# MEDICAL INSURANCE

Starting in 2019, University of Nebraska Health Insurance will be administered by UMR. Please visit umr.com/UofNE or call 1.844.659.5059 for more information.

View a copy of the Low Option
Regular Plan - https://www.nebraska.edu/docs/benefits/ben_enroll_low_regular.pdf
Enhanced Plan - https://www.nebraska.edu/docs/benefits/ben_enroll_low_enhanced.pdf

View a copy of the Basic Option
Regular Plan - https://www.nebraska.edu/docs/benefits/ben_enroll_basic_regular.pdf
Enhanced Plan - https://www.nebraska.edu/docs/benefits/ben_enroll_basic_enhanced.pdf

View a copy of the High Option
Regular Plan - https://www.nebraska.edu/docs/benefits/ben_enroll_high_regular.pdf
Enhanced Plan - https://www.nebraska.edu/docs/benefits/ben_enroll_high_enhanced.pdf

View a copy of the High Deductible Option
https://www.nebraska.edu/docs/benefits/ben_enroll_high_deductible.pdf

## Eligibility

**Employee**

Faculty and staff are eligible for group medical insurance coverage if they are employed in a "Regular" position with an FTE of .5 or greater or in a "Temporary" position for more than six months with an FTE of .5 or greater.

**Dependents**

**SpouseHusband or wife, as recognized under the laws of the state of Nebraska**

- Common-law spouse if the common-law marriage was contracted in a jurisdiction recognizing a common-law marriage

**Child**

The following dependent children may be eligible for coverage:
- 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 the employee has legal guardianship and who has not reached the limiting age of 26
- Child with a mental or physical disability who has attained the limiting age of 26 may continue coverage beyond age 26 if proof of disability is provided within 31 days of attaining age 26

***Coverage ends when the dependent child turns age 26.***

**Employee Plus One**

University benefits eligibility is extended to an Adult Designee of the same or opposite gender who meets all the following criteria:

- Has resided in the same residence as the employee for at least the past consecutive 12 months and intends to remain so indefinitely;
- Is at least 19 years old;
- Is directly dependent upon, or interdependent with, the employee, sharing a common financial obligation that can be documented in a manner prescribed by the university; and
- Is not currently married to or legally separated from another individual under either statutory or common law.

Additional Employee Plus One information may be found at the Employee Plus One benefits module.

## Disabled Dependent Child Coverage Eligibility

A physically or mentally disabled child may remain an eligible dependent child upon reaching age 26 if incapable of self-sustaining employment by reason of mental or physical handicap, and dependent upon you for support and maintenance. The application for such coverage must be received within 31 days of the dependent's 26th birthday and the dependent must meet all other group coverage eligibility requirements.

## Dual Spouse Premium Sharing Arrangement

Married employees who both work for the university may participate in the Dual Spouse premium sharing arrangement. An employee whose spouse is employed by an ancillary group may not participate in the Dual Spouse premium sharing arrangement. Both employees must be employed by the university.

One employee must be designated the medical insurance certificate/contract holder and possess a 100 percent benefits FTE.

Dual Spouse enrollment is limited to the Blue Cross Blue Shield High Option and Employee and Spouse or Employee and Family coverage category.

## Initial Enrollment

Employees must enroll for coverage within 31 days of the date of hire or benefits eligibility date (date the employee satisfies the criteria to be benefits-eligible). The 31-day period is not based on the employee's effective date of coverage.

Enrollment after the initial 31-day period is limited to the annual NUFlex enrollment or when a Permitted Election Change Event occurs.

Employees and dependents may enroll for coverage without proof of insurability or pre-existing condition limitation.

## Effective Date of Coverage

Coverage is effective on the first day of the month following the employee's date of hire or eligibility. Coverage for employees hired on the first day of the month will be effective on the first day of the month. Coverage for employees hired on the first working day of the month will be effective on the actual date of hire (if first working day is Jan. 5, coverage will be effective Jan. 5).

## Change in Status Guidelines

Employees may enroll, disenroll or change their medical insurance coverage category during the calendar year when a Permitted Election Change Event occurs.

Employees must enroll or make changes in coverage within 31 days of the Permitted Election Change Event. With the exception of enrollment or coverage cancellation, employees may only change their medical coverage category. Changes between medical plan "options" are not allowed.

Listed below are several Permitted Election Change Events that may allow an employee to initiate a midyear medical insurance coverage 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
- Change in coverage under spouse's employer's benefits plan, if substantial

## Required Documentation for Status Changes

You will be asked to supply evidence of eligibility for each dependent you are enrolling in the medical plan. 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.

## Coverage Effective Date as a Result of a Permitted Election Change Event

Coverage changes due to a Permitted Election Change Event are generally effective on the first day of the month following the date of the change. However, changes that occur on the first day of the month will be effective immediately. The employee must provide appropriate documentation to verify the Permitted Election Change Event.

## Birth of a Dependent Child

Coverage changes due to a birth of a child will be effective on the dependent's date of birth. The applicable premium will begin on the first day of the month following the date of birth. The employee must provide appropriate documentation to verify the Permitted Election Change Event.

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, the covered employee must contact the Campus Benefits Office within 60 days of a dependent's date of birth to add the newborn child to his or her medical insurance policy.** The employee must complete and deliver to the Campus Benefits Office a Dependent Information Request Form to add the new dependent child to the medical insurance policy **even if** he or she is 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 the employee does not complete and deliver the properly completed Dependent Information Request Form to the Campus Benefits Office within 60 days of the newborn's birth and then wants 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.)

Do not delay completing and submitting this form while the new baby's Social Security Number is pending. Submit the form and then email your dependent's Social Security Number to the Campus Benefits Office as soon as it is issued.

## Adoption or Legal Guardianship

Coverage changes due to a dependent child who is added as a result of adoption or legal guardianship will coincide with the earlier of: 1) the date of placement for adoption, or 2) the date of entry of an order granting legal guardianship or custody of the child. Placement generally means when the adoptive parents have taken legal responsibility for the child. Premiums will begin on the first day of the month following the event. The employee must provide appropriate documentation to verify the Permitted Election Change Event. Coverage for a dependent child's baby may be added to the employee's (grandparents') medical insurance policy only if employee obtains 1) legal guardianship, or 2) adoption of the newborn child.

## Marriage

Coverage changes due to marriage will be effective on the first day of the month following the date of marriage. Changes in coverage for a marriage occurring on the first day of the month will be effective immediately. The employee must provide appropriate documentation to verify the Permitted Election Change Event.

## Divorce or Legal Separation

Coverage changes due to a Nebraska divorce will be effective the first day of the month following the date the divorce decree is final (6 months after date the decree is entered). Coverage changes due to a legal separation in Nebraska will be effective the first day of the month following the date of the court order or separation agreement.

Coverage changes due to an Iowa divorce will be effective the first day of the month following the date the divorce decree is final. Coverage changes due to an Iowa legal separation will be effective the first day of the month following the date of the court order or separation agreement.

The employee must provide appropriate documentation to verify the Permitted Election Change Event.

## Termination of Coverage

Coverage terminates on the last day of the month following the date of termination or date the employee is no longer eligible for coverage. If the date of termination or employee's coverage ineligibility is the last day of the month, coverage will terminate immediately.

## Leave of Absence

Employees may continue medical insurance coverage while on an approved leave of absence for up to two years. The employee should contact the Campus Benefits Office to establish the direct bill premium payment process.

## Active Military Duty Leave of Absence

An employee who commences a leave of absence for active duty in the military may cancel medical insurance coverage during the leave. Upon return from active duty, the employee may re-enroll for medical insurance coverage without proof of insurability. The employee must provide appropriate documentation to support the date military service ended.

## Annual NUFlex Enrollment

Employees may change a medical plan option or coverage category during the annual NUFlex enrollment. Proof of insurability is not required to enroll or increase coverage during the annual NUFlex enrollment.

## Extension of Coverage

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

## COBRA Continuation of Coverage

COBRA coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a "qualifying event." COBRA continuation coverage is offered to each person who is a "qualified beneficiary." A qualified beneficiary is someone who will lose coverage under the Plans because of a qualifying event. Depending on the type of qualifying event, employees, spouses of employees, and dependent children of employees may be qualified beneficiaries. Under the Plans, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you are an employee, you will become a qualified beneficiary if you lose coverage under the Plans because of either one of the following qualifying events:

(1) Your hours of employment are reduced; or
(2) Your employment ends for any reason other than gross misconduct.

If you are the spouse of an employee, you will become a qualified beneficiary if you lose coverage under the Plans because of any of the following qualifying events:

(1) Your spouse dies;
(2) Your spouse's hours of employment are reduced;
(3) Your spouse's employment ends for any reason other than gross misconduct;
(4) Your spouse becomes enrolled in Medicare (Part A, Part B or both) and cancels coverage; or
(5) You become divorced [or legally separated] from your spouse. If an employee cancels coverage for his or her spouse in anticipation of a divorce [or legal separation] and a divorce [or legal separation] later occurs, then the divorce [or legal separation] will be considered a qualifying event even though the ex-spouse lost coverage earlier. If the ex-spouse notifies the COBRA Plan Administrator within 60 days of the decree of dissolution of marriage date and can establish that the employee canceled the coverage earlier in anticipation of the divorce [or legal separation], then COBRA coverage may be available for the period after the divorce [or legal separation].

Your dependent children will become qualified beneficiaries if they lose coverage under the Plans because of any of the following qualifying events:

(1) The parent-employee dies;
(2) The parent-employee's hours of employment are reduced;
(3) The parent-employee's employment ends for any reason other than gross misconduct;
(4) The parent-employee becomes enrolled in Medicare (Part A, Part B or both) and cancels coverage;
(5) The parents become divorced [or legally separated]; or
(6) The child stops being eligible for coverage under the plan as a "dependent child."

The Plans offer COBRA continuation coverage to qualified beneficiaries only after the COBRA Plan Administrator has received timely notice that a qualifying event has occurred, including the end of employment, reduction of hours of employment, death of the employee, or enrollment of the employee in Medicare (Part A, Part B or both).

Additional COBRA Information

## Survivor Benefits upon the Death of an Employee

The spouse of a deceased employee who was enrolled for medical coverage at time of death may continue coverage through COBRA or the retiree medical insurance program until his or her death or remarriage.

A dependent child of a deceased employee who was enrolled for medical coverage at time of death may continue coverage through COBRA or the retiree medical insurance program if the child has not reached the plan's limiting age.

## Summary of Benefits and Coverage (SBC)

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

## Health Risk Assessment

In addition to your insured benefits, the University of Nebraska has a commitment to our employees' wellness. As part of that commitment, we offer all active (benefits-eligible) employees, retirees and ancillary insureds 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 10 - 15 minutes to complete); you will receive a Personal Health Report that will help you assess and monitor your personal health status. Survey questions will include health-related information such as blood pressure 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 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 $400 (for insureds age 2 and over)
- 100 percent coverage for a routine preventive colonoscopy once every 10 years beginning at age 50 (services must be provided by a PPO Provider) If colonoscopy lab services are provided out-of-network or outside the state where the colonoscopy is performed, out-of-network charges may apply.
- $0 copay for generic prescription drugs through the CVS Caremark mail service program

Your personal health information will remain confidential as the university will only have access to the aggregate information obtained from the survey. This website is part of Wellstream, a third party vendor, to help assure the confidentiality of your information. Aggregate data from each campus will be used to create programming to set goals for improving the health and well-being of employees.

To obtain these enhanced benefits, the Health Risk Assessment must be taken within 31 days of your hire date. Thereafter, the HRA must be completed annually in the fall.

## Disclosure of Grandfathered Status

This group health plan believes the low, basic, and high plans are 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.

# Medicaid and the Children's Health Insurance Program (CHIP) Offer or Low-Cost Health Coverage to Children and Families

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

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

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

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

For a list of the States which provide premium assistance programs, please contact your Campus Benefits Office.