

UNIVERSITY OF NEBRASKA
NUFLEX 2024
PRICE TAG SUMMARY
MONTHLY
55% FTE

| MEDICAL INSURANCE | | | | |
|------------------------------------|-----------------------|--------------------------------|------------------------------------|--------------------------------|
| 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 | \$353.15 | \$709.35 | \$536.95 | \$952.20 |
| 3. BCBS Basic | 438.15 | 882.35 | 688.95 | 1,196.20 |
| 4. BCBS High | 542.15 | 1,107.35 | 934.95 | 1,506.20 |
| 5. BCBS Qualifying High Deductible | 353.15 | 709.35 | 547.95 | 952.20 |

*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.

| DENTAL INSURANCE | | | | |
|-------------------------|-----------------------|--------------------------------|------------------------------------|--------------------------------|
| 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 | \$23.75 | \$40.75 | \$44.90 | \$68.80 |

| VISION CARE INSURANCE | | | | |
|------------------------------|-----------------------|--------------------------------|------------------------------------|--------------------------------|
| 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 |

| LONG TERM DISABILITY INSURANCE | |
|--|-------------------------------|
| 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.