

**NU**

**RASKA  
UNIVERSITY OF NEBRASKA-LINCOLN**



# BENEFITS ENROLLMENT

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# BENEFITS ENROLLMENT

## NUFlex Information

### Price Tag Summary

For more information, visit [www.nebraska.edu/benefits](http://www.nebraska.edu/benefits)

### Before you Start

Before you start, please review the following information:

- Review the enrollment process and requirements.
- Review the enrollment process and requirements.

### Online Enrollment

For more information, visit [www.nebraska.edu](http://www.nebraska.edu).

### Dependent Information Request

For more information, visit [www.nebraska.edu](http://www.nebraska.edu).

### Initial Enrollment

For more information, visit [www.nebraska.edu](http://www.nebraska.edu).



# BENEFITS ENROLLMENT

## NUFlex Information (continued)

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

#### For Spouse or Child:

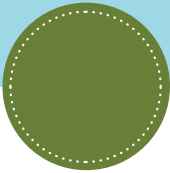
will not

**Spouse:** Provide copies of 2 forms of documentation listed below.

(PLEASE NOTE: ...)

#### AND

- ...
- ...
- ...
- ...
- ...
- ...



# NUFlex Information (continued)

## Confirmation Statement

Ca B c c b a c a  
Ca B c b ac a a a b c c  
c a a a c a **31 days** a a  
b c a a c b a a b c c a a b  
F c b a





# BENEFITS ENROLLMENT

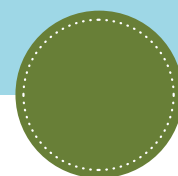
1-877-[www.insurekidsnow.gov](http://www.insurekidsnow.gov)

**you must request coverage within 60 days of being determined eligible for premium assistance.**

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

## Medical Insurance

01 0-6 ( ) 4 1-6 (a)-5 0 64 / 11 6c ( , ) 12



	Low	Basic	High	Qualified High Deductible Plan
<p>What is the maximum amount of out-of-pocket costs you can be responsible for in a calendar year?</p>	<p><b>Low:</b> \$5,000 (individual) / \$10,000 (family)</p>	<p><b>Basic:</b> \$3,000 (individual) / \$6,000 (family)</p>	<p><b>High:</b> \$2,000 (individual) / \$4,000 (family)</p>	<p>\$1,000 (individual) / \$2,000 (family)</p>
<p><b>Monthly Premiums (the amount that is deducted from your pay monthly for medical coverage. The premiums below assume you are 100% FTE.)</b></p>				
- Individual	125	210	314	125
- Family	159	332	557	159
- Family + Child(ren)	127	279	525	138
- Family + Adult	180	424	734	180
<p><b>Annual Deductible (the amount you pay out-of-pocket for health care before the plan begins to pay. You are responsible for the deductible when you receive care.)</b></p>				
- Individual	1,550 - \$3,100	450 - \$900	300 - \$600	3,200 - \$6,400
- Family	1,950 - \$3,900	650 - \$1,300	450 - \$900	6,400 - \$12,800
- Family + Child(ren)	1,350 - \$2,600	300 - \$600	200 - \$400	3,200 - \$6,400
<p><b>Coinsurance (the percentage of an insurance claim that you are responsible for paying)</b></p>				
- Individual	30%	30%	20%	20%
- Family	45%	45%	35%	30%
- Family + Child(ren)	15%	15%	10%	0%
<p><b>Stop-loss (the maximum amount you will have to pay per year – not including your deductible)</b></p>				
- Individual	2,500 - \$5,000	1,600 - \$3,200	1,400 - \$2,800	800 - \$1,700
- Family	2,900 - \$5,800	2,000 - \$4,000	1,700 - \$3,400	1,500 - \$3,000
- Family + Child(ren)	2,300 - \$4,700	1,450 - \$2,900	1,300 - \$2,600	0 - \$0

# BENEFITS ENROLLMENT

## Medical Insurance (continued)

Each covered person is required to establish an annual \$57 prescription drug deductible for brand-name drugs.

### Prescription Drug Program

Each covered person is required to establish an annual \$57 prescription drug deductible for brand-name drugs.

For more information, call 833-419-3436.

For more information, call 833-419-3436.

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For more information, call 833-419-3436.

## Health Plan Offerings

### Telehealth Services

... a ... a ... b ... a ... a ... a ... a ... acc ... a ... c ... a ... a ...  
... c ... ca ... a ... c ... c ... a ... c ... b ... a ... c ... a ... a ...  
... a ... a ... a ... a ... a ... a ... a ... a ... acc ... a ... ca ...  
... a ... b ... c ... c ... a ... a ... c ... a ... c ... c ... a ... c ...  
... a ... c ... a ... a ... c ... ca ... 44-733-3627

### Treatment for Fertility Services

... ca ... a ... a ... ac ... a ... c ... c ... a ... b ... b ... a ... [www.nebraska.edu/benefits](http://www.nebraska.edu/benefits)  
... a ... a ... a ... C ... a ... a ... a ... c ... a ... 15,000 ... \$ ... c ... b ... a ...  
... ca ... a ... a ... ac ... c ...

## Health Risk Assessment

... a ... a ... b ... a ... a ... a ... a ... a ... a ... a ... a ... a ... a ...  
... a ... a ... c ... a ... b ... b ... c ... a ... a ...  
R ... ( R ) ... 31 ... a ... a ... b ... a ... a ... a ... a ... a ... a ...  
... a ... a ... a ... b ... ca ... a ... a ... a ... a ... a ... a ... a ... a ... c ...  
... a ... a ... a ... a ... c ... a ... 9 ( . ) 0-7 ( . c . ) 0-7 ( . c . ) -5 ( c )

# BENEFITS ENROLLMENT

## Medical Insurance (continued)

Medical Insurance (continued)

**You have 31 days from date of hire to complete the HRA.** 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. This must be completed each year.

### Issues to Consider—Medical Insurance

- 
- 
-

- For dependent children, the dependent's date of birth must be used to determine the dependent's eligibility for coverage.

- For dependent children, the dependent's date of birth must be used to determine the dependent's eligibility for coverage.

- For dependent children, the dependent's date of birth must be used to determine the dependent's eligibility for coverage.

- **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.**

- **even if** the dependent is currently covered under a medical insurance policy. The dependent must be added to the dependent's medical insurance policy within 60 days of the dependent's date of birth. (For dependent children, the dependent's date of birth must be used to determine the dependent's eligibility for coverage.)

- For dependent children, the dependent's date of birth must be used to determine the dependent's eligibility for coverage.

# BENEFITS ENROLLMENT

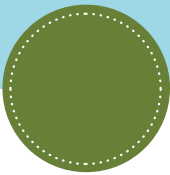
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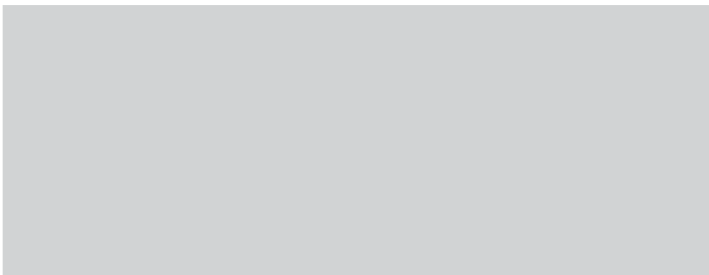


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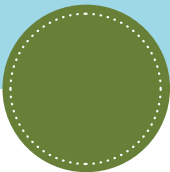
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## Summary of Dental Benefits



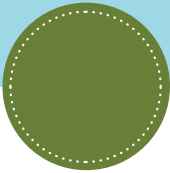




Issues to Consider—Vision Care Insurance

- For dependent children, vision care insurance is often provided through a parent's employer. If you are not covered by an employer's vision care insurance, you may need to purchase a private policy.
- If you are not covered by an employer's vision care insurance, you may need to purchase a private policy.
- If you are not covered by an employer's vision care insurance, you may need to purchase a private policy.
- **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.**
- **even if** you are not currently covered by a vision care insurance policy.





**Issues to Consider—Long Term Disability**

–

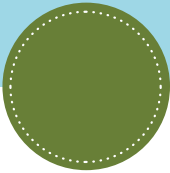
# Life Insurance—Voluntary

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( ca a ) a a a  
ac a c a b a a  
a b acc / c C a a a c a  
a 70 a ; c ac Ca B c  
c a b a c a b a a a  
a a - a a c a a a a c a  
a a ca c

## Issues to Consider—Life Insurance- Voluntary

- a 1-8 a a b c 9-11, b c b a  
a c a a a c a a a
- a b a b a 90 a a c a c a a  
c a b c a b a a
- a c a a c a a c a a ( )12 ( , )-6 ( )4 ( )-5 9 ( )9 ( )16 ( )8 ( )5 ( a )9





# Accidental Death & Dismemberment Insurance

# BENEFITS ENROLLMENT

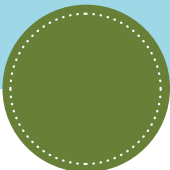
## Dependent Life Insurance

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

- Coverage for a spouse and each child is based on the option amount selected.
- Coverage for a spouse is available for a spouse who is under age 70.
- Coverage for a child is available for a child who is under age 26.
- Coverage for a child is available for a child who is under age 26 and is a dependent of the employee.
- Coverage for a child is available for a child who is under age 26 and is a dependent of the employee and is under age 18 or is a full-time student under age 24.
- Coverage for a child is available for a child who is under age 26 and is a dependent of the employee and is under age 18 or is a full-time student under age 24 and is a dependent of the employee.
- Coverage for a child is available for a child who is under age 26 and is a dependent of the employee and is under age 18 or is a full-time student under age 24 and is a dependent of the employee.
- Coverage for a child is available for a child who is under age 26 and is a dependent of the employee and is under age 18 or is a full-time student under age 24 and is a dependent of the employee.
- Coverage for a child is available for a child who is under age 26 and is a dependent of the employee and is under age 18 or is a full-time student under age 24 and is a dependent of the employee.
- Coverage for a child is available for a child who is under age 26 and is a dependent of the employee and is under age 18 or is a full-time student under age 24 and is a dependent of the employee.



# Long Term Care Insurance

ca a c a b a c C a b a a a c a a ca a a a a b a ca c a b c ca c a ca a a ca c a b a c a a a ca a ac

## Step 1: Choose a Daily Benefit

a a b b ac a c a ca a c c c:


## Step 2: Select Your Total Coverage Amount

a a a a b a c a ca c a a C a c c a a a a B c:

## Step 3: Choose a Benefit Increase Option

a 3B c a c a a c ca:

### Buy More Coverage Over Time

F b a B a C a Ma c a b 5% c a a a ca c a

### Automatic 3% Increase for Life – Compound

a B a C a Ma a a ca c a b 3% c a

### Automatic 5% Increase for Life – Compound

a B a C a Ma a a ca c a b 5% c a



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

## Issues to Consider—Health Care FSA

- 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."

- 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."

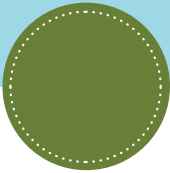
# Dependent Care Flexible Spending Account (FSA)

- 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."

## Claim Guidelines/Filing Claims for Reimbursement

- 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."

# BENEFITS ENROLLMENT



# Basic Retirement Plan 401(a)

## Objective

Basic Retirement Plan 401(a) is a defined contribution plan that allows employees to save for retirement. The plan is subject to the rules of Section 401(a) of the Internal Revenue Code.

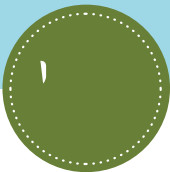
## Eligibility

**Mandatory Participation:** Employees who are at least 21 years old, have completed one year of service, and are under age 65 are required to participate in the plan. Employees who are at least 21 years old, have completed one year of service, and are under age 65 are required to participate in the plan.

**Voluntary Participation:** Employees who are at least 21 years old, have completed one year of service, and are under age 65 are required to participate in the plan.







**Access to Funds**

... b ... a ... a ... c ... a ... b ...  
... a ... a ... c ... Ba,c 401(a), b ... ( R ) 403(b), a ...  
... C ... a ... 457( ) ... ac ... a ... a ... a ...  
D -ca ... c ... F ... a ... a ... a ... (a 62) ... a ... b ...  
5 F ... a ... acc ... Ba,c 401(a) R ... a ... acc ... a ... a ...  
acc ... a ... a ... b ... ca ... a 10 ... c ... c ... a ... b ... a ...  
... c ... a ... a ... c ... c ... a ...

... a ... a ... b ... a ... a ...  
... c ... a ... - a ... a ... b ... a ... a ... b ...  
c ... a ... c ... b ... a ... a ... a ... a ... a ... a ...  
... a ... a ... a ... a ... a ... a ... 12 ... a ... a ...  
... c ... a ... -ca ...

**Supplemental Retirement Plan 403(b)**

**Objective**

F ... a ... c ... a ... a ... R ... a ... ( R ) ... c ... a ... b ... a ... a ...  
a ... c ... a ... acc ... Ba,c R ... a ... c ...

**Eligibility**

... a ... a ... c ... b ... F ... a ... a ... R ... a ... ( R )

**Effective Date of Participation**

a ... c ... a ... c ... a ... b ... a ... a ... a ... R ... a ... /R ...  
... c ... a ... c ... acc ... a ... ca ...

**Contributions to the Plan**

R ... c ... b ... a ... a ... ac ... a ... a ... a ... c ... b ... c ... a ... a ... a ... a ...  
... a ... R ... c ... a ... a ... a ... c ... C ... a ... R ... a ... a ... a ... a ...  
... a ... a ...  
- a ... a ... 403(b) C ... b ...  
a ... a ... 403( ) c ... b ... a ... a ... a ... b ... a ... a ... a ... c ... a ... c ... a ... a ... b ... c ...  
... - a ... c ... a ... a ... a ... a ... b ... a ... a ... a ... c ... c ... a ... a ... a ...  
- R ... 403( ) C ... b ...

# BENEFITS ENROLLMENT

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

403(b) c a a a b a a c b c a a c Fa a a a a a a a a a b a a a 5 b a .5 a b a a R 403(b) c a a a a a a 59 c a a a a c a a

### Allocating Plan Contributions

a a ca c b a b c a b c a a ca a a c a c a a ca c a a b a a a a c ac c c a

### Investment Alternatives

a c b a a a a a a c a a c a a a a a a a a a ca a c a a cc a a c a ca

- Ma Ma
- B a ( a c )
- c c a
- c (F )
- a a a

### Transferring Plan Contributions

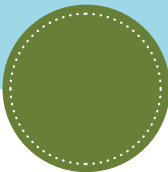
R a a b a a a b a a a a

### Rollover of Funds

a a a b a R a a a a c a c b a a a R a a a

### Access to Funds

a a R b a a b acc a b c c a R b a a c R b a b c a a a a ca a 10 c c a a R c a b a a 59 a a a a c a a a c a a a b a R a a b a c a a a a a a a a c a a c a a a c a a a c a a a c a a a a a a a a a a a a a a b a a a c a a R 403(b) a c a a a a a a a a a Ca B c



# Deferred Compensation Plan 457(b)

## Eligibility

a 457(b) plan, a non-qualified pension or profit-sharing plan, or a non-qualified annuity plan, or a qualified plan, or a qualified annuity plan, or a 457(b) plan.

## Effective Date of Participation

a 457(b) plan, a non-qualified pension or profit-sharing plan, or a non-qualified annuity plan, or a qualified plan, or a qualified annuity plan, or a 457(b) plan.

## Contributions to the Plan

a 457(b) plan, a non-qualified pension or profit-sharing plan, or a non-qualified annuity plan, or a qualified plan, or a qualified annuity plan, or a 457(b) plan.

## Allocating Plan Contributions

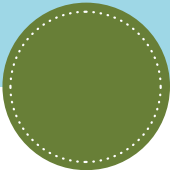
a 457(b) plan, a non-qualified pension or profit-sharing plan, or a non-qualified annuity plan, or a qualified plan, or a qualified annuity plan, or a 457(b) plan.

## Investment Alternatives

a 457(b) plan, a non-qualified pension or profit-sharing plan, or a non-qualified annuity plan, or a qualified plan, or a qualified annuity plan, or a 457(b) plan.

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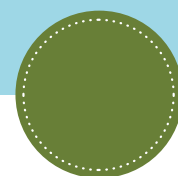
# Appendix A

Table A.1: Summary of the results of the regression analysis. The dependent variable is the natural logarithm of the number of employees in the firm. The independent variables are the variables listed in the table. The coefficients are estimated from a log-linear regression. The standard errors are in parentheses. The F-statistic is in brackets. The adjusted R-squared is in square brackets. The overall F-statistic is in curly braces. The overall adjusted R-squared is in diamond brackets.


# BENEFITS ENROLLMENT

## Appendix A (continued)

<b>INDIANA Medicaid</b>	<b>NEVADA Medicaid a d 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 a d 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.nifamilycare.org/index.html">http://www.nifamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710
<b>KENTUCKY Medicaid</b>	<b>NEW MEXICO Medicaid a d 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/index.html">http://www.maine.gov/dhhs/OIAS/public-assistance/index.html</a> Phone: 1-800-321-5557	Website: <a href="http://health.utah.gov/upp">http://health.utah.gov/upp</a> Phone: 1-866-435-7414
<b>MASSACHUSETTS Medicaid a d 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 a d 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



<b>NEW YORK Medicaid</b>	<b>WASHINGTON Medicaid</b>
Website: <a href="http://www.nyhealth.gov/health_care/medicaid/">http://www.nyhealth.gov/health_care/medicaid/</a> Phone: 1-800-541-2831	Website: <a href="http://hrsa.dshs.wa.gov/premiumpymt/Apply.shtm">http://hrsa.dshs.wa.gov/premiumpymt/Apply.shtm</a> Phone: 1-800-562-3022 ext. 15473
<b>NORTH CAROLINA Medicaid</b>	<b>WEST VIRGINIA Medicaid</b>
Website: <a href="http://www.nc.gov">http://www.nc.gov</a> Phone: 919-855-4100	Website: <a href="http://www.wvrecovery.com/hipp.htm">http://www.wvrecovery.com/hipp.htm</a> Phone: 304-342-1604
<b>NORTH DAKOTA Medicaid</b>	<b>WISCONSIN Medicaid</b>
Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 1-800-755-2604	<hr style="width: 50%; margin: auto;"/>



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

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

The University of Nebraska does not discriminate based on race, color, ethnicity, national origin, sex, pregnancy, sexual orientation, gender identity, religion, disability, age, genetic information, veteran status, marital status, and/or political affiliation in its programs, activities, or employment. For nondiscrimination inquiries, contact the Title IX Coordinator or the Section 504/ADA 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).

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