

**UNIVERSITY OF NEBRASKA  
NUFLEX 2022  
PRICE TAG SUMMARY  
MONTHLY  
65% 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. UMR Low	\$244.85	\$474.50	\$361.30	\$632.15
3. UMR Basic	313.85	615.50	484.30	829.15
4. UMR High	397.85	797.50	683.30	1,080.15
5. UMR Qualifying High Deductible	244.85	474.50	370.30	632.15
*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. Ameritas	\$19.55	\$34.55	\$38.00	\$59.70

<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.**