



Mutual of Omaha

DENTAL INSURANCE

Proposal for: JDC Management, Humanities Foundation & Quantum Builders
Alternate: 4.03

The following Dental plan is being proposed on a fully-insured basis effective **12/01/20**. This proposal assumes this coverage is underwritten by United of Omaha Life Insurance Company. For additional information about Mutual of Omaha's products and services, visit mutualofomaha.com.

ELIGIBILITY

CLASS DEFINITION(S)	Class 1: All Eligible Employees
ELIGIBILITY REQUIREMENT	This proposal provides coverage for all actively at work employees on the policy effective date working the minimum number of hours shown below in the United States, unless otherwise approved by Mutual of Omaha. Certain requirements apply.
MINIMUM WORK HOURS	Class 1: 30 or more hours each week

BENEFIT SUMMARY

LATE ENTRANT TYPE A: TYPE B: TYPE C:	Class 1
	Applies to EEs who don't enroll when first eligible
	0 Months
	12 Months
POLICY YEAR DEDUCTIBLE TYPE A TYPE B, C INDIVIDUAL: FAMILY:	Class 1
	Waived
	\$50
	3 times Individual
POLICY YEAR MAXIMUM	Class 1 \$1,000
COVERAGE LEVELS TYPE A: TYPE B: TYPE C:	Class 1
	100%
	80%
	50%

The plan pays the percentage shown after the Policy Year deductible and any Waiting Period, if applicable, are satisfied.

The Policy Year deductible and maximum are cumulative for both In-Network and Out-Network Providers.

COBRA Administered by Policyholder.

COVERED SERVICES

TYPE A - PREVENTIVE & DIAGNOSTIC

- Exams: 1 service in a 6 month period
- Bitewing X-rays: 4 films in a 12 month period
- Full Mouth Series/Panoramic X-ray: 1 service in a 60 month period
- Fluoride: 2 services in a 12 month period for dependent children to age 14
- Cleaning: 2 services in a 12 month period
- Sealants: For dependent children to age 14
- Space Maintainers: For dependent children to age 19
- Periodontal Maintenance: 1 service in a 6 month period

TYPE B - BASIC SERVICES

- Other X-rays
- Palliative Treatment: Emergency minor procedure
- Brush Biopsy/Cancer Screen: 2 services in a 12 month period
- Fillings: Amalgam and composite/resin fillings. Composite fillings on molars are limited to the amount otherwise payable for an amalgam filling
- Simple Extractions
- Surgical Extractions
- Oral Surgery
- General Anesthesia or I.V. Sedation
- Endodontics
- Non-Surgical Periodontics
- Surgical Periodontics
- Repair of Full or Partial Dentures
- Repair of Bridges
- Repair of Cast Crowns, Inlays, Onlays, Labial Veneers

TYPE C - MAJOR SERVICES

- Stainless Steel Crowns: For dependent children to age 16
- Dentures (Full or Partial): Replacement once in 10 years
- Bridges: Replacement once in 10 years
- Cast Crowns, Inlays, Onlays, Labial Veneers: Replacement once in 5 years

PARTICIPATION AND COST SUMMARY

PARTICIPATION ASSUMPTIONS

Minimum Participation	Number of Eligible Employees	Employer Contribution Employees	Employer Contribution Dependents
100%	65	100%	0%

COST SUMMARY

Employee Only
 Employee + Spouse
 Employee + Child(ren)
 Employee + Family
 Total

Assumed Lives	Monthly Rates*	Monthly Premium	Annual Premium Sub-Total
58	\$33.11	\$1,920.38	\$23,044.56
2	\$69.52	\$139.04	\$1,668.48
4	\$79.45	\$317.80	\$3,813.60
1	\$120.84	\$120.84	\$1,450.08
65		\$2,498.06	\$29,976.72

*The rates quoted include the cost of state mandated benefits as of the date of this proposal.

RATE GUARANTEE 1 Year
RATE GUARANTEE DATE 12/01/2021
POLICY YEAR Calendar Year

ADDITIONAL BENEFITS

NETWORK

- In-Network provider allowances are based on contracted provider fee schedules.
- Out-Network provider maximum allowances are based on the 90th Percentile of Reasonable and Customary data.

Charges that exceed the maximum allowance for any covered dental service are not considered.

CONTINUATION FOR FEDERAL AND STATE LAWS

Included – The federal Family and Medical Leave Act (FMLA) and Uniformed Services Employment and Reemployment Rights Act (USERRA) and any amendments thereto, as well as other applicable federal or state laws, may allow continuation of insurance in certain instances for leaves of absence, layoff or termination. Insurance may be continued for the time period allowed by the applicable law, for the employee/member and any dependent. This provision applies to employer and union groups only, subject to certain conditions.

This proposal assumes annual enrollments take place 30 days prior to the renewal date of the plan.

DENTAL TAKEOVER

Maximum Credits: Current Policy Year maximums are automatically refreshed at takeover.

Deductible Credits: Deductibles satisfied in the current Policy Year will be recognized provided the plan member submits a copy of the prior carrier's Explanation of Benefits (EOB).

DENTAL WORK IN PROGRESS

Standard procedures for work in progress when an account has moved their dental coverage to Mutual of Omaha are:

- Dentures and Bridgework - Covered only if the final impression is taken after the patient becomes eligible.
- Endodontics - Endodontic work is reimbursed based upon the completed date of service.
- Crowns, inlays, onlays, and labial veneers - Covered only if the final impression is taken after the patient becomes eligible.

DENTAL BID QUALIFICATIONS

The rates and benefits quoted are based on preliminary enrollment data and subject to adjustments if final enrollment varies from preliminary enrollment data.

PROPOSAL EXPIRATION

This proposal is good for 90 days after 10/14/20, or the assumed effective date of the plan, whichever comes first.