

UNIVERSITY OF NEBRASKA
NUFLEX 2024
PRICE TAG SUMMARY
MONTHLY
55% FTE

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. BCBS Low	\$353.15	\$709.35	\$536.95	\$952.20
3. BCBS Basic	438.15	882.35	688.95	1,196.20
4. BCBS High	542.15	1,107.35	934.95	1,506.20
5. BCBS Qualifying High Deductible	353.15	709.35	547.95	952.20

*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 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. BCBS	\$23.75	\$40.75	\$44.90	\$68.30

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	\$8.46	\$18.58	\$18.58	\$23.30

LONG TERM DISABILITY INSURANCE	
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.