

**UNIVERSITY OF NEBRASKA**  
**NUFLEX 2024**  
**PRICE TAG SUMMARY**  
**MONTHLY**  
**60% 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	\$327.80	\$648.20	\$491.40	\$866.40
3. BCBS Basic	412.80	821.20	643.40	1,110.40
4. BCBS High	516.80	1,046.20	889.40	1,420.40
5. BCBS Qualifying High Deductible	327.80	648.20	502.40	866.40
*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 <b>do not</b> 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	\$23.00	\$39.00	\$42.80	\$65.60

<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.**