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# BENEFITS ENROLLMENT

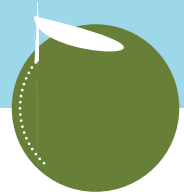
## How to Make Changes in Coverage

For any changes to be made for 2025, you must log in to the enrollment website by January 15, 2024. If you do not log in by January 15, 2024, your coverage will be automatically renewed for 2025.

If any changes are made for 2025 the medical and dental insurance premiums (see enclosed document) will be automatically changed for the January 2025 electronic withdrawal. A check will be sent to you for the difference.

For more information, please contact your HR representative.

For any changes to be made for 2025, you must log in to the enrollment website by January 15, 2024. If you do not log in by January 15, 2024, your coverage will be automatically renewed for 2025.



# Health Risk Assessment

Health Risk Assessment (HRA) is a tool used to identify and measure health risks. It helps you understand your current health status and provides personalized recommendations to improve your health. The HRA is a key component of the Enhanced Wellness and Preventive Services program.

The HRA is available to members of the plan starting on September 15, 2024, and will be available until November 15, 2024. To complete the HRA, please visit the <https://laf.m.healthimprovement.com/> website. The HRA is a required step to receive credit for completing the HRA. A report will be generated after you complete the HRA.

After you complete the HRA, you will receive a report. You must print or save the report to receive credit for completing the HRA. A report will be generated after you complete the HRA.

**You must print or save the report to receive credit for completing the HRA.** A report will be generated after you complete the HRA.

## Complete the HRA by November 15

### Enhanced Wellness and Preventive Services

Starting on September 15, 2024, members of the plan will be eligible for enhanced wellness and preventive services. The services are provided at no cost to you. The services are available to members of the plan starting on September 15, 2024:

**\$400**  
allowance

Annual preventive care allowance of \$400 (for insureds age 2 and over).

**\$0**  
copay

\$0 copay for seasonal vaccinations administered at an in-network pharmacy and submitted to the prescription drug program.

**\$0**  
copay

\$0 copay for generic prescription drugs through the mail service program with no annual deductible.

**100%**  
coverage

100% coverage for a routine preventive colonoscopy once every 10 years beginning at age 45. (Services must be provided by a PPO provider. Out-of-network charges may apply if colonoscopy lab services are provided out-of-network or outside the state of where the colonoscopy is performed.)

# BENEFITS ENROLLMENT

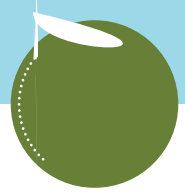
## New: Price Change for 2025

..... 5% .. 2025. ....

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## Choosing the Right Medical Plan

1. Consider your needs. Do you have any chronic conditions or are you at risk for any? How much family coverage do you need? How do you plan to use health care services? Do you need vision or dental? Do you have a budget? Do you have a preference for a certain provider or network? Do you want to pay less out of pocket? Do you want to pay less in premiums?



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# BENEFITS ENROLLMENT

## Prescription Drug Coverage

Prescription drug coverage is provided through a preferred provider network (PPN) of participating pharmacies. The PPN is designed to provide the highest quality of care at the lowest possible cost. The PPN is subject to change without notice. For more information, please contact your pharmacist or the carrier at 1-833-419-3436.

### Continued in 2025

Prescription drug coverage is provided through a preferred provider network (PPN) of participating pharmacies in 2025.

The maximum out-of-pocket (MOOP) for prescription drugs is \$57,000 per year. The MOOP is the maximum amount you will pay for prescription drugs in a calendar year. Once you reach the MOOP, you will no longer pay for prescription drugs for the remainder of the year. For more information, please contact your pharmacist or the carrier at 1-833-419-3436.

Day Supply	Up to 30
• • • • •	\$9,000/yr
B / • (with mail / mail / mail / mail / mail)	\$31,000/yr
B / • (with mail / mail / mail / mail / mail)	\$52,000/yr

\*A / yr \$57,000/yr maximum out-of-pocket (MOOP) for prescription drugs.

### Carrier

The carrier for prescription drug coverage is MyEmpirx Health. For more information, please contact MyEmpirx Health at 1-833-419-3436. You can also visit [myempirxhealth.com](http://myempirxhealth.com) for more information.

For more information, please visit [nebraska.edu/benefits](http://nebraska.edu/benefits) or contact your HR representative at 1-833-419-3436.

**\$0**

Generic copay through mail service if you complete the HRA

Prescription drug coverage is provided through a preferred provider network (PPN) of participating pharmacies. The PPN is designed to provide the highest quality of care at the lowest possible cost. The PPN is subject to change without notice. For more information, please contact your pharmacist or the carrier at 1-833-419-3436.

The maximum out-of-pocket (MOOP) for prescription drugs is \$0 per year. The MOOP is the maximum amount you will pay for prescription drugs in a calendar year. Once you reach the MOOP, you will no longer pay for prescription drugs for the remainder of the year. For more information, please contact your pharmacist or the carrier at 1-833-419-3436.

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# BENEFITS ENROLLMENT

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Call: 402.476.1234