UNIVERSITY OF NEBRASKA NUFLEX 2025 PRICE TAG SUMMARY Rates Effective January 1, 2025

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
1. No Coverage	\$0	\$0	\$0	\$0
2. BCBS Low	\$ 139.00	\$ 177.00	\$ 142.00	\$ 201.00
3. BCBS Basic	234.00	370.00	311.00	473.00
4. BCBS High	350.00	621.00	585.00	818.00
5. BCBS High Deductible	139.00	177.00	154.00	201.00
 Price tags are not applicable if you are a part Benefits Office should be contacted. 	time employee or have a spouse	e employed at the univ	ersity, in which case, y	our Campus

Price tags do not reflect the full cost of dental coverage. They have been reduced by the university's insurance contribution.

DENTAL INSURANCE				
Option	Employee Only A	Employee and Spouse B	Employee and Child(ren) <u>C</u>	Employee and Family D
1. No Coverage	¢17.00	¢25.00	#2 < 00	¢ 40,00
2. BCBS	\$17.00	\$25.00	\$26.00	\$40.00
* Price tags are not applicable if you are a part-time en	nployee, in which case,	your Campus Benefits	Office should be conta	icted.
Price tags <u>do not</u> reflect the full cost of dental cover	age. They have been rec	luced by the university	's insurance contribution	on.

VISION CARE INSURANCE				
Option	Employee Only A	Employee and Spouse B	Employee and Child(ren) <u>C</u>	Employee and Family D
 No Coverage EyeMed Vision Care 	\$8.46	\$18.58	\$18.58	\$23.30

.00232 x monthly gross salary

.00424 x monthly gross salary

.0028 x monthly gross salary

.0052 x monthly gross salary

LONG TERM DISABILITY INSURANCE

Option

1. No Coverage

- 2. 50% income replacement-180 day elimination period
- 3. 66 2/3% income replacement-180 day elimination period
- 4. 50% income replacement-90 day elimination period
- 5. 66 2/3% income replacement-90 day elimination period

LIFE INSURANCE – EMPLOYER PROVIDED

One times annual salary up to a maximum of \$120,000, rounded to the nearest \$100.

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

LIF	LIFE INSURANCE - VOLUNTARY (NON-TOBACCO/NICOTINE)									
		Under								
		Age								
	Option	30	<u>30-34</u>	<u>35-39</u>	<u>40-44</u>	<u>45-49</u>	<u>50-54</u>	<u>55-59</u>	<u>60-64</u>	<u>65-69</u>
1	No Coverage									
2	\$25,000	\$1.00	\$1.00	\$1.25	\$2.00	\$3.38	\$5.25	\$9.00	\$11.13	\$19.63
3	50,000	2.00	2.00	2.50	4.00	6.75	10.50	18.00	22.25	39.25
4	75,000	3.00	3.00	3.75	6.00	10.13	15.75	27.00	33.38	58.88

⁵ 2m-.003 Tc0 Tw(5)T**j**.5749 .5749 TD.0015 Tc[)6()6()]00

LIF	E INSURANCE	E – VOLU	NTARY (ГОВАСС	O/NICOT	INE)				
		Under								
		Age								
	Option	30	<u>30-34</u>	<u>35-39</u>	<u>40-44</u>	<u>45-49</u>	<u>50-54</u>	<u>55-59</u>	<u>60-64</u>	<u>65-69</u>
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 1	300,000	16.50	18.00	24.00	33.00	58.50	96.00	157.50	196.50	346.50
1 0 1	400,000	22.00	24.00	32.00	44.00	78.00	128.00	210.00	262.00	462.00
1	500,000	27.50	30.00	40.00	55.00	97.50	160.00	262.50	327.50	577.50
Emp	Employees age 70 and over should contact their Campus Benefits Office for life insurance price tags and coverage amounts.									

Employees age 70 and over should contact their Campus Benefits Office 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 Employee Employee and Only Family Option А B 1. No Coverage \$ 25,000 \$ 1.00 \$ 2.00 2. 3. 50,000 2.00 3.00 4. 75,000 3.00 5.00 5. 100,000 6.00 4.00 6. 125,000 5.00 8.00 7. 150,000 9.00 6.00 8. 175,000 7.00 11.00 9. 200,000 8.00 12.00 10. 225,000 9.00 14.00 10.00 11. 250,000 16.00 Coverage for a spouse is 50% of your option amount; coverage for each child is 10% of your option amount.

DEPENDENT LIFE INSURAN	СЕ	
Spouse		
Option		
1. No Coverage		
2. \$10,000	\$ 2.00	
3. 20,000	4.00	
4. 50,000	10.00	
	nsurability. Options 2 and 3 require proof of insurability i	f 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 \$3,300

DEPENDENT CARE ACCOUNT

Annual Maximum \$5,000

If you have any questions regarding NUFlex enrollment, please contact your Campus Benefits Office.

UNL: 472-2600 Benefits@unl.edu UNMC: 559-4340 Benefits@unmc.edu UNO: 554-3449 unobenefits@unomaha.edu

UNK: 308-865-8522 Benefitsunk@unk.edu UNOP: 472-2600 Benefits@nebraska.edu