

The Company may also be required to measure certain other nonfinancial assets at fair value on a nonrecurring basis. These fair value measurements are typically related to intangible assets acquired in a business acquisition or goodwill which has been impaired to fair value after initial recognition.

There were no nonfinancial assets at fair value on a nonrecurring basis after initial recognition at December 31, 2021 or 2020.

NOTE 15 - FAIR VALUE OF FINANCIAL INSTRUMENTS

Where quoted market prices are not available, fair values are based on estimates using present value or other valuation techniques which are based on management estimates, including the discount rate and estimates of future cash flows. Derived fair value estimates may not be realized on immediate settlement of the instrument. All nonfinancial instruments are excluded from disclosure requirements. Accordingly, the aggregate fair value amounts presented do not represent the underlying value of the Company.

Fair value estimates presented herein are based on pertinent information available to management as of December 31, 2021 and 2020. Although management is not aware of any factors that would significantly affect the estimated fair value amounts, such amounts have not been comprehensively revalued for purposes of these financial statements since that date; therefore, current estimates of fair value may differ significantly from the amounts presented herein.

The following methods and assumptions were used by the Company in estimating its fair value disclosures for each class of financial instrument for which it is practicable to estimate a value:

Fixed maturity securities – Fair value is determined as described in Note 14 on available for sale and trading securities. For held to maturity securities which are publicly traded securities, fair value is determined utilizing methodologies consistent with those described in Note 14 for fixed maturity securities. For held to maturity securities without a readily ascertainable fair value, the value has been determined using an interest rate spread matrix based upon quality, weighted average maturity and U.S. Treasury yields.

Mortgage loans on real estate, net – The fair value of commercial mortgage loans is primarily determined by estimating expected future cash flows and discounting the cash flows using current interest rates for similar mortgage loans with similar credit risk. The fair value of residential mortgage loans is determined by the Yields-Based or Price-Based approach. The Yield-Based approach, applied to performing and sub-performing loans, estimates fair value by first modeling contractual cash flows and then discounting the cash flows at an appropriate discount rate that incorporates an appropriate base rate (e.g., Treasury) to which a risk premium (spread) is added. The Price-Based approach, applied to non-performing loans (greater than 90 days past due) along with certain sub-performing loans, utilizes a direct estimate of a loan's net present value or dollar price, largely based on underlying collateral values. The valuation techniques used to measure the fair value of impaired loans are described in Note 14.

Loans on insurance policies – The fair values for loans on insurance policies are estimated using discounted cash flow analysis at interest rates currently offered for similar loans. Loans on insurance policies with similar characteristics are aggregated for purposes of the calculations.

NOTE 15 - FAIR VALUE OF FINANCIAL INSTRUMENTS

Other investments – Fair value for venture capital limited partnerships is based on the underlying net asset value of the partnerships, adjusted for significant market events if the net asset value was not calculated as of December 31, 2021 and 2020. The fair value for private equity securities is determined based on internal valuations. Venture capital partnerships and real estate partnerships that are carried on the equity method are excluded from the fair value disclosure.

Cash, restricted cash and accrued investment income - The carrying amounts approximate fair value due to the short maturity of these instruments.

Policyholder account balances – Only contracts defined as investment contracts where there is no risk arising from policyowner mortality or morbidity are included in the fair value disclosure. Funds on deposit with a fixed maturity are valued at discounted present value using market interest rates. Funds on deposit which do not have fixed maturities are carried at the amount payable on demand at the reporting date, which approximates fair value.

Borrowings - Fair value for the Company's borrowed money was estimated using discounted cash flow calculations based on current interest rates consistent with the maturity of the obligation.

Separate account liabilities - Fair value is determined as described in Note 14. Separate account liabilities are carried at the fair value of the underlying assets.

Assets or liabilities where carrying amount equals fair value are previously disclosed in Note 14. Estimated fair values of assets or liabilities not carried at fair value were as follows:

	December 31, 2021		*December 31, 2020*	
	Carrying Amount	*Fair Value*	*Carrying Amount*	*Fair Value*
Financial assets:				
Fixed maturity securities held to maturity	$ 467	$ 527	$ 654	$ 746
Mortgage loans on real estate, net	2,458,886	2,588,117	2,313,607	2,512,925
Loans on insurance policies	463,836	600,344	447,589	580,488
Other investments	16,682	16,764	18,508	18,837
Cash and restricted cash	35,215	35,215	31,022	31,022
Accrued investment income	115,665	115,665	112,904	112,904
Financial liabilities:				
Policyholder account balances	944,256	944,214	953,063	951,744
Borrowings	12,866	12,374	13,310	13,792
Surplus notes payable	49,830	61,177	49,796	64,412
Liabilities related to separate accounts	12,488,946	12,488,946	11,514,156	11,514,156

NOTE 16 – OTHER COMPREHENSIVE INCOME ACTIVITY AND BALANCES

The following table presents information about the changes in the balances for each component of accumulated other comprehensive income:

	Net Unrealized Gains/(Losses) on Available for Sale Securities	*Other than Temporary Impairments*	*Unrealized Losses on Defined Benefit Plan Obligations*	*Total Accumulated Other Comprehensive Income*
Balance, January 1, 2019	(68,337)	4,031	(19,632)	(83,938)
Other comprehensive income before reclassifications, net of tax	524,114	(447)	(2,237)	521,430
Amounts reclassified from AOCI, net of tax	(21,448)	—	(483)	(21,931)
Balance, December 31, 2019	434,329	3,584	(22,352)	415,561
Other comprehensive income before reclassifications, net of tax	346,201	(437)	3,275	349,039
Amounts reclassified from AOCI, net of tax	(10,081)	—	(535)	(10,616)
Balance, December 31, 2020	770,449	3,147	(19,612)	753,984
Other comprehensive income before reclassifications, net of tax	(232,566)	(517)	7,828	(225,255)
Amounts reclassified from AOCI, net of tax	(2,844)	—	(116)	(2,960)
Balance, December 31, 2021	$ 535,039	$ 2,630	$ (11,900)	$ 525,769

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REQUEST FOR PROPOSAL FOR CONTRACTUAL SERVICES FORM

By signing this Request for Proposal for Contractual Services form, the bidder guarantees

BIDDER MUST COMPLETE THE FOLLOWING

compliance with the procedures stated in this Solicitation, and agrees to the terms and conditions unless otherwise indicated in writing and certifies that bidder maintains a drug free work place.

Per Nebraska's Transparency in Government Procurement Act, Neb. Rev Stat § 73-603 DAS is required to collect statistical information regarding the number of contracts awarded to Nebraska Contractors. This information is for statistical purposes only and will not be considered for contract award purposes.

__X__ NEBRASKA CONTRACTOR AFFIDAVIT: Bidder hereby attests that bidder is a Nebraska Contractor. "Nebraska Contractor" shall mean any bidder who has maintained a bona fide place of business and at least one employee within this state for at least the six (6) months immediately preceding the posting date of this Solicitation.

_____ I hereby certify that I am a Resident disabled veteran or business located in a designated enterprise zone in accordance with Neb. Rev. Stat. § 73-107 and wish to have preference, if applicable, considered in the award of this contract.

_____ I hereby certify that I am a blind person licensed by the Commission for the Blind & Visually Impaired in accordance with Neb. Rev. Stat. §71-8611 and wish to have preference considered in the award of this contract.

FORM MUST BE SIGNED MANUALLY IN INK OR BY DOCUSIGN

BIDDER:	Ameritas Life Insurance Corp.
COMPLETE ADDRESS:	5900 O Street Lincoln, NE 68510
TELEPHONE NUMBER:	402-309-2524
FAX NUMBER:	402-309-2512
DATE:	11/18/2022
SIGNATURE:	DocuSigned by: Bruce Mieth 6D3010FA0FA1452...
TYPED NAME & TITLE OF SIGNER:	Bruce E. Mieth, Ph.D SVP- Group Operations