

NU

RASKA
UNIVERSITY OF NEBRASKA-LINCOLN



BENEFITS ENROLLMENT

Table of Contents

Welcome	3
NUFlex Overview.....	3
NUFlex Information.....	4
Important Notices.....	9
– Disclosure of Grandfathered Status.....	9
– Extension of Coverage	9
– Medicaid and the Children’s Health Insurance Program (CHIP) Offer Free or Low-Cost Health Coverage to Children and Families	9
– Appendix A	37
Medical Insurance.....	10
Insurance Benefits Summary.....	16
Dental Insurance	18
Vision Care Insurance.....	20
Long Term Disability Insurance	22
Life Insurance – Employer-Provided	23
Life Insurance – Voluntary.....	24
Accidental Death & Dismemberment Insurance.....	25
Dependent Life Insurance	26
Long Term Care Insurance	27
Health Care Flexible Spending Account.....	28
Dependent Care Flexible Spending Account.....	29
Completing your Benefits Enrollment Form	30
Basic Retirement Plan 401(a).....	31
Supplemental Retirement Plan 403(b).....	33
Deferred Compensation Plan 457(b)	35
Important Note	36
Campus Benefits Offices.....	36

Welcome

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NUFlex Overview

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BENEFITS ENROLLMENT

NUFlex Information

Price Tag Summary

For more information, visit www.nebraska.edu/benefits

Before you Start

Before you start, please review the following information:

- Review the enrollment process and timeline.
- Review the enrollment requirements and eligibility criteria.

Online Enrollment

Enroll online at www.nebraska.edu (see www.nebraska.edu for more information).

Dependent Information Request

For more information, visit www.nebraska.edu/benefits

Initial Enrollment

For more information, visit www.nebraska.edu/benefits

Your Dependent Children:

- a child who is under the age of 18, or a child who is under the age of 26 and is a dependent child of the insured.
- a child who is under the age of 18, or a child who is under the age of 26 and is a dependent child of the insured.
- a child who is under the age of 18, or a child who is under the age of 26 and is a dependent child of the insured.
- a child who is under the age of 18, or a child who is under the age of 26 and is a dependent child of the insured.

Coverage ends when the dependent child turns age 26.

*Does not apply to accidental death & dismemberment and dependent life insurance coverage.

Your Adult Designee: (F)

- a child who is under the age of 18, or a child who is under the age of 26 and is a dependent child of the insured.
- a child who is under the age of 18, or a child who is under the age of 26 and is a dependent child of the insured.
- a child who is under the age of 18, or a child who is under the age of 26 and is a dependent child of the insured.
- a child who is under the age of 18, or a child who is under the age of 26 and is a dependent child of the insured.

Please visit [www.aflac.com](#) for exceptions to the criteria above.

Your Adult Designee's Dependent Children: (F)

- a child who is under the age of 18, or a child who is under the age of 26 and is a dependent child of the insured.
- a child who is under the age of 18, or a child who is under the age of 26 and is a dependent child of the insured.
- a child who is under the age of 18, or a child who is under the age of 26 and is a dependent child of the insured.
- a child who is under the age of 18, or a child who is under the age of 26 and is a dependent child of the insured.

BENEFITS ENROLLMENT

NUFlex Information (continued)

Dependent Verification Documentation Requirements for the Medical, Dental and Vision Care Insurance Plans

For Spouse or Child:

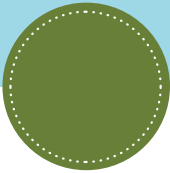
will not

Spouse: Provide copies of 2 forms of documentation listed below.

(PLEASE NOTE: ...)

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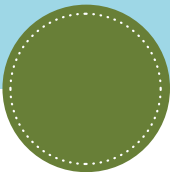
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NUFlex Information (continued)

Confirmation Statement

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b c a a c b a a b c c a a b
F c b a



Notice: Disclosure of Grandfathered Status

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... a ... c ... a ... a ... Ca ... c. (... b ... Ca ... c.) ... b ... a ... b ... Ca ... c., a ...
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BENEFITS ENROLLMENT

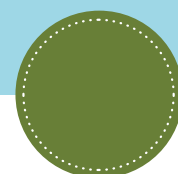
1-877-www.insurekidsnow.gov

you must request coverage within 60 days of being determined eligible for premium assistance.

States Providing Premium Assistance under Medicaid or the Children's Health Insurance Program (CHIP).

Medical Insurance

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	Low	Basic	High	Qualified High Deductible Plan
<p>What is the maximum amount of out-of-pocket costs you can be responsible for in a calendar year?</p>	<p>Low: \$5,000 (individual) / \$10,000 (family)</p>	<p>Basic: \$3,000 (individual) / \$6,000 (family)</p>	<p>High: \$2,000 (individual) / \$4,000 (family)</p>	<p>\$1,000 (individual) / \$2,000 (family)</p>
<p>Monthly Premiums (the amount that is deducted from your pay monthly for medical coverage. The premiums below assume you are 100% FTE.)</p>				
- Individual	\$125	\$210	\$314	\$125
- Family	\$159	\$332	\$557	\$159
- Family + Child(ren)	\$127	\$279	\$525	\$138
- Family + Adult	\$180	\$424	\$734	\$180
<p>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.)</p>				
- Individual	\$1,550 - \$3,100	\$450 - \$900	\$300 - \$600	\$3,200 - \$6,400
- Family	\$1,950 - \$3,900	\$650 - \$1,300	\$450 - \$900	\$6,400 - \$12,800
- Family + Child(ren)	\$1,350 - \$2,600	\$300 - \$600	\$200 - \$400	\$3,200 - \$6,400
<p>Coinsurance (the percentage of an insurance claim that you are responsible for paying)</p>				
- Individual	30%	30%	20%	20%
- Family	45%	45%	35%	30%
- Family + Child(ren)	15%	15%	10%	0%
<p>Stop-loss (the maximum amount you will have to pay per year – not including your deductible)</p>				
- Individual	\$2,500 - \$5,000	\$1,600 - \$3,200	\$1,400 - \$2,800	\$800 - \$1,700
- Family	\$2,900 - \$5,800	\$2,000 - \$4,000	\$1,700 - \$3,400	\$1,500 - \$3,000
- Family + Child(ren)	\$2,300 - \$4,700	\$1,450 - \$2,900	\$1,300 - \$2,600	\$0 - \$0

BENEFITS ENROLLMENT

Medical Insurance (continued)

Each covered person is required to establish an annual \$57 prescription drug deductible for brand-name drugs.

Prescription Drug Program

Each covered person is required to establish an annual \$57 prescription drug deductible for brand-name drugs.

For more information, call 833-419-3436.

For more information, call 833-419-3436.

For more information, call 833-419-3436.

For more information, call 833-419-3436.

Health Plan Offerings

Telehealth Services

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... c ... ca ... a ... c ... c ... a ... c ... b ... a ... c ... a ... a ...
... a ... a ... a ... a ... a ... a ... a ... a ... acc ... a ... ca ...
... a ... b ... c ... c ... a ... a ... c ... a ... c ... c ... a ... c ...
... a ... c ... a ... a ... c ... ca ... 44-733-3627

Treatment for Fertility Services

... ca ... a ... a ... ac ... a ... c ... c ... a ... b ... b ... a ... www.nebraska.edu/benefits
... a ... a ... a ... C ... a ... a ... a ... c ... a ... 15,000 ... \$... c ... b ... a ...
... ca ... a ... a ... ac ... c ...

Health Risk Assessment

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... a ... a ... a ... a ... c ... a ... 9 (.) 0-7 (. c .) 0-7 (. c .) -5 (c)

BENEFITS ENROLLMENT

Medical Insurance (continued)

Medical Insurance (continued)

You have 31 days from date of hire to complete the HRA. The Personal Health Report must be printed and/or saved in order for you to receive credit for completing the HRA survey and be eligible for the enhanced wellness and preventive services benefit. This must be completed each year.

Issues to Consider—Medical Insurance

-
-
-

- For a dependent child, you must provide the child's date of birth to the Campus Benefits Office within 60 days of the child's date of birth.

- If you are a dependent child, you must provide your date of birth to the Campus Benefits Office within 60 days of your date of birth.

- For a dependent child, you must provide the child's date of birth to the Campus Benefits Office within 60 days of the child's date of birth.

- **To continue the child's coverage beyond 31 days, you must contact the Campus Benefits Office within 60 days of a dependent's date of birth to add the newborn child to your medical insurance policy.**

even if you are a dependent child, you must provide your date of birth to the Campus Benefits Office within 60 days of your date of birth.

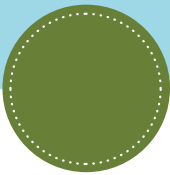
- For a dependent child, you must provide the child's date of birth to the Campus Benefits Office within 60 days of the child's date of birth.

BENEFITS ENROLLMENT

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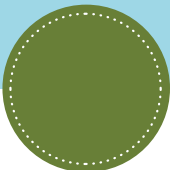


Summary of Dental Benefits

Issues to Consider—Dental Insurance

- For dependent dental insurance, the dependent must be under 26 years of age at the time of birth.
- The dependent must be a U.S. citizen, national, or permanent resident.
- The dependent must be a member of the household.
- The dependent must be a dependent for tax purposes.
- To continue the child's coverage beyond 31 days, you must contact the Campus Benefits Office within 60 days of a dependent's date of birth to add the newborn child to your dental insurance policy, even if the dependent is already covered under a spouse's dental insurance.
- The dependent must be under 26 years of age at the time of birth.
- The dependent must be a U.S. citizen, national, or permanent resident.
- The dependent must be a member of the household.
- The dependent must be a dependent for tax purposes.
- To continue the child's coverage beyond 31 days, you must contact the Campus Benefits Office within 60 days of a dependent's date of birth to add the newborn child to your dental insurance policy, even if the dependent is already covered under a spouse's dental insurance.
- The dependent must be under 26 years of age at the time of birth.
- The dependent must be a U.S. citizen, national, or permanent resident.
- The dependent must be a member of the household.
- The dependent must be a dependent for tax purposes.
- To continue the child's coverage beyond 31 days, you must contact the Campus Benefits Office within 60 days of a dependent's date of birth to add the newborn child to your dental insurance policy, even if the dependent is already covered under a spouse's dental insurance.

	IN-NETWORK MEMBER COST	BENEFIT FREQUENCY	OUT-OF-NETWORK REIMBURSEMENT
Examination with Dilation	\$10 copay	Annual	



Issues to Consider—Vision Care Insurance

- For dependent children, vision care insurance is often provided through a parent's employer. If you are not covered by an employer's vision care insurance, you may need to purchase a separate policy.
- If you are covered by an employer's vision care insurance, you may want to check the details of the policy to see if it covers dependent children. Some policies only cover children under 18 years of age.
- If you are covered by an employer's vision care insurance, you may want to check the details of the policy to see if it covers dependent children. Some policies only cover children under 18 years of age.
- **To continue the child's coverage beyond 31 days, you must contact the Campus Benefits Office within 60 days of a dependent's date of birth to add the newborn child to your vision care insurance policy.**
- **even if** you are covered by an employer's vision care insurance, you may want to check the details of the policy to see if it covers dependent children. Some policies only cover children under 18 years of age.

BENEFITS ENROLLMENT

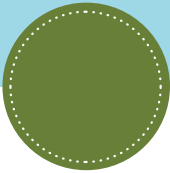
Long Term Disability Insurance

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Age at Disability	Maximum Period of Payment
Less than age 62	To age 67
Age 62	60 months
Age 63	48 months
Age 64	42 months
Age 65	36 months
Age 66	30 months
Age 67	24 months
Age 68	18 months
Age 69 and over	12 months

Summary of Long Term Disability Benefits

OPTION	INCOME REPLACEMENT	ELIMINATION PERIOD
1	No coverage	
2	50%	180 days
3	66 2/3%	180 days
4	50%	90 days
5	66 2/3%	90 days



Issues to Consider—Long Term Disability

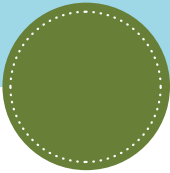
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Life Insurance—Voluntary

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Issues to Consider—Life Insurance- Voluntary

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Accidental Death & Dismemberment Insurance

BENEFITS ENROLLMENT

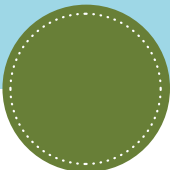
Dependent Life Insurance

OPTION	COVERAGE FOR A SPOUSE	OPTION	COVERAGE FOR EACH CHILD*
1	No coverage	1	No coverage
2	\$10,000	2	\$5,000
3	20,000	3	10,000
4	50,000		

*Coverage for a child age 14 days to 6 months is equal to 10 percent of the option amount selected. No coverage is available for a child age 13 days or less.

Issues to Consider—Dependent Life Insurance

- Coverage for a spouse and each child is based on the option amount selected.
- Coverage for a spouse is available for spouses age 31 or older through age 70.
- Coverage for a child is available for children age 26 or younger.
- Coverage for a child is available for children age 26 or younger.
- Coverage for a child is available for children age 26 or younger. $20,000 \times (1/3) = 6,667$
- Coverage for a child is available for children age 26 or younger.
- Coverage for a child is available for children age 26 or younger.
- Coverage for a child is available for children age 26 or younger.
- Coverage for a child is available for children age 26 or younger.



Long Term Care Insurance

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Step 1: Choose a Daily Benefit

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Step 2: Select Your Total Coverage Amount

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Step 3: Choose a Benefit Increase Option

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Buy More Coverage Over Time

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Automatic 3% Increase for Life – Compound

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Automatic 5% Increase for Life – Compound

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Health Care Flexible Spending Account (FSA) (continued)

Issues to Consider—Health Care FSA

- Expenses are "incurred when you are provided with the medical care that gives rise to the medical expenses, and not when you are formally billed or charged for, or pay for the medical care."

- Expenses are "incurred when you are provided with the medical care that gives rise to the medical expenses, and not when you are formally billed or charged for, or pay for the medical care."

Dependent Care Flexible Spending Account (FSA)

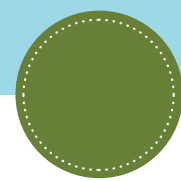
Dependent Care Flexible Spending Account (FSA) allows you to pay for dependent care expenses with pre-tax dollars. Expenses include day care, before- and after-school care, and care for a disabled dependent. For more information, visit www.wageworks.com.

The maximum contribution for 2024 is \$5,000 per year for most employees, or \$5,000 for those with a second qualifying child.

Claim Guidelines/Filing Claims for Reimbursement

- To file a claim, you must submit a claim form and supporting documentation to your employer's FSA administrator.
- For more information, visit www.nebraska.edu.

BENEFITS ENROLLMENT



Basic Retirement Plan 401(a)

Objective

Basic Retirement Plan 401(a) is a defined contribution plan that allows employees to save for retirement. The plan is subject to the rules of Section 401(a) of the Internal Revenue Code.

Eligibility

Mandatory Participation: Employees who are at least 21 years old, have completed one year of service, and are under age 65 are required to participate in the plan. Employees who are at least 21 years old, have completed one year of service, and are under age 65 are required to participate in the plan.

Voluntary Participation: Employees who are at least 21 years old, have completed one year of service, and are under age 65 are required to participate in the plan.

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Vesting

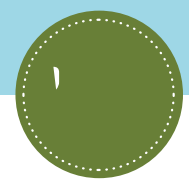
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Allocating Plan Contributions

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Investment Alternatives

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Access to Funds

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 C a 457(b) ac a a a a
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Supplemental Retirement Plan 403(b)

Objective

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Eligibility

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Effective Date of Participation

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 a c a c acc a ca

Contributions to the Plan

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 - a c a a a c c a a
 -R 403(b) C b

BENEFITS ENROLLMENT

Supplemental Retirement Plan 403(b) (continued)

403(b) contributions are not subject to the annual deferral limits that apply to 401(k) and 408(a) plans. However, there are limits on the total amount of 403(b) contributions that can be made to an individual's plan. For 2014, the total amount of 403(b) contributions cannot exceed the lesser of (1) \$16,500 for those aged 50 and under, and (2) \$19,500 for those aged 51 and over.

Allocating Plan Contributions

Contributions to a 403(b) plan are allocated to the plan participant's designated investment alternatives. If a participant has multiple designated investment alternatives, the contributions will be allocated among them in accordance with the participant's election.

Investment Alternatives

The plan offers several investment alternatives, including:

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- B ()
- C C
- C (F)
- A A

Transferring Plan Contributions

Contributions to the 403(b) plan can be transferred from another 403(b) plan.

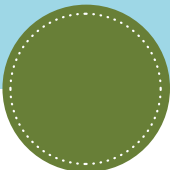
Rollover of Funds

Participants can roll over funds from a 403(b) plan to a 401(k) plan.

Access to Funds

Participants can access funds from the 403(b) plan in several ways, including:

- Withdrawal
- Rollover to another plan
- Loan
- Distribution



Deferred Compensation Plan 457(b)

Eligibility

457(b) a a c b F a D C a

Effective Date of Participation

a c a c b a 457(b) D C a a R a c a c acc a ca D C a a

Contributions to the Plan

457(b) C a c b a ac a a a a a a a D a R c a a a c C a a b 457(b) C a a a a ca a a a a a a a a (R)

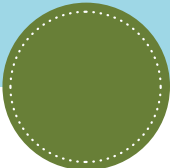
Allocating Plan Contributions

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Investment Alternatives

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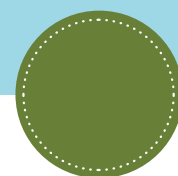
Appendix A

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... a ... ac ... a ... a ...

BENEFITS ENROLLMENT

Appendix A (continued)

INDIANA Medicaid	NEVADA Medicaid a d CHIP
Website: http://www.in.gov/fssa Phone: 1-800-889-9948	Medicaid Website: http://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900 CHIP Website: http://www.nevadacheckup.nv.org/ CHIP Phone: 1-877-543-7669
IOWA Medicaid	NEW HAMPSHIRE Medicaid
Website: www.dhs.state.ia.us/hipp/ Phone: 1-888-346-9562	Website: www.dhhs.nh.gov/ombp/index.htm Phone: 603-271-4238
KANSAS Medicaid	NEW JERSEY Medicaid a d CHIP
Website: https://www.khpa.ks.gov Phone: 1-800-792-4884	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 1-800-356-1561 CHIP Website: http://www.nifamilycare.org/index.html CHIP Phone: 1-800-701-0710
KENTUCKY Medicaid	NEW MEXICO Medicaid a d CHIP
Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570	Medicaid Website: http://www.hsd.state.nm.us/mad/index.html Medicaid Phone: 1-888-997-2583 CHIP Website: http://www.hsd.state.nm.us/mad/index.html Click on Insure New Mexico CHIP Phone: 1-888-997-2583
LOUISIANA Medicaid	TEXAS Medicaid
Website: http://www.lahipp.dhh.louisiana.gov Phone: 1-888-342-6207	Website: https://www.gethipptexas.com/ Phone: 1-800-440-0493
MAINE Medicaid	UTAH Medicaid
Website: http://www.maine.gov/dhhs/OIAS/public-assistance/index.html Phone: 1-800-321-5557	Website: http://health.utah.gov/upp Phone: 1-866-435-7414
MASSACHUSETTS Medicaid a d CHIP	VERMONT Medicaid
Medicaid & CHIP Website: http://www.mass.gov/MassHealth Medicaid & CHIP Phone: 1-800-462-1120	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
MINNESOTA Medicaid	VIRGINIA Medicaid a d CHIP
Website: http://www.dhs.state.mn.us/ Click on Health Care, then Medical Assistance Phone (Outside of Twin City area): 800-657-3739 Phone (Twin City area): 651-431-2670	Medicaid Website: http://www.dmas.virginia.gov/rcp-HIPP.htm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.famis.org/ CHIP Phone: 1-866-873-2647



NEW YORK Medicaid	WASHINGTON Medicaid
Website: http://www.nyhealth.gov/health_care/medicaid/ Phone: 1-800-541-2831	Website: http://hrsa.dshs.wa.gov/premiumpymt/Apply.shtm Phone: 1-800-562-3022 ext. 15473
NORTH CAROLINA Medicaid	WEST VIRGINIA Medicaid
Website: http://www.nc.gov Phone: 919-855-4100	Website: http://www.wvrecovery.com/hipp.htm Phone: 304-342-1604
NORTH DAKOTA Medicaid	WISCONSIN Medicaid
Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-800-755-2604	



The University of Nebraska believes its low, basic, and high 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.

The University of Nebraska does not discriminate based on race, color, ethnicity, national origin, sex, pregnancy, sexual orientation, gender identity, religion, disability, age, genetic information, veteran status, marital status, and/or political affiliation in its programs, activities, or employment. For nondiscrimination inquiries, contact the Title IX Coordinator or the Section 504/ADA Coordinator at 3835 Holdrege Street, Lincoln, NE 68583, (402) 472-2111.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-xxx-xxx-xxxx (TTY: 844-348-9584).

1-xxx-xxx-xxxx (TTY: 844-348-9584)