PREPARED BY: DATE PREPARED: PHONE: Nikki Swope February 05, 2025 402-471-0042 **LB 639**

Revision: 00

FISCAL NOTE

LEGISLATIVE FISCAL ANALYST ESTIMATE

ESTIMATE OF FISCAL IMPACT – STATE AGENCIES (See narrative for political subdivision estimates)						
	FY 202	5-26	FY 2026-27 EXPENDITURES REVENUE			
	EXPENDITURES	REVENUE				
GENERAL FUNDS						
CASH FUNDS			\$12,000			
FEDERAL FUNDS						
OTHER FUNDS						
TOTAL FUNDS			\$12,000			

Any Fiscal Notes received from state agencies and political subdivisions are attached following the Legislative Fiscal Analyst Estimate.

LB 639 would require dental plan carriers to meet a minimum dental loss ratio of 85% and to return excess premiums to its insured if the carrier does not maintain this minimum loss ratio. The bill further requires plan carriers to report their loss to the Department of Insurance (DOI) as prescribed.

The Department of Insurance would need to develop a standardized loss ratio report and refund calculation to define the exact method for calculating loss ratio and the data required. DOI would need to contract with an actuarial firm to create these reporting requirements. DOI anticipates a one-time need for fifty hours of contracted work at a rate of \$240 per hour. The total one-time cost for the contract would be \$12,000.

DAS and the University Systems report that their respective plan carriers currently meet the minimum loss ratio, thus there is no fiscal impact to these agencies.

There is no basis to disagree with the estimate.

ADMIN	NISTRATIVE SERVICE	S STATE BUDGET DIVISION: RE	VIEW OF AGENCY & POLT. SUB. RESPONSE		
LB: 639	AM:	AGENCY/POLT. SUB: Depar	rtment of Insurance		
REVIEWED	BY: Ryan Walton	DATE: 2/3/2025	PHONE: (402) 471-4174		
COMMENTS: The Department of Insurance's assessment of fiscal impact from LB 639, appears reasonable.					

ADMIN	IISTRATIVE SERVICE	S STATE BUDGET DIVISION: RI	EVIEW OF AGENCY & POLT. SUB. RESPONSE		
LB: 639	AM:	AGENCY/POLT. SUB: Dep	artment of Administrative Services (DAS)		
REVIEWED	BY: Ryan Walton	DATE: 2/5/2025	PHONE: (402) 471-4174		
COMMENTS: DAS' assessment of no fiscal impact from LB 639, appears reasonable.					

LB ⁽¹⁾ 639						FISCAL NOTE
State Agency OR 1	Political Subdivision Name:	•		ministrative Se ss & Benefits	ervices (DAS)) –
Prepared by: (3)	Jennifer Sommars-Link	Oate	Prepared: (4)	01/27/2025	Phone: (5)	402-471-1405
	ESTIMATE PRO	OVIDED BY S	STATE AGE	NCY OR POLITIC	CAL SUBDIVIS	SION
	F	FY 2025-26			FY 2026	-27
	<u>EXPENDITUR</u>		<u>REVENUE</u>	EXPEND		REVENUE
GENERAL FUN	IDS	<u> </u>				
CASH FUNDS		<u></u>				
FEDERAL FUN REVOLVING FUNDS	DS					
TOTAL FUNDS						
Explanation of E	Estimate:					
excess premiur The State's der As dental cove dental plans in	e previous year. If the ms to its insured. Intal plan carrier current erage is a specialty cover the future not meet the cal impact to the Depare	tly meets the erage, 1009 dental loss	e minimum of of premiuments of premiuments of premiuments of the except	lental loss ratio. ms are paid by t ess premiums w	the employee.	Should the State's
	PPFAKDO	OWN BY MA	IOR OR IEC	rs of expendi	TURE	
Personal Service					<u> TURE</u>	_
POSIT	TION TITLE	NUMBER O <u>25-26</u>	F POSITION <u>26-27</u>	S 2025 <u>EXPEND</u>		2026-27 EXPENDITURES
Ranafits						
				-		
Capital outlay						
Capital improve	ments					
TOTAL						

LB ⁽¹⁾ 639						FISCAL NOTE
State Agency OR Politica	Department of Insurance					
Prepared by: (3) Jord	an Blades	Date	e Prepared: (4)	1/27/24	Phone:	(5) 402-471-4638
	ESTIMATE PRO	VIDED BY	STATE AGEN	CY OR POLITIC	AL SUBDIV	VISION
	<u>EXPENDITUR</u>	<u>Y 2025-26</u> ES	REVENUE	<u>EXPENDI</u>	FY 20 TURES	<u>26-27</u> <u>REVENUE</u>
GENERAL FUNDS		<u> </u>				
CASH FUNDS				12,00	00	
FEDERAL FUNDS						
OTHER FUNDS						
TOTAL FUNDS				12,00	00	
Explanation of Estimat	e:					
LB 639 also requires prescribed by the De the exact method for be developed. The D requirements. We an	partment. A stan calculating loss i epartment will ne	dardized ar ratio and th eed to contr	nnual loss rati e exact data r act with an ac	o report and ref needed to suppo tuarial firm to c	und calcula ort the calc reate these	ation which lays out ulation would need to e reporting
	BREAKDO	OWN BY MA	AJOR OBJECT	S OF EXPENDIT	<u>rure</u>	_
Personal Services: POSITION T	TITLE	NUMBER (25-26	OF POSITIONS <u>26-27</u>	S 2025- EXPENDI		2026-27 EXPENDITURES
Benefits						
Operating						
Travel						
Capital outlay						
Aid						
Capital improvements.						
TOTAL						

0.00

LB (1) 0639 Require dental plan carriers to meet a minimum dental loss ratio and provide a report

FISCAL NOTE

0.00

State Agency OR Political Subdivision Name: (2)		University of Nebraska System				
Prepared by: Anne Barnes		Date Prepared: ⁽⁴⁾	01/27/2025	Phone: ⁽⁵⁾	(402) 559-6300	
	ESTIMATE PROV	/IDED BY STATE AG	ENCY OR POLITICA	L SUBDIVISION		
FY 2025 - 26 FY 2026 - 27						
GENERAL FUNDS	EXPENDITURES 0.00	REVENUE 0.00	EXPENDITU 0.0		REVENUE 0.00	
CASH FUNDS	0.00	0.00	0.0	00_	0.00	
FEDERAL FUNDS	0.00	0.00	0.0	00_	0.00	
OTHER FUNDS	0.00	0.00	0.0	00	0.00	

TOTAL FUNDS Explanation of Estimate:

No fiscal impact.

Actuaries for the University of Nebraska's employee dental insurance carrier have determined that our employee dental insurance plan satisfies the minimum dental loss ratio required by the legislative bill.

0.00

0.00

BREAKDOWN BY MAJOR OBJECTS OF EXPENDITURE

Personal Services:						
POSITION TITLE	NUMBER OF <u>25 - 26</u>	POSITIONS 26 - 27	2025 - 26 EXPENDITURES	2026 - 27 EXPENDITURES		
	0	0				
	0	0				
Benefits						
Operating						
Travel						
Capital outlay						
Aid						
Capital improvements						
TOTAL						