Introduction to Benefits 2021

Your Benefits,
Your Health,
Your Way

Nebraska Medicine

Nebraska Medicine

TABLE OF CONTENTS

Nebraska Medicine

GROUP HEALTH AND WELFARE PLAN

Plan Eligibility

Colleagues are eligible to participate in benefits through Nebraska Medicine's Group Health and Welfare Plan as long as an active status is maintained, and you are regularly scheduled to work 20 hours (.5 FTE) or more per week in a regular job. Coverage under Nebraska Medicine's Plan is effective on the first day of the month following or coinciding with your date of hire.

Dependent Coverage

Under the medical, dental, vision and life insurance plans, only a colleague's legal spouse and dependent child(ren) up to the age of 26 are eligible for coverage.

A "child" includes the colleague's natural born child, a stepchild, a legally adopted child or a child placed and approved for adoption in the colleague's home.

Dependent Documentation

Before adding a dependent to any benefit plan, supporting documentation must be received and approved by the Benefit Department. Allow up to two business days for the dependent to be approved. Please review MyHR for details regarding acceptable documentation.

Enrollment Procedures

A colleague must utilize Workday to add dependents and enroll in benefits. If you do not enroll within 30 days of your hire date or becoming benefits eligible, all optional elections will be considered waived. If both parents (or step-parents) are employees of Nebraska Medicine, children can not be dually covered on medical, dental, and vision plans. The parents should decide under whose plan the child will be covered.

How the Plan Works

Each payday, Nebraska Medicine provides colleagues with some basic benefits depending on a colleague's benefit eligibility.

Depending on the type of benefit, deductions are reflected using either pre-tax or after-tax dollars. **Colleague benefit deductions are reflected on each biweekly paycheck.**

By submitting your new hire benefits enrollment, you are authorizing Nebraska Medicine to deduct the applicable premium(s) from your biweekly paycheck. If an election is made with a retro-active effective date, the first paycheck that is processed after the election has been approved will include any additional contribution amounts that are required. If you are not wanting to contribute funds to your health savings account, enter an annual amount of 0.

All benefit coverage will remain in effect through the end of the plan year. The only time benefit changes can be made to medical, dental, vision and flexible spending accounts is if a qualified event is experienced (see right) and proper documentation is submitted within 30 days of the event (includes day of event). Changes may be requested to Life, AD&D and Long-Term Disability at any time throughout the year.

A colleague must utilize Workday to submit documentation of a qualified event (if applicable) and request an election change to benefit plans. It is your responsibility to contact the HR Service Center regarding any election change questions.

A change from full-time to part-time or part-time to full-time is not considered a qualifying event, as the colleague is already considered benefit-eligible.

Nebraska Medicine provides many choices in benefits to enable colleagues to have the coverage that best suits their personal needs.

Nebraska Medicine pays the cost of some benefits, while colleagues have the opportunity to purchase additional benefits.

Available Benefits

- Medical
  - » Consumer Choice Basic
  - » Consumer Choice Advantage
  - » Consumer Choice Value
  - » Health Savings Account (Advantage or Value Plan)
- Dental
  - » Premium Plan
  - » Core Plan
- Vision
- Life and Accidental Death & Dismemberment
  - » Basic (Employer Paid)
  - » Supplemental (Employee Paid)
- Short-Term Disability
  - » (Employer Paid)
- Long-Term Disability
  - » Basic (Employer Paid)
  - » Supplemental (Employee Paid)
- Flexible Spending Accounts
  - » Health Care
  - » Dependent Care

Qualified Events*

- Annual Enrollment
- Marriage or divorce
- Birth or adoption
- Death
- Commencement or termination of employment by you, your spouse or child resulting in a gain/loss of coverage
- Loss of government-sponsored coverage

*Contact the MyHR to discuss your specific situation

Nebraska Medicine

EMPOWER YOUR WELLBEING

With national recognition as one of "America's Healthiest Companies," Nebraska Medicine is proud to offer colleagues a variety of wellbeing programs at the worksite, including:

On-Site Fitness Opportunities

Access to Nebraska Medicine Fitness Centers is offered to all colleagues free of charge.

Fitness Center
Conveniently located on the ground floor of Clarkson Tower, the Fitness Center has a variety of strength training and cardiovascular exercise equipment. There are also locker rooms, showers and qualified staff to help reach your fitness and wellness goals.

Ground Floor, Clarkson Tower
402.552.2775
MyHR@nebraskamed.com

Lied Exercise Room
This on-site fitness facility is complete with a treadmill, a stairclimber, bikes, elliptical trainers and resistance training equipment.

Nebraska Medicine—Bellevue Fitness Room
Located on the garden level near laboratory, Bellevue Medical Center's fitness facility includes an elliptical trainer, treadmill, recumbent bike and free weights.

Health Assessments

Discounted Blood Profiles
Five different discounted blood panels are available to colleagues at any time throughout the year.

Fitness Assessments
These assessments are offered to colleagues at no charge and can include measurements of cardiovascular and muscular fitness, flexibility and body composition.

Ongoing Programs

Empower Your Wellbeing Program
Empower Your Wellbeing offers a wide variety of wellbeing program options to encourage healthy behaviors. This portal and our wellbeing program encompasses the physical, financial, community and emotional aspects of our lives. The Empower Your Wellbeing Portal is a place for you to learn about personal and group challenges, report activity through manual entry or device syncing, and find tools which help you navigate this broad array of life's activities. Find meal plans, recipes, workout videos, peer support and much more to assist you on your healthy lifestyle journey. Empower points are self-tracked and can be redeemed for prizes throughout the year.

Buffett Massage Center
Licensed massage therapists are available for onsite table massages in the Buffett Cancer Center. 402.559.1222.

ANNUAL INCENTIVES

Log into the Empower Your Wellbeing Portal to complete your Wellbeing survey to be eligible for incentives. More information regarding requirements and incentives can be found in the Empower Your Wellbeing Portal at www.nebraskamed.com/empower.

How to Access Your Account

To create your portal account:

1. Go to www.nebraskamed.com/empower
2. Click JOIN NOW
3. Enter your first name, last name and Employee ID.
   - » Spouses enter your related employee ID + "s".
   - » Example: 12345s
4. Confirm your information
5. Create your username and password, then complete your profile

You must add your spouse as a dependent in Workday in order for them to gain access to the Empower Your Wellbeing portal. Files are sent to the Empower Your Wellbeing portal weekly, so make sure you add your spouse with enough time within your 30-day enrollment window for him/her to be granted access to register and to complete the wellbeing survey.

MEDICAL PLANS

Administrator: UMR
Customer Service: 800.826.9781
Website: www.umr.com

Consumer Choice Basic with Health Reimbursement Account (HRA)

The Consumer Choice Basic plan is a consumer-driven health plan with a health reimbursement account (HRA). If you complete your wellbeing survey through the Employer Your Wellbeing Portal within 30 days of hire date, Nebraska Medicine will make an employer contribution to your HRA. The full annual contribution is $250 single and $500 family. This amount will be prorated based on when your coverage becomes effective. If you are covering your spouse, your spouse must complete the wellbeing survey for you to receive the full family contribution.

Consumer Choice Advantage with Health Savings Account (HSA)

The Consumer Advantage Plan is a consumer-driven health plan with a health savings account (HSA). If you complete your wellbeing survey through the Empower Your Wellbeing Portal within 30 days of hire date, Nebraska Medicine will make an employer contribution to your HSA. The full annual contribution is $500 single and $1,000 family. This amount will be prorated based on when your coverage becomes effective.

Consumer Choice Value with Health Savings Account (HSA)

The Consumer Value Plan is a consumer-driven health plan with a health savings account (HSA). If you complete your wellbeing survey through the Empower Your Wellbeing Portal within 30 days of hire, Nebraska Medicine will make an employer contribution to your HSA. The full annual contribution is $500 single and $1,000 family. This amount will be prorated based on when your coverage becomes effective. If you are covering your spouse, your spouse must complete the wellbeing survey for you to receive the full family contribution.

HRA / HSA Employer Contribution for Newly Benefit Eligible Colleagues

If you are moving from a non-benefit eligible position to a benefit eligible position with Nebraska Medicine, your employer funding status will be determined by your most recent Empower participation.

Be sure to reference the Empower information on MyHR and complete the annual incentive opportunities each year to ensure that you are eligible for the full employer funding.

Networks

To locate an in-network provider, register online at www.umr.com and search the provider directory. The network name is: Nebraska Medicine Provider Network.

Plan Administration

UMR is the claims administrator.

The Summary Plan Descriptions (SPDs) are located on MyHR.

A link to the medical directories is available on MyHR.

Colleagues will receive your medical ID card approximately two to three weeks after enrollment is completed.

Refer to MyHR for additional details.

Nebraska Medicine

To locate an in-network provider, register online at www.umr.com and search the provider directory. The network name is: Nebraska Medicine Provider Network

CONSUMER CHOICE BASIC			
MEDICAL BENEFITS	TIER 1 Nebraska Medicine	TIER 2	TIER 3
Deductible (Single/Family)	$2,000 / $4,000	$2,000 / $4,000	$2,000 / $4,000
Coinsurance	0%	20%	30%
Out-of-Pocket (Single/Family)	$5,000 / $10,000	$5,000 / $10,000	$5,000 / $10,000
Office (Primary Care Physician)	0% after deductible	20% after deductible	30% after deductible
Office (Specialist)	0% after deductible	20% after deductible	30% after deductible
Urgent Care	0% after deductible	20% after deductible	30% after deductible
ER	0% after deductible if true emergency	20% after deductible if true emergency	20% after deductible if true emergency
Inpatient—must pre-certify	0% after deductible	20% after deductible	30% after deductible
Outpatient Mental Health/Substance Abuse	0% after deductible	20% after deductible	30% after deductible
Inpatient Mental Health/Substance Abuse	0% after deductible	20% after deductible	30% after deductible

Note: Out-of-network is not covered with the exception of emergencies.

CONSUMER CHOICE ADVANTAGE			
MEDICAL BENEFITS	TIER 1 Nebraska Medicine	TIER 2	TIER 3
Deductible (Single/Family)	$2,800 / $5,600	$2,800 / $5,600	$2,800 / $5,600
Coinsurance	0%	20%	30%
Out-of-Pocket (Single/Family)	$6,650 / $13,300	$6,650 / $13,300	$6,650 / $13,300
Office (Primary Care Physician)	0% after deductible	20% after deductible	30% after deductible
Office (Specialist)	0% after deductible	20% after deductible	30% after deductible
Urgent Care	0% after deductible	20% after deductible	30% after deductible
ER	0% after deductible if true emergency	20% after deductible if true emergency	20% after deductible if true emergency
Inpatient—must pre-certify	0% after deductible	20% after deductible	30% after deductible
Outpatient Mental Health/Substance Abuse	0% after deductible	20% after deductible	30% after deductible
Inpatient Mental Health/Substance Abuse	0% after deductible	20% after deductible	30% after deductible

Note: Out-of-network is not covered with the exception of emergencies.

CONSUMER CHOICE VALUE			
MEDICAL BENEFITS	TIER 1 Nebraska Medicine	TIER 2	TIER 3
Deductible (Single/Family)	$4,000 / $8,000	$4,000 / $8,000	$4,000 / $8,000
Coinsurance	0%	20%	30%
Out-of-Pocket (Single/Family)	$6,650 / $13,300	$6,650 / $13,300	$6,650 / $13,300
Office (Primary Care Physician)	0% after deductible	20% after deductible	30% after deductible
Office (Specialist)	0% after deductible	20% after deductible	30% after deductible
Urgent Care	0% after deductible	20% after deductible	30% after deductible
ER	0% after deductible if true emergency	20% after deductible if true emergency	20% after deductible if true emergency
Inpatient—must pre-certify	0% after deductible	20% after deductible	30% after deductible
Outpatient Mental Health/Substance Abuse	0% after deductible	20% after deductible	30% after deductible
Inpatient Mental Health/Substance Abuse	0% after deductible	20% after deductible	30% after deductible

Note: Out-of-network is not covered with the exception of emergencies.

Medical Costs

FULL-TIME (FTE 0.9 AND ABOVE) COST PER PAY PERIOD			
	Consumer Choice Basic	Consumer Choice Advantage	Consumer Choice Value
Employee Only	$72.90	$56.99	$38.15
Employee and Spouse	$153.37	$118.38	$83.93
Employee and Child(ren)	$139.96	$108.15	$76.30
Family	$220.44	$169.54	$122.09

PART-TIME (FTE 0.5 TO 0.89) COST PER PAY PERIOD			
	Consumer Choice Basic	Consumer Choice Advantage	Consumer Choice Value
Employee Only	$109.35	$85.48	$57.22
Employee and Spouse	$230.06	$177.57	$125.90
Employee and Child(ren)	$209.94	$162.23	$114.46
Family	$330.66	$254.30	$183.14

PHARMACY DISCOUNT AND MAIL ORDER PROGRAM

Participating Pharmacies

Nebraska Medicine—Outpatient Pharmacy Durham
Outpatient Care Center, Second floor, 43rd and Emile Street
989200 Nebraska Medical Center
Omaha, NE 68198-9200
Phone: 402.559.5215 or 800.233.3455
Fax: 402.559.7150

Nebraska Medicine—Bellevue Pharmacy Bellevue Medical
Office Building, First Floor,
2510 Bellevue Medical Center Drive,
Suite 100 Bellevue, NE 68123
Phone: 402.595.1156 or 800.233.3455
Fax: 402.559.7150

Nebraska Medicine Pharmacy—Lauritzen Outpatient Center
4014 Leavenworth Street, Omaha, NE 68105
Phone: 402.552.7999

Nebraska Medicine—University Health Center
1500 U Street
P.O. Box 880618
Lincoln, NE 68588-0618
Phone: 402.472.7457 | Fax: 402.472.7401

Prescription Refill Services

- Call in prescription refills: 402.559.5215 (automated refill line)
- Online prescription refills: go to nebraskamed.com, then click Clinical Services, Pharmacy, Prescription Refills and select the pharmacy you wish to use (http://www.nebraskamed.com/pharmacy/prescription-refills)
- Online prescription refills from your smartphone: download the Pharmacy Health Connect mobile app for your Apple or Android device; once downloaded, locate your preferred pharmacy by submitting its zip code (listed with its address above)

90-Day Supply

If filled at one of Nebraska Medicine's pharmacies, colleagues may have a 90-day supply of a prescription for the cost of a 60-day supply.

Mail Order

All mail order prescriptions will be provided by the Nebraska Medicine Clinic Outpatient Pharmacies. Prescriptions can be mailed directly to a colleague's home upon request. Please allow seven days for receipt of mail orders.

Payroll Deduction

Colleagues may use the convenience of payroll deduction to purchase their prescriptions by swiping their Employee ID badge at a Nebraska Medicine Pharmacy.

Prescription Transfers

Call the pharmacy and provide the following information in order to transfer your prescription:

- Patient's name
- Name of medication
- Prescription number (located on prescription label)
- Name and phone number of pharmacy that filled the prescription

It is the pharmacy's goal to allow all Nebraska Medicine colleagues and their families to receive medication they need at a discounted price. The pharmacies at Durham Outpatient Center, Lauritzen Outpatient Center, and Bellevue Medical Center often have access to the most discounted prices so your costs are usually lowest at these pharmacy locations. The discounted pricing will only be available for colleagues and their family members who see a provider located at one of Nebraska Medicine's hospital outpatient departments or clinics.

Mobile Application Download or Website Account Access:

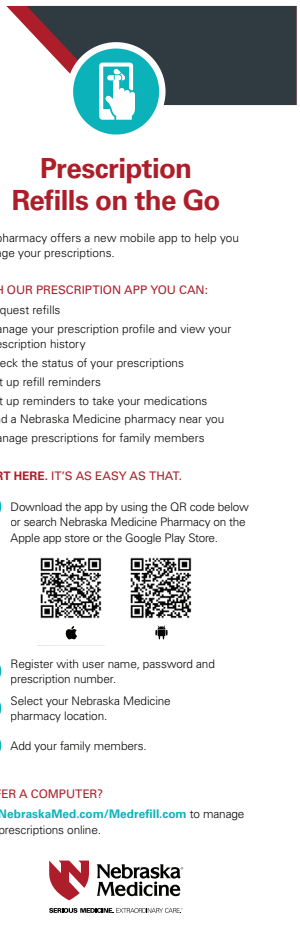
Our patient can download our new mobile app in one of three ways:

The patient can text "APP" to 54053

The patient can search "Nebraska Medicine Pharmacy" on the app store or google play store

Using the website https://nebraskamed.medrefill.com/nmweb , the patient can enter their cell phone number in the "get a text to download our mobile app" section (circled in red below) and click "submit". This will send them a text with a mobile app download option.

For patients that prefer to continue to use a computer and website to manage their prescriptions they can use https://nebraskamed.medrefill.com/nmweb to manage their medication profile and request refills.



Prescription Refills on the Go

Our pharmacy offers a new mobile app to help you manage your prescriptions.

WITH OUR PRESCRIPTION APP YOU CAN:

- Request refills
- Manage your prescription profile and view your prescription history
- Check the status of your prescriptions
- Set up refill reminders
- Set up reminders to take your medications
- Find a Nebraska Medicine pharmacy near you
- Manage prescriptions for family members

START HERE. IT'S AS EASY AS THAT.

Download the app by using the QR code below or search Nebraska Medicine Pharmacy on the Apple app store or the Google Play Store.

Register with user name, password and prescription number.

Select your Nebraska Medicine pharmacy location.

Add your family members.

PREFER A COMPUTER?

Visit NebraskaMed.com/Medrefill.com to manage your prescriptions online.

Nebraska Medicine
SERIOUS MEDICINE. EXTRAORDINARY CARE.

Nebraska Medicine

PHARMACY SUMMARY CONSUMER CHOICE BASIC		
PRESCRIPTION BENEFITS	NM PHARMACIES	IN-NETWORK
	RETAIL	
Generic	25% copay, up to $100 for a 30-day supply 25% copay, up to $200 for a 31- to 60-day supply	50% copay for a 30-day supply
Formulary Brand		
Non-formulary Brand		
Specialty	25% copay, up to $100 for a 30-day supply	Not covered
	MAIL ORDER	
Generic	A 90-day supply is available at Nebraska Medicine at the cost of a 60-day supply	Not covered
Formulary Brand		
Non-formulary Brand	25% copay, up to a 30-day supply	Not covered

For further details on the Consumer Choice Basic plan, please see the Summary of Benefits and Coverage (SBC) located on MyHR.

PHARMACY SUMMARY CONSUMER CHOICE ADVANTAGE AND CONSUMER CHOICE VALUE		
PRESCRIPTION BENEFITS	NM PHARMACIES	IN-NETWORK
	RETAIL	
Generic	Deductible, then 20%, up to a 30-day supply	Deductible, then 20%
Formulary Brand		Deductible, then 20%
Non-formulary Brand		Deductible, then 20%
Specialty		Not Covered
	MAIL ORDER	
Generic	A 90-day supply is available at Nebraska Medicine at the cost of a 60-day supply	Not Covered
Formulary Brand		
Non-formulary Brand		

For further details on the Consumer Choice Advantage and Consumer Choice Value plans, please see the Summary of Benefits and Coverage (SBC) located on MyHR.

Nebraska Medicine

HEALTH REIMBURSEMENT ACCOUNT (HRA)

Administrator: UMR
Customer Service: 800.826.9781
Website: www.umr.com

The Consumer Choice Basic medical plan features a health reimbursement account (HRA). The HRA allows Nebraska Medicine to contribute funds to help offset your deductible cost.

HRA Highlights

- HRA funds are automatically applied during claims processing—as you incur expenses subject to the deductible, UMR will reduce your HRA by that amount until you've exhausted the account for the year
- HRA funds are not available for pharmacy expenses.
- Once the HRA is depleted for the year, you become responsible for any remaining deductible expenses
- HRA dollars that are not used will roll over into the next year
- Employees cannot contribute funds to the HRA
- The employer contribution to the HRA is dependent upon colleague and spouse participation in the wellbeing survey

NEBRASKA MEDICINE 2021 HRA CONTRIBUTION	
Employee Only	$250
Employee + Spouse	$500
Employee + Child(ren)	$500
Family	$500

Note: This is the full annual funding. Employees will receive a prorated funding amount based on coverage effective date.

Prorated HRA Employer Funding Amount

BASIC PLAN				
COVERAGE EFFECTIVE DATE	EMPLOYEE ONLY	EMPLOYEE + CHILD(REN)	EMPLOYEE + SPOUSE*	FAMILY*
January	$250	$500	$500	$500
February	$187.50	$375	$375	$375
March	$187.50	$375	$375	$375
April	$187.50	$375	$375	$375
May	$125	$250	$250	$250
June	$125	$250	$250	$250
July	$125	$250	$250	$250
August	$62.50	$125	$125	$125
September	$62.50	$125	$125	$125
October	$62.50	$125	$125	$125
November**	$0	$0	$0	$0
December**	$0	$0	$0	$0

*This funding amount requires the employee and covered spouse to complete the wellbeing survey within 30 days of date of hire.

**Employees who become benefit eligible in November and December will need to complete their wellbeing survey within 30 days of date of hire for employer funding in the next calendar year.

Nebraska Medicine

HEALTH SAVINGS ACCOUNT (HSA)

Administrator: Optum Bank
Phone Number: 866.234.8913
Website: www.optumbank.com

If you choose to participate in the Consumer Choice Advantage Plan or the Consumer Choice Value Plan, Nebraska Medicine will initiate setup of an HSA (Health Savings Account) in your name at Optum Bank. Optum Bank will contact you directly if additional information is necessary. Once your account is open, you will receive a welcome packet followed by a debit card.

Approximately two months after your coverage effective date, Nebraska Medicine will deposit an employer contribution into your HSA based upon your plan selection and coverage tier, as long as you and your spouse (if applicable) have completed the wellbeing survey within 30 days of your date of hire. You can also begin contributing pre-tax dollars to it through automatic payroll deductions. These funds can be used to pay for qualified health care expenses for yourself, your legal spouse and your tax dependents (even if your spouse and dependents are not covered by the plan).

As long as you are employed with Nebraska Medicine and are enrolled on the Advantage or Value Medical plan, Nebraska Medicine will pay the monthly maintenance fees for your account.

Who is eligible to contribute an HSA?

An individual who meets ALL of the following criteria:

- Covered under an HSA eligible plan
- Not covered by another non-HSA plan
- Not enrolled in Medicare
- Not covered by a general purpose health care flexible spending account (including your spouse's)

What can HSA funds be used to cover?

Current or future qualified health care expenses (even if you are no longer employed by Nebraska Medicine). Some examples are as follows:

- Medical plan costs, including deductible and pharmacy
- Dental costs
- Vision costs

What can HSA funds not be used to cover?

Non-qualified expenses will be taxed along with a penalty if you use your HSA funds prior to age 65. Some examples are as follows:

- Optional cosmetic procedures
- Teeth Whitening
- Refer to www.IRS.gov/publications/p502 for additional information

How much will Nebraska Medicine contribute to my HSA Account?

Nebraska Medicine will make an annual HSA contribution, which will be prorated based on when your coverage becomes effective. This contribution is dependent upon colleague and spouse participation in the wellbeing survey within 30 days of hire.

NEBRASKA MEDICINE ANNUAL 2021 HSA CONTRIBUTIONS*		
	Consumer Choice Advantage w/ HSA	Consumer Choice Value w/ HSA
Employee Only	$500	$500
Employee + Spouse	$1,000	$1,000
Employee + Child(ren)	$1,000	$1,000
Family	$1,000	$1,000

*Colleagues will receive a prorated funding amount based on when coverage becomes effective. The IRS annual maximum contribution amount is also prorated based on the months you are enrolled in a High Deductible Health Plan (HDHP). To calculate your maximum contribution, divide the yearly allowable contribution by 12, then multiply the result by the number of months you are eligible during that tax year.

Nebraska Medicine

Prorated HSA Employer Funding Amount

VALUE AND ADVANTAGE PLAN				
COVERAGE EFFECTIVE DATE	EMPLOYEE ONLY	EMPLOYEE + CHILD(REN)	EMPLOYEE + SPOUSE*	FAMILY*
January	$500	$1,000	$1,000	$1,000
February	$375	$750	$750	$750
March	$375	$750	$750	$750
April	$375	$750	$750	$750
May	$250	$500	$500	$500
June	$250	$500	$500	$500
July	$250	$500	$500	$500
August	$125	$250	$250	$250
September	$125	$250	$250	$250
October	$125	$250	$250	$250
November**	$0	$0	$0	$0
December**	$0	$0	$0	$0

*This funding amount requires the employee and covered spouse to complete the wellbeing survey within 30 days of date of hire.

**Employees who become benefit eligible in November and December will need to complete their wellbeing survey within 30 days of date of hire for employer funding in the next calendar year.

How much can I contribute to my HSA?

You must be enrolled in the Consumer Choice Advantage with HSA or the Consumer Choice Value with HSA in order to make contributions. **You will need to consider Nebraska Medicine employer funding towards IRS Contribution limits.**

- 2021 annual contribution limit for individual coverage: $3,600
- 2021 annual contribution limit for family coverage: $7,200
- Additional catch-up contribution for those 55+: $1,000

Any unused HSA funds at the year's end will continue rolling over to the next year and will not count toward the annual contribution limit.

What are some additional benefits of an HSA?

- **Benefit from Tax Savings –** The money you contribute to your HSA is tax-deductible and can be used to pay for qualified health care expenses not only for yourself, but also for your spouse and tax dependents.
- **It's Your Money –** You own your HSA, so it's yours to keep. Money left in your account at the end of the year rolls over into the next year. Even if you change health plans or jobs, your HSA goes with you.
- **Plan For Tomorrow –** Your HSA is also a great way to save for future health care expenses. You can plan for health-related costs in your retirement by growing your HSA today. Watch your HSA grow with tax-free interest.

DENTAL

Administrator: MetLife
Customer Service: 800.942.0854
Website: www.metlife.com
Network: PDP Plus Network

Nebraska Medicine's dental plans use the MetLife Dental Preferred Provider Organization (PPO). Each time dental care is accessed, the eligible member can choose to visit a dentist, either in or out of the PPO network. A listing of all providers of the dental PPO is provided in the MetLife Dental Provider Directory, located online at **www.metlife.com**. The network is PDP Plus network. The dental summary illustrated below describes the Premium Plan and the Core Plan and how the benefits will be paid.

If the colleague chooses to use a PPO provider, he or she will pay a lower deductible and the remaining covered charges will be paid at a higher percentage by the dental plans. Also, when a PPO provider is used, the provider's office will complete the claim form.

MetLife is the claims administrator for the dental plans. The Summary Plan Description (SPD) is located on MyHR.

MetLife does not issue ID cards for dental or vision. In and out-of network providers will verify eligibility and benefits through Metlife. If you would like a MetLife ID card, you can go to metlife.com and print off an ID card once you register online.

See Summary Plan Description (SPD) booklet for complete details of all coverage. The Summary Plan Description is located on MyHR.

PREMIUM PLAN		
	IN-NETWORK	OUT-OF-NETWORK
DEDUCTIBLE		
Type A - Preventive and Diagnostic	$0	$0
Type B - Restorative	$50 per person	$100 per person
Type C - Major	Combined with B	Combined with B
COINSURANCE		
Type A - Preventive and Diagnostic	100%	80%
Type B - Restorative	80%	60%
Type C - Major	50%	50%
CALENDAR YEAR MAXIMUM	$1,500	$1,000
ORTHODONTIA		
Deductible (Lifetime)	$50 per person	$100 per person
Coinsurance	50%	50%
Maximum Lifetime Benefit	$2,000 per person	$1,000 per person

*Type A services do not apply toward calendar year maximum.

CORE PLAN		
	IN-NETWORK	OUT-OF-NETWORK
DEDUCTIBLE		
Type A - Preventive and Diagnostic	$0	$0
Type B - Restorative	$50 per person	$100 per person
Type C - Major	Combined with B	Combined with B
COINSURANCE		
Type A - Preventive and Diagnostic	100%	80%
Type B - Restorative	60%	50%
Type C - Major	40%	30%
CALENDAR YEAR MAXIMUM	$1,000	$500
ORTHODONTIA		
Deductible (Lifetime)	Not covered	Not covered
Coinsurance	Not covered	Not covered
Maximum Lifetime Benefit	Not covered	Not covered

*Type A services do not apply toward calendar year maximum.

Nebraska Medicine

Dental Benefit Coverage Highlights

Preventive and Diagnostic Services (Type A)

- Oral exams and cleanings twice in a calendar year
- Type A services do not apply toward calendar year maximum
- X-rays, but not more than one full-mouth series in any three consecutive calendar years and four supplemental bite-wing x-rays in a calendar year
- Fluoride treatment once each calendar year for covered persons up to age 17
- Space maintainers for children up to age 17
- Dental sealants for first and second permanent molars for children up to age 17 who have not received sealants for at least four years

Restorative Services (Type B)

- Extractions
- Fillings other than gold
- General anesthesia in connection with covered services when medically necessary
- Emergency treatment for the relief of dental pain
- Oral surgery
- Periodontic procedures
- Endodontic procedures such as root canals

Major Services (Type C)

- First placement of full or partial removable dentures, temporary dentures or fixed bridgework, including adjustments during the six-month period following placement
- Replacement of dentures or bridgework in specific situations
- Inlays and the first placement of crowns or replacement of crowns when the original was placed more than ten years ago
- Repair or re-cementing of crowns, inlays, bridgework or dentures

Orthodontic Services

- Orthodontic care, treatment services and supplies, except that no coverage is provided for orthodontia performed exclusively on primary teeth
- All covered persons are eligible

Dental Costs

COST PER PAY PERIOD		
	PREMIUM PLAN	CORE PLAN
Employee Only	$11.97	$8.98
Employee + Spouse	$25.14	$18.86
Employee + Child(ren)	$22.74	$17.06
Family	$35.91	$26.94

VISION

Administrator: MetLife
Customer Service: 855.638.3931
Website: www.metlife.com/vision
Network: PPO

Nebraska Medicine offers coverage for vision needs through MetLife. MetLife offers coverage for both preferred providers and out-of-network providers.

If you choose to utilize a MetLife provider, you will pay copays for most services and receive discounts on other services. In addition, when you visit a MetLife provider you do not need to file a claim as the provider will file the claim for you.

MetLife does not issue ID cards for dental or vision. In and out-of network providers will verify eligibility and benefits through Metlife. If you would like a MetLife ID card, you can go to metlife.com and print off an ID card once you register online.

VISION SUMMARY		
SERVICE	MEMBER COST	OUT-OF-NETWORK BENEFIT
Eye Exam	$10 copay	Up to $45
Frames	$150 Allowance, 20% off balance over $150 $85 Allowance for Costco, Walmart, and Sam's Club	Up to $70
STANDARD PLASTIC LENSES		
Single Vision	$10 copay	Up to $30
Bifocal	$10 copay	Up to $50
Trifocal	$10 copay	Up to $65
Lenticular	$10 copay	Up to $100
Standard Progressive	$10 copay	Up to $50
LENS OPTIONS		
Tint (Solid and Gradient)	$0	N/A
UV Coating	$0	N/A
Standard Scratch Resistance	$0	N/A
Standard Polycarbonate	$0	N/A
Standard Anti-Reflective	$45	N/A
Other Add-Ons and Services	20% off retail price	N/A
CONTACT LENSES (IN LIEU OF STANDARD PLASTIC LENSES)		
Conventional	$150 Allowance; balance over $150	Up to $105
Disposables	$150 Allowance; balance over $150	Up to $105
Medically Necessary	Paid in full after copay	Up to $210
Fit and Follow-up for Contact Lens	Up to $60	Not covered
LASIK AND PRK VISION CORRECTION PROCEDURES	**15% off retail or 5% off promotional pricing for preferred providers. Services are not covered at non-participating providers.**	

Frequency
Exams, Frames, Standard Plastic Lenses or Contact Lenses—One visit in a 12 month period

Vision Costs

COST PER PAY PERIOD	
Employee Only	$4.38
Employee + Spouse	$9.42
Employee + Child(ren)	$9.84
Family	$13.73

Nebraska Medicine

BASIC LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT

Basic life and accidental death & dismemberment (AD&D) insurance is provided to all full-time (.9 to 1.0 FTE) and part-time (.5 to less than .9 FTE) colleagues.

If, while covered under the AD&D portion, you are accidentally injured, you will be paid a benefit based on the nature of the loss. The maximum benefit is an amount equal to your basic life amount. Certain losses will pay the full amount of the maximum benefit, while others will pay a stated portion.

No action is required on your part to obtain this coverage. It is provided at no cost and is underwritten by Reliance Standard Life Insurance Company.

Benefits

Full-time	One times annual earnings*, as determined at the time of enrollment, rounded to next higher $1,000 to a maximum of $500,000.
Part-time	$10,000
Living Benefits Option	If the colleague is diagnosed with a terminal medical condition, the colleague is eligible to receive an accelerated payment of 80% of their basic life amount to a maximum amount of $500,000.

If the eligible colleague works past age 65, the amount of benefit will be reduced by a predetermined percentage.

*Earnings: Annual earnings excludes bonus, overtime pay or other special forms of compensation.

EMPLOYEE SUPPLEMENTAL TERM LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)

Eligible colleagues may choose to purchase supplemental term life insurance in addition to the employer-provided basic life Insurance. When you purchase supplemental term life coverage on yourself, it includes an equal amount of Accidental Death & Dismemberment (AD&D) coverage.

Enrollment in supplemental term life insurance and AD&D is permitted up to the guaranteed issue amount without evidence of insurability (EOI) when you are first eligible to participate or after a qualified life event. Enrollment must be completed within 30 days of when you are first eligible to participate or have a qualified event (date of hire/benefit eligibility or date of qualified event is day one). A colleague may apply for supplemental term life and AD&D insurance any time during the plan year, but evidence of insurability (EOI) will be required. The amount of coverage will not change during the year unless the colleague's employment status changes or additional coverage is approved. Additional or increased coverage will begin the first of the month following the EOI approval.

You must choose supplemental term life and AD&D coverage for yourself in order to purchase coverage for dependents. Amounts are available in addition to basic life amounts.

Benefits

Option 1	One times annual earnings* to a maximum of $600,000.
Option 2	Two times annual earnings* to a maximum of $600,000.
Option 3	Three times annual earnings* to a maximum of $600,000.
Guarantee Issue	$500,000 maximum amount of supplemental coverage that does not require additional proof of insurability when first eligible.
Living Benefits Option	If the covered colleague is diagnosed with a terminal medical condition, the colleague is eligible to receive an accelerated death benefit of 80 percent of their Supplemental Term Life amount to a maximum amount of $400,000.

*Earnings: Annual earnings excludes bonus, overtime pay or other special forms of compensation.

DEPENDENT SUPPLEMENTAL TERM LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)

When you purchase employee supplemental term life coverage, it includes an equal amount of accidental death & dismemberment (AD&D) coverage. You may elect supplemental term life and AD&D coverage for your spouse or eligible dependents. If your spouse or child(ren) are accidentally injured while covered under AD&D, you will be paid a benefit based on the nature of the loss. You may choose any of the options below as long as the insurance and/or AD&D amount does not exceed 50 percent of the amount selected by the colleague. If a spouse or child(ren) is also a colleague of Nebraska Medicine, they may not be added to your plan as a dependent. However, children can be covered by more than one colleague.

Benefits

	MINIMUM	MAXIMUM	
Spouse	$10,000	$250,000	Increments of $10,000 Guarantee Issue—$50,000
Child(ren) 14 days to 6 months	$500	$500	
Child(ren) six months to 26 years	$5,000	$10,000	

Supplemental Term Life and AD&D Costs

EMPLOYEE LIFE INSURANCE/AD&D	COST PER PAY PERIOD (DEPENDENT UPON AGE AND SALARY)
Spouse Life/AD&D Life and AD&D $10,000—$250,000	$0.16 per thousand
Child Life/AD&D Life and AD&D $5,000 Life and AD&D $10,000	 $0.18 $0.37

Please note that the premiums for this coverage must, by law, be paid with after-tax dollars.

Nebraska Medicine

BASIC SHORT-TERM DISABILITY

Nebraska Medicine will provide all colleagues (.5 FTE and above) a basic amount of Short-Term Disability (STD) Insurance at no cost.

Specifics

Definition of Disability
Disability means any physical or mental condition arising from a non-occupational illness, pregnancy, or injury which renders a participant incapable of performing the material duties of his or her regular job, or any reasonably related job. A colleague is also considered disabled when:

- he or she is ordered not to work by written order from a state or local health officer because he or she is infected with, or suspected of being infected with, a communicable disease; or
- he or she has been referred or recommended by competent medical authority to participate as a resident in either an alcohol abuse treatment program or drug abuse treatment program.

Amount of Insurance
60% of basic weekly earnings

Elimination Period
7 calendar days of missed work due to a qualified Short-Term Disability*

*A Participant is required to use available paid time off (PTO) during the elimination period for Short-Term Disability. Once a participant has satisfied the elimination period and has started to receive Short-Term Disability benefits, they will be required to supplement STD pay with any available Extended Illness Bank (EIB) hours. When EIB hours are exhausted or if the participant does not have any available EIB hours, they will be required to supplement the Short-Term Disability pay with PTO hours for the duration of the disability and/or during the FMLA and/or state leave of absence.

Maximum Weekly Benefit
N/A

Minimum Weekly Benefit
$25

BASIC LONG-TERM DISABILITY

Nebraska Medicine will provide all full-time (.9 to 1.0 FTE) colleagues a basic amount of Long-Term Disability (LTD) insurance at no cost. Part-time colleagues are not eligible for this basic amount.

Specifics

Definition of Disability
A colleague is considered disabled when:

- he or she is limited from performing the material and substantial duties of his/her regular occupation due to sickness or injuries; and
- he or she has a 20% or more loss in indexed monthly earnings due to the same sickness or injury.

Amount of Insurance
60% of basic monthly earnings*

Elimination Period
90 calendar days of missed work due to a qualified Long-Term Disability

Maximum Monthly Benefit
Lesser of $15,000 or 60% of basic monthly earnings

Minimum Monthly Benefit
Greater of $100 or 10% of basic monthly earnings

***Basic Monthly Earnings**
Excludes bonus, overtime pay or other special forms of compensation

Nebraska Medicine

SUPPLEMENTAL LONG-TERM DISABILITY

Full-time colleagues (.9 to 1.0 FTE) and part-time colleagues (.5 to .89 FTE) are eligible to participate in Supplemental Long-Term Disability (LTD) insurance. Supplemental LTD insurance pays an enhanced benefit of 66 $^{2}/_{3}$% of basic monthly earnings. Full-time colleagues may purchase 6 $^{2}/_{3}$% of disability coverage. Part-time colleagues may purchase the full 66 $^{2}/_{3}$% of disability coverage.

Specifics

Definition of Disability
A colleague is considered disabled when:

- he or she is limited from performing the material and substantial duties of his/her regular occupation due to sickness or injuries; and
- he or she has a 20% or more loss in indexed monthly earnings due to the same sickness or injury.

Amount of Insurance
66 $^{2}/_{3}$% of basic monthly earnings*

Elimination Period
90 calendar days of missed work due to a qualified Long-Term Disability

Maximum Monthly Benefit
Lesser of $15,000 or 66 $^{2}/_{3}$% of basic monthly earnings

Minimum Monthly Benefit
Greater of $100 or 10% of basic monthly earnings

***Basic Monthly Earnings**
Excludes bonus, overtime pay or other special forms of compensation

If you choose to purchase Supplemental Long-Term Disability coverage, you will pay the premium through biweekly payroll deductions. Please note that the premium for this coverage will be paid with after-tax dollars.

Enrollment in supplemental LTD insurance is permitted when the colleague is first benefit-eligible without evidence of insurability (EOI) approval. A colleague may apply for supplemental LTD insurance any time during the plan year, but EOI will be required.

Coverage will begin the first of the month following approval.

FLEXIBLE SPENDING ACCOUNTS (FSA)

Administrator: UMR
Customer Service: 866.868.0145
Website: www.umr.com

Under current tax law, a colleague may make pre-tax contributions (before taxes are computed) to pay for qualified expenses.

UMR is the administrator for processing claims and customer service for Nebraska Medicine's flexible spending accounts (FSA). Two flexible spending accounts are available under the program: one for health care expenses and another for dependent care expenses.

Colleagues who are enrolled in the Advantage or Value Medical Plans are not eligible to enroll in the Health Care FSA.

If you are enrolled in the Health Care Flexible Spending Account Plan you will receive a debit card.

Annual Election

The election the colleague makes will be in place from the effective date of the election through December 31 of the current calendar year. You may not make any changes to your election during the calendar year unless you have a qualified event. IRS regulations do not allow eligible colleagues to change elections simply because the colleague did not estimate reimbursable expenses accurately. In order to make a change in your elections due to a qualified event, a benefit change with appropriate documentation must be completed within 30 days (includes day of the event). The new election amount applies only to expenses incurred after the first of the month following the qualified event. IRS regulations require re-enrollment each year to participate in the FSA programs.

How Flexible Spending Accounts Work

During enrollment, you determine how much you wish to contribute to one or both FSAs each pay period. Each payday, the amount is deducted from your gross pay before taxes are computed.

As health care expenses are incurred throughout the year, participants can either pay at the time services are received and submit a claim for reimbursement, or they can use their FSA debit card to have the expenses paid directly from their account.

For daycare expenses, reimbursements cannot exceed the year-to-date amount withheld from the colleague's pay less any previous reimbursements. For health care expenses, reimbursement cannot exceed the colleague's projected annual contribution.

Employment Termination or Loss of Benefit Eligibility

If you terminate employment or cease to participate in the plan during the calendar year, your participation in the FSA accounts will terminate at the end of the month in which you are no longer eligible or stop making contributions. If there is a balance in the account, the colleague will be able to submit claims for reimbursement of eligible expenses incurred through the end of the month in which the colleague is no longer eligible. Claims must be submitted for reimbursement within 90 days after the colleague is no longer eligible to participate in the plan.

"Use It or Lose It" Rule

It is important to plan carefully. If the colleague does not incur eligible expenses equal to the amount of money elected for the FSAs during the year, **any remaining balances will be forfeited**. In addition, the colleague cannot use funds left in one account to reimburse expenses in the other account.

Nebraska Medicine

Direct Deposit of Reimbursement Payments

You have the option to have reimbursements automatically deposited into your personal bank account. This can be arranged by logging into the UMR website and setting up personal account information.

Annual Cutoff

Claims incurred during the current calendar year must be received by the Claims Administrator **no later than March 31 of the next calendar year** in order to receive reimbursement. These claims cannot be reimbursed out of the following year's funds.

FLEX DEBIT CARD

All colleagues who elect the health care FSA will automatically receive an FSA card. Each card is valid for five years.

The FSA card is a useful tool, similar to a debit card, which allows the cardholder to pay for eligible expenses with a simple swipe at a merchant payment terminal. By using the card, the cardholder avoids paying for a purchase with money out of pocket. However, because of the special tax status of the FSA contributions, IRS regulations will often require the colleague to submit the receipt of the purchase after the fact as proof of the eligibility of the expense. Save all itemized purchase receipts in the event that UMR conducts an audit and requests this information.

FSA cards can only be used at non-health care related merchant locations that have implemented an Inventory Information Approval System (IIAS). An IIAS recognizes whether an expense is eligible or ineligible for medical care under IRS 213 (d). The cards will be accepted at health care related merchants and service providers such as doctors, dentists, vision care centers and pharmacies. You will not be able to use your card at grocery stores, discount stores or any other retailer unless the retailer has implemented an IIAS. Please take time to review the "rules" of the FSA card once the card is received.

How to Request Reimbursement

If the FSA card is not being used, your claims submission options are:

- web submission (via www.umr.com)
- mail
- fax

Claim forms are available on MyHR.

For the health care FSA, the colleague will need to attach itemized bills and explanation of benefits from the insurance company.

For the dependent care FSA, the colleague should attach a receipt for the dependent care services. If the colleague does not have a receipt for daycare expenses, the care provider must sign the claim form. Payment of all claims is administered by a third-party claims administrator. Claim forms may be mailed, faxed, or filed online. Information on how to file claims is on MyHR.

Nebraska Medicine

HEALTH CARE FLEXIBLE SPENDING ACCOUNT

Under the plan, the colleague will only be reimbursed for eligible health care expenses. To find additional information, refer to the UMR website. A link can be found on MyHR.

The expenses are incurred for services rendered after the effective date of this election and during the calendar year to which it applies.

If you are enrolled in a Health Savings Account, you will receive a debit card.

DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT

Under the plan, colleagues will only be reimbursed for eligible dependent care expenses meeting all of the following conditions. To find additional information refer to the UMR website. A link can be found on MyHR.

The expenses must be incurred to enable the colleague to be gainfully employed. The expenses must be incurred for services rendered after the date of the election and during the calendar year to which it applies.

Health Care FSA Maximum Annual Contribution—$2,750

Federal Tax Deduction vs. Health Care FSA

Current tax law allows you to deduct certain non-covered medical and dental expenses on your income tax return. You may wish to consult your personal tax advisor to determine whether you wish to participate in the health care FSA or to claim a tax deduction for the medical expenses.

Dependent Care FSA Maximum Annual Contribution—$5,000

Federal Tax Deduction vs. Dependent Care FSA

Under current tax law, the colleague may be eligible to receive a tax credit for daycare costs. The credit may be used instead of the dependent care FSA. You may wish to consult with your personal tax advisor before choosing to participate in the dependent care FSA.

Nebraska Medicine

VOLUNTARY BENEFITS

Providing coverage in key benefit areas, voluntary benefits offer additional financial security. The premiums are payable through the convenience of payroll deduction. You can customize your coverage by choosing from a range of plans that offer a combination of benefits and features, helping to secure your insurance needs.

Auto and Home Insurance

The Auto and Home Insurance program allows you to receive no-obligation quotes from MetLife, a nationally recognized, quality provider. Special group discounts are available on auto and home insurance and many other policies such as: condo coverage, renters insurance and coverage for your RV, just to name a few. Convenient payroll deductions are also available which allows for additional discounted rates.

Pet Insurance

From wellness visits for vaccinations and flea control, to medical coverage for accidents and illnesses, procedures, x-rays and more, pet insurance is the smart way to protect your pet's health.

To enroll in Pet Insurance or Auto and Home Insurance, call **800.438.6388** or go to **www.metlife.com/nebraskamedicine**.

MetLife Legal Plan

MetLife Legal Plan – Provides you, your spouse and dependents with covered legal services from attorneys experienced in estate planning documents, civil suit, adoption, identity theft issues and much more. You can consult with an attorney by phone or in person.

MetLife Legal plus Fraud Scout Plan – Includes the MetLife Legal coverage plus identity monitoring and protection services through CyberScout, LLC. FraudScout is an integrated platform that goes beyond simple credit monitoring to provide comprehensive fraud and credit monitoring services couples with 24/7 dedicated support.

Additional information and a list of covered services is available on MyHR under MyBenefits. Your enrollment election remains in effect for the entire benefit plan year as long as you remain benefit eligible. Please note that the MetLife Legal Plan coverage cannot be dropped mid-year, even if you have a qualifying life event change. Coverage can be dropped or changed during the next annual enrollment period.

For more information, visit **info.legalplans.com** and enter access code: 9902376 for MetLife Legal or 9902378 for Metlife Legal plus FraudScout, or call our Client Service Center at **1.800.821.6400**

Accident Insurance - Unum

Designed to supplement employer-sponsored health coverage, accident insurance pays specific benefit amounts for expenses resulting from on and off the job-related injuries or accidents. Hospitalization, physical therapy, intensive care, fractures, and dislocations are some of the out-of-pocket expenses that this accident insurance could cover. Coverage is available for colleagues, colleague's spouse and/or colleague's child(ren).

Critical Illness Insurance - Unum

Critical illness insurance can help supplement major medical coverage by helping you pay the out-of-pocket costs associated with a critical illness or event. Conditions covered under this program can include cancer, heart attack, stroke, major organ failure and kidney failure. The coverage also includes an annual health screening benefit. Benefits are paid tax-free in a lump sum. Coverage is available for colleagues, colleague's spouse and/or colleague's child(ren).

Hospital Indemnity Insurance - Unum

Hospital Indemnity Insurance is designed to help provide financial protection for covered individuals by paying a benefit due to hospitalization. Colleagues can use the benefit to meet the out-of-pocket expenses and extra bills that can occur. Indemnity lump sum benefits are paid directly to you based on the amount of coverage listed, regardless of the actual cost of treatment. The option of electing spouse and/or dependent coverage is also available.

Whole Life Insurance - Unum

Whole life insurance protects your family for an entire lifetime. At an affordable premium, a colleague can have the added financial protection the colleague and the colleague's family may need during times of uncertainty. In addition to providing death benefits, the policy can build cash value, which can be used during a colleague's working years. As long as your premium continues to be paid, the rate is guaranteed to never increase and the benefit can never decrease. Coverage is available for colleagues, colleague's spouse and/or colleague's child(ren).

All UNUM plans listed above may require evidence of insurability (EOI). Please visit with a Benefit Communication Specialist (BCS) for any questions.

Nebraska Medicine

TUITION ASSISTANCE AND CERTIFICATION ASSISTANCE

Colleagues who are a .5 FTE or greater, are in good standing at the time of payment and who have a minimum of six months of service at the time of payment are eligible for tuition assistance for college credit classes. Full-time employees are eligible for up to $5,000 per calendar year in tuition reimbursement and part-time employees are eligible for up to $2,500 in reimbursement. Reimbursement may be used for colleague's own tuition and course fees.

For each tuition assistance payment, a one-year retention agreement will be required from the receiving colleague. A tuition assistance application is available on MyHR. A colleague must complete the application, and submit it to the HR Service Center within 90 days of the course completion along with a copy of his/her grades, a financial statement and retention agreement to receive the reimbursement. Only one retention agreement is needed per calender year.

The reimbursement will be added to the colleague's paycheck after it's been approved and processed. The retention agreement's one year term begins on the date of the paycheck including the reimbursement payment.

Nebraska Medicine also offers full-time and part-time (.5 FTE or greater) colleagues assistance with the cost of certifications in their field of specialization. You are eligible to receive up to $500 annually in reimbursement for taking and passing a certification exam. You must meet specific criteria to be eligible for the certification exam reimbursement.

Please refer to the Tuition Assistance policy for more details about the program.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Nebraska Medicine offers an Employee Assistance Program (EAP) through Arbor Family Counseling. Many of life's problems can be resolved with counseling assistance from the Employee Assistance Program. All colleagues and their family members receive five free sessions per incident. Getting the help you need is simple. You can call EAP 24 hours a day, 7 days a week to reach a professional counselor who can help with any life's problem such as:

- Stress
- Depression
- Relationships
- Domestic abuse
- Parenting
- Kids/adolescents
- Wellness
- Anxiety
- Grief
- Conflict
- Drug/alcohol abuse
- Divorce
- Anger
- Trauma
- Blended family

Assistance for other personal, family, financial or legal issues is also available. We offer a broad range of solutions for your everyday work/life problems. These include:

- Debt restructuring or financial information
- Legal referrals
- Childcare or eldercare
- Wellness or health referrals
- Living transitions issues
- Referrals tor college-age dependents
- Coaching to improve work skills

Getting the help you need

Getting the help you need is simple. You can call EAP 24 hours a day, 7 days a week to reach a professional counselor.

- Identity yourself as a Nebraska Medicine employee or family member
- Speak with a case manager or a counselor
- An appointment will be arranged
- Referrals will be made as necessary

For more information, you can contact Arbor Family Counseling directly:
402.330.0960 | 800.922.7379 Arborfamilycounseling.com

Nebraska Medicine

TIME OFF PROGRAMS

Time away from work is something we all enjoy and need in order to balance our professional and private lives. Since our needs for time off are as varied as our lifestyles, Nebraska Medicine has implemented a paid leave plan that allows each individual colleague flexibility in scheduling time off.

Eligibility

All full-time (.9 FTE or greater) and eligible part-time (.5 to less than a .9 FTE) colleagues may accrue paid time off benefits.

Paid Time Off

The paid time off (PTO) bank gives eligible colleagues paid work hours that may be used for vacation, personal sick, family care and personal time to do the things they enjoy. The colleague decides how to use his/her earned PTO.

Accrual

Colleagues begin to accrue PTO benefits upon employment in, or transfer to, an eligible employment category. Colleagues will accrue PTO benefits each pay period.

	FULL-TIME COLLEAGUES	
YEARS OF SERVICE	ACCRUED PER PAY PERIOD	ACCRUED PER YEAR
0 to 5	6.15	160
5+ to 10	7.08	184
10+ to 20	8.31	216
20+	9.23	240

	PART-TIME COLLEAGUES	
YEARS OF SERVICE	ACCRUED PER PAY PERIOD	ACCRUED PER YEAR
0 to 5	0.0654	136
5+ to 10	0.0769	160
10+ to 20	0.0885	184
20+	0.1038	216

Maximum PTO hours Allowed in Bank: 320

Once the maximum limit of hours has been reached, no further accrual of PTO will occur until the balance falls below the maximum. Colleagues are responsible for monitoring their PTO accruals and initiating appropriate action to keep accruals below the maximum level.

Recognized Holidays

Nebraska Medicine recognizes six holidays each year. Colleagues will receive time off pay or holiday pay on these designated holidays. The holiday hours are a separate benefit and are not included in the colleague's PTO bank. Upon employment, all full-time (.9 FTE or greater) and part-time (.5 to less than .9 FTE) colleagues are eligible for holiday benefits. Full-time colleagues (.9 FTE to 1.0 FTE) receive eight hours and part-time colleagues (.5 FTE to less than .9 FTE) will receive four hours.

New Year's Day	January 1
Memorial Day	Last Monday in May
Independence Day	July 4
Labor Day	First Monday in September
Thanksgiving Day	Fourth Thursday in November
Christmas Day	December 25

Nebraska Medicine

CONTACT INFORMATION

Colleagues can contact the following for questions:

BENEFIT	ADMINISTRATOR	PHONE	WEBSITE/EMAIL
Medical Plans	UMR	800.826.9781	www.umr.com
Health Reimbursement Account	UMR	800.826.9781	www.umr.com
Health Savings Account	Optum Bank	866.234.8913	www.optumbank.com
Navigate Wellbeing Solutions	Empower	888.282.0822	info@navigatewell.com
Dental Plan	MetLife	800.942.0854	www.metlife.com
Vision Plan	MetLife	855.638.3931	www.metlife.com/vision
Life Insurance	Reliance Standard Life Insurance Co.	800.351.7500	customercare.rsli.com
Long-Term Disability Plans	Reliance Standard Life Insurance Co.	800.351.7500	customercare.rsli.com
Short-Term Disability	Matrix Absence Management	877.202.0055	www.matrixabsence.com
Flexible Spending Account (FSA)	UMR	866.868.0145	www.umr.com
Arbor Family Counseling	—	402.330.0960 or 800.922.7379	www.arborfamilycounseling.com
Nebraska Medicine Internal Contacts	Please contact the HR Service Center at 402.552.6947 for any additional information.		
MetLife: Auto, Home, Pet	MetLife	800.438.6388	www.metlife.com/nebraskamedicine
MetLife Legal Plans	MetLife	800.821.6400	info.legalplans.com

Nebraska Medicine

For more information, contact:
HR Service Center Benefits Department
Nebraska Medicine
402.552.6947

IMPORTANT NOTICES CONCERNING YOUR COLLEAGUE BENEFITS 2021

CHANGES IN ENROLLMENT

Annual Enrollment
The annual enrollment for Medical, Dental, Vision and Flexible Spending Accounts takes place each year for a January 1 effective date. You and your eligible dependents may enroll during the annual enrollment period.

NOTICE OF YOUR HIPAA SPECIAL ENROLLMENT RIGHTS

Loss of Other Coverage: If you are declining enrollment for yourself and/or your dependents (including your spouse) because of other health insurance coverage or group health plan coverage, you may be able to enroll yourself and/or your dependents in this plan if you or your dependents lose eligibility for that other coverage or if the employer stops contributing towards your or your dependent's coverage. To be eligible for this special enrollment opportunity you must request enrollment within 30 days after your other coverage ends or after the employer stops contributing towards the other coverage.

New Dependent as a Result of Marriage, Birth, Adoption or Placement for Adoption: If you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and/or your dependent(s). To be eligible for this special enrollment opportunity you must request enrollment within 30 days after the marriage, birth, adoption or placement for adoption.

Termination of Medicaid or Children's Health Insurance Program (CHIP) Coverage: If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

Eligibility for Employment Assistance under Medicare or CHIP: If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

All questions about Special Enrollment should be directed to MyHR at 402.552.6947.

CHANGES IN YOUR PRE-TAX BENEFIT ELECTIONS

The following benefits are offered on a pre-tax basis: Medical, Dental, Vision and Flexible Spending Accounts.

If your premiums are deducted from your pay on a pre-tax basis, IRS regulations only allow you to change your benefit elections effective January 1 unless you have a qualifying status change. Examples of changes in status include: changes in legal marital status, number of dependents, employment for you or your dependent, number of hours worked, eligibility of your dependent, entitlement to Medicare or Medicaid, or a spouse's annual enrollment.

Any mid-year change in election must be consistent with and because of the qualifying status change. You must notify the HR Service Center within 30 days for most changes in status (within 60 days of loss of Medicaid or CHIP coverage or becoming eligible for premium assistance under Medicaid or CHIP).

If your employment ends and you are rehired within 30 days, the pre-tax elections in effect at the time of your termination will be reinstated. This means that any pre-tax premium payments and contributions will be automatically put back into effect. If you are rehired more than 30 days after terminating employment, you may reinstate your previous elections or you may make new elections.

Consult the HR Service Center for more information concerning when you can change your pre-tax benefit elections.

AUTOMATIC PAYMENT OF PREMIUMS ON A PRE-TAX BASIS

When you elect Medical, Dental, Vision and Flexible Spending Account coverage, the premiums are automatically deducted from your wages on a pre-tax basis. If you do not want your wages reduced on a pre-tax basis, contact The HR Service Center in writing on or before your initial eligibility date or before the start of the plan year on January 1 to request to pay the premiums on an after-tax basis. Plan elections and pre-tax premium deductions (including any increases in premium) will automatically carry over for subsequent years unless changed.

Nebraska Medicine will provide you with information on the current premium amounts for each plan. If you need to know your current plan elections, contact the HR Service Center.

WOMEN'S HEALTH AND CANCER RIGHTS ACT (WHCRA)

On October 21, 1998 Congress passed a bill called the Women's Health and Cancer Rights Act. This law requires group health plans that provide coverage for mastectomy to provide coverage for certain reconstructive services. These services include:

- All states of reconstruction of the breast on which the mastectomy was performed
- Surgery/reconstruction of the other breast to produce a symmetrical appearance
- Prostheses
- Physical complications during all stages of mastectomy, including lymphedemas

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the plan. Therefore, the group health plan's deductibles and coinsurance apply.

If you have questions about the current plan coverage, please contact MyHR at 402.552.6947.

NEWBORNS' ACT DISCLOSURE

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section.

However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable).

In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

AVAILABILITY OF HIPAA NOTICE OF PRIVACY PRACTICES

Nebraska Medicine Group Health and Welfare and Dental Plan

Protecting Your Health Information Privacy Rights

Nebraska Medicine is committed to the privacy of your health information. The administrators of the Nebraska Medicine Group Health and Welfare and Dental Plan (the "Plan") use strict privacy standards to protect your health information from unauthorized use or disclosure.

The Plan's policies protecting your privacy rights and your rights under the law are described in the Plan's Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting MyHR at 402.552.6947.

IMPORTANT NOTICE FROM NEBRASKA MEDICINE ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Nebraska Medicine (the Group) and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. The Group has determined that the prescription drug coverage offered by the Nebraska Medicine Group Health and Welfare and Dental Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?
You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?
If you decide to join a Medicare drug plan, your current coverage with the Group may be affected.

If you do decide to join a Medicare drug plan and drop your current Group coverage, be aware that you and your dependents may not be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?
You should also know that if you drop or lose your current coverage with the Group and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage…
Contact the person listed below for further information. NOTE: You'll get this notice each year before the next period you can join a Medicare drug plan, and if this coverage through the Group changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage…
More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For More Information About Medicare Prescription Drug Coverage:
- Visit www.medicare.gov.
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.
- Call 800.MEDICARE (800.633.4227). TTY users should call 877.486.2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 800.772.1213 (TTY 800.325.0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	January 1, 2021
Name of Entity:	Nebraska Medicine
Contact:	MyHR
Address:	988139 Nebraska Medical Center Omaha, NE 68198
Phone Number:	402.552.6947

Nebraska Medicine

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a state listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are **not** currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 877.KIDS.NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 866.444.EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2020. Contact your state for more information on eligibility.

ALABAMA – Medicaid
http://myalhipp.com 855.692.5447
ALASKA – Medicaid
The AK Health Insurance Premium Payment Program http://myakhipp.com/ | 866.251.4861 CustomerService@MyAKHIPPcom Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx
ARKANSAS – Medicaid
http://myarhipp.com 855.MyARHIPP (855.692.7447)
CALIFORNIA – Medicaid
https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx 916.440.5676
COLORADO – Medicaid and CHIP
Health First Colorado (Colorado's Medicaid Program) https://www.healthfirstcolorado.com Member Contact Center: 800.221.3943 | State Relay 711 Child Health Plan Plus (CHP+) https://www.colorado.gov/pacific/hcpf/child-health-plan-plus Customer Service: 800.359.1991 | State Relay 711 Health Insurance Buy-In Program (HIBI) https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 855.692.6442
FLORIDA – Medicaid
www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html 877.357.3268
GEORGIA – Medicaid
https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp 678.564.1162, ext. 2131

INDIANA – Medicaid
Healthy Indiana Plan for low-income adults 19-64 http://www.in.gov/fssa/hip/ | 877.438.4479 All other Medicaid http://www.indianamedicaid.com | 800.403.0864
IOWA – Medicaid and CHIP (Hawki)
Medicaid: https://dhs.iowa.gov/ime/members | 800.338.8366 Hawki: http://dhs.iowa.gov/Hawki | 800.257.8563
KANSAS – Medicaid
http://www.kdheks.gov/hcf/default.htm 800.792.4884
KENTUCKY – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx 855.459.6328 | KIHIPPPROGRAM@ky.gov KCHIP: https://kidshealth.ky.gov/Pages/index.aspx | 877.524.4718 Medicaid: https://chfs.ky.gov
LOUISIANA – Medicaid
www.medicaid.la.gov or www.ldh.la.gov/lahipp 888.342.6207 (Medicaid hotline) or 855.618.5488 (LaHIPP)
MAINE – Medicaid
Enrollment: http://www.maine.gov/dhhs/ofi/public-assistance/index.html 800.442.6003 | TTY: Maine relay 711 Private Health Insurance Premium: https://www.maine.gov/dhhs/ofi/applications-forms 800.977.6740 | TTY: Maine relay 711
MASSACHUSETTS – Medicaid and CHIP
http://www.mass.gov/eohhs/gov/departments/masshealth 800.862.4840
MINNESOTA – Medicaid
https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp 800.657.3739

Nebraska Medicine

MISSOURI – Medicaid
http://www.dss.mo.gov/mhd/participants/pages/hipp.htm 573.751.2005
MONTANA – Medicaid
http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP 800.694.3084
NEBRASKA – Medicaid
http://www.ACCESSNebraska.ne.gov Phone: 855.632.7633 | Lincoln: 402.473.7000 | Omaha: 402.595.1178
NEVADA – Medicaid
http://dhcfp.nv.gov 800.992.0900
NEW HAMPSHIRE – Medicaid
https://www.dhhs.nh.gov/oii/hipp.htm 603.271.5218 | Toll-Free:800.852.3345, ext. 5218
NEW JERSEY – Medicaid and CHIP
Medicaid: http://www.state.nj.us/humanservices/dmahs/clients/medicaid 609.631.2392 CHIP: http://www.njfamilycare.org/index.html 800.701.0710
NEW YORK – Medicaid
https://www.health.ny.gov/health_care/medicaid/ 800.541.2831
NORTH CAROLINA – Medicaid
https://medicaid.ncdhhs.gov/ 919.855.4100
NORTH DAKOTA – Medicaid
http://www.nd.gov/dhs/services/medicalserv/medicaid 844.854.4825
OKLAHOMA – Medicaid and CHIP
http://www.insureoklahoma.org 888.365.3742
OREGON – Medicaid
http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html 800.699.9075

PENNSYLVANIA – Medicaid
https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx 800.692.7462
RHODE ISLAND – Medicaid and CHIP
http://www.eohhs.ri.gov 855.697.4347 or 401.462.0311 (Direct RIte Share Line)
SOUTH CAROLINA – Medicaid
http://www.scdhhs.gov 888.549.0820
SOUTH DAKOTA – Medicaid
http://dss.sd.gov 888.828.0059
TEXAS – Medicaid
http://gethipptexas.com 800.440.0493
UTAH – Medicaid and CHIP
Medicaid: https://medicaid.utah.gov CHIP: http://health.utah.gov/chip 877.543.7669
VERMONT – Medicaid
http://www.greenmountaincare.org 800.250.8427
VIRGINIA – Medicaid and CHIP
https://www.coverva.org/hipp/ Medicaid: 800.432.5924 CHIP: 855.242.8282
WASHINGTON – Medicaid
https://www.hca.wa.gov/ 800.562.3022
WEST VIRGINIA – Medicaid
http://mywvhipp.com/ 855.MyWVHIPP (855.699.8447)
WISCONSIN – Medicaid and CHIP
https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm 800.362.3002
WYOMING – Medicaid
https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ 800.251.1269

To see if any other states have added a premium assistance program since July 31, 2020, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
866.444.EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
877.267.2323, Menu Option 4, Ext. 61565

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This benefit summary prepared by

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Insurance | Risk Management | Consulting