

**UNIVERSITY OF NEBRASKA
EMPLOYEE PLUS ONE
NUFLEX 2026
PRICE TAG SUMMARY**

**MONTHLY
100% FTE**

If an Adult Designee and Adult Designee Dependent Child(ren) does not qualify as the employee's tax dependent, then the university will impute income to the employee equal to the entire value of the coverage for the Adult Designee. This amount will be included in the employee's gross income subject to federal income tax withholding and employment taxes, and reported on the employee's W-2.

Coverage Categories Designations:

- (S) Employee & Adult Designee
- (T) Employee and Children & Adult Designee
- (U) Employee and Children & Adult Designee's Dependent Children
- (U) Employee & Adult Designee's Dependent Children
- (V) Employee and Children & Adult Designee and Adult Designee's Dependent Children
- (W) Employee & Adult Designee and Adult Designee's Dependent Children

NOTE: Employees who are paid biweekly should divide monthly price tags by two to determine pay period benefit deduction amounts.

MEDICAL INSURANCE			
Option	S	U	T-V-W
1. No Coverage			
2. BCBS Low	\$190.00	\$152.00	\$215.00
3. BCBS Basic	397.00	333.00	507.00
4. BCBS High	666.00	627.00	877.00
5. BCBS High Deductible	190.00	165.00	215.00
* Price tags are not applicable if you are a part-time employee, 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 the university's insurance contribution.			

DENTAL INSURANCE			
Option	S	U	T-V-W
1. No Coverage			
2. BCBS	\$25.00	\$26.00	\$40.00
* Price tags are not applicable if you are a part-time employee, in which case, your Campus Benefits Office should be contacted.			
Price tags do not reflect the full cost of dental coverage. They have been reduced by the university's insurance contribution.			

VISION INSURANCE			
Option	S	U	T-V-W
1. No Coverage			
2. EyeMed Vision Care	\$18.58	\$18.58	\$23.30

ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

<u>Option</u>	<u>Employee Only A</u>	<u>Employee & Family B</u>
1. No Coverage		
2. \$25,000	\$ 1.00	\$ 2.00
3. 50,000	2.00	3.00
4. 75,000	3.00	5.00
5. 100,000	4.00	6.00
6. 125,000	5.00	8.00
7. 150,000	6.00	9.00
8. 175,000	7.00	11.00
9. 200,000	8.00	12.00
10. 225,000	9.00	14.00
11. 250,000	10.00	16.00

Coverage for an Adult Designee is 50% of your option amount; coverage for each child is 10% of your option amount.

DEPENDENT LIFE INSURANCE**Adult Designee**

<u>Option</u>	
1. No Coverage	
2. \$10,000	\$2.00
3. 20,000	4.00
4. 50,000	10.00

Note: Options 2, 3, and 4 require proof of insurability.

Child(ren)

<u>Option</u>	
1. No coverage	
2. \$5,000	\$1.00
3. 10,000	3.00

LONG TERM CARE INSURANCE

Long term care premiums are based on the age of the individual on the effective date of coverage, the Daily Benefit Amount, Lifetime Maximum Amount, Inflation Protection Option, and any other plan option(s) selected. Detailed plan and premium information may be reviewed at www.nebraska.edu.

FLEXIBLE SPENDING ACCOUNT

Health Care Account

Annual Maximum \$3,400

Dependent Care Account

Annual Maximum \$7,500

If you have any questions regarding NUFlex enrollment, please contact your Campus Benefits Office.

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