



Retiree *newsletter*

Medical, Prescription Drug and Dental Insurance

The University of Nebraska annual benefits enrollment period is currently underway. We would like to take this opportunity to share some information about your health plans for 2014. Several changes will be made to the medical, prescription drug and dental insurance plans next year. Please take time to read all of the information in this newsletter carefully since it may impact your insurance coverage.

Between now and Dec. 6, you have the opportunity to request a different Blue Cross Blue Shield medical option or cancel your medical and/or dental insurance coverage. If you would like to make any changes to your coverage for 2014, please complete the enclosed Retiree Insurance Change Form and return it to your Campus Benefits Office by Friday, Dec. 6, 2013. All changes will take effect Jan. 1, 2014. ***Please note that if you cancel your coverage, you will not be allowed to re-enroll for coverage in the future.***

Additional benefits information is available on the University of Nebraska benefits webpage at www.nebraska.edu/benefits. If you have any questions or need assistance, please contact your Campus Benefits Office.

What's Inside

How to Change Coverage	2
Wellstream Health Risk Assessment	3
Medical Coverage	4
Prescription Drug Coverage	6
Dental Coverage	7
Contact Information	8

How to Change Coverage

Remember to Update your Records

Please remember to keep your contact information, including your home address, telephone number and email address, up-to-date should the university need to contact you.

Please contact your Campus Benefits Office to update your personal contact information.

How to Make Changes in Coverage

If you would like to change or cancel your medical and/or dental insurance coverage, please complete the enclosed Retiree Insurance Change Form and return it to your Campus Benefits Office no later than Dec. 6, 2013.

The new 2014 medical and dental insurance premiums (see enclosed document) will be automatically changed for the Jan. 5, 2014 electronic withdrawal. As a result, you do not need to contact your bank.

We would like to remind you that if you elect to cancel your retiree medical and/or dental coverage with the university at any other time during the year, you must notify your Campus Benefits Office in writing by the 15th of the month prior to the effective month of cancellation (i.e. if cancellation notice is received Dec. 10, cancellation will be effective Jan. 1).

Notice of cancellation received after the 15th of the month will not be effective until the 2nd month after notification (i.e. if cancellation notice is received Dec. 21, cancellation will be effective Feb. 1). No premium refunds will be made when medical insurance coverage is cancelled. This policy also applies to any change to an electronic banking arrangement (ACH), i.e. change in banks, accounts, etc.

**Remember to
make changes
to coverage by
December 6**

Wellstream Health Risk Assessment

The University of Nebraska is committed to helping you take control of your health. To help you manage your health and medical care costs, we are giving you the opportunity to complete the Wellstream Health Risk Assessment (HRA) again this year. This assessment will help you evaluate and monitor your health and you will receive the enhanced wellness and preventive services benefit for completing it.

You can complete the Wellstream Health Risk Assessment any time between Monday, Nov. 18 and Friday, Dec. 6 at 5 p.m. CST. The assessment is available online at <http://bcbsne.wellstreamonline.com>. Please watch for an email with information about how to log in and complete the HRA. An email will be sent to the email address you previously provided. You must be enrolled in our medical plan and have an email on file with the university to receive the enhanced benefits.

After you complete the HRA, you will receive a Personal Health Report. **You must print or save the report to receive credit for completing the HRA.** As always, your personal health information will remain confidential – the university will not have access to your individual survey data.



Enhanced Wellness and Preventive Services

If you complete the HRA and are enrolled in the university's medical plan, you will receive the following enhanced wellness and preventive services benefit for you and your covered family members in 2014:



\$300
allowance

Annual preventive care allowance of \$300 (for insureds age 2 and over).

\$600
allowance

Dependent child (under age 2) preventive care allowance of \$600.

\$0
copay

\$0 copay for generic prescription drugs through the CVS Caremark mail service program with no annual deductible.

100%
coverage

100% coverage, up to a \$2,500 maximum, for a routine preventive colonoscopy once every 10 years beginning at age 50 (services must be provided by a PPO provider; out-of-network charges may apply if colonoscopy lab services are provided out-of-network or outside the state of where the colonoscopy is performed).

Medical Coverage

Highlights for 2014

New: Price Decreases for 2014

Medical insurance premiums will decrease again in 2014. Enclosed is a document showing the retiree medical insurance premiums for all options and coverage categories. There will also be no increases to deductibles, coinsurance, stop-loss limits and prescription drug copays. **We would like to remind you that the medical plan is closed to new enrollments, including the addition of new dependents.**

Schedule of Benefits

If you are enrolled in the Blue Cross Blue Shield medical plan, you will receive a Schedule of Benefits confirming your medical insurance coverage in January 2014. The 2014 Blue Cross Blue Shield of Nebraska Medical Certificate of Coverage (plan booklet) will be available on the university's benefits webpage at www.nebraska.edu/benefits in January 2014.

Summary of Benefits and Coverage

The Summary of Benefits and Coverage (SBC) is a document that summarizes important information about your health benefits. The SBC is designed to help you make informed decisions about which medical plan to choose. As part of the federal health care reform legislation, we have made the SBCs available to you at www.nebraska.edu/benefits.

New: Blue Cross Blue Shield Identification Cards

Blue Cross Blue Shield of Nebraska will be issuing new medical and dental insurance identification cards in early January 2014.

New: Blue Cross Blue Shield Has Gone Mobile

Blue Cross Blue Shield has announced a new addition to their website – “We’ve Gone Mobile!” Blue Cross now has multiple applications with the latest technology that will adapt to any device for the best mobile experience available.

Check out their newest mobile assets at www.nebraskablue.com/mobile where you will find mobile sites, free apps and resources to stay healthy and connected wherever you go.



Choosing the Right Medical Plan

You have three medical plan options through Blue Cross Blue Shield – low, basic and high. All options include prescription drug coverage through CVS Caremark. The plans differ in the premium, deductible, coinsurance and stop-loss amounts. Please see the enclosed document for retiree medical insurance premiums for all options and coverage categories. Take time to compare the three options and find the right plan for you and your lifestyle.

	LOW	BASIC	HIGH
What do you prefer?	Low: You would rather pay less each month and pay more when you receive medical care. You don't expect to have many medical expenses, but you have enough money on hand to pay the full deductible if you do need care.	Basic: You prefer a balance between the amount you pay each month and the amount you pay out-of-pocket when you receive medical care. Many people find that the basic option is the best choice, from a purely economic perspective.	High: You prefer to pay more each month so you can pay less when you receive medical care. Please note that the premiums for the high option are significantly higher than the premiums for the low and basic options. If you are currently enrolled in the high option, you may want to consider changing to the low or basic option.
Annual Deductible (the amount you pay out-of-pocket for health care before the plan begins to pay. You are responsible for the deductible <i>when you receive care.</i>)			
-PPO -Non-PPO	\$1,550 \$1,950	\$450 \$650	\$300 \$450
Coinsurance (the percentage of an insurance claim that you are responsible for paying)			
-PPO -Non-PPO	You pay 30% You pay 45%	You pay 30% You pay 45%	You pay 20% You pay 35%
Stop-loss (the maximum amount you will have to pay per year – not including your deductible)			
-PPO -Non-PPO	\$2,500 \$2,900	\$1,600 \$2,000	\$1,400 \$1,700

We encourage you to discuss your unique needs, financial status and health coverage concerns with your Campus Benefits Office to make sure you find the right plan for you and your family. More information is also available at www.nebraska.edu/benefits.

Prescription Drug and Dental Coverage

Prescription Drug Coverage

Prescription drug coverage through CVS Caremark is included in your medical coverage – you do not have to pay an additional premium to participate. You can fill your prescriptions in person at a participating CVS Caremark retail network pharmacy or by mail order.

New: Prescription drug deductible and copay amounts will not increase in 2014.

Each covered person is required to establish an annual \$57 prescription drug deductible for brand-name drugs. Once you meet the deductible, you will pay the applicable prescription drug copay listed below.



DAY SUPPLY	UPTO 30
Generic	\$9 copay
Brand (on Formulary/Primary Drug List)	\$31 copay
Brand (not on Formulary/Primary Drug List)	\$52 copay
*An annual \$57 deductible is also required for brand-name drugs for each covered person.	

\$0 generic copay through CVS mail service if you complete the HRA

If you complete the Wellstream Health Risk Assessment and are enrolled in the university's medical plan, you can obtain generic drugs through the CVS Caremark mail service program for \$0 copay. The \$0 copay is not applicable at any CVS Caremark retail network pharmacy.

To order prescriptions through the mail service program, complete the mail service order form and send it to CVS Caremark with the original prescription(s) (not a photocopy) and the appropriate copay for each prescription, if applicable. The form is available online at www.nebraska.edu/benefits. You will receive your prescription within 10 to 14 days after CVS Caremark receives the order. You can also order by phone at (866) 239-4704, or online at www.caremark.com/faststart.

New: The three prescription drug programs listed below will be expanded in 2014. CVS Caremark will contact you if you are impacted by one of the programs. More information about these programs, including a list of the impacted drugs, is available at www.nebraska.edu/benefits.

Formulary Drug Exclusion Program

The CVS Caremark formulary drug exclusion program will be expanded in 2014. The program impacts non-formulary brand name drugs and products, and requires you to get documentation from your physician to demonstrate the medical necessity for you to receive the specific drug or product. If medical necessity is documented and approved, you will pay the brand non-formulary copay. If medical necessity is not demonstrated, the drug will not be covered by the prescription drug plan and you will be responsible for the full cost of the drug.

Generic Step Therapy Program

The generic step therapy program will be expanded in 2014 to encourage members to use preferred drugs instead of non-preferred drugs. This program enhances the use of safe, equally effective, and less expensive drugs before "stepping up" to a more expensive alternative. Generally, members are required to try a generic or preferred brand drug before a non-preferred brand is dispensed.

Specialty Drug Step Therapy Program

The step therapy program for specialty drugs is similar to the generic step therapy program. It requires members to try a preferred brand drug before the non-preferred brand drug can be dispensed. This program impacts users of prescription drugs in the Auto-Immune and Multiple Sclerosis drug class.

Dental Coverage

Dental coverage is offered through Blue Cross Blue Shield. Coverage includes a Preferred Provider option, which lowers your out-of-pocket expenses. If you are currently enrolled for dental insurance, you may want to review your need for coverage by comparing your actual dental expenses versus the annual cost of premiums. **We would like to remind you that the dental plan is closed to new enrollments, including the addition of new dependents.**

New for 2014: Dental plan premiums will increase in 2014. Enclosed is a document showing dental premiums for all coverage categories.

You will receive a Schedule of Benefits confirming dental insurance coverage in January 2014. The 2014 Blue Cross Blue Shield of Nebraska Dental Certificate of Coverage (plan booklet) will be available on the university's benefits webpage at www.nebraska.edu/benefits in January 2014.

Contact Information

If you have any questions or need additional information, please contact your Campus Benefits Office.

UNL Campus Benefits Office	Call: (402) 472-2600 E-mail: benefits@unl.edu Send forms to: 32 Canfield Administration, Lincoln, NE 68588-0409
UNMC Campus Benefits Office	Call: (402) 559-4340 E-mail: benefits@unmc.edu Send forms to: 985470 Nebraska Medical Center, Omaha, NE 68198-5470
UNO Campus Benefits Office	Call: (402) 554-3660 E-mail: benefits@unomaha.edu Send forms to: 205 Eppley Administration Building, Omaha, NE 68182
UNK Campus Benefits Office	Call: (308) 865-8516 E-mail: benefitsunk@unk.edu Send forms to: 1200 Founders Hall, Kearney, NE 68849
UNCA Campus Benefits Office	Call: (402) 472-7162 E-mail: benefits@nebraska.edu Send forms to: 217 Varner Hall, Lincoln, NE 68583-0742

The University of Nebraska believes its medical 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 (e.g. 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 (e.g. 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. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.