

# NUFLEX BENEFITS ENROLLMENT

UNIVERSITY OF NEBRASKA  
UNIVERSITY OF NEBRASKA—LINCOLN  
UNIVERSITY OF NEBRASKA MEDICAL CENTER  
UNIVERSITY OF NEBRASKA AT KEARNEY  
UNIVERSITY OF NEBRASKA AT OMAHA

UNIVERSITY OF  
**Nebraska**

FOR NEWLY ELIGIBLE EMPLOYEES

# BENEFITS ENROLLMENT

## Table of Contents

Welcome .....	3
NUFlex Overview .....	3
NUFlex Information .....	4
Important Notices .....	9
• Disclosure of Grandfathered Status .....	9
• Extension of Coverage .....	9
• Medicaid and the Children’s Health Insurance Program (CHIP) Offer Free or Low-Cost Health Coverage to Children and Families .....	9
• Appendix A .....	37
Medical Insurance .....	10
Insurance Benefits Summary .....	16
Dental Insurance .....	18
Vision Care Insurance .....	20
Long Term Disability Insurance .....	22
Life Insurance – Employer-Provided .....	23
Life Insurance – Voluntary .....	24
Accidental Death & Dismemberment Insurance .....	25
Dependent Life Insurance .....	26
Long Term Care Insurance .....	27
Health Care Flexible Spending Account .....	28
Dependent Care Flexible Spending Account .....	29
Completing your Benefits Enrollment Form .....	30
Basic Retirement Plan 401(a) .....	31
Supplemental Retirement Plan 403(b) .....	33
Deferred Compensation Plan 457(b) .....	35
Important Note .....	36
Campus Benefits Offices .....	36

Welcome to the University of Nebraska. is enrollment booklet is designed to provide you with an overview

# BENEFITS ENROLLMENT

## NUFlex Information

### Price Tag Summary

The price tag summary for benefits-eligible employees (both full-time and part-time) is available on the university's benefits webpage. This summary provides monthly price tag and cost information for your NUFlex benefit options and coverages. Please see [www.nebraska.edu/benefits](http://www.nebraska.edu/benefits) for more detailed information.

### Before you Start

Before you begin enrollment, you should have the NUFlex benefits booklet and price tag summary form on hand. You may also want to use the following resources to help you make your enrollment decisions:

- Health and dependent care expense records for the previous calendar year
- Benefit and cost information from your spouse's employer's benefits plan (if applicable)

We encourage you to review all enrollment materials before you start making your benefit choices.

### Online Enrollment

Please complete your enrollment through Firefly ([firefly.nebraska.edu](http://firefly.nebraska.edu)). If you have any complications or require assistance with the enrollment process, please contact your campus benefits office.

### Dependent Information Request

Please remember to include all dependent verification documentation when you submit the forms. You have the option of delivering your verification documents to your campus benefits office or attaching scanned PDF copies to the online benefits enrollment process.

### Initial Enrollment

You must enroll for coverage within 31 days of your hire or benefits eligibility date (date you become

### **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.\*

Coverage ends when the dependent child turns age 26.

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

### **Your Adult Designee: (Employee Plus One)**

Benefits eligibility is extended to an adult designee of the same or opposite gender who meets the following

- 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.

Please visit [www.nebraska.edu/benefits](http://www.nebraska.edu/benefits) for exceptions to the criteria above.

### **Your Adult Designee's Dependent Children: (Employee Plus One)**

An Adult Designee's dependent child may be covered as an eligible dependent of an employee for university benefits. An Adult Designee's dependent child qualifies as an eligible dependent if the child meets one of the following criterion:

- is a natural-born or legally adopted child, who has not reached the limiting age of 26, of an individual who qualifies as an Adult Designee;
- is a child, who has not reached the limiting age of 26, for whom an individual who qualifies as an Adult Designee is the legal guardian; or
- is a child of an individual who qualifies as an Adult Designee and has a mental or physical disability and attained the limiting age of 26 may continue coverage beyond age 26 if proof of disability is provided within 31 days of attaining age 26\*.

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

Please visit [www.nebraska.edu/benefits](http://www.nebraska.edu/benefits) for exceptions to the criteria above.

# BENEFITS ENROLLMENT

## NUFlex Information (continued)

### Dependent Verification Documentation Requirements for the Medical, Dental and Vision Care Insurance Plans

#### For Spouse or Child:

To add a spouse or child to your coverage, you must provide the dependent verification documents (valid documents listed below).

All dependent information must be received in your Campus Benefits Office or attached with the enrollment process within 31 days from date of hire, benefits eligibility date or Permitted Election Change Event. If you do not deliver the properly completed documents within 31 days, the dependent will be considered a late enrollee and benefits **will not** be provided until the next annual NUFlex enrollment period.

Listed below are the documents that you must submit for each dependent you are adding to your coverage. All required documentation must include the date and/or year, employee name, and dependent's name. Note: You must cover up the financial information on the documents (such as your income, details on a bank statement, etc.).

**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, you **MUST** include a copy of an official translation of the document along with a copy of the marriage certificate).

#### AND

- A copy of financial 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 or
  - A joint bank/credit account or
  - A joint mortgage/lease or
  - Insurance policies or
  -

**Stepchild:** Provide copies of forms of documentation listed below.

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

If the required documentation is not received within 31 days from your date of hire, benefits eligibility date or Permitted Election Change Event, your dependent(s) will not be enrolled for coverage unless you can show that this documentation has been ordered and/or requested from a county or state agency.

**For Adult Designee or Adult Designee's Dependent Children** (Employee Plus One):

To add an adult designee or an adult designee dependent child(ren) to your coverage, you must submit the following forms with the required documentation:

- A declaration of Employee Plus One Relationship
- Tax-Qualified Dependent Certification and Marriage Certification for Employee Plus One Benefits
- Employee Plus One Benefits Enrollment Form
- Dependent Information Request Form

Forms are available online at [www.nebraska.edu/benefits](http://www.nebraska.edu/benefits). All forms must be received within 31 days from date of hire, benefits eligibility date or Permitted Election Change Event. If you do not deliver the properly completed documents within 31 days, the dependent will be considered a late enrollee and benefits **will not** be provided until the next annual NUFlex enrollment period. Before adding an adult designee (or an adult designee's dependent child) to your coverage, read all of the program requirements online at [www.nebraska.edu/benefits](http://www.nebraska.edu/benefits) to confirm that your adult designee (or adult designee's dependent child) is eligible for coverage, speak to a tax professional and contact your Campus Benefits Office.

Additional information about Employee Plus One benefits is available at [www.nebraska.edu/benefits](http://www.nebraska.edu/benefits).

## NUFlex Information (continued)

### Confirmation Statement

Once you return the benefits enrollment form to your Campus Benefits Office, you will receive a confirmation of your NUFlex benefit choices. This confirmation statement will allow you to review your benefit choices. Your Campus Benefits Office should be contacted immediately if you find any errors or problems. Any requests for changes due to data entry errors must be received within **31 days** of your date of hire, while you are still in your enrollment period.

A benefits confirmation statement reflecting your individual benefit enrollment choices may also be viewed on the Firefly Employee Self Service website at





# BENEFITS ENROLLMENT

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](http://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 see Appendix A, States Providing Premium Assistance under Medicaid or the Children's Health Insurance Program (CHIP).

## Medical Insurance

NUFlex provides you with several medical options that differ in the deductible, coinsurance and stop-loss amounts. For more information on the various medical options, please contact your HR representative.

	Low	Basic	High	

# BENEFITS ENROLLMENT

## Medical Insurance (continued)

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.

### Prescription Drug Program

The prescription drug component of the medical plan offers you two convenient methods to fill your medication needs: in person at a participating EmpiRx Health retail network pharmacy or by mail order. **Each covered person 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 EmpiRx Health'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 EmpiRx Health retail network pharmacy or the mail drug program.

For prescription drug coverage under the qualified high deductible health plan you may pay a higher amount for a non-preventive prescription until your deductible is reached. Please contact EmpiRx Health at 833-419-3436 to learn more about the prescription drug coverage with the qualified high deductible health plan.

It is important that you use the EmpiRx Health prescription drug program in order to receive the best price and greatest savings. If you purchase a drug outside of the EmpiRx Health prescription drug program, you must pay 100 percent of the prescription price to the pharmacy. Paying cash rather than using the EmpiRx Health prescription drug program can impact you financially. The EmpiRx Health 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 BCBS medical plan.

If you and/or your dependents become eligible for Medicare in the next 12 months, a federal law provides you with prescription drug coverage alternatives.

You may view EmpiRx Health Primary Drug List on the University of Nebraska benefits webpage at [www.nebraska.edu/benefits](http://www.nebraska.edu/benefits). PPO participation information may also be obtained by calling EmpiRx Health at 833-419-3436.

**Health Plan Offerings**

Telehealth Services

# BENEFITS ENROLLMENT

## Medical Insurance (continued)

Your personal health information will remain confidential as the university will only have access to the aggregated information obtained from the survey. This assessment is part of Health Improvement Solutions, 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 may be completed online using the Health Risk Assessment link in the Firefly NUFlex Benefits Enrollment module.

**You have 31 days from date of hire to complete the HRA.** If you do not complete the HRA survey within 31 days of your date of hire, you may not complete the survey until the next annual NUFlex enrollment.

Once you have completed the HRA survey, you will receive a Personal Health Report detailing your health risk status. This report will give you suggestions on how 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.** By printing and/or saving your Personal Health Report, you and your covered dependent's names, are automatically included on the eligibility list for the enhanced benefits for medical and prescription drug coverage as of your benefit's 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.

### Issues to Consider—Medical Insurance

- You and your dependents may enroll in any medical option without proof of insurability or preexisting 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 Flexible Spending Account to pay non-covered medical expenses, you may elect a medical option with a higher deductible. However, if you have a health savings account with your qualified high deductible health plan you can not enroll in a health care flexible spending account.

- Enrollment of any dependent into one of the medical options requires completion of the Dependent Information Request Form, which is available on the university's benefits webpage, as well as the appropriate dependent verification documentation.
- If you use the services of a non-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 medical plan and does not require any additional premium to participate. Your EmpiRx Health prescription information will be displayed on your BCBS health insurance ID card.
- Medical coverage for a newborn child will begin at the dependent child's date of birth. **To continue the child's coverage beyond 31 days, you must contact the Campus Benefits Office within 60 days of a dependent's date of birth to add the newborn child to your medical insurance policy.** You must complete and deliver to the Campus Benefits Office a Dependent Information Request Form to add the new dependent 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. You are given 60 days to provide the copy of the birth certificate, dependent information request form and six months to provide the social security number. If you do 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 want to cover the child, the child

# BENEFITS ENROLLMENT

## Medical Insurance (continued)

### Benefits Summary

Preexisting Condition Limitation	None
Lifetime Dollar Maximum	Unlimited (with the exception of fertility services which has a \$15,000 lifetime maximum)
Choice of Physician	No restrictions
Calendar Year Deductible	Refer to Summary of Medical Options
Coinsurance	Refer to Summary of Medical Options
Annual Maximum Out-of-Pocket (Stop-Loss)	Refer to Summary of Medical Options
<b>Hospital Services</b>	
Inpatient	
Semi-Private Room	Deductible; Coinsurance percentage; 100% after stop-loss is reached
Service & Supplies (operating room, anesthesia, lab and x-ray)	Deductible; Coinsurance percentage; 100% after stop-loss is reached
Outpatient	
Surgery	Deductible; Coinsurance percentage; 100% after stop-loss is reached
Medical Emergency	Deductible; Coinsurance percentage; 100% after stop-loss is reached
<b>Maternity</b>	
Prenatal & Postnatal Care	Deductible; Coinsurance percentage; 100% after stop-loss is reached
Hospitalization & Delivery	Deductible; Coinsurance percentage; 100% after stop-loss is reached
<b>Major Medical Services</b>	
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 plan is provided as a separate plan through EyeMed Vision Care



<b>Wellness and Preventive Services*</b>	
Adult Preventive Care Allowance	100% not to exceed \$250 in a calendar year
Well-Child Care for Children Up to Age 2	100%
<b>Enhanced Wellness and Preventive Services*</b>	
Adult Preventive Care Allowance	100% not to exceed \$400 in a calendar year
Well-Child Care for Children Up to Age 2	100%
Routine Preventive Colonoscopy	100% once every 10 years beginning at age 45
*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%	
Mammography Screening	100% (Not to exceed the maximum allowance.)
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
<b>Mental Illness and Substance Abuse</b>	
Inpatient	Deductible; Coinsurance percentage; 100% after stop-loss is reached
Outpatient	Deductible; Coinsurance percentage; 100% after stop-loss is reached
<b>Preventive Dental Services</b>	Not covered under the medical plan; however, a comprehensive dental plan is provided as a separate plan through Ameritas
<b>Fertility Treatments</b>	There is a combined \$15,000 lifetime limit for services (combined medical and pharmacy services).
<b>Sterilization</b>	The plan covers vasectomies and tubal ligation (subject to plan deductible and coinsurance amounts)

\*Note, preventative care is covered at 100% on the qualified high deductible health plan.

## Summary of Dental Benefits

TYPE OF SERVICE	ANNUAL DEDUCTIBLE		COINSURANCE PLAN PAYS/YOU PAY		BENEFIT MAXIMUMS	
	PPO PROVIDER	Non-PPO Provider	PPO PROVIDER	Non-PPO Provider	PPO PROVIDER	Non-PPO Provider

## Issues to Consider—Dental Insurance

- Enrollment of any dependent into the Blue Cross 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 Flexible Spending Account.
- If you use the services of a non-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 60 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. (Dependent information request form must be received within 60 days of the baby's birth, and a copy of the birth certificate and six months to provide the social security number.) If you do 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 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.

ating, etc:2841 Td(MedicUp to24U6 0 Td(Up18s37ts)Tj0407 0497

## Summary of Vision Benefits

	IN-NETWORK MEMBER COST	BENEFIT FREQUENCY	OUT-OF-NETWORK REIMBURSEMENT
Examination with Dilation	\$10 copay	Annual	Up to \$35
Frames	80% of retail price over \$150 allowance	Annual	Up to \$38
<b>Standard Plastic Lenses</b>			
Single Vision	\$10 copay	Annual	Up to \$25
Bifocal	\$10 copay	Annual	Up to \$40
Trifocal	\$10 copay	Annual	Up to \$55
Standard Progressive	\$10 copay	Annual	Up to \$55
Premium Progressive	\$10 copay, 80% of balance over \$130	Annual	Up to \$55
<b>Contact Lenses Fit and Follow-up</b>			
Standard	Up to \$55	Annual	NA
Premium	90% of retail price	Annual	NA
<b>Contact Lenses Allowance (materials only)</b>			
Conventional	85% of balance over \$130 allowance	Annual	Up to \$96
Disposable	Balance over \$130 allowance	Annual	Up to \$96
Medically Necessary	\$0	Annual	Up to \$200
LASIK and PRK Vision Correction	15% of retail price or 5% of promotional pricing	Annual	NA

\* Benefit includes a discount for lens options such as UV coating, tint, scratch-resistance coating, etc.

## Issues to Consider—Vision Care Insurance

- 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.
- If you use the services of a non-EyeMed network provider, you will experience higher out-of-pocket costs due to lower out-of-network allowances.
- If you have non-covered vision expenses to pay, qualifying expenses may be submitted to the Health Care Flexible Spending Account.
- 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 60 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. (While the dependent information request form must be received within 60 days of the baby's birth, and a copy of the birth certificate and six months to provide the social security number.) If you do 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 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.

# BENEFITS 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:

Age at Disability	Maximum Period of Payment
Less than age 62	To age 67
Age 62	60 months
Age 63	48 months
Age 64	42 months
Age 65	36 months
Age 66	30 months
Age 67	24 months
Age 68	18 months
Age 69 and over	12 months

### Summary of Long Term Disability Benefits

OPTION	INCOME REPLACEMENT	ELIMINATION PERIOD
1	No coverage	
2	50%	180 days
3	66 2/3%	180 days
4	50%	90 days
5	66 2/3%	90 days

## Issues to Consider—Long Term Disability

- 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 Consumer Price Index (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.

### Issues to Consider—Life Insurance- Employer-Provided

- 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.

## Life Insurance—Voluntary

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 price tags and coverage amounts. Premiums are withheld on an after-tax basis, i.e., subject to state and federal income taxes and Social Security.

### Issues to Consider—Life Insurance- Voluntary

- You may enroll for Option 1-8 regardless of your health. If you elect Option 9-11, 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 [redacted] (o)12 (, t)-6 (h)4 (y L)-5.9 (if)9 (e l)16 (n)8 (



# 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.

OPTION	COVERAGE AMOUNT
1	No coverage
2	\$25,000
3	50,000
4	75,000
5	100,000
6	125,000
7	150,000
8	175,000
9	200,000
10	225,000
11	250,000

## Issues to Consider—Accidental Death & Dismemberment Insurance

- 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.
- If a dependent child attains age 26 prior to the date above, coverage will end 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.

# BENEFITS ENROLLMENT

## 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.

OPTION	COVERAGE FOR A SPOUSE	OPTION	COVERAGE FOR EACH CHILD*
1	No coverage	1	No coverage
2	\$ 10,000	2	\$ 5,000
3	20,000	3	10,000
4	50,000		

\*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—Dependent Life Insurance

- 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.
- If a dependent child attains age 26 prior to the date above, coverage will end 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 \$20,000 (Option 3) without proof of insurability. Option 4, however, requires 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 Genworth Life Insurance Company. This plan provides a variety of support services if you are unable to care for yourself, either on a temporary or permanent basis. Group long term

# Health Care Flexible Spending Account (FSA)

HealthEquity is the plan administrator for the Flexible Spending Account (FSA) program. e Health Care

# Health Care Flexible Spending Account (FSA) (continued)

## Issues to Consider—Health Care FSA

-

# BENEFITS ENROLLMENT

# Basic Retirement Plan 401(a)

## 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 an FTE of .5 or greater are required to participate subject to the applicable retirement plan enrollment dates. Certain positions may be excluded from participation.

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:

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 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, Fidelity, or Vanguard. The retirement plan investment companies are committed to offering a wide range of investment options while providing the



## 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), Supplemental Retirement Annuity (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. 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. Employees 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 Pre-tax Salary Reduction/Roth Deduction Agreement 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 up to the Internal Revenue Service's maximum allowance. Contributions made to the SRA Plan are withheld on a voluntary basis.

- Traditional 403(b) Contributions

Traditional 403(b) contributions are made on a pre-tax basis and are not included in current taxable income. Both pre-tax contributions and any earnings will be subject to income taxes when withdrawn.

- Roth 403(b) Contributions

# BENEFITS ENROLLMENT

## Supplemental Retirement Plan 403(b) (continued)

Roth 403(b) contributions are made on an after-tax basis and are included in current taxable income. Earnings are tax free if they are part of a “qualified distribution.” A qualified distribution is one that is taken at least 5 tax years from the year of the first Roth 403(b) contribution and after the participant attains age 59½, becomes disabled or deceased.

### Allocating Plan Contributions

You may allocate contributions among or between 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, Fidelity, or Vanguard. The 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)
- Lifecycle Funds
- Stocks (Equities)
- Guaranteed Annuity

### Transferring Plan Contributions

SRA Plan funds may be transferred among or between investments at any time.

### Rollover of Funds

You may rollover 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 rollover of funds.

### Access to Funds

Traditional 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. Roth in-service distributions before age 59½ are not permitted unless the participant has a financial hardship. Hardship distributions are based on the IRS Safe Harbor rules which permit withdrawals for immediate and heavy financial need such as payment for medical expenses, purchase of a principal residence, tuition, eviction, burial or funeral expenses, repair or damage to a principal residence that would qualify for the casualty deduction. The Roth 403(b) option does not include a loan provision. Additional information is available from your Campus Benefits Office.

## Deferred Compensation Plan 457(b)

### Eligibility

Any employee, regardless of age, length of service, or benefits FTE, may enroll in the Deferred Compensation 457(b) Plan.

### Effective Date of Participation

Participation is effective the first of the month following submission of a 457(b) Deferred Compensation Plan



## Appendix A

States Providing Premium Assistance under Medicaid or the Children’s Health Insurance Program (CHIP).

If you live in one of the following States, you may be eligible for assistance paying the University’s health plan premiums. You should contact your State for further information on eligibility.

<b>ALABAMA – Medicaid</b>	<b>CALIFORNIA – Medicaid</b>
Website: <a href="http://www.medicaid.alabama.gov">http://www.medicaid.alabama.gov</a> Phone: 1-800-362-1504	Website: <a href="http://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont">http://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont</a> Phone: 1-866-298-8443
<b>ALASKA – Medicaid</b>	<b>COLORADO – Medicaid and CHIP</b>
Website: <a href="http://health.hss.state.ak.us/dpa/programs/medicaid">http://health.hss.state.ak.us/dpa/programs/medicaid</a> Phone (Outside of Anchorage): 1-888-318-8890 Phone (Anchorage): 907-269-6529	Medicaid Website: <a href="http://www.colorado.gov/">http://www.colorado.gov/</a> Medicaid Phone (In state): 1-800-866-3513 Medicaid Phone (Out of state): 1-800-221-3943 CHIP Website: <a href="http://www.CHPplus.org">http:// www.CHPplus.org</a> CHIP Phone: 303-866-3243
<b>ARIZONA – CHIP</b>	<b>FLORIDA – Medicaid</b>
Website: <a href="http://www.azahcccs.gov/applicants/default.aspx">http://www.azahcccs.gov/applicants/default.aspx</a> Phone (Outside of Maricopa County): 1-877-764-5437 Phone (Maricopa County): 602-417-5437	Website: <a href="http://www.fdhc.state.fl.us/Medicaid/index.shtml">http://www.fdhc.state.fl.us/Medicaid/index.shtml</a> Phone: 1-877-357-3268
<b>ARKANSAS – CHIP</b>	<b>MISSOURI – Medicaid</b>
Website: <a href="http://www.arkidsrst.com/">http://www.arkidsrst.com/</a> Phone: 1-888-474-8275 Phone: 1-866-298-8443	

# BENEFITS ENROLLMENT

## Appendix A (continued)

<b>INDIANA – Medicaid</b>	<b>NEVADA – Medicaid and CHIP</b>
Website: <a href="http://www.in.gov/fssa">http://www.in.gov/fssa</a> Phone: 1-800-889-9948	Medicaid Website: <a href="http://dwss.nv.gov/">http://dwss.nv.gov/</a> Medicaid Phone: 1-800-992-0900 CHIP Website: <a href="http://www.nevadacheckup.nv.org/">http://www.nevadacheckup.nv.org/</a> CHIP Phone: 1-877-543-7669
<b>IOWA – Medicaid</b>	<b>NEW HAMPSHIRE – Medicaid</b>
Website: <a href="http://www.dhs.state.ia.us/hipp/">www.dhs.state.ia.us/hipp/</a> Phone: 1-888-346-9562	Website: <a href="http://www.dhhs.nh.gov/ombp/index.htm">www.dhhs.nh.gov/ombp/index.htm</a> Phone: 603-271-4238
<b>KANSAS – Medicaid</b>	<b>NEW JERSEY – Medicaid and CHIP</b>
Website: <a href="https://www.khpa.ks.gov">https://www.khpa.ks.gov</a> Phone: 1-800-792-4884	Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid Phone: 1-800-356-1561 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710
<b>KENTUCKY – Medicaid</b>	<b>NEW MEXICO – Medicaid and CHIP</b>
Website: <a href="http://chfs.ky.gov/dms/default.htm">http://chfs.ky.gov/dms/default.htm</a> Phone: 1-800-635-2570	Medicaid Website: <a href="http://www.hsd.state.nm.us/mad/index.html">http://www.hsd.state.nm.us/mad/index.html</a> Medicaid Phone: 1-888-997-2583 CHIP Website: <a href="http://www.hsd.state.nm.us/mad/index.html">http://www.hsd.state.nm.us/mad/index.html</a> Click on Insure New Mexico CHIP Phone: 1-888-997-2583
<b>LOUISIANA – Medicaid</b>	<b>TEXAS – Medicaid</b>
Website: <a href="http://www.lahipp.dhh.louisiana.gov">http://www.lahipp.dhh.louisiana.gov</a> Phone: 1-888-342-6207	Website: <a href="https://www.gethipptexas.com/">https://www.gethipptexas.com/</a> Phone: 1-800-440-0493
<b>MAINE – Medicaid</b>	<b>UTAH – Medicaid</b>
Website: <a href="http://www.maine.gov/dhhs/OIAS/public-assistance/">http://www.maine.gov/dhhs/OIAS/public-assistance/</a> Phone: 1-800-321-5557	Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a> Phone: 1-866-435-7414
<b>MASSACHUSETTS – Medicaid and CHIP</b>	<b>VERMONT – Medicaid</b>
Medicaid & CHIP Website: <a href="http://www.mass.gov/MassHealth">http://www.mass.gov/MassHealth</a> Medicaid & CHIP Phone: 1-800-462-1120	Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427
<b>MINNESOTA – Medicaid</b>	<b>VIRGINIA – Medicaid and CHIP</b>
Website: <a href="http://www.dhs.state.mn.us/">http://www.dhs.state.mn.us/</a> Click on Health Care, then Medical Assistance Phone (Outside of Twin City area): 800-657-3739 Phone (Twin City area): 651-431-2670	Medicaid Website: <a href="http://www.dmas.virginia.gov/rcp-HIPP.htm">http://www.dmas.virginia.gov/rcp-HIPP.htm</a> Medicaid Phone: 1-800-432-5924 CHIP Website: <a href="http://www.famis.org/">http://www.famis.org/</a> CHIP Phone: 1-866-873-2647





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

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 to non-grandfathered can be directed to your Campus Benefits Office. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 for more information on health reform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

The University of Nebraska does not discriminate based on race, color, ethnicity, national origin, sex, pregnancy, sexual orientation, gender identity, religion, disability, veteran status, marital status, or political affiliation in its programs, activities, or employment. For nondiscrimination inquiries, contact the Title IX Coordinator or the Student Accessibility Coordinator at 3835 Holdrege Street, Lincoln, NE 68583, (402) 472-2111.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-xxx-xxx-xxxx (TTY: 844-348-9584).

• í M S ë C 1ŠÀ í : j o - ð " ~ â §- N ĸ Ç

1-xxx-xxx-xxxx (TTY: 844-348-9584)