UNIVERSITY OF NEBRASKA
NUFLEX 2017
PRICE TAG SUMMARY
MONTHLY
95% 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	$103.80	$152.75	$129.90	$186.00
3. Blue Cross Blue Shield Basic	163.80	275.75	227.90	357.00
4. Blue Cross Blue Shield High	235.80	431.75	398.90	573.00

*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	$14.60	$23.60	$24.95	$40.05

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.