

**UNIVERSITY OF NEBRASKA**  
**NUFLEX 2017**  
**PRICE TAG SUMMARY**  
**MONTHLY**  
**75% FTE**

**NUCREDITS**

As part of NUFlex, you receive a portion of the university's benefit contribution in the form of NUCredits. Each pay period you receive the following NUCredits to spend on your benefit choices. NUCredits are based on your benefits FTE and will change should your benefits FTE increase or decrease during the year.

**MEDICAL INSURANCE**

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. Blue Cross Blue Shield Low	\$175.00	\$323.75	\$257.50	\$426.00
3. Blue Cross Blue Shield Basic	235.00	446.75	355.50	597.00
4. Blue Cross Blue Shield High	307.00	602.75	526.50	813.00

\*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.

**DENTAL INSURANCE**

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. Blue Cross Blue Shield	\$17.00	\$30.00	\$32.75	\$52.25

**VISION CARE INSURANCE**

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	\$8.88	\$19.51	\$19.51	\$24.46

**LONG TERM DISABILITY INSURANCE**

Option	
1. No Coverage	\$0
2. 50% income replacement – 180 day elimination period	.0039 x Monthly Gross Salary
3. 66 2/3% income replacement – 180 day elimination period	.0071 x Monthly Gross Salary
4. 50% income replacement – 90 day elimination period	.0047 x Monthly Gross Salary
5. 66 2/3% income replacement – 90 day elimination period	.0087 x Monthly Gross Salary

Please contact your Campus Benefits Office should you need any assistance calculating your price tag.