

**UNIVERSITY OF NEBRASKA  
NUFLEX 2022  
PRICE TAG SUMMARY  
MONTHLY  
70% 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	\$224.30	\$425.00	\$324.40	\$562.70
3. UMR Basic	293.30	566.00	447.40	759.70
4. UMR High	377.30	748.00	646.40	1,010.70
5. UMR Qualifying High Deductible	224.30	425.00	333.40	562.70

\*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. Ameritas	\$18.90	\$32.90	\$36.00	\$56.60

<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.**