

Annual NUFLEX BENEFITS ENROLLMENT



Retiree Newsletter



NUFLEX BENEFITS ENROLLMENT PERIOD: October 28 – November 15, 2024

The University of Nebraska System annual benefits enrollment period is currently underway. We would like to take this opportunity to share some information about your health plans for 2025.

Between now and Nov. 15, 2024, you have the opportunity to request a different medical option or cancel your medical and/or dental insurance coverage. If you would like to make any changes to your coverage for 2025, please complete the enclosed Retiree Insurance Change Form and return it to your Campus Benefits Office by Friday, Nov. 15, 2024. All changes will take effect Jan. 1, 2025. **Please note that if you cancel your coverage, you will not be allowed to re-enroll for coverage in the future.**

Blue Cross and Blue Shield of Nebraska is the health and dental insurance carrier. EmpiRx Health will continue to provide the University prescription drug coverage.

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

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BENEFITS ENROLLMENT

How to Change Coverage

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 Nov. 15, 2024.

If any changes are made for 2025 the medical and dental insurance premiums (see enclosed document) will be automatically changed for the January 2025 electronic withdrawal. As a result, you do not need to contact your bank.

Deductibles, coinsurance, and out-of-pocket limits will not increase.

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 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.

**Remember to
make changes
to coverage by
November 15.**

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 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 Health Risk Assessment any time between Monday, Oct. 28, 2024, and Friday, Nov. 15, 2024, at 5 p.m. CST. The assessment is available online at <https://platform.healthimprovementsolutions.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.

The HRA assessment will ask for the password you previously created. If you are new to retiree insurance or forgot your previous password, please click the Forgot Password link to reset your password.

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.

Complete the HRA by November 15

Enhanced Wellness and Preventive Services

If you complete the HRA and are enrolled in the university's low, basic, or high plan, you will receive the following enhanced wellness and preventive services benefit for you and your covered family members in 2025:

\$400
allowance

Annual preventive care allowance of \$400 (for insureds age 2 and over).

\$0
copay

\$0 copay for seasonal vaccinations administered at an in-network pharmacy and submitted to the prescription drug program.

\$0
copay

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

100%
coverage

100% coverage for a routine preventive colonoscopy once every 10 years beginning at age 45.
(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.)

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Medical Coverage

New: Price Change for 2025

Medical insurance premiums will increase by 5% in 2025. Enclosed is a document showing the retiree medical insurance premiums for all options and coverage categories. There will be no changes 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.**

The retiree health insurance program is self sustaining and does not receive any institutional funds. Every year we hire an external actuary firm to evaluate premium pricing and claim trend.

Schedule of Benefits

If you are enrolled in the medical plan, you will receive a Schedule of Benefits confirming your medical insurance coverage in January 2025. The Medical Certificate of Coverage (plan booklet) will be available on the university's benefits web page at www.nebraska.edu/benefits in January 2025.

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 best meets your needs. As part of the federal health care reform legislation, we have made the SBCs available to you at www.nebraska.edu/benefits.

Carrier

Blue Cross and Blue Shield of Nebraska is the health insurance carrier. Blue Cross has created a custom phone number and website to assist university health plan participants. The website is nebraskablue.com/unsystem and the phone number is (866) 926-1498. These resources can assist with in-network provider searches, scheduling appointments, checking eligibility for care management programs, and many other services.



Choosing the Right Medical Plan

You have three medical plan options through Blue Cross and Blue Shield—low, basic and high. All options include prescription drug coverage through EmpiRx Health. 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 when you receive care.)			
- PPO	\$1,550	\$450	\$300
- Non-PPO	\$1,950	\$650	\$450
- Enhanced Provider	\$1,350	\$300	\$200
Coinsurance (The percentage of an insurance claim that you are responsible for paying.)			
- PPO	You pay 30%	You pay 30%	You pay 20%
- Non-PPO	You pay 45%	You pay 45%	You pay 35%
- Enhanced Provider	You pay 15%	You pay 15%	You pay 10%
Stop-loss (The maximum amount you will have to pay per year—not including your deductible.)			
- PPO	\$2,500	\$1,600	\$1,400
- Non-PPO	\$2,900	\$2,000	\$1,700
- Enhanced Provider	\$2,300	\$1,450	\$1,300

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.

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Prescription Drug Coverage

Prescription drug coverage through EmpiRx Health 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 retail network pharmacy or by mail order.

Continued in 2025

Prescription drug deductible and copay amounts will not increase in 2025.

Each covered person is required to establish a one-time 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	Up to 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.

Carrier

EmpiRx Health is the pharmacy insurance carrier. EmpiRx Health has a custom phone number to assist members with any questions you may have. The phone number is 1-833-419-3436. You may also visit myempirxhealth.com and select continue as guest to learn more about EmpiRx Health.

Please visit nebraska.edu/benefits to access additional information about the pharmacy network and covered medication formulary.

\$0

Generic copay through mail service if you complete the HRA

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

To learn more about enrolling in the pharmacy mail service program see the prescription drug coverage and management information at www.nebraska.edu/benefits. You can also call member services at 833-419-3436 to inquire about enrolling in the pharmacy mail service program.

For health plan participants that receive a flu shot in an in-network pharmacy, and also complete the Health Risk Assessment, there will be \$0 copay for the claim processed with the prescription drug coverage.

Dental Coverage

No Price Change for 2025

Dental plan premiums will not increase in 2025. Enclosed is a document showing dental premiums for all coverage categories.

Dental coverage is offered through Blue Cross and Blue Shield of Nebraska. Plan coverages are similar to the dental coverage provided in prior years. Visit nebraskablue.com/unsystem to view additional details on the dental plan or you can call Blue Cross at 866-926-1498. **We would like to remind you that the dental plan is closed to new enrollments, including the addition of new dependents.**

The Dental Certificate of Coverage (plan booklet) will be available on the university's benefits web page at www.nebraska.edu/benefits.

BENEFITS ENROLLMENT

Contact Information

If you have any questions regarding your 2025 NUFlex Benefits enrollment, 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) 554-3449
E-mail: unobenefits@unomaha.edu
Send forms to: 6001 Dodge St,
EAB 205 Omaha, NE 68182

UNK

Campus Benefits Office
Call: (308) 865-8522
E-mail: benefitsunk@unk.edu
Send forms to:
1200 Warner Hall
Kearney, NE 68849

UNOP

Campus Benefits Office
Call: (402) 472-2600
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.

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 TTY: 1-888-592-8963.

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: 1-888-592-8963)。