

The logo for the University of Nebraska, featuring the text "UNIVERSITY OF Nebraska" in a serif font. The word "UNIVERSITY" is in a smaller font size above "OF", which is above "Nebraska".

UNIVERSITY OF
Nebraska

The title "NUFlex benefits 2012" is centered on the page. "NUFlex" is in a large, white, serif font. "benefits" is in a smaller, black, italicized serif font. "2012" is in a large, white, serif font. The background features a large, abstract graphic of overlapping red and orange shapes on the right side.

NUFlex
benefits
2012

University of Nebraska

University of Nebraska-Lincoln

University of Nebraska Medical Center

University of Nebraska at Kearney

University of Nebraska at Omaha

Table of Contents

NUFlex Information	3
Important Notices.....	6
• Opportunity to Enroll in Connection with Extension of Dependent Coverage to Age 26.....	6
• Disclosure of Grandfathered Status.....	6
• The Early Retiree Reinsurance Program (ERRP).....	6
• Extension of Coverage	7
• Medicaid and the Children’s Health Insurance Program (CHIP) Offer Free or Low-Cost Health Coverage to Children and Families.....	7
• Appendix A.....	30
NUFlex Overview	8
Medical Insurance	9
Blue Cross Blue Shield Insurance Benefits Summary.....	14
Dental Insurance	15
Vision Care Insurance	17
Long Term Disability Insurance	19
Life Insurance – Employer-Provided	20
Life Insurance – Voluntary	20
Accidental Death & Dismemberment Insurance	22
Dependent Life Insurance	23
Long Term Care Insurance.....	24
Health Care Reimbursement Account.....	26
Dependent Day Care Reimbursement Account.....	28
A Final Note	29
Campus Benefits Offices	29

NUFlex Information

- ▶ This booklet provides specific information on your NUFlex choices for 2012. Please review this booklet and all NUFlex materials since they may impact your 2012 benefit decisions. Additional NUFlex benefits information may be viewed on the University of Nebraska benefits webpage at www.nebraska.edu/benefits or you may contact your Campus Benefits Office.

This year's NUFlex enrollment is offered online through the Firefly Employee Self Service program. Between now and Dec. 2, 2011, you will be permitted to make changes, if desired, to your NUFlex benefits for 2012.

- ▶ **Informational Meetings**

The annual NUFlex informational meetings will be offered live online again this year, which will allow you to view the presentation from the comforts of your home or office. To view a meeting online, visit <https://connect.unl.edu/nuflex> at one of the following times:

Thursday, Nov. 17, 2011	2:30 p.m. - 3:30 p.m.
Wednesday, Nov. 30, 2011	10:00 a.m.- 11:00 a.m.

The number of participants is limited for each informational meeting, so we suggest you log in at least 10 minutes before the session begins. The agenda will be available online before the meetings at <http://go.nebraska.edu/meetingagenda>. These online NUFlex informational meetings will be recorded and available on the university's benefits webpage shortly after the meeting to allow viewing at your convenience. If you experience any connection or technical issues, please contact the Adobe Connect Support line at (800) 422-3623.

- ▶ **Online Benefits Enrollment**

You may update your benefits for 2012 during the NUFlex enrollment period from Nov. 14 to Dec. 2, 2011 by accessing NUFlex online enrollment through the Firefly Employee Self Service website at <https://firefly.nebraska.edu>. Changes must be completed by 5 p.m. CST on Friday, Dec. 2, 2011. After this deadline, no benefits may be added or changed. If no changes are made during the enrollment period, you will keep your current benefits and will not be enrolled in the Reimbursement Accounts and your Voluntary Life Insurance coverage will be based on the tobacco/nicotine premium in 2012. All benefit changes made during 2012 NUFlex enrollment will be effective on Jan. 1, 2012.

- ▶ **Confirmation Statement**

Upon completion of your online enrollment, a Confirmation Statement will be emailed to you. Please check this statement, especially any dependents listed on your coverage, carefully. You may go back and make changes as many times as you wish during the enrollment period. After the enrollment period, you will receive a printed NUFlex Confirmation Statement in the mail by Dec. 9 with the final benefit choices you made for NUFlex 2012. At this time, you can only correct the following inaccuracies: (1) A reimbursement account contribution was entered for a pay period vs. an annual amount; or (2) Enrollment was for the Dependent Day Care Account instead of the Health Care Reimbursement Account when no dependents are eligible for day care. You may not make any other benefit additions or changes at this time. Notify your Campus Benefits Office of errors on your NUFlex Confirmation

Statement. You will only be able to correct the inaccuracies listed above. Please make written changes on your Confirmation Statement, sign and date somewhere at the bottom of the form and submit to your Campus Benefits Office by Dec. 16, 2011.

► **NUFlex Benefits Eligibility**

You are eligible for the NUFlex benefits program if you are employed in a "Regular" position with an FTE of .5 or greater or employed in a "Temporary" position for more than 6 months with an FTE of .5 or greater.

Eligible dependents for the University of Nebraska NUFlex benefits program include:

Your spouse:

- Husband or wife, as recognized under the laws of the state of Nebraska
- Common-law spouse if your common-law marriage was contracted in a jurisdiction recognizing a common-law marriage

Your dependent children:

- Natural-born or legally adopted child who has not reached the limiting age of 26
- Stepchild who has not reached the limiting age of 26
- Child for whom you are the legal guardian and who has not reached the limiting age of 26
- Child with a mental or physical disability who has attained the limiting age of 26 may continue coverage beyond age 26 if proof of disability is provided within 31 days of attaining age 26.*

Dependent children who are employed at the University of Nebraska in a benefits-eligible position may not be covered as a dependent on a parent's university benefit plans.

*Does not apply to accidental death & dismemberment and dependent life insurance coverage.

► **Adult Child (Ages 19-26) Eligibility Change**

Benefits-eligible employees will be able to enroll their adult children under the age of 26 in the NUFlex 2012 plan even if the young adult no longer lives with his or her parents, is not a dependent on a parent's tax return, is employed, has the option of employer-provided benefits or is no longer a student. Adult children will be eligible for medical, dental, vision, dependent AD&D, dependent life and Health Care Reimbursement account participation. (See Notice: Opportunity to Enroll in Connection with Extension of Dependent Coverage to Age 26 on page 6).

Adult children under age 26 may be enrolled during the NUFlex enrollment period, Nov. 14 - Dec. 2, 2011. Individuals not enrolled before 5 p.m. on Dec. 2, 2011 may not be enrolled until the next annual NUFlex enrollment period (NUFlex 2013) unless a qualified change in status event occurs that results in their loss of coverage eligibility. Eligibility criteria for dependent children under age 19 will not change. Employees electing to add adult children must provide dependent verification documents to their Campus Benefits Office by Dec. 2, 2011. A list of required documents can be found at the university's benefits webpage.

► **Effective Date of Changes**

Benefit changes will be effective on Jan. 1, 2012, assuming any applicable underwriting has been completed (some life and long term care insurance changes require proof of insurability). In addition, some coverages require you to be physically able to work on the date coverage goes into effect.

► **Change in Status Guidelines**

Your NUFlex choices will be in effect for the calendar year unless 1) a qualified change in status event occurs and 2) your requested change is consistent with the event that results in you, your spouse or dependent child gaining or losing coverage eligibility. Enrollment or changes in coverage must be made within 31 days of the Permitted Election Change Event. Some enrollment changes are limited due to certain eligibility restrictions. Listed below are several Permitted Election Change Events that may allow you to initiate a midyear benefits election change.

- Change in legal marital status
- Change in number of dependent children
- Change in employment status or work schedule that results in a gain or loss of coverage eligibility
- Change in coverage under spouse's employer's benefits plan, if substantial

Important Notices

► Notice: Opportunity to Enroll in Connection with Extension of Dependent Coverage to Age 26

Individuals whose coverage terminated, or who were denied coverage (or were not eligible for coverage), because the availability of dependent coverage of children ended before attainment of age 26 are eligible to enroll in the group health plan. Individuals may request enrollment for such children for 31 days from the date of notice. For more information contact your Campus Benefits Office.

The initial notice was provided on Nov. 15, 2010. As a result, there is no extension beyond the NUFlex enrollment deadline of Dec. 2, 2011.

► Notice: Disclosure of Grandfathered Status

This group health plan believes this plan is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to your Campus Benefits Office.

► Notice: The Early Retiree Reinsurance Program (ERRP)

You are a plan participant, or are being offered the opportunity to enroll as a plan participant, in an employment-based health plan that is certified for participation in the Early Retiree Reinsurance Program. The Early Retiree Reinsurance Program is a Federal program that was established under the Affordable Care Act. Under the Early Retiree Reinsurance Program, the Federal government reimburses a plan sponsor of an employment-based health plan for some of the costs of health care benefits paid on behalf of, or by, early retirees and certain family members of early retirees participating in the employment-based plan. By law, the program expires on Jan. 1, 2014.

Under the Early Retiree Reinsurance Program, your plan sponsor may choose to use any reimbursements it receives from this program to reduce or offset increases in plan participants’ premium contributions, copayments, deductibles, coinsurance, or other out-of-pocket costs.

If the plan sponsor chooses to use the Early Retiree Reinsurance Program reimbursements in this way, you, as a plan participant, may experience changes that may be advantageous to you, in your health plan coverage terms and conditions, for so long as the reimbursements under this program are available and this plan sponsor chooses to use the reimbursements for this purpose. A plan sponsor may also use the Early Retiree Reinsurance Program reimbursements to reduce or offset increases in its

own costs for maintaining your health benefits coverage, which may increase the likelihood that it will continue to offer health benefits coverage to its retirees and employees and their families.

► **Notice: Extension of Coverage**

Medical and prescription drug coverage for dependent children may be extended beyond age 26 (the university's Blue Cross Blue Shield plan's limiting age), or when a dependent no longer satisfies the group eligibility criteria. Extension of coverage is available to age 30 for a dependent who is unmarried, a resident of Nebraska, and not covered by any other health plan. Coverage ends when the dependent no longer meets the extension of coverage eligibility criteria or the parent separates from the University of Nebraska.

A dependent child must be enrolled in the university's medical plan to be eligible for the extension of coverage. At the time of initial eligibility, a dependent will be offered an opportunity to enroll for COBRA or extension of coverage. If extension of coverage is elected, the dependent will not be eligible for COBRA coverage at a later date. A dependent must enroll for the extension of coverage within 31 days of eligibility.

Blue Cross Blue Shield must be contacted to obtain the Extension of Coverage Request for Extended Eligibility to Age 30 enrollment form.

► **Notice: Medicaid and the Children's Health Insurance Program (CHIP) Offer Free or Low-Cost Health Coverage to Children and Families**

If you are eligible for health coverage from the University, but are unable to afford the premiums, some States (including Nebraska, Iowa, and others) have premium assistance programs that can help pay for coverage. These States use funds from their Medicaid or Children's Health Insurance Program (CHIP) programs to help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in Nebraska, Iowa, or other States which provide a premium assistance program, you can contact your State Medicaid or CHIP office to find out if premium assistance is available to you.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, the University's health plan permits you and your dependents to enroll in the plan – as long as you and your dependents are eligible, but not already enrolled in the plan. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance.**

For a list of the States which provide premium assistance programs, please see *Appendix A, States Providing Premium Assistance under Medicaid or the Children's Health Insurance Program (CHIP)*.

NUFlex Overview

► A flexible benefits program allows you to choose from a group of benefit options that best suit your circumstances and lifestyle. With NUFlex, you can customize your benefits to fit your personal needs by making choices among these benefit areas:

- Medical Insurance
- Dental Insurance
- Vision Care Insurance
- Long Term Disability Insurance
- Life Insurance
- Accidental Death & Dismemberment Insurance
- Dependent Life Insurance
- Long Term Care Insurance
- Reimbursement Account

Each benefit option has a price tag which reflects individual differences such as age, salary, benefits FTE, tobacco/nicotine use, and number of dependents enrolled for coverage.

The University of Nebraska provides you an allowance of NUCredits (based on your benefits FTE). This allowance represents part of the money the university contributes to your benefits and it is yours to spend on coverages that fit your needs. If your benefit choices add up to less than your allowance of NUCredits, you will receive the remaining amount as taxable cash. If you choose benefits that add up to more than your NUCredits, any additional cost will be deducted from your pay.

You may wish to compare price tags of each NUFlex benefit with other benefits and insurance coverages that are available on an individual (non-group) basis prior to your NUFlex enrollment. This review will allow you to have a benefits program that is competitive in both benefit options and cost.

The Board of Regents of the University of Nebraska reserves the right to amend or terminate any such benefit or arrangement at any time.

Medical Insurance

- ▶ NUFlex provides you with several medical options that differ in the deductible, coinsurance and stop-loss amounts. The medical options described below cover services such as hospital room and board, hospital supplies, surgery, office visits, outpatient treatment, laboratory tests and x-rays.

The Blue Cross Blue Shield of Nebraska plan provides comprehensive medical insurance coverage for the treatment of an illness or injury. After a deductible is met, the plan pays a percentage of the covered medical expenses (coinsurance) until the annual stop-loss limit is reached. Thereafter, the medical plan pays 100 percent of all covered medical expenses that do not exceed the maximum benefit amount.

A component of any Blue Cross Blue Shield medical option is a preferred provider health care program (NEtwork BLUE). By choosing a physician or hospital that is a member of the NEtwork BLUE network, you file no claim and save money through:

- Discounted fees by the provider
- Reduced deductible and stop-loss limit
- Lower coinsurance payments
- No balance billing by the provider

The only differences between these three options lie in the deductible, coinsurance and stop-loss limits. CVS Caremark prescription drug copays and the annual prescription drug deductible are the same for any Blue Cross Blue Shield of Nebraska medical option, as are the benefits for wellness.

The current medical PPO network directory may be viewed on the university's benefits webpage. PPO participation information may also be obtained by calling Blue Cross Blue Shield at (888) 368-2227.

Summary of Medical Options

OPTION	ANNUAL DEDUCTIBLE		COINSURANCE PLAN PAYS/YOU PAY		ANNUAL STOP-LOSS LIMIT	
	PPO Provider	Non-PPO Provider	PPO Provider	Non-PPO Provider	PPO Provider	Non-PPO Provider
1. No coverage						
2. Blue Cross Blue Shield Low Option	\$1,550 / person 3,100 / family	\$1,950 / person 3,900 / family	70% / 30%	55% / 45%	\$2,500 / person 5,000 / family	\$2,900 / person 5,800 / family
3. Blue Cross Blue Shield Basic Option	\$ 450 / person 900 / family	\$ 650 / person 1,300 / family	70% / 30%	55% / 45%	\$1,600 / person 3,200 / family	\$2,000 / person 4,000 / family
4. Blue Cross Blue Shield High Option	\$ 300 / person 600 / family	\$ 450 / person 900 / family	80% / 20%	65% / 35%	\$1,400 / person 2,800 / family	\$1,700 / person 3,400 / family

► **Be Sure the Option You Select is “Cost Efficient”**

In selecting your medical option, you are strongly encouraged to compare the annual difference in price tags between options, to the difference in medical cost exposure (deductible and stop-loss) between options. In most instances, the Basic Option is a more economical choice than the High Option, **regardless of the medical expenses you may incur**. In such cases, the difference in the deductible, coinsurance and stop-loss amounts you receive through the High Option cannot equal the savings in premium expense provided by the Basic Option for the same coverage category. **For most employees, the Basic Option is always the best choice**, from a purely economic perspective. Using the Employee Only coverage category, an example of how to accomplish this comparison follows:

TYPE OF EXPENSE	EMPLOYEE'S MAXIMUM EXPENSE UNDER HIGH OPTION	EMPLOYEE'S MAXIMUM EXPENSE UNDER BASIC OPTION	BASIC OPTION EXPENSE COMPARED TO HIGH OPTION EXPENSE
PPO Deductible	\$300	\$450	Basic Option is: \$150 more expensive
PPO Stop-Loss	<u>1,400</u>	<u>1,600</u>	<u>200</u> more expensive
Total Expense	\$1700	\$2,050	\$350 more expensive
Annual Price Tag	\$2,376	\$1,584	\$792 less expensive
Basic Option is			\$442 less expensive

In the above example, even at the highest possible level of medical expenditure, the Basic Option is \$442 per year less expensive than the High Option. Some individuals may still select the High Option for cash management purposes, preferring to pay more per month in order to ensure a more affordable deductible and coinsurance payment when medical expenses do occur. You are urged to be aware of the cost of your choice, however, because the savings can be significant, depending on your coverage category and medical claims experience.

► Prescription Drug Program

The prescription drug component of the medical plan offers you two convenient methods to fill your medication needs: in person at a participating CVS Caremark retail network pharmacy or by mail order. Each covered person is required to establish an annual \$57 prescription drug deductible for brand-name drugs. Once the deductible is met, the applicable prescription drug copay must be paid. Copays for the prescription drug program are based on CVS Caremark's Formulary/Primary Drug List, which is a list of preferred brand name drugs. Listed below are the amounts you pay for each prescription purchased through a CVS Caremark retail network pharmacy or the mail drug program.

DAY SUPPLY	UP TO 30	31-60	61-90
Generic	\$9 copay	\$18 copay	\$27 copay
Brand (on Formulary/Primary Drug List)	31 copay	62 copay	93 copay
Brand (not on Formulary/Primary Drug List)	52 copay	104 copay	156 copay

*An annual \$57 deductible is also required for brand-name drugs for each covered person.

Reimbursement for prescription drugs purchased outside of the CVS Caremark prescription drug program is equal to your out-of-pocket expense, i.e. deductible and/or applicable copay, plus the drug manufacturer discount that would have been available had you used the CVS Caremark prescription drug program.

Prescriptions purchased through a government program (Medicaid and state aid), nursing home, and internationally, etc. should continue to be obtained and/or processed through these programs, since the drug manufacturer discount does not apply. Prescription drug purchases may not be submitted to the Blue Cross Blue Shield medical plan. If you and/or your dependents become eligible for Medicare in the next 12 months, a federal law provides you more prescription drug coverage alternatives.

You may view CVS Caremark's PPO retail network directory and Primary Drug List on the university's benefits webpage. PPO participation information may also be obtained by calling Caremark at (800) 841-5550.

► Wellstream Health Risk Assessment

The Health Risk Assessment (HRA) program will be offered this fall online. All active (benefits-eligible) employees, retirees, and ancillary insureds (who had an email address in Firefly as of Oct. 1, 2011) have the opportunity to complete the HRA beginning Monday, Nov. 14, 2011. To access the Wellstream Health Risk Assessment, login at <http://bcbsne.wellstreamonline.com> or access the link in Firefly. The program will run for three weeks, ending with the NUFlex enrollment deadline of Friday, Dec. 2, 2011 at 5 p.m. CST. The HRA survey must be completed each year in order to receive the enhanced wellness and preventive services benefit for the following calendar year.

Participation is voluntary; however, by completing this short survey, you will receive a Personal Health Report that will help you assess and monitor your personal health status. The health survey will include a confirmation page at the end of the Personal Health Report that provides you with documentation that the HRA was successfully completed. Once completed, the **Personal Health Report must be printed and/or saved for you to receive credit for completing the HRA survey.**

If you are enrolled in the university's Blue Cross Blue Shield medical plan and complete the HRA, you will receive the enhanced wellness and preventive services benefit for yourself and covered family members. Enhanced wellness and preventive services include:

- Annual preventive care allowance of \$300 (for insureds age 2 and over)
- Dependent child (under age 2) preventive care allowance of \$600
- 100 percent coverage, up to the \$2,500 maximum, for a routine preventive colonoscopy once every 10 years beginning at age 50 (services must be provided by a Blue Cross Blue Shield PPO Provider)
- \$0 copay for generic prescription drugs through the CVS Caremark mail service program

Your personal health information will remain confidential as the university will only have access to the aggregate information obtained from the survey. Aggregate data from each campus will be used to create goals for improving the health and well-being of all employees.

► Issues to Consider—Medical Insurance

- You and your dependents may enroll in any medical option without proof of insurability or preexisting condition limitation.
- If you are covered by your spouse's medical plan, duplicate coverage may not be the most cost-effective approach.
- If you use the Health Care Reimbursement Account to pay non-covered medical expenses, you may elect a medical option with a higher deductible.
- If your spouse is also employed by the university and is benefits-eligible, your Campus Benefits Office should be contacted for the applicable medical plan price tags.
- Employees electing to add dependents must provide verification documents to their Campus Benefits Office by Dec. 2, 2011. A list of required documents can be found at the university's benefits webpage.
- If you use the services of a non-Blue Cross Blue Shield network provider (non-PPO provider), you will experience higher out-of-pocket costs due to the higher deductible, higher coinsurance, higher stop-loss limit and potential balance billing by the provider.
- Medical coverage for a newborn child will begin at the dependent child's date of birth. **To continue the child's coverage beyond 31 days, you must contact the Campus Benefits Office within 31 days of a dependent's date of birth to add the newborn child to your medical insurance policy.** You must complete and deliver to the Campus Benefits Office a Dependent Information Request Form to add the new dependent child to the medical insurance policy **even if** you are currently enrolled for Employee & Child or Employee & Family coverage. If the newborn child is added, the coverage change and related increase in premiums will be effective the first of the month following the dependent's date of birth. If you do not complete and deliver the properly completed Dependent Information Request Form to the Campus Benefits Office within 31 days of the newborn's birth and then want to cover the child, the child will be considered a late enrollee and benefits will not be provided to the child until the next annual NUFlex enrollment. (No coverage changes are allowed as a result of a Permitted Election Change Event.)

Blue Cross Blue Shield Insurance Benefits Summary

Preexisting Condition Limitation	None
Lifetime Maximum	Unlimited
Choice of Physician	No restrictions
Calendar Year Deductible	Refer to Summary of Medical Options
Coinsurance	Refer to Summary of Medical Options
Annual Maximum Out-of-Pocket (Stop-Loss)	Refer to Summary of Medical Options

Hospital Services

Inpatient	
Semi-Private Room	Deductible; Coinsurance percentage; 100% after stop-loss is reached
Service & Supplies (operating room, anesthesia, lab and x-ray)	Deductible; Coinsurance percentage; 100% after stop-loss is reached
Outpatient	
Surgery	Deductible; Coinsurance percentage; 100% after stop-loss is reached
Medical Emergency	Deductible; Coinsurance percentage; 100% after stop-loss is reached

Maternity

Prenatal & Postnatal Care	Deductible; Coinsurance percentage; 100% after stop-loss is reached
Hospitalization & Delivery	Deductible; Coinsurance percentage; 100% after stop-loss is reached

Major Medical Services

Physician/Surgeon Fee	Deductible; Coinsurance percentage; 100% after stop-loss is reached
Physician Office Visit	Deductible; Coinsurance percentage; 100% after stop-loss is reached
Diagnostic Laboratory and X-Ray	Deductible; Coinsurance percentage; 100% after stop-loss is reached
Prescription Drugs	Benefits provided through CVS Caremark, a pharmacy benefits manager specializing in both retail and mail order prescriptions
Eye Examination & Glasses	Not covered under the medical plan; however, a comprehensive vision care plan is provided as a separate plan through EyeMed Vision Care
Wellness and Preventive Services*	
Adult Preventive Care Allowance	100% not to exceed \$250 in a calendar year
Well-Child Care for Children Up to Age 2	100% not to exceed \$500 in a calendar year
Enhanced Wellness and Preventive Services*	
Adult Preventive Care Allowance	100% not to exceed \$300 in a calendar year
Well-Child Care for Children Up to Age 2	100% not to exceed \$600 in a calendar year
Routine Preventive Colonoscopy	100% once every 10 years beginning at age 50 (up to a \$2,500 maximum)

*Expenses above the annual maximum allowance will be applied to the deductible and coinsurance limits.

Note: Immunizations for dependents under age 6 will continue to be paid at 100%

Mammography Screening	100%
Allergy Testing	Deductible; Coinsurance percentage; 100% after stop-loss is reached
Occupational Therapy, Speech Therapy, Cognitive Training, Physical Therapy and Chiropractic Services	Deductible; Coinsurance percentage; 100% after stop-loss is reached; up to a 60-visit maximum per year for all services combined
Skilled Nursing Facility	100% after deductible, up to a 30-day maximum
Ambulance	Deductible; Coinsurance percentage; 100% after stop-loss is reached

Mental Illness and Substance Abuse

Inpatient	Deductible; Coinsurance percentage; 100% after stop-loss is reached
Outpatient	Deductible; Coinsurance percentage; 100% after stop-loss is reached

Preventive Dental Services

Not covered under the medical plan; however, a comprehensive dental plan is provided as a separate plan through Blue Cross Blue Shield of Nebraska

Dental Insurance

- ▶ The Blue Cross Blue Shield of Nebraska dental plan has been designed to pay a significant portion of the cost for checkups and to provide cost-sharing benefits for needed restorative work up to the annual maximum benefit.

Beginning this year, you will have the opportunity to make changes to your dental insurance coverage every year during the annual NUFlex enrollment. In the past, the dental option you elected was in effect for two years. This change will provide you with more flexibility by giving you the opportunity to make annual dental insurance choices. As a result, the Blue Cross Blue Shield dental plan will be available to you and your eligible dependents for enrollment, changes or cancellation of coverage at each annual NUFlex enrollment.

A component of the Blue Cross Blue Shield dental plan is a preferred provider dental program (Dental GRID). By choosing a provider who is a member of the Dental GRID network, you file no claim form and save money through:

- Discounted fees by the provider
- Reduced deductible
- Lower coinsurance payments
- No balance billing by the provider

The current dental PPO network directory may be viewed on the university's benefits webpage. PPO participation information may also be obtained by calling Blue Cross Blue Shield at (888) 368-2227.

Summary of Dental Benefits

TYPE OF SERVICE	ANNUAL DEDUCTIBLE		COINSURANCE PLAN PAYS/YOU PAY		BENEFIT MAXIMUMS	
	PPO Provider	Non-PPO Provider	PPO Provider	Non-PPO Provider	PPO Provider	Non-PPO Provider
Preventive and Diagnostic	None	None	85% / 15%	80% / 20%	\$1,500 / person annual maximum for all preventive, restorative and major dental services combined.	\$1,500 / person annual maximum for all preventive, restorative and major dental services combined.
Restorative Dental Services	\$35 / person	\$45 / person	85% / 15%	80% / 20%		
Major Dental Services			50% / 50%	50% / 50%		
Orthodontic	\$40 / person	\$50 / person	50% / 50%	50% / 50%	\$2,000 / person lifetime maximum	\$2,000 / person lifetime maximum

► Issues to Consider—Dental Insurance

- If you are covered by your spouse's dental plan, duplicate coverage may not be the most cost-effective approach.
- Employees electing to add dependents must provide verification documents to their Campus Benefits Office by Dec. 2, 2011. A list of required documents can be found at the university's benefits webpage.
- If you have non-covered dental expenses to pay, qualifying expenses may be submitted to the Health Care Reimbursement Account.
- If you use the services of a non-Blue Cross Blue Shield network provider (non-PPO provider), you will experience higher out-of-pocket costs due to the higher deductible, higher coinsurance and potential balance billing by the provider.
- Dental coverage for a newborn child will begin at the dependent child's date of birth. The applicable premium will begin on the first day of the month following the date of birth. **To continue the child's coverage beyond 31 days, you must contact the Campus Benefits Office within 31 days of a dependent's date of birth to add the newborn child to your dental insurance policy.** You must complete and deliver to the Campus Benefits Office a Dependent Information Request Form to add the new dependent child to the dental insurance policy **even if** you are currently enrolled for Employee & Child or Employee & Family coverage. If the newborn child is added, the coverage change and related increase in premiums will be effective the first of the month following the dependent's date of birth. If you do not complete and deliver the properly completed Dependent Information Request Form to the Campus Benefits Office within 31 days of the newborn's birth and then want to cover the child, the child will be considered a late enrollee and benefits will not be provided to the child until the next annual NUFlex enrollment. (No coverage changes are allowed as a result of a Permitted Election Change Event.)

Vision Care Insurance

- ▶ EyeMed Vision Care provides comprehensive vision care benefits to help ensure you and your dependents receive quality eye care from a network of professional eye care providers. Participation allows you and your dependents to obtain an eye examination, glasses or contact lenses from a network provider at an affordable cost.

Beginning this year, you will have the opportunity to make changes to your vision care insurance coverage every year during the annual NUFlex enrollment. In the past, the vision care option you elected was in effect for two years. This change will provide you with more flexibility by giving you the opportunity to make annual vision care insurance choices. As a result, the EyeMed Vision Care plan will be available to you and your eligible dependents for enrollment, changes or cancellation of coverage at each annual NUFlex enrollment.

The EyeMed Vision Care Provider Network Directory for Nebraska may be viewed on the university's benefits webpage. Network participation information may also be obtained by calling EyeMed Vision Care at (877) 226-1115.

Summary of Vision Benefits

	IN-NETWORK MEMBER COST	BENEFIT FREQUENCY	OUT-OF-NETWORK REIMBURSEMENT
Examination with Dilation	\$10 copay	Annual	Up to \$35
Frames	80% of retail price over \$120 allowance	Annual	Up to \$38
Standard Plastic Lenses			
Single Vision	\$10 copay	Annual	Up to \$25
Bifocal	\$10 copay	Annual	Up to \$40
Trifocal	\$10 copay	Annual	Up to \$55
Standard Progressive	\$10 copay	Annual	Up to \$55
Contact Lenses Fit and Follow-up			
Standard	Up to \$55	Annual	NA
Premium	90% of retail price	Annual	NA
Contact Lenses Allowance			
Conventional	85% of balance over \$120 allowance	Annual	Up to \$60
Disposable	Balance over \$120 allowance	Annual	Up to \$60
Medically Necessary	\$0 Paid in full	Annual	Up to \$200
LASIK and PRK Vision Correction	15% off retail price <u>or</u> 5% off promotional pricing	Unlimited	NA

Benefit includes a discount for lens options such as UV coating, tint, scratch-resistance coating, etc.

► Issues to Consider—Vision Care Insurance

- If you use the services of a non-EyeMed network provider, you will experience higher out-of-pocket costs due to lower out-of-network allowances.
- Employees electing to add dependents must provide verification documents to their Campus Benefits Office by Dec. 2, 2011. A list of required documents can be found at the university's benefits webpage.
- Vision coverage for a newborn child will begin at the dependent child's date of birth. The applicable premium will begin on the first day of the month following the date of birth. **To continue the child's coverage beyond 31 days, you must contact the Campus Benefits Office within 31 days of a dependent's date of birth to add the newborn child to your vision care insurance policy.** You must complete and deliver to the Campus Benefits Office a Dependent Information Request Form to add the new dependent child to the vision care insurance policy **even if** you are currently enrolled for Employee & Child or Employee & Family coverage. If the newborn child is added, the coverage change and related increase in premiums will be effective the first of the month following the dependent's date of birth. If you do not complete and deliver the properly completed Dependent Information Request Form to the Campus Benefits Office within 31 days of the newborn's birth and then want to cover the child, the child will be considered a late enrollee and benefits will not be provided to the child until the next annual NUFlex enrollment. (No coverage changes are allowed as a result of a Permitted Election Change Event.)

Long Term Disability Insurance

- ▶ The long term disability insurance plan (LTD), which is underwritten by Unum, provides monthly benefits if you become ill or injured and are unable to work. This income replacement is designed to restore part of the work earnings lost during a period of disability.

Benefits begin after completion of the elimination (waiting) period and are equal to a percentage of your base annual salary, up to a maximum of \$10,000 per month. Benefit amounts may be reduced by other income benefits such as, but not limited to, pay for sick leave, workers compensation, university retirement, Social Security disability/retirement payable by the United States Social Security Act, etc.

To qualify for LTD benefits, you must be unable to perform each of the significant duties of your regular occupation during the first 24 months of disability. Disability will continue thereafter if you cannot perform each of the significant duties of any gainful occupation for which you are reasonably fitted by training, education or experience.

Long term disability benefits will be paid to a disabled employee based on the following payment schedule:

Age at Disability	Maximum Period of Payment
Less than age 62	To age 67
Age 62	60 months
Age 63	48 months
Age 64	42 months
Age 65	36 months
Age 66	30 months
Age 67	24 months
Age 68	18 months
Age 69 and over	12 months

Summary of LTD Options

OPTION	INCOME REPLACEMENT	ELIMINATION PERIOD
1	No coverage	
2	50%	180 days
3	66 2/3%	180 days
4	50%	90 days
5	66 2/3%	90 days

▶ Issues to Consider—Long Term Disability

- You may enroll for coverage, increase your income replacement benefit percentage and/or reduce your elimination period from 180 to 90 days. Benefits are, however, subject to a pre-existing condition exclusion.
- LTD benefits are offset by pay for sick leave. If you have a sick leave balance of 90 days or more, it may be desirable for you to enroll for Option 2 or 3, which pay benefits after a 180-day elimination period.
- Premiums are withheld on a pre-tax basis; therefore, disability benefit payments will be taxable.

Life Insurance—Employer-Provided

- ▶ The university provides term life insurance coverage equal to one times your annual budgeted salary up to a maximum of \$120,000, rounded up to the nearest \$100 through the Assurity Life Insurance Company. This coverage is payable in the event of your death, thus giving your family or beneficiary financial protection.

Coverage amounts are reduced for employees age 70 and over; contact your Campus Benefits Office for coverage amounts and premiums.

▶ Issues to Consider—Life Insurance- Employer-Provided

- Employer-provided life insurance is based on your budgeted salary as of Jan. 1 of each year.
- Employer-provided coverage amounts that exceed \$50,000 will be subject to imputed income.

Life Insurance—Voluntary

- ▶ The voluntary life insurance plan through the Assurity Life Insurance Company provides term life insurance coverage (no cash value) that is payable in the event of your death.

Premiums for each life insurance option are based on your age and tobacco/nicotine use. Coverage amounts are reduced for employees age 70 and over; contact your Campus Benefits Office for price tags and coverage amounts. Premiums are withheld on an after-tax basis, i.e., subject to state and federal income taxes and Social Security.

Summary of Voluntary Life Insurance Options

OPTION	COVERAGE AMOUNT
1	No coverage
2	\$ 25,000
3	50,000
4	75,000
5	100,000
6	150,000
7	200,000
8	250,000
9	300,000
10	400,000
11	500,000

► Issues to Consider—Life Insurance- Voluntary

- Premiums for Voluntary Life Insurance coverage are based in part on your tobacco/nicotine use. Beginning with the 2012 NUFlex enrollment, you will be required to designate your tobacco/nicotine status each year. As a result, you will be required to designate your tobacco/nicotine status at this time. If you have not used any form of tobacco or nicotine, including smokeless tobacco, nicotine substitutes (e.g. patches, gum, etc.) within the last 12 months, your life insurance premium will be based on the non-tobacco/nicotine premium. If you do not designate your tobacco/nicotine status online through Firefly, your Voluntary Life Insurance premium will be based on the tobacco/nicotine premium. The tobacco/nicotine designation does not, however, need to be completed if you do not elect Voluntary Life Insurance coverage.

Any material misrepresentation made to your Life Insurance Tobacco/Nicotine Designation, including the tobacco/nicotine use history, may void your insurance, pursuant to the policy's Incontestable Clause.

- Proof of insurability is required to enroll in or increase any life insurance coverage amounts. The Assurity Life Statement of Health form is available on the Firefly Employee Self Service website during the enrollment process or on the university's benefits webpage. This completed form must be received in your Campus Benefits Office no later than 5 p.m. CST on Dec. 2, 2011. If applicable, all underwriting examinations must be scheduled by Dec. 28, 2011, or the new coverage amounts will be denied. Coverage may be reapplied for at the next annual NUFlex enrollment.
- Life insurance premiums, including those for the increased coverage amounts, will be withheld from your paycheck beginning Jan. 1, 2012, whether or not your Statement of Health form has been approved. If your request for additional coverage is denied, your premiums paid (which represent the amount of coverage denied) will be refunded. You will retain the amount of life insurance coverage for which you were enrolled in the prior year.
- If your proof of insurability request is pending as of Mar. 1, 2012, the amount of new coverage will be denied.

Accidental Death & Dismemberment Insurance

- ▶ The accidental death & dismemberment (AD&D) insurance plan through the Assurity Life Insurance Company provides benefits if you or a covered family member dies or is dismembered (loss of eye, arm, leg, etc.) as a result of an accident.

There are 11 AD&D options, ranging in amounts up to \$250,000. You may also elect family coverage, which includes coverage for your spouse at 50 percent of your coverage amount, and dependent child(ren) at 10 percent of your coverage amount. Premiums are withheld on a pre-tax basis.

Summary of AD&D Insurance Options

OPTION	COVERAGE AMOUNT
1	No coverage
2	\$ 25,000
3	50,000
4	75,000
5	100,000
6	125,000
7	150,000
8	175,000
9	200,000
10	225,000
11	250,000

▶ Issues to Consider—Accidental Death & Dismemberment Insurance

- This coverage is not a substitute for life insurance since it is only payable in the event of an accidental death or bodily dismemberment.
- Proof of insurability is not required to enroll or change your coverage.
- Coverage for you, your spouse and dependent children ends on Dec. 31 following your attainment of age 70.
- If a dependent child attains age 26 prior to the date above, coverage will end at age 26.
- If you and your spouse both work for the university, you may not cover your respective spouse for accidental death and dismemberment insurance.
- Only one married spouse (when both work for the university) may cover dependent children.

Dependent Life Insurance

- ▶ Dependent life insurance provided through the Assurity Life Insurance Company offers you financial protection in the event of the death of your spouse or dependent child. Premiums are withheld on an after-tax basis.

Summary of Dependent Life Insurance Options

OPTION	COVERAGE FOR A SPOUSE	OPTION	COVERAGE FOR EACH CHILD*
1	No coverage	1	No coverage
2	\$ 10,000	2	\$ 5,000
3	20,000	3	10,000
4	50,000		

*Coverage for a child age 14 days to 6 months is equal to 10 percent of the option amount selected. No coverage is available for a child age 13 days or less.

▶ Issues to Consider—Dependent Life Insurance

- To increase your dependent life insurance coverage or to apply for new coverage, you must complete an Assurity Life Insurance Statement of Health form. The form is available on the university's benefits webpage.
- Coverage for your spouse and dependent children ends on Dec. 31 following your attainment of age 70.
- If a dependent child attains age 26 prior to the date above, coverage will end at age 26.
- Your spouse and dependent children are eligible for coverage unless they are legally disabled on the effective date of the coverage.
- If you and your spouse both work for the university, you may not cover your respective spouse for dependent life insurance.
- Only one married spouse (when both work for the university) may cover dependent children.
- Dependent life insurance is not part of the NUFlex benefits program. Enrollment and/or changes will continue, however, to be conducted simultaneously with the NUFlex program as a matter of convenience for both you and the university.

Long Term Care Insurance

- ▶ The long term care insurance plan is underwritten by CNA. This plan provides a variety of support services for insureds that are unable to care for themselves, whether on a temporary or permanent basis. Group long term care coverage is designed specifically to cover the cost associated with extended long term care services in your home, community-based setting, such as adult day care, assisted living facility or nursing home.

Summary of Long Term Care Benefits

	OPTION 1	OPTION 2	OPTION 3
Maximum Daily Nursing Home Benefit Plan pays 100 percent of the benefit chosen.	\$100	\$150	\$200
Maximum Daily Community-Based Benefit Plan pays 60 percent of the nursing home amount.	\$60	\$90	\$120
Lifetime Maximum Benefit			
3 years	\$109,500	\$164,250	\$219,000
5 years	182,500	273,750	365,000
Waiting Period	30 days	30 days	30 days
Guaranteed Benefit Increase Inflation protection allows you to periodically increase your daily nursing home benefit. (Not applicable if the Lifetime Automatic Benefit Increase option is elected).	Included	Included	Included
Lifetime Automatic Benefit Increase Inflation protection increases your daily nursing home benefit 5 percent each year.	Optional	Optional	Optional
Benefit Account This nonforfeiture provision provides a reduced lifetime maximum benefit should the policy lapse for any reason after three years of participation.	Optional	Optional	Optional
Caregiver Benefit Pays 25 percent of the daily maximum benefit, up to 30 times each year, whenever an informal caregiver provides services.	Optional	Optional	Optional
Return of Premium at Death Benefit Refunds premiums paid if the insured person dies before age 75. If the individual dies at age 65 or before, CNA refunds 100 percent of all premiums paid (less any benefits received). After age 65, the amount refunded declines by 10 percent each year through age 75.	Optional	Optional	Optional

► **Issues to Consider—Long Term Care Insurance**

- Premiums are based on the insured's age on the effective date of coverage. Therefore, the younger you are when you enter the plan, the lower the premium.
- Premiums for any benefit enhancement will be based on your current age at the time of the offer.
- Premiums are withheld on an after-tax basis, i.e., subject to state and federal income taxes and Social Security.
- To apply for coverage you and/or your spouse (if applicable) must prove insurability by completing the Short Form Application, which can be obtained from your Campus Benefits Office.
- Your parents, grandparents, parents-in-law, grandparents-in-law and their spouses are also eligible for coverage. A Long Form Application, which can be obtained from your Campus Benefits Office, must be completed by each individual and approved by CNA before coverage is effective.
- The long term care plan is not part of the NUFlex benefits program. Enrollment and/or changes will continue, however, to be conducted simultaneously with the NUFlex program as a matter of convenience for both you and the university.

Health Care Reimbursement Account

▶ The Health Care Reimbursement Account provides you with a unique opportunity to pay certain IRS-approved health care expenses with pre-tax dollars. Contributions to the account are withheld from your income and are exempt from both state and federal income taxes and Social Security. Up to \$5,000 annually may be withheld from your pay.

▶ Eligible Expenses

You can use the Health Care Reimbursement Account to pay a wide variety of expenses. The following are examples of eligible expenses that can be reimbursed. Qualifying expenses that can be reimbursed through the Health Care Reimbursement Account and claim filing procedures can be viewed on the university's benefits webpage. Your Campus Benefits Office should be contacted to verify qualifying expenses which can be reimbursed through the Health Care Reimbursement Account.

- Deductible
- Coinsurance
- Non-covered medical and dental services (excludes cosmetic services)
- Eye examinations
- Eye glasses/contact lenses
- Hearing aids
- Prescription copays

Over-the-counter (OTC) drugs and medicines are eligible for reimbursement under the Health Care Reimbursement Account as long as the request is accompanied by a doctor's prescription that has been written prior to the purchase of the drug. A prescription for an OTC drug should be exactly the same as one for a drug or medicine that can only be obtained with a doctor's prescription. More detailed information is available on the university's benefits webpage.

► Issues to Consider—Health Care Reimbursement Account

- As part of the federal health care reform legislation, the annual Health Care Reimbursement Account maximum contribution will decrease from \$5,000 to \$2,500 in 2013. For 2012, the maximum contribution will remain at \$5,000; however, please plan accordingly for the upcoming change. If you are planning to have a major medical procedure in the near future, you may want to consider doing so in 2012 while the maximum contribution remains at \$5,000.
- You must enroll online to participate in the Health Care Reimbursement Account in 2012.
- Contributions not used by the end of the calendar year will be forfeited.
- Your contributions to the Health Care Reimbursement Account cannot be reduced during the calendar year.
- Only expenses for services you receive or incur in 2012 while a participant in the plan will be reimbursed, provided such services were incurred during employment in a benefits-eligible status. Expenses are “incurred when you are provided with the medical care that gives rise to the medical expenses, and not when you are formally billed or charged for, or pay for the medical care.”
- If you participate in both the Health Care Reimbursement and Dependent Day Care Reimbursement Accounts, you cannot use money from one account to cover expenses in the other account.
- Amounts payable from the Health Care Reimbursement Account will be included in your pay and shown on the payroll advice.
- All health care expenses must be submitted to your Campus Benefits Office for reimbursement by March 31, following the year in which the expense was incurred. After March 31, any remaining unreimbursed amounts will be forfeited.

Dependent Day Care Reimbursement Account

- ▶ This account may be used to pay dependent day care expenses that are necessary for you and your spouse (if applicable) to work. Covered expenses include day care services for children under age 13, or other dependents you claim for tax purposes who are physically or mentally incapable of self-care. Qualifying expenses that can be reimbursed through the Dependent Day Care Reimbursement Account and claim filing procedures can be viewed on the university's benefits webpage. Your Campus Benefits Office should be contacted to verify qualifying expenses which can be reimbursed through the Dependent Care Reimbursement Account.

Up to \$5,000 annually may be withheld from your pay. If both you and your spouse participate in a Dependent Day Care Reimbursement Account, the combined total contribution cannot exceed \$5,000. These contributions are withheld on a pre-tax basis.

▶ Issues to Consider—Dependent Day Care Reimbursement Account

- You must enroll online to participate in the Dependent Day Care Reimbursement Account in 2012.
- Contributions not used by the end of the calendar year will be forfeited.
- In general, you and your spouse may not participate in the Dependent Day Care Reimbursement Account unless both of you are working. Contributions cannot be greater than the amount of taxable income earned by the spouse with the lower income.
- Dependent Day Care Reimbursement Account payments offset the tax credit amount dollar-for-dollar. As a result, most employees cannot use both the tax credit and Dependent Day Care Reimbursement Account.
- Participation in the Dependent Day Care Reimbursement Account may affect your eligibility for the earned income tax credit.
- Only expenses for services you receive or incur in 2012 while a participant in the plan will be reimbursed provided such services were incurred during employment in a benefits-eligible status. Expenses are "incurred when the dependent is provided with the dependent day care that gives rise to the expense, and not when you are formally billed or charged for, or pay for the dependent care."
- If you participate in both the Health Care Reimbursement and Dependent Day Care Reimbursement Accounts, you cannot use money from one account to cover expenses in the other account.
- Amounts payable from the Dependent Day Care Reimbursement Account will be included in your pay and shown on the payroll advice.
- All dependent care expenses must be submitted to your Campus Benefits Office for reimbursement by March 31, following the year in which the expense was incurred. After Mar. 31, any remaining unreimbursed amounts will be forfeited.

A Final Note

- ▶ This booklet describes the highlights of the NUFlex benefits program. A complete description of each benefit can be found in the program's legal documents and contracts. Every effort has been made to provide an accurate summary of the university's benefits program. However, if there is a conflict between this material and the documents and contracts, the documents and contracts will govern.

Should you have any questions regarding the 2012 NUFlex enrollment, please call your Campus Benefits Office.

Campus Benefits Offices

UNL: (402) 472-2600
32 Canfield Administration
Lincoln, NE 68588-0409
benefits@unlnotes.unl.edu

UNMC: (402) 559-4340
985470 Nebraska Medical Center
Omaha, NE 68198-5470
benefits@unmc.edu

UNO: (402) 554-3660
205 Eppley Administration Building
Omaha, NE 68182
benefits@unomaha.edu

UNK: (308) 865-8522
1200 Founders Hall
Kearney, NE 68849
benefitsunk@unk.edu

UNCA: (402) 472-7162
217 Varner Hall
Lincoln, NE 68583-0742
benefits@nebraska.edu

Appendix A

States Providing Premium Assistance under Medicaid or the Children’s Health Insurance Program (CHIP).

If you live in one of the following States, you may be eligible for assistance paying the University’s health plan premiums. The following list of States is current as of January 31, 2011. You should contact your State for further information on eligibility.

ALABAMA – Medicaid	CALIFORNIA – Medicaid
Website: http://www.medicaid.alabama.gov Phone: 1-800-362-1504	Website: http://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx Phone: 1-866-298-8443
ALASKA – Medicaid	COLORADO – Medicaid and CHIP
Website: http://health.hss.state.ak.us/dpa/programs/medicaid/ Phone (Outside of Anchorage): 1-888-318-8890 Phone (Anchorage): 907-269-6529	Medicaid Website: http://www.colorado.gov/ Medicaid Phone (In state): 1-800-866-3513 Medicaid Phone (Out of state): 1-800-221-3943 CHIP Website: http:// www.CHPplus.org CHIP Phone: 303-866-3243
ARIZONA – CHIP	
Website: http://www.azahcccs.gov/applicants/default.aspx Phone (Outside of Maricopa County): 1-877-764-5437 Phone (Maricopa County): 602-417-5437	
ARKANSAS – CHIP	FLORIDA – Medicaid
Website: http://www.arkidsfirst.com/ Phone: 1-888-474-8275	Website: http://www.fdhc.state.fl.us/Medicaid/index.shtml Phone: 1-877-357-3268
GEORGIA – Medicaid	MISSOURI – Medicaid
Website: http://dch.georgia.gov/ Click on Programs, then Medicaid Phone: 1-800-869-1150	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
IDAHO – Medicaid and CHIP	MONTANA – Medicaid
Medicaid Website: www.accesstohealthinsurance.idaho.gov Medicaid Phone: 1-800-926-2588 CHIP Website: www.medicaid.idaho.gov CHIP Phone: 1-800-926-2588	Website: http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml Phone: 1-800-694-3084
INDIANA – Medicaid	NEBRASKA – Medicaid
Website: http://www.in.gov/fssa Phone: 1-800-889-9948	Website: http://www.dhhs.ne.gov/med/medindex.htm Phone: 1-877-255-3092
IOWA – Medicaid	NEVADA – Medicaid and CHIP
Website: www.dhs.state.ia.us/hipp/ Phone: 1-888-346-9562	Medicaid Website: http://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900
KANSAS – Medicaid	CHIP Website: http://www.nevadacheckup.nv.org/

Website: https://www.khpa.ks.gov Phone: 1-800-792-4884	CHIP Phone: 1-877-543-7669
KENTUCKY – Medicaid	NEW HAMPSHIRE – Medicaid
Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570	Website: www.dhhs.nh.gov/ombp/index.htm Phone: 603-271-4238
LOUISIANA – Medicaid	NEW JERSEY – Medicaid and CHIP
Website: http://www.lahipp.dhh.louisiana.gov Phone: 1-888-342-6207	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 1-800-356-1561
MAINE – Medicaid	CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
Website: http://www.maine.gov/dhhs/OIAS/public-assistance/index.html Phone: 1-800-321-5557	
MASSACHUSETTS – Medicaid and CHIP	NEW MEXICO – Medicaid and CHIP
Medicaid & CHIP Website: http://www.mass.gov/MassHealth Medicaid & CHIP Phone: 1-800-462-1120	Medicaid Website: http://www.hsd.state.nm.us/mad/index.html Medicaid Phone: 1-888-997-2583
MINNESOTA – Medicaid	CHIP Website: http://www.hsd.state.nm.us/mad/index.html Click on Insure New Mexico CHIP Phone: 1-888-997-2583
Website: http://www.dhs.state.mn.us/ Click on Health Care, then Medical Assistance Phone (Outside of Twin City area): 800-657-3739 Phone (Twin City area): 651-431-2670	
NEW YORK – Medicaid	TEXAS – Medicaid
Website: http://www.nyhealth.gov/health_care/medicaid/ Phone: 1-800-541-2831	Website: https://www.gethipptexas.com/ Phone: 1-800-440-0493
NORTH CAROLINA – Medicaid	UTAH – Medicaid
Website: http://www.nc.gov Phone: 919-855-4100	Website: http://health.utah.gov/upp Phone: 1-866-435-7414
NORTH DAKOTA – Medicaid	VERMONT – Medicaid
Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-800-755-2604	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
OKLAHOMA – Medicaid	VIRGINIA – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Medicaid Website: http://www.dmas.virginia.gov/rcp-HIPP.htm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.famis.org/ CHIP Phone: 1-866-873-2647
OREGON – Medicaid and CHIP	WASHINGTON – Medicaid

Medicaid & CHIP Website: http://www.oregonhealthykids.gov Medicaid & CHIP Phone: 1-877-314-5678	Website: http://hrsa.dshs.wa.gov/premiumpymt/Apply.shtm Phone: 1-800-562-3022 ext. 15473
PENNSYLVANIA – Medicaid	WEST VIRGINIA – Medicaid
Website: http://www.dpw.state.pa.us/partnersproviders/medicalassistance/doingbusiness/003670053.htm Phone: 1-800-644-7730	Website: http://www.wvrecovery.com/hipp.htm Phone: 304-342-1604
RHODE ISLAND – Medicaid	WISCONSIN – Medicaid
Website: www.dhs.ri.gov Phone: 401-462-5300	Website: http://www.badgercareplus.org/pubs/p-10095.htm Phone: 1-800-362-3002
SOUTH CAROLINA – Medicaid	WYOMING – Medicaid
Website: http://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://www.health.wyo.gov/healthcarefin/index.html Phone: 307-777-7531

To see if any more States have added a premium assistance program since January 31, 2011, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor
 Employee Benefits Security Administration
www.dol.gov/ebsa
 1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
 Centers for Medicare & Medicaid Services
www.cms.hhs.gov
 1-877-267-2323, Ext. 61565



The University of Nebraska does not discriminate based on gender, age, disability, race, marital status, veteran's status, national or ethnic origin, or individual characteristics.