### 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
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 par Benefits Office should be contacted.	t-time employee or have a spouse	e employed at the univ	ersity, in which case, y	our Campus
Price tags <b>do not</b> reflect the full cost of dent	al coverage. They have been rec	luced by the university	's insurance contribution	on.

DENTAL INSURANCE								
Option	Employee Only <u>A</u>	Employee and Spouse B	Employee and Child(ren)	Employee and Family D				
1. No Coverage								
2. BCBS	\$17.00	\$25.00	\$26.00	\$40.00				
* Price tags are not applicable if you are a part-time employee, in which case, your Campus Benefits Office should be contacted.								
Price tags <b>do not</b> reflect the full cost of dental cov	verage. They have been re-	duced by the university	's insurance contributi	on.				

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

#### 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

 $.00232 \ x$  monthly gross salary

.00424 x monthly gross salary

.0028 x monthly gross salary

.0052 x monthly gross salary

#### 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.

LII	LIFE INSURANCE - VOLUNTARY (NON-TOBACCO/NICOTINE)									
		Under								
		Age								
	Option	<u>30</u>	<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

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LIFE INSURANCE – VOLUNTARY (TOBACCO/NICOTINE)										
		Under								
		Age								
	<u>Option</u>	<u>30</u>	<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	300,000	16.50	18.00	24.00	33.00	58.50	96.00	157.50	196.50	346.50
$\begin{bmatrix} 1 \\ 0 \\ 1 \end{bmatrix}$	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

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	A	<u> </u>
1	N. C		
1.	No Coverage		
2.	\$ 25,000	\$ 1.00	\$ 2.00
3.	50,000	2.00	3.00
4.	75,000	3.00	5.00
5.	100,000	4.00	6.00
6.	125,000	5.00	8.00
7.	150,000	6.00	9.00
8.	175,000	7.00	11.00
9.	200,000	8.00	12.00
10.	225,000	9.00	14.00
11.	250,000	10.00	16.00

Coverage for a spouse is 50% of your option amount; coverage for each child is 10% of your option amount.

# DEPENDENT LIFE INSURANCE Spouse

Option

1. No Coverage

 2. \$10,000
 \$ 2.00

 3. 20,000
 4.00

 4. 50,000
 10.00

Note: Option 4 requires proof of insurability. Options 2 and 3 require proof of insurability if 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** 

DEPENDENT CARE ACCOUNT

Annual Maximum \$3,300

Annual Maximum \$5,000

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

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

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