

DENTAL INSURANCE

Starting in 2024, University of Nebraska Dental Insurance will be administered by Blue Cross and Blue Shield of Nebraska. Coverage is provided if they are employed in a "Regular" position

5 or greater or in a "Temporary" position for more than six months with an FTE of .5 or greater.

- f Husband or wife, as recognized under the laws of the state of Nebraska
- f Common law spouse if the common law marriage was contracted in a jurisdiction recognizing a common law marriage

Child

The following dependent children may be eligible for coverage:

- f Natural born or legally adopted child who has not reached the limiting age of 26
- f Stepchild who has not reached the limiting age of 26
- f Child for whom the employee has legal guardianship and who has not reached the limiting age of 26
- f Child with a mental or physical disability who has attained the limiting age of 26 may continue coverage beyond age 26 if proof of disability is provided within 31 days of attaining age 26

Dependent children who are employed at the University of Nebraska in a benefits eligible position may not be covered as a dependent on their parents' dental insurance policy provided their residence as the employee for at least 180 days and intend to remain so indefinitely;

- f Is at least 19 years old;
- f Is directly dependent upon, or interdependent with, the employee, sharing a common financial obligation that can

Disabled Dependent Child Coverage Eligibility

A physically or mentally disabled child may remain an eligible dependent child upon reaching age 26 if incapable of self-sustaining employment by reason of mental or physical handicap, and dependent upon you for support and maintenance. The application for such coverage must be received within 31 days of the dependent's 26th birthday and the dependent must meet all other group coverage eligibility requirements.

Initial Enrollment

Employees must enroll for coverage within 31 days of the date of hire or benefits eligibility date (date the employee satisfies the criteria to be benefits eligible). The 31-day period is not based on the employee's effective date of coverage.

Enrollment after the initial 31-day period is limited to the annual NUFlex enrollment or when a Permitted Election Change Event occurs.

Employees and dependents may enroll for coverage without proof of insurability or pre-existing condition limitation.

Effective Date of Coverage

Coverage is effective on the first day of the month following the employee's date of hire or eligibility. Coverage for employees hired on the first day of the month will be effective on the first day of the month. Coverage for employees hired on the first working day of the month will be effective on the actual date of hire (if first working day is

CoverageEffectiveDateasa Result

- (1) Your hours of employment are reduced; or
- (2) Your employment ends for any reason other than gross misconduct.

If you are the spouse of an employee, you will become a qualified beneficiary if you lose coverage under the Plans because of any of the following qualifying events:

- (1) Your spouse dies;
- (2) Your spouse's hours of employment are reduced;
- (3) Your spouse's employment ends for any reason other than gross misconduct; or
- (4) You become divorced [or legally separated] from your spouse. If an employee cancels coverage for his or her spouse in anticipation of a divorce [or legal separation] and a divorce [or legal separation] later occurs, then the divorce [or legal separation] will be considered a qualifying event even though the ex-spouse lost coverage earlier. If the ex-spouse notifies the COBRA Plan Administrator within 60 days of the decree of dissolution of marriage date and can establish that the employee canceled the coverage earlier in anticipation of the divorce [or legal separation], then COBRA coverage may be available for the period after the divorce [or legal separation].

Your dependent children will become qualified beneficiaries if they lose coverage under the Plans because of any of the following qualifying events:

- (1) The parent employee dies;
- (2) The parent employee's hours of employment are reduced;
- (3) The parent employee's employment ends for any reason other than gross misconduct;
- (4) The parents become divorced [or legally separated]; or
- (5) The child stops being eligible for coverage under the plan as a "dependent child."

The Plans offer COBRA continuation coverage to qualified beneficiaries only after the COBRA Plan Administrator has received timely notice that a qualifying event has occurred, including the end of employment, reduction of hours of employment, or death of the employee.

[Additional COBRA Information](#)

Survivor Benefits upon the Death of an Employee

The spouse of a deceased employee who was enrolled for dental coverage at time of death may continue coverage through COBRA or the retiree dental insurance program until his or her death or remarriage.

A dependent child of a deceased employee who was enrolled for dental coverage at time of death may continue coverage through COBRA or the retiree dental insurance program if the child has not reached the



University of Nebraska Dental

(Effective Date: 01/01/2024)

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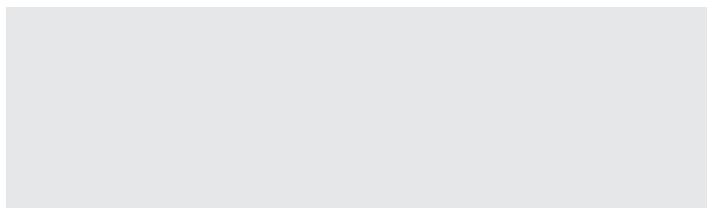




Welcome



Section 1



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This Schedule of Benefits Summary is intended to provide you with a brief overview of your benefits. Your Dental benefits may include but are not limited the following benefits.





Section 3



NebraskaBlue.com.

All submitted claims must include:

- € correct I.D. number, including the alpha prefix;
- € name of patient;
- € the exact date and time of an accident (if applicable) and whether or not it occurred at work.;
- € the original, itemized dental bill, including the date of service, description and charge for the service;
- € complete name, address and credentials (DDS, MD) of the provider;
- € the name and identification number of other insurance; and
- € the primary plan's explanation of benefits (EOB), if applicable.

Claims cannot be processed if they are incomplete, and may be denied for lack of information if required information is not received.

Claims should be filed as soon as possible after services are provided. If a claim is not filed within the claim filing limit (normally within 15 months of the date of service), benefits will not be allowed. Claims, including revisions, that are filed by a BCBSNE In-network Provider prior to the claim filing limit, will



Section 6



Section 7



Section 9



Section 10



Claims administration by

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