



# Experience, innovation and the simplicity of a single solution.

It's what sets us apart from other carriers.



## Experience

One experienced account team providing streamlined benefit administration.



## Innovation

Innovative strategies to drive market-leading performance.



## Simplicity

A simpler experience for employees and their families.

### We look forward to discussing our proposal with you. Highlights include:

- **Our Dental Proposal:** Fully-Insured Dental PPO dual option dental plan is proposed including a 24 month rate guarantee.
- **uBundle Credit:** If UnitedHealthcare dental is old bundled with UnitedHealthcare medical, we can offer a **1% credit** towards medical premium for the life of the contracts.
- **Clinical Integration with Medical:** **42%** of members with a chronic condition re-engaged in medical care after a dental exam, which can get ahead of high-cost claims that can cost hundreds of thousands in medical spend.
- **Simplified Administration**
  - Same Account Management Team, led by a **Strategic Account Executive** that already knows your business and your benefit needs.
  - Medical and dental can be administered on a single bill/single platform.
- **Jet Dental:** Ability to provide **onsite solutions** where employees can have access to dental cleanings, teeth whitening, invisible aligners 3D image and more
- UnitedHealthcare Dental is offering a **30%** discount from **quip** smart toothbrush or bundle.



## An integrated dental plan yields actionable data.

Let's take a look at how integrating dental with your UnitedHealthcare medical plan could impact your bottom line.



### Opportunity

**37.7%**

of your members have one or more conditions\* that may be impacted by oral health.<sup>1</sup>

These members represent

**48.4%**

of JPG medical claim spend.<sup>1</sup>



### Program Outreach

**45.6%**

of members, on average, with these conditions also have gaps in preventive dental care.<sup>2</sup>

On average, among these, our outreach closed gaps for:

**27.4%**

of the chronic population.<sup>2</sup>

**44.2%**

of the pregnant population.<sup>2</sup>



### Medical Plan Savings

Those with monitored conditions who regularly received preventive dental care had medical claims

**\$1,766 lower**

than those who did not.<sup>2</sup>

**\$268K**

estimated savings due to dental/medical plan integration.



# UnitedHealthcare Plan Integration



## The mouth-body connection

**Dental health is linked to these and many other conditions.<sup>1</sup>**

- Heart Disease
- Diabetes
- Asthma
- Pregnancy Health
- Kidney Disease
- Chronic Obstructive Pulmonary Disease (COPD)

**Clinical Integration:** Bridging medical and dental plans yields actionable data to close gaps in care, reduce costs and improve productivity.

**42%**

**of members with chronic conditions re-engaged with their dentist.<sup>2</sup>**

**Members with gum disease are nearly 2x more likely to have heart disease. Savings of up to \$2.61 PMPM<sup>3</sup> for integration.**

### Streamlined administration

- One carrier to manage your benefits together.
- One dedicated account team.
- Simplified online administration tools

### Simpler member experience

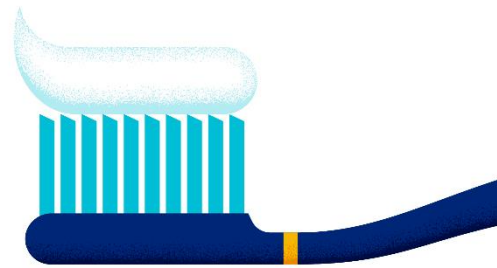
- One website
- Mobile app integration
- Simplified calls and claims
- Enterprise Medical Records are used to help accelerate claims decisions.

### Seamless transition

- Enrollment support.
- Strategic implementation approach.
- Ongoing group support.

<sup>1</sup> [www.ada.org/en/member-center/oral-health-topics/oral-systemic-health](http://www.ada.org/en/member-center/oral-health-topics/oral-systemic-health). <sup>2</sup> Dental Bridge2Health Internal Report, 2016. . <sup>3</sup> 2019 book of business performance for clients that integrated UnitedHealthcare Dental, Vision & Short-Term Disability with UnitedHealthcare Medical.

# UnitedHealthcare Dental



## Connect employees to a world of care designed to fit their needs

Dental health is linked to many chronic conditions. Choose benefits that help employees close gaps in care, reduce costs and improve productivity — with embedded wellness features such as:

- Oral cancer screening benefits
- Prenatal dental care benefit
- Enhanced benefits to help employees manage diabetes, heart disease and other health conditions

## Simplify the experience

Provide employees with additional access to quality dental care services to help them address care concerns and make informed decisions, including:



**SmileDirectClub™** at-home teeth straightening with clear aligners



**Teledentistry**  
covered at 100%



**Onsite dentistry** that brings dental care right to your workplace\*

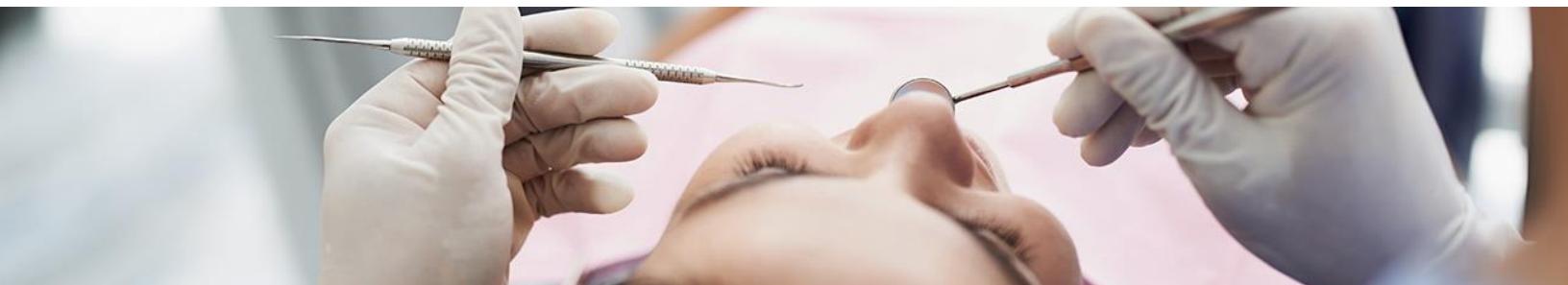
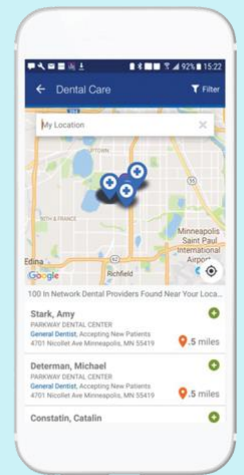


**#1 Customer Satisfaction**  
with Dental Plans<sup>1</sup>

## Help employees stay connected from anywhere

Using the UnitedHealthcare Dental app, employees can:

- ✓ Find a neighborhood dentist
- ✓ Manage their dental care
- ✓ Access their digital ID card



**101%**

member growth in 5 years<sup>2</sup>

**117k+**

individual network providers<sup>3</sup>

**Up to 2%**

medical cost savings for integrated clients per member per month<sup>4</sup>

**27%**

of at-risk members returned to compliance after being contacted<sup>5</sup>

\* Available in large employer sites; coordinated through your benefit representative. <sup>1</sup> For J.D. Power 2021 award information, visit [jdpower.com/awards](https://www.jdpower.com/awards) <sup>2</sup> Comparing December 2015 book of business membership/subscribers to December 2020. <sup>3</sup> Network numbers as of January 1, 2022. <sup>4</sup> Internal analysis of 2017–2019 book-of-business performance for clients with integrated UnitedHealthcare Specialty and UnitedHealthcare Medical; based on elected Specialty products. <sup>5</sup> Based on 2019 integrated program results; compliance is equal to preventive/periodic gaps in care closed.



## We know that oral health is linked to overall health.



### Diabetes

People with diabetes are more likely to have gum disease, which can make it difficult to regulate their blood sugar.<sup>3</sup>



### Pregnancy

Gum disease in pregnant women may be linked to complications such as pre-term birth and low birth weight.<sup>4</sup>



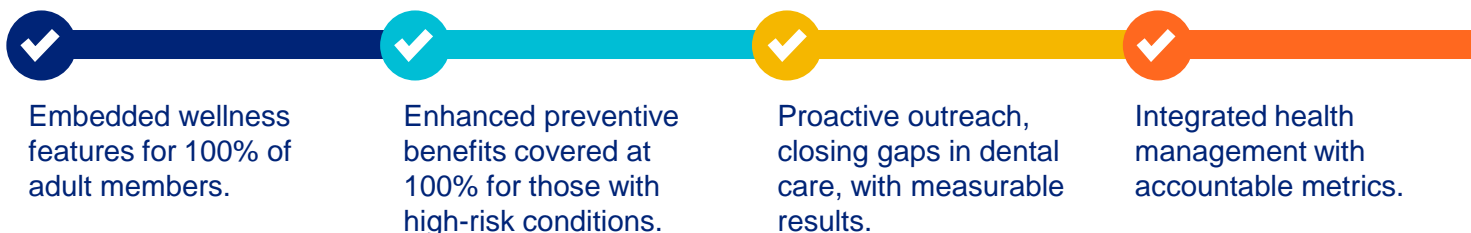
### Heart Disease

People with gum disease are nearly 2x likely to have heart disease.<sup>5</sup>



Health Plan Manager delivers a comprehensive look at member-centric data that can drive experience, outcomes and efficiencies.

## Our comprehensive approach is designed to benefit all members.



## Sample high-risk member experience:

Holly has been managing her diabetes for 10 years but is struggling to keep her blood sugar levels under control. Part of the reason may be because she hasn't been taking care of her dental health.



1

Holly's diabetes diagnosis triggers a review. We identify that she isn't receiving optimal oral health care for her condition.

2

We reach out to Holly, guiding her back into care with her dentist and reminding her and her provider of the enhanced benefits available.

3

Holly completes the recommended oral health care, knowing her extra visits are 100% covered.

4

By having her underlying case of gum disease treated, Holly is better able to stabilize her blood sugar levels and improve her diabetes management.

\*Conditions included in member engagement: Asthma, Heart Disease, COPD, Diabetes, Kidney Disease, Rheumatoid Arthritis, Pregnancy.

<sup>1</sup> Based on review of client's previous 12 months of medical data.

<sup>2</sup> 2019 book of business performance for clients with integrated UnitedHealthcare Dental and UnitedHealthcare Medical. Not a guarantee of future performance.

<sup>3</sup> Ibid. Diabetes and periodontal disease. [perio.org/consumer/gum-disease-and-diabetes.htm](https://www.perio.org/consumer/gum-disease-and-diabetes.htm). Accessed Aug. 14, 2020.

<sup>4</sup> American Academy of Periodontology. Periodontal disease and systemic health. [perio.org/consumer/gum-disease-and-other-diseases](https://www.perio.org/consumer/gum-disease-and-other-diseases). Accessed Aug. 14, 2020.

<sup>5</sup> Mathews MJ, Mathews EH, Mathews GE. Oral health and coronary heart disease. *BMC Oral Health*. 2016;16(1):122. Published online Nov. 15, 2016. doi: 10.1186/s12903-016-0316-7.

Specialty benefits and programs may not be available in all states or for all group sizes. Components subject to change. This policy has exclusions, limitations and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, contact your UnitedHealthcare representative.

UnitedHealthcare dental coverage underwritten by UnitedHealthcare Insurance Company, located in Hartford, Connecticut, UnitedHealthcare Insurance Company of New York, located in Islandia, New York, or their affiliates. Administrative services provided by Dental Benefit Providers, Inc., Dental Benefit Administrative Services (CA only), DBP Services (NY only), United HealthCare Services, Inc. or their affiliates. Plans sold in Texas use policy form number DPOL.06.TX, DPOL.12.TX and DPOL.12.TX (Rev. 9/16) and associated COC form numbers DCOC.CER.06, DCOC.CER.IND.12.TX and DCERT.IND.12.TX. Plans sold in Virginia use policy form number DPOL.06.VA with associated COC form number DCOC.CER.06.VA and policy form number DPOL.12.VA with associated COC form number DCOC.CER.12.VA.

© 2021 United HealthCare Services, Inc.

**United  
Healthcare®**

This information is considered trade secret, proprietary and/or competitively-sensitive confidential information. Disclosure of the information would cause substantial harm to UnitedHealthcare, is information that UnitedHealthcare would not customarily release to the public and is known only to certain individuals with a need to know. It should not be released by the Jefferson Parish Government and/or Clesi Burns, Inc. without the prior written consent of UnitedHealthcare.

**File Names:**

- JPG Dental Executive Summary
- Jefferson Parish Government UHC\_DE Proposal (06.30.2022)
- References





**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](http://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](mailto: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 24<sup>th</sup> 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](mailto: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](http://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](http://www.jeffparishbids.net) or [www.centrauctionhouse.com](http://www.centrauctionhouse.com). Registration is required and free for Jefferson Parish vendors by visiting [www.centrauctionhouse.com/registration](http://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 24<sup>th</sup> 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:**

Dental Insurance Plan  
SOQ No. 22-032

**B. Firm Name & Address:**

UnitedHealthcare Insurance Company  
185 Asylum Street  
Hartford, Connecticut 06103-0450

**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:**

Shirley Naquin  
Senior Account Executive  
Phone: (504) 849-3561  
e-mail: shirley\_naquin@uhc.com

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

3838 N. Causeway Blvd  
Suite 2500  
Metairie, LA 70002

**E. Is this submittal by a JOINT-VENTURE? Please check:** 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. N/A

## **General Professional Services Questionnaire**

2. N/A

## General Professional Services Questionnaire

<b>G. Has this JOINT-VENTURE previously worked together? Please check: YES</b> <div style="display: inline-block; width: 50px; height: 40px; border: 1px solid black; margin: 0 10px;"></div> <b>NO</b> <div style="display: inline-block; width: 50px; height: 40px; border: 1px solid black; margin: 0 10px;"></div>		
N/A		
<b>H. List all subcontractors anticipated for this Project. Please note that <u>all subcontractors must submit a fully completed copy of this questionnaire</u>, 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.</b>		
Name & Address:	Specialty:	Worked with Firm Before (Yes or No):
<p>1. Our organization will continue to leverage external third-party subcontractors to augment our operations and service offerings, when/where appropriate. We have programs in place to ensure these subcontractors meet relevant performance, operational, contractual/compliance and regulatory standards. In general, subcontractors are selected based on the strategic needs of our entire organization and dependent on the subcontractors' abilities to comply with our requirements.</p> <p>Because of the broad spectrum of UnitedHealth Group businesses and subcontractor relationships, we are unable to provide a complete list of proposed subcontractors at this time.</p>	<p>Because of the broad spectrum of UnitedHealth Group businesses and subcontractor relationships, we are unable to provide a complete list of proposed subcontractors at this time.</p>	<p>Because of the broad spectrum of UnitedHealth Group businesses and subcontractor relationships, we are unable to provide a complete list of proposed subcontractors at this time.</p>
<p>2. Because of the broad spectrum of UnitedHealth Group businesses and subcontractor relationships, we are unable to provide a complete list of proposed subcontractors at this time.</p>	<p>Because of the broad spectrum of UnitedHealth Group businesses and subcontractor relationships, we are unable to provide a complete list of proposed subcontractors at this time.</p>	<p>Because of the broad spectrum of UnitedHealth Group businesses and subcontractor relationships, we are unable to provide a complete list of proposed subcontractors at this time.</p>



### **General Professional Services Questionnaire**

3. Because of the broad spectrum of UnitedHealth Group businesses and subcontractor relationships, we are unable to provide a complete list of proposed subcontractors at this time.	Because of the broad spectrum of UnitedHealth Group businesses and subcontractor relationships, we are unable to provide a complete list of proposed subcontractors at this time.	Because of the broad spectrum of UnitedHealth Group businesses and subcontractor relationships, we are unable to provide a complete list of proposed subcontractors at this time.
4. Because of the broad spectrum of UnitedHealth Group businesses and subcontractor relationships, we are unable to provide a complete list of proposed subcontractors at this time.	Because of the broad spectrum of UnitedHealth Group businesses and subcontractor relationships, we are unable to provide a complete list of proposed subcontractors at this time.	Because of the broad spectrum of UnitedHealth Group businesses and subcontractor relationships, we are unable to provide a complete list of proposed subcontractors at this time.
5. Because of the broad spectrum of UnitedHealth Group businesses and subcontractor relationships, we are unable to provide a complete list of proposed subcontractors at this time.	Because of the broad spectrum of UnitedHealth Group businesses and subcontractor relationships, we are unable to provide a complete list of proposed subcontractors at this time.	Because of the broad spectrum of UnitedHealth Group businesses and subcontractor relationships, we are unable to provide a complete list of proposed subcontractors at this time.

## General Professional Services Questionnaire

<b>I. Please specify the total number of support personnel that may assist in the completion of this Project:</b> <div style="border-bottom: 1px solid black; width: 100px; margin-top: 5px;">3</div>
<b>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.</b>
<b>PROFESSIONAL NO. 1</b>
<b>Name &amp; Title:</b>
Mona McLean, Senior Strategic Account Executive mona_mclean@uhc.com
<b>Name of Firm with which associated:</b>
UnitedHealthcare Insurance Company
<b>Description of job responsibilities:</b>
Develop and monitor client financial performance, including renewal planning and negotiation Act as account management team lead, providing direction and support as required Exceed objectives for customer and broker satisfaction, persistency, and for developing new business with existing accounts
<b>Years' experience with this Firm:</b>
18 years
<b>Education: Degree(s)/Year/Specialization:</b>
Bachelor of Business Administration
<b>Other experience and qualifications relevant to the proposed Project:</b>
Licensed insurance agent, 28 years in the insurance industry

## General Professional Services Questionnaire

PROFESSIONAL NO. 2
<b>Name &amp; Title:</b>
Shirley Naquin, Senior Account Executive shirley_naquin@uhc.com
<b>Name of Firm with which associated:</b>
UnitedHealthcare Insurance Company
<b>Description of job responsibilities:</b>
Develop and monitor client financial performance, including renewal planning and negotiation Act as account management team lead, providing direction and support as required Exceed objectives for customer and broker satisfaction, persistency, and for developing new business with existing accounts
<b>Years' experience with this Firm:</b>
15 years
<b>Education: Degree(s)/Year/Specialization:</b>
Bachelor of Science in Education from Louisiana State University
<b>Other experience and qualifications relevant to the proposed Project:</b>
Total of 24 years of experience in the insurance industry – employee benefits. Licensed insurance agent in multiple states, including Louisiana.

## General Professional Services Questionnaire

PROFESSIONAL NO. 3
<b>Name &amp; Title:</b>
Denise Primus, Senior Underwriting Consultant denise.primus@uhc.com
<b>Name of Firm with which associated:</b>
UnitedHealthcare Insurance Company
<b>Description of job responsibilities:</b>
Drive pricing execution, set annual plans, goals and growth strategy to cultivate Book of Business for new and renewing commercial business
<b>Years' experience with this Firm:</b>
18 years
<b>Education: Degree(s)/Year/Specialization:</b>
3 years Business Administration & Business Management
<b>Other experience and qualifications relevant to the proposed Project:</b>
None

**General Professional Services Questionnaire**

<b>PROFESSIONAL NO. 4</b>
<b>Name &amp; Title:</b>
<b>Name of Firm with which associated:</b>
<b>Description of job responsibilities:</b>
<b>Years' experience with this Firm:</b>
<b>Education: Degree(s)/Year/Specialization:</b>
<b>Other experience and qualifications relevant to the proposed Project:</b>



**General Professional Services Questionnaire**

<b>PROFESSIONAL NO. 5</b>
<b>Name &amp; Title:</b>
<b>Name of Firm with which associated:</b>
<b>Description of job responsibilities:</b>
<b>Years' experience with this Firm:</b>
<b>Education: Degree(s)/Year/Specialization:</b>
<b>Other experience and qualifications relevant to the proposed Project:</b>

## 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:
We are providing services and not goods.	
Length of Services Provided:	Cost of Services Provided:

### PROJECT NO. 2

Project Name, Location and Owner's contact information:	Description of Services Provided:
Not applicable. We are providing services and not goods	
Length of Services Provided:	Cost of Services Provided:

## **General Professional Services Questionnaire**

PROJECT NO. 3	
Project Name, Location and Owner's contact information:	Description of Services Provided:
Not applicable. We are providing services and not goods	
Length of Services Provided:	Cost of Services Provided:

PROJECT NO. 4	
Project Name, Location and Owner's contact information:	Description of Services Provided:
Not applicable. We are providing services and not goods	
Length of Services Provided:	Cost of Services Provided:

## General Professional Services Questionnaire

PROJECT NO. 5	
Project Name, Location and Owner's contact information:	Description of Services Provided:
Length of Services Provided:	Cost of Services Provided:

PROJECT NO. 6	
Project Name, Location and Owner's contact information:	Description of Services Provided:
Not applicable. We are providing services and not goods	
Length of Services Provided:	Cost of Services Provided:

## General Professional Services Questionnaire

<b>PROJECT NO. 7</b>	
<b>Project Name, Location and Owner's contact information:</b>	<b>Description of Services Provided:</b>
Not applicable. We are providing services and not goods	
<b>Length of Services Provided:</b>	<b>Cost of Services Provided:</b>

<b>PROJECT NO. 8</b>	
<b>Project Name, Location and Owner's contact information:</b>	<b>Description of Services Provided:</b>
Not applicable. We are providing services and not goods	
<b>Length of Services Provided:</b>	<b>Cost of Services Provided:</b>



## General Professional Services Questionnaire

<b>PROJECT NO. 9</b>	
<b>Project Name, Location and Owner's contact information:</b>	<b>Description of Services Provided:</b>
Not applicable. We are providing services and not goods	
<b>Length of Services Provided:</b>	<b>Cost of Services Provided:</b>

<b>PROJECT NO. 10</b>	
<b>Project Name, Location and Owner's contact information:</b>	<b>Description of Services Provided:</b>
Not applicable. We are providing services and not goods	
<b>Length of Services Provided:</b>	<b>Cost of Services Provided:</b>

## General Professional Services Questionnaire

<b>L. List all prior and/or on-going litigation between Firm and Jefferson Parish. Please attach additional pages if necessary.</b>		
<b>Parties:</b>		<b>Status/Result of Case:</b>
<b>Plaintiff:</b>	<b>Defendant:</b>	
1. Because of the nature of our business, we are routinely subject to lawsuits alleging various causes of action. Although the results of pending litigation are always uncertain, we do not believe the results of any such actions, currently threatened or pending, individually or in the aggregate, will have a material adverse effect on our consolidated financial position or the results of our operations. Any material litigation or legal actions are disclosed in our financial statements available on the UnitedHealth Group Incorporated (UnitedHealth Group) website: <b>www.unitedhealthgroup.com</b> . UnitedHealth Group is our parent	N/A	N/A
2. N/A	N/A	N/A
3. N/A	N/A	N/A
4. N/A	N/A	N/A
<b>M. Use this space to provide any additional information or description of resources supporting Firm's qualifications for the proposed project.</b>		

### **General Professional Services Questionnaire**

UnitedHealthcare is a leader in health benefits, helping to simplify the health care experience and deliver access to high-quality care across the spectrum of employee benefits. UnitedHealthcare brings together technology, data and clinical information to help our members live healthier lives. UnitedHealthcare provides health coverage to 27 million people across hundreds of thousands of businesses, large and small. Medical and dental integration help UnitedHealthcare develop outreach programs to improve member's oral health and lower overall health care costs by finding and helping to close gaps in care. The advantages of integrating medical and dental coverage are:

-Proactive Outreach – We use actionable analytics and data to help identify and manage high-risk conditions and close gaps in care.

- Bundled Savings – When medical and dental are bundled, additional savings in medical premium can be extended.

- Enhanced Wellness Benefits – Oral cancer screenings, prenatal dental care and rewards for healthy habits are some of the ways that our dental plans focus on health and wellness.

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

**Signature:** \_\_\_\_\_ **Print Name:** Stephen Wilson

**Title:** Health Plan CEO **Date:** 06/29/2022

## **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.



Affiant further said:

Debt Disclosures

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

**Choice B** \_\_\_\_\_

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

**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\_\_\_\_\_.

### **General Professional Services Questionnaire**

UnitedHealthcare is a leader in health benefits, helping to simplify the health care experience and deliver access to high-quality care across the spectrum of employee benefits. UnitedHealthcare brings together technology, data and clinical information to help our members live healthier lives. UnitedHealthcare provides health coverage to 27 million people across hundreds of thousands of businesses, large and small. Medical and dental integration help UnitedHealthcare develop outreach programs to improve member's oral health and lower overall health care costs by finding and helping to close gaps in care. The advantages of integrating medical and dental coverage are:

- Proactive Outreach – We use actionable analytics and data to help identify and manage high-risk conditions and close gaps in care.
- Bundled Savings – When medical and dental are bundled, additional savings in medical premium can be extended.
- Enhanced Wellness Benefits – Oral cancer screenings, prenatal dental care and rewards for healthy habits are some of the ways that our dental plans focus on health and wellness.

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

Signature:  Print Name: Stephen Wilson

Title: Health Plan CEO Date: 06/29/2022

## Statement of Qualifications

# AFFIDAVIT

**STATE OF** Louisiana

**PARISH/COUNTY OF** Jefferson

BEFORE ME, the undersigned authority, personally came and appeared: Stephen Wilson  
\_\_\_\_\_, (Affiant) who after being by me duly sworn, deposed and said that  
he/she is the fully authorized CEO Mid South of UnitedHealthcare (Entity),  
the party who submitted a Statement of Qualifications (SOQ) to Jefferson Parish  
Government for Healthcare Coverage (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**   x   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**   x   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**   x   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** x \_\_\_\_\_ 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.

Stephen C Wilson

Signature of Affiant

Stephen Wilson

Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME

ON THE 19<sup>th</sup> DAY OF APRIL, 2022.

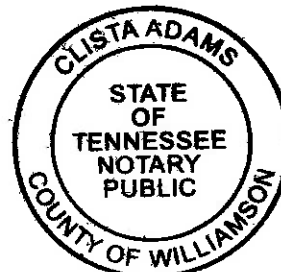
Clista Adams

Notary Public

CLISTA ADAMS

Printed Name of Notary

\_\_\_\_\_  
Notary/Bar Roll Number



My Comm Expires  
MARCH 29, 2023

My commission expires March 29, 2023



# Benefits Proposal for

Jefferson Parish Government

Issued on: June 30, 2022



United  
Healthcare

# UnitedHealthcare

## Company Overview for Jefferson Parish Government

Effective Date: 01/01/2023

# 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 Dental Rates for Jefferson Parish Government

Effective Date: 01/01/2023

Dental Services	Passive PPO NEW_25375846 CS0	
	UnitedHealthcare Insurance Company	
	Primary Plan	
	In Network	Out of Network
Diagnostic Service		
Periodic Oral Evaluation	100%	100%
Radiographs	100%	100%
Lab and Other Diagnostic Tests	100%	100%
Preventive Services		
Dental Prophylaxis (Cleaning)	100%	100%
Fluoride Treatment	100%	100%
Sealants	100%	100%
Space Maintainers	100%	100%
Basic Services		
Restorations (Amalgams or Composite)*	80%	80%
Emergency Treatment/General Services	80%	80%
Simple Extractions	80%	80%
Oral Surgery (incl. surgical extractions)	80%	80%
Periodontics	80%	80%
Endodontics	80%	80%
Major Services		
Inlays/Onlays/Crowns	50%	50%
Dentures and Removable Prosthetics	50%	50%
Fixed Partial Dentures (Bridges)	50%	50%
Implants	50%	50%
Orthodontic Services		
Orthodontia	50%	50%
Orthodontia Eligibility	Child Only (Up to Age 19)	
Deductible	\$50/\$150	\$50/\$150
Deductible applies to Prev. & Diag.	No	No
Annual Max	\$1,000	\$1,000
Lifetime Ortho Max	\$1,000	\$1,000
Waiting Period	None	
Out of Network Basis	UCR 90th	
PPO Network	Options PPO 30	
CMM—Annual Roll-Over	No	
FlexAppeal PMM	Yes	
Assumed Enrollment and Rates		
Employee	1071	\$16.74
Employee + Spouse	235	\$32.92
Employee + Child(ren)	171	\$40.50
Employee + Family	180	\$49.34
	1657	
Monthly Premium	\$41,471.44	
Annual Premium	\$497,657.28	
Employer Contribution	Voluntary	
Participation Requirements	Minimum of 3 ees	
Dependent Children Coverage	To Age 26	
Contract Basis	Fully Insured	
Benefit Period Basis	Calendar Year	
Exclusions and Limitations	Standard	
Broker Commissions	0%	
Rate Guarantee	24 Months	

# UnitedHealthcare

## Proposed Dental Rates for Jefferson Parish Government

Effective Date: 01/01/2023

Dental Services	Passive PPO NEW_25377566 CS0	
	UnitedHealthcare Insurance Company	
	Alternate Plan	
	In Network	Out of Network
Diagnostic Service		
Periodic Oral Evaluation	100%	100%
Radiographs	100%	100%
Lab and Other Diagnostic Tests	100%	100%
Preventive Services		
Dental Prophylaxis (Cleaning)	100%	100%
Fluoride Treatment	100%	100%
Sealants	100%	100%
Space Maintainers	100%	100%
Basic Services		
Restorations (Amalgams or Composite)*	80%	80%
Emergency Treatment/General Services	80%	80%
Simple Extractions	80%	80%
Oral Surgery (incl. surgical extractions)	80%	80%
Periodontics	80%	80%
Endodontics	80%	80%
Major Services		
Inlays/Onlays/Crowns	50%	50%
Dentures and Removable Prosthetics	50%	50%
Fixed Partial Dentures (Bridges)	50%	50%
Implants	50%	50%
Orthodontic Services		
Orthodontia	50%	50%
Orthodontia Eligibility	Adult & Child	
Deductible	\$50/\$150	\$50/\$150
Deductible applies to Prev. & Diag.	No	No
Annual Max	\$1,500	\$1,500
Lifetime Ortho Max	\$1,500	\$1,500
Waiting Period		
Out of Network Basis	UCR 90th	
PPO Network	Options PPO 30	
CMM—Annual Roll-Over	No	
FlexAppeal PMM	Yes	
Assumed Enrollment and Rates		
Employee	501	\$18.49
Employee + Spouse	83	\$37.56
Employee + Child(ren)	61	\$51.43
Employee + Family	72	\$54.78
	717	
Monthly Premium	\$19,462.36	
Annual Premium	\$233,548.32	
Employer Contribution	Voluntary	
Participation Requirements	Minimum of 3 ees	
Dependent Children Coverage	To Age 26	
Contract Basis	Fully Insured	
Benefit Period Basis	Calendar Year	
Exclusions and Limitations	Standard	
Broker Commissions	0%	
Rate Guarantee	24 Months	



# UnitedHealthcare

## Assumptions for Jefferson Parish Government

Effective Date: 01/01/2023

### General Assumptions

- 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 Louisiana.
- 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.
- Rates may increase on renewal in accordance with the terms of the policy.

### Dental Assumptions

Rates are valid for 90 days from 06/30/2022 or 01/01/2023, whichever is sooner.

This premium may include state and federal taxes and fees.

Quote assumes a complete product replacement.

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

Our contract covers only those procedures performed in the United States.

Please contact your sales representative for more details on the network quoted in your proposal.

The In- and Out-of-Network Plan Deductibles, Maximums and Lifetime Ortho Maximums are combined.

\* Please contact your sales representative to confirm specific plan Restorations (Amalgams or Composite) coverage.

Quote is based on total group Average Contract Size (ACS) of 1.15

United Healthcare reserves the right to adjust the above rates should enrollment or ACS fluctuate by +/- 10%.

Digital ID cards will be available on-line, upon initial enrollment, for employees enrolled in PPO, INO and Indemnity plans. Plastic ID cards will be issued, upon initial enrollment, for employees enrolled in Direct Compensation, Select Managed Care and DHMO plans.

**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 Jefferson Parish Government

Effective Date: 01/01/2023

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.



### **REFERENCES**

Christina Hamilton, Chief Administrative Officer

**City of New Orleans**

1300 Perdido Street

New Orleans, Louisiana 70112

Phone: (504) 658-8607

Email: [chamilton@nola.gov](mailto:chamilton@nola.gov)

Years with UnitedHealthcare: 7+ years

Alexandra Timmons, Risk Management and Benefits Director

**Santa Rosa Public Schools**

6032 Highway 90

Milton, Florida 32570

Phone: (850) 983-4814

Email: [timmonsa@santarosak12.fl.us](mailto:timmonsa@santarosak12.fl.us)

Years with UnitedHealthcare: 4 years - STD, Critical Illness, Hospital Indemnity and Dental

Jakeera Jourdan, Human Resource Manager

**City of Boynton Beach**

100 E. Ocean Avenue

Boynton Beach, Florida 33425

Phone: (561) 742-6276

Email: [jourdanj@bbfl.us](mailto:jourdanj@bbfl.us)

Years with UnitedHealthcare: 4+ years





## Savings designed to support your life and health

With your UnitedHealthcare dental or vision plan, you have access to our Discount and Rewards Marketplace powered by BenefitHub, which provides discount offers on services and products.

### Valued savings from leading brands

Take advantage of savings on over 200 items and services such as:



**Contact lenses** – 10% savings on a range of leading brands



**quip Smart Electric Toothbrushes for kids and adults** – Up to 30% savings on a brush that offers rewards for good brushing habits



**LASIK vision correction** – Up to 35% savings through QualSight® LASIK, the nation's largest network of LASIK surgeons\*



**Online coaching** – Discounts on programs for weight loss, stress reduction, diabetes management, smoking cessation and more



**Hearing aids** – Up to 80% savings on advanced-technology hearing aids



**Technology services, family entertainment, restaurants** – Savings on a variety of ways to connect with friends and family

**Save now**

Visit [uhcspecialty.benefitHub.com](https://uhcspecialty.benefitHub.com)

**United  
Healthcare**

\* As of April 8, 2021.

All trademarks are the property of their respective owners.

The BenefitHub Discount Program is NOT insurance. The discount program provides discounts with certain retail participants. The discount program does not make payments directly to the retailers. The discount program member is obligated to pay for all services or products but will receive a discount from those retail participants who have contracted with the discount plan organization.

quip: Offer applies to select plans for new fully insured UnitedHealthcare Dental customers in MD, DC, VA, and IL for plan effective dates of Jan. 1, 2022, through Dec. 31, 2022. Offer not available on all plan designs.

UnitedHealthcare dental coverage underwritten by UnitedHealthcare Insurance Company, located in Hartford, Connecticut, UnitedHealthcare Insurance Company of New York, located in Islandia, New York, or their affiliates. Administrative services provided by Dental Benefit Providers, Inc., Dental Benefit Administrative Services (CA only), DBP Services (NY only), United HealthCare Services, Inc. or their affiliates. Plans sold in Texas use policy form number DPOL.06.TX, DPOL.12.TX and DPOL.12.TX (Rev. 9/16) and associated COC form numbers DCOC.CER.06, DCOC.CER.IND.12.TX and DCERT.IND.12.TX. Plans sold in Virginia use policy form number DPOL.06.VA with associated COC form number DCOC.CER.06.VA and policy form number DPOL.12.VA with associated COC form number DCOC.CER.12.VA.

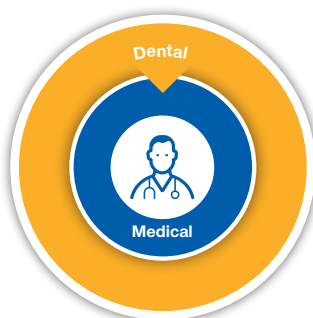
UnitedHealthcare vision coverage provided by or through UnitedHealthcare Insurance Company, located in Hartford, Connecticut, UnitedHealthcare Insurance Company of New York, located in Islandia, New York, or their affiliates. Administrative services provided by Spectera, Inc., United HealthCare Services, Inc. or their affiliates. Plans sold in Texas use policy form number VPOL.06.TX or VPOL.13.TX and associated COC form number VCOC.INT.06.TX or VCOC.CER.13.TX. Plans sold in Virginia use policy form number VPOL.06.VA or VPOL.13.VA and associated COC form number VCOC.INT.06.VA or VCOC.CER.13.VA. This policy has exclusions, limitations and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, contact either your broker or the company.

UnitedHealthcare Hearing is provided through UnitedHealthcare, offered to existing members of certain products underwritten or provided by UnitedHealthcare Insurance Company or its affiliates to provide specific hearing aid discounts. This is not an insurance nor managed care product, and fees or charges for services in excess of those defined in program materials are the member's responsibility. UnitedHealthcare does not endorse nor guarantee hearing aid products/services available through the hearing program. This program may not be available in all states or for all group sizes. Components subject to change.

# The Bridge2Health advantage



What if your dental plan could improve your employees' health and reduce your health care costs?



At UnitedHealthcare, we understand the connection between a healthy mouth and overall health and the connection between employee health and your bottom line. That's why we introduced Bridge2Health for our customers with a UnitedHealthcare medical and dental plan. Bridge2Health focuses on all your employees, particularly those with chronic conditions because they drive most of your health care costs. Let us tell you more.

## Let's start with our proprietary study

A 2012 UnitedHealthcare claims study strongly suggests that improving the oral health of those with chronic conditions can play a role in reducing medical claims.

### Here's what we found:

- **Individuals with chronic conditions** including heart, lung and kidney disease, diabetes and asthma **who regularly received dental care** — specifically preventive and periodontal treatments — had medical claims that **averaged \$1,500 less per year** than those who did not.<sup>1</sup>
- The difference was even greater for **individuals who were not receiving the recommended care** for their medical condition **but who did get regular dental care** — at almost **\$2,300 per year**.<sup>1</sup>



## Does oral health really impact overall health?

**Yes! Oral health is about more than healthy teeth and gums.**

- Those with **diabetes** are more likely to have gum disease. Untreated, gum disease can make it difficult for people with diabetes to stabilize their sugar levels. Individuals with diabetes who receive gum disease treatment can see a positive impact on their blood sugar levels.<sup>2,3</sup>
- **Pregnant** women who maintain good oral health see a positive impact on their health and their baby's health.<sup>4,5</sup>
- Gum disease leads to increased inflammation, which can worsen the complications of **kidney disease**. Treating gum disease reduces inflammation, which can reduce the risk of kidney failure.<sup>6</sup>



### Reduced Medical Claims:

Lower medical claims for those engaged in oral health

# 15%

## Advantages for your business and your employees

Bridge2Health is available at no additional charge to groups of 101 or more with UnitedHealthcare medical and dental coverage.<sup>7</sup> Here's how it can benefit your business:

- **Reducing medical claims** for your chronically ill members by an **average of 15% per year** could impact your medical renewal and lower costs for both you and your employees.
- Engaging employees in managing serious health conditions could **positively impact productivity, improving your bottom line.**

## What do we do with that knowledge?

Medical and dental data is continuously analyzed to identify those with chronic conditions that can be impacted by improved oral health, such as diabetes.

We then assign each dental plan member in participating groups an **activation score**. That score is based on whether or not a member is receiving specific dental care that we know not only improves oral health, but has the potential to impact overall health. These procedures include regular dental check-ups, cleanings and treatments for gum disease.

Each member gets a dental activation score

# 0

### NOT ACTIVATED

NO DENTAL CLAIMS  
OR RESTORATIVE  
SERVICES ONLY

# 1

### GOOD

INDIVIDUALS MAKING  
GOOD ORAL HEALTH  
DECISIONS FOR AGE  
AND HEALTH STATUS

# 2

### BETTER

INDIVIDUALS MAKING  
BETTER ORAL HEALTH  
DECISIONS FOR AGE  
AND HEALTH STATUS

# 3

### BEST

INDIVIDUALS MAKING  
BEST ORAL HEALTH  
DECISIONS FOR AGE  
AND HEALTH STATUS

# 45%

**At-risk members**  
who seek care after  
being contacted

## Our outreach shows great success!

Based on their activation score and health status, we reach out to at-risk members on an ongoing basis by phone and mail, encouraging them to receive the specific dental care that drives better health. When we connect, **45 percent see their dentist for services** that promote overall health.

## We protect dental plan members' confidentiality.

All contact with your plan participants is confidential, and all results are reported in aggregate to ensure that we protect your employees' personal health information.





## Accountable for results

We provide **fully integrated, group-level analytics and reporting**<sup>8</sup> via UnitedHealthcare's proprietary Healthplan Manager tool that demonstrates engagement results and the financial impact of our outreach.

This data also helps us create **customized solutions** to address a group's needs. If we find, for example, that your group has a large number of diabetics who are driving your medical claims, we can create an educational program designed to address the health needs of this group and track their claims over time, adjusting our approach as needed.



## The many advantages of Bridge2Health

By purchasing your medical and dental plan from UnitedHealthcare, you and your employees get many advantages. When considering another carrier, ask if they can deliver the same advantages.

Advantages	UnitedHealthcare
Research that proves health care cost savings can be achieved through dental care	YES
Claims and cross-product modeling used to identify at-risk members	YES
Individual outreach based on medical diagnosis	YES
Coverage for full array of oral cancer screenings each year for all adults	YES
Additional preventive and periodontal care for expectant mothers during pregnancy and for three months following birth	YES
Individual dental activation and engagement scoring	YES
A group dental score that benchmarks the effectiveness of your dental plan on the health of your population	YES
Healthplan Manager tool for fully integrated medical/dental reporting to analyze financial, clinical and individual decision-making	YES

## Get maximum value from your medical and dental benefits

Let us show you what Bridge2Health can do for you. **To learn more**, contact your broker, consultant or UnitedHealthcare representative.



<sup>1</sup>Based on an internal retrospective study of clients continuously enrolled for 24 months or more with medical and dental. Actual savings will depend upon illness burden and final compliance/adoption of programs.

<sup>2</sup>National Institute of Dental and Craniofacial Research, "Periodontal (Gum) Disease: Causes, Symptoms, and Treatments," [www.nidcr.nih.gov/OralHealth/Topics/GumDiseases/PeriodontalGumDisease.htm](http://www.nidcr.nih.gov/OralHealth/Topics/GumDiseases/PeriodontalGumDisease.htm), NIH Publication No. 11-1142, July 2011, no copyright.

<sup>3</sup>American Academy of Periodontology, "Gum Disease and Diabetes," <http://www.perio.org/consumer/mbc.diabetes.htm>, last modified February 23, 2011.

<sup>4</sup>National Institute of Dental and Craniofacial Research, "Periodontal (Gum) Disease: Causes, Symptoms, and Treatments," [www.nidcr.nih.gov/OralHealth/Topics/GumDiseases/PeriodontalGumDisease.htm](http://www.nidcr.nih.gov/OralHealth/Topics/GumDiseases/PeriodontalGumDisease.htm), NIH Publication No. 11-1142, July 2011, no copyright.

<sup>5</sup>Mayo Clinic, "Preeclampsia," [mayoclinic.com/health/preeclampsia/DS00583/DSECTION=risk-factors](http://mayoclinic.com/health/preeclampsia/DS00583/DSECTION=risk-factors), April 21, 2011.

<sup>6</sup>Craig, RG, "Interactions between chronic renal disease and periodontal disease," *Oral Dis.* 2008 Jan;14(1):1-7.

<sup>7</sup>To be eligible, employers must have both medical and dental coverage through UnitedHealthcare and have 101 or more employees. Employers must opt in to receive targeted outreach services.

<sup>8</sup>Level of reporting varies by group size.

This policy has exclusions, limitations and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, contact either your broker or UnitedHealthcare Insurance Company. UnitedHealthcare dental coverage underwritten by UnitedHealthcare Insurance Company, located in Hartford, Connecticut, UnitedHealthcare Insurance Company of New York, located in Islandia, New York, or their affiliates. Administrative services provided by Dental Benefit Providers, Inc., Dental Benefit Administrative Services (CA only), DBP Services (NY only), United HealthCare Services, Inc. or their affiliates. Plans sold in Texas use policy form number DPOL.06.TX and associated COC form number DCOC.CER.06. Plans sold in Virginia use policy form number DPOL.06.VA and associated COC form number DCOC.CER.06.VA.





Dental

# Get more from your dental plan with FlexAppeal



The FlexAppeal Preventive MaxMultiplier helps you keep your mouth healthy. And that's important because healthy teeth and gums have been linked to better health.

FlexAppeal covers preventive dental care without counting it toward your annual maximum. The annual maximum is the most your dental plan will pay during the year. That leaves benefit dollars for other services you may need, such as crowns or fillings.

## You should know:

Preventive care is important. It does not count toward your annual maximum with FlexAppeal.

## Preventive care includes:

- Exams
- Cleanings
- X-rays
- Fluoride treatments
- Sealants for children

## Here's how the program saves you money.

This example shows how the plan works with a \$1,000 annual maximum. **Your maximum may be different:**

Example of savings for a plan with a \$1,000 annual maximum			
Without the FlexAppeal program		With the FlexAppeal program	
Annual maximum	\$1,000	Annual maximum	\$1,000
Preventive care costs. These are taken from your annual maximum	-\$331 <sup>1</sup>	Preventive care costs. These are <b>NOT</b> taken from your annual maximum	\$331 <sup>1</sup>
Dollars left for the rest of the year	\$669	Dollars left for the rest of the year	\$1,000

Take advantage of preventive care to keep your mouth healthy.



To learn more, call the Customer Care number on your member ID card.



<sup>1</sup> Cost is based on a national average for two cleanings, two oral exams and four bitewing X-rays. Costs will vary by dentist, service and geographic region. There is no balance billing when a network dentist is used.

This policy has exclusions, limitations and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, contact either your broker or UnitedHealthcare Insurance Company. UnitedHealthcare dental coverage underwritten by UnitedHealthcare Insurance Company, located in Hartford, Connecticut, UnitedHealthcare Insurance Company of New York, located in Islandia, New York, or their affiliates. Administrative services provided by Dental Benefit Providers, Inc., Dental Benefit Administrative Services (CA only), DBP Services (NY only), United HealthCare Services, Inc. or their affiliates. Plans sold in Texas use policy form number DPOL.06.TX and associated COC form number DCOC.CER.06. Plans sold in Virginia use policy form number DPOL.06.VA and associated COC form number DCOC.CER.06.VA.

This product is not available in all states.



Dental Plans  
**SmileDirectClub**



# A new reason to offer a **UnitedHealthcare dental plan.**

**SmileDirectClub is now covered by select UnitedHealthcare dental plans.<sup>1</sup>**

This means your employees may be able to achieve a smile they'll love for less cost thanks to a new orthodontic benefit.

## Improve access to orthodontic care.

Most people avoid orthodontics because of cost and convenience—60 percent of U.S. counties do not have access to an orthodontist.<sup>2,3</sup>

Offering a select dental plan with orthodontia coverage, including SmileDirectClub, helps improve employee access and gives them a lower-cost option.

## Your employees can get a confident smile at a lower cost.

SmileDirectClub helps employees straighten teeth with invisible aligners sent right to their door—in most cases, for less than \$1,000<sup>4</sup>—with the help of their dental plan's orthodontic benefit.

As part of this exclusive benefit, employees can look forward to:

- A free 3D digital scan at one of 225 SmileShops or an at-home impression kit (\$0 cost with rebate).
- A free retainer following completion of their smile journey (\$0 cost with subscription).
- **bright on™** premium teeth whitening (\$0 cost).
- A smile they may love in about 6 months on average.<sup>5</sup>

CONTINUED

**smile**  
DIRECT CLUB

**UnitedHealthcare is among the first to cover SmileDirectClub.**

This new relationship may help employees improve their smiles and be more engaged in their dental health.

SmileDirectClub is a leader in doctor-directed, at-home teeth straightening with invisible aligners.



## Here's how much employees might save.

With SmileDirectClub, qualified employees may potentially see significant savings compared to the typical cost of traditional in-office invisible aligners or metal braces.

Plus, a straighter, brighter smile may give employees more reason to enjoy their employer-sponsored benefits.

SmileDirectClub cost	\$1,850
UnitedHealthcare network discount	- \$200
Dental plan pays (if orthodontic coverage is 50%)*	- \$825
<b>Your employees could only pay</b>	<b>\$825</b>

\*For illustrative purposes. Savings may differ based on your plan's orthodontic coverage and your location.



**A straighter, brighter smile can help bring your employees a lifetime of confidence.**

**It also gives them more reason to enjoy your benefits package.**

**Give your employees more reason to smile.**



Contact your UnitedHealthcare representative for a dental plan quote and to learn more.



<sup>1</sup> SmileDirectClub coverage is available to UnitedHealthcare customers offering a UnitedHealthcare Dental Preferred Provider Organization (PPO) and/or In-Network Only (INO) plan that includes orthodontic coverage. **Not all individuals are suitable candidates for invisible aligners. These services are intended for certain individuals who have mild or moderate orthodontic needs.**

<sup>2</sup> Earnin Survey Shows Majority of Americans Are Delaying Medical Care. Businesswire.com. Oct. 23, 2018.

<sup>3</sup> American Teledentistry Association. "Teleorthodontics and Access to Care: At Least 84 Percent of Underserved U.S. Counties Now Have Access to Orthodontic Treatment." PR Newswire. June 26, 2018.

<sup>4</sup> Cost of less than \$1,000 is based on a typical UnitedHealthcare national dental plan design for employee-only coverage with a 50 percent orthodontic benefit.

<sup>5</sup> SmileDirectClub treatment plan average results, 2018.

All trademarks are the property of their respective owners.

Benefits and programs may not be available in all states or for all group sizes. Components subject to change. These policies have exclusions, limitations and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, see your official dental plan documents.

UnitedHealthcare dental coverage underwritten by UnitedHealthcare Insurance Company, located in Hartford, Connecticut, UnitedHealthcare Insurance Company of New York, located in Islandia, New York, or their affiliates. Administrative services provided by Dental Benefit Providers, Inc., Dental Benefit Administrative Services (CA only), DBP Services (NY only), United HealthCare Services, Inc. or their affiliates. Plans sold in Texas use policy form number DPOL.06.TX, DPOL.12.TX and DPOL.12.TX (Rev. 9/16) and associated COC form numbers DCOC.CER.06, DCOC.CER.IND.12.TX and DCERT.IND.12.TX. Plans sold in Virginia use policy form number DPOL.06.VA with associated COC form number DCOC.CER.06.VA and policy form number DPOL.12.VA with associated COC form number DCOC.CER.12.VA.

Facebook.com/UnitedHealthcare Twitter.com/UHC Instagram.com/UnitedHealthcare YouTube.com/UnitedHealthcare



*James J. Donelon*

COMMISSIONER OF INSURANCE

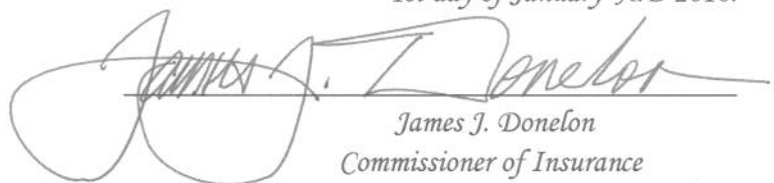
**CERTIFICATE OF AUTHORITY**

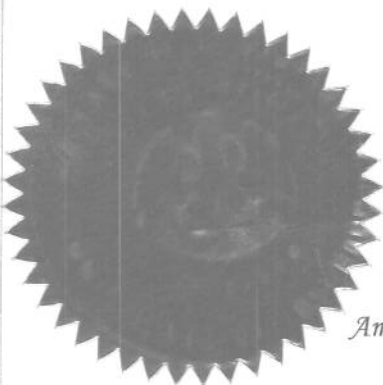
*Whereas, the UnitedHealthCare Insurance Company located at Connecticut has applied for a certificate of authority and made the filings required of such Insurer. Therefore, I, James J Donelon, the undersigned Commissioner of Insurance, do hereby certify that the said UnitedHealthCare Insurance Company is authorized to transact its appropriate business of Health and accident; 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*

*1st day of January A.D 2010.*

  
James J. Donelon  
Commissioner of Insurance



*Amended: Original certificate effective date August 17, 1973*

## **TRADEMARKS AND SERVICE MARKS**

UnitedHealth Group® and UnitedHealthcare® are registered trademarks of UnitedHealth Group Incorporated. Optum® is a registered trademark of Optum, Inc. All other trademarks, service marks, names, logos and brands are property of their respective owners. Use of third-party trademarks, service marks, names, logos and/or brands is for identification purposes only and does not imply endorsement, affiliation or sponsorship.

