NUFlex Contacts

Should you have any questions regarding NUFlex enrollment, please call your Campus Benefits Office.

<table>
<thead>
<tr>
<th>UNL</th>
<th>UNMC</th>
<th>UNO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insured Benefits &amp; Retirement</td>
<td>Insured Benefits &amp; Retirement</td>
<td>Benefits Office</td>
</tr>
<tr>
<td>32 Canfield Administration</td>
<td>985470 Nebraska Medical Center</td>
<td>205 Eppley Administration</td>
</tr>
<tr>
<td>Lincoln, NE 68588-0409</td>
<td>Omaha, NE 68198-5470</td>
<td>Omaha, NE 68182</td>
</tr>
<tr>
<td>(402) 472-2600</td>
<td>(402) 559-4340</td>
<td>(402) 554-3660</td>
</tr>
<tr>
<td><a href="mailto:Benefits@unlnotes.unl.edu">Benefits@unlnotes.unl.edu</a></td>
<td><a href="mailto:Benefits@unmc.edu">Benefits@unmc.edu</a></td>
<td><a href="mailto:Benefits@unomaha.edu">Benefits@unomaha.edu</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>UNK</th>
<th>UNCA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Human Resources</td>
<td>Vice President for Business and Finance</td>
</tr>
<tr>
<td>1200 Founders Hall</td>
<td>217 Varner Hall</td>
</tr>
<tr>
<td>905 West 25th Street</td>
<td>Lincoln, NE 68583-0742</td>
</tr>
<tr>
<td>Kearney, NE 68849</td>
<td>(402) 472-7162</td>
</tr>
<tr>
<td>(308) 865-8522</td>
<td><a href="mailto:Benefits@nebraska.edu">Benefits@nebraska.edu</a></td>
</tr>
<tr>
<td><a href="mailto:Benefitsunk@unk.edu">Benefitsunk@unk.edu</a></td>
<td></td>
</tr>
</tbody>
</table>

**IMPORTANT NOTICE**

This booklet summarizes the University of Nebraska’s benefits program, including NUFlex-related benefits and retirement plans. Although university retirement plans are not part of the NUFlex benefits program, they are included in the booklet for the purpose of employee communication.
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Welcome

Welcome to the University of Nebraska. This booklet is designed to provide you an overview of NUFlex, the university’s flexible benefits program. Additional NUFlex benefit information may be viewed on the University of Nebraska benefits webpage at www.nebraska.edu/benefits, or you may contact your Campus Benefits Office.

Your individual benefit enrollment elections may be viewed on the Employee Self Service website at https://firefly.nebraska.edu.

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
- Life Insurance Employer-Provided
- Voluntary Life Insurance
- Accidental Death & Dismemberment Insurance
- Dependent Life Insurance
- Long Term Care Insurance
- Health Care Reimbursement Account
- Dependent Day Care Reimbursement Account

Each benefit option has a price tag that reflects individual differences such as age, salary, benefits FTE, 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 wish to compare price tags of each NUFlex benefit with other benefits and insurance coverages that are available on an individual (non-group) basis prior to your NUFlex enrollment. 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

Booklet
This enrollment booklet will guide you through the choices that are available in each benefit area and raise issues to consider as you make your NUFlex choices.

Price Tag Summary
The Price Tag Summary for full-time employees (available on the university’s benefits webpage) provides monthly price tag or cost information for your NUFlex benefit options and coverages. If your benefits FTE is less than 100 percent, your Campus Benefits Office should be contacted for appropriate price tag information.

Benefits Enrollment Form
Once you have made your final benefit decisions, the Benefits Enrollment Form, which is available on the benefits webpage, must be completed and returned to your Campus Benefits Office.

Before You Start
In addition to the NUFlex Benefits booklet, Price Tag Summary, and Benefits Enrollment Form, you should have these resources on hand to help 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)

It may help to review all enrollment materials before you start making final choices.

Confirmation Statement
Once your Benefits Enrollment Form has been returned 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 inaccuracies. Your Campus Benefits Office should be contacted immediately if you find any errors or problems.
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 employed in a “Temporary” position for more than six 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.**

Medical 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). All other benefits that include dependent 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 parents’ university benefit plans.

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

Dependent Verification Documentation Requirements
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.

Below are the document requirements to verify your dependent eligibility. All required documentation must include the date and/or year, employee name, and dependent’s name.

FOR 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 or Spanish, you MUST include a copy of an official translation of the document along with a copy of the marriage certificate) AND
- A copy of the front page of your 2009 or 2010 filed federal tax return confirming this dependent as a spouse, OR 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, joint bank/credit account, joint mortgage/lease, or insurance policies. The document must list you and your spouse’s name, the date, and mailing address.

FOR CHILDREN AND DISABLED DEPENDENTS: Provide copies of 1 form of documentation, unless child is age 19 and over.
- 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 or Spanish, you MUST include a copy of an official translation of the document along with a copy of the birth certificate) **AND**

- If the child has attained age 19, you must complete the Affidavit of Adult Child Dependent Medical Care Coverage. This affidavit must be filled-out COMPLETELY in order for it to be accepted.

FOR STEPCHILDREN: Provide copies of 2 forms of documentation, unless child is age 19 and older.

- 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 or Spanish, 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 or Spanish, you MUST include a copy of an official translation of the document along with a copy of the marriage certificate) **AND**

- If the child has attained age 19, you must complete the Affidavit of Adult Child Dependent Medical Care Coverage. This affidavit must be filled-out COMPLETELY in order for it to be accepted.

**Initial Enrollment**
You must enroll for coverage within 31 days of your hire or benefits eligibility date (date you satisfy the criteria to be benefits-eligible). Enrollment after the initial 31-day period is limited to the annual NUFlex enrollment or when a Permitted Election Change Event occurs.

**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. **Some enrollment changes are limited due to certain eligibility restrictions.** Listed below are several Permitted Election Change Events that may allow you to initiate a midyear benefits election change.

- Change in legal marital status
- Change in number of dependent children
- Change in employment status or work schedule that results in a gain or loss of coverage eligibility

A Dependent Information Request Form must be completed to add a new dependent child to the medical, dental or vision care insurance policy even if you are currently enrolled for Employee & Child or Employee & Family coverage.
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 of Nebraska benefits webpage at www.nebraska.edu/benefits. PPO participation information may also be obtained by calling Blue Cross Blue Shield at (888) 368-2227.

### Summary of Medical Options

<table>
<thead>
<tr>
<th>OPTION</th>
<th>ANNUAL DEDUCTIBLE</th>
<th>COINSURANCE PLAN PAYS/YOU PAY</th>
<th>ANNUAL STOP-LOSS LIMIT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>PPO provider</td>
<td>PPO provider</td>
<td>Non-PPO provider</td>
</tr>
<tr>
<td>1. No coverage</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Blue Cross Blue Shield</td>
<td>$ 1,550 / person</td>
<td>70% / 30%</td>
<td>$2,500 / person</td>
</tr>
<tr>
<td>Low Option</td>
<td>3,100 / family</td>
<td>55% / 45%</td>
<td>5,000 / family</td>
</tr>
<tr>
<td>3. Blue Cross Blue Shield</td>
<td>$ 450 / person</td>
<td>70% / 30%</td>
<td>$1,600 / person</td>
</tr>
<tr>
<td>Basic Option</td>
<td>$ 650 / person</td>
<td>55% / 45%</td>
<td>3,200 / family</td>
</tr>
<tr>
<td>4. Blue Cross Blue Shield</td>
<td>$ 300 / person</td>
<td>80% / 20%</td>
<td>$1,400 / person</td>
</tr>
<tr>
<td>High Option</td>
<td>$ 450 / person</td>
<td>65% / 35%</td>
<td>2,800 / family</td>
</tr>
</tbody>
</table>
The prescription drug component of the medical plan is administered by CVS Caremark, a pharmacy benefit management specialist. This program 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 order drug program.

<table>
<thead>
<tr>
<th>Day Supply</th>
<th>Up to 30</th>
<th>31-60</th>
<th>61-90</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generic</td>
<td>$ 9 copay</td>
<td>$ 18 copay</td>
<td>$ 27 copay</td>
</tr>
<tr>
<td>Brand (on Formulary/Primary Drug List)</td>
<td>31 copay</td>
<td>62 copay</td>
<td>93 copay</td>
</tr>
<tr>
<td>Brand (not on Formulary/Primary Drug List)</td>
<td>52 copay</td>
<td>104 copay</td>
<td>156 copay</td>
</tr>
</tbody>
</table>

*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 (800) 841-5550 or (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.

**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.

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.

**Extension of Coverage**

Medical and prescription drug coverage for dependent children may be extended beyond age 26 (the 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.

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

**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).

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 15 - 20 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 and cholesterol/blood sugar. We encourage you to “know your numbers” and have them available while 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 $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. 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 maybe 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 note 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.** At the completion of the HRA survey, you will be able to view and print a Personal Health Report detailing your health risk status, as well as tips 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. Once you print and/or save your Personal Health Report, the enhanced benefits will be included in your 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.

**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.

**Medical Insurance Notice**

If you are declining medical insurance enrollment for yourself or your dependents (including your spouse) because of other medical coverage, you may in the future enroll yourself or your dependents in one of the university-provided options, provided that you request enrollment within 31 days after your other coverage ends. In addition, if you have a new dependent as a result of marriage, birth or adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment within 31 days after the marriage, birth or adoption.
Issues to Consider

- You and your dependents may enroll in any medical option without proof of insurance or pre-existing 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 Reimbursement Account to pay non-covered medical expenses, you may want to elect a medical option with a higher deductible.
- If your spouse is employed by the university and is benefits-eligible, your Campus Benefits Office should be contacted for the applicable medical plan price tags.
- 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.
- 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 of a dependent’s date of birth to add the newborn child to your medical insurance policy, you must contact the Campus Benefits Office within 31 days of the newborn child’s date of birth to add the newborn 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. 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

<table>
<thead>
<tr>
<th>Coverage Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pre-existing Condition Limitation</strong></td>
<td>None</td>
</tr>
<tr>
<td><strong>Lifetime Maximum</strong></td>
<td>Unlimited</td>
</tr>
<tr>
<td><strong>Choice of Physician</strong></td>
<td>No restrictions</td>
</tr>
<tr>
<td><strong>Calendar Year Deductible</strong></td>
<td>Refer to Summary of Medical Options</td>
</tr>
<tr>
<td><strong>Coinsurance</strong></td>
<td>Refer to Summary of Medical Options</td>
</tr>
<tr>
<td><strong>Annual Maximum Out-of-Pocket (Stop-Loss)</strong></td>
<td>Refer to Summary of Medical Options</td>
</tr>
</tbody>
</table>

## Hospital Services
- **Inpatient**
  - Semi-Private Room: Deductible; Coinsurance percentage; 100% after stop-loss is reached
  - Service & Supplies: Deductible; Coinsurance percentage; 100% after stop-loss is reached
    - (operating room, anesthesia, lab and x-ray)
- **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%

## Preventive Dental Services
- **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. The choice that you make now will be in effect through Dec. 31, 2011.

A component of the Blue Cross Blue Shield dental plan is a preferred provider dental program (NEtwork BLUE). By choosing a provider who is a member of the NEtwork BLUE 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 of Nebraska benefits webpage at www.nebraska.edu/benefits. PPO participation information may also be obtained by calling Blue Cross Blue Shield at (888) 368-2227.

### Summary of Dental Benefits

<table>
<thead>
<tr>
<th>Type of Service</th>
<th>Annual Deductible</th>
<th>Coinsurance Plan Pays/You Pay</th>
<th>Benefit Maximums</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>PPO provider</td>
<td>Non-PPO provider</td>
<td>PPO provider</td>
</tr>
<tr>
<td>Preventive And Diagnostic</td>
<td>None</td>
<td>None</td>
<td>$1,500 / person annual maximum for all preventive, restorative and major dental service combined.</td>
</tr>
<tr>
<td></td>
<td>85% / 15%</td>
<td>80% / 20%</td>
<td></td>
</tr>
<tr>
<td>Restorative Dental Services</td>
<td>$35 / person</td>
<td>$45 / person</td>
<td>85% / 15%</td>
</tr>
<tr>
<td>Major Dental Services</td>
<td>50% / 50%</td>
<td>50% / 50%</td>
<td></td>
</tr>
<tr>
<td>Orthodontic</td>
<td>$40 / person</td>
<td>$50 / person</td>
<td>$2,000 / person lifetime maximum</td>
</tr>
<tr>
<td></td>
<td>50% / 50%</td>
<td>50% / 50%</td>
<td></td>
</tr>
</tbody>
</table>
Issues to Consider

- If you do not choose dental coverage now, you may not enroll until Jan. 1, 2012. If you enroll, coverage may not be cancelled. You may however, change your dental coverage category (who you cover), subject to limitations, when a Permitted Election Change Event occurs.

- 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 Reimbursement 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. 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 choice that you make now will be in effect through Dec. 31, 2011.**

The EyeMed Vision Care Provider Network Directory for Nebraska may be viewed on the University of Nebraska benefits webpage at www.nebraska.edu/benefits. Network participation information may also be obtained by calling EyeMed Vision Care at (877) 226-1115.

### Summary of Vision Benefits

<table>
<thead>
<tr>
<th></th>
<th>In-Network Member Cost</th>
<th>Benefit Frequency</th>
<th>Out-of-Network Reimbursement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examination with Dilation</td>
<td>$10 copay</td>
<td>Annual</td>
<td>Up to $35</td>
</tr>
<tr>
<td>Frames</td>
<td>80% of retail price over $100 allowance</td>
<td>Annual</td>
<td>Up to $38</td>
</tr>
</tbody>
</table>

#### Standard Plastic Lenses

<table>
<thead>
<tr>
<th>Type</th>
<th>Member Cost</th>
<th>Frequency</th>
<th>Reimbursement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single Vision</td>
<td>$10 copay</td>
<td>Annual</td>
<td>Up to $25</td>
</tr>
<tr>
<td>Bifocal</td>
<td>$10 copay</td>
<td>Annual</td>
<td>Up to $40</td>
</tr>
<tr>
<td>Trifocal</td>
<td>$10 copay</td>
<td>Annual</td>
<td>Up to $55</td>
</tr>
<tr>
<td>Standard Progressive</td>
<td>$10 copay</td>
<td>Annual</td>
<td>Up to $55</td>
</tr>
</tbody>
</table>

#### Contact Lenses Fit and Follow-up

<table>
<thead>
<tr>
<th>Type</th>
<th>Member Cost</th>
<th>Frequency</th>
<th>Reimbursement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard</td>
<td>Up to $55</td>
<td>Annual</td>
<td>N/A</td>
</tr>
<tr>
<td>Premium</td>
<td>90% of retail price</td>
<td>Annual</td>
<td>N/A</td>
</tr>
</tbody>
</table>

#### Contact Lenses Allowance

<table>
<thead>
<tr>
<th>Type</th>
<th>Member Cost</th>
<th>Frequency</th>
<th>Reimbursement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conventional</td>
<td>85% of balance over $75 allowance</td>
<td>Annual</td>
<td>Up to $60</td>
</tr>
<tr>
<td>Disposable</td>
<td>Balance over $75 allowance</td>
<td>Annual</td>
<td>Up to $60</td>
</tr>
<tr>
<td>Medically Necessary</td>
<td>$0 Paid in full</td>
<td>Annual</td>
<td>Up to $200</td>
</tr>
<tr>
<td>LASIK and PRK Vision</td>
<td>15% off retail price or 5% off promotional pricing</td>
<td>Unlimited</td>
<td>N/A</td>
</tr>
</tbody>
</table>

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

- If you use the services of a non-EyeMed network provider, you may experience higher out-of-pocket costs due to lower out-of-network allowances.
- 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.
- 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. 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:

<table>
<thead>
<tr>
<th>Age at Disability</th>
<th>Maximum Period of Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than age 62</td>
<td>To age 67</td>
</tr>
<tr>
<td>Age 62</td>
<td>60 months</td>
</tr>
<tr>
<td>Age 63</td>
<td>48 months</td>
</tr>
<tr>
<td>Age 64</td>
<td>42 months</td>
</tr>
<tr>
<td>Age 65</td>
<td>36 months</td>
</tr>
<tr>
<td>Age 66</td>
<td>30 months</td>
</tr>
<tr>
<td>Age 67</td>
<td>24 months</td>
</tr>
<tr>
<td>Age 68</td>
<td>18 months</td>
</tr>
<tr>
<td>Age 69 and over</td>
<td>12 months</td>
</tr>
</tbody>
</table>

Summary of LTD Options

<table>
<thead>
<tr>
<th>Option</th>
<th>Income Replacement</th>
<th>Elimination Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>No coverage</td>
<td>180 days</td>
</tr>
<tr>
<td>2</td>
<td>50%</td>
<td>180 days</td>
</tr>
<tr>
<td>3</td>
<td>66 2/3%</td>
<td>180 days</td>
</tr>
<tr>
<td>4</td>
<td>50%</td>
<td>90 days</td>
</tr>
<tr>
<td>5</td>
<td>66 2/3%</td>
<td>90 days</td>
</tr>
</tbody>
</table>
Issues to Consider

• 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 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.

Issue to Consider

- 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.
Voluntary Life Insurance

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 coverage amounts and premiums. 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

<table>
<thead>
<tr>
<th>Option</th>
<th>Coverage Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>No coverage</td>
</tr>
<tr>
<td>2</td>
<td>$ 25,000</td>
</tr>
<tr>
<td>3</td>
<td>50,000</td>
</tr>
<tr>
<td>4</td>
<td>75,000</td>
</tr>
<tr>
<td>5</td>
<td>100,000</td>
</tr>
<tr>
<td>6</td>
<td>150,000</td>
</tr>
<tr>
<td>7</td>
<td>200,000</td>
</tr>
<tr>
<td>8</td>
<td>250,000</td>
</tr>
<tr>
<td>9</td>
<td>300,000</td>
</tr>
<tr>
<td>10</td>
<td>400,000</td>
</tr>
<tr>
<td>11</td>
<td>500,000</td>
</tr>
</tbody>
</table>

Issues to Consider

- 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 be based on 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

<table>
<thead>
<tr>
<th>Option</th>
<th>Coverage Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>No coverage</td>
</tr>
<tr>
<td>2</td>
<td>$ 25,000</td>
</tr>
<tr>
<td>3</td>
<td>50,000</td>
</tr>
<tr>
<td>4</td>
<td>75,000</td>
</tr>
<tr>
<td>5</td>
<td>100,000</td>
</tr>
<tr>
<td>6</td>
<td>125,000</td>
</tr>
<tr>
<td>7</td>
<td>150,000</td>
</tr>
<tr>
<td>8</td>
<td>175,000</td>
</tr>
<tr>
<td>9</td>
<td>200,000</td>
</tr>
<tr>
<td>10</td>
<td>225,000</td>
</tr>
<tr>
<td>11</td>
<td>250,000</td>
</tr>
</tbody>
</table>

Issues to Consider

- 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.
- Coverage for a dependent child ends 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

<table>
<thead>
<tr>
<th>Option</th>
<th>Coverage for a Spouse</th>
<th>Option</th>
<th>Coverage for each Child*</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>No coverage</td>
<td>1</td>
<td>No coverage</td>
</tr>
<tr>
<td>2</td>
<td>$10,000</td>
<td>2</td>
<td>$5,000</td>
</tr>
<tr>
<td>3</td>
<td>$20,000</td>
<td>3</td>
<td>$10,000</td>
</tr>
<tr>
<td>4</td>
<td>$50,000</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*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

- 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.
- Coverage for a dependent child ends 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 for a variety of support services for insureds who are unable to care for themselves, whether 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

<table>
<thead>
<tr>
<th></th>
<th>Option 1</th>
<th>Option 2</th>
<th>Option 3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Maximum Daily Nursing Home Benefit</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plan pays 100 percent of the benefit chosen.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$100</td>
<td>$150</td>
<td>$200</td>
</tr>
<tr>
<td><strong>Maximum Daily Community-Based Benefit</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plan pays 60 percent of the nursing home amount.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$60</td>
<td>$90</td>
<td>$120</td>
</tr>
<tr>
<td><strong>Lifetime Maximum Benefit</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 years</td>
<td>$109,500</td>
<td>$164,250</td>
<td>$219,000</td>
</tr>
<tr>
<td>5 years</td>
<td>182,500</td>
<td>273,750</td>
<td>365,000</td>
</tr>
<tr>
<td><strong>Waiting Period</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>30 days</td>
<td>30 days</td>
<td>30 days</td>
</tr>
<tr>
<td><strong>Guaranteed Benefit Increase</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inflation protection allows you to periodically increase your daily nursing home benefit. (Not applicable if the Lifetime Automatic Benefit Increase option is elected.)</td>
<td>Included</td>
<td>Included</td>
<td>Included</td>
</tr>
<tr>
<td><strong>Lifetime Automatic Benefit Increase</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inflation protection increases your daily nursing home benefit 5 percent each year.</td>
<td>Optional</td>
<td>Optional</td>
<td>Optional</td>
</tr>
<tr>
<td><strong>Benefit Account</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>This nonforfeiture provision provides a reduced lifetime Maximum benefit should the policy lapse for any reason after three years of participation.</td>
<td>Optional</td>
<td>Optional</td>
<td>Optional</td>
</tr>
<tr>
<td><strong>Caregiver Benefit</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pays 25 percent of the daily maximum benefit, up to 30 times each year, whenever an informal caregiver provides services.</td>
<td>Optional</td>
<td>Optional</td>
<td>Optional</td>
</tr>
<tr>
<td><strong>Return of Premium at Death Benefit</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td>Optional</td>
<td>Optional</td>
<td>Optional</td>
</tr>
</tbody>
</table>
Issues to Consider

- 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 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 at www.nebraska.edu/benefits.
- 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 Reimbursement Account

The Health Care Reimbursement 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 $5,000 annually may be withheld from your pay.

Eligible Expenses
You can use the Health Care Reimbursement Account to pay a wide variety of expenses. The following are examples of eligible expenses that can be reimbursed. Qualifying expenses that can be reimbursed through the Health Care Reimbursement Account and claim filing procedures can be viewed on the university’s benefits webpage at www.nebraska.edu/benefits. Your Campus Benefits Office should be contacted to verify qualifying expenses which can be reimbursed through the Health Care Reimbursement Account.

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

Issues to Consider
- Contributions not used by the end of the calendar year will be forfeited.
- Your contributions to the Health Care Reimbursement Account 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 Reimbursement and Dependent Day Care Reimbursement Accounts, you cannot use money from one account to cover expenses in the other account.
- Amounts payable from the Health Care Reimbursement Account 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 Reimbursement Account

This 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 through the Dependent Day Care Reimbursement Account and claim filing procedures can be viewed on the university’s benefits webpage at www.nebraska.edu/benefits. Your Campus Benefits Office should be contacted to verify qualifying expenses that can be reimbursed through the Dependent Day Care Reimbursement Account.

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

Issues to Consider

- 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 Reimbursement Account 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 Reimbursement Account payments offset the tax credit amount dollar-for-dollar. As a result, most employees cannot use both the tax credit and Dependent Day Care Reimbursement Account.
- Participation in the Dependent Day Care Reimbursement Account 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 Reimbursement and Dependent Day Care Reimbursement Accounts, you cannot use money from one account to cover expenses in the other account.
- Amounts payable from the Dependent Day Care Reimbursement Account 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 submitted 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 a 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.

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 be based on 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 at www.nebraska.edu/benefits.

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.
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 one-half full-time equivalency (.5 FTE) 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 one-half full-time equivalency (.5 FTE) 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.

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:

<table>
<thead>
<tr>
<th></th>
<th>Your Contribution</th>
<th>University Contribution</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1</td>
<td>3.5%</td>
<td>6.5%</td>
<td>10.0%</td>
</tr>
<tr>
<td>Tier 2</td>
<td>5.5%</td>
<td>8.0%</td>
<td>13.5%</td>
</tr>
</tbody>
</table>

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

How to Enroll
In order to enroll, you should obtain the appropriate enrollment packet(s) from your Campus Benefits Office. If you need assistance or any additional information, contact your Campus Benefits Office.

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.

Roll over of Funds
You may not roll over retirement plan funds from another retirement plan to the university’s Basic Retirement Plan. This includes roll overs 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), 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. Employees who have attained age 59 1/2 may access SRA 403(b) 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 Tax-sheltered Annuity Program Salary Reduction 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 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)
- Stocks (Equities)
- Guaranteed Annuity
- Lifecycle Funds

Transferring Plan Contributions
SRA 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 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 roll over of funds.

Access to Funds
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. 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
- Stocks (Equities)
- Bonds (Fixed Income)
- Guaranteed Annuity
- Lifecycle Funds

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.
A Final 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.

Should you have any questions regarding the NUFlex enrollment, please call your Campus Benefits Office.