

**UNIVERSITY OF NEBRASKA**  
**NUFLEX 2022**  
**PRICE TAG SUMMARY**  
**MONTHLY**  
**95% 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	\$121.55	\$177.50	\$139.90	\$215.45
3. UMR Basic	190.55	318.50	262.90	412.45
4. UMR High	274.55	500.50	461.90	663.45
5. UMR Qualifying High Deductible	121.55	177.50	148.90	215.45

\*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	\$15.65	\$24.65	\$26.00	\$41.10

<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.