

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 6 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 unmarried dependent children may be eligible for coverage:

- Natural-born or legally adopted child who has not reached the limiting age of 19
- Stepchild who is living in the employee's home and is chiefly dependent on the employee for financial support (must be claimed as an IRS dependent), and who has not reached the limiting age of 19
- Child for whom the employee has legal guardianship and who has not reached the limiting age of 19
- Mentally or physically handicapped child who has attained the limiting age of 19 may continue coverage beyond age 19 if proof of disability is provided within 31 days of attaining age 19. If a student (ages 19 through 23), proof of disability must be provided within 31 days of the disability.
- Child of a deceased employee who has not reached the limiting age of 19

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

Student (ages 19 through 23)

The following unmarried dependent children may be eligible for coverage:

- Dependent child who has not reached the limiting age of 24 and is a full-time student
- Dependent children who are students (ages 19 through 23) must receive over half of his or her financial support from the employee
- Full-time student status generally requires a dependent to enroll (and attend) for 12 or more undergraduate (9 or more graduate) credit hours each semester. The number of credit hours required for full-time student status is based on the school's definition of a full-time student.

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 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 January 5th, coverage will be effective January 5th).

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 which results in a gain or loss of coverage eligibility
- Change in coverage under spouse's employers' benefits plan, if substantial

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. Changes however, that occur on the first day of the month will be effective immediately. See sections below for specific effective dates applicable to the different types of status changes. **The employee may be required to furnish appropriate documentation to verify the Permitted Election Change Event.**

Birth of a Dependent Child

The effective date of coverage for a dependent child who is added as a result of birth will be the 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, 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** the Employee is currently enrolled for Employee & Child or Employee & Family coverage.

If the newborn child is added, the coverage change 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 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 period. (No coverage changes are allowed as a result of a Permitted Election Change Event.)

If a Dependent Information Request Form is not completed within the 31-day Permitted Election Change Event period, enrollment is limited to the annual NUFlex enrollment or when a Permitted Election Change Event occurs.

Adoption or Legal Guardianship

The effective date of coverage for 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. **Note: 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 new born child.**

Marriage

Coverage changes due to marriage will be effective on the first day of the month following the date of marriage. Coverage for a marriage occurring on the first day of the month will be effective immediately.

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 (6 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.

Dependent Student Verification Process

Blue Cross Blue Shield of Nebraska will forward a Student Eligibility Questionnaire to each employee upon a dependent child's attainment of age 19 to verify the dependent's student status. If the "Age 19 Student Letter" is returned from the subscriber indicating (No) "dependent child is not a student" or subscriber does not respond to the "Age 19 Student Letter", the dependent child's coverage will end on the last day of the month in which age 19 is attained.

Thereafter, Student Eligibility Questionnaires will be forwarded annually in July to verify coverage for the upcoming fall and spring semesters. Coverage for students may be continued between each school year, i.e. June, July and August as long as the student had enrolled for the recently completed spring semester. If the Student Eligibility Questionnaire is returned from the subscriber indicating (No) "dependent child is not a student" or subscriber does not respond to the Student Eligibility Questionnaire, the dependent child's coverage will end on August 31.

To continue medical insurance coverage, the Student Eligibility Questionnaire must be returned to Blue Cross Blue Shield of Nebraska otherwise, the student's medical coverage will be cancelled.

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 reenroll for medical insurance coverage without any waiting period or pre-existing condition exclusions. The employee may be required to provide 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.

Disabled Dependent Child While Covered as a Student

A physically or mentally disabled child may remain an eligible dependent child upon reaching age 19 if incapable of self-sustaining employment, or of returning to school as a full-time student, 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 19th birthday and the dependent must meet all other group coverage eligibility requirements.

A child who becomes physically or mentally disabled while a covered student over 18 years of age may continue medical coverage while remaining incapable of returning to school as a fulltime student, unmarried and dependent upon you for support and maintenance. You must furnish proof of disability within 31 days of its onset.

Extension of Coverage

Medical and prescription drug coverage for dependent children may be extended beyond age 19 if no longer a full-time student, attains age 24 (the university's Blue Cross Blue Shield plan's limiting age), or no longer satisfies the group eligibility criteria after January 1, 2010. Extension of coverage is available to age 30 for a dependent that 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 on January 1, 2010 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 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 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 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 his or her 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

If an employee was enrolled for medical insurance coverage as an active employee, the spouse of a deceased employee may continue coverage through COBRA or the retiree medical insurance program until death or remarriage.

If an employee was enrolled for medical insurance coverage as an active employee, the child of a deceased employee who has not reached the limiting age of 19 or age 24 if a full-time student may continue coverage through COBRA or the retiree medical insurance program.

Blue Cross Blue Shield Overview



**BlueCross BlueShield
of Nebraska**

An Independent Licensee of the Blue Cross and Blue Shield Association

For 65 years, Blue Cross and Blue Shield of Nebraska has helped people with their health care coverage needs by offering a wide variety of insurance products and services. In 1939, a long tradition of service to Nebraskans began when a group of medical professionals, business leaders and others gathered together to form an organization that today provides health care coverage or benefit administration to more than 600,000 Nebraskans. Blue Cross and Blue Shield of Nebraska is an independent licensee of the Blue Cross and Blue Shield Association and a not-for-profit Mutual Insurance Company.

Blue Cross and Blue Shield of Nebraska offers a variety of coverage plans for groups and individuals, including: traditional health care coverage; PPO coverage, HMO coverage and POS (Point of Service) coverage, and a variety of Medicare Supplement plans.

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

Group Identification Number

- 4446

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 new 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 which do not exceed the maximum benefit amount.

A component of any Blue Cross Blue Shield medical option is a preferred provider health care program (BluePreferred). By choosing a physician or hospital that is a member of the BluePreferred 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.

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	\$ 1,500/person 3,000/family	\$1,900/person 3,800/family	70%/30%	55%/45%	\$2,400/person 4,800/family	\$2,800/person 5,600/family
Basic Option	\$ 400/person 800/family	\$ 600/person 1,200/family	70%/30%	55%/45%	\$1,500/person 3,000/family	\$1,900/person 3,800/family
High Option	\$ 300/person 600/family	\$ 400/person 800/family	80%/20%	65%/35%	\$1,300/person 2,600/family	\$1,600/person 3,200/family

Benefits	
Preexisting Condition Limitation	None
Lifetime Maximum	\$3,000,000 per person
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
Mammography Screening	100%
Immunization	100% for dependents under age 6
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.

Health Risk Assessment

All active (benefits eligible) employees, retirees, ancillary, and COBRA insureds are eligible to complete a Health Risk Assessment (HRA). Participation is voluntary; however, by completing this short survey, you will receive a personal health report that will help you assess and monitor your personal health status. If you are enrolled in the university's Blue Cross Blue Shield medical plan and complete the HRA, you will also receive an enhanced wellness and preventive services benefit for yourself as well as your covered family members. Enhanced wellness and preventive services include:

- Increased annual adult preventive care allowance from \$250 to \$300
- Increased dependent child (under age 2) preventive care allowance from \$500 to \$600
- 100% coverage for 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 CVS Caremark's mail service only

Your personal health information will remain confidential as the university will only have access to the aggregate information obtained from the survey. Aggregate data from each campus will be used to create programming to serve your interests and set goals for improving the health and well-being of employees.

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 and 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, lifestyle and doctor's 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 pump must be purchased as durable medical equipment through a Blue Cross Blue Shield of Nebraska Durable Medical Equipment (DME) PPO Provider.
- The following diabetic supplies must be purchased at a participating CVS Caremark pharmacy in order to receive reimbursement: insulin pump supplies including battery, insulin syringes, lancets, glucose monitor/meter, alcohol wipes, and test strips.

- 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 home and 2) 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 participating pharmacy **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

AccessBlue 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 member's only web portal. AccessBlue will allow members to manage their personal health care benefits, as well as checking the status of a claim, checking eligibility information, and finding 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 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