

UNIVERSITY OF NEBRASKA
NUFLEX 2025
PRICE TAG SUMMARY
MONTHLY
90% 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 | \$195.50 | \$313.40 | \$243.60 | \$392.30 |
| 3. BCBS Basic | 290.50 | 506.40 | 412.60 | 664.30 |
| 4. BCBS High | 406.50 | 757.40 | 686.60 | 1,009.30 |
| 5. BCBS Qualifying High Deductible | 195.50 | 313.40 | 255.60 | 392.30 |

*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 | \$18.50 | \$28.50 | \$30.20 | \$46.40 |

| 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.