

NUFLEX ENROLLMENT

This year's NUFlex enrollment will again be offered online through the Firefly Employee Self Service program. The NUFlex benefits booklet, life insurance Statement of Health form, and Dependent Information Request Form will be available on the University of Nebraska benefits webpage at www.nebraska.edu/benefits. Between now and Dec. 3, 2010, you will be permitted to make changes, if desired, to your NUFlex benefits for 2011.

For those of you making changes to your NUFlex benefits, the 2011 enrollment continues to be a relatively simple process. If no changes are made online, you will keep your current benefits and **will not** be enrolled in the Reimbursement Accounts in 2011. Listed below are the highlights and/or changes to the 2011 NUFlex benefits program, including information on:

- New live online informational meetings
- Health Risk Assessment
- Upcoming Dependent Eligibility Audit
- Changes related to Health Care Reform

Please review this information, since it may impact your 2011 NUFlex benefit decisions. Additional NUFlex benefit information may be viewed on the University of Nebraska benefits webpage at www.nebraska.edu/benefits.

ONLINE BENEFITS ENROLLMENT

You must submit your NUFlex benefit changes online using the Firefly Employee Self Service website at <https://firefly.nebraska.edu>. Submitting your benefit changes online is fast and convenient. *Please refer to Firefly's home page for additional information including a Help section and important browser requirements and instructions.* More information regarding online benefits enrollment may be found in the Online Enrollment Guide, which is available on Firefly Employee Self Service.

Benefit changes for 2011 must be completed by **5 p.m. CST on Friday, Dec. 3, 2010.** **NOTE: AFTER THE DEC. 3rd ENROLLMENT DEADLINE, NO BENEFITS MAY BE ADDED OR CHANGED. THIS INCLUDES DESIGNATING A TOBACCO/NICOTINE STATUS, ENROLLMENT IN THE REIMBURSEMENT ACCOUNTS, ETC.** You must submit a Statement of Health form if you are increasing voluntary life insurance coverage and/or a Dependent Information Request Form if you are adding a dependent to your medical, dental, or vision care plan. Links to these forms are available on the Firefly Employee Self Service website as part of the enrollment process or the benefits webpage at www.nebraska.edu/benefits.

NUFLEX INFORMATIONAL MEETINGS

This year's annual NUFlex informational meetings will be offered live online which will allow you to view the presentation from the comforts of your home or office. You may view the online meeting agenda by accessing the following link: <http://go.nebraska.edu/meetingagenda>.

Monday, Nov. 15, 2010 **2 p.m. – 3 p.m.**
Wednesday, Dec. 1, 2010 **10 a.m. – 11 a.m.**

In order to view one of the meetings, please access the following link: <http://breeze.unl.edu/nuflex>. These online NUFlex informational meetings will be recorded and will be available on the university's benefits webpage shortly after the meeting at www.nebraska.edu/benefits to allow viewing at your convenience. Please note that there is a limit to the number of participants who can access each live online meeting. Logging in at least 10 minutes before the session is advisable. If you have any questions or concerns, contact the Adobe Connect Support line at (800) 422-3623.

HEALTH RISK ASSESSMENT

➔ The Health Risk Assessment (HRA) program is offered again this fall online, as paper surveys will not be available. All active (benefits-eligible) employees, retirees, and ancillary insureds (who had an email address in SAP as of Oct. 1, 2010) have the opportunity to complete the HRA beginning Monday, Nov. 8, 2010. The program will run for four weeks, ending with the 2011 NUFlex enrollment deadline of Friday, Dec. 3, 2010 at 5:00 p.m. CST. **The HRA survey must be completed each year in order to receive the enhanced wellness and preventive services benefit for the following calendar year.**

Participation is voluntary; however, by completing this short survey, you will receive a Personal Health Report that will help you assess and monitor your personal health status. The 2011 survey will include a confirmation page at the end of the Personal Health Report which provides you with documentation the HRA was successfully completed. **The Personal Health Report must be printed and/or saved in order for you to receive credit for completing the HRA survey.**

Employees who are enrolled in the university's Blue Cross Blue Shield medical plan and complete the HRA will also 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 a \$2,500 maximum, for routine preventive colonoscopy once every 10 years beginning at age 50 (services must be provided by a Blue Cross Blue Shield PPO Provider)
- \$0 copay for generic prescription drugs through CVS Caremark's mail service

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

DEPENDENT ELIGIBILITY AUDIT

➔ As your employer, part of our responsibility is to keep costs down so we can maintain a competitive health care plan for all employees. We must also make sure that only those dependents who are actually eligible are the ones being provided with coverage. National studies show that each dependent's health care costs average approximately \$2,500 each year. Covering people who are not eligible raises our cost for health coverage, which is reflected in the premiums deducted from our pay. In an effort to control these costs we have retained the services of a highly recommended independent auditor, Chapman Kelly, to conduct a Dependent Eligibility Audit of our medical and dental plans. The objective of the audit is to identify ineligible dependents who are currently covered by the university's medical and dental insurance plans.

If you have dependents enrolled in the University of Nebraska medical and/or dental plans, you will receive a series of correspondence addressed to your home from Chapman Kelly beginning in January 2011. If you do not have dependents enrolled in a benefit plan, you will not receive any letters. You will be asked to supply evidence of eligibility for each dependent enrolled in the medical and/or dental plans. The type of evidence required will vary depending on the relationship of the dependent to you, but may include birth certificates, marriage licenses and other documentation. More detailed information will be forthcoming in January 2011.

HEALTH CARE REFORM

The Patient Protection and Affordable Care Act, e.g., Health Care Reform legislation, will result in several significant changes to the university's benefit plans. Below is a summary of the changes that will be effective Jan. 1, 2011.

➔ Medical, dental, vision, dependent AD&D, dependent life, and Health Care Reimbursement account coverage will be extended to age 26 for dependent adult children. You will be offered an opportunity to enroll dependent children under age 26 (through age 25) in these plans from Nov. 15 to Dec. 15, 2010, with coverage effective Jan. 1, 2011. **Note: All other NUFlex changes must be made by 5 p.m. on Dec. 3, 2010.** The following dependent children are eligible for the university's group coverage: (1) Natural-born or legally adopted child who has not reached the limiting age of 26; (2) Stepchild who has not reached the limiting age of 26; (3) Child for whom the employee has legal guardianship and who has not reached the limiting age of 26; and (4) 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 (does not apply to accidental death & dismemberment and dependent life insurance coverage).

Other miscellaneous provisions include the following:

- Coverage for dependent children under age 26 will no longer be restricted based on factors such as financial dependency, shared residency, or student, marital, or employment status.
- Coverage ends when the dependent child turns age 26 or becomes **eligible** for an employer-sponsored group medical plan (either through the dependent child's employer or their spouse's employer).
- Dependent children who are employed at the University of Nebraska in a benefits-eligible position may not be covered as a dependent on their parent's medical insurance policy provided through the university.
- Dependent child of the employee may be married; however, his or her spouse and/or children are not eligible for coverage.

- Dependent children will continue to be included on the employee’s policy with no additional premium required provided you are already covering other children. If a change in coverage category is required, the associated premiums will apply.

To enroll your eligible dependent child for medical, dental, or vision care coverage, refer to the Online Enrollment Guide. Note: If your dependent is not listed on SAP, complete a Dependent Information Request Form, which can be accessed on Firefly Employee Self Service through the enrollment process or the University of Nebraska benefits webpage at www.nebraska.edu/benefits, and forward to your Campus Benefits Office. To verify that your dependent child has been added to your coverage, check ESS for an updated benefits enrollment status. **A dependent child age 19 and over who is not enrolled for coverage during this special enrollment period (deadline Dec. 15, 2010) may not be enrolled until the next subsequent annual NUFlex enrollment (NUFlex 2012) or when a Permitted Election Change Event occurs. Note: All other NUFlex changes must be made by 5:00 p.m. on Dec. 3, 2010.**

- ➔ The medical plan’s lifetime maximum benefit limit will be increased from \$3,000,000 to an unlimited amount.
- ➔ Preventive care services and colonoscopy benefits have been changed so that amounts exceeding the maximum dollar limit will be applied to the member’s deductible and stop-loss limit.
- ➔ Over-the-counter (OTC) drugs and medicines will continue to be eligible for reimbursement under the Health Care Reimbursement Account as long as the request is accompanied by a doctor’s prescription. A prescription for an OTC drug should be exactly the same as one for a drug or medicine that can only be obtained with a doctor’s prescription. More detailed information is available at <http://go.nebraska.edu/otc>.

MEDICAL INSURANCE

Blue Cross Blue Shield Medical

- ➔ The university’s medical contribution to the plan increased \$4.3 million, or an average of 6 percent for all coverages. All increases in the university’s contribution were directed toward raising the medical contribution amounts. As a result, NUCredits will remain the same for full-time employees in 2011.
- ➔ Blue Cross Blue Shield medical plan price tags for the Low, Basic and High options will not increase for employees with a 100 percent FTE as the university will be absorbing the increase. Employees with an FTE of .50 to .95 will experience an increase proportional to their FTE.
- ➔ The Blue Cross Blue Shield annual deductibles and stop-loss limits will change for both the PPO and Non-PPO providers. Deductibles and stop-loss limits were last increased in 2004 (2008 for the Low Option). Listed below is a summary of the per person changes to the medical plan.

	<u>Low Option</u>	<u>Basic Option</u>	<u>High Option</u>
Deductible (PPO)	\$1,500 to \$1,550	\$400 to \$450	No Change
Deductible (Non-PPO)	\$1,900 to \$1,950	\$600 to \$650	\$400 to \$450
Stop-loss limit (PPO)	\$2,400 to \$2,500	\$1,500 to \$1,600	\$1,300 to \$1,400
Stop-loss limit (Non-PPO)	\$2,800 to \$2,900	\$1,900 to \$2,000	\$1,600 to \$1,700

➔ As previously noted, all benefits-eligible employees will have the opportunity to complete an HRA between Nov. 8 and Dec. 3, 2010. Participation is voluntary; however, by completing this short survey, employees enrolled in the university's Blue Cross Blue Shield medical plan will receive an enhanced wellness and preventive services benefit for themselves as well as their family members. The enhanced wellness and preventive services provided within the medical plan 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 a \$2,500 maximum for routine preventive colonoscopy once every 10 years beginning at age 50. To receive this enhanced coverage, colonoscopy services must be provided by a Blue Cross Blue Shield PPO Provider, otherwise services will be applied to the deductible, coinsurance, and stop-loss limits.

This survey must be completed each year in order to receive the enhanced wellness and preventive services benefit for the following calendar year. **In addition, the Personal Health Summary must be printed and/or saved in order for you to receive credit for completing the HRA survey.**

- ➔ The NUCredit calculation for those employees who possess an FTE of .95 or less will change in 2011. The current NUCredit calculation for part-time employees includes \$2.50 which represents the university's former contribution for group life insurance. The group life insurance benefit was changed in 2010 to provide employees a life insurance benefits equal to 1 times their annual budgeted salary (up to a \$120,000 maximum). When the change to the increased life insurance benefit was made, the calculation neglected to remove the \$2.50 employer life contribution. As a result, the NUCredit calculation will change in 2011 to provide a prorated portion of NUCredits to part-time benefits-eligible employees.
- ➔ Blue Cross Blue Shield will be implementing a new claims system effective Jan. 1, 2011. This new system will allow Blue Cross to be more efficient in claims administration and to streamline its benefit designs to better meet the needs of employer groups, members and health care providers. Below are several changes that will impact you as a result of the new claims system.

New Identification Cards - All insureds will be issued Blue Cross Blue Shield of Nebraska I.D. cards with a new employee I.D. number. Your old I.D. number will be terminated as of Dec. 31, 2010, so it is very important that the new I.D. card be used on or after Jan. 1, 2011 or claims will be returned to the provider for resubmission.

The new I.D. cards will also look different and display different information than the current cards. Two notable differences include: 1) The I.D. card will no longer list the names of covered dependents (eligible dependents are still covered under your ID number; however, their names will not appear on the card itself); and 2) No hyphens or other special characters used in the subscriber name will be displayed on the I.D. card. A sample of the new I.D. card may be viewed at the University of Nebraska benefits webpage at www.nebraska.edu/benefits.

The new Blue Cross Blue Shield I.D. cards will be mailed to your home in late December so you should receive them by Dec. 31, 2010.

New Explanation of Benefits (EOB) – The Explanation of Benefits (EOB) will have a different format and look. To help familiarize you with the new EOB format, a sample EOB is available on the University of Nebraska benefits webpage at www.nebraska.edu/benefits. Under the new claims system,

EOBs will be processed and mailed every 7 to 13 days. Members will no longer receive a separate EOB for each claim; instead, they will receive one EOB reflecting action taken on all claims during that 7-13 day time period. Claims will be processed daily and providers will be issued benefit payments once a week.

New Provider Network – A new preferred provider (PPO) network, called Network BLUE has been established and will replace the BluePreferred PPO network. Insureds must use a Network BLUE provider in order to obtain benefits at the in-network level. Medical claims incurred from a Nebraska provider that is not participating in the Network BLUE PPO network will be processed as out-of-network (Non-PPO provider). Most medical providers who belonged to the BluePreferred PPO network continued participation in the Network BLUE PPO network. However, it is important that you check with your provider to assure his or her status in the Network BLUE PPO network before obtaining services. The current medical PPO network directory may be viewed on the university's benefits webpage at www.nebraska.edu/benefits. For providers outside of Nebraska, the national Blue Cross Blue Shield PPO network will continue to apply.

- ➔ The Center for Medicare and Medicaid Services (CMS) requires employers to collect the Social Security number for each spouse and dependent child who are enrolled in the university's Blue Cross Blue Shield medical plan. You should check your medical plan enrollment on SAP to verify that each of your dependents have a Social Security number on file. If the Social Security number is missing, please email the information to your Campus Benefits Office to update your records. The upcoming dependent eligibility audit will also be requesting missing Social Security numbers. **Social Security numbers must be provided or coverage will be cancelled for any dependent without a Social Security number on file.** If your dependent is not a U.S. citizen and therefore not eligible for a Social Security number, Blue Cross Blue Shield will assign an ID number for you.
- ➔ 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 the 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 (obtained from the Campus Benefits Office or at www.nebraska.edu/benefits) to add the new dependent child to your medical insurance policy **even if** you are currently enrolled for Employee & Child or Employee & Family coverage. If the newborn child is added, any required coverage category change and related increase in premiums will be effective the first of the month following the dependent's date of birth. If you do not complete and deliver the properly completed Dependent Information Request Form to your 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 regardless of any Permitted Election Change Event changes that may occur prior to that date.
- ➔ The medical insurance price tags as shown on Firefly Employee Self Service are not applicable to married employees who both work for the university and are enrolled in the Dual Spouse medical premium sharing arrangement. Medical premiums will not change in 2011. Employees should contact their Campus Benefits Office to request a "coverage category" change or for additional information if they are not currently enrolled in this "dual spouse" status.
- ➔ Employees electing to newly enroll and/or add dependents (including newborns) to the Blue Cross Blue Shield medical plan must complete and submit to their Campus Benefits Office a Dependent Information

Request Form, which is available on Firefly Employee Self Service through the enrollment process or the University of Nebraska benefits webpage at www.nebraska.edu/benefits.

- ➔ All current and newly enrolled insureds will receive a Schedule of Benefits (confirming medical insurance coverage) in early January 2011. The 2011 Blue Cross Blue Shield of Nebraska Medical Certificate of Coverage (plan booklet) will be available on the University of Nebraska benefits webpage at www.nebraska.edu/benefits in January 2011.

CVS Caremark Prescription Drug Program

- ➔ The prescription drug annual deductible and copay amounts will change to the following for each 30-day prescription. This is the first change and/or increase in copay amounts since 2005 and 2009 respectively.

Annual Deductible (for brand name drugs)	\$50 to \$57
Generic	\$9 (no change)
Brand (on formulary/Primary Drug List)	\$28 to \$31
Brand (not on formulary/Primary Drug List)	\$47 to \$52

- ➔ Employees who complete the HRA and are enrolled in the university's medical plan may purchase generic drugs through CVS Caremark's mail service for \$0 copay. The \$0 copay is only available at CVS Caremark's mail service and is not applicable at any retail pharmacy. The CVS Caremark Mail Service Program provides a convenient and cost-effective way to obtain long-term maintenance drugs. Participants should complete a mail service order form (mail service request envelope), which is available on the University of Nebraska benefits website and send to CVS Caremark, along with the original prescription(s) (not a photocopy) and the appropriate copay for each prescription. Participants will receive their prescription within 10 to 14 calendar days after CVS Caremark receives the order. The participant can also do this by phone, utilizing CVS Caremark's Fast Start program at (866) 239-4704, or online at www.caremark.com/faststart.
- ➔ A new CVS Caremark program known as the Pharmacy Advisor Program will be available in 2011. The Pharmacy Advisor Program is a proactive outreach program that attempts to enhance the gaps in care for diabetes. This program will provide counseling, education, information on most cost-effective medications (generics) and the importance of taking a medication as directed by the member's physician. The goal of the program is to ensure the member is adherent to his or her medication, which will lead to a decrease in health care costs to the employer and an increase in the overall health of the employee. The program attempts to engage the member during the purchase of a mail or retail prescription. This program supplements the university's BluePartners disease management program. CVS Caremark will contact those members who have a history of diabetes to explain the advantages of the program.

DENTAL INSURANCE

- ➔ The university's dental contribution to the plan for "Employee & Spouse" and "Employee & Child" coverages will increase \$1 per month.
- ➔ Blue Cross Blue Shield of Nebraska dental plan price tags for employees with a 100 percent FTE will increase \$1 to \$3 per month in response to increases in dental care usage. Price tags for "Employee &

- ➔ The Blue Cross Blue Shield dental plan **will be available** to all employees and their eligible dependents during NUFlex 2011 for enrollment, changes, or cancellation of coverage.
- ➔ Blue Cross Blue Shield has established a new dental PPO network called NETwork BLUE. Although the NETwork BLUE PPO network is identical to the BluePreferred network, some dental providers who were participating in the BluePreferred PPO network have elected to opt out of the NETwork BLUE PPO network. Dental claims incurred from a Nebraska provider that is not participating in the NETwork BLUE PPO network will be processed as out-of-network (Non-PPO provider). Employees should contact their dental provider to verify their participation in the new NETwork BLUE PPO network before obtaining services. The current medical PPO network directory may be viewed on the university's benefits webpage at www.nebraska.edu/benefits. For providers outside of Nebraska, the national Blue Cross Blue Shield PPO network will continue to apply.
- ➔ All insureds will be issued Blue Cross Blue Shield of Nebraska I.D. cards with a new employee I.D. number. Your old I.D. number will be terminated as of Dec. 31, 2010, so it is very important that the new I.D. card be used on or after Jan. 1, 2011 or claims will be returned to the provider for resubmission.

The new I.D. cards will also look different and display different information than the current cards. Two notable differences include: 1) The I.D. card will no longer list the names of covered dependents (eligible dependents are still covered under your ID number; however, their names will not appear on the card itself); and 2) No hyphens or other special characters used in the subscriber name will be displayed on the I.D. card. A sample of the new I.D. card may be viewed at the University of Nebraska benefits webpage at www.nebraska.edu/benefits.

The new Blue Cross Blue Shield I.D. cards will be mailed to your home in late December so you should receive them by Dec. 31, 2010. Note: If you have both medical and dental insurance you will receive one card which reflects both coverages.

- ➔ Employees electing to newly enroll and/or add dependents (including newborns) to the Blue Cross Blue Shield dental plan must complete and submit to their Campus Benefits Office a Dependent Information Request Form, which is available on Firefly Employee Self Service through the enrollment process or the University of Nebraska benefits webpage at www.nebraska.edu/benefits.
- ➔ All current and newly enrolled insureds will receive a Schedule of Benefits (confirming dental insurance coverage) in early January 2011. The 2011 Blue Cross Blue Shield of Nebraska Dental Certificate of Coverage (plan booklet) will be available on the University of Nebraska benefits webpage at www.nebraska.edu/benefits in January 2011.

VISION CARE INSURANCE

- ➔ EyeMed Vision Care price tags will not change in 2011.
- ➔ The EyeMed Vision Care plan **will be available** to all employees and their eligible dependents during NUFlex 2011 for enrollment, changes, or cancellation of coverage.

- ➔ Employees electing to newly enroll and/or add dependents (including newborns) to the vision care plan must complete and submit to their Campus Benefits Office a Dependent Information Request Form, which is available on Firefly Employee Self Service through the enrollment process or the University of Nebraska benefits webpage at www.nebraska.edu/benefits.
- ➔ EyeMed Vision Care Identification Cards will be mailed to newly enrolled insureds in January 2011.

LIFE INSURANCE

- ➔ Voluntary life insurance premiums are based in part on your tobacco/nicotine use. If you did not designate your tobacco/nicotine status during the 2010 NUFlex enrollment, or your tobacco/nicotine status has changed in the last 12 months, you may change your status online. **Any material misrepresentation made to your Life Insurance Tobacco/Nicotine Designation, including the tobacco/nicotine use history, may void your insurance, pursuant to the policy's Incontestable Clause.**
- ➔ For those employees electing to increase their voluntary life insurance coverage, the Statement of Health form may be obtained on Firefly Employee Self Service through the enrollment process or the University of Nebraska benefits webpage at www.nebraska.edu/benefits.

HEALTH CARE REIMBURSEMENT ACCOUNT

- ➔ Health Care Reform places new restrictions on reimbursement of over-the-counter (OTC) drugs and medicines, which will continue to be eligible for reimbursement under the Health Care Reimbursement Account as long as the request is accompanied by a doctor's prescription. This means OTC items such as acid controllers, allergy & sinus, antibiotic products, antidiarrheals, anti-gas, anti-itch & insect bite, anti-parasitic treatments, baby rash ointments/creams, cold sore remedies, cough, cold & flu, digestive aids, feminine anti-fungal/anti-itch, hemorrhoid preps, laxatives, motion sickness, pain relief, respiratory treatments, sleep aids & sedatives, and stomach remedies will now require a doctor's prescription to be submitted along with the reimbursement request.

A prescription for an OTC drug or medicine should be exactly the same as one for a drug or medicine that can only be obtained with a doctor's prescription. When you go to the doctor, simply ask him or her to write you a prescription for the item for which you want to be reimbursed. The prescription must comply with state prescription laws and be written on a physician's prescription pad. More detailed information is available on the University of Nebraska benefits webpage at <http://go.nebraska.edu/otc>.

Some OTC supplies such as insulin & diabetic supplies, ostomy products, band aids, braces & supports, catheters, birth control, contact lens supplies & solutions, denture adhesives, diagnostic tests & monitors, elastic bandages & wraps, first aid supplies, reading glasses, wheelchairs, walkers, canes, etc. will continue to be eligible for reimbursement without a doctor's prescription.

- ➔ As part of the Health Care Reform legislation, the annual Health Care Reimbursement Account maximum contribution will decrease from \$5,000 to \$2,500 in 2013.

EMERGENCY CONTACT INFORMATION

➔ During the NUFlex enrollment, you are encouraged to review both your permanent and current address and emergency contact information that is recorded in SAP and update if necessary. It is important that your contact information is current and up-to-date in case of an emergency.

WHAT'S NEXT

The NUFlex schedule is as follows:

Nov. 15 to Dec. 3 - The NUFlex enrollment period provides you an opportunity to review and, if necessary, make changes online to your benefits for 2011. The NUFlex informational meetings will include online meetings that will allow you to view the presentation from the comforts of your home or office. Informational meetings will describe the programs and answer questions about 2011 NUFlex.

Dec. 10 - NUFlex Confirmation Statement. This mailing includes your personalized Benefits Confirmation Statement reflecting your NUFlex benefit choices for 2011. This Confirmation Statement will allow you to correct only the following inaccuracies: (1) A reimbursement account contribution was entered for a pay period vs. an annual amount; or (2) Enrollment was for the Dependent Day Care Account instead of the Health Care Reimbursement Account when no dependents are eligible for day care. **Any other benefit additions or changes will not be allowed at this time.** Notification of any corrections must be received in your Campus Benefits Office **no later than 5 p.m. CST on Friday, Dec. 17, 2010**, or they will not be accepted. (You may make your written changes on the Confirmation Statement, sign and date somewhere at the bottom of the form, and submit to your Campus Benefits Office.)

Online informational meetings will be conducted to answer any questions regarding NUFlex benefits. Informational meeting schedules can be found on Page 2 of this newsletter. Should you have any questions regarding this information or the 2011 NUFlex enrollment, please call your Campus Benefits Office.

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