

OPEN ENROLLMENT

101



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¹ For this document, all references to “partner” refer to your domestic partner. For more information about domestic partners, please visit the People Services section of the Nelnet Portal.

Quick Glance: What's New for 2024?

- Wellness goals met during the 2023 screening window of April–September will be available during Open Enrollment, providing medical premium discounts at the time of enrollment for the 2024 benefit plan year.
- Effective Jan. 1, 2024 associates who choose individual coverage and successfully meet all four health screening goals will no longer receive free premiums.
- Medical premiums will experience an increase in 2024; please refer to the premium chart on [page 10](#) to see updated premiums.
- Deductible changes for the Gold Medical High Deductible Health Plan (HDHP), as announced by the IRS. The minimum deductible allowed on a HDHP will increase to \$1,600 for Associate Only coverage and \$3,200 for dependent coverage.
- Starting Jan 1, 2024, Nelnet's pharmacy coverage administered through OptumRX administration will change. There will be minimal interruption to your pharmacy coverage. Each associate's pharmacy policy number will update. With this update, OptumRX's customer service contact information will also change. All medical participants will receive a new medical ID card for 2024. All participants must use their new 2024 medical ID card for pharmacy benefits effective Jan 1, 2024.
- The Health Savings Account (HSA) annual contribution limits for dependent medical coverage will be \$8,300 (increase of \$550) and \$4,150 (increase of \$300) for associate-only coverage per IRS guidelines.
- Annual contribution limits for the Limited Purpose Flexible Spending Account (FSA) and Health Care FSA will be \$3,050.
- Dependent Care Flexible Spending Account (DCA) will only be available for associates with an annual salary up to \$100,000.

Note: If you choose to maintain your 2023 benefit elections for 2024, no action is needed. Most plans and coverage will automatically roll over. Any associate wishing to elect FSA or DCA funds for 2024 will need to complete Open Enrollment to elect funds for 2024. Prior year funds will not carry over. Please visit [Workday](#) between Nov. 1 and 10 to review your current benefit elections and select your 2024 benefits.

The Nelnet Benefits Team partners with SMBO (See My Benefits Online) to provide Nelnet associates support with benefit-related questions, new hire benefits outreach, and guided enrollment support. To contact SMBO, call 888.410.2480.

Open Enrollment Checklist

- Oct. 1–Dec. 31:** Print and redeem a flu vaccine voucher at any Walgreens. Vouchers are ONLY valid for associates and their spouses or domestic partners.
- Oct. 18–Nov. 10:** View the Open Enrollment training via [Workday Learning](#).
- Nov. 1–Nov 10:** Review or elect your 2024 benefits and update your beneficiaries. Visit [MyWorkday.com/Nelnet](https://myworkday.com/nelnet) to review your benefit summary. No action is required if you do not need to make any changes as your plans and coverage will automatically roll over **except** FSA plans (Dependent Care, Medical FSA, and/or Limited Purpose FSA).
- Dec. 31, 2023:** Deadline to complete ComPsych’s Tobacco Cessation Program (see page 6 for details).
- Dec. 31, 2023:** Deadline to complete the Health Improvement Coaching Program with US Wellness to earn credit for one additional goal missed at your health screening (see page 8 for details).

Health Screenings and Flu Vaccine



Free Flu Vaccine for Associates and Spouses/Partners

Associates, dependents, and spouses/partners covered by a Nelnet medical plan can go to an in-network pharmacy or provider and the vaccine will be covered without the use of a voucher.

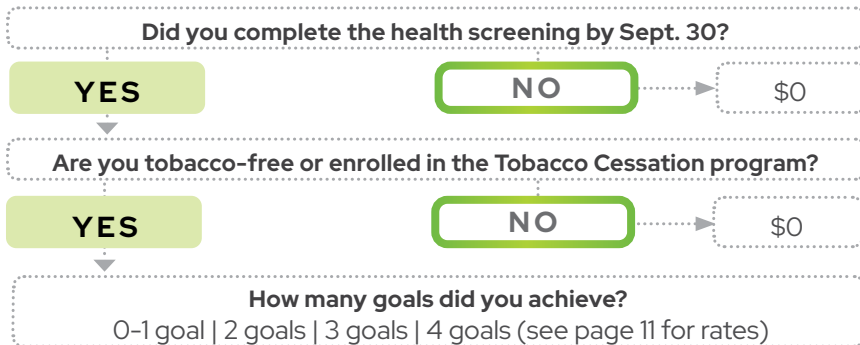
You and your spouse/partner can receive a free flu vaccine by requesting a voucher from [here](#). You do not have to be enrolled in a Nelnet medical plan to receive a flu voucher. Pregnant or nursing mothers should consult with their physician before utilizing the voucher. Vouchers must be redeemed by Dec. 31, 2023.

Health Screening Goals

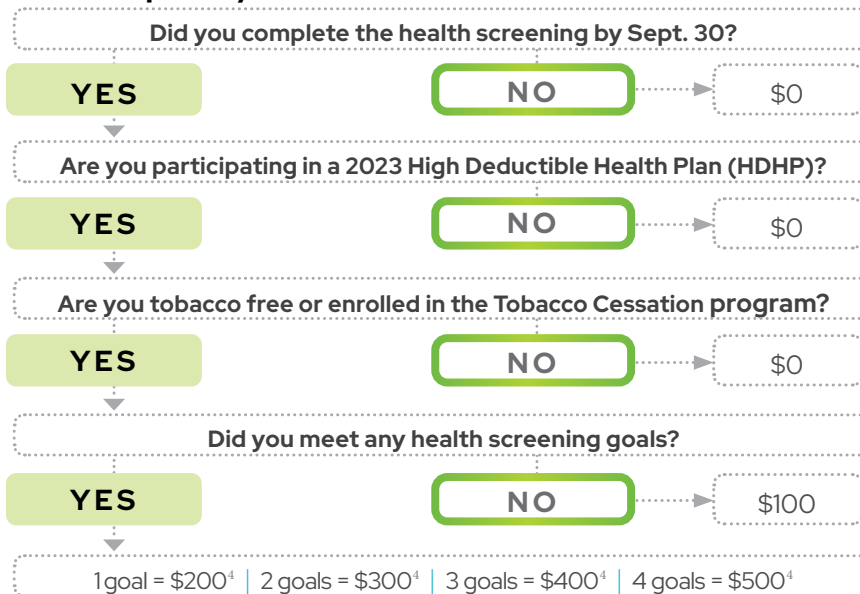
Associates who completed the annual health screening between April and September 2023 or completed a reasonable alternative process, meeting the goals outlined below (based on national guidelines), are eligible to receive discounted medical premiums for the 2024 benefit plan year. Spouses/partners on the medical plan in 2023 were also encouraged to complete the screening and have the opportunity to earn up to \$500 deposited into the corresponding associate's HSA.

Again this year, Nelnet is offering the opportunity to earn a \$5 discount on your 2024 medical premiums for making a 5% improvement over your previous health screening results. Associates outside of the health screening metrics can continue to submit new results to US Wellness during 2024 to receive a \$5 discount for each 5% improvement made. The \$5 discount cannot exceed full goal credit. The improvement discount will be applied on a quarterly basis. For example, submissions received by US Wellness during Quarter 2 will be applied to your second paycheck in the first month of Quarter 3. New results submitted during Q4 2023 and Q1 2024 will be applied starting in Q2 2024.

Associate Medical Premium Discount Chart



Spouse/Partner Wellness Incentive Chart



Health Screening Goals

1. Body Composition

Body Mass Index (BMI) ≤ 25
OR

Body fat:

Ages 20–39

Women ≤ 33%

Men ≤ 20%

Ages 40+

Women ≤ 34%

Men ≤ 21%

OR

Waist circumference:

Women ≤ 33"

Men ≤ 38"

2. **Blood pressure** (mm Hg) ≤ 120/80

3. **Total cholesterol** (mg/dL) ≤ 200
OR

Cholesterol ratio ≤ 5

4. **Blood glucose** (mg/dL) ≤ 100

Tobacco/Nicotine:

You must be tobacco free or enrolled in the ComPsych's Tobacco Cessation program.

NOTE: Reasonable Alternatives are provided to Nelnet associates and spouses/partners annually for those with a medical condition preventing them from meeting the screening goals.

³2024 medical premium discounts will be determined by US Wellness using the results of your 2023 screening results.

⁴Your spouse/partner will receive a tax-free cash deposit into your Health Savings Account at Union Bank & Trust if they earn an incentive and covered by your HDHP. Spouses/partners must be tobacco-free or enrolled in ComPsych's tobacco cessation program to be eligible for incentives. Associate must have an active HSA at Union Bank & Trust to qualify.

*If you completed an off-site health screening, the results must be received by US Wellness on or before Sept. 30, 2023 to qualify.

ComPsych's Tobacco Cessation Program

You must first complete the ComPsych Tobacco Cessation program or be deemed tobacco-free by your coach prior to receiving a medical premium discount in 2024.

Enrollment and Required Calls

How to Enroll:

Enroll by calling ComPsych, available 24/7 at 866.379.0892. This program is free to all associates and their spouses/partners. ComPsych is also the provider of [Nelnet's Employee Assistance Program](#).

Deadline:

You must complete the program or be deemed tobacco-free by your coach before Dec. 31, 2023.

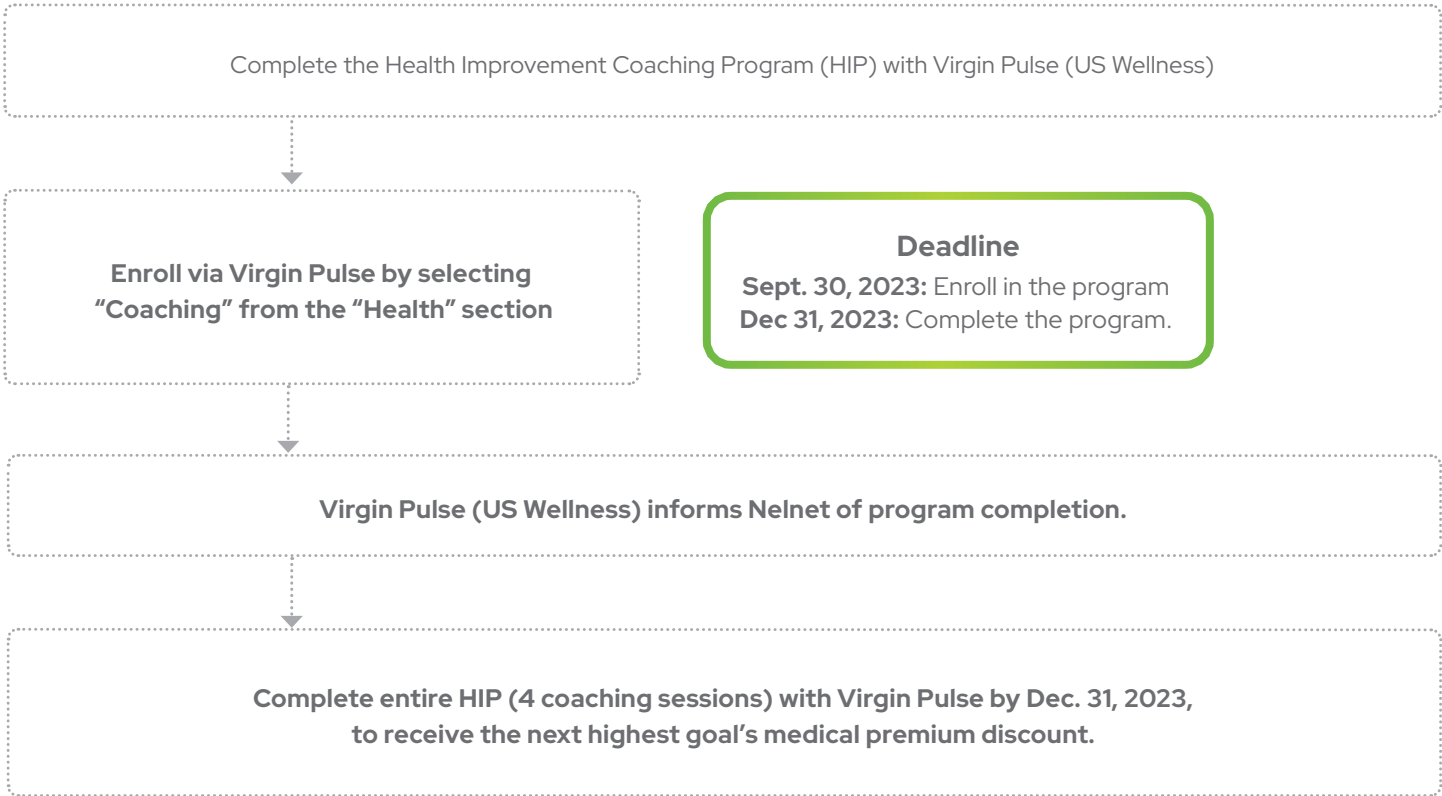
Tobacco Cessation Program Calls:

- 1. Assessment and Education:** The program begins with an assessment of your current and past tobacco use, which will help determine your quit plan and whether your tobacco use is physiologically or socially motivated.
- 2. Prepare to Quit:** While there is no single "right way" to quit, there are some strategic steps that increase the chances of success. The preparation step required prior to quitting provides you with the opportunity to set a quit date, inform family and friends, anticipate challenges, remove tobacco from your personal environment, and discuss Nicotine Replacement Therapy (NRT).
- 3. Action Plan:** According to the American Cancer Society and ComPsych's years of counseling experience, quitting for good depends largely on commitment, planning, and ongoing support. By understanding the factors behind your nicotine dependency, certified Tobacco Cessation Specialists help you choose a quitting method, develop alternative coping strategies, and assume a nonsmoker identity.
- 4. Quit Day:** Designating a quit day motivates you to put the preparation and planning into action at a specific time, which helps ensure success. This day requires focus and energy to cope with temptations, cravings, and withdrawal symptoms and to develop new healthier habits.
- 5. Relapse Prevention and Follow-Up Assessment:** Staying tobacco free is the final and most important stage of the process. Tobacco cessation specialists help you identify relevant relapse issues, develop skills to cope with emotional or situational "triggers," and use tactics such as exercise and better nutrition to restore overall health. Following a flexible five-session model, extra sessions will be offered if additional support is needed.

NOTE: You must complete the program (five calls) by Dec. 31, 2023, to receive your medical premium discount.

Health Improvement Coaching Program (HIP) for Associates and Spouse/Partners

If an associate does not meet the goals but would like to voluntarily participate in the coaching programs, upon completion they will be given credit for one goal on their medical premium discount. The associate and/or spouse or partner receives this credit whether or not they meet the goal after the coaching.



Reviewing or Electing Your 2024 Benefits

If you choose to maintain your 2023 benefit elections for 2024, no action is needed. Most plans and coverage will automatically roll over. Please visit [MyWorkday.com/Nelnet](https://myworkday.com/nelnet) between **Nov. 1 and Nov. 10** to review your benefit summary and elect 2024 benefits.

NOTE: If you participate in a Flexible Spending Account (FSA), you are required by the IRS to elect a new annual amount for 2024. This includes Dependent Care accounts, Limited Purpose FSA, and Health Care FSA.

Benefit plans that will NOT automatically roll over to 2024:

- Flexible Spending Accounts including:
 - Dependent Care
 - Limited Purpose
 - Health Care

If you elect a Nelnet medical plan for 2024 and want to contribute to an HSA or receive employer contributions, you must have a zero balance in your Health Care FSA by Dec. 31, 2023.

Benefit plans that will automatically roll over to 2024:

- Nelnet 401(k)
- Employee Share Purchase Plan (ESPP)
- Voluntary Life and AD&D
- Gold HSA Medical. Silver HSA Medical. and Bronze HSA Medical
- Ameritas Dental
- EyeMed Vision
- Health Savings Account (HSA)
- Beneficiary Designations (if you did not update in Workday yet, you will need to complete during OE)

View this year's annual benefits Open Enrollment training via eLearning to learn all about benefit plans and wellness plan information. Available Oct. 18 through Nov. 10.

Medical Plan Benefits and Premiums

United Healthcare (UHC) is Nelnet’s medical and pharmacy insurance provider. They provide excellent customer service, deep network discounts, and a large network of providers. Other services offered include:

- Virtual visits for sick care that are non-emergent such as ear infection or flu symptoms and mental health are available through Doctor on Demand, Talkspace, Teladoc, or AmWell using an app on your mobile phone or from a computer.
- Network provider search tool, including covered prescriptions, prescription-tier levels, and preventive prescription lists that are paid at 100%, is available on the pre-member website.
- Symptom Support Navigator powered by Buoy, access via ‘Check My Symptoms’ tile anytime through the Health Resource tab to explore your symptoms, get feedback on symptoms, and choose the best care option for you.
- Advocate4Me hotline available to UHC members with questions about coverages and costs related to their United Healthcare plan: 844.333.2614
- UHC mobile app available for download so you can search for in-network providers on the go and research cost estimates for common procedures.
- All medical participants will receive a new medical ID card for 2024. All participants must use their new 2024 medical ID card for pharmacy benefits effective Jan 1, 2024.

High-Level Comparison of 2024 Medical Plans

In-Network Benefits	Gold HSA Medical	Silver HSA Medical	Bronze HSA Medical
Deductible	\$1,600 individual \$3,200 dependent	\$3,500 individual \$7,000 dependent	\$6,500 individual \$13,000 dependent
Type of deductible	Aggregate: When you elect dependent coverage, you will need to reach the dependent deductible before co-insurance begins. If you only insure yourself, you will need to meet only the individual deductible.	Embedded: Co-insurance begins for any covered person once the person has incurred claims exceeding the individual deductible of \$3,500. If you elect dependent coverage, the combined deductible paid by any combination (two or more) of your family members will never exceed \$7,000 per year.	Embedded: Co-insurance begins for any covered person once the person has incurred claims exceeding the individual deductible of \$6,500. If you elect dependent coverage, the combined deductible paid by any combination (two or more) of your family members will never exceed \$13,000 per year.
Co-insurance	80% paid by plan	100% paid by plan	100% paid by plan
Annual maximum out of pocket (OOP)	\$3,000 individual \$6,000 family	\$3,500 individual \$7,000 family	\$6,500 individual \$13,000 dependent
Office visit co-pay	Applied to deductible/ co-insurance	Applied to deductible	Applied to deductible
Preventive	Paid 100%	Paid 100%	Paid 100%
Prescriptions	Applied to deductible/ co-insurance	Applied to deductible	Applied to deductible
Preventive prescriptions	Paid 100% if on approved listing	Paid 100% if on approved listing	Paid 100% if on approved listing

Medical Plan Benefits and Premiums

Medical Premiums (Tobacco User Rate Less Medical Premium Credits)

2024	Meet All 4 Goals		Meet 3 Goals		Meet 2 Goals		Meet 0 –1 Goal		**Tobacco User/ No Screening (No discount applied)	
	Bi-Weekly	Weekly	Bi-Weekly	Weekly	Bi-Weekly	Weekly	Bi-Weekly	Weekly	Bi-Weekly	Weekly
Gold HSA Medical										
Associate only	\$73	\$36.50	\$81	\$40.50	\$103	\$51.50	\$118	\$59	\$233	\$116.50
Associate + spouse/partner	\$137	\$68.50	\$152	\$76	\$189	\$94.50	\$221	\$110.50	\$457	\$228.50
Associate + child(ren)	\$130	\$65	\$134	\$67	\$179	\$89.50	\$211	\$105.50	\$290	\$145
Family	\$192	\$96	\$213	\$106.50	\$261	\$130.50	\$313	\$156.50	\$512	\$256
Silver HSA Medical										
Associate only	\$56	\$28	\$64	\$32	\$83	\$41.50	\$95	\$47.50	\$216	\$108
Associate + spouse/partner	\$100	\$50	\$119	\$59.50	\$145	\$72.50	\$167	\$83.50	\$420	\$210
Associate + child(ren)	\$92	\$46	\$108	\$54	\$132	\$66	\$154	\$77	\$252	\$126
Family	\$138	\$69	\$164	\$82	\$202	\$101	\$233	\$116.50	\$458	\$229
Bronze HSA Medical										
Associate only	\$38	\$19	\$52	\$26	\$58	\$29	\$60	\$30	\$198	\$99
Associate + spouse/partner	\$67	\$33.50	\$88	\$44	\$109	\$54.50	\$115	\$57.50	\$387	\$193.50
Associate + child(ren)	\$62	\$31	\$83	\$41.50	\$104	\$52	\$120	\$60	\$222	\$111
Family	\$93	\$46.50	\$114	\$57	\$141	\$70.50	\$156	\$78	\$413	\$206.50

Domestic Partner Fringe⁵

2024	Bi-Weekly	Weekly
Gold HSA Medical	\$301.31	\$150.65
Silver HSA Medical	\$203.96	\$101.98
Bronze HSA Medical	\$187.64	\$93.82

Associates who qualify for fewer than four goals at the time of health screenings may still qualify for reduced premiums by completing a health improvement coaching program or tobacco cessation program or full reward if the **Reasonable Alternative Standard form was submitted.

⁵ This is not a premium charged for your domestic partner. It is an amount that we are required to tax you on. Therefore, the taxes on this amount will be deducted from your paycheck for the coverage of your domestic partner.

Did you know?

Nelnet's medical and dental plans are self-funded. This means that all claims and administrative costs are paid by Nelnet and your paycheck contributions. Nelnet pays for about 70% of the total cost.

Selecting the Best Medical Plan for You

When selecting the medical plan that is best for you and your family, start by considering what types of medical situations you may encounter this year. Review the summary of benefit coverage for each medical plan to understand what each plan offers and consider which option makes the most sense for your needs. Use the chart below to compare the plans side-by-side and calculate which plan works best for your budget. If you have questions throughout this process, contact [People Services](#) or [SMBO](#) for assistance.

Costs for Associate-Only Coverage Using In-Network Providers

	Gold HSA Medical	Silver HSA Medical	Bronze HSA Medical
\$150 preventive care office visit	\$0	\$0	\$0
\$22 preventive generic prescription	\$0	\$0	\$0
\$100 tier 3 antibiotic prescription	\$100 (applies to deductible)	\$100 (applies to deductible)	\$100 (applies to deductible)
\$6,000 outpatient surgery	Deductible: \$1,500 20% co-insurance: \$900	Deductible: \$3,400	Deductible: \$6,000
TOTAL you pay	\$2,500	\$3,500	\$6,100
Less wellness participation incentive⁶	-\$900 (HSA deposit)	-\$900 (HSA deposit)	-\$900 (HSA deposit)
Plus single coverage annual premium⁷	\$1,898	\$1,456	\$988
Your TOTAL annual costs	\$3,498	\$4,056	\$6,188

⁶Assumes you will earn the full 2024 wellness participation incentive of \$900 for HDHP associate-only coverage

Costs for Family Coverage Using In-Network Providers

	Gold HSA Medical	Silver HSA Medical	Bronze HSA Medical
\$150 preventive care office visit	\$0	\$0	\$0
\$22 preventive generic prescription	\$0	\$0	\$0
\$100 Tier 3 antibiotic prescription	\$100 (apply to deductible)	\$100 (apply to deductible)	\$100 (apply to deductible)
\$6,000 outpatient surgery	Deductible: \$3,100 20% co-insurance: \$580	Deductible: \$3,400	Deductible: \$6,000
TOTAL you pay	\$3,780	\$3,500	\$6,100
Less wellness participation incentive⁸	-\$1,800 (HSA deposit)	-\$1,800 (HSA deposit)	-\$1,800 (HSA deposit)
Less spouse/partner wellness incentive⁹	-\$500 (HSA deposit)	-\$500 (HSA deposit)	-\$500 (HSA deposit)
Plus family coverage annual premium¹⁰	\$4,992	\$3,588	\$2,418
Your TOTAL annual costs	\$6,472	\$4,788	\$6,218

⁸Assumes you will earn the maximum 2024 wellness participation incentive of \$1,800 for HDHP family/dependent coverage

⁹Assumes spouse/partner completes a health screening and earns the maximum incentives from health screening goals

¹⁰Assumes you are tobacco free and will physically meet all health screening goals.

Union Bank & Trust also provides calculators to assist in analyzing health plan options.

Click [HERE](#) to check them out or visit UBT.com/Health.

Dental and Vision Benefits and Premiums

Ameritas is Nelnet’s dental provider. The plan provides preventive, basic, major, and orthodontic services. New participants will be issued an ID card. They offer 24/7 customer service to answer your questions anytime. **For pre-enrollment questions, call 800.487.5553, 7 a.m. to 12 p.m. (Central), and Friday, 7 a.m. to 6 p.m. You can also visit the online benefit center, Nelnet.AmeritasGroup.com.**



Dental Benefits

Carrier: Ameritas

Dental Plan Bi-Weekly Premiums

	2024
Associate only	\$4.65
Associate + spouse/partner	\$10.23
Associate + child(ren)	\$8.37
Family	\$11.16
Domestic partner taxable non-cash fringe ¹¹	\$17.95

¹¹ You will be required to pay taxes on this domestic partner fringe.

Summary of Dental Benefits

DENTAL – In Network	
Calendar year deductible	\$50 per individual (\$150 family)
Co-insurance	
Preventive services (Type I)	100% paid by plan; not subject to deductible
Basic services (Type II)	80% paid by plan
Major services (Type III)	50% paid by plan
Orthodontic services	100% paid by plan for children and adults; not subject to deductible
Maximums	
Preventive, basic, and major	\$1,500 per year per covered dependent
Orthodontic	\$2,000 per lifetime per covered dependent

Vision Benefits

Carrier: EyeMed

Nelnet’s vision plan provides in-network and out-of-network benefits for associates and dependents. Participants will be issued an identification card by EyeMed if they are new to the vision plan. To search for an in-network provider, visit this [website](#).

Vision Plan Bi-Weekly Premiums

2024	Essential	Enhanced
Associate only	\$2.57	\$8.22
Associate + spouse/partner	\$4.88	\$15.62
Associate + child(ren)	\$5.14	\$16.45
Family	\$7.55	\$24.17

Summary of Vision Benefits

VISION – In Network	Essential	Enhanced
Exam (once per calendar year)	\$20 co-pay	\$0 co-pay
Maximums		
Single, bifocal, and trifocal lenses	\$20 co-pay	\$10 co-pay
Standard progressive lenses	\$85 co-pay	\$10 co-pay
Standard anti-reflective coating	\$45 co-pay	\$0 co-pay
Standard plastic scratch coating	\$15 co-pay	\$0 co-pay
Frames (calendar year allowance)	\$100; 20% off balance over \$100	\$160; 20% off balance over \$160
Disposable contacts (calendar year allowance)	\$115 allowance	\$160 allowance
Standard fit and follow up	Up to \$55 co-pay	\$0 co-pay; includes 2 follow-up visits
Retinal imaging	Up to \$39 co-pay	Up to \$39 co-pay
EYE360 PLUS PROVIDER	Essential	Enhanced
Exam (once per calendar year)	\$0 co-pay	\$0 co-pay
Frames (calendar year allowance)	\$150; 20% off balance over \$150	\$210; 20% off balance over \$210

Health Savings Account (HSA)



What's New?

2024 annual HSA contributions limits per IRS are \$4,150 for associate-only medical coverage and \$8,300 if insuring dependents. Contribution limits do include associate contributions and employer contributions.



A Health Savings Account is available to associates who participate in a qualified High Deductible Health Plan (HDHP). This account allows you to contribute pre-tax dollars to help pay for qualified medical, dental, and vision health care expenses, prescriptions, and certain over-the-counter items. Unused HSA funds roll over year-to-year, even if you change your medical plan or leave the company.

Nelnet's HSA trustee is Omnify, powered by Union Bank & Trust (UBT). This account is private and not accessible by Nelnet. Before enrolling, review the eligibility details below. Once your balance reaches \$500, you have the ability to open an investment HSA and invest in mutual funds offered by UBT. Earnings on your account—and any dollars you contribute – are tax-free.

HSA funds can be used for both immediate, out-of-pocket expenses as well as planned future expenses such as orthodontics, childbirth, or Medicare supplemental plan premiums when you retire. To view eligible expenses, please refer to a HSA to Publication 502 on the IRS website. Note that non-eligible expenses may be subject to penalty.

To be eligible for an HSA:

- You must be enrolled in a qualified HDHP. The Gold, Silver, or Bronze HSA medical plans meet the criteria.
- You cannot be enrolled in Medicare or Medicaid.
- Your spouse cannot be enrolled in a Health Care Flexible Spending Account.
- You cannot be covered on another health plan that is not a qualified high-deductible plan.
- You must open an HSA account through Omnify.

Advantages of an HSA:

- Unused money (including any interest earned) rolls over from one year to the next even if you change your medical insurance plan or leave the company.
- Tax savings: Your contributions are deducted from your paycheck pre-tax and are not subject to federal tax withholding.
- By completing the wellness activities and earning 10,000 points each quarter, you could earn an HSA deposit from Nelnet up to \$1,800. These deposits are tax-free and not reported as income.

Funds can also be used for eligible expenses for your dependents, despite whether they are covered on a Nelnet medical insurance plan. Please consult a tax advisor with questions regarding tax-eligible dependents. If you insure your domestic partner and/or children of your domestic partner, you cannot use HSA dollars to pay for their health care expenses on a pre-tax basis, unless the domestic partner is a spouse, including same-sex spouse under the laws of a state or country that recognizes same-sex marriages. Please consult a tax advisor regarding the tax implications specific to your situation or if you have questions on the taxation of benefits related to a same-sex spouse.

If you elect a Nelnet medical plan for 2024, you must have a zero balance in your Healthcare FSA by Dec. 31, 2023 in order to contribute to an HSA or receive HSA employer deposits from Nelnet.

Flexible Spending Account (FSA) Options

A Flexible Spending Account (FSA) is an account in which you can contribute pre-tax dollars to pay for out-of-pocket health care expenses and eligible dependent care services.



- Maximum annual contribution is \$3,050 for Limited Purpose or Health Care FSA; Dependent Care FSA is \$5,000.

Note: Dependent Care Flexible Spending Account will only be available for associates with an annual salary up to \$100,000.

- IMPORTANT: If you have a Health Savings Account Debit Card with Omnify, your 2024 FSA account will be added to it.
- 24/7 customer service line available.
- You must elect your annual contribution amount at [MyWorkday.com/Nelnet](https://myworkday.com/nelnet) Nov. 1 – Nov. 10 if you want to continue contributions or if you plan to open a new FSA in 2024. You are not able to change your election throughout the year unless you have a qualifying event and notify People Services within 31 days of the event.

Three Types of Accounts

1. **Dependent Care:** This account can be used to pay for eligible dependent care services, such as preschool, before or after school programs, and child or adult daycare.
2. **Health Care** (for those without an HSA): This account is available to associates who are not eligible to participate in an HSA or are not covered by a Nelnet medical insurance plan.
3. **Limited Purpose Health Care** (for dental and vision expenses only and participating in an HSA): This account is only available to Nelnet associates enrolled in a medical insurance plan. These funds can only be used on dental and vision expenses.

Account Setup Information

- Account setup is automatic: Nelnet informs Omnify upon receiving your enrollment information.
- Omnify will send a “Welcome email” in mid-December.
- If you are electing a Dependent Care, Health Care, or Limited Purpose FSA for the first time with Omnify, you will receive a debit card in the mail. One debit card is used for all account types, and it is mailed in a plain white envelope. Note: If you have a Health Savings Account card with Omnify already, they will add the FSA onto that debit card.
- Register at Omnify to view account balances, transactions, and eligible reimbursable expenses.

Budget wisely! All FSAs have the “use it or lose it” rule, which means your contributions will not be carried over to the next calendar year.

Voluntary Life Insurance Plan



Carrier: Lincoln Financial Group (LFG)

- **Voluntary Life and AD&D**

Voluntary life and AD&D insurance are bundled into one premium. Coverage is available to you, your legal spouse, your domestic partner, and your children.

Changes to Voluntary Life/AD&D Insurance can be made anytime throughout the year. However, any requests to increase Voluntary Life/AD&D Insurance coverage are subject to verification of insurability after initial enrollment.

Associate: You can purchase Voluntary Life/AD&D Insurance in increments of \$10,000 up to \$500,000. Evidence of good health is required if you do not enroll when you are first eligible. Premiums are deducted on an after-tax basis.

Spouse/Domestic Partner: You may purchase Voluntary Life AD&D Insurance for your spouse/domestic partner in increments of \$10,000, up to \$250,000. Evidence of good health is required if you do not enroll when you are first eligible. Spousal/domestic partner coverage cannot be elected unless associate voluntary coverage is elected, and spousal/domestic partner coverage cannot exceed 50% of the value of the associate's voluntary coverage.

Child: You may elect \$10,000 of coverage for your eligible dependent children. This coverage is only available if you elect Voluntary Life/AD&D Insurance for yourself. The premium for Child Life/AD&D Insurance, regardless of the number of children covered, is \$.78 per pay period.

Age banded monthly rates per \$1,000 of coverage:

<25: to	\$.07
25-29:	\$.08
30-34:	\$.10
35-39:	\$.11
40-44:	\$.164
45-49:	\$.317
50-54:	\$.542
55-59:	\$.784
60-64:	\$1.31
65-69:	\$1.99
70>:	\$2.91

Supplemental Plans

Carrier: Lincoln Financial Group

- Accident Care plan
- Critical Illness plan
- Hospital Indemnity plan

Accident insurance from Lincoln Financial Group (LFG) can help when accidents hurt in more ways than one. If you or a loved one are injured in an Accident, you get a cash benefit. Even through you can't see an accident coming, you can still plan for one.

Critical illness can strike at anytime, compounding the challenges of an illness are the financial hardships it can bring. Critical illness from LFG can help. If you or a loved one are diagnosed with a covered illness or event, you receive a cash benefit to use however you wish.

Hospital indemnity coverage provides security in the event of a hospital stay, providing a lump sum cash benefit to use as you like. Providing coverage for the unexpected.

For plan benefits and rate tables for all of these plans, please see the **Supplemental Plans section** posted on the Open Enrollment Portal page.

Premiums are paid 100% by the associate for these plan options.

Please view the Open Enrollment eLearning for more details.

Reminder: Nelnet does offer associates Paid Medical Leave plans after six months of service and Long-Term Disability (LTD) plans after 12 months of service. Please refer to **Associate Handbook** and/or **Nelnet Employee Center** for details.

Understanding Nelnet Medical Insurance Plans

Glossary of Insurance Terms

Aggregate deductible	Gold HSA Medical Plan has an aggregate deductible. You must meet the deductible before co-insurance begins.
Co-insurance	Co-insurance is the percentage of the cost you pay for services provided after the deductible has been met.
Co-pay	A copayment or co-pay is the fixed amount you pay to a healthcare provider each time a service is provided.
Embedded deductible	Silver and Bronze HSA Medical Plans have an embedded deductible. If you are on a family medical plan with an embedded deductible, your plan contains two components, an individual deductible and a family deductible. Having two components to the deductible allows for each member of your family the opportunity to have insurance policy cover their medical bills prior to the entire dollar amount of the family deductible being met. The individual deductible is embedded in the family deductible.
Deductible	Your deductible is the amount of money you must pay for healthcare services before the insurance company begins paying their portion of the cost.
FSA	A Flexible Spending Account is an account you can contribute pre-tax dollars to and use to pay for out-of-pocket health care expenses and eligible dependent care services.
HDHP	High deductible health plans are health plans that allow you to contribute pre-tax dollars to a Health Savings Account.
HMO	Health Maintenance Organization. HMOs have their own limited network of doctors, hospitals, and other health care providers who have agreed to accept payment at a certain level for any services they provide.
HSA	A Health Savings Account is a tax-advantaged medical savings account. The funds contributed to this account are not subject to federal income tax at the time of deposit, and can be used to offset your medical, dental, and vision expenses.
Open Enrollment	Open Enrollment is the period each fall (usually early November) when Nelnet associates select and enroll in their benefits for the following year.
Out-of-pocket	Out-of-pocket expenses are medical care costs that are not reimbursed by insurance. Out-of-pocket costs include deductibles, coinsurance, and copayments for covered services plus all costs for services that are not covered.
PPO	A Preferred Provider Organization is a type of health plan that contracts with medical providers, like hospitals and doctors, to create a network of participating providers. You pay less if you use providers that belong to the plan's network.
Premiums	Premiums are the funds deducted from each paycheck to pay for your benefits.

Required Compliance Notices

Women's Health and Cancer Right Act of 1998

The Women's Health and Cancer Rights Act of 1998 was signed into law on Oct. 21, 1998. The Act requires that all group health programs provide medical and surgical benefits with respect to a mastectomy must provide coverage for:

- Reconstruction of the breast on which the mastectomy has been performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses and treatment of physical complications of all stages of mastectomy, including lymphedema

These services must be provided in a manner determined in consultation with the attending physician and the patient. This coverage may be subject to annual deductibles, co-pays, and co-insurance provisions, applicable to other such medical and surgical benefits provided under the program.

Nursing Mothers, Lactating Employees, and Pregnancy Accommodations employee notice

Minnesota's Nursing Mothers, Lactating Employees, and Pregnancy Accommodations law (Minnesota Statutes §181.939) gives pregnant and lactating employees certain legal rights.

Pregnant employees have the right to request and receive reasonable accommodations, which may include, but are not limited to, more frequent or longer breaks, seating, limits to heavy lifting, temporary transfer to another position, temporary leave of absence or modification in work schedule or tasks. An employer cannot require an employee to take a leave or accept an accommodation.

Lactating employees have the right to reasonable paid break times to express milk at work unless they are expressing milk during a break that is not usually paid, such as a meal break. Employers should provide a clean, private and secure room that is not a bathroom near the work area that includes access to an electrical outlet for employees to express milk.

It is against the law for an employer to retaliate, or to take negative action, against a pregnant or lactating employee for exercising their rights under this law.

Employees who believe their rights have been violated under this law can contact the Minnesota Department of Labor and Industry's Labor Standards Division at dli.laborstandards@state.mn.us or 651-284-5075 for help. Employees also have the right to file a civil lawsuit for relief. For more information about this law, visit dli.mn.gov/newparents.

HIPAA Portability Notice

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the rules issued by the U.S. Department of Health and Human Services, requires Nelnet's health care plan (medical insurance, prescription drug, dental, and vision) to protect the confidentiality of your private health information. The intent of HIPAA is to make sure that private health information that identifies or could be used to identify you is kept private. The individually identifiable health information is known as "Protected Health Information" (PHI). The Nelnet health care plan will not use or disclose your PHI without your written authorization, except as necessary for treatment, payment, program operations, and program administration, or as permitted or required by law. The plan will not, without your written authorization, use or disclose PHI for employment-related actions and decisions, or in connection with benefits under another employee benefit program. The plan also hires professionals and other companies to advise the plan and help administer and provide health care benefits. This plan requires these individuals and organizations, called "Business Associates," to comply with HIPAA's privacy rules. In some cases, you may receive a separate notice from one of the program's business associates (for example, United Healthcare, the claims administrator for the medical programs). That notice will describe your rights with respect to benefits administered by that individual/organization. For further information about the Nelnet health plan or to view the HIPAA Privacy Notice, please refer to Nelnet's HIPAA Policy located in the Benefits section of the Portal.

Notice Regarding Wellness Program

Nelnet Wellness is a voluntary wellness program available to all associates. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve associate health or prevent

disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act of 1996, as applicable, among others. If you choose to participate in the wellness program, you will also be asked to complete a biometric screening on an annual basis, which will include a blood test for cholesterol and blood glucose. Your blood pressure, body mass index, and waist circumstances will also be measured. You are not required to participate in the blood test or other medical examinations.

However, associates who choose to participate in the wellness screening will receive an incentive of a premium discount on their Nelnet medical insurance based on the number of biometric goals that meet national guidelines. Although you are not required to participate in the biometric screening, only associates who do so will receive a medical premium discount. If you are unable to achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting **People Services**.

Nelnet Wellness also offers participation-based challenges throughout the year that focus on physical activities, financial well-being, professional opportunities, and personal development. Additional incentives of up to a \$1,800 HSA deposit (for those enrolled in a Nelnet medical plan) or \$400 cash may be available for associates who participate and track these activities earn 10,000 points each quarter.

The results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as health coaching. You also are encouraged to share your results or concerns with your own doctor.

Protections From Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Nelnet, Inc. may use aggregate information it collects to design a program based on identified health risks in the workplace, Nelnet Wellness will never disclose any of your personal information either publicly or to your employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection

with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information are the health screening nurses.

In addition, all medical information obtained through the wellness program will be maintained with the applicable business associates who abide by the HIPAA regulations, and no information you provide as part of the wellness program will be used in making any employment decisions. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Kelly McKeever, executive director of People Services, at 402.458.2361.

COBRA Initial Notice

The purpose of this notice is to inform you of certain rights you and your family may have under federal law to continue your medical, dental, and/or other health coverage should you lose eligibility under any of these plans. In addition to rights under federal law, you may have rights under state law. If you lose eligibility, you will receive an additional notice at that time explaining your rights from United Healthcare, Nelnet's COBRA Administrator.

There are two situations where Nelnet would not know to give you a notice unless you first informed People Services that the event occurred.

1. You must notify us if you and your spouse/partner become divorced or legally separated.
2. You must notify us if a dependent child no longer qualifies as an eligible dependent under our plan. Children will generally lose eligibility upon reaching age 26. Please refer to your benefit materials for each plan for specific information about your children's eligibility for coverage.

If you or a member of your family experiences any of the events listed above, please contact **People Services** within 31 days of the event. More details about the notice are incorporated into the Summary Plan Descriptions of Nelnet's health plans. You can access the Summary Plan Descriptions within Your Associate Portal in Workday.

Medicare Part D Creditable Coverage

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Nelnet and about your options under Medicare's prescription drug coverage. This information can help you decide whether 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 is available 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. Nelnet has determined that the prescription drug coverage offered 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 Oct. 15 to Dec. 7. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two-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 Nelnet coverage will not be affected. If you do decide to join a Medicare drug plan and drop your current Nelnet coverage, be aware that you and your dependents will not be able to get this coverage back.

When will you pay a higher premium (penalty) to join a Medicare drug plan?

If you drop or lose your current coverage with Nelnet and do not 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 19 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 on the next page for further information. Note: You will get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Nelnet 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 will 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 [Medicare.gov](https://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 [SocialSecurity.gov](https://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 you have maintained creditable coverage and, therefore, whether you are required to pay a higher premium (a penalty).

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average eight hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Children's Health Insurance Program Reauthorization Act (CHIP)

Under the Children's Health Insurance Program Reauthorization Act of 2009 (CHIP), group health plans and group health insurance issuers must offer new special enrollment opportunities. Nelnet must permit associates and dependents who are eligible for, but not enrolled in, a Nelnet health plan to enroll in the plan upon:

- Losing eligibility for coverage under a State Medicaid or CHIP program.
- Becoming eligible for State premium assistance under Medicaid or CHIP.

The associate or dependent must request coverage within 60 days of being terminated from Medicaid or CHIP coverage or within 60 days of being determined to be eligible for premium assistance.

For more information regarding state premium assistance programs, please review the [CHIP NOTICE](#). If you have any questions, contact [People Services](#).

Disclaimer

This guide is intended to be a general description of the plans and programs offered by Nelnet. It is for informational purposes only and is not all-inclusive. Coverage by these benefits does not imply an employment contract or guarantee of employment and should not be interpreted as such. Nelnet and any successors reserve the right to change, amend, terminate, or modify the provisions of these plans and programs by action of the Company with or without advance notice. All benefits are subject to provisions of the plan document or contracts. No one shall accrue any rights because of any statements in or omission in this guide, nor shall any statement or omission modify or affect the plan documents. Please refer to the Summary Plan Description and contracts, located on the Nelnet Portal, for further details. Nothing in this guide is intended to provide medical, tax, or legal advice.

Date: October 1, 2023

Name of Entity: Nelnet Inc.

Contact: Jamie Fountain, Benefits and Wellness Director

Address: 121 South 13th Street Lincoln, NE 68502

Phone: 402.486.5649