



New Benefits Proposal for Jefferson Parish

June 29, 2022

Thank you for the opportunity to respond to Request for Proposal for Jefferson Parish. We are a leading provider of benefit solutions that help individuals, families and employers manage many of life's challenges through a broad portfolio of products and services. Today, we provide benefit programs for 61,400 companies in the U.S. including more than half of the Fortune 100, and believe Unum offers the choice, flexibility and customized service that can meet Jefferson Parish's employee benefit needs as outlined in the RFP.

Customer Satisfaction

At Unum we put customers first, listening carefully to what they need so we can exceed their expectations. 94% of large case customers reported being satisfied with Unum overall.*

*Unum, "Large Case Customer Account Manager Relationship Survey" (2021). % rating 6-10 on a 10-point scale (1=poor and 10=excellent).

Financial Strength and Stability

Unum's solid financial foundation is shown by:

- The stability of an A-level rating during a challenging pandemic environment
- A strong 2021 total operating revenue of approximately \$12.0 billion

Dental Offering

Unum Dental plans add value to employers' benefit packages with flexible plan designs and hassle-free administration that integrates seamlessly with other Unum coverages. Members have access to large national dental network focused on including the providers they see today. A few highlights of the Unum Dental proposal includes the following enhancements:

- **TRUE** Annual Open Enrollment
- **NO Missing Tooth Clause**
- **Wellness:** Additional cleaning in 2nd or 3rd trimester of pregnancy, Oral cancer screening covered at 100% if over age 40, FREE Hearing Savings Plan (Dental and Vision!)
- **Teledentistry Included at NO charge**
- **Full mouth x rays** are covered **every 36 months**, and the current carrier is **every 60 months**.
- **Space Maintainers** have no age limitation.
- **Implant coverage included**
- The replacement of crowns, bridges, dentures, inlays, and onlays is **every 5 years**
- **ID Cards:** Mailed with a listing of the 8 closest in network providers.

The dental plan matching the current plan design is 10% below current with a 2 YRG. We are also proposing an alternate plan that includes the following enhancements: \$2,000 annual maximum, \$1,500 orthodontia maximum, and white fillings on all teeth.

If you have any questions, or if I can provide further information, please do not hesitate to call. We look forward to your feedback. Thank you again for your time and consideration.

Sincerely,

Trisha Monroe, *Large Case Account Executive*

Sidney Kidder, *Senior Account Executive*



10100 Katy Freeway
Suite 450
Houston, Texas 77043

June 29, 2022

Melissa Ovalle
Jefferson Parish Purchasing Department
200 Derbigny Street, Suite 4400
Gretna, LA 70053

RE: SOQ No. 22-032 Dental Insurance Plan

Dear Ms. Ovalle:

Unum appreciates the opportunity to respond to your RFP for Dental Insurance Benefit Plans. Please note, the response is being submitted on behalf of the following agents:

Responses for all products are being submitted on behalf of the following agents/agencies:

Ed McNorton
Alliant Benefit Services
Phone: (225)349-7013
Email: Ed.McNorton@alliant.com

Marjorie Jepson
Colonial Life
Phone: (601)543-2429
Email: Margie.Jepson@coloniallifesales.com

Should you have any questions regarding this RFP response please don't hesitate to contact me at the number listed below.

Sincerely,

Trisha Monroe

Trisha Monroe
Large Case Account Executive
(225) 201-7298
Tmonroe2@unum.com

Sidney Kidder

Sidney Kidder
Senior Account Executive
(662)-292-0939
Sekidder@unum.com



SOQ No. 22-032

Dental Insurance Plan

Submission Deadline: June 30, 2022 at 3:30 PM

ATTENTION VENDORS!!!

Please review all pages and respond accordingly, complying with all provisions in the public notice and Jefferson Parish Code of Ordinances Section 2-926 et seq. All submissions must be received on the Purchasing Department's e-Procurement site, www.jeffparishbids.net, by the SOQ submission deadline date and time. Late submissions will not be accepted.

**Jefferson Parish Purchasing Department
General Government Building
200 Derbigny Street, Suite 4400
Gretna, LA 70053
Buyer Name: Melissa Ovalle
Buyer Email: MOvalle@jeffparish.net
Buyer Phone: 504-364-2687**

PUBLIC NOTICE
SOQ NO. 22-032

Dental Insurance Plan

Deadline for Submissions: June 30, 2022 at 3:30 PM

Jefferson Parish Government (referred to herein as JPG or the Parish), authorized by **Resolution No. 139746**, wishes to obtain proposals from qualified and licensed insurance carriers for a dual option employee paid voluntary group dental insurance plan for active employees and their dependents.

- A dual option High/Low PPO dental plan option for active employees and their dependents. The low plan should match the current Parish PPO plan with a \$1,000 annual maximum, no waiting periods (including no late entrant waiting periods) and an orthodontia benefit, with the high plan having an increased annual maximum and enhanced benefit coverage. Multiple proposed plan options are welcome.

The enrollment period is approximately mid-October through mid-November 2022, to be effective January 1, 2023.

JPG consists of approximately thirty departments providing services for the citizens of Jefferson Parish. Services provided include but are not limited to water, sewage, drainage, streets, fire and supporting departments. Included in the employee benefit plans are employees of the 24th Judicial District Court, Juvenile Court, two Parish Courts, the District Attorney's Office, the Coroner's Office, the Justices of the Peace and the Constables Offices. There are approximately 3,400 benefit eligible employees.

All proposed plans should be quoted net of commissions, bonuses, overrides, and all other forms of producer direct and indirect compensation.

JPG will provide the following information upon email request to jpalermo@jeffparish.net

1. 2022 Census
2. Current plan documents

MINIMUM QUALIFICATIONS

The following are mandatory requirements for all proposers that cannot be delegated to another entity and must be met by the actual entity submitting the proposal. Failure to meet any of these requirements at the time of the submission deadline will result in the disqualification of a proposal:

1. Proposer must be licensed in Louisiana and in other states once it is known that a beneficiary has moved to or received services in that state. Please provide copies of all licensing credentials from the State of Louisiana with your proposal.
2. Proposer must have at least five (5) years of experience in providing the type of plans and services requested in this SOQ
3. Proposer must offer the type of plans and services as described in this SOQ to at least three (3) similar employer groups or municipalities with similar total members as Jefferson Parish Government, and provide as references.

EVALUATION CRITERIA

1. Rates for plan chosen (financial proposals) – 25 points maximum;
2. Demonstrated experience providing quality dental plan benefits for large groups (3000+ members) – 20 points maximum;
3. Proposer has a large PPO provider network – 20 points maximum;
4. Company's financial strength based on A.M. Best Rating or Standard & Poor's (a rating of B or below will receive 0 points) – 10 points maximum;
5. Plan design/Schedule of Benefits – benefit comparison – 25 points maximum

All firms (including sub-consultants) must submit a Statement of Qualifications (General Professional Services Questionnaire) by the deadline. Please obtain the latest questionnaire form by contacting the Purchasing Department by telephone at (504) 364-2678 or via the Jefferson Parish website at www.jeffparish.net by clicking on "Doing Business in Jefferson Parish" under Business & Development and then clicking on "Professional Services Questionnaires".

Submissions shall be submitted electronically only through Jefferson Parish's e-Procurement site, Central Bidding, at www.jeffparishbids.net or www.centrauctionhouse.com. Registration is required and free for Jefferson Parish vendors by visiting www.centrauctionhouse.com/registration.

No SOQ submittals will be accepted after the deadline.

Affidavits are not required to be submitted with the Statement of Qualifications, but shall be submitted prior to contract approval.

Disputes/protests relating to the decisions by the evaluation committee or by the Jefferson Parish Council shall be brought before the 24th Judicial District Court.

Advertise: The New Orleans Advocate: June 15, 2022

General Professional Services Questionnaire Instructions

- The General Professional Services Questionnaire shall be used for all professional services except outside legal services and architecture, engineering, or survey projects.
- **The General Professional Services Questionnaire should be completely filled out. Complete and attach ALL sections. Insert “N/A” or “None” if a section does not apply or if there is no information to provide.**
- Questionnaire must be signed by an authorized representative of the Firm. Failure to sign the questionnaire shall result in disqualification of proposer pursuant to J.P. Code of Ordinances Sec. 2-928.
- All subcontractors must be listed in the appropriate section of the Questionnaire. Each subcontractor must provide a complete copy of the General Professional Services Questionnaire, applicable licenses, and any other information required by the advertisement. Failure to provide the subcontractors' complete questionnaire(s), applicable licenses, and any other information required by the advertisement shall result in disqualification of proposer pursuant to J.P. Code of Ordinances Sec. 2-928.
- If additional pages are needed, attach them to the questionnaire and include all applicable information that is required by the questionnaire.

General Professional Services Questionnaire

A. Project Name and Advertisement Resolution Number:

B. Firm Name & Address:

C. Name, title, & contact information of Firm Representative, as defined in Section 2-926 of the Jefferson Parish Code of Ordinances, with at least five (5) years of experience in the applicable field required for this Project:

D. Address of principal office where Project work will be performed:

E. Is this submittal by a JOINT-VENTURE? Please check:

YES _____ NO _____

If marked “No” skip to Section H. If marked “Yes” complete Sections F-G.

F. If submittal is by JOINT-VENTURE, list the firms participating and outline specific areas of responsibility (including administrative, technical, and financial) for each firm. Please attach additional pages if necessary.

1.

2.

General Professional Services Questionnaire

G. Has this JOINT-VENTURE previously worked together? Please check: YES _____ NO _____

H. List all subcontractors anticipated for this Project. Please note that all subcontractors must submit a fully completed copy of this questionnaire, applicable licenses, and any other information required by the advertisement. See Jefferson Parish Code of Ordinances, Sec. 2-928(a)(3). Please attach additional pages if necessary.

Name & Address:	Specialty:	Worked with Firm Before (Yes or No):
1.		
2.		
3.		
4.		
5.		

General Professional Services Questionnaire

I. Please specify the total number of support personnel that may assist in the completion of this Project: _____
J. List any professionals that may assist in the completion of this Project. If necessary, please attach additional documentation that demonstrates the employment history and experience of the Firm's professionals that may assist in the completion of this Project (i.e. resume). Please attach additional pages if necessary.
PROFESSIONAL NO. 1
Name & Title:
Name of Firm with which associated:
Description of job responsibilities:
Years' experience with this Firm:
Education: Degree(s)/Year/Specialization:
Other experience and qualifications relevant to the proposed Project:

General Professional Services Questionnaire

K. List all prior projects that best illustrate the Firm's qualifications relevant to this Project. Please include any and all work performed for Jefferson Parish. Please attach additional pages if necessary.

PROJECT NO. 1

Project Name, Location and Owner's contact information:	Description of Services Provided:
Length of Services Provided:	Cost of Services Provided:

PROJECT NO. 2

Project Name, Location and Owner's contact information:	Description of Services Provided:
Length of Services Provided:	Cost of Services Provided:

General Professional Services Questionnaire

L. List all prior and/or on-going litigation between Firm and Jefferson Parish. Please attach additional pages if necessary.

Parties:		Status/Result of Case:
Plaintiff:	Defendant:	
1.		
2.		
3.		
4.		

M. Use this space to provide any additional information or description of resources supporting Firm's qualifications for the proposed project.

N. To the best of my knowledge, the foregoing is an accurate statement of facts.

Signature: _____ **Print Name:** _____

Title: _____ **Date:** _____

Statement of Qualifications Affidavit Instructions

- **Affidavit is supplied as a courtesy to Affiants, but it is the responsibility of the affiant to insure the affidavit they submit to Jefferson Parish complies, in both form and content, with federal, state and parish laws.**
- **Affidavit must be signed by an authorized representative of the entity or the affidavit will not be accepted.**
- **Affidavit must be notarized or the affidavit will not be accepted.**
- **Notary must sign name, print name, and include bar/notary number, or the affidavit will not be accepted.**
- **Affiant MUST select either A or B when required or the affidavit will not be accepted.**
- **Affiants who select choice A must include an attachment or the affidavit will not be accepted.**
- **If both choice A and B are selected, the affidavit will not be accepted.**
- **Affidavit marked N/A will not be accepted.**
- **It is the responsibility of the Affiant to submit a new affidavit if any additional campaign contributions are made after the affidavit is executed but prior to the time the council acts on the matter.**

Instruction sheet may be omitted when submitting the affidavit

Statement of Qualifications

AFFIDAVIT

STATE OF _____

PARISH/COUNTY OF _____

BEFORE ME, the undersigned authority, personally came and appeared: _____
_____, (Affiant) who after being by me duly sworn, deposed and said that
he/she is the fully authorized _____ of _____ (Entity),
the party who submitted a Statement of Qualifications (SOQ) to _____
_____ (Briefly describe the services the SOQ
will cover), to the Parish of Jefferson.

Affiant further said:

Campaign Contribution Disclosures

(Choose A or B, if option A is indicated please include the required attachment):

Choice A _____ Attached hereto is a list of all campaign contributions, including the date and amount of each contribution, made to current or former elected officials of the Parish of Jefferson by Entity, Affiant, and/or officers, directors and owners, including employees, owning 25% or more of the Entity during the two-year period immediately preceding the date of this affidavit or the current term of the elected official, whichever is greater. Further, Entity, Affiant, and/or Entity Owners have not made any contributions to or in support of current or former members of the Jefferson Parish Council or the Jefferson Parish President through or in the name of another person or legal entity, either directly or indirectly.

Choice B _____ there are **NO** campaign contributions made which would require disclosure under Choice A of this section.

Affiant further said:

Debt Disclosures

(Choose A or B, if option A is indicated please include the required attachment):

Choice A _____ Attached hereto is a list of all debts owed by the affiant to any elected or appointed official of the Parish of Jefferson, and any and all debts owed by any elected or appointed official of the Parish to the Affiant.

Choice B _____ There are **NO** debts which would require disclosure under Choice A of this section.

Affiant further said:

Solicitation of Campaign Contribution Disclosures

(Choose A or B, if option A is indicated please include the required attachment):

Choice A _____ Attached hereto is a list of all elected officials of the Parish of Jefferson, whether still holding office at the time of the affidavit or not, where the elected official, individually, either by **telephone or by personal contact**, solicited a campaign contribution or other monetary consideration from the Entity, including the Entity's officers, directors and owners, and employees owning twenty-five percent (25%) or more of the Entity, during the two-year period immediately preceding the date the affidavit is signed. Further, to the extent known to the Affiant, the date of any such solicitation is included on the attached list.

Choice B _____ there are **NO** solicitations for campaign contributions which would require disclosure under Choice A of this section.

Affiant further said:

Subcontractor Disclosures

(Choose A or B, if option A is indicated please include the required attachment):

Choice A _____ Affiant further said that attached is a listing of all subcontractors, excluding full time employees, who may assist in providing professional services for the aforementioned SOQ.

Choice B _____ There are **NO** subcontractors which would require disclosure under Choice A of this section.

Affiant further said:

That Affiant has employed no person, corporation, firm, association, or other organization, either directly or indirectly, to secure the public contract under which he received payment, other than persons regularly employed by the Affiant whose services in connection with the construction, alteration or demolition of the public building or project or in securing the public contract were in the regular course of their duties for Affiant; and

[The remainder of this page is intentionally left blank.]

That no part of the contract price received by Affiant was paid or will be paid to any person, corporation, firm, association, or other organization for soliciting the contract, other than the payment of their normal compensation to persons regularly employed by the Affiant whose services in connection with the construction, alteration or demolition of the public building or project were in the regular course of their duties for Affiant.

Signature of Affiant

Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME

ON THE _____ DAY OF _____, 20____.

Notary Public

Printed Name of Notary

Notary/Bar Roll Number

My commission expires _____.



James J. Donelon

COMMISSIONER OF INSURANCE

CERTIFICATE OF AUTHORITY

Whereas, the *STAR MOUNT LIFE INSURANCE COMPANY, INC.* located at Maine has applied for a certificate of authority and made the filings required of such Insurer. Therefore, I, James J Donelon, the undersigned Commissioner of Insurance, do hereby certify that the said *STAR MOUNT LIFE INSURANCE COMPANY, INC.* is authorized to transact its appropriate business of Annuities, Health and accident, and Life Insurance in this State, in accordance with the laws thereof. This certificate shall remain in effect until cancelled, suspended, revoked or the renewal thereof refused.

THIS CERTIFICATE OF AUTHORITY IS SUBJECT TO THE FOLLOWING RESTRICTIONS:
ANNUITY LINE RESTRICTED TO FIXED ANNUITIES ONLY THE COMPANY MAY NO ISSUE
VARIABLE ANNUITY PRODUCTS.



In Testimony Whereof, I hereunto subscribe my name,
and affix the seal of my office at Baton Rouge this
16th day of May A.D 2019.

James J. Donelon
James J. Donelon
Commissioner of Insurance

Amended: Original certificate effective date August 31, 1983



LOUISIANA DEPARTMENT OF INSURANCE

JAMES J. DONELON
COMMISSIONER

May 17, 2019

Ms. Michelle J. LaFond, Vice President
UNUM
2211 Congress Street
Portland, ME 04122

RE: Certificate of Authority for Starmount Life Insurance Company

Dear Ms. LaFond:

Upon discussions with local counsel, Ronnie Johnson, and the Maine Department of Insurance, Louisiana has amended the Certificate of Authority of Starmount Life Insurance Company to include the line of "annuity". Certain restrictions have been placed upon the Certificate of Compliance to reflect compliance with the provisions of La. R.S. 22:332A(7).

Enclosed please find that amended Certificate.

Sincerely,

Mike Boutwell
Asst. Commissioner of Licensing
225-342-0800
mboutwell@ldi.la.gov



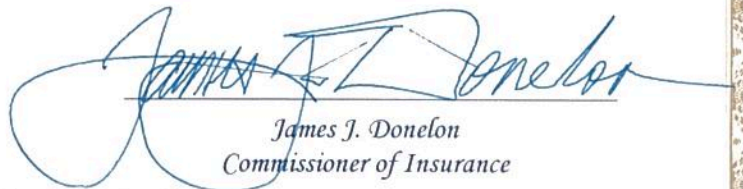
James J. Donelon

COMMISSIONER OF INSURANCE

CERTIFICATE OF AUTHORITY

Whereas, the STARMOUNT LIFE INSURANCE COMPANY, INC. located at Maine has applied for a certificate of authority and made the filings required of such Insurer. Therefore, I, James J Donelon, the undersigned Commissioner of Insurance, do hereby certify that the said STARMOUNT LIFE INSURANCE COMPANY, INC. is authorized to transact its appropriate business of Health and accident, and Life Insurance in this State, in accordance with the laws thereof. This certificate shall remain in effect until cancelled, suspended, revoked or the renewal thereof refused.

*In Testimony Whereof, I hereunto subscribe my name,
and affix the seal of my office at Baton Rouge this
20th day of December A.D 2018.*


James J. Donelon
Commissioner of Insurance

Amended: Original certificate effective date August 31, 1983



JEFFERSON PARISH GOVERNMENT

Situs state: Louisiana

Expires: September 27, 2022

Better benefits ahead

At Unum, we combine our expertise and dedication to employee wellbeing for a workplace benefits solution that's been an industry leader for more than 170 years.

BENEFITS PROPOSED



Group Dental

Ask your UNUM representative about the additional benefits we offer:



Vision



Short Term Disability



Long Term Disability



Term Life and AD&D



Critical Illness



Accident



Hospital

Employer and employee funding methods available for the benefits above.



Unum has been a **leading provider** of group disability benefits in the US for over 4 decades.¹



Unum serves **55% of Fortune 100 companies** or their subsidiaries and affiliates.²



Unum protects employees from **more than 88,000 businesses** in the U.S.³



97% of Unum's benefits brokers surveyed gave Unum **positive ratings for overall value**.⁴

FINANCIALLY STRONG

AGENCY	RATING
A.M. Best	A Excellent
Fitch	A- Strong
Moody's	A3 Good
S&P	A Strong

Ratings are given to the U.S. insuring subsidiaries of Unum Group and are current as of March 1, 2021.



GROUP DENTAL INSURANCE

Coverage Effective Date: January 1, 2023 Rate Guarantee: 24 Months

Employees choose
one plan option →

	Option 1: Passive MAC Monthly Premiums	Option 2: Passive MAC Monthly Premiums
Employee	\$21.97	\$18.81
Employee & Spouse	\$43.20	\$36.99
Employee & Child(ren)	\$53.15	\$45.50
Employee & Family	\$64.75	\$55.44

Employees Eligible for Coverage	Minimum Participation Requirement	Minimum Hours for Eligibility
3136	75% of the total eligible lives (5 employees must be enrolled in each option)	30 hours per week

PLAN DESCRIPTION

	Option 1 : Passive MAC	Option 2 : Passive MAC
	IN/OUT OF NETWORK	IN/OUT OF NETWORK
Deductible	\$50 ANNUAL MAXIMUM 3 PER FAMILY Waived for Class A (Applies to Class B & C Services)	\$50 ANNUAL MAXIMUM 3 PER FAMILY Waived for Class A (Applies to Class B & C Services)
Benefit Year Maximum	\$2,000 (Applies to Class A, B & C Services, if applicable)	\$1,000 (Applies to Class A, B & C Services, if applicable)
Orthodontia Maximum	Lifetime: \$1,500 Annual: NONE (Applies to Class D Services)	Lifetime: \$1,000 Annual: NONE (Applies to Class D Services)
Co-insurance		
Class A: Preventive	100%	100%
Class B: Basic	80%	80%
Class C: Major	50%	50%
Class D: Orthodontics	50%	50%
Reimburse- ments	In Network: Fee Schedule Out of Network: Services are reimbursed from the IN NETWORK schedule	In Network: Fee Schedule Out of Network: Services are reimbursed from the IN NETWORK schedule

PLAN SERVICES

	Option 1: Passive MAC	Option 2: Passive MAC
Class A Preventive Services	<ul style="list-style-type: none"> • Waiting Period: None • Routine exams (2 per 12 months) • Prophylaxis (2 per 12 months) (1 additional cleaning or periodontal maintenance per 12 months if member is in 2nd or 3rd trimester of pregnancy) • Bitewing x-rays (max 4 films:1 per 12 months) • Full mouth x-ray (1 per 36 months) • Fluoride to age 16 (1 per 12 months) • Space maintainers • Adjunctive pre-diagnostic oral cancer screening (1 per 12 months for ages 40+) 	<ul style="list-style-type: none"> • Waiting Period: None • Routine exams (2 per 12 months) • Prophylaxis (2 per 12 months) (1 additional cleaning or periodontal maintenance per 12 months if member is in 2nd or 3rd trimester of pregnancy) • Bitewing x-rays (max 4 films:1 per 12 months) • Full mouth x-ray (1 per 36 months) • Fluoride to age 16 (1 per 12 months) • Space maintainers • Adjunctive pre-diagnostic oral cancer screening (1 per 12 months for ages 40+)
Class B Basic Services	<ul style="list-style-type: none"> • Waiting Period: None • Emergency pain (1 per 12 months) • Sealants to age 16 (permanent molars, 1 per 36 months) • Fillings • Posterior composite restorations • Anesthesia (subject to review, covered with complex oral surgery) • Simple extractions • Non-surgical periodontics • Periodontal maintenance (in combination with Prophylaxis) • Oral surgery (surgical extractions & impactions) • Endodontics (root canals) • Surgical periodontics (gum treatments) • Repairs: crown, denture, and bridges 	<ul style="list-style-type: none"> • Waiting Period: None • Emergency pain (1 per 12 months) • Sealants to age 16 (permanent molars, 1 per 36 months) • Fillings (benefit allowed for amalgam restorations on posterior teeth) • Anesthesia (subject to review, covered with complex oral surgery) • Simple extractions • Non-surgical periodontics • Periodontal maintenance (in combination with Prophylaxis) • Oral surgery (surgical extractions & impactions) • Endodontics (root canals) • Surgical periodontics (gum treatments) • Repairs: crown, denture, and bridges
Class C Major Services	<ul style="list-style-type: none"> • Waiting Period: None • Inlays • Onlays • Crowns, bridges, dentures, and implants 	<ul style="list-style-type: none"> • Waiting Period: None • Inlays • Onlays • Crowns, bridges, dentures, and implants
Class D Orthodontics	<ul style="list-style-type: none"> • Waiting Period: None • Orthodontia Lifetime/Annual Maximum: \$1,500/None • Dependent Children to age 19 only • Up to 25% of lifetime allowance may be payable on initial banding 	<ul style="list-style-type: none"> • Waiting Period: None • Orthodontia Lifetime/Annual Maximum: \$1,000/None • Dependent Children to age 19 only • Up to 25% of lifetime allowance may be payable on initial banding

20-GDN

THE UNUM DIFFERENCE

DENTAL NETWORKS: Unum Dental members have the freedom to choose a dentist from our large national network. Find a certified, independently reviewed provider and take your dental program to a new level of comprehensive care at unumdentalcare.com.

HEARING SAVINGS PLAN: Offered at no additional cost, the Hearing Savings Plan provides 40% off hearing exams at thousands of locations nationwide, 30-60% discounts off MSRP on name brand hearing instruments, and on-call support from professional hearing counselors.

OPTIONAL COBRA ADMINISTRATIVE SERVICES

The Consolidated Omnibus Budget Reconciliation Act (COBRA) requires employers offering group health benefits (including dental and vision) to offer employees and their families the opportunity to extend coverage if they lose health benefits due to specific qualifying events. Unum has partnered with TASC to provide COBRA administrative services to Unum customers.*

TASC COBRA takes the worry out of COBRA with comprehensive and efficient administrative services that will allow you to remain compliant, ease your administrative burden, and provide a potential cost savings over administering COBRA in-house. If you elect to have COBRA administrative services for your dental and/or vision plans provided by Unum, your cost will be \$0.24 per participating employee per month. This additional fee will be included as a line item on your monthly bill from Unum.

*Access to COBRA administrative services does not require the purchase of Unum insurance products.

PLAN INFORMATION

Reimbursements

In-network: Reimbursement is based on our schedule of participating provider maximum allowable charges. This is the amount that the dentist has agreed to accept as payment in full for covered dental services.

Out of Network: The maximum allowable charge for a non-participating provider is equal to the lesser of: (1) the dentist's actual charge or the (2) customary charge of dentists in the same geographic area for the same of similar services, as determined by Us.

Dependent Children

Dependent children guidelines vary by state.

Alternate Treatments

There are multiple options for dental treatment, all of which provide acceptable results. An Alternate Benefit may be applied if there is a less expensive Covered Procedure appropriate for the course of treatment, capable of producing acceptable results. When an Alternate Benefit is applied, the less expensive Alternate Benefit is used to determine the amount payable under the certificate.

Unum Dental Takeover Benefits

Takeover benefits apply if we are taking over a comparable benefits plan from another carrier and only if there is no break in coverage between the original plan and the takeover date. Takeover is available to those individuals insured under the employer's dental plan in effect at the time of the employer's application. If takeover benefits are included, then waiting periods for service listed as subject to takeover will be waived for the individuals currently insured under the employer's previous plan during the month prior to coverage moving to Unum Dental. Application of takeover benefits is subject to Underwriting review and approval.

Takeover is also available to new hires, those who enroll during open enrollment, or due to a Qualifying Life Event with prior-like group dental coverage, provided there has not been a lapse in coverage greater than 63 days. Individuals are responsible for providing proof of Prior Plan which should include, but not be limited to, coverage effective dates, a benefit summary, certificate of coverage, etc.

PLAN INFORMATION

Exclusions and Limitations

The following services are not covered unless stated otherwise in the Certificate of Coverage: 1) Any treatment which is elective or primarily cosmetic in nature and not generally recognized as a generally accepted dental practice by the American Dental Association, as well as any replacement of prior elective or cosmetic restorations. 2) Replacement of a removeable device or appliance that is lost, missing or stolen, and for the replacement of removeable appliances that have been damaged due to abuse, misuse, or neglect. This may include but not be limited to removable partial dentures or dentures. 3) Replacement of any permanent or removeable device or appliance unless the device or appliance is no longer functional and is older than the limitation in the Schedule of Covered Procedures. This may include but not be limited to bridges, dentures, and crowns. 4) Any appliance, service, or procedure performed for the purpose of splinting, to alter vertical dimension or to restore occlusion. 5) Any appliance, service, or procedure performed for the purpose of correcting attrition, abrasion, erosion, abfraction, bite registration, or bite analysis. 6) Charges for implants (except noted above), removal of implants, precision or semi-precision attachments, denture duplication, over dentures and any associated surgery, or other customized services or attachments, and related procedures.

Services provided for any type of temporomandibular joint (TMJ) dysfunction, muscular, skeletal deficiencies involving TMJ or related structures, myofascial pain.

Multiple restorations on one surface are payable as one surface. Multiple surfaces on a single tooth will not be paid as separate restorations. On any given day, more than 8 periapical x-rays or a panoramic film in conjunction with bitewings will be paid as a full mouth radiograph.

Pre-Estimates are recommended for any treatment expected to exceed \$300.

A Network Access Plan is available.

Option 1 - Policy Year Dental Plan Number:

Option 1 - Calendar Year Dental Plan Number:

Option 2 - Policy Year Dental Plan Number:

Option 2 - Calendar Year Dental Plan Number:

Broker Commissions:

Rates reflect net of commissions.

PROPOSAL CONDITIONS AND DISCLOSURES

Dental Cancellation:

We may cancel the Policy at any time by providing at least 60 days advance written notice to the Policyholder. The Policyholder may cancel the Policy at any time by providing written notice to Us at least 31 days prior to the cancellations date. Such cancellation shall be without prejudice to any claim originating prior to the effective date of such cancellation.

Broker Compensation Disclosure Notice for Group Products:

- Your insurance or benefits advisor can offer you advice and guidance as you select the policy and provider most appropriate for your needs. At Unum we recognize the important role these professionals play in the sale of our products and services and offer them a variety of compensation programs. Your advisor can provide you with information about these programs as well as those available from other providers. We support disclosure of broker compensation so that customers can make an informed buying decision.
- Brokers may be eligible to receive Base Commissions as well as Supplemental Commissions from Unum.
- Unless you have agreed in writing to compensate the broker differently, Unum provides Base Commissions to all brokers in connection with the sale of an insurance policy. Base Commissions are a fixed percentage of the policy premium, and may include a one time, first year flat amount for each policy sold. Base Commissions are paid by Unum to the broker(s) on your policy. In some circumstances, broker(s) may be eligible to receive commissions on your policy even after a broker of record change has occurred.
- A broker may also qualify for Supplemental Commissions paid by Unum. For group insurance products, Supplemental Commissions may be paid as a fixed percentage of total eligible group insurance premiums. The Supplemental Commission rate depends on the total dollar amount of all eligible premiums or number of group policies that the broker had in force with Unum in the prior calendar year. The Supplemental Commission rate may range from 0% to 13.80% of total premium paid.
- Your broker may also be eligible to receive Supplemental Commissions on other insurance products, which may be calculated differently. The premium you pay is not impacted whether or not your broker receives Supplemental Commissions.
- If you would like additional information about the range of compensation programs our company offers for your group insurance policy or any other Unum insurance product, or if you want to speak to us directly about broker compensation, please call 1-800-ASK-UNUM (1-800-275-8686).

Proposal Conditions:

This proposal is under no circumstances a contract for the insurance coverage described within. If this proposal is accepted, a contract outlining the coverage will be issued. This proposal is based on census data received by Unum. Actual costs will be based on the final enrollment data of employees insured under the plan on its effective date. Quote assumes coverage of employees who are in active employment in the United States with the employer working the minimum hours for eligibility. Please contact your Unum representative to request a quote for coverage of any employees who do not fit this category. This quote will expire on the date listed on the first page and includes standard services only, unless otherwise expressly described herein. **Important Information Concerning the Sale of these Benefits:** State laws require that insurance brokers be licensed and appointed with the applicable Unum insurance subsidiary before engaging in the solicitation or sale of these benefits. Note that Unum cannot accept this business if the broker is not properly licensed and appointed before soliciting this proposal. Unum is prepared to help ensure compliance with these state regulations. Brokers who need to check their Unum appointment status should call 1-800-ASK-UNUM (1-800-275-8686). **Dental Plan Form Number: 20-GDN-POL-LA**

Recently, there has been heightened attention on companies that promote “tax advantaged” wellness programs to help sell voluntary benefits. These offerings promise employers that they can use their payroll tax savings to pay for the wellness program, and that employees can use income and payroll tax savings to purchase voluntary benefits.

Unum’s position is that this practice is not in compliance with applicable laws and regulations. This means Unum will not offer any products in conjunction with such a wellness plan offering.

For additional guidance please consult your tax attorney and see the IRS Chief Counsel Memorandum 201703013, addressing the taxability of fixed indemnity payments from wellness programs at <https://www.irs.gov/pub/irs-wd/201703013.pdf>

1. Employee Benefit Plan Review, “Group Accident & Health Surveys 1976-1990” (1977-1991); Gen Re, “U.S. Group Disability Market Surveys 1991-2013” (1992-2014); LIMRA, “U.S. Group Disability Insurance 2014-2018 Annual Sales and In Force” (2015-2018); LIMRA, 4Q 2017 U.S. Workplace Disability Insurance Inforce (2019).
2. Fortune, “Fortune 500 2019,” (2019); Unum customer database, 2020.
3. Unum internal data, 2020.
4. Versta Research, 2019 Unum Benefits Broker Study (2019). Results represent % 6-9 on 9-point scale where 1=Poor and 9=Excellent.



PROPOSAL CONDITIONS AND DISCLOSURES

DENTAL INSURANCE PROVIDES LIMITED BENEFITS

The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. See the actual policy or your Unum representative for specific provisions and details of availability.

Dental plans are underwritten by Starmount Life Insurance Company, Baton Rouge, LA.

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