November 27, 2023

Senator Robert Clements
Chair, Appropriations Committee
PO Box 94604, State Capitol, Room 1004
Lincoln, NE 68509

Dear Senator Clements,

LB 620, enacted during the 2013 legislative session, requires the University of Nebraska to present, on or before December 1 of each year, its plan regarding the management of the University's health care insurance programs and its health care trust fund to the Appropriations Committee of the Legislature.

Enclosed is the University's report for the year ended December 31, 2022. The report provides an overview of the University's health plan, chronicles financial activity for the year, and offers insights into the plan's trends.

The University of Nebraska is proud of the prudent management of its health plan, which has positioned us to provide competitive, affordable benefits to our employees – our greatest asset – and their families. These are challenging times for health care, but we are committed to offering quality health benefits that meet the needs of our employees and help us retain and attract additional talent for Nebraska.

If you should have any further questions about the University's plan, please do not hesitate to contact me.

Sincerely,

Chris J. Kabourek
Senior Vice President for Business & Finance, CFO & Chief Sustainability Officer

cc: Suzanne Houlden, Legislative Fiscal Office

University of Nebraska
Health Insurance Plan Annual Report

Year Ended December 31, 2022

Executive Summary

This report is designed to meet a reporting mandate established by the Nebraska Legislature requiring an annual report be filed detailing operating activity of the University of Nebraska's health plan operations each year. This report covers the University's plan year January 1 through December 31 of 2022.

The University of Nebraska's strategic objective is to recruit and retain exceptional faculty and staff. One of the most highly valued benefits is medical, dental and pharmacy coverage. In one national survey, 73 percent of workers said that the insurance provided by their employer was a "very important" factor in their decision to take or keep a job[i].

This report documents that the University of Nebraska's health insurance plan continues its track record of providing this benefit at a reasonable cost with operating results reflective of national trends. Success in any health plan rests largely with members taking control of their health through adopting healthy lifestyles, taking advantage of preventive screenings, having regular visits with health professionals, and adhering to drug and other prescribed therapies.

After two years of significant plan fluctuations resulting from the impact of COVID-19, 2022 brought relatively stable results as life settled in on a "new normal". Volatility in plan results the past year two years has largely dissipated, with a modest increase in premiums and income being partially offset by a slight increase in claims and expenses, resulting in improved net activity for calendar 2022 when compared to calendar 2021.

Overall, total premiums and income fell short of total claims and expenses by approximately $2 million in calendar 2022, compared to approximately $6 million in calendar 2021.

Premiums and income increased by about 3 percent in 2022, driven primarily by an average 3 percent increase in medical premium rates.

A 1 percent increase in claims and expenses was driven primarily by a 9 percent increase in pharmacy claims; however, this was largely offset by a 2 percent decrease in medical claims. Pharmacy claims have continued their upward trajectory with a third year of near double-digit growth in the past five years. Specialty prescription costs were a major driver of this increase, although brand-name prescription costs were up significantly in calendar 2022, as well.

In summary, the University of Nebraska is proud to provide a competitive, cost-effective health insurance plan to its employees and their families. We believe the University's plan is well

managed, provides competitive benefits, and is favorably positioned to serve employees' future health needs despite the increasingly uncertain challenges facing the healthcare industry.

University of Nebraska Strategic Objective:

Recruit and retain exceptional faculty and staff

Contents

Plan Overview 4

Enrollment and Demographics 7

Financial Performance 9

Income 10

Expenses 11

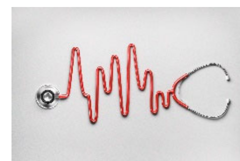
Reserves and Fund Balances 17

Conclusions and Looking Ahead 17

Endnotes and References 19

Plan Overview

The University of Nebraska offers a preferred provider (PPO) "self-insured" health plan providing medical, dental, and pharmacy coverage to its employees and their families. Most employers the size of the University are self-insured for medical coverage as it gives them more control over plan design. In addition, any 'profits', typically built into insurance company prices, are retained by the plan and its participants.



The University currently utilizes the expertise of the following outside parties to assist in the administration of the plan:

Entity	Description of Service Provided
UMR	Third-party administrator for medical claims
CVS Caremark	Third-party administrator for pharmacy claims
Ameritas	Third-party administrator for dental claims
Principal Financial	Trustee
Milliman	Independent actuaries – provide projections used to set premiums

The plan, which operates on a calendar year basis, collects premiums through payroll deductions from eligible, participating employees and combines them with employer (University) premium contributions. The plan deposits these funds into a trust account held by the trustee, Principal Financial Group. Under state law, the Board of Regents is fully empowered to establish trust accounts, as they ensure the funds are protected and, in this case, can only be spent for healthcare purposes.

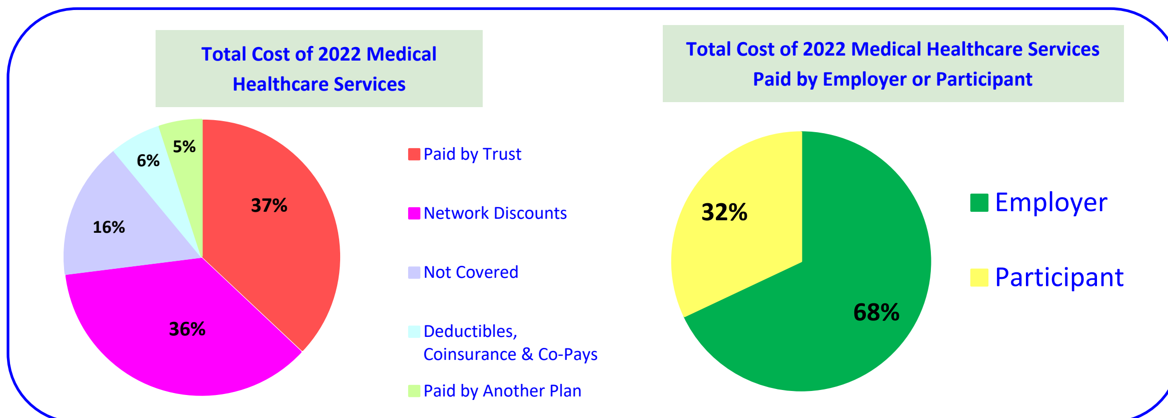
When covered employees and their dependents incur healthcare expenses, health providers (hospitals, doctors, pharmacies) send their bills to either (a) UMR, a UnitedHealthcare Company (UMR) for medical claims, (b) CVS Caremark (CVS) for pharmacy claims, or (c) Ameritas for dental claims. UMR, CVS, and Ameritas, as third-party administrators, assure that the submitted claims are valid using coverage criterions, limits, deductibles, and co-pays as set by the University. When UMR, CVS, and Ameritas pay claims, they are reimbursed by Principal Financial Group, the trustee, for the claims cost plus an administrative fee.

Premiums charged to both the employer and employees are designed to cover the plan's projected claim costs plus administrative expenses. Employees electing medical benefits are assessed a premium intended to cover medical and pharmacy costs, while employees electing dental benefits are assessed a separate premium intended to cover dental costs. Any potential changes in premiums, which become effective on January 1, are established by University management each fall after analyzing Milliman's actuarial expense projections, which are based on a combination of University internal experience along with Milliman's book of business experience. University management reviews the plan's projected premiums and anticipated expenses with the President and Chancellors before finalizing employee premiums for the upcoming year.

For the years ended December 31, 2022 and 2021, 79 percent of premium income was contributed by the employer and 21 percent of premium income was contributed by the employee. University employees selecting basic coverage pay between 20 percent and 29 percent of the total medical premium depending upon the coverage selected. While the University offers a variety of coverage options, a majority of the employees are enrolled in basic medical coverage for a "family" or "employee+one", both of which have close to a 79/21 percent employer/employee contribution ratio, as noted in the table below:

	2022 Monthly Premiums - Basic Medical Coverage		
	Employee	Employer	Total
Family	$ 343	$ 1,389	$ 1,732
Employee+One	$ 269	$ 990	$ 1,259
Employee+Dependent(s)	$ 226	$ 738	$ 964
Employee Only	$ 170	$ 411	$ 581

It is also worth mentioning the healthcare costs paid by the health trust with premium contributions are but a portion of the total cost of healthcare services provided under the University's plan. A substantial portion of the cost of healthcare services is paid for by another plan (i.e., Medicare), paid for by the participant through deductibles, coinsurance & co-pays, discounted through network agreements, or simply not covered, as demonstrated in the graphs below for medical healthcare services:



The pie chart above shows the 79/21 percent employer/employee premium contribution ratio is not reflective of the total expenses borne by each party. In fact, when counting deductibles, coinsurance and co-pays, participants pay roughly one-third of the total cost. It is likely the total cost of medical healthcare services paid by the participant is even greater, as a portion of medical healthcare services "not covered" or "paid by another plan" were possibly costs ultimately borne by the participant.

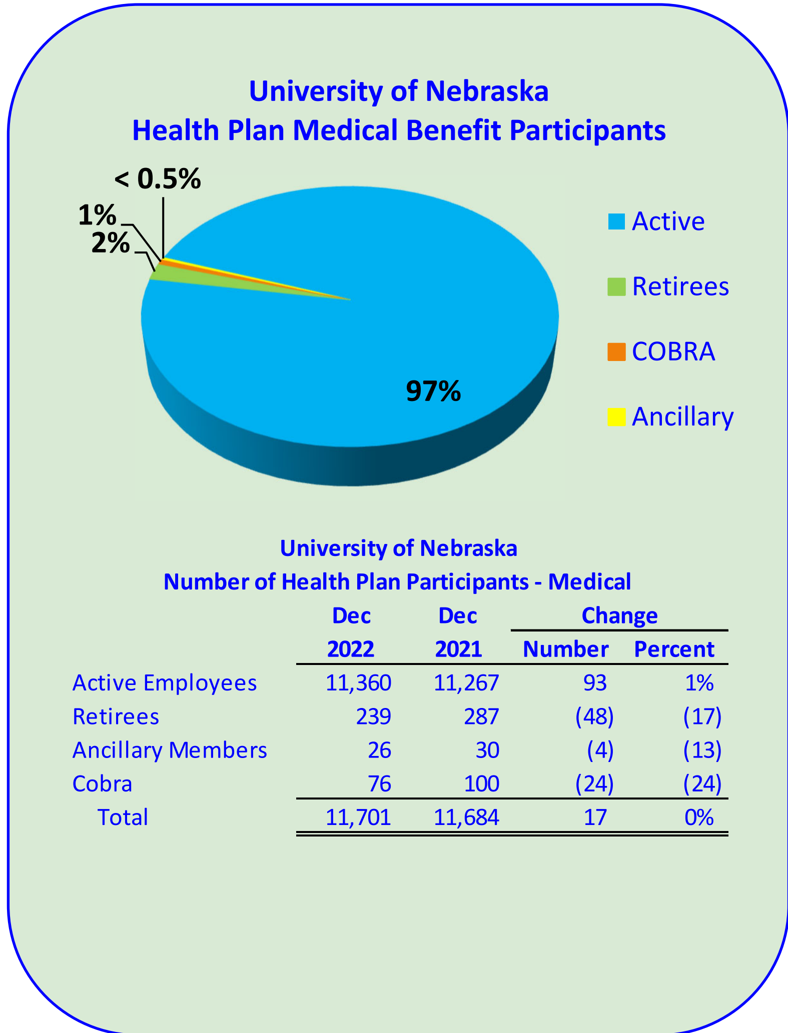
Members of the Board of Regents are kept apprised of the plan’s performance through updates provided to the Business & Finance Committee.

Enrollment and Demographics

The University's health plan had 11,701 medical participants as of December 31, 2022, 17 more than the prior calendar year-end. When including family members, the plan had an average annual medical membership of approximately 28,000 covered lives.

The number of individuals in each participant group was relatively unchanged for 2022.

University retirees can belong to the plan but must pay the entirety of their premium, which is computed separately by plan actuaries from that of active employees. The number of retirees in the plan continues to drop, decreasing 17 percent in 2022. This is attributed to favorably priced "gap" policies available in the marketplace that when combined with a base of Medicare coverage are financially more attractive than the plan offered by the University.



University of Nebraska
Number of Health Plan Participants - Medical

	Dec 2022	Dec 2021	Change Number	Change Percent
Active Employees	11,360	11,267	93	1%
Retirees	239	287	(48)	(17)
Ancillary Members	26	30	(4)	(13)
Cobra	76	100	(24)	(24)
Total	11,701	11,684	17	0%

University ancillary members, who are specifically approved for membership by the Board of Regents, also pay the entirety of their premiums without any University contributions. Presently, the National Strategic Research Institute is the primary ancillary member.

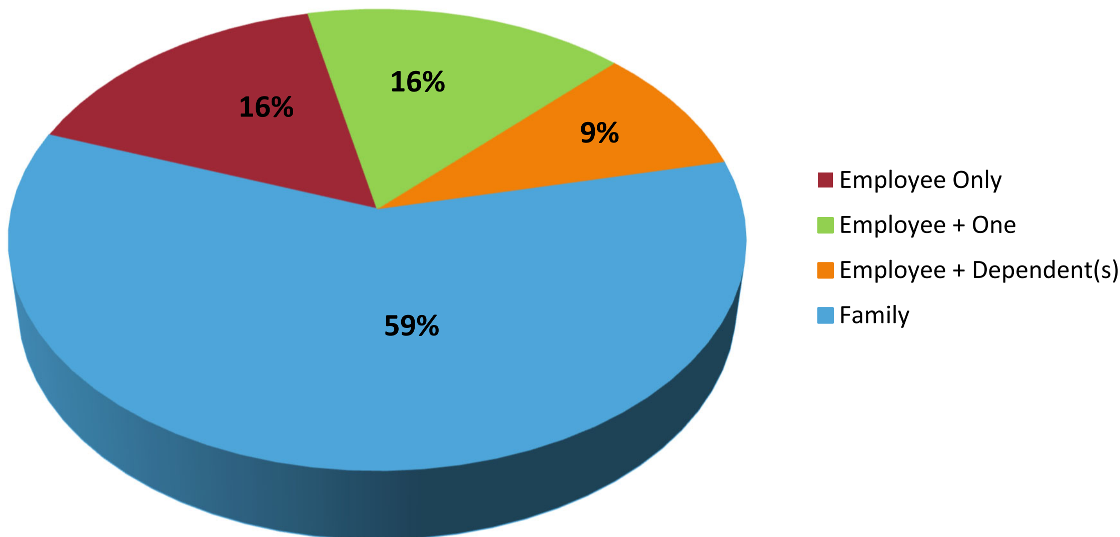
Demographically, covered lives for medical benefits were about 51 percent female and 49 percent male. Average age for all covered lives for medical benefits was 34 years.

In terms of covered lives for medical benefits, the average number of members for 2022 decreased from 2021, with small decreases in the "employee + one" and "family" categories being partially offset by slight increases in the other two categories.

Covered Lives for Medical Benefits

	Average - 2022		Average - 2021		% Change	
	Members	% of Total	Members	% of Total	Members	%
Employee Only	4,459	16%	4,434	16%	25	1%
Employee + One	4,418	16	4,537	16	(119)	(3)
Employee + Dependent(s)	2,508	9	2,476	9	32	1
Family	16,678	59	16,831	59	(153)	(1)
Totals	28,063	100%	28,278	100%	(215)	(1)%

University of Nebraska
Health Plan Medical Benefit Membership by Category



The plan originally offered three levels of medical coverage: low, basic, and high, with each (respectively) offering increasing levels of coverage. The high plan has much lower deductibles and coinsurance but higher premiums compared to the low plan. In 2019, a fourth level was added – the qualified high deductible plan, which has much higher deductibles but lower coinsurance than the other levels and a premium that is comparable to the low plan. Enrollments shifted ever-so-slightly in 2022 through participant growth in the qualified high deductible plan, with about 67 percent of participants choosing the basic plan, 14 percent the low plan, 12 percent the high plan, and 7 percent the qualified high deductible plan.

The University of Nebraska's health plan had average annual medical membership of approximately 28,000 covered lives (employees and their family members)

Financial Performance

The University health plan's financial results for the years ended December 31, 2022 and 2021 are shown below (cash basis in thousands). A more detailed description of the plan's income, expenses and calendar year activities is provided in the following sections.

Plan income fell short of plan expenses in 2022, though performance was improved as compared to 2021, resulting in a $3.8 million increase in net activity as compared to 2021. This increase in net activity between years was driven by an average 3 percent increase in medical premium rates, which more than offset a 1 percent increase in total claims.

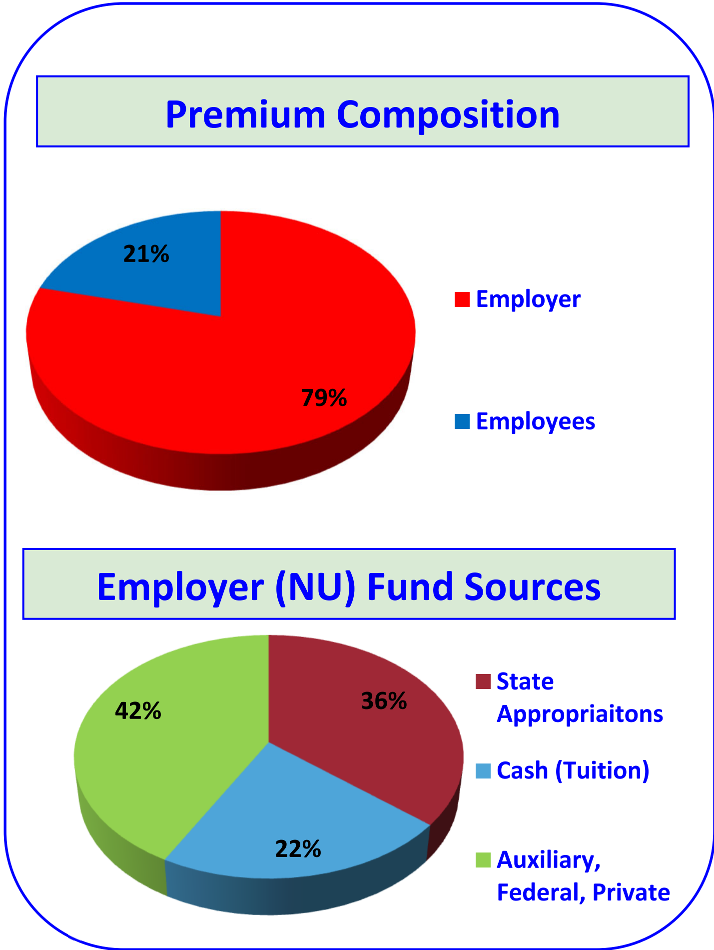
The primary reason for the increase in plan income in 2022 is attributable to the average 3 percent increase in medical premium rates, which marked the fifth time in the past six years that the medical premium rate has increased after several years which saw no increase in the medical premium rates.

The slight increase in plan expenses is primarily attributable to a 9 percent increase in pharmacy claims and a 1 percent increase in dental claims. These increases were mostly offset by a 2 percent decline in medical claims and a 3 percent decline in other expenses.

University of Nebraska Health Plan
Schedule of Income, Expenses, and Net Activity
Cash Basis (thousands)

	Actual	Actual	Year-over-Year Change	
	2022	2021	Dollars	Percent
Employer Premiums	$ 135,326	$ 131,832	$ 3,494	3%
Employee Premiums	35,152	34,390	762	2
Retiree, Ancillary, Cobra Premiums	5,252	5,626	(374)	(7)
Trust Investment Income	823	1,254	(431)	(34)
Pharmacy Rebates/Discounts	14,696	12,846	1,850	14
Total Premiums and Income	191,249	185,948	5,301	3
Medical Claims	123,944	127,096	(3,152)	(2)
Pharmacy Claims	55,547	50,847	4,700	9
Dental Claims	9,132	9,014	118	1
TPA, ACA, and Other Expenses	4,940	5,109	(169)	(3)
Total Claims and Expenses	193,563	192,066	1,497	1%
Net Activity	$ (2,314)	$ (6,118)	$ 3,804	

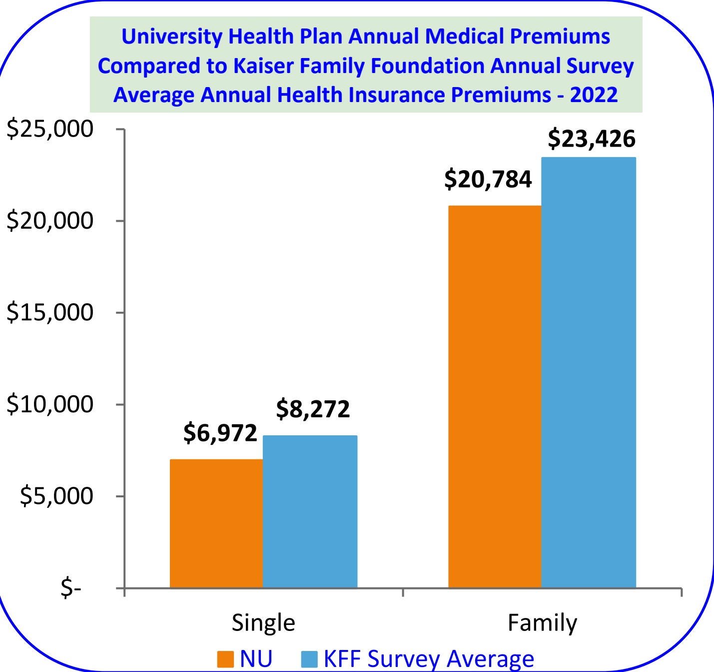
Income



The University's health plan is funded from a variety of sources, although employer and employee premiums account for the bulk (89 percent) of the plan's income. Employer premiums are funded primarily from state appropriations (36 percent); cash funds such as tuition (22 percent); and self-supporting business-type activities (auxiliaries), federal grants and contracts, & other sources (42 percent).

The plan's remaining income comes from retirees, ancillaries, and Cobra electees (3 percent), and investment income & pharmacy rebates/discounts (8 percent).

For the year ended December 31, 2022, the plan's income from employer and employee premiums increased by about 3 percent. This was primarily the result of an average 3 percent increase in medical premium rates in 2022. Additionally, dental premium rates increased by an average of 5 percent in 2022 (the first increase since 2014). Finally, these premium increases were partially offset by a 1 percent decrease in average annual medical participants in 2022.



As pharmacy claims continue to climb, so do pharmacy rebates/discounts, which increased from $12.8 million in 2021 to $14.7 million in 2022. Also note that pharmacy rebates/discounts do not include approximately $1.6 million in rebates received in 2022 and 2021 which were utilized to support benefit administration in the University's state-aided budget rather than deposited in the health trust. The rebates/discounts are a result of the University's membership in the Employers Health consortium, a buying coalition that offers additional rebates and discounts to the plan based on combined purchasing power.

The University offers a very competitive premium pricing structure. Annual medical premiums (employer plus employee) under the University's basic coverage plan are lower than the average

annual health insurance premiums as reported in the Kaiser Family Foundation Employer Health Benefits 2022 Annual Survey[ii] by approximately 16 percent for single and 11 percent for family coverage.

Expenses

Medical Expenses

The plan's medical claims decreased by approximately 2 percent for the calendar year. Medical claims in 2022 and 2021, arrayed by amount of medical claims per covered lives, were as follows:

University of Nebraska
2022 Medical Claims Distribution (Claims in Thousands)

Total Claims/Member	Covered Lives	Percent of Lives	Amount	Percent of Claims $$
Less than $5,000	23,407	84%	$ 23,282	19%
$5,000 to $9,999	1,811	7	12,745	10
$10,000 to $24,999	1,689	6	26,190	21
$25,000 to $49,999	495	2	16,780	14
$50,000 to $99,999	214	1	14,506	12
$100,000 to $199,999	110	0	14,858	12
$200,000 and above	42	0	14,930	12
	27,768	100%	$ 123,291	100%

Note: only persons presenting claims are included in this analysis. Claim amounts and covered lives are per UMR.

University of Nebraska
2021 Medical Claims Distribution (Claims in Thousands)

Total Claims/Member	Covered Lives	Percent of Lives	Amount	Percent of Claims $$
Less than $5,000	23,173	84%	$ 22,522	18%
$5,000 to $9,999	1,744	7	12,397	10
$10,000 to $24,999	1,625	6	25,350	20
$25,000 to $49,999	536	2	18,272	14
$50,000 to $99,999	263	1	17,750	14
$100,000 to $199,999	104	0	14,545	11
$200,000 and above	44	0	15,750	13
	27,489	100%	$ 126,586	100%

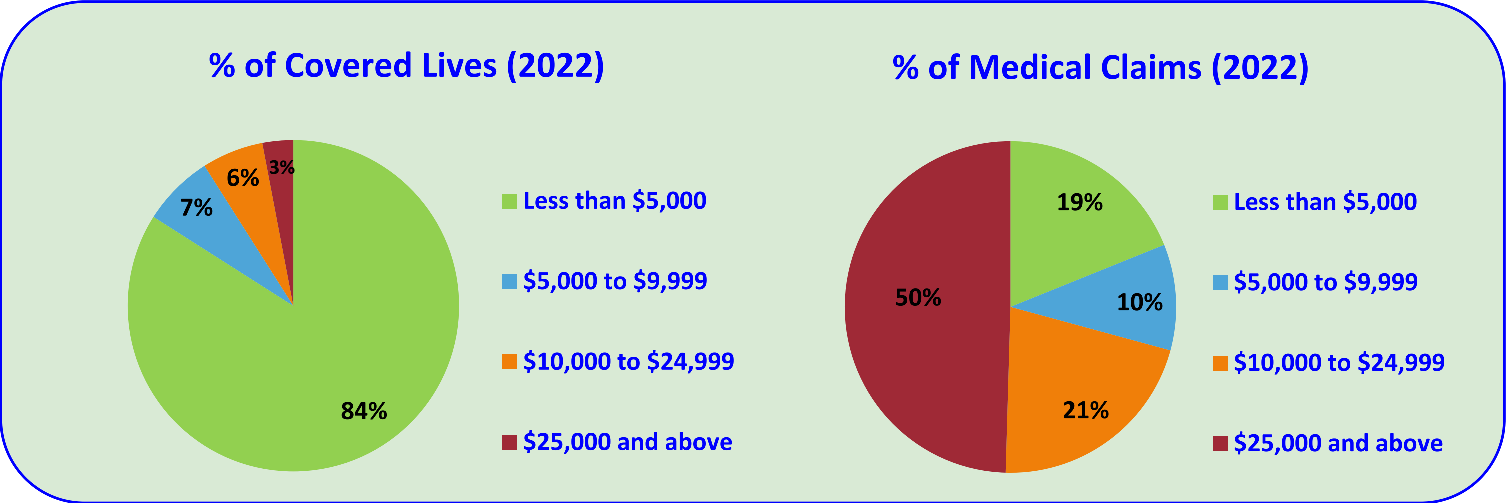
Note: only persons presenting claims are included in this analysis. Claim amounts and covered lives are per UMR.

Note that the table above shows medical claims paid by UMR, a UnitedHealthcare Company (UMR) during the reporting period and therefore may not be consistent with amounts paid by the trustee.

Costs associated with high-cost claimants tend to be the main driver of costs.

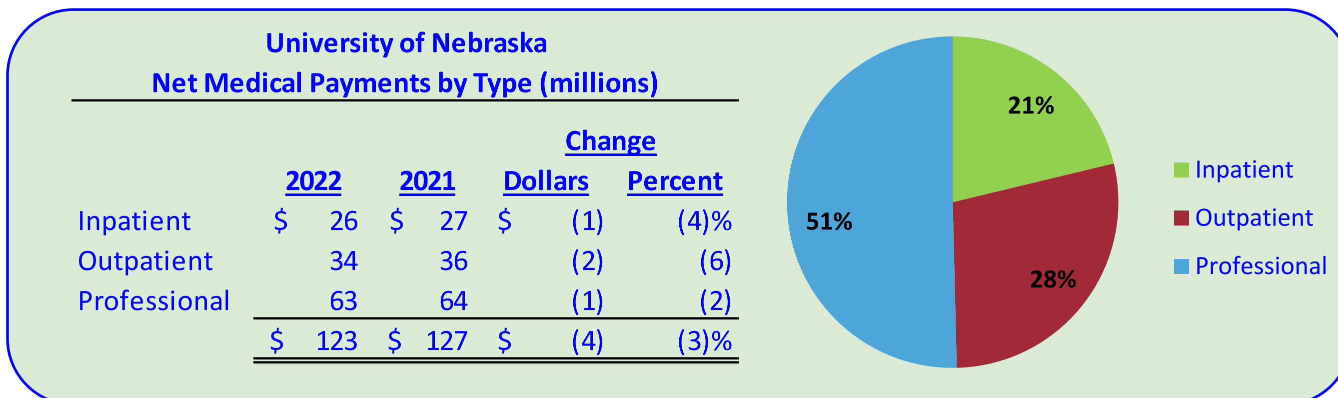
As is typical in health plans, costs associated with high-cost claimants tend to be the main driver of costs. As can be seen in the table on the previous page and the charts below, in 2022 (with parentheticals showing 2021 figures):

- The top 3 percent of the covered lives accounted for 50 percent (52 percent) of medical claims.
- Covered lives with medical claims of $10,000 and above accounted for 71 percent (72 percent) of medical claims.
- Covered lives with medical claims between $50,000 and $99,999 were the primary driver of the approximately $3 million decrease in medical claims in 2022.
- 84 percent (84 percent) of the covered lives had medical claims of less than $5,000.
- Covered lives with medical claims of less than $5,000 accounted for just 19 percent (18 percent) of medical claims.



Medical costs are comprised of inpatient, outpatient, and professional services (physician and ancillary). Inpatient services represent the costs that come with a hospital/facility stay. Outpatient services are comprised of procedures that do not require a hospital stay, such as ambulatory surgery, emergency room visits, radiology, and dialysis. Professional services encompass all the services provided by physicians and other clinicians, ancillary services, and medical services/supplies.

Net payments by service type as reported by UMR were:



University of Nebraska
Net Medical Payments by Type (millions)

	2022	2021	Change Dollars	Change Percent
Inpatient	$ 26	$ 27	$ (1)	(4)%
Outpatient	34	36	(2)	(6)
Professional	63	64	(1)	(2)
	$ 123	$ 127	$ (4)	(3)%

Inpatient

Inpatient costs decreased 4 percent, to $26 million in 2022 compared to $27 million in 2021. Costs per member per month were approximately 23 percent less than the UMR Norm for 2022 (which comprises UMR active groups consisting of approximately 3,700 groups and 4.9 million members).

Outpatient

Outpatient costs declined 6 percent, to $34 million in 2022 compared to $36 million in 2021. Costs per member per month were approximately 4 percent lower than the UMR Norm for 2022.

Professional Costs

Professional costs decreased 2 percent, to $63 million in 2022 compared to $64 million in 2021. Consistent with the prior year, costs per member per month were approximately 10 percent higher than the UMR Norm for 2022.

Medical Benchmarking/Statistics

There are several medical benchmarks and statistics worth noting that allow us to compare the plan's current year results to those seen in the industry or provide trend considerations:

- The average age of covered lives under the University's plan was 34, which is slightly lower than the UMR Norm of 35.
- The average age of the University's employee participant was 46 compared to the UMR Norm of 45.

- The percentage of covered lives age 65+ under the University's plan was 6 percent compared to the UMR Norm of 3 percent.

- The top 10 major diagnostic categories included musculoskeletal, wellness/preventative, circulatory, digestive, nervous system, mental, neoplasms, pregnancy/childbirth, skin/breast, and ear/nose/mouth/throat.

- Admissions per 1,000 members declined from 48.2 in 2021 to 42.3. This rate was also below the UMR Norm of 45.5 and even below the pandemic level rate in 2020 of 45.1.

- Office visits per 1,000 members rose from 3,512 in 2021 to 3,628 in 2022, which was also above the UMR Norm of 3,586.

- Outpatient surgery visits per 1,000 members dropped from 179 in 2021 to 173 in 2022, which was higher than the UMR Norm of 160.

- Telehealth visits per 1,000 members decreased from 1,072 in 2021 to 804 in 2022, but was still well above the UMR Norm of 620.

- Emergency room visits per 1,000 members declined from 138 in 2021 to 136 in 2022, which was also well below the UMR Norm of 203. The percentage of emergency room visits that were potentially avoidable increased from 11 percent in 2021 to 12 percent in 2022, but was below the UMR Norm of 14 percent.

- The overall prevalence of members with an ongoing condition (diabetes, asthma, coronary artery disease (CAD), hypertension, cancer, chronic kidney disease, chronic obstructive pulmonary disease (COPD), heart failure, depression, crohn's disease, ulcerative colitis, human immunodeficiency virus (HIV), rheumatoid arthritis, multiple sclerosis, myasthenia gravis, sickle cell anemia, hepatitis C, muscular dystrophy, and amyotrophic lateral sclerosis (ALS)) is 17 percent, comparable to UMR Norm.

- Preventative screening rates steadied in 2022, including mammograms (58 percent for 2022 compared to 55 percent for 2021 and 47 percent for UMR Norm), cervical cancer (25 percent for 2022 compared to 25 percent for 2021 and 26 percent for UMR Norm), colorectal cancer (17 percent for 2022 compared to 16 percent for 2021 and 17 percent for UMR Norm), and cholesterol (52 percent for 2022 compared to 52 percent for 2021 and 49 percent for UMR Norm).

Pharmacy Expenses

Pharmacy claims are handled through a third-party administrator, CVS Caremark. The University also belongs to the Employers Health consortium, a buying coalition that offers additional rebates and discounts to the plan based on combined purchasing power. Rebates and discounts deposited in the health trust in 2022 totaled approximately $14.7 million.

In 2022, pharmacy costs were up about 9 percent to around $56 million. Approximately 10,100 members utilized the plan's pharmacy program each month. The average annual net pharmacy cost per utilizing member totaled about $5,500.

The increase in pharmacy costs is partly attributable to specialty prescription costs, which were 52 percent of total pharmacy costs in 2022 compared to 50 percent in 2021. Specialty prescription costs increased about 17 percent, driven by an 8 percent increase in the number of utilizers, as well as increases attributable to drug mix and price inflation. The increase in specialty prescription costs was up dramatically from 2021, which saw these costs increase about 3 percent.

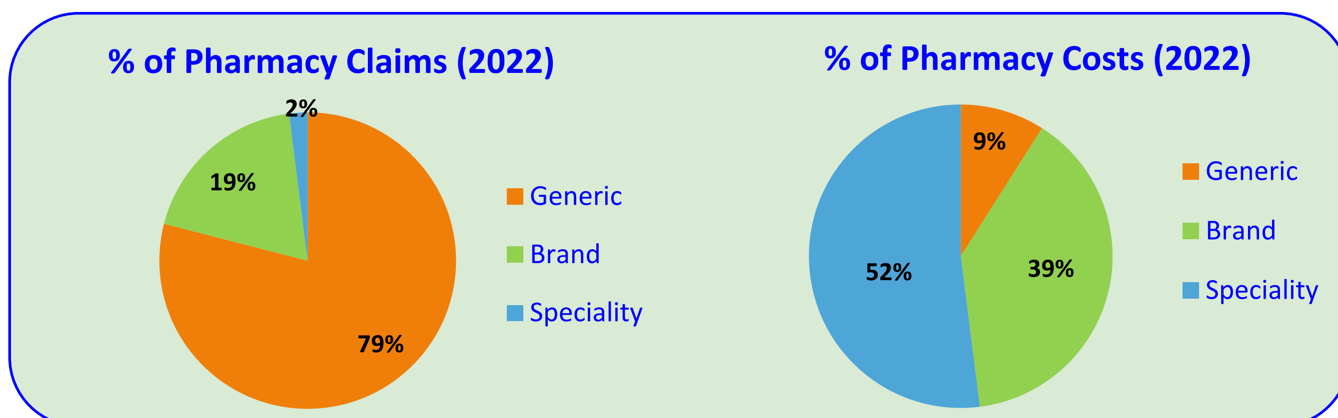
Pharmacy expenditures by category of drugs were as follows for the past two years:

University of Nebraska
Pharmacy Spend/Number of Claims
(Claims Net Cost in thousands)

	Claims Net Cost		Claims Cost as Percent of Total		Total Claims		Percent of Total Claims		Cost Per Claim	
	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021
Generic	$ 5,010	$ 5,303	9%	11%	216,528	214,244	79%	77%	$ 23	$ 25
Brand	21,557	19,382	39	39	53,656	57,993	19	21	402	334
Specialty	29,330	25,172	52	50	4,903	4,721	2	2	5,982	5,332
	$ 55,897	$ 49,857			275,087	276,958				

Note that the table above shows pharmacy claims paid by CVS Caremark during the reporting period and therefore may not be consistent with amounts paid by the trustee.

The importance of generic drugs in controlling costs can be gleaned from the foregoing table and the charts below. While generics represented 79 percent of total prescriptions, they only accounted for 9 percent of pharmacy costs in 2022.



The generic dispensing rate remained strong in 2022 at 79 percent, up from 77 percent in 2021. The University of Nebraska's success in adoption of generics is underscored by the fact that its generic use of therapeutic drugs for dermatologicals, antineoplastics, and analgesics – anti-inflammatory exceeded 80 percent in 2022. 8 percent of the brand-name drug claims for 2022 are scheduled for generic launches in 2023.

Conversely, specialty drugs are 2 percent of the plan's prescriptions, but account for 52 percent of the costs in 2022. 7 out of the top 10 prescription drugs used in 2022 were specialty drugs. Primary among the specialty classes are oncology, rheumatoid arthritis, psoriasis, crohn's disease, cystic fibrosis, multiple sclerosis, hemophilia, psoriatic arthritis, hereditary angioedema, and human immunodeficiency virus. There were 576 users of specialty drugs in 2022, accounting for approximately $51,000 of net cost per user per year.

Pricing drove the increase in pharmacy costs associated with brand-name drugs. While the net cost of brand-name drug claims increased 11 percent, the total number of brand-name drug claims actually decreased 7 percent.

Reserves and Fund Balances

Reserves are amounts needed to be held in the health trust at Principal Financial Group to pay health benefit claims. An incurred but not reported ("IBNR") reserve represents claims that have been incurred but have not yet been presented to the health trust and its trustee for payment. A claims fluctuation reserve ("CFR") represents the financial impact if the University were to encounter an unusually high volume of claims or unexpected number of claims that exceeded the claims estimate utilized to establish premium rates for the plan. Each of these reserves is based upon the results of actuarial studies performed by Milliman.

Net fund balances are the cumulative amounts of cash left over after expenses are paid and sufficient reserves have been set aside.

Reserves and fund balances are the cornerstone of financial flexibility. Much like a savings account, they are one-time resources that provide the health plan with options for responding to unexpected issues and a buffer against shock losses and other forms of risk.

Through a combination of proper pricing, aggressive management of deductibles and co-pays, prudent planning regarding potential cost increases, and favorable claims experience resulting from staying on the forefront of healthcare trends, the University has accumulated (over several years) fund balances that could be utilized for one-time health related purposes. As of December 31, 2022, the University's health plan had a trust fund balance of $60.3 million, with a net balance of about $36 million after subtracting estimated reserves. This represents a fund balance equal to about 2 months of plan expenses.

In December of 2018 and in conjunction with the transition from BlueCross BlueShield of Nebraska to UMR, the plan's trustee transferred $4 million to a separate UMR account to be utilized by UMR to pay medical claims beginning in 2019. UMR bills the plan weekly for medical claims paid to replenish this separate account back to $4 million. The $60.3 million trust fund balance on December 31, 2022 includes the $4 million held in the separate UMR account.

Conclusions and Looking Ahead

The University's trust fund balance decreased slightly in 2022 from $60.6 million to $60.3 million. As noted earlier in this report, we believe that claims payment timing differences are a primary contributing factor for the difference between the $0.3 million decrease in the trust fund balance and the $2.3 million net activity negative balance reflected in the Financial Performance section of this report for 2022.

Going forward, University management must continue to focus on chronic disease management, including case management and lifestyle behaviors. We also must continue to promote preventive services to our members, given the aging of our workforce, as well as promote the use of urgent care facilities or telehealth.

In terms of pharmacy, the biggest challenge going forward is to control the use of specialty and brand-name drugs. Potential future pharmacy opportunities include:

- Getting a handle on specialty drugs to assure the drugs match the diagnosis.
- Movement of pharmacy costs out of medical and into the pharmacy pipeline to assure consistent treatment for members.
- Continued focus on step therapies. Under this concept, high-priced drugs are not available without having tried generics first.

Presently, the plan continues to be "grandfathered" in regard to the Affordable Care Act.

The University of Nebraska is proud of its prudent management of its health plan, which has positioned us to provide competitive, affordable benefits to our employees – our greatest asset – and their families. These are challenging times for healthcare, but we are committed to offering quality health benefits that meet the needs of our employees and help us attract and retain additional talent for Nebraska.

Endnotes and References

[i] Duchon L, Schoen C, Simantov E, Davis K, An C. Listening to Workers: Findings from the Commonwealth Fund 1999 National Survey of Workers' Health Insurance. New York. The Commonwealth Fund; 2000.

[ii] The Kaiser Family Foundation Employer Health Benefits 2022 Annual Survey, https://www.kff.org/health-costs/report/2022-employer-health-benefits-survey