

UNIVERSITY OF NEBRASKA
 NUFLEX 2024
 PRICE TAG SUMMARY
 Rates Effective January 1, 2024

MONTHLY
 100% FTE

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

MEDICAL INSURANCE				
Option	Employee Only A	Employee and Spouse B	Employee and Child(ren) C	Employee and Family D
3. BCBS Basic	210.00	332.00	279.00	424.00
4. BCBS High	314.00	557.00	525.00	734.00

VISION CARE INSURANCE

Employee

Employee
and

Employee
and

Employee
and

LIFE INSURANCE – VOLUNTARY (TOBACCO/NICOTINE)

Option	Under Age									
	30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	
1	No Coverage									
2	\$25,000	\$1.38	\$1.50	\$2.00	\$2.75	\$4.88	\$8.00	\$13.13	\$16.38	\$28.88
3	50,000	2.75	3.00	4.00	5.50	9.75	16.00	26.25	32.75	57.75
4	75,000	4.13	4.50	6.00	8.25	14.63	24.00	39.38	49.13	86.63
5	100,000	5.50	6.00	8.00	11.00	19.50	32.00	52.50	65.50	115.50
6	150,000	8.25	9.00	12.00	16.50	29.25	48.00	78.75	98.25	173.25
7	200,000	11.00	12.00	16.00	22.00	39.00	64.00	105.00	131.00	231.00
8	250,000	13.75	15.00	20.00	27.50	48.75	80.00	131.25	163.75	288.75
9	300,000	16.50	18.00	24.00	33.00	58.50	96.00	157.50	196.50	346.50
10	400,000	22.00	24.00	32.00	44.00	78.00	128.00	210.00	262.00	462.00
11	500,000	27.50	30.00	40.00	55.00	97.50	160.00	262.50	327.50	577.50

Employees age 70 and over should contact their Campus Benefits for life insurance price tags and coverage amounts.

Note: Options 9-11 require proof of insurability. Options 2-8 requires proof of insurability if signing up during annual enrollment.

ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

Option	Employee Only A	Employee and Family B
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 a spouse is 50% of your option amount. Coverage for each child is 10% of your option amount.

DEPENDENT LIFE INSURANCE

Spouse

Option

- | | |
|----------------|---------|
| 1. No Coverage | |
| 2. \$10,000 | \$ 2.00 |
| 3. 20,000 | 4.00 |
| 4. 50,000 | 10.00 |

Note: Option 4 requires proof of insurability. Options 2 and 3 require proof of insurability if signing up during annual enrollment

Child(ren)

Option

- | | |
|----------------|--------|
| 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/benefits.

FLEXIBLE SPENDING ACCOUNT

HEALTH CARE ACCOUNT

Annual Maximum \$3,050

DEPENDENT CARE ACCOUNT

Annual Maximum \$5,000