

A Cost Proposal

State of Nebraska

RFP Number 6729Z1 UHC Vision

Due on: December 2nd, 2022

Effective Date: 07/1/2023





Cost Proposal

Section 1

Cost Proposal

- A. Attachment 1 – Cost Proposal
- B. UHC Benefits Proposal





Benefits Proposal for State of Nebraska

Issued on: December 2, 2022



**United
Healthcare**

UnitedHealthcare

Company Overview for State of Nebraska

Effective Date: 07/01/2023

Why Choose UnitedHealthcare?

Cost Savings

Get administrative credits when purchasing more than one plan from UnitedHealthcare. The more you bundle, the more you save.

Convenience

The advantages available when purchasing multiple products include:

- One account management team
- Simplified eligibility and enrollment process
- Consolidated billing
- One dedicated customer service line and member website

Better Health

To help your employees make better health care decisions, all members receive actionable health and wellness education. When you purchase medical and specialty products together, we leverage employee claims data to provide personalized recommendations. We call that approach Bridge2Health.

- For individuals with specific chronic illnesses, our targeted outreach encourages them to receive care that can improve their health and reduce costs.
- For members who file disability claims, case managers help manage their recovery so they can return to health and return to work.

Bridge2Health is available to groups with medical coverage (except UMR clients) and one or more specialty products. Ask your consultant or UnitedHealthcare representative for participation requirements.

Where else can you find as much value from one organization? Now is the time to discover the strength of our UnitedHealthcare Specialty Benefits product portfolio.

About UnitedHealth Group®

UnitedHealth Group is a diversified health and well-being company dedicated to helping the health care system work better. UnitedHealth Group's mission is to help people live healthier lives by:

- Seeking to enhance the performance of the health system and improve the overall health and well-being of the people the company serves and their communities;
- Working with health care professionals and other key partners to expand access to quality health care so people get the care they need at an affordable price; and
- Supporting the physician/patient relationship and empowering people with the information, guidance and tools they need to make personal health choices and decisions.

UnitedHealthcare

Proposed Vision Rates for State of Nebraska

Effective Date: 07/01/2023

Vision Services	NEW_27134467		NEW_27134501	
	UnitedHealthcare Insurance Company		UnitedHealthcare Insurance Company	
	Primary Plan		Primary Plan	
Legal Entity	In Network	Out of Network	In Network	Out of Network
Plan Options				
Contribution	Voluntary		Voluntary	
Product Type	Exam with Materials		Exam with Materials	
Network Type	Standard Network		Standard Network	
Exam(s) Co-pay	\$10	Not Applicable	\$10	Not Applicable
Material Co-pay (Frames/Spectacle Lenses or Necessary Contact Lenses)	\$10	Not Applicable	\$10	Not Applicable
Service Frequency				
Exams/ Lenses/ Frames/Contacts	12/24/24/24		12/12/12/12	
Eye Examination				
Exam(s) (Includes additional eye exam for ages 0-12 and pregnant or breastfeeding women)	100%	Up to \$40	100%	Up to \$40
Lenses				
Single Vision	100%	Up to \$25	100%	Up to \$25
Lined Bifocal	100%	Up to \$40	100%	Up to \$40
Lined Trifocal	100%	Up to \$55	100%	Up to \$55
Lenticular	100%	Up to \$55	100%	Up to \$55
Frames				
Retail Frame Allowance	Up to \$105	Up to \$58	Up to \$120	Up to \$65
Discount on Frame Coverage at participating providers	30%	Not Applicable	30%	Not Applicable
Elective Contact Lenses				
Contact Lens Material Allowance	Up to \$105	Up to \$80	Up to \$130	Up to \$105
Contact Lens Fitting and Evaluation Allowance	Up to \$40	\$0	Up to \$40	\$0
Necessary Contact Lenses	100%	Up to \$200	100%	Up to \$200
Lens Options				
Covered-in-full Lens Options	Polycarbonate Lenses for Children up to Age: 19 Standard Scratch Coating	Not Applicable	Polycarbonate Lenses for Children up to Age: 19 Standard Scratch Coating	Not Applicable
Non-covered Lens Options	Price Protection available for non-covered lens options ranging from 20-60% off retail pricing at participating providers (except where not permitted by state law).			
Additional Benefit(s)				
Retinal Screening Photography	\$39	Not Applicable	\$39	Not Applicable
Value Services				
Laser Vision Discount	UnitedHealthcare is proud to add value to your vision care program by offering access to discounted laser vision correction procedures through QualSight LASIK, the largest LASIK manager in the United States. Member savings represent up to 35% off the national average price of LASIK. Discounts are also provided on newer technologies such as Custom Bladeless (all laser) LASIK. Visit myuhcvision.com for more information.			
Blue Light Protection Eyesafe Discount	UnitedHealthcare Vision has collaborated with Eyesafe® to provide members with a 20% discount off the retail price on blue-light screen filters for their devices. Members can receive the discount by visiting myuhcvision.com and clicking on the Eyesafe link.			
Children's and Maternity Eye Care Replacement Eyeglasses				
Additional eyeglass frame/lenses due to prescription change (ages 0-12 and pregnant or breastfeeding women).	Members ages 0-12 and members pregnant or breastfeeding who have a prescription change of 0.5 diopter or more are eligible for a replacement frame and lenses. The replacement benefits are the same as the benefits for the initial frame and lenses. Not applicable for Exam Core or Exam with Discounted Material Plans.			
Assumed Enrollment and Rates				
Employee	1667	\$5.24	3416	\$8.14
Employee + Spouse	549	\$8.42	1552	\$13.00
Employee + Child(ren)	365	\$8.58	1073	\$13.26
Employee + Family	560	\$13.82	1816	\$21.40
	3141		7857	
Monthly Premium				
	\$24,228.56		\$101,072.62	
Annual Premium	\$290,742.72		\$1,212,871.44	
Participation Requirements				
Dependent Children Coverage	No Participation Requirement		No Participation Requirement	
Contract Basis	To Age 30		To Age 30	
Benefit Period Basis	Fully Insured		Fully Insured	
Exclusions and Limitations	Plan Year		Plan Year	
Broker Commissions	Standard		Standard	
Rate Guarantee	0%		0%	
	36 Months		36 Months	

UnitedHealthcare

Proposed Vision Rates for State of Nebraska

Effective Date: 07/01/2023

Lens Option Price Protection

The list below outlines the maximum out of pocket charge a member may pay for particular non-covered lens options in-network, which reflect discounts of 20% to 60% of retail charges. In some cases members may pay less! Based on state guidelines, lens materials and options may not be available at these discounted prices at all provider locations.

Type	Cost
Scratch Warranty	\$10
Tint	\$14
UV Coating	\$16
Photochromic	\$67
Tier 1 Anti-Reflective	\$30
Tier 2 Anti-Reflective	\$50
Tier 3 Anti-Reflective	\$75
Tier 4 Anti-Reflective	\$95
Roll and Polish Edges	\$13
Tier 1 Progressive	\$55
Tier 2 Progressive	\$100
Tier 3 Progressive	\$150
Tier 4 Progressive	\$200
Tier 5 Progressive	\$250
High Index < 1.66	\$53
High Index 1.66 - 1.73	\$63
Polycarbonate (\$0 for dependent children)	\$33

Prices reflected are subject to change.

UnitedHealthcare

Assumptions for State of Nebraska

Effective Date: 07/01/2023

General Assumptions

Subgroup ID: 1

- We reserve the right to change rates and/or plan provisions if the number of lives or volume of insurance change by more than 10% before, on, or after the effective date listed above or if factors used to generate this quote such as group demographics or effective date are changed, found to be incomplete or incorrect.
- Rates assume no changes in legislation or regulation that affects the benefits payable, eligibility or contract.
- Rates assume standard administrative services including Claims & Data processing, Enrollment & Billing, Customer Service, Case Management, Provider Relations, and Reporting
- Assumed contract situs is Nebraska.
- Employees must be U.S. citizens or residents regularly working and living in the U.S. Coverage for U.S. citizens working outside of the U.S. must be approved in writing by us. Approval depends on locale and length of assignment.
- Employer's assumed primary business is classified as 9111 SIC Code.
- Rates may increase on renewal in accordance with the terms of the policy.

Vision Assumptions

Subgroup ID: 1

Rates are valid for 90 days from 12/02/2022 or 07/01/2023, whichever is sooner.

Quote assumes a complete product replacement.

Rates listed above are not included in quoted Medical rates (if applicable).

Rates listed above assume plan designs quoted. Rates may change, if plan design changes.

The State has the option to renew coverage for an additional 3 years at a rate not to exceed 3% above the initial rates.

The proposal assumes printed ID Cards.

Quote includes a total credit of \$100,000.00 available during the guarantee period. Satisfactory documentation will be required for the costs incurred in connection with the transfer or ongoing communications expenses of the plan(s). Paid premium must be current to receive credit.

Please note that the summary of benefits in this document provides a brief description of coverage. State mandates may preclude certain benefit plan design features. This is not a policy, certificate of insurance or coverage document. For complete details on coverage, exclusions, limitations and the terms under which coverage may continue, please contact your sales representative.

UnitedHealthcare

Disclaimers for State of Nebraska

Effective Date: 07/01/2023

This proposal is valid for 90 days from the issued date, unless otherwise noted within this document. Brokers and agents may receive commissions, bonuses and other compensation for selling the products presented in this proposal. The cost of this compensation may be directly or indirectly reflected in the premium or fees for those products. Contact your broker and/or agent if you have questions regarding their compensation relating to products in this proposal.

This proposal is subject to negotiation and execution of a written agreement, which will supersede the proposal contents. This proposal does not constitute an agreement, and is based on assumptions made from the written information in our possession and provided by you. We retain the right to modify our proposal if the information upon which this proposal is based is changed or is supplemented.

We consider much of the information contained in the proposal to be proprietary or otherwise confidential, and are releasing this proposal to you on the understanding that you and your representatives will only use it, and any data included in the proposal, for the specific purpose of evaluating its content. If this is not consistent with your understanding, please notify us before reviewing the proposal.

In addition, by accepting and reviewing the contents of this proposal, you and your agents or other designees agree, to the extent permitted by law, that certain information contained herein, or other information provided to you in connection with this proposal response or associated request for proposal (RFP), is proprietary and/or confidential to UnitedHealthcare and its related entities, and may not be copied, used, distributed or disclosed without prior written consent from an authorized representative of UnitedHealthcare, other than is necessary to evaluate this proposal.



ATTACHMENT 1 - VISION INSURANCE PLAN COST PROPOSAL

REQUEST FOR PROPOSAL NUMBER 6729 Z1

Bidder Name: _____ UnitedHealthCare _____

Bidders shall fill in the proposed monthly premium amounts for each column provided below. All premium amounts specified are guaranteed by Bidder and are inclusive of all costs. Each monthly premium amount proposed should be evenly divisible by "2" with no rounding to accommodate two even deductions per month through our payroll system. Any premium amount not divisible by "2" will be reduced to the nearest lower amount that is divisible by "2" for scoring. By submitting this proposal, Bidder accepts this lower amount if a contract is awarded.

The State is seeking proposals from qualified insurance vendors to provide a fully-insured Vision Insurance plan for their approximately 15,200 eligible State employees. The contribution is 100% by the employee.

Census information	Basic Plan	Premium Plan
Employee Only	1634	3365
Employee + Spouse	553	1549
Employee + Dependent Child(ren)	360	1072
Employee + Spouse + Dependent Child(ren)	556	1832
COBRA	16	60
Pre-65 Retirees	35	86

	Initial Period Years 1 - 3		First Renewal Period Year 4		Second Renewal Period Year 5		Third Renewal Period Year 6	
	Basic Plan	Premium Plan	Basic Plan	Premium Plan	Basic Plan	Premium Plan	Basic Plan	Premium Plan
Employee Only	\$5.24	\$8.14	\$5.40	\$8.38	\$5.40	\$8.38	\$5.40	\$8.38
Employee + Spouse	\$8.42	\$13.00	\$8.68	\$13.40	\$8.68	\$13.40	\$8.68	\$13.40
Employee + Dependent Child(ren)	\$8.58	\$13.26	\$8.84	\$13.66	\$8.84	\$13.66	\$8.84	\$13.66
Employee + Spouse + Dependent Child(ren)	\$13.82	\$21.40	\$14.22	\$22.04	\$14.22	\$22.04	\$14.22	\$22.04

All costs are inclusive. If costs are entered into the fields below, it is the bidders responsibility to include them in the proposed monthly premium amounts in the table above.

Guarantees & Credits	Initial Period Years 1 - 3	First Renewal Period Year 4	Second Renewal Period Year 5	Third Renewal Period Year 6
Guaranteed Rates (Y/N)	Y	GUARANTEED NOT TO EXCEED	GUARANTEED NOT TO EXCEED	GUARANTEED NOT TO EXCEED
Enrollment Change Tolerance (+/- XX%)	(+ / - 10%)	(+ / - 10%)	(+ / - 10%)	(+ / - 10%)
Annual Communications Credit (\$)	A TOTAL OF \$100,000 TO BE USED OVER THE INITIAL 3 YEARS AT THE DISCRETION OF THE STATE FOR COSTS RELATED TO IMPLEMENTATION AND COMMUNICATIONS.	TBD	TBD	TBD