

UNIVERSITY OF NEBRASKA
NUFLEX 2024
PRICE TAG SUMMARY
MONTHLY
70% 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	\$277.10	\$525.90	\$400.30	\$694.80
3. BCBS Basic	362.10	698.90	552.30	938.80
4. BCBS High	466.10	923.90	798.30	1,248.80
5. BCBS Qualifying High Deductible	277.10	525.90	411.30	694.80

*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. BCBS	\$21.50	\$35.50	\$38.60	\$59.20

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.