

# Annual NUFLEX BENEFITS ENROLLMENT

Retiree Newsletter



UNIVERSITY OF  
Nebraska®

## Medical, Prescription Drug and Dental Insurance

The University of Nebraska annual benefits enrollment period is currently underway. We would like to take this opportunity to share some information about your health plans for 2019. **In 2019 there will be many changes to the benefits program. Please read this newsletter carefully.**

Between now and Nov. 16, you have the opportunity to request a different medical option or cancel your medical and/or dental insurance coverage. If you would like to make any changes to your coverage for 2019, please complete the enclosed Retiree Insurance Change Form and return it to your Campus Benefits Office by Friday, Nov. 16, 2018. All changes will take effect Jan. 1, 2019. **Please note that if you cancel your coverage, you will not be allowed to re-enroll for coverage in the future.**

Beginning on January 1, 2019 the University will have new health and dental insurance carriers. UMR, a United Healthcare company, will be the new health insurance carrier and Ameritas will be the dental insurance carrier. CVS Health will continue to provide the University's prescription drug coverage.

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

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# BENEFITS ENROLLMENT

## How to Change Coverage

### How to Make Changes in Coverage

If you would like to change or cancel your medical and/or dental insurance coverage, please complete the enclosed Retiree Insurance Change Form and return it to your Campus Benefits Office no later than Nov. 16, 2018.

**If any changes are made for 2019 the medical and dental insurance premiums (see enclosed document) will be automatically changed for the January 2019 electronic withdrawal.** As a result, you do not need to contact your bank.

Deductibles, coinsurance, and out-of-pocket limit will not increase. A preferred provider tier for participants that use a Nebraska Medicine Provider will be added to the health plan. Members will incur a lower deductible, co-insurance rate, and maximum out of pocket if a Nebraska Medicine provider is used by an employee, spouse, or dependent.

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

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

### Remember to Update your Records

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

**It is important that your home address is correct. UMR and Ameritas will use this information to mail your new ID cards in mid-December.**

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

**Remember to make changes to coverage by November 16.**

# Wellstream Health Risk Assessment

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

You can complete the Wellstream Health Risk Assessment any time between Monday, Oct. 29 and Friday, Nov. 16 at 5 p.m. CST. The assessment is available online at <https://wellstreamonline.com>. Please watch for an email with information about how to log in and complete the HRA. An email will be sent to the email address you previously provided. You must be enrolled in our medical plan and have an email on file with the university to receive the enhanced benefits.

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

## Complete the HRA by November 16

### Enhanced Wellness and Preventive Services

If you complete the HRA and are enrolled in the university's low, basic, or high plan, you will receive the following enhanced wellness and preventive services benefit for you and your covered family members in 2019:

#### New enhanced wellness and preventative services in 2019:

- The annual preventative care allowance for insureds age 2 and over will be raised to \$400.
- Flu shots administered at an in-network pharmacy and submitted to the prescription drug program will have a \$0 copay.

**\$400**  
allowance

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

**\$0**  
copay

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

**\$0**  
copay

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

**100%**  
coverage

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

# BENEFITS ENROLLMENT

## Medical Coverage

### 1% Premium Rate Increases for 2019

There will be a 1% increase in the medical insurance premiums in 2019. Enclosed is a document showing the retiree medical insurance premiums for all options and coverage categories. There will be no changes to deductibles, coinsurance, stop-loss limits, and prescription drug copays. **We would like to remind you that the medical plan is closed to new enrollments, including the addition of new dependents.**

### Schedule of Benefits

If you are enrolled in the medical plan, you will receive a Schedule of Benefits confirming your medical insurance coverage in January 2019. The Medical Certificate of Coverage (plan booklet) will be available on the university's benefits webpage at [www.nebraska.edu/benefits](http://www.nebraska.edu/benefits) in January 2019.

### Summary of Benefits and Coverage

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

### New Carrier

UMR, a United Healthcare company, will be the new health insurance carrier starting January 1, 2019. UMR has created a custom phone number and website to assist in the transition. The website is [www.umar.com/UofNE](http://www.umar.com/UofNE) and the phone number is 844-659-5059.

These resources can assist with in-network provider searches, scheduling appointments, checking eligibility for care management programs, and many other items.

### Nebraska Medicine Preferred Provider Tier

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

## Choosing the Right Medical Plan

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

	Low	Basic	High
What do you prefer?	Low: You would rather pay less each month and pay more when you receive medical care. You don't expect to have many medical expenses, but you have enough money on hand to pay the full deductible if you do need care.	Basic: You prefer a balance between the amount you pay each month and the amount you pay out-of-pocket when you receive medical care. Many people find that the basic option is the best choice, from a purely economic perspective.	High: You prefer to pay more each month so you can pay less when you receive medical care. Please note that the premiums for the high option are significantly higher than the premiums for the low and basic options. If you are currently enrolled in the high option, you may want to consider changing to the low or basic option.
<b>Annual Deductible (the amount you pay out-of-pocket for health care before the plan begins to pay. You are responsible for the deductible when you receive care.)</b>			
- PPO	\$1,550	\$450	\$300
- Non-PPO	\$1,950	\$650	\$450
- Nebraska Medicine Provider	\$1,350	\$300	\$200
<b>Coinsurance (the percentage of an insurance claim that you are responsible for paying)</b>			
- PPO	You pay 30%	You pay 30%	You pay 20%
- Non-PPO	You pay 45%	You pay 45%	You pay 35%
- Nebraska Medicine Provider	You pay 15%	You pay 15%	You pay 10%
<b>Stop-loss (the maximum amount you will have to pay per year – not including your deductible)</b>			
- PPO	\$2,500	\$1,600	\$1,400
- Non-PPO	\$2,900	\$2,000	\$1,700
- Nebraska Medicine Provider	\$2,300	\$1,450	\$1,300

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

# BENEFITS ENROLLMENT

## Prescription Drug Coverage

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

### New for 2019

Prescription drug deductible and copay amounts will not increase in 2019.

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

Day Supply	Up to 30
Generic	\$9 copay
Brand (on Formulary/Primary Drug List)	\$31 copay
Brand (not on Formulary/Primary Drug List)	\$52 copay

\*An annual \$57 deductible is also required for brand-name drugs for each covered person.

## Updates to the CVS Formulary

Every year CVS updates their standard formularies. Please visit [www.nebraska.edu/benefits](http://www.nebraska.edu/benefits) to see the formulary changes for 2019.

**\$0**

Generic copay through CVS mail service if you complete the HRA

Flu Shot Vaccination for CVS coverage if you complete the HRA

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

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

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



# Dental Coverage

## New for 2019

Dental coverage will be offered through Ameritas. Plan coverages are similar to the dental coverage provided in prior years. Visit <http://uofne.ameritasgroup.com> to view details on the Ameritas network or call their customer service line at 800-487-5553 for additional information. **We would like to remind you that the dental plan is closed to new enrollments, including the addition of new dependents.**

Dental plan premiums will not increase in 2019. Enclosed is a document showing dental premiums for all coverage categories.

The Dental Certificate of Coverage (plan booklet) will be available on the university's benefits webpage at [www.nebraska.edu/benefits](http://www.nebraska.edu/benefits).

# BENEFITS ENROLLMENT

## Contact Information

If you have any questions regarding 2019 benefits enrollment, please contact your Campus Benefits Office.

<b>UNL</b> Campus Benefits Office <b>Call:</b> (402) 472-2600 <b>E-mail:</b> <a href="mailto:benefits@unl.edu">benefits@unl.edu</a> <b>Send forms to:</b> 32 Canfield Administration Lincoln, NE 68588-0409	<b>UNO</b> Campus Benefits Office <b>Call:</b> (402) 554-3660 <b>E-mail:</b> <a href="mailto:benefits@unomaha.edu">benefits@unomaha.edu</a> <b>Send forms to:</b> 205 Eppley Administration Building Omaha, NE 68182	<b>UNCA</b> Campus Benefits Office <b>Call:</b> (402) 472-5258 <b>E-mail:</b> <a href="mailto:benefits@nebraska.edu">benefits@nebraska.edu</a> <b>Send forms to:</b> 217 Varner Hall Lincoln, NE 68583-0742
<b>UNMC</b> Campus Benefits Office <b>Call:</b> (402) 559-4340 <b>E-mail:</b> <a href="mailto:benefits@unmc.edu">benefits@unmc.edu</a> <b>Send forms to:</b> 985470 Nebraska Medical Center Omaha, NE 68198-5470	<b>UNK</b> Campus Benefits Office <b>Call:</b> (308) 865-8522 <b>E-mail:</b> <a href="mailto:benefitsunk@unk.edu">benefitsunk@unk.edu</a> <b>Send forms to:</b> 1200 Warner Hall Kearney, NE 68849	



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

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to your Campus Benefits Office. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). This website has a table summarizing which protections do and do not apply to grandfathered health plans.

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注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 TTY:1-888-592-8963。