

NUFLEX BENEFITS ENROLLMENT



UNIVERSITY OF NEBRASKA
UNIVERSITY OF NEBRASKA-LINCOLN
UNIVERSITY OF NEBRASKA MEDICAL CENTER
UNIVERSITY OF NEBRASKA AT KEARNEY
UNIVERSITY OF NEBRASKA AT OMAHA



FOR NEWLY ELIGIBLE EMPLOYEES

BENEFITS ENROLLMENT

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Welcome

Welcome to the University of Nebraska. This enrollment booklet is designed to provide you with an overview of NUFlex, the university's flexible benefits program. It will guide you through the choices that are available in each benefit area and raise issues to consider as you make your NUFlex choices.

Additional NUFlex information may be viewed on the University of Nebraska benefits webpage at www.nebraska.edu/benefits, or you may contact your Campus Benefits Office.

NUFlex Overview

A flexible benefits program allows you to choose from a group of benefit options in order to find a plan that best suits 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
- Employer-Provided Life Insurance
- Voluntary Life Insurance
- Dependent Life Insurance
- Accidental Death & Dismemberment Insurance
- Long Term Care Insurance
- Health Care Flexible Spending Account
- Dependent Care Flexible Spending Account

Each benefit option has a price tag that reflects individual differences such as age, salary, benefits FTE (Full Time Equivalency), tobacco/nicotine use, and the number of dependents enrolled for coverage.

You may want to compare price tags of each NUFlex benefit with other benefits and insurance coverages that are available on an individual (non-group) basis before you enroll in NUFlex. 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.

BENEFITS ENROLLMENT

NUFlex Information

Price Tag Summary

The price tag summary for benefits-eligible employees (both full-time and part-time) is available on the university's benefits webpage. This summary provides monthly price tag and cost information for your NUFlex benefit options and coverages. Please see www.nebraska.edu/benefits for more detailed information.

Before you Start

Before you begin enrollment, you should have the NUFlex benefits booklet and price tag summary form on hand. You may also want to use the following resources to help you make your enrollment decisions:

- Health and dependent care expense records for the previous calendar year
- Benefit and cost information from your spouse's employer's benefits plan (if applicable)

We encourage you to review all enrollment materials before you start making your benefit choices.

Online Enrollment

Please complete your enrollment through Firefly (firefly.nebraska.edu). If you have any complications or require assistance with the enrollment process, please contact your campus benefits office.

Dependent Information Request

Please remember to include all dependent verification documentation when you submit the forms. You have the option of delivering your verification documents to your campus benefits office or attaching scanned PDF copies to the online benefits enrollment process.

Initial Enrollment

You must enroll for coverage within 31 days of your hire or benefits eligibility date (date you become benefits-eligible). No changes will be allowed until the next annual NUFlex enrollment period or a Permitted Election Change Event occurs.

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 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.*

Coverage ends when the dependent child turns age 26.

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

Your Adult Designee: (Employee Plus One)

Benefits eligibility is extended to an adult designee of the same or opposite gender who meets the following criteria:

- Has resided in the same residence as the employee for at least the past consecutive 12 months and intends to remain so indefinitely;
- is at least 19 years old;
- is directly dependent upon, or interdependent with, the employee, sharing a common financial obligation that can be documented in a manner prescribed by the university; and
- is not currently married to or legally separated from another individual under either statutory or common law.

Please visit www.nebraska.edu/benefits for exceptions to the criteria above.

Your Adult Designee's Dependent Children: (Employee Plus One)

An Adult Designee's dependent child may be covered as an eligible dependent of an employee for university benefits. An Adult Designee's dependent child qualifies as an eligible dependent if the child meets one of the following criterion:

- is a natural-born or legally adopted child, who has not reached the limiting age of 26, of an individual who qualifies as an Adult Designee;
- is a child, who has not reached the limiting age of 26, for whom an individual who qualifies as an Adult Designee is the legal guardian; or
- is a child of an individual who qualifies as an Adult Designee and has a mental or physical disability and 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*.

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

Please visit www.nebraska.edu/benefits for exceptions to the criteria above.

BENEFITS ENROLLMENT

NUFlex Information (continued)

Dependent Verification Documentation Requirements for the Medical, Dental and Vision Care Insurance Plans

For Spouse or Child:

To add a spouse or child to your coverage, you must provide the dependent verification documents (valid documents listed below).

All dependent information must be received in your Campus Benefits Office or attached with the enrollment process within 31 days from date of hire, benefits eligibility date or Permitted Election Change Event. If you do not deliver the properly completed documents within 31 days, the dependent will be considered a late enrollee and benefits **will not** be provided until the next annual NUFlex enrollment period.

Listed below are the documents that you must submit for each dependent you are adding to your coverage. All required documentation must include the date and/or year, employee name, and dependent's name. Note: You may cover up the financial information on the documents (such as your income, details on a bank statement, etc.).

Spouse: *Provide copies of 2 forms of documentation listed below.*

- A copy of your state or county-issued marriage certificate. (**PLEASE NOTE:** If your marriage certificate is written in a language other than English, you **MUST** include a copy of an official translation of the document along with a copy of the marriage certificate).

AND

- A copy of financial documentation dated within the last 6 months establishing current relationship status such as:
 - A joint household bill, or a household bill for the employee and one for the spouse with a current date and the same address or
 - A joint bank/credit account or
 - A joint mortgage/lease or
 - Insurance policies or
 - Front page of your current filed federal tax return confirming your spouse as a dependent

Child:

- A copy of the child's birth certificate, naming you as the child's parent, or appropriate court order/adoption decree naming you as the child's legal guardian. (**PLEASE NOTE:** If this birth certificate is written in a language other than English, you **MUST** include a copy of an official translation of the document along with a copy of the birth certificate).

Stepchild: *Provide copies of 2 forms of documentation listed below.*

- A copy of the child's birth certificate, naming your spouse as the child's parent, or appropriate court order/ adoption decree naming your spouse as the child's legal guardian. (**PLEASE NOTE:** If this birth certificate is written in a language other than English, you **MUST** include a copy of an official translation of the document along with a copy of the birth certificate)

AND

- A copy of your state or county-issued marriage certificate. (**PLEASE NOTE:** If your marriage certificate is written in a language other than English, you **MUST** include a copy of an official translation of the document along with a copy of the marriage certificate).

If the required documentation is not received within 31 days from your date of hire, benefits eligibility date or Permitted Election Change Event, your dependent(s) will not be enrolled for coverage unless you can show that this documentation has been ordered and/or requested from a county or state agency.

For Adult Designee or Adult Designee's Dependent Children (Employee Plus One):

To add an adult designee or an adult designee dependent child(ren) to your coverage, you must submit the following forms with the required documentation:

- Affidavit of Employee Plus One Relationship
- Tax-Qualified Dependent Certification and Marriage Certification for Employee Plus One Benefits
- Employee Plus One Benefits Enrollment Form
- Dependent Information Request Form

Forms are available online at www.nebraska.edu/benefits. All forms must be received within 31 days from date of hire, benefits eligibility date or Permitted Election Change Event. If you do not deliver the properly completed documents within 31 days, the dependent will be considered a late enrollee and benefits **will not** be provided until the next annual NUFlex enrollment period. Before adding an adult designee (or an adult designee's dependent child) to your coverage, read all of the program requirements online at www.nebraska.edu/benefits, confirm that your adult designee (or adult designee's dependent child) is eligible for coverage, speak to a tax professional and contact your Campus Benefits Office.

Additional information about Employee Plus One benefits is available at www.nebraska.edu/benefits.

BENEFITS ENROLLMENT

NUFlex Information (continued)

Confirmation Statement

Once you return the benefits enrollment form to your Campus Benefits Office, you will receive a confirmation of your NUFlex benefit choices. This confirmation statement will allow you to review your benefit choices. Your Campus Benefits Office should be contacted immediately if you find any errors or problems. Any requests for changes due to data entry errors must be received within **31 days** of your date of hire, while you are still in your enrollment period.

A benefits confirmation statement reflecting your individual benefit enrollment choices may also be viewed on the Firefly Employee Self Service website at <https://firefly.nebraska.edu>.

Effective Date of Coverage

Coverage is effective on the first day of the month following your date of hire or eligibility, assuming any applicable underwriting has been completed (some life and long term care insurance options require proof of insurability). If you are hired on the first day of the month or first working day of the month, coverage will be effective immediately. In addition, some coverages require you to be physically able to work on the date the 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. However, once your Benefits Change Form has been submitted to the Campus Benefits Office, no changes, with the exception of the birth of a child, which the notification period is 60 days, will be allowed until the next annual NUFlex enrollment period or a Permitted Election Change Event occurs. The following events would allow you to make changes to your benefits during the plan year:

- Change in legal marital status (marriage or divorce)
- Change in number of dependent children (birth or adoption)
- Change in employment status or work schedule that results in a gain or loss of coverage eligibility

Note: If you are enrolled in Employee Plus One coverage, please note that certain qualified change in status events may not apply to you because of IRS regulations. Please read the full regulations carefully at www.nebraska.edu/benefits in the Employee Plus One module.

You must complete a Dependent Information Request Form to add a new dependent child to your medical, dental or vision care insurance policy even if you are currently enrolled for Employee & Child or Employee & Family coverage. For the birth of a child the notification period is 60 days.

Important Notices

Notice: Disclosure of Grandfathered Status

This group health plan believes its low, basic, and high 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, 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: Extension of Coverage

Medical and prescription drug coverage for dependent children may be extended beyond age 26 (the university’s 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. The employee is required to pay an additional premium for this individual’s coverage.

Campus benefit offices 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.

BENEFITS ENROLLMENT

Important Notices (continued)

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)*.

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 UMR 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 medical option is a preferred provider health care program (UnitedHealthcare Choice Plus). By choosing a physician or hospital that is a member of the Choice Plus network, your claim is automatically filed by your provider and you save money through:

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

CVS Caremark prescription drug copays and the annual prescription drug deductible are the same for any UMR PPO medical option, as are the benefits for wellness. Please visit <https://info.caremark.com/hdhp> to see how prescription drug coverage works with the qualified high deductible health plan.

The current medical PPO network directory may be viewed at www.umar.com/uofne. PPO participation information may also be obtained by calling UMR at 844-659-5059.

Choosing the Right Medical Plan

You have four medical plan options through UMR – low, basic, high and the qualified high deductible. All options include prescription drug coverage through CVS Caremark. The plans differ in the premium, deductible, coinsurance and stop-loss amounts. Take time to compare the four options and find the right plan for you and your lifestyle.

	Low	Basic	High	Qualified High Deductible Plan
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.	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. Also have the ability to open a health savings account.
Monthly Premiums (the amount that is deducted from your pay monthly for medical coverage. The premiums below assume you are 100% FTE.)				
- Single	\$98	\$165	\$246	\$98
- Employee + Spouse	\$124	\$261	\$437	\$124
- Employee + Child(ren)	\$109	\$219	\$412	\$109
- Employee + Family	\$142	\$333	\$576	\$142
Annual Deductible (the amount you pay out-of-pocket for health care before the plan begins to pay. You are responsible for the deductible when you receive care.)				
- PPO	\$1,550 single; \$3,100 family	\$450 single; \$900 family	\$300 single; \$600 family	\$2,800 single; \$5,400 family
- Non-PPO	\$1,950 single; \$3,900 family	\$650 single; \$1,300 family	\$450 single; \$900 family	\$5,400 single; \$10,800 family
- Enhanced Tier Provider	\$1,350 single; \$2,600 family	\$300 single; \$600 family	\$200 single; \$400 family	\$2,800 single; \$5,400 family
Coinsurance (the percentage of an insurance claim that you are responsible for paying)				
- PPO	You pay 30%	You pay 30%	You pay 20%	You pay 20%
- Non-PPO	You pay 45%	You pay 45%	You pay 35%	You pay 30%
- Enhanced Tier Provider	You pay 15%	You pay 15%	You pay 10%	You pay 0%
Stop-loss (the maximum amount you will have to pay per year – not including your deductible)				
- PPO	\$2,500 single; \$5,000 family	\$1,600 single; \$3,200 family	\$1,400 single; \$2,800 family	\$800 single; \$1,700 family
- Non-PPO	\$2,900 single; \$5,800 family	\$2,000 single; \$4,000 family	\$1,700 single; \$3,400 family	\$1,800 single; \$3,600 family
- Enhanced Tier Provider	\$2,300 single; \$4,700 family	\$1,450 single; \$2,900 family	\$1,300 single; \$2,600 family	\$0 single; \$0 family

Please visit the UMR website www.umar.com/UofNE or call 844-659-5059 for any additional questions.

Enhanced Preferred Provider Tier

The health plan will be adding lower deductibles, co-insurance, and maximum out of pocket limits for services performed by Nebraska Medicine providers. The existing deductibles, co-insurance rates, and maximum out of pocket limits for other in-network providers will not change. The services covered by the health plan will be the same for all providers.

BENEFITS ENROLLMENT

Medical Insurance (continued)

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.

The high option is utilized by those employees who qualify for “dual spouse coverage”. In this instance, both the employee and their spouse work for the University, both are benefits eligible, and at least one is full time. For further information and enrollment instructions, please contact your Campus Benefits Office.

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.

Please note the prescription drug coverage for the qualified high deductible health plan is different. Most prescription drugs will not have the same copays as above and will be applied to the health plan deductible. Please visit <https://info.caremark.com/hdhp> to learn more about the prescription drug coverage with the qualified high deductible health plan.

It is important that you use the CVS Caremark prescription drug program in order to receive the best price and greatest savings. If you purchase a drug outside of the CVS Caremark prescription drug program, you must pay 100 percent of the prescription price to the pharmacy. Paying cash rather than using the CVS Caremark prescription drug program can impact you financially. The CVS Caremark prescription drug program allows the university to obtain drug manufacturer discounts, which helps keep your medical premium as low as possible. These discounts are lost when the prescription drug program is not used. Prescriptions purchased through a government program (Medicaid and state aid), nursing home, and internationally, etc., should continue to be processed per the appropriate agency’s guidelines.

Prescription drug purchases may not be submitted to the UMR medical plan.

If you and/or your dependents become eligible for Medicare in the next 12 months, a federal law provides you prescription drug coverage alternatives.

You may view CVS Caremark’s Primary Drug List on the University of Nebraska benefits webpage at www.nebraska.edu/benefits. PPO participation information may also be obtained by calling CVS Caremark at 888-202-1654.

Health Plan Offerings

Telehealth Services

Health plan members and dependents will have access to telehealth service offered through Teladoc. Telehealth services can be utilized for common conditions, such as sinus infection, cold, flu, ear infection, sore throat, migraine, fever, and abdominal pain. Teladoc give you access 24 hours, 7 days a week to medical providers through the convenience of phone, video or mobile app visits. These services are subject to coinsurance and deductible amounts. For more information visit Teladoc.com or call 1-800-Teladoc.

Treatment for Fertility Services

The medical and pharmacy plan will include coverage for fertility treatments. Visit www.nebraska.edu/benefits for detailed information. Coverage for fertility treatments will be subject to a \$15,000 lifetime limit combined for medical and pharmacy costs.

Wellstream Health Risk Assessment

In addition to your insured benefits and retirement plans, the University of Nebraska has a commitment to our employees' wellness. As part of that commitment, we offer you the opportunity to complete a Health Risk Assessment (HRA) within 31 days of your hire date or benefits eligibility date as well as during the annual NUFlex enrollment.

The HRA is a valuable educational tool designed to help you learn important information about your current health status and how to improve it. Participation is voluntary; however, by completing this short survey (it will take 10 - 15 minutes to complete); you will receive a Personal Health Report that will help you assess and monitor your personal health status. Survey questions will include health-related information such as blood pressure, cholesterol, and blood sugar. We encourage you to "know your numbers" and have them available when you complete the survey. Employees who are enrolled in the university's medical plan and complete the HRA will be eligible for enhanced wellness and preventive services benefits for themselves as well as their covered family members. Enhanced wellness and preventive services include:

- Annual preventive care allowance of \$400 (for insureds age 2 and over)
- The health plan will pay 100% of the preventative care visits for insureds under the age of 2
- 100 percent coverage 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 where the colonoscopy is performed)
- \$0 copay for generic non-specialty prescription drugs through the CVS Caremark mail service program for enrollees in the low, basic, or high health plan options
- \$0 copay for flu shots administered at an in-network pharmacy and submitted to the prescription drug program

BENEFITS ENROLLMENT

Medical Insurance (continued)

Your personal health information will remain confidential as the university will only have access to the aggregate information obtained from the survey. This website is part of Wellstream, a third party vendor, to help assure the confidentiality of your information. Aggregate data from each campus will be used to create programming to set goals for improving the health and well-being of employees.

The HRA may be completed online at:

UNL:	https://unl.wellstreamonline.com
UNMC:	https://unmc.wellstreamonline.com
UNO:	https://uno.wellstreamonline.com
UNK:	https://unk.wellstreamonline.com
UNCA:	https://unca.wellstreamonline.com

You will notice that the Username and Password have been prepopulated by Wellstream. Before you can advance to the HRA survey, you will be required to change and/or update your password.

You have 31 days from date of hire to complete the HRA. If you do not complete the HRA survey within 31 days of your date of hire, you may not complete the survey until the next annual NUFlex enrollment.

Once you have completed the HRA survey, you will receive a Personal Health Report detailing your health risk status. This report will give you suggestions on how to become healthier based on your results. **The Personal Health Report must be printed and/or saved in order for you to receive credit for completing the HRA survey and be eligible for the enhanced wellness and preventive services benefit.** By printing and/or saving your Personal Health Report, you and your covered dependent's names, are automatically included on the eligibility list for the enhanced benefits for medical and prescription drug coverage as of your benefits effective date.

Once you complete the HRA survey (as a newly eligible employee), you must complete the survey **each year** in order to receive the enhanced wellness and preventive services benefit for the following calendar year.

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 Flexible Spending Account to pay non-covered medical expenses, you may elect a medical option with a higher deductible. However, if you have a health savings account with your qualified high deductible health plan you can not enroll in a health care flexible spending account.
- Enrollment of any dependent into one of the medical options requires completion of the Dependent Information Request Form, which is available on the university's benefits webpage, as well as the appropriate dependent verification documentation.
- If you use the services of a non-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.
- Participation in the prescription drug program is dependent upon your enrollment in the medical plan and does not require any additional premium to participate. Your CVS Caremark prescription information will be displayed on your UMR health insurance ID card.
- 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 60 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. You are given 60 days to provide the copy of the birth certificate, dependent information request form and six months to provide the social security number. If you do not complete and deliver the properly completed Dependent Information Request Form to the Campus Benefits Office within 60 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.)
- Dependent information must be received in the Campus Benefits Office within 31 days from date of hire, benefits eligibility date or Permitted Election Change Event. If you do not complete and deliver the properly completed Dependent Information Request Form and dependent verification documentation to the Campus Benefits Office within 31 days of date of hire, benefits eligibility date or Permitted Election Change Event and then want to cover the dependents, the dependents will be considered a late enrollee and benefits will not be provided until the next annual NUFlex enrollment.

BENEFITS ENROLLMENT

Medical Insurance (continued)

Benefits Summary

Preexisting Condition Limitation	None
Lifetime Dollar Maximum	Unlimited (with the exception of fertility services which has a \$15,000 lifetime maximum)
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%
Enhanced Wellness and Preventive Services*	
Adult Preventive Care Allowance	100% not to exceed \$400 in a calendar year
Well-Child Care for Children Up to Age 2	100%
Routine Preventive Colonoscopy	100% once every 10 years beginning at age 50
*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% (Not to exceed the maximum allowance. Also not applicable for 3D Mammograms)
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 Ameritas
Fertility Treatments	
	There is a combined \$15,000 lifetime limit for services (combined medical and pharmacy services).
Sterilization	
	The plan covers vasectomies and tubal ligation (subject to plan deductible and coinsurance amounts)

*Note, preventative care is covered at 100% on the qualified high deductible health plan.

BENEFITS ENROLLMENT

Dental Insurance

The Ameritas 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. You may participate in the dental plan or elect no coverage.

A component of the Ameritas dental plan is a preferred provider dental program (Classic Plus). By choosing a provider who is a member of the 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 at <http://uofne.ameritasgroup.com/>. PPO participation information may also be obtained by calling Ameritas at 800-487-5553.

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

- Enrollment of any dependent into the Ameritas dental plan requires completion of the Dependent Information Request Form, which is available on the university's benefits webpage.
- If you are covered by your spouse's dental plan, duplicate coverage may not be the most cost-effective approach.
- If you have non-covered dental expenses to pay, qualifying expenses may be submitted to the Health Care Flexible Spending Account.
- If you use the services of a non-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 60 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. (Dependent information request form must be received within 60 days of the baby's birth, and a copy of the birth certificate and six months to provide the social security number.) 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.)
- Dependent information must be received in the Campus Benefits Office within 31 days from date of hire, benefits eligibility date or Permitted Election Change Event. If you do not complete and deliver the properly completed Dependent Information Request Form and dependent verification documentation to the Campus Benefits Office within 31 days of date of hire, benefits eligibility date or Permitted Election Change Event and then want to cover the dependents, the dependents will be considered a late enrollee and benefits will not be provided until the next annual NUFlex enrollment.

BENEFITS ENROLLMENT

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. You may participate in the vision care plan or elect no coverage.

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 \$150 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
Premium Progressive	\$10 copay, 80% of balance over \$130	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 (materials only)			
Conventional	85% of balance over \$130 allowance	Annual	Up to \$96
Disposable	Balance over \$130 allowance	Annual	Up to \$96
Medically Necessary	\$0	Annual	Up to \$200
LASIK and PRK Vision Correction	15% off retail price or 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

- Enrollment of any dependent into the vision care plan requires completion of the Dependent Information Request Form, which is available on the university's benefits webpage.
- 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.
- If you have non-covered vision expenses to pay, qualifying expenses may be submitted to the Health Care Flexible Spending Account.
- 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 60 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. (While the dependent information request form must be received within 60 days of the baby's birth, and a copy of the birth certificate and six months to provide the social security number.) If you do not complete and deliver the properly completed Dependent Information Request Form to the Campus Benefits Office within 60 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.)
- Dependent information must be received in the Campus Benefits Office within 31 days from date of hire, benefits eligibility date or Permitted Election Change Event. If you do not complete and deliver the properly completed Dependent Information Request Form and dependent verification documentation to the Campus Benefits Office within 31 days of date of hire, benefits eligibility date or Permitted Election Change Event and then want to cover the dependents, the dependents will be considered a late enrollee and benefits will not be provided until the next annual NUFlex enrollment.

BENEFITS ENROLLMENT

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 Long Term Disability Benefits

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

- LTD benefits are subject to a “3-12 month pre-existing condition” exclusion, which precludes income replacement benefits for any disability that (a) is caused by, contributed to by, or results from a preexisting condition, and (b) begins in the first 12 months after an insured’s effective date of coverage.
- You may enroll for coverage, increase your income replacement benefit percentage and/or reduce your elimination period from 180 to 90 days at a later date. 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.
- Due to cost-of-living increases (COLA), your monthly disability benefit may be increased annually by an amount equal to the previous year’s Consumer Price Index (CPI), not to exceed 3 percent of your monthly benefit.
- Totally disabled employees who qualify will receive a monthly retirement plan contribution based on a percentage of their pre-disability earnings, not to exceed the maximum allowable by law.

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.
- Employees who do not want to enroll for the employer-provided life insurance coverage should contact their Campus Benefits Office to obtain a Waiver of Insurance form. An employee who opts out of the employer-provided life insurance coverage will be required to satisfy proof of insurability to be eligible for the coverage at a later date.

BENEFITS ENROLLMENT

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.

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

- You may enroll for Option 1-8 regardless of your health. If you elect Option 9-11, you must complete an Assurity Life Insurance Statement of Health form, which is available on the university's benefits webpage.
- If your proof of insurability request is pending as of 90 days after your effective date of coverage, the amount of coverage subject to insurability will be denied.
- Participation in the group life insurance plan requires completion of the Life Insurance Tobacco/Nicotine Designation, which is located on your Benefits Enrollment Form. If you do not designate your tobacco/nicotine use or history, your life insurance coverage will default to the Tobacco/Nicotine premium.
- Assurity Life Insurance has the right to investigate each death claim. Any material misrepresentation made by you, including your tobacco/nicotine use history, may void your insurance, pursuant to the policy's Incontestable Clause.
- You may change your level of life insurance coverage or your tobacco/nicotine designation during the next annual NUFlex enrollment period or during the year if you have a qualified change in status. An Assurity Life Insurance Statement of Health form must be completed to increase your coverage.

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.

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.

BENEFITS ENROLLMENT

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.

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

- New coverage applications for dependent children do not require proof of insurability. Coverage for dependent children may be added or increased at a later date with proof of insurability.
- 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 coverage.
- If not legally disabled on the date your insurance is effective, you may cover your spouse for \$20,000 (Option 3) without proof of insurability. Option 4, however, requires your spouse to complete an Assurity Life Insurance Statement of Health form, which is available on the university's benefits webpage. Coverage for your spouse may be added or increased at a later date with proof of insurability.
- 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 Genworth Life Insurance Company. This plan provides a variety of support services if you are unable to care for yourself, either 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.

Step 1: Choose a Daily Benefit

This is the maximum amount you'll be reimbursed each day for covered long term care expenses. You have the following choices:

	WILL REIMBURSE UP TO THIS AMOUNT COVERED:		
DAILY BENEFIT CHOICES	HOME CARE	ASSISTED LIVING CARE	NURSING FACILITY CARE
\$100/day	\$100/day	\$100/day	\$100/day
\$150/day	\$150/day	\$150/day	\$150/day
\$200/day	\$200/day	\$200/day	\$200/day

Step 2: Select Your Total Coverage Amount

This the total amount of money available to pay covered long term care expenses for the lifetime of your coverage. You have Total Coverage choices available, depending on the Daily Benefit you chose:

DAILY BENEFIT CHOICES	TOTAL COVERAGE CHOICES		
\$100/day	\$73,000	\$109,500	\$146,000
\$150/day	\$109,500	\$164,250	\$219,000
\$200/day	\$146,000	\$219,000	\$292,000

Step 3: Choose a Benefit Increase Option

This program offers 3 Benefit Increase Options to help you protect against the rising cost of care:

Buy More Coverage Over Time

Every three years, you will be offered additional coverage – as long as you're not in claims status. If you accept the offer, both your Daily Benefit and your Total Coverage Maximum will increase by 5%, compounded annually. This feature is automatically included in your plan.

Automatic 3% Increase for Life – Compound

Your Daily Benefit and Total Coverage Maximum will automatically increase by 3% compound every year.

Automatic 5% Increase for Life – Compound

Your Daily Benefit and Total Coverage Maximum will automatically increase by 5% compound every year.

BENEFITS ENROLLMENT

Long Term Care Insurance (continued)

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 are paid via a monthly ACH transfer directly from the participant's bank account to Genworth.
- After your initial eligibility, enrollment is limited to the annual NUFlex enrollment period unless a Permitted Election Change Event occurs. At that time, both you and your spouse are subject to the underwriting requirements of Genworth, which may include a physical.
- Long Term Care Enrollment is completed on Genworth's custom website for the University of Nebraska. The website address is www.genworth.com/groupltc. Use the group ID Nebraska and access code of groupltc, to view details or enroll in the University of Nebraska plan.
- 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 Flexible Spending Account (FSA)

WageWorks is the plan administrator for the Flexible Spending Account (FSA) program. The Health Care Flexible Spending 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.

Eligible Expenses

You can use the Health Care FSA to pay a wide variety of expenses. The following are examples of eligible expenses that can be reimbursed. Qualifying expenses that can be reimbursed and claim filing procedures can be viewed on the WageWorks FSA website (www.wageworks.com).

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

Claim Guidelines/Filing Claims for Reimbursement

- You may file health care claims at any time during the year with WageWorks by mail, fax, online, or EZ mobile application. Flexible Spending Account Claim Forms may be downloaded from the university's benefits webpage or the WageWorks website. Access is also available through Firefly at firefly.nebraska.edu.
- WageWorks provides several different methods to receive your Health Care Flexible Spending Account reimbursement. They include "Pay Me Back", "Pay My Provider" and a Health Care Card. Complete details can be found on the WageWorks website.

Health Care Flexible Spending Account (FSA) (continued)

Issues to Consider—Health Care FSA

- You may contribute \$480 to \$2,750 annually to the Health Care Flexible Spending Account.
- Contributions not used by the end of the calendar year will be forfeited. With the exception that \$550 in unspent Health Care FSA may be carried over for use in next year's qualified health care expenses.
- Your contributions to the Health Care FSA cannot be reduced during the calendar year.
- Only expenses for services you receive or incur during the calendar year and after the effective date of your coverage 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 FSA and Dependent Care FSA, you cannot use money from one account to cover expenses in the other account.
- All health care expenses must be submitted to WageWorks for reimbursement by March 31, following the year in which the expense was incurred. After March 31, any remaining unreimbursed amounts will be forfeited.
- You can not participate in both a Health Savings Account and a Health Care Spending Account (FSA).

Dependent Care Flexible Spending Account (FSA)

WageWorks is the plan administrator for the Flexible Spending Account (FSA) program. The Dependent Care Flexible Spending Account may be used to pay dependent 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 and claim filing procedures can be viewed on the WageWorks FSA webpage (www.wageworks.com).

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

Claim Guidelines/Filing Claims for Reimbursement

- You may file dependent care claims at any time during the year with WageWorks by mail, fax, online, or EZ mobile application. Flexible Spending Account Claim Forms may be downloaded from this webpage or the WageWorks website. Access is also available through Firefly at firefly.nebraska.edu.
- WageWorks provides different methods to receive your Dependent Care Flexible Spending Account reimbursement. They include “Pay Me Back” and “Pay My Provider”. Complete details can be found on the WageWorks website.

BENEFITS ENROLLMENT

Dependent Care Flexible Spending Account (FSA) (continued)

Issues to Consider—Dependent Care FSA

- Contributions not used by the end of the calendar year will be forfeited. There is no carry over option available for unspent Dependent Care FSA funds.
- In general, you and your spouse may not participate in the Dependent Care FSA 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 Care FSA payments offset the tax credit amount dollar-for-dollar. As a result, most employees cannot use both the tax credit and Dependent Care FSA.
- Participation in the Dependent Care FSA may affect eligibility for the earned income tax credit.
- Only expenses for services you receive or incur during the calendar year and after the effective date of your coverage may 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 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 FSA and Dependent Care FSA, you cannot use money from one account to cover expenses in the other account.
- All dependent care expenses must be submitted to WageWorks for reimbursement by March 31, following the year in which the expense was incurred. After March 31, any remaining unreimbursed amounts will be forfeited.

Completing your Benefits Enrollment Process

It is important that you complete your Benefits Enrollment Form promptly. Benefits enrollment is conducted online through the Firefly Employee Self Service website at <https://firefly.nebraska.edu>

If the Benefits Enrollment process is not completed within the first 31 days of your date of hire or eligibility, you will be enrolled for only the employer-provided life insurance coverage. Benefit changes will not be permitted until the next annual NUFlex enrollment period unless a Permitted Election Change Event occurs.

Remember, if you elect Voluntary Life Insurance Option 9-11 you must complete an Assurity Life Insurance Statement of Health form. In addition, if you elect Dependent Spouse Life Insurance Option 4, your spouse must complete an Assurity Life Insurance Statement of Health form. This form is available on the university's benefits webpage.

Enrollment of any dependent into one of the medical options, dental plan, and/or vision care plan requires completion of the Dependent Information Request Form, which is available on the university's benefits webpage. All forms including the dependent verification documentation must be provided within 31 days of your hire date or benefits eligibility date. Once your Benefits Enrollment has been completed, no changes will be allowed until the next annual NUFlex enrollment period or a Permitted Election Change Event occurs.

In order to determine your Voluntary Life Insurance premium, you must complete the Life Insurance Tobacco/Nicotine Designation, which is located in the benefits enrollment process. **If not completed, your Voluntary Life Insurance coverage will default to the Tobacco/Nicotine premium.** This designation cannot be changed during the year unless a Permitted Election Change Event occurs.

Long Term Care enrollment and premium information is available on the University of Nebraska benefits webpage.

Basic Retirement Plan 401(a)

Objective

The University of Nebraska provides you a retirement plan for the purpose of accumulating lifetime retirement income through participation in the Basic Retirement Plan.

Eligibility

Mandatory Participation: Employees age 30, who are employed in a “Regular” budgeted position, and who have completed two years of service and possess an employment status equal to an FTE of .5 or greater are required to participate subject to the applicable retirement plan enrollment dates. Certain positions may be excluded from participation.

Voluntary Participation: Employees ages 26-29, who are employed in a “Regular” budgeted position, and who have completed two years of service and possess an employment status equal to an FTE of .5 or greater may participate voluntarily subject to the applicable retirement plan enrollment dates. Certain positions may be excluded from participation. Employees declining voluntary participation when initially offered may not participate until the mandatory participation requirements are satisfied.

Employees who satisfy the eligibility requirements for participation except for the two-year service provision may enroll during the applicable plan enrollment dates if they can prove qualifying service with a prior employer whose primary purpose or activity provided a formalized program of education. Credit for prior service is requested through the completion and submission of the Record of Prior Service Form, which is included in the **Benefits Enrollment for New Employees** module on the benefits website.

Contributions to the Plan

	YOUR CONTRIBUTION	UNIVERSITY CONTRIBUTION	TOTAL
Tier 1	3.5%	6.5%	10.0%
Tier 2	5.5%	8.0%	13.5%

Effective Date of Participation: Participation is effective either February 1 or September 1 coincident with or following satisfaction of the eligibility requirements.

BENEFITS ENROLLMENT

Basic Retirement Plan 401(a) (continued)

Both you and the university contribute to the Basic Retirement Plan based on a percentage of your salary. Your contributions are withheld on a tax-deferred basis, thus reducing federal and state income tax. You may choose between two levels of participation:

Employees initially electing Tier 1 may, at a later date, change to Tier 2 effective each July 1 (election form must be submitted by June 1). No change will be permitted from Tier 2 to Tier 1.

Vesting

All contributions, including those made by the university, are vested immediately upon participation.

Allocating Plan Contributions

You may allocate Basic Retirement Plan contributions among or between TIAA and Fidelity Investments in any whole-number percentage, including full allocation to any option. Once participation begins, allocation changes of future premiums may be made at any time by contacting the respective investment company.

Investment Alternatives

You may invest Basic Retirement Plan contributions with TIAA or Fidelity Investments. Both retirement plan investment companies are committed to offering a wide range of investment options while providing the educational resources to help you plan for a successful retirement. You may invest retirement plan contributions among the following categories:

- Money Market
- Stocks (Equities)
- Lifecycle Funds
- Bonds (Fixed Income)
- Guaranteed Annuity

Transferring Plan Contributions

Basic Retirement Plan funds may be transferred among or between TIAA and Fidelity Investments at any time. Certain conditions apply when transferring money from TIAA.

Rollover of Funds

You may not rollover retirement plan funds from another retirement plan to the university's Basic Retirement Plan. This includes rollovers from a previous employer's plan, personal IRA, self-employed retirement plan, etc. or any other retirement plan such as a qualified Defined Benefit plan, qualified Defined Contribution plan, 401(a), 403(b), 401(k), SEP, or Governmental 457 pension plan.

Access to Funds

As required by governing law, employees generally are not permitted to receive a distribution from University of Nebraska retirement plans including the Basic 401(a), Supplemental Retirement Annuity (SRA) 403(b), and Deferred Compensation 457(b) while actively employed by the university in any full-time, part-time, temporary, on-call, etc., position. Employees who have attained normal retirement age (age 62) with an employment status of .5 FTE or less may access Basic 401(a) Retirement Plan accumulations. Otherwise, accumulations may be accessed after termination of employment. Unless the distribution is rolled over to an eligible retirement plan, funds received from the retirement plans are taxable. In some cases, a 10 percent excise tax will be assessed. You should seek competent tax advice before receiving a distribution.

The university will only approve retirement plan distributions for those retired and/or separated employees where there is no expectation or pre-planned agreement of future employment by the university. To assure compliance, if a separated employee receives a retirement plan distribution, he or she generally may not be reemployed by the University of Nebraska in any paid position for a period of 12 months from date of separation. This includes any full-time, part-time, temporary, or on-call employment position.

Supplemental Retirement Plan 403(b)

Objective

Employees may participate in the Supplemental Retirement Plan (SRA), which establishes individual annuity and/or custodial accounts for the purpose of supplementing Basic Retirement Plan contributions.

Eligibility

Any employee, regardless of age, length of service, or benefits FTE, may enroll in the Supplemental Retirement Plan (SRA).

Effective Date of Participation

Participation is effective the first of the month following submission of a Pre-tax Salary Reduction/Roth Deduction Agreement form and completion of account application forms.

Contributions to the Plan

SRA contributions are withheld each pay period as a percent of compensation or a flat dollar amount (\$200 annual minimum) up to the Internal Revenue Service's maximum allowance. Contributions made to the SRA Plan are withheld on a voluntary basis

- Traditional 403(b) Contributions

Traditional 403(b) contributions are made on a pre-tax basis and are not included in current taxable income. The pre-tax contributions and any earnings will be subject to income taxes when withdrawn.

BENEFITS ENROLLMENT

Supplemental Retirement Plan 403(b) (continued)

- Roth 403(b) Contributions

Roth 403(b) contributions are made on an after-tax basis and are included in current taxable income. Earnings are tax free if they are part of a “qualified distribution.” A qualified distribution is one that is taken at least 5 tax years from the year of the first Roth 403(b) contribution and after the participant attains age 59½, becomes disabled or deceased.

Allocating Plan Contributions

You may allocate contributions among or between TIAA and Fidelity Investments in any whole-number percentage, including full allocation to any option. Once participation begins, allocation changes of future premiums may be made at any time by contacting the respective investment company.

Investment Alternatives

You may invest contributions with TIAA or Fidelity Investments. Both retirement plan investment companies are committed to offering a wide range of investment options while providing the educational resources to help you plan for a successful retirement. You may invest retirement plan contributions among the following categories.

- Money Market
- Bonds (Fixed Income)
- Lifecycle Funds
- Stocks (Equities)
- Guaranteed Annuity

Transferring Plan Contributions

SRA Plan funds may be transferred among or between TIAA and Fidelity Investments at any time.

Rollover of Funds

You may rollover funds from another employer’s retirement plan to the university’s SRA Plan only if the original retirement plan in which the funds were contributed provided for the rollover of funds.

Access to Funds

Traditional SRA Plan funds may be accessed subject to certain IRS guidelines and restrictions. SRA funds received are taxable and in some cases, a 10 percent excise tax will be assessed. Roth in-service distributions before age 59½ are not permitted unless the participant has a financial hardship. Hardship distributions are based on the IRS Safe Harbor rules which permit withdrawals for immediate and heavy financial need such as payment for medical expenses, purchase of a principal residence, tuition, eviction, burial or funeral expenses, repair or damage to a principal residence that would qualify for the casualty deduction. The Roth 403(b) option does not include a loan provision. Additional information is available from your Campus Benefits Office.

Deferred Compensation Plan 457(b)

Eligibility

You are eligible to participate in the 457(b) Deferred Compensation Plan as long as you have “elected to defer” the maximum 402(g) amount allowable to the university’s Supplemental Retirement Plan 403(b).

Effective Date of Participation

Participation is effective the first of the month following submission of a 457(b) Deferred Compensation Plan Salary Reduction Agreement form and completion of account application forms.

Contributions to the Plan

457(b) Deferred Compensation Plan contributions are withheld each pay period as a flat dollar amount (\$50 pay period minimum) up to the Internal Revenue Service’s maximum allowance. Contributions made to the 457(b) Deferred Compensation Plan are withheld on a voluntary basis and are made on a tax-deferred basis, thus reducing federal and state income tax.

Allocating Plan Contributions

You may allocate contributions among or between TIAA and Fidelity Investments in any whole-number percentage, including full allocation to any option. Once participation begins, allocation changes of future premiums may be made at any time by contacting the respective investment company.

Investment Alternatives

You may invest contributions with TIAA or Fidelity Investments. Both retirement plan investment companies are committed to offering a wide range of investment options while providing the educational resources to help you plan for a successful retirement. You may invest retirement plan contributions among the following categories:

- Money Market
- Bonds (Fixed Income)
- Lifecycle Funds
- Stocks (Equities)
- Guaranteed Annuity

Transferring Plan Contributions

457(b) Deferred Compensation Plan funds may be transferred among or between TIAA and Fidelity Investments at any time.

BENEFITS ENROLLMENT

Deferred Compensation Plan 457(b) (continued)

Roll-over of Funds

You may roll over funds from another governmental employer's 457(b) Deferred Compensation Plan to the university's 457(b) Deferred Compensation Plan only if the original retirement plan in which the funds were contributed provided for the roll-over of funds.

Access to Funds

457(b) Deferred Compensation Plan funds may not be accessed prior to separation of employment. Deferred Compensation Plan funds received are taxable. Additional information is available from your Campus Benefits Office.

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

If you have any questions about NUFlex enrollment, please call your Campus Benefits Office.

Campus Benefits Offices

UNL

402-472-2600
32 Canfield Administration
Lincoln, NE 68588-0409
benefits@unl.edu

UNO

402-554-2465
205 Eppley Administration Building
Omaha, NE 68182
benefits@unomaha.edu

UNCA

402-472-2600
217 Varner Hall
Lincoln, NE 68583-0742
benefits@nebraska.edu

UNMC

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

UNK

308-865-8522
1200 Founders Hall
Kearney, NE 68849
benefitsunk@unk.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	FLORIDA – Medicaid
Website: http://www.azahcccs.gov/applicants/default.aspx Phone (Outside of Maricopa County): 1-877-764-5437 Phone (Maricopa County): 602-417-5437	Website: http://www.fdhc.state.fl.us/Medicaid/index.shtml Phone: 1-877-357-3268
ARKANSAS – CHIP	MISSOURI – Medicaid
Website: http://www.arkidsfirst.com/ Phone: 1-888-474-8275	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
GEORGIA – Medicaid	MONTANA – Medicaid
Website: http://dch.georgia.gov/ Click on Programs, then Medicaid Phone: 1-800-869-1150	Website: http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml Phone: 1-800-694-3084
IDAHO – Medicaid and CHIP	NEBRASKA – 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://www.dhhs.ne.gov/med/medindex.htm Phone: 1-877-255-3092

BENEFITS ENROLLMENT

Appendix A (continued)

INDIANA – Medicaid	NEVADA – Medicaid and CHIP
Website: http://www.in.gov/fssa Phone: 1-800-889-9948	Medicaid Website: http://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900 CHIP Website: http://www.nevadacheckup.nv.org/ CHIP Phone: 1-877-543-7669
IOWA – Medicaid	NEW HAMPSHIRE – Medicaid
Website: www.dhs.state.ia.us/hipp/ Phone: 1-888-346-9562	Website: www.dhhs.nh.gov/ombp/index.htm Phone: 603-271-4238
KANSAS – Medicaid	NEW JERSEY – Medicaid and CHIP
Website: https://www.khpa.ks.gov Phone: 1-800-792-4884	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 1-800-356-1561 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
KENTUCKY – Medicaid	NEW MEXICO – Medicaid and CHIP
Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570	Medicaid Website: http://www.hsd.state.nm.us/mad/index.html Medicaid Phone: 1-888-997-2583 CHIP Website: http://www.hsd.state.nm.us/mad/index.html Click on Insure New Mexico CHIP Phone: 1-888-997-2583
LOUISIANA – Medicaid	TEXAS – Medicaid
Website: http://www.lahipp.dhh.louisiana.gov Phone: 1-888-342-6207	Website: https://www.gethipptexas.com/ Phone: 1-800-440-0493
MAINE – Medicaid	UTAH – Medicaid
Website: http://www.maine.gov/dhhs/OIAS/public-assistance/index.html Phone: 1-800-321-5557	Website: http://health.utah.gov/upp Phone: 1-866-435-7414
MASSACHUSETTS – Medicaid and CHIP	VERMONT – Medicaid
Medicaid & CHIP Website: http://www.mass.gov/MassHealth Medicaid & CHIP Phone: 1-800-462-1120	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427

MINNESOTA – Medicaid	VIRGINIA – Medicaid and CHIP
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	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
NEW YORK – Medicaid	WASHINGTON – Medicaid
Website: http://www.nyhealth.gov/health_care/medicaid/ Phone: 1-800-541-2831	Website: http://hrsa.dshs.wa.gov/premiumpymt/Apply.shtm Phone: 1-800-562-3022 ext. 15473
NORTH CAROLINA – Medicaid	WEST VIRGINIA – Medicaid
Website: http://www.nc.gov Phone: 919-855-4100	Website: http://www.wvrecovery.com/hipp.htm Phone: 304-342-1604
NORTH DAKOTA – Medicaid	WISCONSIN – Medicaid
Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-800-755-2604	Website: http://www.badgercareplus.org/pubs/p-10095.htm Phone: 1-800-362-3002
OKLAHOMA – Medicaid	WYOMING – Medicaid
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://www.health.wyo.gov/healthcarefin/index.html Phone: 307-777-7531
OREGON – Medicaid and CHIP	<p>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:</p> <p>U.S. Department of Labor Employee Benefits Security Administration www.dol.gov/ebsa 1-866-444-EBSA (3272)</p> <p>U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services www.cms.hhs.gov 1-877-267-2323, Ext. 61565</p>
Medicaid & CHIP Website: http://www.oregonhealthykids.gov Medicaid & CHIP Phone: 1-877-314-5678	
PENNSYLVANIA – Medicaid	
Website: http://www.dpw.state.pa.us/partnersproviders/medicalassistance/doing-business/003670053.htm Phone: 1-800-644-7730	
RHODE ISLAND – Medicaid	
Website: www.dhs.ri.gov Phone: 401-462-5300	
SOUTH CAROLINA – Medicaid	
Website: http://www.scdhhs.gov Phone: 1-888-549-0820	

NUFLEX BENEFITS ENROLLMENT



The University of Nebraska believes its low, basic, and high 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.

The University of Nebraska does not discriminate based on race, color, ethnicity, national origin, sex, pregnancy, sexual orientation, gender identity, religion, disability, age, genetic information, veteran status, marital status, and/or political affiliation in its programs, activities, or employment. For nondiscrimination inquiries, contact the Title IX Coordinator or the Section 504/ADA Coordinator at 3835 Holdrege Street, Lincoln, NE 68583, (402) 472-2111.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-xxx-xxx-xxxx (TTY: 844-348-9584).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-xxx-xxx-xxxx (TTY: 844-348-9584)。