

MEDICAL INSURANCE

The Blue Cross Blue Shield of Nebraska medical insurance plan provides comprehensive medical insurance coverage for the treatment of an illness or injury. Several options are provided, which differ in the deductible, coinsurance and stop-loss amounts. The medical options described below cover services such as hospital room and board, hospital supplies, surgery, office visits, outpatient treatment, laboratory tests and x-rays. All medical options include prescription drug coverage.

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 employed in a "Temporary" position for more than six months with an FTE of .5 or greater.

Dependents

Spouse

- Husband 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

Dependent children who are employed at the University of Nebraska in a benefits-eligible position may not be covered as a dependent on their parents' medical insurance policy provided through the university.

Coverage ends when the dependent child turns age 26.

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 31 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 31 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, Legal Separation or Annulment

Coverage changes due to a divorce, legal separation or annulment will be effective on the first day of the month following issuance of a court decree, the actual date of divorce (six-month period following the court decree), or, in cases of legal separation, date of the court order or separation agreement. There is no waiting period in Iowa so the change in status will be effective on the first day of the month following the date of the final court decree. 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 or option 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 Blue Cross Blue Shield 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.

Blue Cross Blue Shield must be contacted to obtain the Extension of Coverage Request for Extended Eligibility to Age 30 enrollment form.

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.

Blue Cross Blue Shield Overview



An Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross and Blue Shield of Nebraska is a community-based, member-owned health insurance company serving more than 700,000 people. Since 1939, BCBSNE has been committed to protecting Nebraska families and delivering the health and wellness solutions Nebraskans value most. Recent awards include: Ranked by J.D. Power and Associates for Highest Member Satisfaction among Health Plans in the Heartland Region; Platinum Well Workplace Award from the Wellness Councils of America; and Best Places to Work in Omaha. Blue Cross and Blue Shield of Nebraska is an independent licensee of the Blue Cross and Blue Shield Association.

Visit the [Blue Cross Blue Shield of Nebraska](#) Home Page.

Group Identification Number

- 300009 for all insureds
- 300116 for Medicare insureds (One on Medicare)
- 300117 for Medicare insureds (Two on Medicare)

Member Identification Number

To protect a member's confidentiality and privacy, Blue Cross Blue Shield of Nebraska health (medical and dental) insurance identification cards are issued to insureds based on a unique alpha-numeric identification number in lieu of the Social Security Number. All Blue Cross Blue Shield of Nebraska correspondence, communications, Explanation of Benefits (EOB), etc. will include this unique identification number.

Benefits Summary

The Blue Cross Blue Shield of Nebraska medical plan provides comprehensive medical insurance coverage for the treatment of an illness or injury. After a deductible is met, the plan pays a percentage of the covered medical expenses (coinsurance) until the annual stop-loss limit is reached. Thereafter, the medical plan pays 100 percent of all covered medical expenses that do not exceed the maximum benefit amount.

A component of any Blue Cross Blue Shield medical option is a preferred provider health care program (NEtwork BLUE). By choosing a physician or hospital that is a member of the NEtwork BLUE network, you file no claim and save money through:

- Discounted fees by the provider
- Reduced deductible and stop-loss limit
- Lower coinsurance payments
- No balance billing by the provider

The only differences between these three options lie in the deductible, coinsurance and stop-loss limits. CVS Caremark prescription drug copays and the annual prescription drug deductible are the same for any Blue Cross Blue Shield of Nebraska medical option, as are the benefits for wellness.

Option	Annual Deductible		Coinsurance Plan Pays/You Pay		Annual Stop-loss Limit	
	PPO provider	Non-PPO provider	PPO provider	Non-PPO provider	PPO provider	Non-PPO provider
Low Option	\$1,550/person 3,100/family	\$1,950/person 3,900/family	70%/30%	55%/45%	\$2,500/person 5,000/family	\$2,900/person 5,800/family
Basic Option	\$ 450/person 900/family	\$ 650/person 1,300/family	70%/30%	55%/45%	\$1,600/person 3,200/family	\$2,000/person 4,000/family
High Option	\$ 300/person 600/family	\$ 450/person 900/family	80%/20%	65%/35%	\$1,400/person 2,800/family	\$1,700/person 3,400/family

Benefits	
Pre-existing Condition Limitation	None
Lifetime Maximum	Unlimited
Choice of Physician	No restrictions
Calendar Year Deductible	See chart above
Coinsurance	See chart above
Annual Maximum Out-of-Pocket (Stop-Loss)	See chart above
Hospital Services	
Inpatient	
Semi-Private Room	Deductible; Coinsurance percentage; 100% after stop-loss is reached
Service & Supplies (operating room, anesthesia, lab, 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
Maternity	
Prenatal & Postnatal Care	Deductible; Coinsurance percentage; 100% after stop-loss is reached
Hospitalization & Delivery	Deductible; Coinsurance percentage; 100% after stop-loss is reached
Major Medical Services	
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 care plan is provided as a separate plan through EyeMed Vision Care.
Wellness and Preventive Services*	
Adult Preventive Care Allowance	100% not to exceed \$250 in a calendar year
Well-Child Care for Children Up to Age 2	100% not to exceed \$500 in a calendar year
Enhanced Wellness and Preventive Services*	
Adult Preventive Care Allowance	100% not to exceed \$300 in a calendar year
Well-Child Care for Children Up to Age 2	100% not to exceed \$600 in a calendar year

Routine Preventive Colonoscopy	100% once every 10 years beginning at age 50 (up to a \$2,500 maximum). Services must be provided by a Blue Cross Blue Shield PPO Provider.
*Expenses above the annual maximum allowance will be applied to the deductible and coinsurance limits.	
Immunization	Immunizations for dependents under age 6 will continue to be paid at 100%
Mammography Screening	100%
Allergy Testing	Deductible; Coinsurance percentage; 100% after stop-loss is reached
Occupational, Speech and Physical Therapy; Cognitive Training; 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
Mental, Nervous and Chemical Dependency	
Mental Illness and Substance Abuse	
Inpatient	Deductible; Coinsurance percentage; 100% after stop-loss is reached
Outpatient	Deductible; Coinsurance percentage; 100% after stop-loss is reached
Preventive Dental Services	Not covered under the medical plan; however, a comprehensive dental plan is provided as a separate plan through Blue Cross Blue Shield of Nebraska.

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 15 - 20 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 Blue Cross Blue Shield 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 \$300 (for insureds age 2 and over)
- Dependent child (under age 2) preventive care allowance of \$600
- 100 percent coverage, up to the \$2,500 maximum, for a routine preventive colonoscopy once every 10 years beginning at age 50 (services must be provided by a Blue Cross Blue Shield PPO Provider)
- \$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. The HRA may be completed online at:

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.

Disease Management Program

The university offers employees and covered family members a valuable health service called BluePartners, a disease management program provided by Blue Cross Blue Shield of Nebraska. The program is available at no additional cost to members who are dealing with any of four chronic medical conditions: diabetes, heart disease, chronic pulmonary disease or asthma. The disease management program is specifically designed to help members manage chronic medical conditions so they can stay healthy, feel better and enjoy life to the fullest.

The BluePartners program offers personalized attention from a team of health care professionals, custom-designed to fit individual needs, lifestyles and doctors' instructions. BluePartners strives to educate and empower program participants by providing a wide variety of support: personal phone contact with a registered nurse, educational materials and internet tools. Health care professionals can answer questions about specified chronic conditions, as well as consult with you and your doctor regarding treatment plans. Program participants also receive educational materials and newsletters on topics related to their specific condition, as well as reminders about important tests and exams.

The university and Blue Cross Blue Shield of Nebraska are working together to make sure we reach those who would benefit most from this program, identifying potential participants through medical and prescription drug claims. However, as always, the participant's privacy will be respected and records kept strictly confidential. A member's involvement is voluntary.

Diabetic Supply Access

Listed below is a summary of where diabetic supplies must be purchased in order to receive reimbursement through the medical and/or prescription drug plan.

- Insulin infusion pumps must be purchased as durable medical equipment through a Blue Cross Blue Shield of Nebraska Durable Medical Equipment (DME) PPO Provider.
- Insulin infusion pump supplies including cartridges/reservoirs and infusion sets/tubing may be obtained at either Blue Cross Blue Shield or CVS Caremark.
- Diabetic supplies such as glucose monitor/meters, lancets, blood glucose testing strips, and insulin syringes must be purchased at a CVS Caremark network pharmacy provider in order to receive reimbursement.
- Blue Cross Blue Shield of Nebraska will deny any medical supply that includes a diabetic procedure and diagnosis with a place of service equal to 1) patient's home and 2) internet, and 3) pharmacy.
- Diabetic supplies incurred in a nursing home and/or hospice facility will be covered by Blue Cross Blue Shield of Nebraska.

Ostomy Supply Access

Listed below is a summary of where ostomy supplies must be purchased in order to receive reimbursement through the medical and/or prescription drug plan.

- Ostomy supplies may be purchased at either a CVS Caremark network pharmacy provider or Blue Cross Blue Shield of Nebraska Durable Medical Equipment (DME) PPO Provider. Supplies will no longer be reimbursed through the paper claim process.
- Ostomy supplies incurred in a nursing home and/or hospice facility will be covered by Blue Cross Blue Shield of Nebraska.

AccessBlue Plus

AccessBlue Plus offers members access to their individual Blue Cross Blue Shield health care coverage information, 24 hours a day, 7 days a week. This information may be obtained by accessing Blue Cross Blue Shield of Nebraska's secure online members-only web portal. AccessBlue Plus will allow members to manage their personal health care benefits, as well as check the status of a claim, check eligibility information, and find a network hospital, doctor or other health care provider. In addition, several interactive tools are included to assist in making better health care decisions by providing treatment decision support tools to enable members to better understand their options, etc. AccessBlue Plus may be found at [Blue Cross Blue Shield of Nebraska](#).

Premium/Price Tag Information

Medical Policy Booklet

Provider Network Search

Blue Cross Blue Shield of Nebraska Contacts

- Customer Service (888) 368-2227
- Preadmission Review (800) 247-1103
- Preferred Provider Information (888) 368-2227