



Nova Southeastern University

Plan Year

April 1, 2011 - March 31, 2012

“Better Benefits Through Collaboration”



Meeting Overview

- **Online Enrollment**
- **Introduction to ICUBA**
- **Employee Use of Wellness / Preventative Benefits**
- **MHNet Employee Assistance Program**
- **Blue Cross Blue Shield of Florida**
- **Pharmacy Benefit with Walgreens Health Initiatives**
- **Flexible Spending Accounts and Health Reimbursement Accounts**
- **ICUBA Benefits Card™**
- **Dental and Vision Plans**
- **Life Insurance**
- **Optional Life Insurance**
- **Short Term Disability**
- **Long Term Disability**
- **Emergency Travel Benefit**
- **Retirement Plans**
- **AFLAC and Pre Paid Legal**



Enrollment Reminder

- Employees have **thirty days (30)** from their date of hire to enroll in ICUBA benefits
- Premiums are charged from the date of hire
- **Enrollment is made online at <http://icubabenefits.org>**
- Enrollment instructions are posted on the benefits web page
- If you do not enroll during this period you may enroll during the next annual enrollment
- Employees working at least 19.2 hours per week are eligible for retirement match, dental and vision
- Employees working 28 hours or more per week are eligible for retirement match, medical, dental, and vision

ICUBA Schools



How to Enroll

To enroll in benefits, please login to the Benefits enrollment portal at <http://icubabenefits.org>

- The enrollment portal is available 24 hours a day
- First time user instructions can be found in the “Benefits Information” box on the Benefits web page
- If you need assistance, please contact the Office of Human Resources by email at HR4U@nova.edu or by calling 954-262-HR4U
- HR Representatives are available Monday – Friday, 9am to 4pm

The background image shows a large, modern, multi-story building with a curved facade, likely a university or hospital building. The building is light-colored with many windows. In the foreground, there are several palm trees and a paved area with a white van. The overall scene is bright and sunny.

NSU/ICUBA HealthCare and Wellness Benefits

ICUBA Cares™

These programs are offered through the ICUBA medical plan or by our vendor partners

- They promote the prevention of disease and early treatment with the goal to avoid incidences of critical care
- These plans can save you and the plan money which helps keep premium costs lower

NSU Wellness & Preventive Services

- The NSU Pharmacy provides free health screenings monthly call 954-262-4550 or log in to <http://pharmacy.nova.edu/home.html>
- NSU Employee Clinic available in the morning, call 954-262-2181, health plan billed for services.
- NSU Center for Psychological Studies Guided Self Change Programs will help you Lose Weight, Stop Smoking, Stop Gambling, and Stop Procrastinating! Call 954-262-5969, fees based on a sliding scale.
- NSU/AHEC offers a free 6 week Quit Smoking Program call 954-262-5860
- Health Risk Assessment on-line, and earn a \$25 HRA credit!
- Maternity Health Risk Assessment, and earn a \$25 HRA credit!

Free In-Network Wellness Benefits

- Aspirin for adults with a physician prescription
- Prescribed generic folic acid & prenatal vitamins for pregnancy
- Diabetic Supplies such as One Touch meters, lancets, strips and Novofine® needles
- Employee Assistance Program available to all employees and members of their household. Six free visits per issue per year
- Better You From Blue™ Health Fairs with \$25 incentive for participation
- Annual Physical and Gynecological Exam
- Abdominal aortic aneurysm screening age 60 & up

Free In-Network Wellness Benefits

- Immunizations
- Colonoscopies
- Sigmoidoscopies
- Colorectal Screenings
- Prostate Cancer Screenings
- Allergy Injections
- Bone Mineral Density Tests
- Lab Tests
- Pap Tests
- Mammograms
- Urinalysis
- Electrocardiograms
- Echocardiograms
- **All covered at 100%**

NO DEDUCTIBLE FOR THE FOLLOWING IN-NETWORK SERVICES

THERAPY OFFICE VISITS ✓

EMERGENCY ROOM VISITS ✓

PHYSICIAN OFFICE VISITS ✓

URGENT CARE VISITS ✓



BlueCross BlueShield Health Dialog®

- HEALTH DIALOG® supports members and their covered dependents by providing information to help members better understand their medical condition and their treatment options
- Health coaches are available 24 hours a day, 7 days a week to provide you and your family with medical information. You can speak with the same coach each time you call

BlueCross BlueShield Care Coordination

Use BCBS Nurse Case Managers to coordinate services when you need:

- To receive intravenous medications or wound care at home
- To find nursing services
- To coordinate complicated medical treatment plans
- To plan your surgical discharge and follow up treatment

Monday - Thursday 8AM – 6PM

Fridays 9AM – 6PM

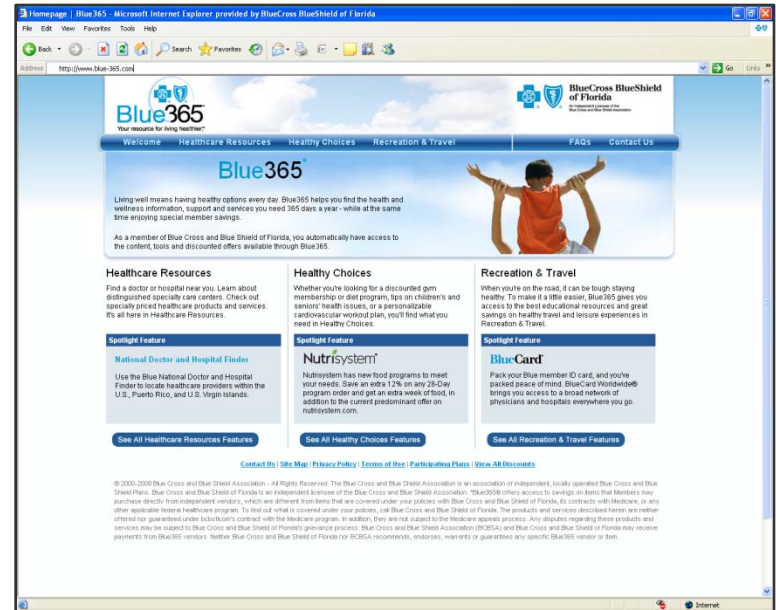
877-789-2583

TTY 877-900-4304

BlueCross BlueShield - Blue365[®] Discount Program

BCBS national member discount program delivering health and wellness tools, services, information and discounts to help members make healthy changes.

Discounts for fitness clubs (i.e., Gold's Gym), exercise equipment nutrition and weight management programs (Curves International®, Jenny Craig®, Nutrisystem®,) massages, vitamins and so much more.



Two convenient ways to access Blue365[®]

- 1) Visit www.bcbsfl.com
 - Log onto MyBlueService
 - Member Resources
 - Member Discounts
- 2) Visit www.blue-365.com

Commonly Used Terms

- **Co-pay**: A flat fee charged to an insured employee as specified by the plan. A Co-pay accumulates towards the out-of-pocket maximum, but not the deductible
- **Deductible**: A dollar amount that must be paid by the insured for health or dental services before a claim becomes payable by the carrier. The deductible DOES accumulate toward out-of-pocket maximum
- **Co-insurance**: The employee portion of the health expense for services such as, but not limited to, facility/hospital charges, laboratory charges, physician services (surgery, anesthesia, radiology, pathology, etc.). Co-insurance DOES accumulate toward out-of-pocket maximum
- **Member Health Statement (MHS)**: Comprehensive monthly statement of claim activity in last 28 days, explanation of benefits paid (EOB's) sent by insurance companies to enrollees. MHS provides necessary information about claim payment information and patient responsibility amounts, deductible and OOP accumulation, tips to live healthier



Commonly Used Terms

- **Preauthorization**: An authorization that must be obtained from carrier prior to inpatient medical procedures only. (This is **not** the same as referral – PPO's do not require referral)
- **Plan Year Out-of-Pocket Maximum**: The maximum amount of deductible and coinsurance during any Plan Year that you pay before the Plan begins to pay 100% of Covered Expenses for the balance of the Plan Year
- **Contracted Rate/Allowed Amount**: The discounted rate that an in-network provider has agreed to accept for services rendered. The contracted rate is subject to deductibles and coinsurance whenever applicable
- **Certificate of Prior Coverage**: A document detailing the period of prior coverage for a new employee. It is used for the purpose of determining creditable coverage under HIPAA regulations. If there is a break of 63 days or more since prior coverage, Pre-existing limitation will apply to participants over 19 years of age
- **Centers of Excellence**: Preferred places of care with the best outcomes, finest operational standings and best patient care

BlueCross BlueShield

Medical Plan Similarities and Differences

Similarities	Differences
Plan Rules	Premiums
Prescription Drug Benefits	HRA Contributions
Behavioral Health Benefits	Provider Networks
Free ICUBA CARES™ Programs	Deductibles
24/7 Health Information	Co-insurance & Co-payments
ER & Urgent Care	Annual Out-of-Pocket Maximums

BCBSFL Network Names

Plan Name	Network Name
PPO 70 Blue Choice	Blue Choice (Preferred Patient Care (PPO))
PPO 70 Blue Options	Blue Options (Network Blue)
Risk/Reward Blue Choice	Blue Choice (Preferred Patient Care (PPO))
Risk/Reward Blue Options	Blue Options (Network Blue)

Healthcare Benefit Summary

Benefit	PPO 70		Risk/ Reward	
	Network	Non-Network	Network	Non-Network
Deductible Individual/Family	\$750/\$2,250	\$1,250/\$3,750	\$1,750/\$4,000	\$3,250/ \$9,750
Coinsurance	30% after deductible	50% after deductible	20% after deductible	40% after deductible
Out of Pocket Maximum (includes all medical co-pays, deductibles, and coinsurance)	\$3,000/\$6,000	\$6,000/\$12,000	\$3,500/\$7,000	\$7,000/\$14,000
Physicians Office Visit (includes General Practice, Internal Medicine, Family Practice, Pediatrician, OB/GYN and Behavioral Health)	\$20 co-pay; no deductible	50% after deductible	20% no deductible	40% after deductible
Specialist Office Visit	\$30 co-pay; no deductible	50% after deductible	20% no deductible	40% after deductible
Wellness Exam	\$0	Not Covered	\$0	Not Covered
Diagnostic Imaging	\$100 co-pay, and 30% after deductible	50% after deductible	20% after deductible	40% after deductible
Urgent Care	\$30 co-pay; no deductible	\$30 co-pay; no deductible	20% no deductible	20% no deductible
Emergency Room Services	\$100 co-pay (waived if admitted) no deductible	\$100 co-pay (waived if admitted) no deductible	\$100 co-pay (waived if admitted) no deductible	\$100 co-pay (waived if admitted) no deductible
Hospital Inpatient	\$250 co-pay, and 30% after deductible	\$500 co-pay and 50% after deductible	20% after deductible	40% after deductible

Making a Choice

Healthcare Benefit Premium

Coverage/Tier	Monthly Employer Contribution	Monthly HRA Contribution	Monthly Employee Contribution	Bi-Weekly Employee Contribution
EMPLOYEE ONLY				
PPO 70 Blue Choice	\$360.00	\$15.00	\$240.00	\$120.00
PPO 70 Blue Options	\$390.00	\$25.00	\$184.00	\$92.00
PPO Risk/Reward Blue Choice	\$360.00	\$30.00	\$115.00	\$57.50
PPO Risk/Reward Blue Options	\$390.00	\$35.00	\$57.00	\$28.50
EMPLOYEE & SPOUSE				
PPO 70 Blue Choice	\$360.00	\$45.00	\$839.00	\$419.50
PPO 70 Blue Options	\$390.00	\$100.00	\$757.00	\$378.50
PPO Risk/Reward Blue Choice	\$360.00	\$125.00	\$590.00	\$295.00
PPO Risk/Reward Blue Options	\$390.00	\$200.00	\$503.00	\$251.50
EMPLOYEE & CHILDREN				
PPO 70 Blue Choice	\$360.00	\$65.00	\$720.00	\$360.00
PPO 70 Blue Options	\$390.00	\$120.00	\$643.00	\$321.50
PPO Risk/Reward Blue Choice	\$360.00	\$150.00	\$495.00	\$247.50
PPO Risk/Reward Blue Options	\$390.00	\$225.00	\$414.00	\$207.00
EMPLOYEE & FAMILY				
PPO 70 Blue Choice	\$360.00	\$90.00	\$1,318.00	\$659.00
PPO 70 Blue Options	\$390.00	\$150.00	\$1,217.00	\$608.50
PPO Risk/Reward Blue Choice	\$360.00	\$200.00	\$969.00	\$484.50
PPO Risk/Reward Blue Options	\$390.00	\$300.00	\$860.00	\$430.00
MARRIED EMPLOYEES WITH CHILD(REN) [Married Benefit Eligible EE & SP employed by NSU]				
PPO 70 Blue Choice	\$720.00	\$90.00	\$853.00	\$479.00
PPO 70 Blue Options	\$780.00	\$150.00	\$827.00	\$413.50
PPO Risk/Reward Blue Choice	\$720.00	\$200.00	\$609.00	\$304.50
PPO Risk/Reward Blue Options	\$780.00	\$300.00	\$470.00	\$235.00



How to Make a Choice

Calculate Your Maximum Financial Risk

$$\begin{aligned} & \text{Annual Premium} \\ + & \text{ Out of Pocket Maximum} \\ + & \text{ Co-pays (you estimate these)} \\ - & \text{ HRA Contributions} \\ \hline = & \text{ Total Financial Risk} \end{aligned}$$

- Personalized Cost Estimator found at <http://icubabenefits.org>
- Select carefully, if election is too costly it will NOT be possible to change election during the new Plan Year

Making a Choice

Estimating Your Financial Risk

Coverage/Tier	ANNUAL PREMIUM	OUT OF POCKET MAXIMUM (OOP) MEDICAL	PREMIUM + OOP	NSU HRA CONTRIBUTION	ESTIMATED IN-NETWORK FINANCIAL RISK
EMPLOYEE ONLY					
PPO 70 Blue Choice	\$2,880.00	\$3,000.00	\$5,880.00	\$180.00	\$5,700.00
PPO 70 Blue Options	\$2,208.00	\$3,000.00	\$5,208.00	\$300.00	\$4,908.00
PPO Risk/Reward Blue Choice	\$1,380.00	\$3,500.00	\$4,880.00	\$360.00	\$4,520.00
PPO Risk Reward Blue Options	\$684.00	\$3,500.00	\$4,184.00	\$420.00	\$3,764.00
EMPLOYEE & SPOUSE					
PPO 70 Blue Choice	\$10,068.00	\$6,000.00	\$16,068.00	\$540.00	\$15,528.00
PPO 70 Blue Options	\$9,084.00	\$6,000.00	\$15,084.00	\$1,200.00	\$13,884.00
PPO Risk/Reward Blue Choice	\$7,080.00	\$7,000.00	\$14,080.00	\$1,500.00	\$12,580.00
PPO Risk Reward Blue Options	\$6,036.00	\$7,000.00	\$13,036.00	\$2,400.00	\$10,636.00
EMPLOYEE & CHILD(REN)					
PPO 70 Blue Choice	\$8,640.00	\$6,000.00	\$14,640.00	\$780.00	\$13,860.00
PPO 70 Blue Options	\$7,716.00	\$6,000.00	\$13,716.00	\$1,440.00	\$12,276.00
PPO Risk/Reward Blue Choice	\$5,940.00	\$7,000.00	\$12,940.00	\$1,800.00	\$11,140.00
PPO Risk Reward Blue Options	\$4,968.00	\$7,000.00	\$11,968.00	\$2,700.00	\$9,268.00
EMPLOYEE & FAMILY					
PPO 70 Blue Choice	\$15,816.00	\$6,000.00	\$21,816.00	\$1,080.00	\$20,736.00
PPO 70 Blue Options	\$14,604.00	\$6,000.00	\$20,604.00	\$1,800.00	\$18,804.00
PPO Risk/Reward Blue Choice	\$11,628.00	\$7,000.00	\$18,628.00	\$2,400.00	\$16,228.00
PPO Risk Reward Blue Options	\$10,320.00	\$7,000.00	\$17,320.00	\$3,600.00	\$13,720.00

How to Make a Choice

Personalized Cost Estimator

Previous

Next

Reference Center

Medical

Make Plan Changes

Remember the plan you are enrolling in will be in effect from April to March unless you expect a Special Enrollment Event as defined in the ICUBA Plan Document (see Reference Center).

Please use the Detailed Plan Comparison to assist you in determining which plan will best suit your needs. The Detailed Plan Comparison is used to estimate cost and does not guarantee actual out of pocket expenses.

Please Note: The Plan Year HRA Contribution indicated on the Detailed Plan Comparison is currently incorrect. The monthly HRA amount displayed on your Benefit Summary multiplied by 12 is the correct Plan Year HRA Contribution that will be provided to you.

[View Detailed Plan Comparison](#)

	Plan Choice	Your Cost Semi-Monthly	
<input type="button" value="Select"/>	Blue Options	Employee Only	\$15.50
		Employee and Spouse	\$196.00
		Employee and Children	\$160.00
		Family	\$340.50
<input checked="" type="checkbox"/> Selected	PPO 70 Plan	Employee Only	\$77.00
		Employee and Spouse	\$319.50
		Employee and Children	\$271.00
		Family	\$513.00

Did you know?

NSU Benefit Enrollment Option	Annual NSU Premium Contribution	Annual NSU HRA Contribution	Annual NSU Total Contribution
PPO 70 Blue Options Plan-Employee Only	\$4,680.00	\$300.00	\$4,980.00
PPO 70 Blue Options Plan-Employee and Spouse	\$4,680.00	\$1,200.00	\$5,880.00
PPO 70 Blue Options Plan-Employee and Children	\$4,680.00	\$1,440.00	\$6,120.00
PPO 70 Blue Options Plan-Family	\$4,680.00	\$1,800.00	\$6,480.00
PPO 70 Blue Choice-Employee Only	\$4,320.00	\$180.00	\$4,500.00
PPO 70 Blue Choice-Employee and Spouse	\$4,320.00	\$540.00	\$4,860.00
PPO 70 Blue Choice-Employee and Children	\$4,320.00	\$780.00	\$5,100.00
PPO 70 Blue Choice-Family	\$4,320.00	\$1,080.00	\$5,400.00
PPO Risk/Reward Blue Options-Employee Only	\$4,680.00	\$420.00	\$5,100.00
PPO Risk/Reward Blue Options-Employee and Spouse	\$4,680.00	\$2,400.00	\$7,080.00
PPO Risk/Reward Blue Options-Employee and Children	\$4,680.00	\$2,700.00	\$7,380.00
PPO Risk/Reward Blue Options-Family	\$4,680.00	\$3,600.00	\$8,280.00
PPO Risk/Reward Blue Choice-Employee Only	\$4,320.00	\$360.00	\$4,680.00
PPO Risk/Reward Blue Choice-Employee and Spouse	\$4,320.00	\$1,500.00	\$5,820.00
PPO Risk/Reward Blue Choice-Employee and Children	\$4,320.00	\$1,800.00	\$6,120.00
PPO Risk/Reward Blue Choice-Family	\$4,320.00	\$2,400.00	\$6,720.00

- NSU will contribute approximately **17 million** dollars to employee healthcare coverage costs in the 2011-2012 plan year!
- Annual premium for 2011-2012 plan year: **\$14,209,902.00**
- Annual HRA for 2011-2012 plan year: **\$2,686,500.00**
- **Total Premium Contributions 2011-2012 plan year: \$16,896,402.00**

The background image shows a large, modern, multi-story building with a curved facade, likely a university or corporate headquarters. The building is surrounded by palm trees and a paved area with a white van. The sky is blue with some clouds.

**Mental Health Benefits &
Employee Assistance Program
MHNet**

MHNet

Mental Health Benefit & Employee Assistance Program (EAP) Provider

- Mental Health benefits (mental/nervous/substance abuse) are provided by MHNet
- Call MHNet to find in-network Mental Health/Substance Abuse providers or search on-line
- Inpatient services must be pre-authorized by MHNet
- Find the number for MHNet on the back of your BlueCross BlueShield card - **1-877-398-5816**
- Employee Assistance Program services are available to all employees and their families – regardless of enrollment in healthcare coverage

MHNet Provider Search

The screenshot shows a Mozilla Firefox browser window displaying the MHNet Provider Search login page. The browser's address bar shows the URL: <http://www.mhnet.com/Members/SearchforMHNetProviders/tabid/333/Default.aspx>. The page features a navigation menu with links for Home, About MHNet, Products, Members, Providers, Clients, and Future Clients. A large banner image shows four smiling people. Below the banner, the page is titled "Members * Search for MHNet Providers" and "Login Information". It includes a welcome message and instructions for Members and Guests. A login form contains fields for "800 Number" and "Password", a "Remember Login" checkbox, and a "Login" button. On the left side, there are three sections: "Providers" with a photo of a woman, "Clients" with a photo of a woman, and "Members" with a photo of a man and a woman. The browser's taskbar at the bottom shows several open applications, including "staff" and "Index in HUS Mail".

Search for MHNet Providers - Mozilla Firefox
File Edit View History Bookmarks Yahoo! Tools Help
<http://www.mhnet.com/Members/SearchforMHNetProviders/tabid/333/Default.aspx>
Most Visited Getting Started Latest Headlines Customize Links Free Hotmail customize Firefox to y... <http://en-us.www.mo...> <http://www.google.co...> ICUBA Mail Windows Marketplace Windows Media Windows
WEB SEARCH
Search for MHNet Providers
Thursday, December 10, 2009 • Login

Home About MHNet Products Members Providers Clients Future Clients

MHNet
BEHAVIORAL HEALTH

Providers

Clients

Members

Members * Search for MHNet Providers
Login Information

Welcome to the Mental Health Network Provider Search.

Members - Enter the ten digit Behavioral Health toll-free number on the back of your benefits card as your username *and* password (without dashes)

Guests - Enter the temporary login credentials provided by your representative.

800 Number
Password:
 Remember Login
Login

Done
staff
Index in HUS Mail
Search for MHNet Pro...
3:53 PM

MHNet is available 24/7
by calling **877-398-5816**
or by logging into
<http://www.mhnet.com>
(click on Members)

Username: **8773985816**
Password: **ICUBA**



Pharmacy Benefit Plan

Walgreens Health Initiatives



Walgreens Health Initiatives

How to Obtain your Prescriptions

- Pick up prescriptions at any one of the 60,000 retail pharmacies in the Walgreens network
- Advantage90™ Network of 39,000 retail pharmacies nationwide can dispense a 90 day prescription in store, you can reduce your co-payments by using this program
- Order a 90 day supply through the Mail Order Program by phone or online. **This is the least expensive way to obtain your prescriptions!**
- You are not required to use a Walgreens pharmacy and the NSU Pharmacy is in the network
- **NSU Pharmacy provides ALL generic drugs at a zero (\$0) co-pay.**
- No deductible required only co-payments
- **Out of pocket maximum is \$2,000 per individual and \$4,000 per family**
- Same pharmacy benefits for all 4 PPO plans
- There is a separate ID card for pharmacy benefits
- The NSU Pharmacy is in the network, and they will help you transfer your prescriptions from other pharmacies

24/7 customer service for members

1-800-207-2568

www.mywhi.com



Walgreens Health Initiative

Pharmacy Benefit Plan

Copayment Tier	Retail	Mail	90 Days at Retail (Advantage 90) Retail Network
Generic	\$5.00	\$10.00	\$10.00
Brand Preferred	\$27.00	\$50.00	\$60.00
Brand Non Preferred	\$60.00	\$120.00	\$145.00
Frequency	Up to 30 day supply	31 - 90 day supply	84 - 90 day supply

24/7 customer service for members

1-800-207-2568

www.mywhi.com

Walgreens Health Initiative

www.walgreenshealth.com

Members & Patients

Businesses & Organizations

Brokers

Healthcare Professionals

Walgreens

[Home](#) | [Contact Us](#) | [Events Calendar](#) | [Service Locations](#) | [Site Map](#) | [About WalgreensHealth.com](#)

We've changed our website to serve you better. [Find out more about what's new.](#)

Pharmacy Benefit & Mail Plan Member Services



Welcome, plan members!

Make your life easy...

Sign in or set up your account to take advantage of our convenient online tools, including:

- Easy online refills—order mail service, specialty and retail prescriptions at one time
- Cost-savings lookup—view your price under your Walgreens Health Initiatives plan and search for lower-cost alternatives
- Print-ready individual and family prescription records reports

Learn more to get started with your account:

- [Benefits of Registering](#)
- [Documents & Forms](#)

• [FAQ](#)

Support for Chronic & Complex Conditions



Select a condition or therapy to get started:

Select

Choose Walgreens for complimentary support services for many chronic and complex conditions. We provide:

- Specialized medications and condition-specific care and expertise
- Convenient medication delivery
- Confidential follow-up, including refill reminders by phone
- Help with insurance verification
- Easy online refills and prescription recordkeeping

Learn more about our services:

Sign in to manage your Walgreens health account

User ID:

Password:

[I forgot my user ID or password](#)

New to the website?

About WalgreensHealth.com

We offer tools and features especially for Walgreens plan members and for patients who rely on Walgreens for specialty pharmacy support for chronic and complex conditions. [Learn more](#)

How can Walgreens serve you better online?

[Let us know.](#)

MyWHI members can:

- ✓ Create an online account to access Rx information
- ✓ Check drug coverage and cost
- ✓ Check eligibility
- ✓ Search and download, plan drug list
- ✓ Locate a nearby pharmacy
- ✓ Review prescription history and refill information
- ✓ Print a temporary ID card

Walgreens Health Initiative



Hi, | [Sign out](#)

[My Account](#) | [Messages](#) | [Find a Pharmacy](#) | [Contact & Support](#)

Have comments on the website? [Submit feedback](#).

[home](#) | [benefits & coverage](#) | [prescriptions & orders](#) | [payments & accounting](#) | [condition-specific support](#) | [health resources](#)

Home >

My Pharmacy Benefit Plan & Coverage

[a a](#) Larger Text | [Print Page](#)



Start here for information on drug coverage, member eligibility and how to save money and get the most out of your pharmacy benefit plan.

My Pharmacy Plan Information

Cardholder ID: [Get an ID card](#)
Deductible: \$0.00 [View deductible status](#)

Eligibility

Below are the current members of your pharmacy plan, as well as their eligibility status.

	Family Administrator ?	Eligible
	Spouse, age	Eligible

As the family administrator of this plan, you may manage access to certain family members' accounts.

[Manage my family access & profile](#)

If you have further questions or changes regarding eligible family members, please contact your plan administrator.

Find prescription prices under your plan

We provide you with prescription costs at your preferred pharmacy, as well as other options included in your plan. We'll also automatically show you generic equivalents when available. The more information you have, the better choices you can make to save yourself money.

Price my prescription

You can also print or download your plan's preferred drug list for your doctor.

[View my plan's preferred drug list\(s\)](#)

How to minimize your costs

Below are key strategies to keep your costs low, without compromising quality

1. Order in 90-day supplies when appropriate

A three-month supply often offers cost-savings as compared to ordering three one-month supplies.

NSU Clinic Pharmacy

- Full service pharmacy
- Accepts NSU/ICUBA prescription plan
- **FREE** generic drugs for NSU/ICUBA Healthcare subscribers
- Open:
 - Monday – Friday
9:00 AM – 6:00 PM
 - Saturday
9:00 AM – 1:00 PM



For questions and appointments please call: 954.262.4550
Web address: <http://pharmacy.nova.edu/clinic/index.html>



Health Care Flexible Spending Accounts
Dependent Care Flexible Spending Accounts
Health Reimbursement Accounts



Health Reimbursement Account Flexible Spending Account Plan Differences

Health Reimbursement Account

- Funded by the University
- Comes with all medical plans
- Funds rollover at the end of each plan year indefinitely
- Portable after 36 months of continuous HRA participation
- No cash distribution
- Can have HRA alone with no FSA

Flexible Spending Account

- Voluntary. Funded by employee pre-tax dollars
- Available for medical and dependent care expenses
- No carry-over of funds from year to year (by law)
- *Use-it-or-lose-it*
- Incur expenses through June 15th, and file by June 30th
- FSA funds used before HRA funds

Over the counter (OTC) medication cannot be purchased without a prescription from a physician.



Dependent Care Flexible Spending Account

- Funded by employee with pre-tax contributions; used to pay for qualified dependent care expenses
- Incur expenses through March 31st, file all claims by June 30th
- A dependent is a child under age 13, or a disabled adult child
- **Expenses cannot be medical**
- Maximum annual limit of \$5,000 per family
- Funded per pay period, as contributions are made
- ***Use-it-or-lose-it*** rule applies

ICUBA Cares MasterCard™



- Login to <http://icubabenefits.org>
- P.O. Box 616927, Orlando, FL 32861-6927
- Email: benefitsadministration@icuba.org
- Phone 866-377-5102, Fax: 866-377-5180



Dental Benefits
Vision Benefits
Optional Benefits

Humana Dental Plan

NSU Faculty Practice Participate in the PPO Plans

DHMO CS 250	Traditional Preferred PPO Low Option	Traditional Preferred PPO High Option
Exams. X-rays and cleaning at 100% after co-pay; Additional co-pays apply to other services; In-Network co-pays based on Schedule of Benefits; Discounts on services not listed on the Schedule of Benefits.	100/80/50/50 In-Network; Same benefit Out of Network but you may be balanced billed on amounts over Usual and Customary; Endodontic and Periodontal Services covered under Basic Services	100/80/50/50 In-Network; Same benefit Out of Network but you may be balanced billed on amounts over Usual and Customary; Endodontic and Periodontal Services covered under Basic Services
No Benefit Maximums	\$1000 Plan Year Maximum	\$2000 Plan Year Maximum
Adult and Child Orthodontics at a fixed co-pay	\$1000 Lifetime Maximum for Adult and Child Orthodontics	\$2000 Lifetime Maximum for Adult and Child Orthodontics
No Deductibles for any service	Plan Year Deductible \$50 per Individual up to \$150 per Family for Type II, III and IV services	Plan Year Deductible \$50 per Individual up to \$150 per Family for Type II, III and IV services
No waiting periods	No waiting periods	No waiting periods
No claim forms to file	Claim forms may be required	Claim forms may be required
Dentist must be In-Network and must be assigned; You may Self refer to Specialists	You can use any dentist you choose	You can use any dentist you choose
Capitated	Out of Network Dentist reimbursed at 90% of Usual and Customary	Out of Network Dentist reimbursed at 90% of Usual and Customary

Humana Dental Rates

Bi-weekly Dental Premium			
	DMO	PPO Low	PPO High
Employee	\$5.23	\$17.00	\$19.14
Employee + 1	\$10.48	\$33.87	\$38.13
Family	\$16.28	\$56.96	\$64.14

1-800-233-4013 PPO

1-800-979-4750 DHMO

<http://www.humanadental.com>

Advantica Eye Care Plan

Benefit	In Network	Out of Network
Vision Exam	\$5 Co-Pay	Up to \$40 Reimbursement (less applicable Co-Pay)
Standard Frames	\$15 Co-Pay; Up to \$100 allowance less applicable Co-Pay if outside Standard	Reimbursed up to \$40
Single Vision, Bifocal and Trifocal Lens	Covered After \$15 Co-Pay	Up to \$20 for Single Vision, \$40 for Bifocal or \$60 for Trifocal Reimbursement after Co-Pay
Trifocal Lens	Covered After \$15 Co-Pay	
Standard Progressive	\$50 Co-Pay	No Benefit
Polycarbonate	Included with Lens Co-Pay up to age 19; over 19, \$30 Co-Pay	No Benefit
UV Coating	\$12 Co-Pay	No Benefit
Medically Necessary Contact Lens	\$250 allowance; \$30 fitting fee allowance	No Benefit
Contact Lens (Cosmetic)	\$100 allowance; \$30 fitting fee allowance	Up to \$60 Reimbursement
Frequency Limitations Exams	12 Months	
Frequency Limitations Frames	24 Months	
Lenses or Contact Lens	12 Months	

Advantica Eye Care Rates

Bi-weekly Vision Care Premium

Employee	\$2.17
Family	\$5.54

Benefits can be obtained at the NSU Eye Care Institute or national network optometrists, ophthalmologists, opticians and retail providers

(866) 425-2323

www.advanticaeyecare.com



Sun Life Financial[®]

Basic Employer Provided Life Insurance

Optional Life Insurance

Short Term Disability

Long Term Disability

Identity Theft Protection

Emergency Travel Assistance

Basic Employer Provided Life Insurance

- Employees are eligible after 3-months of employment
- The benefit is one times annual salary up to a maximum of \$300,000 for employees who are regularly scheduled to work 19.2 or more hours per week
- This is term life insurance
- The life benefit will reduce to 65% at age 65 and to 50% at age 70
- Complete a beneficiary form at www.icubabenefits.org and update as needed

Optional Life Insurance

No medical exam for this period only

- All active full-time employees (19.2 hours weekly) who are U.S. citizens or U.S. residents and foreign nationals
- Employee is eligible after a 3-month waiting period (the time prior to coverage)
- You may elect amounts between **\$10,000** and **\$200,000** in \$10,000 increments; **not to exceed 5 times your basic annual earnings or \$200,000 whichever is less**
- Your first monthly premium deduction will occur in the first pay of the month following the approval of your coverage
- Policy value reduces to 65% at age 65 and 50% at age 70
- Convertible at age 65 /portable up to age 65 and younger

**Complete a beneficiary form at <http://icubabenefits.org>
and update as needed**

Optional Life Insurance Rate Chart

Amount of coverage

Age	10,000	20,000	30,000	40,000	50,000	60,000	70,000	80,000	90,000	100,000
00-24	0.47	0.94	1.41	1.88	2.35	2.82	3.29	3.76	4.23	4.70
25-29	0.57	1.14	1.71	2.28	2.85	3.42	3.99	4.56	5.13	5.70
30-34	0.76	1.52	2.28	3.04	3.80	4.56	5.32	6.08	6.84	7.60
35-39	0.85	1.70	2.55	3.40	4.25	5.10	5.95	6.80	7.65	8.50
40-44	0.95	1.90	2.85	3.80	4.75	5.70	6.65	7.60	8.55	9.50
45-49	1.42	2.84	4.26	5.68	7.10	8.52	9.94	11.36	12.78	14.20
50-54	2.18	4.36	6.54	8.72	10.90	13.08	15.26	17.44	19.62	21.80
55-59	4.08	8.16	12.24	16.32	20.40	24.48	28.56	32.64	36.72	40.80
60-64	6.26	12.52	18.78	25.04	31.30	37.56	43.82	50.08	56.34	62.60
65-69	12.50	25.00	37.50	50.00	62.50	75.00	87.50	100.00	112.50	125.00
70-74	25.00	50.00	75.00	100.00	125.00	150.00	175.00	200.00	225.00	250.00
75+	25.00	50.00	75.00	100.00	125.00	150.00	175.00	200.00	225.00	250.00

Optional Life Insurance Rate Chart

Amount of coverage

Age	110,000	120,000	130,000	140,000	150,000	160,000	170,000	180,000	190,000	200,000
00-24	5.17	5.64	6.11	6.58	7.05	7.52	7.99	8.46	8.93	9.40
25-29	6.27	6.84	7.41	7.98	8.55	9.12	9.69	10.26	10.83	11.14
30-34	8.36	9.12	9.88	10.64	11.40	12.16	12.92	13.68	14.44	15.20
35-39	9.35	10.20	11.05	11.90	12.75	13.60	14.45	15.30	16.15	17.00
40-44	10.45	11.40	12.35	13.30	14.25	15.20	16.15	17.10	18.05	19.00
45-49	15.62	17.04	18.46	19.88	21.30	22.72	24.14	25.56	26.98	28.40
50-54	23.98	26.16	28.34	30.52	32.70	34.88	37.06	39.24	41.42	43.60
55-59	44.88	48.96	53.04	57.12	61.20	65.28	69.36	73.44	77.52	81.60
60-64	68.86	75.12	81.38	87.64	93.90	100.16	106.42	112.68	118.94	125.20
65-69	137.50	150.00	162.50	175.00	187.50	200.00	212.50	225.00	237.50	250.00
70-74	275.00	300.00	325.00	350.00	375.00	400.00	425.00	450.00	475.00	500.00
75+	275.00	300.00	325.00	350.00	375.00	400.00	425.00	450.00	475.00	500.00

Employer Provided Short-Term Disability

Provides loss of income protection if an employee becomes disabled from a covered accidental bodily injury, sickness or pregnancy

- All active full-time employees (19.2 hours weekly) who are U.S. citizens or U.S. residents and foreign nationals
- Employee is eligible after a 3-month waiting period (the time prior to coverage)
- 7 calendar-day elimination period (amount of time the employee must be disabled before benefits become payable)
- Benefits paid at 60% of employee's salary
- 180 day benefit period – followed by Long Term Disability

This is an overview of benefits available under the University STD Program. It is not intended to modify, in any way, the plan documents or Summary Plan Description that, in the case of any difference, will govern.

Employer Provided Long-Term Disability

Provides loss of income protection if an employee becomes disabled from a covered accidental bodily injury, sickness or pregnancy

- All active full-time employees (19.2 hours weekly) who are U.S. citizens or U.S. residents and foreign nationals
- Employee is eligible after a 6-month waiting period (the time prior to coverage)
- 180-day elimination period (amount of time the employee must be disabled before benefits become payable)
- Pre-existing limitations apply
- Conversion available on termination

This is an overview of benefits available under the University LTD Plan. It is not intended to modify, in any way, the plan documents or Summary Plan Description that, in the case of any difference, will govern.



Identity Theft Protection

- Your Life Insurance carrier provides this service if you become a victim of identity theft.
- Call SecurAssist® at 1-877-409-9597
- 24/7 telephone support and step-by-step guidance by anti-fraud experts
- Expert case worker assigned to you to assist with notification to credit bureaus and paperwork to correct credit reports
- Preventative measures- register up to 10 credit or debit cards for 24/7 surveillance
- See brochure in your packets



Emergency Travel Assistance

- Your Life Insurance carrier provides this service when you are more than 100 miles away from home and need medical assistance
- Call Assist America at 1-800-872-1414 within USA or 301-656- 4152 outside the USA
- All services must be provided and arranged by Assist America
- No claims for reimbursement will be accepted.
- See brochure in your packets
- Put the Emergency Travel Assistance Services card in your wallet whenever you travel more than 100 miles from home

Vendors for NSU 403(b)



www.tiaa-cref.org

VALIC

FINANCIAL ADVISORS

www.aigvalic.com

NSU Retirement Manager

- <https://www.myretirementmanager.com/?nsu>
- A place to enroll and make changes to the NSU Retirement accounts
- A secure way to manage your NSU retirement accounts
- A tool to determine if your financial plan is on track
- A comprehensive source for financial planning
- Instructions available on the Benefits Website



NSU 403 (b) Retirement Savings Plan

- Eligible to receive matching contributions in the NSU 403(b) Retirement Savings Plan after one year of service
- Eligible to contribute to the NSU 403(b) Supplemental Plan immediately
- Must be 21 years of age and work 19.2 hours per week to be eligible for NSU 403(b) Retirement Savings Plan
- NSU basic contribution 2% NSU contribution immediately vested
- NSU matching contribution (above basic 2%) is vested after 3 years of service
- Employees must work through December 31 to keep the employer contribution for the year except when an employee becomes disabled, or has attained age 55 and earned 10 years of service

403(b) Contribution Level

NSU 403(b) Retirement Savings Plan Contributions after one year of service

Employee Contributes

0%

2%

4%

Employer Contributes

2%

6%

10%

Enroll and make changes to the NSU Retirement accounts by visiting
<https://www.myretirementmanager.com/?nsu>

Pre-Paid Legal

- “Safeguard for Minors” identity theft protection for dependents for an extra \$1.00 a month
- Pre-Paid Legal premium deductions once a month. Deductions will be taken in the second pay of each month
- Pre-Paid Legal is a voluntary employee benefit - no employer contribution.
- View a Pre-Paid Legal movie on benefits webpage
<http://www.nova.edu/cwis/hrd/benefits/index.html>
- Contact Kelley Kaupas-Rheault at (954)-214-0327 or Andre Rheault at (954)-914-1815

Aflac

- Offers various insurance plans, accident insurance, hospital indemnity, short-term disability and cancer indemnity
- Voluntary employee benefit - no employer contribution
- View PowerPoint presentation on benefits webpage
- Contact AFLAC representative Joe Evans at (954) 560-6000 for more information.



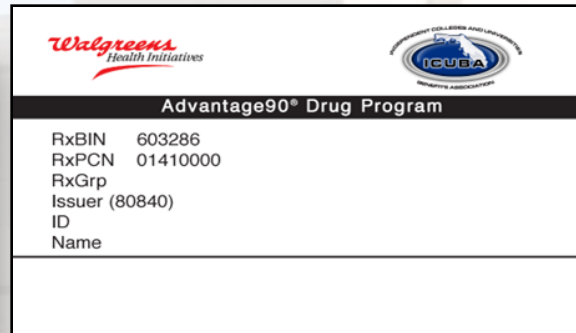


Member Cards

*BCBS of Florida



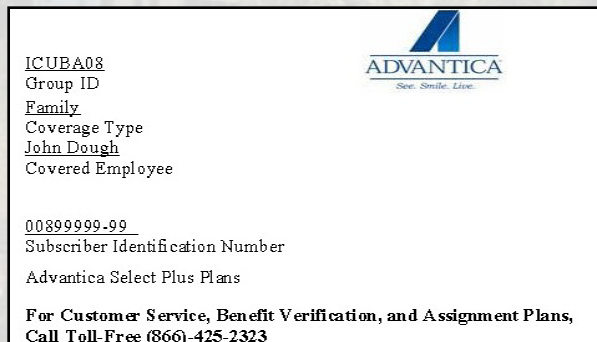
Walgreens Prescription



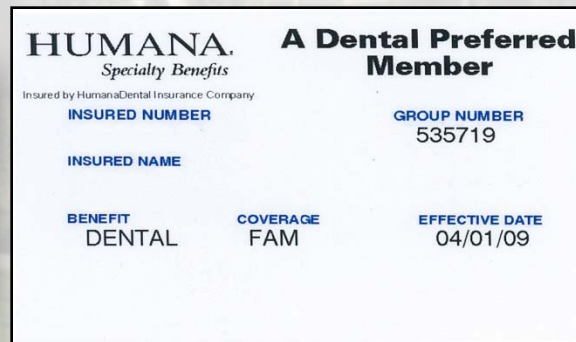
Walgreens Discount Card



Advantica Eyecare



Humana Dental



ICUBA Cares MasterCard™



***MHNNet Behavioral Health for mental health, substance abuse, and Employee Assistance Program.
Toll free phone number and website on back of BCBSFL ID card.**



Enrollment Reminder

- Employees have **thirty days (30)** from their date of hire to enroll in ICUBA benefits
- Premiums are charged from the date of hire
- **Enrollment is made online at <http://icubabenefits.org>**
- Enrollment instructions are posted on the benefits web page
- If you do not enroll during this period you may enroll during the next annual enrollment
- Employees working at least 19.2 hours per week are eligible for retirement match, dental and vision
- Employees working 28 hours or more per week are eligible for retirement match, medical, dental, and vision



THANK YOU!

Thank you for viewing the Nova Southeastern University
Open Enrollment Presentation.

Please complete and turn in your Evaluation Form

If you have any questions, please email the

Office of Human Resources Shared Services at HR4U@nova.edu

or call (954)262-HR4U (4748)