The University of Nebraska is pleased to present your NU Flex Benefits enrollment information for 2017.

Between Oct. 31 and Nov. 18, 2016, you will be permitted to make changes. You may enroll, cancel or change coverage elections for medical, dental, vision, life, long term disability, long term care and flexible spending accounts during the enrollment period.

There are several changes this year that may impact your benefit decisions for 2017, so please read all of the enrollment information carefully. Take time to review your current benefits and make decisions that will be best for you and your family in 2017.

Additional NU Flex Benefits information may be viewed on the university’s benefits webpage at www.nebraska.edu/benefits. As always, the University of Nebraska is here to help you through the NU Flex Benefits enrollment process. If you have any questions or need assistance, please call your Campus Benefits Office.
What’s New in 2017

- Medical premiums will increase an average of 10% in 2017. Deductibles, coinsurance, and out-of-pocket limits will not change.
  (See page 8)

- Blue Cross and Blue Shield of Nebraska is offering a new diabetic assistance program, Fit4D.
  (See page 8)

- In 2017 medical plan enrollees will have on demand or appointment access to behavioral health services via telehealth communications.
  (See page 8)

- Any benefits eligible employee who missed the February 2016 special enrollment period for Long Term Care Insurance, can now apply for coverage, subject to the insurers underwriting requirements.
  (See page 14)

Continued from 2016

- Your benefits confirmation statement will be emailed to you.
  You will not receive a paper confirmation statement in the mail. (See page 4)

- The Wellstream Health Risk Assessment is easy to access.
  It is available through the Firefly website when you enroll for benefits. (See page 7)

- You will receive an email confirmation upon successful completion of the Health Risk Assessment.
  (See page 7)

- The Summary of Benefits and Coverage (SBC) documents are available online.
  Go to www.nebraska.edu/benefits as part of the federal health care reform legislation. (See page 8)

- Dental and Vision premiums will not increase in 2017.
  (See page 11)
Enrollment Checklist

Do This Now

☐ Review this newsletter for details about your benefit options for 2017.
☐ Review your current benefits by visiting the Firefly website at https://firefly.nebraska.edu.

Do This Soon

☐ Learn more by viewing the live informational meeting. (See page 5)
☐ Ask questions by calling your Campus Benefits Office.

Do This Between October 31 – November 18

☐ Enroll between 8:00 a.m. CST on Oct. 31 and 5:00 p.m. CST on Nov. 18 at https://firefly.nebraska.edu.
   You can enroll, cancel or change your coverage during this time. Reminder: Firefly is available 24/7 anywhere there is internet access.
☐ Complete the Wellstream Health Risk Assessment to receive the enhanced wellness and preventive services benefit – you must do this every year.
☐ Enroll in Flexible Spending Accounts – you must do this every year.
☐ Designate your tobacco/nicotine status – you must do this every year.
☐ Provide dependent verification documentation if you are adding dependents to your coverage.
   Documentation must be received in your Campus Benefits Office by 5 p.m. on Nov. 18.
☐ Complete the online life insurance Statement of Health form if you are enrolling or increasing any life insurance coverage amounts. Proof of insurability requests must be completed online by 5 p.m. on Nov. 18, 2016.
☐ Review your NUFlex Benefits confirmation statement to make sure all of your elections are correct.

The information in this newsletter is intended to summarize the university’s benefits plans in a manner that is clear and easy to understand. Every effort has been made to ensure that this information is accurate. It is not intended to replace the legal plan document, which contains the complete provisions of a program. In case of any discrepancy between this newsletter and the legal plan document, the legal plan document will govern in all cases. You may review the plan summaries online at www.nebraska.edu/benefits.
Benefits Enrollment

How to Enroll

Update your benefits online through the Firefly Employee Self Service website at https://firefly.nebraska.edu. You can enroll, cancel or make changes to your benefits during the NU Flex Benefits enrollment period from Oct. 31 to Nov. 18, 2016 at 5 p.m. All benefit changes made during NU Flex Benefits enrollment will be effective on Jan. 1, 2017.

When you enroll for benefits online, the website will guide you step-by-step through the enrollment process. Before you begin online enrollment, we encourage you to watch the video tutorial available on the Firefly website.

Important: Please note that benefit changes must be completed by 5 p.m. CST on Friday, Nov. 18, 2016. You will not be able to add or change your benefits after this deadline. If you do not make changes during the enrollment period, you will keep your current benefits and will not be enrolled in the Flexible Spending Accounts and your voluntary life insurance coverage will be defaulted to the tobacco/nicotine premium.

Confirm Your Benefits

A benefits confirmation statement will be emailed to you shortly after you complete online enrollment. Please review the statement carefully to make sure all of your elections are correct. You can go back in to Firefly and make changes as many times as you would like during the enrollment period. You cannot make corrections after 5 p.m. on Friday, Nov. 18. Your confirmation statement will also be available on the Firefly Employee Self Service website under the benefits section. Please note that you will not receive a paper confirmation statement in the mail.

Remember to Update your Records

During enrollment, please remember to update your emergency contact information and your current and permanent addresses in Firefly. It is important that your contact information is up-to-date in case of an emergency.

Please also check to make sure that you have a Social Security number recorded in Firefly for each of your dependents. You must have a Social Security number on file for your spouse and each dependent child enrolled in the university’s medical plan. If a Social Security number is missing, please contact your Campus Benefits Office to update your records.
Informational Meetings

The live NUFlex Benefits informational meetings will be offered online again this year, which will allow you to view the presentation from your home or office. To view a meeting online, visit https://connect.unl.edu/nuflexenroll at the following time:

Monday, October 31, 2016. 9:30am to 11am.

The number of participants is limited for the informational meeting so we suggest you log in at least 10 minutes before the session begins. If you experience any connection or technical issues, please contact the Adobe Connect Support line at (800) 422-3623.

Your Only Opportunity to Make a Change

Please remember that the NUFlex Benefits enrollment period is your only opportunity to enroll, change or cancel your benefit elections during the year. The choices you make during NUFlex Benefits enrollment will remain in place from January 1, 2017 through December 31, 2017. You cannot make changes to your benefits during the year unless you experience a permitted election change event. The following events would allow you to make changes to your benefits during the plan year:

- Birth or adoption
- Marriage
- Divorce
- Employment status
- Significant change to spouse’s employer’s benefits plan (subject to approval)

If you experience one of these events, you have 31 days to enroll or make changes to your coverage. Please remember that the benefit changes you make must be related to the event (e.g. changing from employee only to employee and spouse coverage after marriage).

Expecting a baby in 2017?

Remember to add your baby to your benefits coverage within 31 days of birth or adoption, or you won’t be able to enroll your child until 2018 NUFlex Benefits enrollment. Submit the Dependent Information Request Form and the Benefits Change Form, if applicable, to your Campus Benefits Office within 31 days. Forms are available online at www.nebraska.edu/benefits.
Employee Plus One Benefits

The university provides Employee Plus One benefits to eligible employees. This is an opportunity to enroll an adult designee and dependent children of the adult designee in the benefits program during 2017 NUFlex Benefits enrollment. If you would like to enroll for coverage, please contact your Campus Benefits Office.

Is my adult designee eligible for coverage?

University benefits eligibility will be extended to an adult designee of the same or opposite gender who:

- Has resided in the same residence as the employee for at least the past consecutive 12 months and intends to remain so indefinitely;
- Is not related to the employee;
- 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 see the Employee Plus One module on the benefits webpage for exceptions to the above.

Are there tax implications?

Yes. Please note that if your adult designee or your adult designee's children participate in the university's benefits plan, you may be taxed on the value of that benefit because of federal tax law. One exception to this rule is if the adult designee meets the IRS dependency guidelines. Before you enroll an adult designee, we strongly encourage you to get advice from a tax professional to find out if your adult designee and his or her children are your tax dependents.

How do I enroll my adult designee in coverage?

You must enroll for Employee Plus One coverage through your Campus Benefits Office. You will not be able to enroll online through the Firefly website.

Before enrolling for coverage, read all of the program requirements online at www.nebraska.edu/benefits, confirm that your adult designee is eligible for coverage, speak to a tax professional and contact your Campus Benefits Office.

To enroll for coverage complete the following forms and submit them with all required documentation to your Campus Benefits Office before 5 p.m. on Friday, Nov. 18:

- Affidavit of Employee Plus One Relationship
- Certification Concerning Tax-Qualified Dependents for Employee Plus One Coverage
- Employee Plus One Benefits Change Form
- Dependent Information Request Form

Forms are available online at www.nebraska.edu/benefits
Wellstream Health Risk Assessment

The University of Nebraska is committed to helping you take control of your health. To help you manage your health and health care costs, we are giving you the opportunity to complete the Wellstream Health Risk Assessment (HRA) again this year. This assessment will help you evaluate and monitor your health and you will receive the enhanced wellness and preventive services benefit for completing it. You can complete the HRA during the NUFlex Benefits enrollment period from Monday, Oct. 31 through Friday, Nov. 18 at 5 p.m.

You can access the HRA directly through the Firefly website. Click on the “Health Risk Assessment” link at the beginning or end of enrollment on Firefly. The link will take you directly to the survey and will automatically log you in. After you complete the HRA, you will receive a Personal Health Report.

**REMEMBER:** You will receive a confirmation email following your successful completion of the HRA survey. The confirmation will be sent to the email address you provide when completing the survey. We still recommend that you print or save the HRA report, but the email will be your proof that you completed the assessment.

As always, your personal health information will remain confidential – the university will not have access to your individual survey data.

**Complete the HRA through Firefly during NUFlex Benefits enrollment**

**Enhanced Wellness and Preventive Services**

If you complete the HRA and are enrolled in the university’s medical plan, you will receive the following enhanced wellness and preventive services benefit for you and your covered family members in 2017:

- **$300 allowance**  
  Annual preventive care allowance of $300 (for insureds age 2 and over).

- **$600 allowance**  
  Dependent child (under age 2) preventive care allowance of $600.

- **$0 copay**  
  $0 copay for generic prescription drugs through the CVS Caremark mail service program with no annual deductible.

- **100% coverage**  
  100% coverage for a routine preventive colonoscopy once every 10 years beginning at age 50 (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).
Medical Coverage

Premium Rate Increases for 2017

Premium rates for most health insurance plans will increase by 10% in 2017. This will be the first increase in employee health insurance premiums in the last 8 years. The average increase for all options combined (Low, Basic, and High) is equal to an increased monthly out-of-pocket cost of approximately $21 for full-time employees. Since your medical premiums are tax-sheltered, the actual after-tax cost will be less. Deductibles, coinsurance rates, drug co-pays, and out-of-pocket limits will not change in 2017. The current deductibles have been in place since 2010.

This increase is necessary to help manage the significant growth we’re seeing in both high cost claims and claims overall. When you consider that healthcare costs in general are also rising, the premium increases will ensure that our health plan remains stable and well positioned to meet the needs of our employees and their families. Our intent is to keep future premium increases as modest as possible.

Summary of Benefits and Coverage

The Summary of Benefits and Coverage (SBC) is a document that summarizes important information about your health benefits. The SBC is designed to help you make informed decisions about which medical plan to choose. As part of the federal health care reform legislation, we have made the SBCs available to you at www.nebraska.edu/benefits.

New: Diabetic Management Program - Fit4D

A new diabetic management program is being offered to enrollees and dependents in our health plan. It offers one-on-one patient coaching via multiple communication methods. The program’s goal is to help improve a participant’s understanding of drug therapies and to make better lifestyle choices. Participation in the program is completely voluntary. To enroll or get more information call (402) 205-3245 (extension 0017).

Blue Cross Blue Shield is Mobile

Check out the Blue Cross mobile site at www.nebraskablue.com/mobile for all the same great information you can access on your computer – in the palm of your hand. You’ll also find free apps – such as “EveryMove” and “Find a Doctor” – and other mobile resources to manage and maintain a healthy lifestyle while on the go.

New: Behavioral Health - Telehealth Services

On January 1, 2017 health plan members and dependents will have access to a new behavioral health telehealth service offered thru Blue Cross and Blue Shield. The new services offered include anxiety, depression, ADHD, OCD, PTSD, panic attacks, and stress. These services are subject to coinsurance and deductible amounts. For more information visit nebraskablue.com/telehealth.
Choosing the Right Medical Plan

You have three medical plan options through Blue Cross Blue Shield – low, basic and high. All options include prescription drug coverage through CVS Caremark. The plans differ in the premium, deductible, coinsurance and stop-loss amounts. Take time to compare the three options and find the right plan for you and your lifestyle.

<table>
<thead>
<tr>
<th>What do you prefer?</th>
<th>Low: You would rather pay less each month and pay more when you receive medical care. You don’t expect to have many medical expenses, but you have enough money on hand to pay the full deductible if you do need care.</th>
<th>Basic: You prefer a balance between the amount you pay each month and the amount you pay out-of-pocket when you receive medical care. Many people find that the basic option is the best choice, from a purely economic perspective.</th>
<th>High: You prefer to pay more each month so you can pay less when you receive medical care.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly Premiums (the amount that is deducted from your pay monthly for medical coverage)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Single</td>
<td>$86</td>
<td>$146</td>
<td>$218</td>
</tr>
<tr>
<td>- Employee + Spouse</td>
<td>$110</td>
<td>$233</td>
<td>$389</td>
</tr>
<tr>
<td>- Employee + Child(ren)</td>
<td>$98</td>
<td>$196</td>
<td>$367</td>
</tr>
<tr>
<td>- Employee + Family</td>
<td>$126</td>
<td>$297</td>
<td>$513</td>
</tr>
<tr>
<td>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.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- PPO</td>
<td>$1,550 single; $3,100 family</td>
<td>$450 single; $900 family</td>
<td>$300 single; $600 family</td>
</tr>
<tr>
<td>- Non-PPO</td>
<td>$1,950 single; $3,900 family</td>
<td>$650 single; $1,300 family</td>
<td>$450 single; $900 family</td>
</tr>
<tr>
<td>Coinsurance (the percentage of an insurance claim that you are responsible for paying)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- PPO</td>
<td>You pay 30%</td>
<td>You pay 30%</td>
<td>You pay 20%</td>
</tr>
<tr>
<td>- Non-PPO</td>
<td>You pay 45%</td>
<td>You pay 45%</td>
<td>You pay 35%</td>
</tr>
<tr>
<td>Stop-loss (the maximum amount you will have to pay per year – not including your deductible)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- PPO</td>
<td>$2,500 single; $5,000 family</td>
<td>$1,600 single; $3,200 family</td>
<td>$1,400 single; $2,800 family</td>
</tr>
<tr>
<td>- Non-PPO</td>
<td>$2,900 single; $5,800 family</td>
<td>$2,000 single; $4,000 family</td>
<td>$1,700 single; $3,400 family</td>
</tr>
</tbody>
</table>

We encourage you to discuss your unique needs, financial status and health coverage concerns with your Campus Benefits Office to make sure you find the right plan for you and your family. More information is also available at www.nebraska.edu/benefits.
Prescription Drug Coverage

Prescription drug coverage through CVS Caremark is included in your medical coverage – you do not have to pay an additional premium to participate. You can fill your prescriptions in person at a participating CVS Caremark retail network pharmacy or by mail order.

Each covered person is required to establish an annual $57 prescription drug deductible for brand-name drugs. Once you meet the deductible, you will pay the applicable prescription drug copay listed below.

<table>
<thead>
<tr>
<th>Day Supply</th>
<th>Up to 30</th>
<th>31-60</th>
<th>61-90</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generic</td>
<td>$9 copay</td>
<td>$18 copay</td>
<td>$27 copay</td>
</tr>
<tr>
<td>Brand (on Formulary/Primary Drug List)*</td>
<td>$31 copay</td>
<td>$62 copay</td>
<td>$93 copay</td>
</tr>
<tr>
<td>Brand (not on Formulary/Primary Drug List)*</td>
<td>$52 copay</td>
<td>$104 copay</td>
<td>$156 copay</td>
</tr>
</tbody>
</table>

*An annual $57 deductible is also required for brand-name drugs for each covered person.

Starting in 2017 there will be a 30 day supply limit on speciality medication.

If you complete the Wellstream Health Risk Assessment and are enrolled in the university’s medical plan, you can obtain generic drugs through the CVS Caremark mail service program for $0 copay. The $0 copay is not applicable at any CVS Caremark retail network pharmacy.

To order prescriptions through the mail service program, complete the mail service order form and send it to CVS Caremark with the original prescription(s) (not a photocopy) and the appropriate copay for each prescription, if applicable. The form is available online at www.nebraska.edu/benefits. You will receive your prescription within 10 to 14 days after CVS Caremark receives the order. You can also order by phone at (866) 239-4704, or online at www.caremark.com/faststart.

Continued from 2016

Continuing in 2017 the University will be implementing CVS Caremark’s Advanced Control Specialty Formulary. If you are prescribed a non-preferred specialty product, CVS Caremark will contact your doctor to request consideration of a drug list product or generic equivalent. An established evidence-based protocol must be met before a non-preferred specialty drug will be covered. Examples of some specialty classes include:

- Autoimmune
- CML
- Hematology
- Hepatitis C
- Growth Hormone
- Multiple Sclerosis
- Osteoarthritis
- Osteoporosis
- Prostate Cancer
- Pulmonary Arterial Hypertension
- Transplant

To see what specific drugs will be impacted, please visit www.nebraska.edu/benefits.
Dental and Vision Coverage

Dental Coverage

Dental coverage is offered through Blue Cross Blue Shield. Coverage includes a Preferred Provider option, which lowers your out-of-pocket expenses.

Dental plan premiums will not increase in 2017.

<table>
<thead>
<tr>
<th>Monthly Dental Premiums</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$14</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$22</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$23</td>
</tr>
<tr>
<td>Employee + Family</td>
<td>$37</td>
</tr>
</tbody>
</table>

*Deductible, coinsurance and benefit maximum amounts are available online at www.nebraska.edu/benefits

Vision Coverage

Vision coverage is offered through EyeMed Vision Care. Coverage includes eye exams, glasses or contact lenses, and other services at a reduced cost.

- Vision Care premiums will not increase in 2017.
- The frame and contact lens allowance for 2017 is $130.

<table>
<thead>
<tr>
<th>Monthly Vision Premiums</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$8.88</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$19.51</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$19.51</td>
</tr>
<tr>
<td>Employee + Family</td>
<td>$24.46</td>
</tr>
</tbody>
</table>

*Copay and benefit maximum amounts are available online at www.nebraska.edu/benefits
Flexible Spending Accounts (FSAs)

Flexible Spending Accounts allow you to set aside pre-tax money to pay for eligible medical and dependent care expenses. Participation does not automatically renew each year so remember to enroll in the FSAs during NUFlex Benefits enrollment. A list of eligible expenses is available on the WageWorks FSA website. A minimum annual contribution of $480 ($40.00/month) must be elected to enroll in the Flexible Spending Accounts.

**Health Care FSA**

The Health Care FSA maximum will be $2,600 per year. You can contribute up to $2,600 in 2017.

**Dependent Care FSA**

The Dependent Care FSA maximum will not change in 2017 and will remain at $5,000 per year. You can contribute up to $5,000 in 2017.

Plan Carefully

Plan your FSA contributions carefully. You will forfeit (lose) any money remaining in your FSAs at the end of the calendar year. Estimate your medical and dependent care expenses for 2017 before you enroll.

Advantages of a Flexible Spending Account

- Save an average of 30% on a wide variety of eligible health care and dependent expenses
- Access the full amount of your account on day one of your plan year
- Use several convenient, no-hassle payment and reimbursement options

Your Estimated Tax Savings

<table>
<thead>
<tr>
<th>Without Health Care FSA</th>
<th>With Health Care FSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross annual pay (estimate)</td>
<td>$60,000</td>
</tr>
<tr>
<td>Estimated tax rate (30%)</td>
<td>- $18,000</td>
</tr>
<tr>
<td>Net annual pay</td>
<td>= $42,000</td>
</tr>
<tr>
<td>Estimated annual health care expenses</td>
<td>- $2,550</td>
</tr>
<tr>
<td>Final take-home pay</td>
<td>= $39,450</td>
</tr>
</tbody>
</table>

Take home this much more $765

WageWorks is the administrator for the University of Nebraska’s Flexible Spending Accounts. Participants may call WageWorks for account information and questions at (855) 428-0446 or by accessing their website at www.wageworks.com. Customer Service representatives are available Monday through Friday, 7 am to 7 pm CST.
**LTD Coverage and Life Insurance**

**Long Term Disability (LTD) Coverage**

Long term disability coverage through Unum provides monthly benefits if you are unable to work for an extended period of time due to an illness or injury. You can purchase coverage to receive 50% or 66 2/3% of your annual salary with a 90 or 180 day waiting period if you become ill or injured.

**Life Insurance**

The university provides you with term life insurance equal to 1x your annual budgeted salary (up to $120,000), at no cost to you. You also have the option to purchase additional life insurance through Assurity Life Insurance Company for yourself, your spouse, and/or your children.

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**Employer-Provided Life Insurance**

<table>
<thead>
<tr>
<th>Coverage for:</th>
<th>Coverage available:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td>1x your annual budgeted salary (rounded to the nearest $100) – up to $120,000</td>
</tr>
</tbody>
</table>

**Voluntary Life Insurance**

<table>
<thead>
<tr>
<th>Coverage for:</th>
<th>Coverage available:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td>Up to $500,000</td>
</tr>
<tr>
<td>Spouse</td>
<td>$10,000, $20,000 or $50,000</td>
</tr>
<tr>
<td>Child</td>
<td>$5,000 or $10,000</td>
</tr>
</tbody>
</table>

*Premiums for voluntary life insurance are based on your age and your tobacco/nicotine use. Premium amounts are available online at www.nebraska.edu/benefits.

**Important:** Please remember to designate your tobacco/nicotine status on Firefly during NUFlex Benefits enrollment. **If you do not designate your tobacco/nicotine status during enrollment, your voluntary life insurance premium will be defaulted to the tobacco/nicotine premium.** Any material misrepresentation made to your tobacco/nicotine designation, including your tobacco/nicotine history use, may void your insurance pursuant to the policy’s incontestable clause.

You may change your level of life insurance coverage during the NUFlex Benefits enrollment period. To enroll or increase your coverage, you must complete and submit the online proof of insurability form by 5 p.m. on Friday, Nov. 18. If applicable, all underwriting examinations must be scheduled by Dec. 30, 2016, or the new coverage amounts will be denied.
AD&D Insurance

Accidental Death & Dismemberment (AD&D) Insurance

The AD&D insurance plan through Assurity Life Insurance Company provides benefits if you or a covered family member dies or is dismembered (loss of eye, arm, leg, etc.) as result of an accident.

<table>
<thead>
<tr>
<th>Coverage for:</th>
<th>Coverage available:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td>Increments of $25,000 – up to $250,000</td>
</tr>
<tr>
<td>Employee + Family</td>
<td>Spouse: 50% of your coverage amount</td>
</tr>
<tr>
<td></td>
<td>Child: 10% of your coverage amount</td>
</tr>
</tbody>
</table>

*Premium amounts are available online at www.nebraska.edu/benefits.
*Premiums for voluntary life insurance are based on your age and your tobacco/nicotine use.

Update Your Beneficiaries!

A beneficiary is a person you choose to receive your life insurance and retirement benefits in the event of your death. It is very important for you to keep your beneficiary information up to date. You can change or update your beneficiary listing any time during the year. If you would like to change a beneficiary, please complete the beneficiary designation form. The form is available online at www.nebraska.edu/benefits. Your new beneficiary is effective the day that you sign the form.

Long Term Care Insurance

Long term care insurance can assist in paying the expense for long term care services received at home, in the community, or in a nursing facility.

You can choose between daily benefit choices of $100, $150, or $200. You can also make choices on the duration of the benefits and cost inflation protection.

For more information or to enroll go to www.genworth.com/groupltc. Use the group ID, Nebraska and access code of groupltc.

Premium rates are provided on the website and vary based on level of insurance and age of the enrollee. Your acceptable enrollment will be subject to the Genworth underwriting requirements, which may include a physical and detailed health questions.
If you have any questions regarding 2017 NUFlex Benefits enrollment, please contact your Campus Benefits Office.

**UNL**
Campus Benefits Office  
**Call:** (402) 472-2600  
**E-mail:** benefits@unl.edu

**UNO**
Campus Benefits Office  
**Call:** (402) 554-3660  
**E-mail:** benefits@unomaha.edu

**UNMC**
Campus Benefits Office  
**Call:** (402) 559-4340  
**E-mail:** benefits@unmc.edu

**UNK**
Campus Benefits Office  
**Call:** (308) 865-8516  
**E-mail:** benefitsunk@unk.edu

**UNCA**
System Benefits Office  
**Call:** (402) 472-5258  
**E-mail:** benefits@nebraska.edu
The University of Nebraska believes its 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. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

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注意: 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-xxx-xxx-xxxx (TTY: 1-888-592-8963)。