



October 20, 2023

University of Nebraska is conducting Open Enrollment for their Benefit Plans that are effective 01/01/2024. You can change your Blue Cross and Blue Shield of Nebraska medical option, add or drop dependents, or cancel medical insurance coverage during this time. You may also enroll or cancel dental and vision coverage. Alternatively, you may wish to explore coverage through the Health Insurance Marketplace.

If you do not want to make changes to your coverage, no action is required.

Health Insurance Marketplace

There may be other coverage options for you and your family. The Health Insurance Marketplace provides you with another opportunity to buy health insurance. In the Marketplace, you could be eligible for a new kind of tax credit that lowers your monthly premiums right away, and you can see what your premium, deductibles, and out-of-pocket costs will be before you make a decision to enroll. You may obtain information about the Marketplace at www.healthcare.gov.

Enclosed are materials designed to assist you and/or your eligible dependents in making a COBRA Open Enrollment selection that will be effective from 01/01/2024 through 12/31/2024, or until your COBRA expires, whichever occurs first. To view your current benefit elections or other pertinent information regarding your COBRA account, you can access our secure website by going to mybenefits.wageworks.com.

ACTION REQUIRED BY YOU

Refer to the COBRA Open Enrollment Election Form for the new plan year benefit options and monthly premium rates.

- x If you are NOT making changes to your coverage, no action is required.

Note: If you are not making changes, your existing coverage will continue or automatically be renewed.

- x If you are making changes to your coverage, you can add qualified dependents to your plan(s), add or change plans or discontinue coverage and you

University of Nebraska
WageWorks, Inc.
P.O. Box 223684
Dallas, TX 75222-3684



University of Nebraska
COBRA Open Enrollment Election Form
Benefits Effective 01/01/2024

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Statement of Understanding and Election: I hereby apply for benefits under the terms and conditions of the benefits program, and I agree to pay the premium as required. I understand that continuation coverage may terminate under several circumstances, including: the date I become entitled to Medicare, or on the date on which the group health/dental plan coverage offered by my former employer ends. I understand that if I was disabled at the time of my qualifying event, I may be eligible for extended continuation. I also understand that payments are due on the 1st of each month and that failure to remit payments within the grace period specified under federal COBRA legislation will result in termination of coverage. I understand and agree that any omission or incorrect statements knowingly made by me on this application may invalidate my coverage and the benefits under this plan.

Signature of Participant

Date

Email Address

(Election Forms received without a signature will be rejected and potentially cause delay in your COBRA coverage.)

Return all pages of this Open Enrollment Election Form to:

WageWorks, Inc.
PO Box 223684
Dallas, TX 75222-3684

FAX: (866) 450-5641