

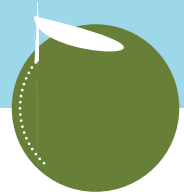
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Health Risk Assessment

Health Risk Assessment (HRA) is a tool that helps you understand your health and make changes to improve it. It is a free service provided to you by your employer. You must complete the HRA by November 15, 2024, to receive credit for completing the HRA. A link to the HRA is available at <https://lafm.healthim.com/>.

The HRA is available to you from November 15, 2024, to November 15, 2024. You must complete the HRA by November 15, 2024, to receive credit for completing the HRA. A link to the HRA is available at <https://lafm.healthim.com/>.

You must print or save the report to receive credit for completing the HRA. A link to the HRA is available at <https://lafm.healthim.com/>.

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Complete the HRA by November 15

Enhanced Wellness and Preventive Services

Starting January 1, 2025, we are providing enhanced wellness and preventive services to you. The services are:

\$400
allowance

Annual preventive care allowance of \$400 (for insureds age 2 and over).

\$0
copay

\$0 copay for seasonal vaccinations administered at an in-network pharmacy and submitted to the prescription drug program.

\$0
copay

\$0 copay for generic prescription drugs through the mail service program with no annual deductible.

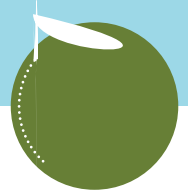
100%
coverage

100% coverage for a routine preventive colonoscopy once every 10 years beginning at age 45. (Services must be provided by a PPO provider. Out-of-network charges may apply if colonoscopy lab services are provided out-of-network or outside the state of where the colonoscopy is performed.)

BENEFITS ENROLLMENT

New: Price Change for 2025

For 2025, the price change for the 2025 Enrollment Period is 5%.



Choosing the Right Medical Plan

▼ E B G B A

BENEFITS ENROLLMENT

Prescription Drug Coverage

Prescription drug coverage is provided through a preferred provider organization (PPO) plan. The plan covers a wide range of prescription drugs, including generic and brand-name drugs. The plan also covers the cost of prescription glasses and contact lenses.

Continued in 2025

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Day Supply	Up to 30
Generic	\$9.00
Brand (Generic/Brand/Brand)	\$31.00
Brand (Generic/Brand/Brand)	\$52.00

*A copay of \$57 is applied to brand-name drugs that are not covered by the plan.

Carrier

Prescription drug coverage is provided through a preferred provider organization (PPO) plan. The plan covers a wide range of prescription drugs, including generic and brand-name drugs. The plan also covers the cost of prescription glasses and contact lenses. For more information, please contact MyEmpireHealth at 1-833-419-3436 or myempirehealth.com.

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\$0

Generic copay through mail service if you complete the HRA

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BENEFITS ENROLLMENT

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Call: Benefits@unl.edu