IMPORTANT OPEN ENROLLMENT INFORMATION FOR:

University of Nebraska

WageWorks, Inc. P.O. Box 14709 Lexington, KY 40512



October 18, 2024

University of Nebraska is conducting Open Enrollment for their Benefit Plans that are effective 01/01/2025. You can change your Blue Cross and Blue Shield of Nebraska medical option, add or drop dependents, or cancel medical insurance coverage during this time. You may also enroll or cancel dental and vision coverage. Alternatively, you may wish to explore coverage through the Health Insurance Marketplace.

If you do not want to make changes to your coverage, no action is required.

Health Insurance Marketplace

There may be other coverage options for you and your family. The Health Insurance Marketplace provides you with another opportunity to buy health insurance. In the Marketplace, you could be eligible for a new kind of tax credit that lowers your monthly premiums right away, and you can see what your premium, deductibles, and out-of-pocket costs will be before you make a decision to enroll. You may obtain information about the Marketplace at www.healthcare.gov.

Enclosed are materials designed to assist you and/or your eligible dependents in making a COBRA Open Enrollment selection that will be effective from **01/01/2025** through **12/31/2025**, or until your COBRA expires, whichever occurs first. To view your current benefit elections or other pertinent information regarding your COBRA account, you can access our secure website by going to mybenefits.wageworks.com.

ACTION REQUIRED BY YOU

Refer to the COBRA Open Enrollment Election Form for the new plan year benefit options and monthly premium rates.

If you are NOT making changes to your coverage, no action is required.

Note: If you are not making changes, your existing coverage will continue or automatically be renewed.

<u>If you are</u> making changes to your coverage, you can add qualified dependents to your plan(s), add or change plans or discontinue coverage and you <u>MUST complete and return</u> the enclosed Open Enrollment Form postmarked on or before <u>11/15/2024</u>.

Note: Your requested benefit changes cannot be processed without this form. If your requested changes are not returned by the postmarked date <u>11/15/2024</u>, your existing coverage will continue or automatically be renewed.

FAX:

(866) 450-5641

If you are making any changes, the election form should be faxed or mailed to:

WageWorks, Inc. PO Box 14709 Lexington, KY 40512

O DOX 14709

IMPORTANT INFORMATION REGARDING PAYMENT COUPONS

Payment coupons for the new plan year will be mailed prior to 01/01/2025 or after the completion of your Open Enrollment period, whichever is later. If you or any of your qualified beneficiaries are current COBRA participants, you must continue to remit all required premium payments by their due date in order to maintain coverage, including the first month of the new plan year, even if Open Enrollment period continues beyond the new plan year or new coupons have not been mailed yet.

ARE YOU A PENDING COBRA PARTICIPANT?

If you have received this letter and are not currently enrolled in COBRA, our records indicate that you are still within your 60-day election period. Refer to your original COBRA notification letter packet for enrollment information and deadlines. **You must respond within the 60-day election period to enroll for the current plan year.** If you wish to also make an election for the new plan year, be sure to ALSO respond back to WageWorks, Inc. with your COBRA Open Enrollment Election Form by **11/15/2024** by submitting the enclosed COBRA Election Form.

QUESTIONS?

If you have any questions, please call WageWorks, Inc. at (888) 678-4881. We will be glad to assist you.

REMEMBER – If making changes, you MUST return the enclosed form by 11/15/2024



University of Nebraska COBRA Open Enrollment Election Form Benefits Effective 01/01/2025

THIS FORM <u>MUST BE RETURNED NO LATER THAN 11/15/2024</u> IF YOU WISH TO ADD, CHANGE OR DISCONTINUE YOUR COBRA COVERAGE FOR THE NEW PLAN YEAR. ALL CHANGES WILL BE EFFECTIVE 01/01/2025.

	t all eligible persons electing conefit enrollment updates.	overage below.	Failure to o	complete in full and	sign this for	m may i	esult in a	delay of
Na	me	DOB	Gender	Soc. Sec. #	Med	Den	Vis	
SE	LF							
SP	POUSE	_						
CH	HILD #1							
CH	HILD #2							
CH	HILD #3							
	ease <u>CHECK</u> the Accept or Dec u are electing below:	cline box for eac	ch benefit pla	an and then CIRCLE	the covera	ige level	for each p	olan that
[]Accept []Decline - Blue Individual Only Indiv+Spo \$ 718.08 \$1,571	ouse Indiv+0	Rx Child(ren) .,181.16	Family \$ 2,156.28				
]]Accept []Decline - Blu Individual Only Indiv+Spo \$ 814.98 \$ 1,76	ouse Indiv+C	w/Rx Child(ren) 1,353.54	Family \$ 2,433.72				
]]Accept []Decline - Blu Individual Only Indiv+Spo \$ 933.30 \$ 2,02	ouse Indiv+C	//Rx Child(ren) 1,633.02	Family \$ 2,785.62				
[Accept [Decline - Blue Individual Only Indiv+Spo \$ 718.08	ouse Indiv+C	eductible w/ Child(ren) 1,193.40	Rx Family \$ 2,156.28				
[Accept [Decline - Blue Individual Only Indiv+Chi \$ 498.06	lld(ren)	Health Plan					
[]Accept []Decline - Blu Individual Only Indiv+Spo \$ 32.64 \$ 61	ouse Indiv+C	Child(ren) \$ 69.36	Family \$ 106.08				
[]Accept []Decline - Eye Individual Only Indiv+Spo \$ 8.63 \$ 18	ouse Indiv+C	Child(ren) \$ 18.95	Family \$ 23.77				

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Statement of Understanding and Election: I hereby apply for benefits under the terms and conditions of the benefits program, and I agree to pay the premium as required. I understand that continuation coverage may terminate under several circumstances, including: the date I become entitled to Medicare, or on the date on which the group health/dental plan coverage offered by my former employer ends. I understand that if I was disabled at the time of my qualifying event, I may be eligible for extended continuation. I also understand that payments are due on the 1st of each month and that failure to remit payments within the grace period specified under federal