

20 BENEFITS 27 GUIDE

Nebraska Medicine

Dear Valued Colleague,

We are happy to provide you with this Benefits Guide to summarize your benefits for the 2027 plan year.

Last year's choices were right for last year's life. Annual Enrollment is your chance to pause, think about what has changed for you and your family, and choose the benefits that fit the year ahead.

This document is not just an enrollment guide; it is a resource for you and your family to use throughout the year. Inside you will find a summary of each benefit plan and helpful tips you may not have known about in the past. This guide is designed to break down the insurance benefits to help you make an informed decision regarding the selection and management of the services and benefits provided to you as a colleague of Nebraska Medicine.



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Important Notice to Colleagues:

This Benefit Guide provides a general description of the various benefits available to you through the Nebraska Medicine Colleague Benefits program. The details of these plans and policies are contained in the official plan and policy documents.

This guide is meant only to cover the major points of each plan or policy, for illustrative purposes only. It does not contain all of the facts regarding coverage, limitations, or exclusions that are contained in the policy documents. In the event of a conflict between the information in this guide and the formal policy documents, the formal documents will govern.

Summary of Benefits & Coverage (SBC) Notice

Your federally required Summary of Benefits and Coverage (SBC) documents for all offered medical plan options are available online. In the following pages you will find simpler, easy-to-understand plan summaries which provide a general description of the various benefits available to you through the Nebraska Medicine Colleague Benefits Program.

To access your SBCs you may scan or click the QR code below with your phone.

If you would prefer a printed copy, please contact Total Rewards.



Eligibility

For You

All full-time colleagues working an average of 36 hours per week are eligible to enroll in benefits. For specific details, please refer to the plan documents.

Part-time colleagues scheduled at 0.5 to 0.89 FTE (full-time equivalent) are also eligible for medical, dental and vision coverage at part-time rates, and for basic life, supplemental life, voluntary AD&D (accidental death and dismemberment) and long-term disability insurance.

New full-time colleagues' benefits for all lines of coverage will begin on the first of the month on or after your date of hire, if you enroll within 30 days.

For Your Family

Legislation regulates eligibility requirements for dependent coverage on medical plans. It is important for everyone to understand what constitutes eligibility and what the implications could be for not following the eligibility guidelines.

Examples of eligible dependents include:

- Legal spouse
- Children under age 26
- Children under your legal guardianship or a Qualified Medical Child Support Order
- Totally disabled children age 26 or older who meet the plan's rules

Dependent Coverage

When you first enroll, and/or if you change coverage mid-year due to a qualifying event, you may be asked to provide the applicable documents from the following list:

Spouse Verification Documentation:

Marriage certificate

Child Verification Documentation:

Birth certificate, adoption papers, or court order for legal guardianship

You can provide these documents to the People Service Center.

Enrollment

When can I apply for my benefits?

- During your initial new hire eligibility period
- During the annual open enrollment period
- Within 30 days of a qualified life event

Mid-Year Enrollment Changes – Section 125 Cafeteria Plan

Colleagues receive the tax benefits of a Section 125 Cafeteria Plan. This plan allows you to pay for your colleague benefits on a pre-tax basis to be deducted from your paycheck.

When you elect to pay for these authorized benefits pre-tax, you save because you are paying less in taxes. You do not pay federal income or Social Security taxes on these designated benefit dollars. Therefore, you lower your taxable income. This will allow you to take home more of your paycheck, decreasing the net cost of the benefit you are purchasing.

! IRS (Internal Revenue Service) rules say that benefit choices cannot be changed in the middle of a plan year unless you experience a qualifying life event.

Changes must be reported within 30 days of the actual event.

Some common qualifying events may include:

- Marriage, divorce or death of a spouse
- Birth, adoption or change in legal custody
- Loss of other coverage
- Change in Medicare or Medicaid entitlement
- Family and medical leave (FMLA) or military leave

To determine if any of these apply to you, please check with your Human Resources representative.

Please Note:

The IRS does not consider financial hardship a qualifying event to drop coverage.



Access Workday to Enroll

2027 ANNUAL ENROLLMENT

November 2–16, 2026

Annual Enrollment runs November 2 through November 16, 2026. You will make your 2027 elections in Workday.

Before you enroll, review what you chose last year, check your providers' tiers on umr.com, and think about what you want to set aside in an HSA or FSA. FSA elections do not carry over, so you must re-elect them each year.

If you would like help, our Benefit Specialists offer virtual appointments and walk-in sessions. You can schedule a visit at go.oncehub.com/nebraskamedicine, and find SBCs and enrollment steps on the Benefits Hub at nebraskamed.com/internal-careers/benefits.

If you have any questions about this information or need any assistance, please contact the People Service Center at 402-552-6947 or email MyHR@nebraskamed.com, or book a Benefit Specialist appointment at go.oncehub.com/nebraskamedicine.

Scan or click the QR code for step-by-step instructions on how to enroll on Workday



What you will pay bi-weekly

UMR

Effective January 1, 2027

Your share is deducted from your pay every two weeks (26 paychecks a year).

Medical insurance premiums are deducted from your pre-tax pay. This means that you are paying for your medical insurance before any of the federal, state, and other taxes are deducted.

PPO Plan						
	Full-Time, Colleague Premium	Full-Time, Well-Being Rate	Full-Time, Employer Premium	Part-Time, Colleague Premium	Part-Time, Well-Being Rate	Part-Time, Employer Premium
Colleague Only	$86.92	$66.92	$323.08	$130.39	$110.39	$279.62
Colleague + Spouse	$182.87	$152.87	$637.14	$274.31	$244.31	$545.69
Colleague + Child(ren)	$166.89	$136.89	$624.42	$250.32	$220.32	$540.99
Colleague + Family	$262.85	$232.85	$1,012.27	$394.26	$364.26	$880.85

Consumer Choice Advantage HDHP				
	Full-Time, Colleague Premium	Full-Time, Employer Premium	Part-Time, Colleague Premium	Part-Time, Employer Premium
Colleague Only	$64.71	$332.88	$97.07	$300.53
Colleague + Spouse	$134.43	$660.77	$201.64	$593.54
Colleague + Child(ren)	$122.82	$643.15	$184.22	$583.13
Colleague + Family	$192.53	$1,043.99	$288.77	$947.74

Consumer Choice Value HDHP				
	Full-Time, Colleague Premium	Full-Time, Employer Premium	Part-Time, Colleague Premium	Part-Time, Employer Premium
Colleague Only	$43.32	$342.44	$64.98	$320.79
Colleague + Spouse	$95.31	$676.21	$142.97	$628.54
Colleague + Child(ren)	$86.64	$657.87	$129.98	$614.54
Colleague + Family	$138.64	$1,061.07	$207.96	$991.75

What you will pay bi-weekly

MetLife

Effective January 1, 2027

Premium Dental		
	Colleague Premium	Employer Premium
Colleague Only	$15.64	$5.21
Colleague + Spouse	$32.87	$10.96
Colleague + Child(ren)	$29.72	$9.91
Colleague + Family	$46.94	$15.65

Core Dental		
	Colleague Premium	Employer Premium
Colleague Only	$10.54	$3.51
Colleague + Spouse	$22.13	$7.38
Colleague + Child(ren)	$20.02	$6.67
Colleague + Family	$31.61	$10.53

Vision	
	Colleague Premium
Colleague Only	$4.17
Colleague + Spouse	$8.95
Colleague + Child(ren)	$9.34
Colleague + Family	$13.04

PPO Plan

UMR | www.umr.com | 1-800-207-3172

Scan or click to access your detailed PPO Plan Benefit Summary

What you pay toward your deductible in one tier also counts toward the others. Preventive care is covered at 100%. Out-of-network care is not covered, except emergencies.

Benefits Summary			
	Tier 1	**Tier 2**	**Tier 3**
In-network benefits			
Deductible (Individual / Family)	$1,200 / $3,600	$3,000 / $6,000	$5,000 / $10,000
Out-of-Pocket Maximum (Individual / Family)	$4,800 / $10,800	$5,400 / $11,400	$6,000 / $12,000
Coinsurance (you pay)	15% coinsurance	20% coinsurance	30% coinsurance
Physician office visits			
Primary Care / Specialist Visit	$30 / $60 copay	$40 / $90 copay	$60 / $120 copay
Preventive Care	No charge	No charge	No charge
Diagnostic tests and imaging			
Diagnostic Test (x-ray, blood work)	No charge in an office; 15% coinsurance outpatient	No charge in an office; 20% coinsurance outpatient	No charge in an office; 30% coinsurance outpatient
Imaging (CT/PET scans, MRIs)	15% coinsurance	20% coinsurance	30% coinsurance
Hospital services			
Outpatient Surgery (facility)	15% coinsurance	20% coinsurance	30% coinsurance
Inpatient Hospital Stay (facility)	15% coinsurance	20% coinsurance	30% coinsurance
Emergency Room	$500 copay	20% coinsurance	20% coinsurance
Urgent Care	$50 copay	$100 copay	$150 copay
Mental health and substance use			
Outpatient Services	$30 copay office visits; 15% coinsurance other services	$40 copay office visits; 20% coinsurance other services	$60 copay office visits; 30% coinsurance other services
Inpatient Services	15% coinsurance	20% coinsurance	30% coinsurance
Prescription drugs (Tier 1 = Nebraska Medicine Pharmacies; Tier 2 and 3 = other in-network pharmacies)			
Generic	$10 copay	$20 copay	$20 copay
Preferred Brand	$40 copay	20% coinsurance	20% coinsurance
Non-Preferred Brand	$60 copay	20% coinsurance	20% coinsurance
Specialty	10% coinsurance (Nebraska Medicine Pharmacies only)	10% coinsurance (Nebraska Medicine Pharmacies only)	10% coinsurance (Nebraska Medicine Pharmacies only)
90-Day Supply	90 days for the cost of 60 for most medications at Nebraska Medicine Pharmacies	90 days for the cost of 60 for most medications at Nebraska Medicine Pharmacies	90 days for the cost of 60 for most medications at Nebraska Medicine Pharmacies

Consumer Choice Advantage HDHP

UMR | www.umr.com | 1-800-207-3172

Scan or click to access your detailed Consumer Choice Advantage HDHP Benefit Summary

A high-deductible health plan (HDHP) that lets you save in a Health Savings Account (HSA). Every cost below except preventive care applies after you meet the deductible. What you pay toward your deductible in one tier also counts toward the others. Preventive care is covered at 100%. Out-of-network care is not covered, except emergencies.

Benefits Summary			
	Tier 1	**Tier 2**	**Tier 3**
In-network benefits			
Deductible (Individual / Family)	$3,500 / $7,000	$3,500 / $7,000	$6,000 / $12,000
Out-of-Pocket Maximum (Individual / Family)	$6,000 / $12,000	$7,000 / $13,000	$8,000 / $15,000
Coinsurance (you pay)	10% coinsurance	20% coinsurance	40% coinsurance
Physician office visits			
Primary Care / Specialist Visit	No charge after deductible	20% after deductible	40% after deductible
Preventive Care	No charge	No charge	No charge
Diagnostic tests and imaging			
Diagnostic Test (x-ray, blood work)	No charge after deductible in an office; 10% coinsurance outpatient	20% coinsurance	40% coinsurance
Imaging (CT/PET scans, MRIs)	No charge after deductible in an office; 10% coinsurance outpatient	20% coinsurance	40% coinsurance
Hospital services			
Outpatient Surgery (facility)	10% coinsurance	20% coinsurance	40% coinsurance
Inpatient Hospital Stay (facility)	10% coinsurance	20% coinsurance	40% coinsurance
Emergency Room	10% coinsurance	20% coinsurance	20% coinsurance
Urgent Care	No charge after deductible	20% coinsurance	40% coinsurance
Mental health and substance use			
Outpatient Services	No charge after deductible office visits; 10% coinsurance other services	20% coinsurance	40% coinsurance
Inpatient Services	10% coinsurance	20% coinsurance	40% coinsurance
Prescription drugs			
Generic, Preferred and Non-Preferred Brand	20% after deductible	20% after deductible	20% after deductible
Specialty	20% after deductible (Nebraska Medicine Pharmacies only)	20% after deductible (Nebraska Medicine Pharmacies only)	20% after deductible (Nebraska Medicine Pharmacies only)
90-Day Supply	90 days for the cost of 60 for most medications at Nebraska Medicine Pharmacies	90 days for the cost of 60 for most medications at Nebraska Medicine Pharmacies	90 days for the cost of 60 for most medications at Nebraska Medicine Pharmacies

Consumer Choice Value HDHP

UMR | www.umr.com | 1-800-207-3172

Scan or click to access your detailed Consumer Choice Value HDHP Benefit Summary

A high-deductible health plan (HDHP) that lets you save in a Health Savings Account (HSA). Every cost below except preventive care applies after you meet the deductible. What you pay toward your deductible in one tier also counts toward the others. Preventive care is covered at 100%. Out-of-network care is not covered, except emergencies.

Benefits Summary			
	Tier 1	**Tier 2**	**Tier 3**
In-network benefits			
Deductible (Individual / Family)	$4,000 / $8,000	$4,000 / $8,000	$6,000 / $12,000
Out-of-Pocket Maximum (Individual / Family)	$6,650 / $13,300	$6,650 / $13,300	$8,300 / $16,600
Coinsurance (you pay)	15% coinsurance	25% coinsurance	40% coinsurance
Physician office visits			
Primary Care / Specialist Visit	No charge after deductible	25% after deductible	40% after deductible
Preventive Care	No charge	No charge	No charge
Diagnostic tests and imaging			
Diagnostic Test (x-ray, blood work)	No charge after deductible in an office; 15% coinsurance outpatient	25% coinsurance	40% coinsurance
Imaging (CT/PET scans, MRIs)	No charge after deductible in an office; 15% coinsurance outpatient	25% coinsurance	40% coinsurance
Hospital services			
Outpatient Surgery (facility)	15% coinsurance	25% coinsurance	40% coinsurance
Inpatient Hospital Stay (facility)	15% coinsurance	25% coinsurance	40% coinsurance
Emergency Room	15% coinsurance	20% coinsurance	20% coinsurance
Urgent Care	No charge after deductible	25% coinsurance	40% coinsurance
Mental health and substance use			
Outpatient Services	No charge after deductible office visits; 15% coinsurance other services	25% coinsurance	40% coinsurance
Inpatient Services	15% coinsurance	25% coinsurance	40% coinsurance
Prescription drugs			
Generic, Preferred and Non-Preferred Brand	20% after deductible	20% after deductible	20% after deductible
Specialty	20% after deductible (Nebraska Medicine Pharmacies only)	20% after deductible (Nebraska Medicine Pharmacies only)	20% after deductible (Nebraska Medicine Pharmacies only)
90-Day Supply	90 days for the cost of 60 for most medications at Nebraska Medicine Pharmacies	90 days for the cost of 60 for most medications at Nebraska Medicine Pharmacies	90 days for the cost of 60 for most medications at Nebraska Medicine Pharmacies

Plan Networks

The medical plans pay at three network tiers. These providers are in each tier.

Tier 1 Network

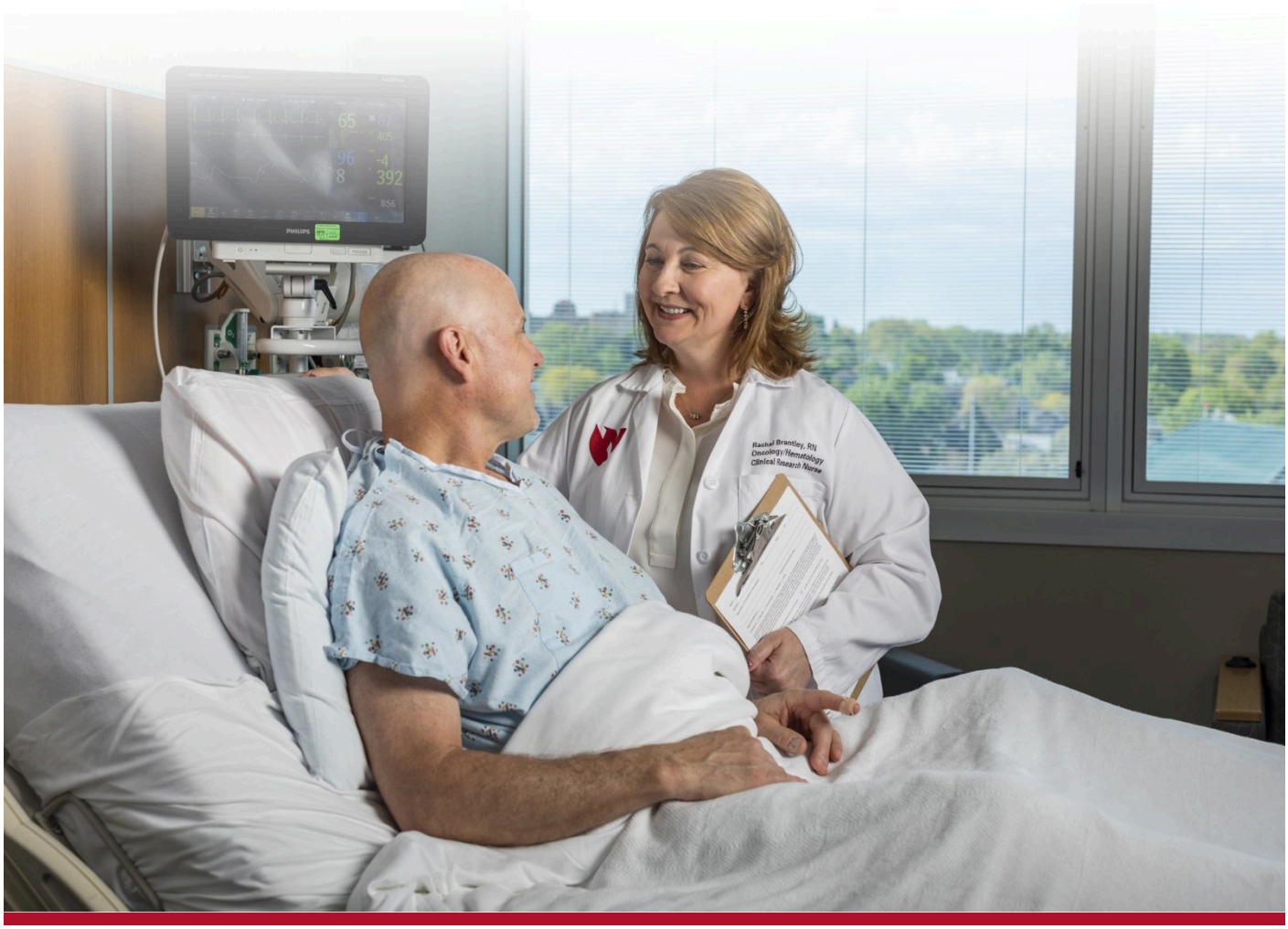
- Nebraska Medicine
- Nebraska Health Partners (our PHO)
- OrthoNebraska
- Monroe-Meyer Institute
- Boys Town Physicians
- Children's Nebraska and Children's Physicians
- Contemporary Obstetrics & Gynecology, PC
- Select CHI Health providers in Grand Island
- Grand Island Regional Medical Center
- Select CHI providers in Kearney
- Good Samaritan Hospital in Kearney
- Talkspace: virtual therapy and psychiatry

Tier 2 Network

- Methodist Health Partners
- Bryan Health
- Fremont Health
- Boys Town Hospital
- CHI St. Francis hospital in Grand Island
- Mary Lanning in Hastings
- Out-of-network emergent care
- CHI mental and behavioral health inpatient facilities

Tier 3 Network

- UnitedHealthcare Choice Plus network



Health Savings Account (HSA)

Optum Bank | www.optumbank.com | 1-866-234-8913

Scan or click to access your detailed Health Savings Account (HSA) Benefit Summary

Benefits Summary	
Who can open one	Colleagues enrolled in the Consumer Choice Advantage HDHP or Consumer Choice Value HDHP
Nebraska Medicine contribution	$1,000 if you earned your Well-Being 360 incentives, plus $500 if your covered spouse also completed their Total Health survey and biometric screening (or physician form)
2027 maximum (Individual / Family)	$4,500 / $9,000, including Nebraska Medicine's contribution
Extra catch-up contribution (age 55 or older)	$1,000
Who can't contribute	Anyone enrolled in Medicare, covered by a general-purpose Healthcare FSA (including a spouse's FSA or an FSA rollover balance), or who can be claimed as someone else's dependent
HSA administrator	Optum Bank. Nebraska Medicine pays the monthly account fee while you're enrolled; if your coverage or job status changes, account fees are yours.
Opening your account	When you enroll in an HDHP, you are required to open your account with Optum Bank. New hires must have the account open within 60 days of hire to receive employer funding.
Keeping your funding	You need an active Optum Bank account to receive employer funding. A closed account can't be reopened; call Optum Bank to open a new one. Funding that can't be deposited because an account isn't open is forfeited.
Changing your contribution	Any time in Workday. A change takes one to two pay periods.

HSA Funding for New Hires

If you're hired during the year, you may earn prorated Nebraska Medicine funding based on your hire month. It's deposited about two months after your coverage starts. To qualify, complete the Total Health survey within 30 days of hire (*for Colleague + Spouse and Family, your covered spouse must complete it too). **If you become eligible in November or December, completing the survey within 30 days of hire earns funding for the next calendar year.

Benefits Summary				
	Colleague Only	Colleague + Child(ren)	Colleague + Spouse*	Family*
January	$500	$1,000	$1,000	$1,000
February to April	$375	$750	$750	$750
May to July	$250	$500	$500	$500
August to October	$125	$250	$250	$250
November and December**	$0	$0	$0	$0

Progyny

Fertility and Family Building

Support on every path to parenthood

Progyny gives you fertility treatment coverage and family-building support, with guidance at every step. Nebraska Medicine has offered this program since January 1, 2026.

Your fertility treatment coverage is bundled into the Progyny Smart Cycle. Each treatment type is valued as a portion of a Smart Cycle and includes all the covered services, tests and treatments needed for standard care.

Fertility treatment (such as IUI and IVF) and family-building services

One-on-one support from a Progyny Care Advocate

Access to a network of top fertility specialists across the U.S.

Preconception and trying-to-conceive coaching and digital resources

1 Smart Cycle per family per lifetime for fertility treatment

Reproductive urology services for sperm-related treatments

Who is eligible

- The person receiving fertility treatment must be enrolled in an eligible Nebraska Medicine medical plan

What it costs

- You pay your share of treatment costs according to your medical plan

Activate your benefit at **mypgny.com/nebmed** (Monday–Friday, 8:00 a.m.–8:00 p.m. CT) or call **1-888-666-3523**



Progyny

Pregnancy and Postpartum

You've got this, and we've got you.

Progyny provides personalized support for each stage of pregnancy, postpartum, and preparing to be a parent, offering expert care, guidance, and peace of mind.

- **One-on-one coaching for pregnancy and postpartum**
- **Postpartum recovery support**
- **Access to labor and delivery nurses**
- **Lactation and feeding support**
- **Return-to-work planning and a parental leave toolkit**
- **On-demand digital resources**

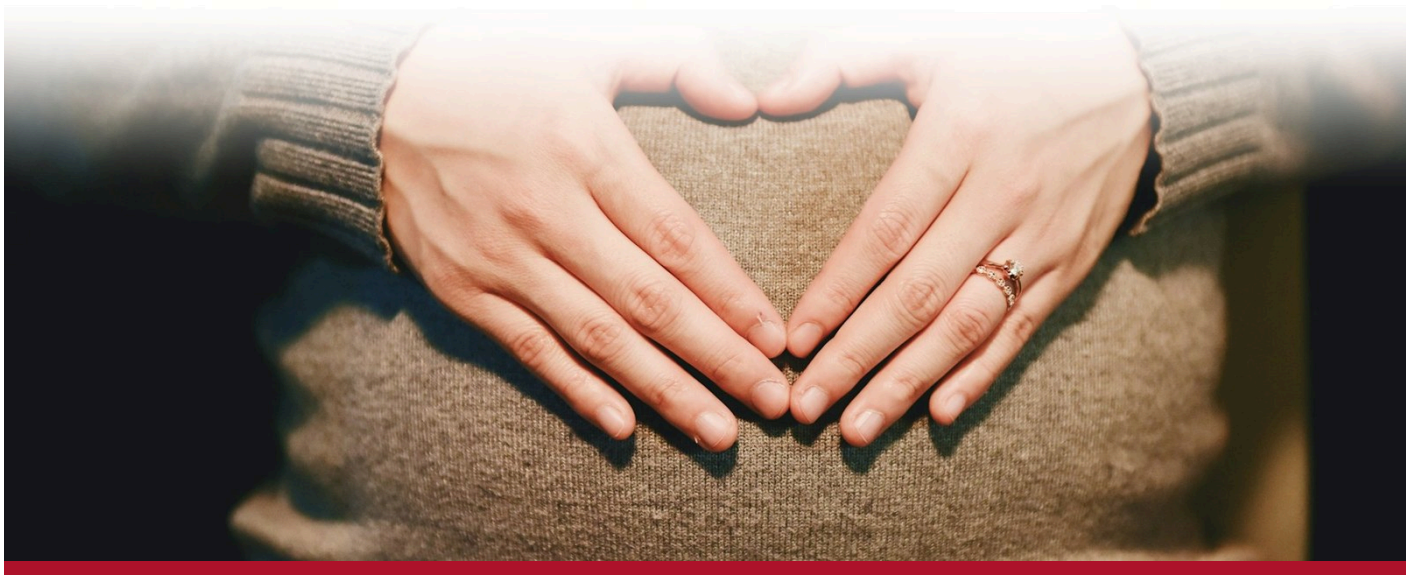
Who is eligible

- You and your covered spouse enrolled in an eligible medical plan, throughout pregnancy and up to 12 months after birth

What it costs

- No cost to you

Activate your benefit at **mypgny.com/nebmed** (Monday–Friday, 8:00 a.m.–8:00 p.m. CT) or call **1-888-666-3523**



Progyny

Parent and Child Well-being

Real support for everyday parenting

Progyny's Parent and Child Well-being program offers expert, personalized guidance and resources for parents and caregivers of children up to age 12, helping them navigate real-life parenting challenges.

- **Unlimited one-on-one support from a Progyny Care Advocate**
- **Help understanding other benefits and resources for parents**
- **Parenting wellness experts trained in social work and child development**
- **Guidance for planning, finding and funding childcare**
- **On-demand resources for developmental milestones**
- **Tools for work-life balance, budgeting and self-care**

Who is eligible

- You and your spouse on an eligible medical plan
- if you are parents or caregivers of children up to age 12

What it costs

- No cost to you

Activate your benefit at **mypgny.com/nebmed** (Monday–Friday, 8:00 a.m.–8:00 p.m. CT) or call **1-888-666-3523**



Progyny

Menopause & Midlife Care

Let's take care of you

Progyny helps you access expert menopause providers and coaches so you can develop a holistic plan that meets your unique needs. Nebraska Medicine has offered this program since January 1, 2026.

Dedicated Progyny Care Advocate

Virtual care from menopause specialists

Hormonal and non-hormonal treatment

Doctor-approved educational resources

Lifestyle tips for symptom relief

Unlimited coaching support and app access

Who is eligible

- You and your covered spouse enrolled in an eligible medical plan

What it costs

- No cost for Progyny's resources, including unlimited coaching and the app
- Provider visits and prescriptions are paid under your medical plan

Activate your benefit at **mypgny.com/nebmed** (Monday–Friday, 8:00 a.m.–8:00 p.m. CT) or call **1-888-666-3523**



Sword Health

Virtual Physical Therapy

Treat muscle, joint and pelvic pain from home

Nebraska Medicine medical plan members can use three digital physical therapy programs through Sword Health. They are fully covered, at no cost to you.

1

Thrive: for chronic pain

Manage and overcome joint, back or muscle pain with a personalized physical therapy program. Work with a licensed doctor of physical therapy, do your sessions on a tablet Sword provides, and get real-time feedback at home. Learn more at meet.swordhealth.com/NebraskaMed.

2

Bloom: for women's pelvic health

Address pelvic pain, bladder leakage, bowel problems and more with a pelvic health specialist, in the privacy of your home. Bloom is designed for women at every life stage, including pregnancy, after childbirth and menopause. Learn more at meet.swordhealth.com/NebraskaMed.

3

Move: for low pain

Build lasting activity habits and help prevent future pain with a physical health specialist. Whether you sit or stand all day, this whole-body program can help you stay active and pain-free. Learn more at meet.swordhealth.com/NebraskaMed.

Who can enroll

- You, your spouse and your dependents enrolled in a Nebraska Medicine medical plan
- Thrive and Move: dependents must be 13 or older
- Bloom: for women 18 or older

What it costs

- No cost to you

Get started at **meet.swordhealth.com/NebraskaMed**

Vida Health

Prevent and Manage Diabetes

Virtual support for the whole person, not just the condition

Vida Health is a virtual health program available through your Nebraska Medicine medical plan. If you or a covered family member are living with diabetes, Vida can help. Nebraska Medicine covers the full cost of the program.

What you get

- **Weekly one-on-one video calls with your care team (a health coach, diabetes specialist and/or registered dietitian)**
- **Unlimited private messaging with your health coach and support groups**
- **A nutrition and wellness plan aimed at a healthy A1C**
- **Easy tools to track food, exercise and blood sugar, and to connect your fitness trackers and health devices**
- **Videos, lessons and recipes**

Who can enroll

You and covered family members age 19 and older enrolled in a Nebraska Medicine medical plan, at no cost, if any of these apply:

- You're taking a GLP-1 for weight loss
- You have diabetes or prediabetes
- Your BMI (body mass index) is over 25

What Vida can help with

- Nutrition, including special diets (gluten-free, paleo, vegan, keto and more)
- Exercise and strength training
- Coping with stress and improving sleep
- Managing diabetes, blood pressure or cholesterol
- Tackling prediabetes and other risk factors for chronic disease

GLP-1 medications: To get GLP-1s through the Nebraska Medicine medical plan, they must be prescribed by a Nebraska Medicine provider and filled at a Nebraska Medicine pharmacy, and you must enroll in Vida and take part every month to keep access.

Create your account at **vida.com/nebraskamedicine** (Monday–Friday, 8 a.m.–9 p.m. ET)
or call **1-833-732-2242**

Talkspace

Online Therapy

Mental health support from home, by phone or computer

If you're enrolled in a Nebraska Medicine medical plan, you can see a licensed therapist or psychiatrist through Talkspace without an office visit. Whether you're dealing with stress, anxiety or relationship challenges, Talkspace offers convenient, confidential care, and you can message your therapist on your schedule.

Services

Individual therapy	Group therapy	Family therapy	Medication management

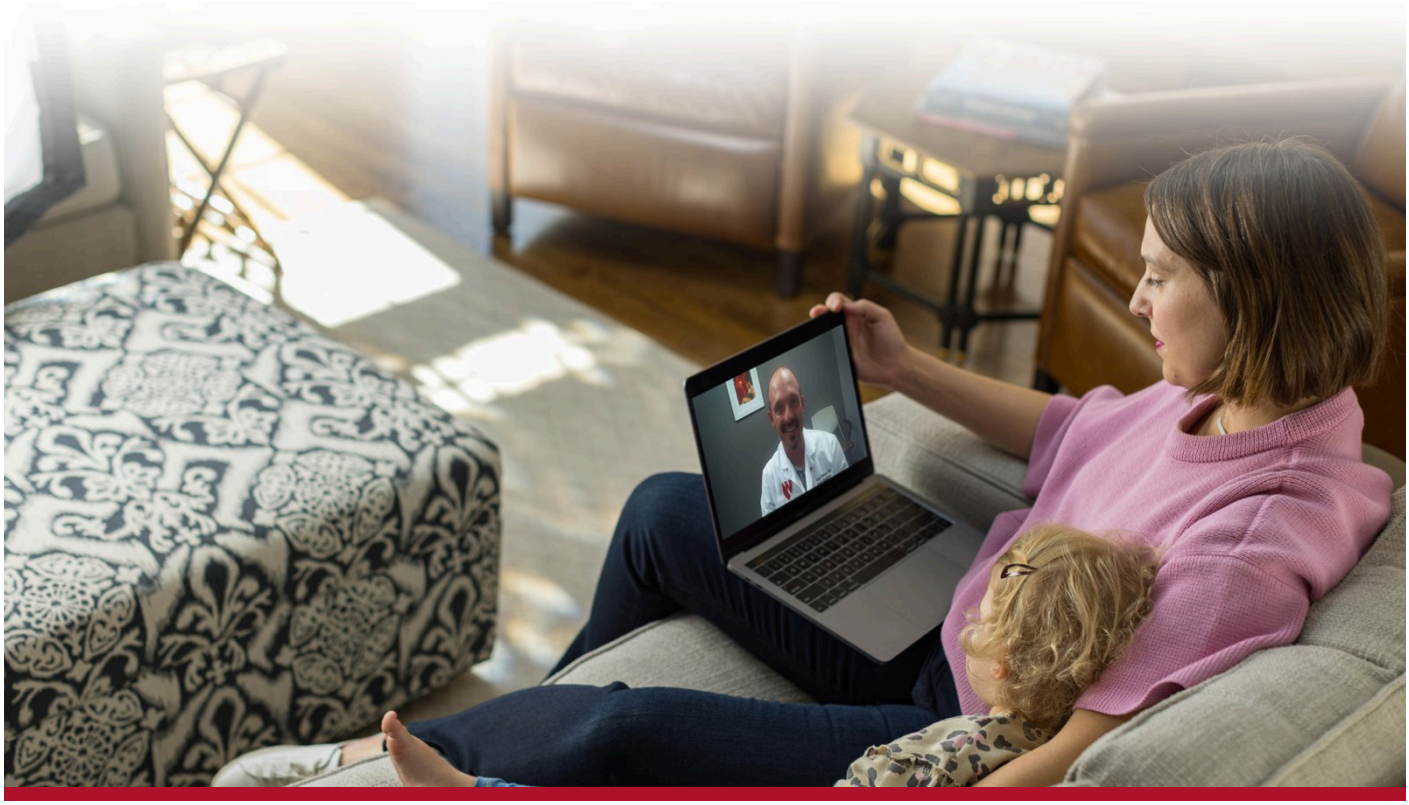
What it costs

- Talkspace is a Tier 1 provider on all Nebraska Medicine medical plans
- Consumer Choice plans: covered 100% after you meet your deductible
- PPO plan: $30 copay per therapy session

Who can use it

- Therapy for ages 13 and older
- Psychiatry for ages 18 and older

Register, choose a provider and send a message any time at **talkspace.com/connect**



Know Your Options

5 Health Care Options

to help you make the best decision for your medical needs

Virtual Visits $

Access to a doctor 24 hours a day, every day of the year, through the convenience of phone or video consults

You can receive care for:

- Cough, cold & flu
- Allergies
- Skin problems
- Sinus problems
- Minor fevers

Convenience Care Clinic $

A walk-in clinic, such as one inside a pharmacy

Your condition is not urgent or an emergency

You can receive care for:

- Cough, cold & flu
- Pink eye
- Urinary tract infections
- Ear infections
- Head lice
- Insect bites
- Minor burns, cuts, and scrapes
- Sprains and strains

Doctor's Office $$

Routine care or treatment for a current health issue

You can receive care for:

- Routine checkups
- Immunizations
- Preventive services
- Manage medications

Urgent Care Center $$$

You need medical care fast for a medical issue that isn't an emergency

You can receive care for:

- Migraines
- Severe back pain
- Vomiting and diarrhea
- Minor broken bones
- Asthma attacks
- Severe cough
- Animal bites
- Wounds requiring stitches

Emergency Room $$$$

For a true medical emergency that puts your life or health at serious risk

You can receive care for:

- Head trauma or loss of consciousness
- Chest pain
- Numbness or difficulty speaking
- Severe abdominal pain
- Coughing or vomiting blood
- Severe bleeding and burns

What Is a Preventive Exam?

also called a "Physical," "Wellness Exam" or "Annual Exam"

A Preventive Exam is a scheduled medical evaluation of an individual that focuses on preventive care. It includes age and gender-appropriate history, a physical examination, a review of risk factors and plans to reduce them, and the ordering of appropriate immunizations, screening laboratory tests, ultrasound or diagnostic procedures.

What does this mean?

A Preventive Exam is an annual exam covering all prevention and health maintenance issues related to age, sex, and family history; it is a well exam. A Preventive Exam is **not** a follow-up visit or a problem-based visit.

A second service may be necessary

If time and the provider's judgment allow, new problems or chronic disease follow-up issues may be addressed as a **second** service during a Preventive Exam visit.

Note: Your insurance plan may require a copay or apply charges to your deductible for a second service provided during a Preventive Exam visit.

For more information on preventive care, including free services offered to you, visit hhs.gov/healthcare.



Flexible Spending Account (FSA)

UMR | www.umr.com | 1-800-207-3172

Scan or click to access the UMR list of eligible expenses

Flexible Spending Accounts (FSAs) help you pay for health care with pre-tax money. By contributing pre-tax dollars into an FSA, you can save an average of 20% on eligible expenses every year.

You may participate in the following spending accounts. They are separate accounts with separate limits: a Health Care FSA pays for medical, dental and vision expenses, and a Dependent Care FSA pays for day care so you (and your spouse) can work. Money cannot be moved between them.

Health Care Flexible Spending Account

Colleagues use pre-tax dollars to pay for insurance deductibles, copayments, glasses and contact lenses, orthodontia, over-the-counter medications, and hundreds of other health care-related expenses not covered by their insurance plans.

The maximum contribution amount for January 1 through December 31, 2027 is $3,400. You may carry over up to $680 of unused funds into the next plan year if your balance is over $50.

Dependent Care Flexible Spending Account

Colleagues use pre-tax dollars to be reimbursed for work-related day care expenses for their children or dependent adults.

The maximum contribution amount for January 1 through December 31, 2027 is $7,500 if you are married and filing a joint return or if you are a single parent. If you are married but filing separately, the annual maximum contribution is $3,750.

Nebraska Medicine adds a 10% match to your Dependent Care FSA contributions. The match counts toward the $7,500 household limit, so plan your election with it included.

Health Care FSA / Dependent Care FSA: Key Differences

	Health Care FSA	Dependent Care FSA
Health Plan Rules	Pre-tax contributions to a General Purpose Health Care FSA can only be made if you are not enrolled in a high-deductible health plan (HDHP) with a Health Savings Account (HSA).	Contributions to a Dependent Care FSA account can be made no matter what plan or medical coverage you have.
Contribution Limit	$3,400 per plan year	$7,500 ($3,750 if you and your spouse file separate tax returns)
Full amount available on day one	**Yes** You can access your total annual contribution right away	**No** Funds are available only as contributed*

* This account is funded based on your pre-tax contributions. Only the amount currently in your account is eligible for reimbursement.

** For a complete list of eligible FSA expenses and guidelines, visit the IRS website at www.irs.gov. Publication 502 includes eligible Health Care FSA expenses; Publication 503 includes eligible Dependent Care FSA expenses.

*** Eligible dependents include children under age 13 or disabled dependent adults.

Premium Dental Insurance

MetLife | www.metlife.com/mybenefits | 1-800-942-0854

Scan or click to access MetLife's website

Benefits Summary	Premium Dental Plan	
Network	MetLife PDP Plus	
Annual Deductible	$50 per person in-network; $100 per person out-of-network (Type B and C only); no family deductible	
Annual Benefit Maximum	$1,500 per person in-network; $1,000 per person out-of-network	
Orthodontia Lifetime Maximum	$2,000 per person in-network; $1,000 per person out-of-network	
	In-Network	**Out-of-Network**
Your coinsurance, deductible and benefit maximum can differ between in-network and out-of-network dentists, as shown below. If you do not use an in-network dentist, the carrier will pay you the "allowed amount" for covered services. You may be responsible for the difference between the carrier's payment and the dentist's charge (plus deductible and coinsurance, if applicable). You may also have to file the claim yourself if your dentist's office will not.		
Type A: Preventive (exams, cleanings, x-rays)		
• Cleanings and exams: two per calendar year • Fluoride: two per calendar year • Bitewing x-rays: once per year; full mouth x-rays: once per 60 months • Sealants and space maintainers for children to age 17	Plan pays 100%	Plan pays 80%
Type B: Basic Restorative (fillings, extractions, root canals)		
• Fillings • Simple and surgical extractions • Root canals • Periodontal maintenance • General anesthesia when dentally necessary	Plan pays 80% after deductible	Plan pays 60% after deductible
Type C: Major Restorative (crowns, bridges, dentures)		
• Crowns, inlays and onlays • Bridges and dentures • Implants • Oral surgery	Plan pays 50% after deductible	Plan pays 50% after deductible
Type D: Orthodontia (adults and children to age 26)		
• Lifetime deductible: $50 in-network, $100 out-of-network	Plan pays 50%	Plan pays 50%

This information summarizes the Nebraska Medicine Dental benefits plans and is for illustrative purposes only. In the event of a discrepancy between this illustration and the official plan documents, the official documents will govern.

Core Dental Insurance

MetLife | www.metlife.com/mybenefits | 1-800-942-0854

Scan or click to access MetLife's website

Benefits Summary	Core Dental Plan	
Network	MetLife PDP Plus	
Annual Deductible	$50 per person in-network; $100 per person out-of-network (Type B and C only); no family deductible	
Annual Benefit Maximum	$1,000 per person in-network; $500 per person out-of-network	
Orthodontia	Not covered	
	In-Network	**Out-of-Network**
Your coinsurance, deductible and benefit maximum can differ between in-network and out-of-network dentists, as shown below. If you do not use an in-network dentist, the carrier will pay you the "allowed amount" for covered services. You may be responsible for the difference between the carrier's payment and the dentist's charge (plus deductible and coinsurance, if applicable). You may also have to file the claim yourself if your dentist's office will not.		
Type A: Preventive (exams, cleanings, x-rays)		
• Cleanings and exams: two per calendar year • Fluoride: two per calendar year • Bitewing x-rays: once per year; full mouth x-rays: once per 60 months • Sealants and space maintainers for children to age 17	Plan pays 100%	Plan pays 80%
Type B: Basic Restorative (fillings, extractions, root canals)		
• Fillings • Simple and surgical extractions • Root canals • Periodontal maintenance • General anesthesia when dentally necessary	Plan pays 60% after deductible	Plan pays 50% after deductible
Type C: Major Restorative (crowns, bridges, dentures)		
• Crowns, inlays and onlays • Bridges and dentures • Implants • Oral surgery	Plan pays 40% after deductible	Plan pays 30% after deductible

This information summarizes the Nebraska Medicine Dental benefits plans and is for illustrative purposes only. In the event of a discrepancy between this illustration and the official plan documents, the official documents will govern.

Vision Insurance

MetLife | www.metlife.com/vision | 1-855-MET-EYE1 (1-855-638-3931)

Scan or click to access your detailed Vision Insurance Benefit Summary

VSP Choice network

Benefits Summary		
	In-Network	**Out-of-Network**
Eye Exam (once every 12 months)	$10 copay	up to $45
Lenses (once every 12 months)	$10 copay	Single vision up to $30; lined bifocal up to $50; lined trifocal up to $65; progressive up to $50
Frames (once every 12 months)	$150 allowance ($85 at Costco, Walmart and Sam's Club)	up to $70
Contact Lenses (instead of glasses)	$150 allowance for elective lenses; necessary lenses covered after $10 copay; fitting copay up to $60	Elective up to $105; necessary up to $210
Truhlsen Eye Institute	$0 exam and materials copays	—
Extra savings	20% off the amount over your frame allowance; 20–25% off lens enhancements; up to 20% off extra pairs; laser vision correction discounts (35% off in the Omaha area)	—



Basic Life and AD&D Insurance

Reliance Matrix | www.nebraskamed.com/internal-careers/prepare-for-the-unexpected

Scan or click to visit the Benefits Hub

100% employer-paid

AD&D means accidental death and dismemberment. Senior executives get 1 times annual earnings, up to $1,000,000. Colleagues on academic-year contracts follow the full-time and part-time rules.

Benefits Summary		
	Full-Time (36 or more hours a week)	**Part-Time (20 or more hours a week)**
Benefit	1 times your annual earnings, rounded up to the next $1,000	$10,000
Maximum	$500,000	$10,000
Guaranteed Issue	$500,000	$10,000
Benefit Reduces With Age	To 65% at age 65, 45% at 70, 30% at 75 and 20% at 80	To 65% at age 65, 45% at 70, 30% at 75 and 20% at 80
Questions and Claims	For plan information and questions, contact the People Service Center at 402-552-6947 or MyHR@nebraskamed.com. To file a life insurance claim, contact Reliance at 1-800-351-7500.	For plan information and questions, contact the People Service Center at 402-552-6947 or MyHR@nebraskamed.com. To file a life insurance claim, contact Reliance at 1-800-351-7500.



Supplemental Life Insurance

Reliance Matrix | www.nebraskamed.com/internal-careers/prepare-for-the-unexpected

Scan or click to visit the Benefits Hub

Full-time and part-time colleagues (you pay the full cost)

Benefits Summary			
	Colleague	**Spouse**	**Child**
Benefit	1, 2 or 3 times your annual earnings, rounded up to the next $1,000	$10,000 to $250,000 in $10,000 increments, up to 50% of your amount	You can select $5,000 or $10,000 (to age 20, or 26 if a full-time student)
Maximum	$600,000	$250,000	$10,000
Guaranteed Issue (when first eligible only)	$500,000	$50,000	$10,000
Enrolling or increasing after first eligibility	Evidence of insurability required	Evidence of insurability required	Not required

Voluntary AD&D Insurance

Reliance Matrix | www.nebraskamed.com/internal-careers/prepare-for-the-unexpected

Scan or click to visit the Benefits Hub

Full-time and part-time colleagues (you pay the full cost)

Benefits Summary			
	Colleague	**Spouse**	**Child**
Benefit	1, 2 or 3 times your annual earnings, rounded up to the next $1,000	$10,000 to $250,000 in $10,000 increments, up to 50% of your amount	$5,000 or $10,000
Maximum	$600,000	$250,000	$10,000

Short-Term Disability Insurance

Scan or click to visit the Benefits Hub

Reliance Standard, administered by Matrix | www.nebraskamed.com/internal-careers/disability-insurance | 1-877-202-0055

100% employer-paid

Benefits Summary	
Who's covered	Full-time and part-time colleagues
Weekly Benefit	60% of weekly earnings
Minimum Weekly Benefit	$25
Waiting Period Before Benefits Start	7 days
Benefit Duration	Up to 13 weeks
Taxes	Benefits are taxable income

Long-Term Disability Insurance

Scan or click to visit the Benefits Hub

Reliance Standard, administered by Matrix | www.nebraskamed.com/internal-careers/disability-insurance | 1-877-202-0055

Certified registered nurse anesthetists (CRNAs) choose a 90- or 180-day waiting period, with a benefit of 60% of earnings (you pay). Dual-contract providers get 60% of earnings after a 180-day waiting period (you pay).

Benefits Summary			
	Full-Time Core (employer-paid)	**Full-Time Buy-Up (you pay)**	**Part-Time (you pay)**
Monthly Benefit	60% of monthly earnings	66.67% of monthly earnings	66.67% of monthly earnings
Maximum Monthly Benefit	$15,000	$15,000	$15,000
Minimum Monthly Benefit	$100 or 10% of benefit	$100 or 10% of benefit	$100 or 10% of benefit
Waiting Period Before Benefits Start	90 days	90 days	90 days
Paid If You Can't Do Your Own Job	Until age 65 if you earn $50,000 or more; for 24 months if you earn less	Until age 65 if you earn $50,000 or more; for 24 months if you earn less	Until age 65 if you earn $50,000 or more; for 24 months if you earn less
Benefit Duration	Until your Social Security full retirement age, or longer depending on your age when you became disabled	Until your Social Security full retirement age, or longer depending on your age when you became disabled	Until your Social Security full retirement age, or longer depending on your age when you became disabled
Pre-Existing Conditions	Not covered in the first 12 months for conditions you were treated for in the 3 months before coverage began	Not covered in the first 12 months for conditions you were treated for in the 3 months before coverage began	Not covered in the first 12 months for conditions you were treated for in the 3 months before coverage began
Mental and Nervous Conditions	Benefits limited to 24 months	Benefits limited to 24 months	Benefits limited to 24 months

Accident Insurance

Reliance Standard, administered by Matrix | www.nebraskamed.com/internal-careers/supplemental-coverage | 1-877-202-0055

Scan or click to visit the Benefits Hub

Pays you fixed lump-sum cash benefits for injuries from a covered accident, or for accidental death and dismemberment.

Benefits Summary	
How you can use the money	Any way you choose; benefits are paid directly to you
Off-the-job coverage	Protection for injuries or illnesses that happen outside of work
Travel assistance	Help any time, anywhere, 24/7
If you leave Nebraska Medicine	You can keep your coverage
Your cost per pay period (pre-tax)	
Colleague Only	$4.80
Colleague + Spouse	$7.69
Colleague + Child(ren)	$9.52
Colleague + Family	$12.41
How to enroll	In Workday, go to Benefits and choose “Change Voluntary: Accident, Critical Illness and/or Hospital,” then follow the steps.

Hospital Indemnity Insurance

Reliance Standard, administered by Matrix | www.nebraskamed.com/internal-careers/supplemental-coverage | 1-877-202-0055

Scan or click to visit the Benefits Hub

If you're hospitalized, the plan pays you a lump-sum cash amount to help with costs your medical plan doesn't cover, like your deductible or other out-of-pocket costs while you recover.

Benefits Summary	
Pre-existing conditions	No pre-existing condition exclusions
Nebraska Medicine hospitals	An extra 25% benefit for stays at Nebraska Medical Center or Bellevue Medical Center
If you leave Nebraska Medicine	You can keep your coverage
Your cost per pay period (pre-tax)	
Colleague Only	$14.06
Colleague + Spouse	$22.09
Colleague + Child(ren)	$17.64
Colleague + Family	$25.68
How to enroll	In Workday, go to Benefits and choose “Change Voluntary: Accident, Critical Illness and/or Hospital,” then follow the steps.

Critical Illness Insurance

Reliance Standard, administered by Matrix | www.nebraskamed.com/internal-careers/supplemental-coverage | 1-877-202-0055

Scan or click to visit the Benefits Hub

Pays you a cash benefit when you're diagnosed with a covered illness or condition, such as a heart attack, stroke or paralysis.

Benefits Summary	
Who's covered	You and your covered dependents, for a wide range of conditions
Wellness screening benefit	$100 a year for each covered person for one preventive health screening, including routine exams and immunizations (maximum of 4 claims per year)
If you leave Nebraska Medicine	You can keep your coverage
Your cost	Depends on who you cover, health factors and how much coverage you choose. You pay with pre-tax paycheck deductions. Scan the code above for the Benefits Hub, which has the monthly rates and how to figure your cost.
How to enroll	In Workday, go to Benefits and choose “Change Voluntary: Accident, Critical Illness and/or Hospital,” then follow the steps.



Unum

Whole Life Insurance

Lifelong coverage with premiums that don't go up

Whole life insurance provides lifelong coverage with premiums that do not increase with age and a benefit amount that does not decrease. It builds guaranteed cash value and offers living benefits, waiver of premium and optional riders.

Lifelong coverage as long as premiums are paid	**Premiums and benefit stay level as you age**	**Guaranteed cash value you can borrow against**	**Living benefit if diagnosed with a terminal illness (up to $150,000)**
Waiver of premium if disabled for six months before age 65	**Optional long-term care and accidental death riders**	**Coverage for your spouse, children and grandchildren**	**Portable if you leave your employer**

Who is eligible

- You, if actively at work, ages 15 to 80
- Spouses ages 15 to 80
- Children and grandchildren (up to $25,000 each)

What it costs

- Premiums depend on your age at issue and tobacco use
- Paid through payroll deduction

To enroll, please schedule an appointment or contact our benefits communication specialist team at **go.oncehub.com/nebraskamedicine**



MetLife

Legal Plan

Powerful legal protection on your side

MetLife Legal Plans gives you, your spouse and your dependents access to experienced attorneys and online tools for a wide range of personal legal needs, from estate planning to home sales to tax audits.

Unlimited access to network attorneys for covered matters

No copays, deductibles or claim forms in network

Meet attorneys in person, by phone or by email

Online wills, living wills and powers of attorney

Self-help library of legal forms

Partial reimbursement for out-of-network attorneys

Covered matters include

- Estate planning
- Home and real estate
- Money matters
- Family and personal
- Civil lawsuits
- Elder-care issues
- Traffic matters

What it costs (bi-weekly)

- Legal Plan: $8.08
- Legal Plan Plus, with Identity and Fraud Protection: $9.12

Create an account at **members.legalplans.com** (Monday–Friday, 8:00 a.m.–8:00 p.m. ET) or call **1-800-821-6400**



MetLife

Pet Insurance

Help give them protection with MetLife Pet Insurance

MetLife Pet Insurance helps cover the cost of unexpected accidents and illnesses, with flexible plans, optional preventive care and coverage for exotic pets.

- **Visit any U.S. veterinarian**
- **No breed exclusions**
- **Family plans for up to three dogs and cats**
- **Multi-pet discounts (5% for a 2nd policy, 10% for each additional)**
- **Optional preventive care for dogs and cats**
- **Live vet chat, any time of day**
- **Deductible drops $50 each year with no claims paid**

What's covered

- Accidents and illnesses
- Surgeries, medications, x-rays and hospital stays
- Hereditary and congenital conditions
- Alternative therapies

What it costs

- Price depends on your pet and the plan you choose
- Discounts of up to 30%
- For exotic pet coverage, call 1-800-438-6388

For dog and cat coverage, get a quote at **metlife.com/getpetquote** or call **1-800-438-6388**



Farmers GroupSelect

Auto and Home Insurance

Discounted coverage for your car and home

Nebraska Medicine provides you with discounted auto and home insurance from Farmers GroupSelect. Get a free, no-obligation quote online using the link below or by calling 1-800-438-6381.

Get a free quote at **farmers.com/groupselect**
or call **1-800-438-6381**



SmartMatch Insurance Agency, LLC

SmartConnect Medicare Guidance

Step confidently into enrollment season with SmartConnect

SmartConnect gives you free access to licensed insurance agents who compare your current benefits to Medicare options in your area and help you enroll if you find a plan you like.

1. **Reach out**
   Contact SmartConnect by phone or online.

2. **Compare**
   An agent reviews your healthcare needs and compares your current coverage to Medicare plans in your area.

3. **Enroll**
   If you find a plan you like, the agent can help you enroll right away.

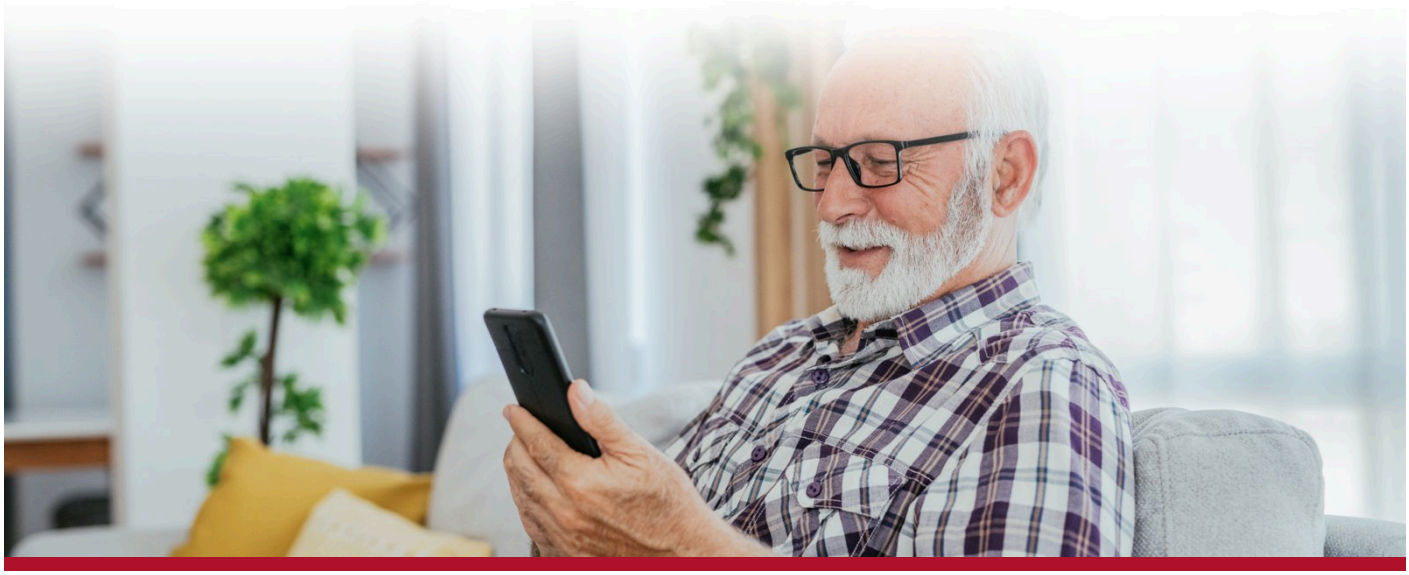
Who it's for

- Medicare-eligible individuals and their families

What it costs

- Free

Compare coverage at **smartmatch.com/connect/nmc-2** (Monday–Friday, 7:30 a.m.–5:00 p.m. CT) or call **1-888-531-1869**



Navigate Wellbeing Solutions

Well-Being 360

Your gateway to a healthier, happier life

Well-Being 360 supports your whole well-being: physical, emotional, financial and community. Use the portal to join challenges and activities, track your progress, watch videos, and find meal plans, recipes, workout videos, peer support and more. Taking part can also earn you HSA funding or PPO premium discounts.

The four pillars of well-being

Physical
Improve your health and energy, with less risk of disease and enough energy for every day

Emotional
Meet the demands of everyday life with strong relationships, resilience and work-life balance

Financial
Build the knowledge and skills to manage your money

Community
Get involved in your workplace and neighborhood communities

Consumer Choice (HSA) plans: 2027 rewards

If you earned your Well-Being 360 incentives:

- $1,000 in Nebraska Medicine HSA funding for 2027
- $500 more if your spouse completed their Total Health survey and biometric screening (or physician form)

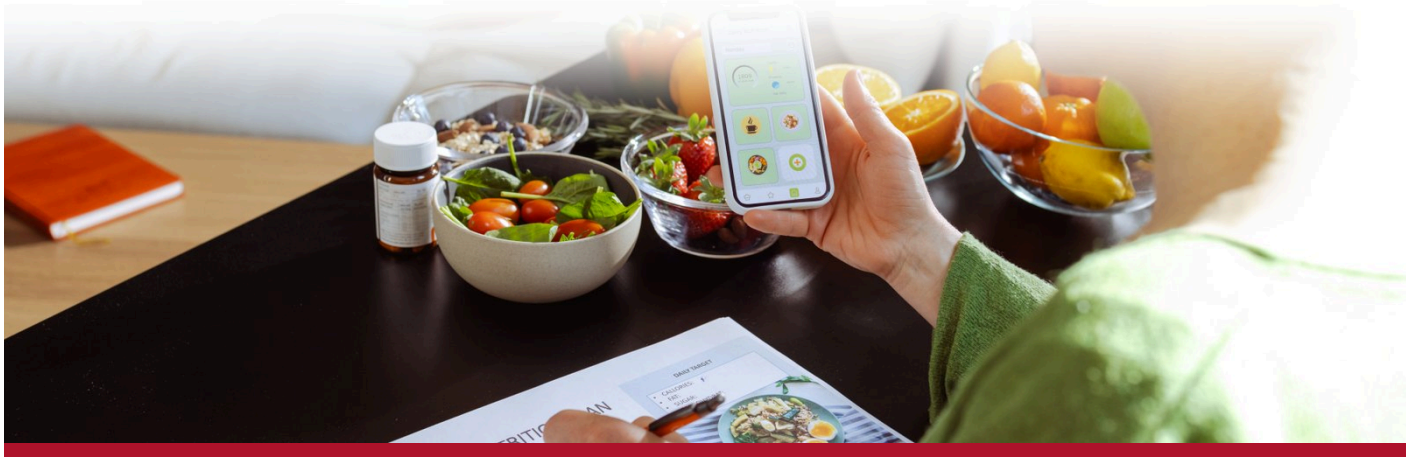
PPO plan: 2027 rewards

If you earned your Well-Being 360 incentives:

- $20 off your premium each pay period in 2027
- $10 more off each pay period if your spouse completed their Total Health survey and biometric screening (or physician form)

How to qualify: Earn 7,500 Well-Being 360 points, complete your Total Health survey, and complete a biometric screening (or physician form). If your spouse is on your plan, they register on the portal with your colleague ID plus “s” (for example, 10001234s).

Questions? Email **info@navigatewell.com**
or call **1-888-282-0822**



One Pass Select

One Pass Select™

Fitness and well-being, your way

One Pass Select is a personalized fitness and well-being subscription that helps you reach your health goals with digital workouts, in-person gym access and convenient grocery delivery options.

Digital fitness
Thousands of on-demand and live-streaming classes from top fitness partners

National gym network
More than 20,000 gyms and fitness studios nationwide, with multi-location privileges

Mobile app
Manage your membership, find gyms and track perks from your phone

Grocery delivery perks
Select tiers include free Walmart+ and Shipt memberships

Family and friends
Add unlimited adults (18+) for an extra fee, each with their own subscription and member code

No contracts
No sign-up costs, hidden fees or long-term commitments

Enroll at **onepassselect.com**



SupportLinc

Employee Assistance Program (EAP)

Confidential support for life's challenges, 24/7

Sometimes life's challenges call for a little extra support. The Employee Assistance Program (EAP) through SupportLinc offers confidential, professional counseling for you and your family members, any time of day.

Free counseling
5 free sessions per issue, in person or virtual

Help with
Anxiety, depression, family concerns, workplace stress and more

Call any time or visit **mysupportlinc.com**
or call **1-888-881-LINC (5462)**
Use code: **nebraskamedicine**



More Support for You

Peers in Need of Support (PINS)

When you need someone to talk to, PINS connects you with trained behavioral health responders from Nebraska Medicine and UNMC. They listen, offer suggestions and share resources in a safe, nonjudgmental space.

Email pins@nebraskamed.com to be matched with a peer supporter

Smoking Cessation Program

Free for all colleagues, spouses and dependents, through the Outpatient Pharmacy at Durham Outpatient Center:

- One-on-one and group counseling
- Counseling combined with quit aids
- Up to $250 back for FDA-approved nicotine replacement products, with your certificate of completion and receipts

Call 402-559-5215 for an appointment

Quit Tobacco Coverage on the Medical Plans

If you're enrolled in a Nebraska Medicine medical plan:

- Nicotine cessation services and therapy are covered
- Up to eight primary care visits are covered as preventive care
- Prescription and over-the-counter quit aids are covered (for example, Chantix®, Nicoderm® CQ, Zyban® and Nicorette® gum)

On-Site Fitness Centers

Open 24/7 to all colleagues with badge access, on the ground floor of Clarkson Tower, the garden level of Bellevue Medical Center and the Lied Transplant Center exercise room. Schedule a free fitness assessment, personal training or equipment orientation at Clarkson Tower (or virtually) through your Fitness Center Coordinator.



Contacts

Medical

UMR

Phone: 1-800-207-3172
Website: umr.com

Pharmacy

Nebraska Medicine Pharmacy

Phone: 402-559-5215
Email: employeepharmacybenefits@nebraskamed.com
Website: nebraskamed.com/pharmacy

Pharmacy Benefits

JudiRx

Phone: 1-833-463-1593
Website: rx.judi.health

Dental

MetLife

Phone: 1-800-942-0854
Website: metlife.com/mybenefits

Vision

MetLife (VSP Choice)

Phone: 1-855-638-3931
Website: metlife.com/vision

Flexible Spending Account (FSA)

UMR

Phone: 1-800-207-3172
Website: umr.com

Life and AD&D Questions

People Service Center

Phone: 402-552-6947
Email: MyHR@nebraskamed.com

Life Insurance Claims

Reliance

Phone: 1-800-351-7500

Disability (Short-Term and Long-Term)

Matrix

Phone: 1-877-202-0055
Website: matrixabsence.com

Accident, Hospital Indemnity and Critical Illness

Matrix

Phone: 1-877-202-0055
Website: matrixabsence.com

Fertility, Family and Midlife Support

Progyny

Phone: 1-888-666-3523
Website: mypgny.com/nebmed

Legal Plan

MetLife Legal Plans

Phone: 1-800-821-6400
Website: members.legalplans.com

Pet Insurance

MetLife

Phone: 1-800-438-6388 (including exotic pets)
Website: metlife.com/getpetquote

Auto and Home Insurance

Farmers GroupSelect

Phone: 1-800-438-6381
Website: farmers.com/groupselect

Whole Life

Unum

Phone: 1-800-635-5597
Website: unum.com

Medicare Guidance

SmartConnect

Phone: 1-888-531-1869
Website: smartmatch.com/connect/nmc-2

Health Savings Account (HSA)

Optum Bank

Phone: 1-866-234-8913
Website: optumbank.com

Employee Assistance Program (EAP)

SupportLinc

Phone: 1-888-881-5462
Website: mysupportlinc.com (code: nebraskamedicine)

Online Therapy

Talkspace

Website: talkspace.com/connect

Diabetes Prevention and Care

Vida Health

Phone: 1-833-732-2242
Website: vida.com/nebraskamedicine

Virtual Physical Therapy

Sword Health

Website: meet.swordhealth.com/NebraskaMed

Well-Being 360

Navigate Wellbeing Solutions

Phone: 1-888-282-0822
Email: info@navigatewell.com

Fitness Subscription

One Pass Select

Website: onepassselect.com

Total Rewards

Nebraska Medicine

988144 Nebraska Medical Center, Omaha, NE 68198
Email: MyHR@nebraskamed.com



Make your 2027 elections during Annual Enrollment!

After Annual Enrollment ends, you can change your elections only if you have a qualifying life event, and you must tell Total Rewards within 30 days of the event.

The descriptions of the benefits are not guarantees of current or future employment or benefits. If there is any conflict between this guide and the official plan documents, the official documents will govern.

Nebraska® Medicine