

# VOLUNTARY DENTAL INSURANCE

**Proposal for:** City of Osseo

**Alternate:** 4.02

The following Voluntary Dental plan is being proposed on a fully-insured basis effective **01/01/26**. This proposal assumes this coverage is underwritten by United of Omaha Life Insurance Company. For additional information about Mutual of Omaha's products and services, visit [mutualofomaha.com](http://mutualofomaha.com).

## ELIGIBILITY

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

## BENEFIT SUMMARY

<b>LATE ENTRANT</b>	<b>Class 1</b>
<b>TYPE A:</b>	Applies to EEs who don't enroll when first eligible
<b>TYPE B:</b>	0 Months
<b>TYPE C:</b>	12 Months
	12 Months

POLICY YEAR DEDUCTIBLE	Class 1	
	In-Network	Out-Network
	Waived	Waived
TYPE A		
TYPE B, C		
INDIVIDUAL:	\$25	\$50
FAMILY:	3 times Individual	3 times Individual

POLICY YEAR MAXIMUM	Class 1	
	In-Network	Out-Network
	\$1,500	\$1,500

COVERAGE LEVELS	Class 1	
	In-Network	Out-Network
	100%	90%
	80%	80%
	50%	50%

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

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

<b>COBRA</b>	Administered by Policyholder.
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## PARTICIPATION AND COST SUMMARY

### PARTICIPATION ASSUMPTIONS

Minimum Participation	Number of Eligible Employees	Contribution Structure
Greater of 5 lives or 48%	19	100% Employee paid

### COST SUMMARY CLASS 1

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

Assumed Lives	Monthly Rates*	Monthly Premium	Annual Premium Sub-Total
8	\$44.36	\$354.88	\$4,258.56
0	\$93.16	\$34.47	\$413.64
0	\$106.47	\$9.58	\$114.96
1	\$161.93	\$87.44	\$1,049.28
9		<b>\$486.37</b>	<b>\$5,836.44</b>

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

### PACKAGE PRICING

The rates and benefits for this coverage assume package pricing. The rates and/or benefits are subject to change if one or more coverages included in Option 1 are not selected by the employer.

### RATE GUARANTEE

2 Years

### RATE GUARANTEE DATE

01/01/2028

### POLICY YEAR

Calendar Year

## ADDITIONAL BENEFITS

### NETWORK

- In-Network provider allowances are based on contracted provider fee schedules.
- Out-Network provider maximum allowances are based on the 90th Percentile of Reasonable and Customary data.
- Charges that exceed the maximum allowance for any covered dental service are not considered.

### CONTINUATION FOR FEDERAL AND STATE LAWS

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

## COVERED SERVICES

### TYPE A - PREVENTIVE & DIAGNOSTIC

- Exams: 2 services in a 12 month period
- Bitewing X-rays: 4 films in a 12 month period
- Full Mouth Series/Panoramic X-ray: 1 service in a 36 month period
- Other X-rays
- Fluoride: 2 services in a 12 month period for dependent children to age 14
- Cleaning: 2 services in a 12 month period
- Periodontal Maintenance: 2 services in a 12 month period
- Brush Biopsy/Cancer Screen: 2 services in a 12 month period
- Harmful Habit Appliance: For dependent children to age 14

### TYPE B - BASIC SERVICES

- Sealants: For dependent children to age 14
- Space Maintainers: For dependent children to age 14
- Palliative Treatment: Emergency minor procedure
- Fillings: Amalgam and composite/resin fillings
- Stainless Steel Crowns: For dependent children to age 16
- Simple Extractions
- Surgical Extractions
- Oral Surgery
- General Anesthesia or I.V. Sedation
- Endodontics
- Non-Surgical Periodontics
- Surgical Periodontics

### TYPE C - MAJOR SERVICES

- Dentures (Full or Partial): Replacement once in 10 years
- Repair of Full or Partial Dentures
- Bridges: Replacement once in 10 years
- Repair of Bridges
- Cast Crowns, Inlays, Onlays, Labial Veneers: Replacement once in 10 years
- Repair of Cast Crowns, Inlays, Onlays, Labial Veneers
- TMD Services