## UNIVERSITY OF NEBRASKA NUFLEX 2025 PRICE TAG SUMMARY MONTHLY 80% FTE

MEDICAL INSURANCE		Employee and Spouse B	Employee and Child(ren) C	Employee and Family D					
Option	Employee Only A								
					1. No Coverage	\$0	\$0	\$0	\$0
					2. BCBS Low	\$252.00	\$449.80	\$345.20	\$583.60
3. BCBS Basic	347.00	642.80	514.20	855.60					
4. BCBS High	463.00	893.80	788.20	1,200.60					
5. BCBS Qualifying High Deductible	252.00	449.80	357.20	583.60					
*Price tags are not applicable if you have a spouse employed at the uni Price tags <u>do not</u> reflect the full cost of medical coverage. They have I NUCredits.									
DENTAL INSURANCE		Employee	Employee	Employee					
	Employee	and	and	and					
	Only	Spouse	Child(ren)	Family					
Option	A	В	C ´	D					
1. No Coverage	\$0	\$0	\$0	\$0					
2. BCBS	\$20.00	\$32.00	\$34.40	\$52.80					
VISION CARE INSURANCE									
		Employee	Employee	Employee					
	Employee	and	and	and					
	Only	Spouse	Child(ren)	Family					
Option	Α	В	С	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									

.00232 x Monthly Gross Salary

.00424 x Monthly Gross Salary

.0028 x Monthly Gross Salary

.0052 x Monthly Gross Salary

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

2. 50% income replacement – 180 day elimination period

4. 50% income replacement – 90 day elimination period

3. 66 2/3% income replacement – 180 day elimination period

5. 66 2/3% income replacement – 90 day elimination period