

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

UNIVERSITY OF
Nebraska

The title "NUFlex benefits 2013" is centered on the page. "NUFlex" is in a large, white, serif font. "benefits" is in a smaller, black, italicized serif font. "2013" is in a large, white, serif font. The background features a large red and blue abstract shape on the right side.

NUFlex
benefits
2013

For Newly Eligible Employees

University of Nebraska

University of Nebraska-Lincoln

University of Nebraska Medical Center

University of Nebraska at Kearney

University of Nebraska at Omaha

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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 Day 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.

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

You may 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.

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.

► Before you Start

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

- Health and dependent day 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.

► Benefit Enrollment Forms

Once you have made your final benefit decisions, you must complete the required enrollment forms (Benefits Enrollment form, Dependent Information Request form and Statement of Health form) and submit them to your Campus Benefits Office. Forms are available on the benefits webpage at www.nebraska.edu/benefits. Please remember to include all dependent verification documentation when you submit the forms.

► Initial Enrollment

You must enroll for coverage within 31 days of your hire or benefits eligibility date (date you become benefits-eligible). Enrollment after the initial 31-day period is limited to the annual NUFlex enrollment or when 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.

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

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

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.

► **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 submit the Dependent Information Request Form and the dependent verification documents (valid documents listed below).

All dependent information must be received in your Campus Benefits Office 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 (Employee Plus One):

To add an adult designee to your coverage, you must submit the following forms with the required documentation:

- Affidavit of Employee Plus One Relationship
- Certification Concerning Tax-Qualified Dependents for Employee Plus One Coverage
- Employee Plus One Benefits Change 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. Before adding an adult designee to your coverage, read all of the program requirements online at www.nebraska.edu/benefits, confirm that your adult designee is eligible for coverage, speak to a tax professional and contact your Campus Benefits Office.

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

► **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 choices and correct any mistakes. Your Campus Benefits Office should be contacted immediately if you find any errors or problems. Any requests for changes 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. 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.

Important Notices

► Notice: Disclosure of Grandfathered Status

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

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

► **Notice: Extension of Coverage**

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

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

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

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

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

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

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

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

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

Medical Insurance

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

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

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

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

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

The current medical PPO network directory may be viewed on the university's benefits webpage. PPO participation information may also be obtained by calling Blue Cross Blue Shield at (888) 592-8963.

Summary of Medical Options

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

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

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

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

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

The high option is also 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.

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 Blue Cross Blue Shield medical plan.

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

You may view CVS Caremark's Nebraska PPO retail network directory and the CVS Caremark 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.

► Disease Management Program

The university offers you and your covered family members a valuable health service called BluePartners, a disease management program provided by Blue Cross Blue Shield of Nebraska. The program is available at no additional cost to members who are dealing with any of four chronic medical conditions: diabetes, heart disease, chronic pulmonary disease or asthma.

The BluePartners program offers personalized attention from a team of health care professionals, custom-designed to fit individual needs, lifestyles and doctors' instructions. BluePartners strives to educate and empower program participants by providing a wide variety of support: personal phone contact with a registered nurse, educational materials and Internet tools. Health care professionals can answer questions about specified chronic conditions, as well as consult with you and your doctor regarding treatment plans. The university and BluePartners are working together to reach those who would benefit most from this program.

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

Your personal health information will remain confidential as the university will only have access to the aggregate information obtained from the survey. 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.
- Enrollment of any dependent into one of the Blue Cross Blue Shield 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-Blue Cross Blue Shield network provider (non-PPO provider), you will experience higher out-of-pocket costs due to the higher deductible, higher coinsurance, higher stop-loss limit, and potential balance billing by the provider.
- Participation in the prescription drug program is dependent upon your enrollment in the Blue Cross Blue Shield medical plan and does not require any additional premium to participate.
- Medical coverage for a newborn child will begin at the dependent child's date of birth. **To continue the child's coverage beyond 31 days, you must contact the Campus Benefits Office within 31 days of a dependent's date of birth to add the newborn child to your medical insurance policy.** You must complete and deliver to the Campus Benefits Office a Dependent Information Request Form to add the new dependent child to the medical insurance policy **even if** you are currently enrolled for Employee & Child or Employee & Family coverage. If the newborn child is added, the coverage change and related increase in premiums will be effective the first of the month following the dependent's date of birth. (While the dependent information request form must be received within 31 days of the baby's birth, you are given 60 days to provide the 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.

► Blue Cross Blue Shield Insurance Benefits Summary

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

Hospital Services

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

Maternity

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

Major Medical Services

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

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

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

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

Mental Illness and Substance Abuse

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

Preventive Dental Services

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

Dental Insurance

- ▶ The Blue Cross Blue Shield of Nebraska dental plan has been designed to pay a significant portion of the cost for checkups and to provide cost-sharing benefits for needed restorative work up to the annual maximum benefit. You may participate in the dental plan or elect no coverage.

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

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

The current dental PPO network directory may be viewed on the university’s benefits webpage. PPO participation information may also be obtained by calling Blue Cross Blue Shield at (888) 592-8963.

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 Blue Cross Blue Shield 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-Blue Cross Blue Shield network provider (non-PPO provider), you will experience higher out-of-pocket costs due to the higher deductible, higher coinsurance and potential balance billing by the provider.
- Dental coverage for a newborn child will begin at the dependent child's date of birth. The applicable premium will begin on the first day of the month following the date of birth. **To continue the child's coverage beyond 31 days, you must contact the Campus Benefits Office within 31 days of a dependent's date of birth to add the newborn child to your dental insurance policy.** You must complete and deliver to the Campus Benefits Office a Dependent Information Request Form to add the new dependent child to the dental insurance policy **even if** you are currently enrolled for Employee & Child or Employee & Family coverage. If the newborn child is added, the coverage change and related increase in premiums will be effective the first of the month following the dependent's date of birth. (While the dependent information request form must be received within 31 days of the baby's birth, you are given 60 days to provide the 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.

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 \$120 allowance	Annual	Up to \$38
Standard Plastic Lenses			
Single Vision	\$10 copay	Annual	Up to \$25
Bifocal	\$10 copay	Annual	Up to \$40
Trifocal	\$10 copay	Annual	Up to \$55
Standard Progressive	\$10 copay	Annual	Up to \$55
Premium Progressive	\$10 copay, 80% of balance over \$120	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 \$120 allowance	Annual	Up to \$96
Disposable	Balance over \$120 allowance	Annual	Up to \$96
Medically Necessary	\$0	Annual	Up to \$200
LASIK and PRK Vision Correction	15% off retail price <u>or</u> 5% off promotional pricing	Unlimited	NA

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

► Issues to Consider—Vision Care Insurance

- 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 31 days of a dependent's date of birth to add the newborn child to your vision care insurance policy.** You must complete and deliver to the Campus Benefits Office a Dependent Information Request Form to add the new dependent child to the vision care insurance policy **even if** you are currently enrolled for Employee & Child or Employee & Family coverage. If the newborn child is added, the coverage change and related increase in premiums will be effective the first of the month following the dependent's date of birth. (While the dependent information request form must be received within 31 days of the baby's birth, you are given 60 days to provide the 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.

Long Term Disability Insurance

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

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

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

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

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

Summary of LTD Options

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

► Issues to Consider—Long Term Disability

- 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.

Life Insurance—Voluntary

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

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

Summary of Voluntary Life Insurance Options

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

▶ Issues to Consider—Life Insurance- Voluntary

- You may enroll for Option 1-3 regardless of your health. If you elect Option 4-11, 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.

Summary of AD&D Insurance Options

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

▶ Issues to Consider—Accidental Death & Dismemberment Insurance

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

Dependent Life Insurance

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

Summary of Dependent Life Insurance Options

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

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

▶ Issues to Consider—Dependent Life Insurance

- 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 \$10,000 (Option 2) without proof of insurability. Options 3 and 4, however, require 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 CNA. 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.

Summary of Long Term Care Benefits

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

► Issues to Consider—Long Term Care Insurance

- Premiums are based on the insured's age on the effective date of coverage. Therefore, the younger you are when you enter the plan, the lower the premium.
- New or newly eligible employees may enroll without providing insurability while spouses must apply by completing a Short Form Application and be approved by CNA.
- Premiums are withheld on an after-tax basis, i.e., subject to state and federal income taxes and Social Security.
- 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 must complete the Short Form Application to enroll for long term care coverage.
- Your parents, grandparents, parents-in-law, grandparents-in-law and their spouses are also eligible for coverage. A Long Form Application is available on the University of Nebraska benefits webpage at www.nebraska.edu/benefits and must be completed by each individual and approved by CNA before coverage is effective.
- Long Term Care Enrollment, Short Form and Long Form Applications are available on the University of Nebraska benefits webpage.
- 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)

- ▶ 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. Up to \$2,500 annually may be withheld from your pay.

▶ 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 university's benefits webpage.

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

▶ Issues to Consider—Health Care FSA

- Contributions not used by the end of the calendar year will be forfeited.
- 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 Day Care FSA, you cannot use money from one account to cover expenses in the other account.
- Amounts payable from the Health Care FSA will be included in your pay and shown on the payroll advice.
- All health care expenses must be submitted to your Campus Benefits Office for reimbursement by March 31, following the year in which the expense was incurred. After March 31, any remaining unreimbursed amounts will be forfeited.

Dependent Day Care Flexible Spending Account (FSA)

- ▶ The Dependent Day Care Flexible Spending Account may be used to pay dependent day care expenses that are necessary for you and your spouse (if applicable) to work. Covered expenses include day care services for children under age 13, or other dependents you claim for tax purposes who are physically or mentally incapable of self-care. Qualifying expenses that can be reimbursed and claim filing procedures can be viewed on the university's benefits webpage.

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

- ▶ **Issues to Consider—Dependent Day Care FSA**
 - Contributions not used by the end of the calendar year will be forfeited.
 - In general, you and your spouse may not participate in the Dependent Day Care 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 Day Care FSA payments offset the tax credit amount dollar-for-dollar. As a result, most employees cannot use both the tax credit and Dependent Day Care FSA.
 - Participation in the Dependent Day Care FSA may affect your 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 Day Care FSA, you cannot use money from one account to cover expenses in the other account.
 - Amounts payable from the Dependent Day Care FSA will be included in your pay and shown on the payroll advice.
 - All dependent day care expenses must be submitted to your Campus Benefits Office for reimbursement by March 31, following the year in which the expense was incurred. After March 31, any remaining unreimbursed amounts will be forfeited.

Completing your Benefits Enrollment Form

- ▶ It is important that you complete your Benefits Enrollment Form promptly.

If your Benefits Enrollment Form is not received in your Campus Benefits Office 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 4-11 you must complete an Assurity Life Insurance Statement of Health form. In addition, if you elect Dependent Spouse Life Insurance Option 3 or 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 Blue Cross Blue Shield 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 submitted to your Campus Benefits Office with 31 days of your hire date or benefits eligibility date.

In order to determine your Voluntary Life Insurance premium, you must complete the Life Insurance Tobacco/Nicotine Designation, which is located on your Benefits Enrollment Form. **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. 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. 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 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.

► Effective Date of Participation

Mandatory Participation: Participation is effective the first of the month coincident with or following satisfaction of the eligibility requirements.

Voluntary Participation: Participation is effective the first of the month coincident with or following satisfaction of the eligibility requirements. Participation for employees who decline voluntary participation is effective the first of the month coincident with or following satisfaction of the mandatory participation eligibility requirements.

Contributions to the Plan

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:

	<u>Your Contribution</u>	<u>University Contribution</u>	<u>Total</u>
Tier 1	3.5%	6.5%	10.0%
Tier 2	5.5%	8.0%	13.5%

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-CREF 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-CREF 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-CREF 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.

- *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-CREF 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-CREF 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-CREF 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-CREF 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-CREF 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-CREF and Fidelity Investments at any time.

► 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@unlnotes.unl.edu

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

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

UNK: (308) 865-8516
1200 Founders Hall
Kearney, NE 68849
benefitsunk@unk.edu

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

Appendix A

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

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

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

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

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

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

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

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

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