

UNIVERSITY OF NEBRASKA
NUFLEX 2025
PRICE TAG SUMMARY
MONTHLY
85% 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	\$223.75	\$381.60	\$294.40	\$487.95
3. BCBS Basic	318.75	574.60	463.40	759.95
4. BCBS High	434.75	825.60	737.40	1,104.95
5. BCBS Qualifying High Deductible	223.75	381.60	306.40	487.95

*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	\$19.25	\$30.25	\$32.30	\$49.60

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.