

**UNIVERSITY OF NEBRASKA**  
**NUFLEX 2024**  
**PRICE TAG SUMMARY**  
**MONTHLY**  
**65% FTE**

| <b>MEDICAL INSURANCE</b>                                                                                                                                                                                                                                                                                                             |                       |                                |                                    |                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|--------------------------------|------------------------------------|--------------------------------|
| Option                                                                                                                                                                                                                                                                                                                               | Employee<br>Only<br>A | Employee<br>and<br>Spouse<br>B | Employee<br>and<br>Child(ren)<br>C | Employee<br>and<br>Family<br>D |
| 1. No Coverage                                                                                                                                                                                                                                                                                                                       | \$0                   | \$0                            | \$0                                | \$0                            |
| 2. BCBS Low                                                                                                                                                                                                                                                                                                                          | \$302.45              | \$587.05                       | \$445.85                           | \$780.60                       |
| 3. BCBS Basic                                                                                                                                                                                                                                                                                                                        | 387.45                | 760.05                         | 597.85                             | 1,024.60                       |
| 4. BCBS High                                                                                                                                                                                                                                                                                                                         | 491.45                | 985.05                         | 843.85                             | 1,334.60                       |
| 5. BCBS Qualifying High Deductible                                                                                                                                                                                                                                                                                                   | 302.45                | 587.05                         | 456.85                             | 780.60                         |
| *Price tags are not applicable if you have a spouse employed at the university, in which case, your Campus Benefits Office should be contacted.<br>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<br>Only<br>A | Employee<br>and<br>Spouse<br>B | Employee<br>and<br>Child(ren)<br>C | Employee<br>and<br>Family<br>D |
| 1. No Coverage          | \$0                   | \$0                            | \$0                                | \$0                            |
| 2. BCBS                 | \$22.25               | \$37.25                        | \$40.70                            | \$62.40                        |

| <b>VISION CARE INSURANCE</b> |                       |                                |                                    |                                |
|------------------------------|-----------------------|--------------------------------|------------------------------------|--------------------------------|
| Option                       | Employee<br>Only<br>A | Employee<br>and<br>Spouse<br>B | Employee<br>and<br>Child(ren)<br>C | Employee<br>and<br>Family<br>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.**