

**UNIVERSITY OF NEBRASKA**  
**NUFLEX 2024**  
**PRICE TAG SUMMARY**  
**MONTHLY**  
**50% FTE**

<b>MEDICAL INSURANCE</b>				
Option	Employee Only A	Employee and Spouse B	Employee and Child(ren) C	Employee and Family D
1. No Coverage	\$0	\$0	\$0	\$0
2. BCBS Low	\$378.50	\$770.50	\$582.50	\$1,038.00
3. BCBS Basic	463.50	943.50	734.50	1,282.00
4. BCBS High	567.50	1,168.50	980.50	1,592.00
5. BCBS Qualifying High Deductible	378.50	770.50	593.50	1,038.00

\*Price tags are not applicable if you 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.

<b>DENTAL INSURANCE</b>				
Option	Employee Only A	Employee and Spouse B	Employee and Child(ren) C	Employee and Family D
1. No Coverage	\$0	\$0	\$0	\$0
2. BCBS	\$24.50	\$42.50	\$47.00	\$72.00

<b>VISION CARE INSURANCE</b>				
Option	Employee Only A	Employee and Spouse B	Employee and Child(ren) C	Employee and Family D
1. No Coverage	\$0	\$0	\$0	\$0
2. EyeMed Vision Care	\$8.46	\$18.58	\$18.58	\$23.30

<b>LONG TERM DISABILITY INSURANCE</b>	
Option	
1. No Coverage	\$0
2. 50% income replacement – 180 day elimination period	.00232 x Monthly Gross Salary
3. 66 2/3% income replacement – 180 day elimination period	.00424 x Monthly Gross Salary
4. 50% income replacement – 90 day elimination period	.0028 x Monthly Gross Salary
5. 66 2/3% income replacement – 90 day elimination period	.0052 x Monthly Gross Salary

**Please contact your Campus Benefits Office should you need any assistance calculating your price tag.**