

**UNIVERSITY OF NEBRASKA
NUFLEX 2016
PRICE TAG SUMMARY**

**MONTHLY
100% FTE**

NOTE: Employees who are paid biweekly should divide monthly price tags by two to determine pay period benefit deduction amounts.

NUCREDITS

As part of NUFlex, you receive a portion of the university's benefit contribution in the form of NUCredits. Each month you receive \$63.00 of NUCredits to spend on your benefit choices. NUCredits will be reduced if you are less than full-time or your benefit FTE changes during the year.

MEDICAL INSURANCE

<u>Option</u>	<u>Employee Only A</u>	<u>Employee and Spouse B</u>	<u>Employee and Child(ren) C</u>	<u>Employee and Family D</u>
1. No Coverage				
2. Blue Cross Blue Shield Low	\$ 78.00	\$ 100.00	\$ 89.00	\$ 114.00
3. Blue Cross Blue Shield Basic	132.00	212.00	178.00	270.00
4. Blue Cross Blue Shield High	198.00	354.00	334.00	466.00

* Price tags are not applicable if you are a part-time employee or have a spouse employed at the university, in which case, your Campus Benefits Office should be contacted.

Price tags **do not** reflect the full cost of medical coverage. They have been reduced by that portion of the university's insurance contribution not allocated as NUCredits.

DENTAL INSURANCE

<u>Option</u>	<u>Employee Only A</u>	<u>Employee and Spouse B</u>	<u>Employee and Child(ren) C</u>	<u>Employee and Family D</u>
1. No Coverage				
2. Blue Cross Blue Shield	\$14.00	\$22.00	\$23.00	\$37.00

* Price tags are not applicable if you are a part-time employee, in which case, your Campus Benefits Office should be contacted.

Price tags **do not** reflect the full cost of dental coverage. They have been reduced by the university's insurance contribution.

VISION CARE INSURANCE

<u>Option</u>	<u>Employee Only A</u>	<u>Employee and Spouse B</u>	<u>Employee and Child(ren) C</u>	<u>Employee and Family D</u>
1. No Coverage				
2. EyeMed Vision Care	\$8.88	\$19.51	\$19.51	\$24.46

LONG TERM DISABILITY INSURANCE

<u>Option</u>	
1. No Coverage	
2. 50% income replacement-180 day elimination period	.0039 x monthly gross salary
3. 66 2/3% income replacement-180 day elimination period	.0071 x monthly gross salary
4. 50% income replacement-90 day elimination period	.0047 x monthly gross salary
5. 66 2/3% income replacement-90 day elimination period	.0087 x monthly gross salary

LIFE INSURANCE – EMPLOYER PROVIDED

One times annual salary up to a maximum of \$120,000, rounded to the nearest \$100.

Employees age 70 and over should contact their Campus Benefits Office for life insurance price tags and coverage amounts.

LIFE INSURANCE - VOLUNTARY (NON-TOBACCO/NICOTINE)

<u>Option</u>	<u>Under Age 30</u>	<u>30-34</u>	<u>35-39</u>	<u>40-44</u>	<u>45-49</u>	<u>50-54</u>	<u>55-59</u>	<u>60-64</u>	<u>65-69</u>
1. No Coverage									
2. \$ 25,000	\$ 1.00	\$ 1.00	\$ 2.00	\$ 3.00	\$ 5.00	\$ 7.00	\$ 13.00	\$ 15.00	\$ 27.00
3. 50,000	3.00	3.00	4.00	6.00	9.00	15.00	25.00	31.00	55.00
4. 75,000	4.00	4.00	5.00	8.00	14.00	22.00	38.00	46.00	82.00
5. 100,000	6.00	6.00	7.00	11.00	19.00	29.00	50.00	62.00	109.00
6. 150,000	8.00	8.00	11.00	17.00	28.00	44.00	75.00	92.00	164.00
7. 200,000	11.00	11.00	14.00	22.00	37.00	58.00	100.00	123.00	218.00
8. 250,000	14.00	14.00	18.00	28.00	46.00	73.00	125.00	154.00	273.00
9. 300,000	17.00	17.00	21.00	33.00	56.00	87.00	150.00	185.00	327.00
10. 400,000	22.00	22.00	28.00	44.00	74.00	116.00	200.00	246.00	436.00
11. 500,000	28.00	28.00	35.00	55.00	93.00	145.00	250.00	308.00	545.00

Employees age 70 and over should contact their Campus Benefits Office for life insurance price tags and coverage amounts.

Note: Options 4-11 require proof of insurability.

LIFE INSURANCE – VOLUNTARY (TOBACCO/NICOTINE)

<u>Option</u>	Under	<u>30-34</u>	<u>35-39</u>	<u>40-44</u>	<u>45-49</u>	<u>50-54</u>	<u>55-59</u>	<u>60-64</u>	<u>65-69</u>
	Age								
1. No Coverage									
2. \$ 25,000	\$ 2.00	\$ 2.00	\$ 3.00	\$ 4.00	\$ 7.00	\$ 11.00	\$ 18.00	\$ 23.00	\$ 40.00
3. 50,000	4.00	4.00	6.00	8.00	14.00	22.00	37.00	46.00	80.00
4. 75,000	6.00	6.00	8.00	12.00	20.00	33.00	55.00	68.00	120.00
5. 100,000	8.00	9.00	11.00	16.00	27.00	45.00	73.00	91.00	161.00
6. 150,000	11.00	13.00	17.00	23.00	41.00	67.00	110.00	137.00	241.00
7. 200,000	15.00	17.00	22.00	31.00	54.00	89.00	146.00	182.00	321.00
8. 250,000	19.00	21.00	28.00	39.00	68.00	111.00	183.00	228.00	401.00
9. 300,000	23.00	26.00	33.00	47.00	81.00	134.00	219.00	273.00	482.00
10. 400,000	30.00	34.00	44.00	62.00	108.00	178.00	292.00	364.00	642.00
11. 500,000	38.00	43.00	55.00	78.00	135.00	223.00	365.00	455.00	803.00

Employees age 70 and over should contact their Campus Benefits Office for life insurance price tags and coverage amounts.

Note: Options 4-11 require proof of insurability.

ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

<u>Option</u>		Employee	Employee
		Only	and
		A	B
1. No Coverage			
2. \$ 25,000	\$ 1.00	\$ 2.00	
3. 50,000		2.00	3.00
4. 75,000		3.00	5.00
5. 100,000		4.00	6.00
6. 125,000		5.00	8.00
7. 150,000		6.00	9.00
8. 175,000		7.00	11.00
9. 200,000		8.00	12.00
10. 225,000		9.00	14.00
11. 250,000		10.00	16.00

Coverage for a spouse is 50% of your option amount; coverage for each child is 10% of your option amount.

DEPENDENT LIFE INSURANCE

Spouse

Option

- 1. No Coverage
- 2. \$10,000 \$ 2.00
- 3. 20,000 5.00
- 4. 50,000 12.00

Note: Options 3 and 4 require proof of insurability.

Child(ren)

Option

- 1. No Coverage
- 2. \$5,000 \$1.00
- 3. 10,000 3.00

LONG TERM CARE INSURANCE

Long term care premiums are based on the age of the individual on the effective date of coverage, the Daily Benefit Amount, Lifetime Maximum Amount, Inflation Protection Option, and any other plan option(s) selected. Detailed plan and premium information may be reviewed at www.nebraska.edu/benefits.

FLEXIBLE SPENDING ACCOUNT

HEALTH CARE ACCOUNT

Annual Maximum \$2,550

DEPENDENT CARE ACCOUNT

Annual Maximum \$5,000

If you have any questions regarding NUFlex enrollment, please contact your Campus Benefits Office.

UNL: 472-2600
Benefits@unl.edu

UNMC: 559-4340
Benefits@unmc.edu

UNO: 554-3660
Benefits@unomaha.edu

UNK: 865-8516
Benefitsunk@unk.edu

UNCA: 472-5258
Benefits@nebraska.edu