

UNIVERSITY OF NEBRASKA
 NUFLEX 2025
 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	\$308.50	\$586.20	\$446.80	\$774.90
3. BCBS Basic	403.50	779.20	615.80	1,046.90
4. BCBS High	519.50	1,030.20	889.80	1,391.90
5. BCBS Qualifying High Deductible	308.50	586.20	458.80	774.90

*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 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 1RU elimination period	.00232 x Monthly Gross Salary
3. 66 2/3% income replacement – 180 1RU elimination period	.00424 x Monthly Gross Salary
4. 50% income replacement – 90 1RU elimination period	.0028 x Monthly Gross Salary
5. 66 2/3% income replacement – 90 1RU elimination period	.0052 x Monthly Gross Salary

Please contact your Campus Benefits Office should you need any assistance calculating your price tag.