

**NUFLEX 2008
UNIVERSITY OF NEBRASKA
PRICE TAG SUMMARY**

**MONTHLY
100% FTE**

NOTE: Employees who are paid biweekly should divide monthly price tags by two to determine pay period benefit deduction amounts.

NUCREDITS

As part of NUFlex, you receive a portion of the University's benefit contribution in the form of NUCredits. Each month you receive \$63.00 of NUCredits to spend on your benefit choices. NUCredits will be reduced if you are less than full-time or your benefit FTE changes during the year.

MEDICAL INSURANCE

Option	Price Tags*			
	Employee Only	Employee and Spouse	Employee and Child(ren)	Employee and Family
	A	B	C	D
1. No Coverage	\$ 0	\$ 0	\$ 0	\$ 0
2. Blue Cross Blue Shield Low	80.00	100.00	90.00	114.00
3. Blue Cross Blue Shield Basic	130.00	210.00	176.00	264.00
4. Blue Cross Blue Shield High	182.00	332.00	334.00	428.00

* Price tags are not applicable if you are a part-time employee or 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	Price Tags*			
	Employee Only	Employee and Spouse	Employee and Child(ren)	Employee and Family
	A	B	C	D
1. No Coverage	\$ 0	\$ 0	\$ 0	\$ 0
2. Blue Cross Blue Shield	13.00	21.00	21.00	32.00

* Price tags are not applicable if you are a part-time employee, in which case, your Campus Benefits Office should be contacted.

Price tags **do not** reflect the full cost of dental coverage. They have been reduced by the university's insurance contribution.

VISION CARE INSURANCE

Option	Price Tags			
	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	6.60	14.50	14.50	18.20

LONG TERM DISABILITY INSURANCE

Option	Price Tags
1. No Coverage	\$ 0
2. 50% income replacement-180 day elimination period	.0043 x Monthly Gross Salary
3. 66 2/3% income replacement-180 day elimination period	.0079 x Monthly Gross Salary
4. 50% income replacement-90 day elimination period	.0052 x Monthly Gross Salary
5. 66 2/3% income replacement-90 day elimination period	.0097 x Monthly Gross Salary

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

LIFE INSURANCE (NON-TOBACCO/NICOTINE)

Option	Price Tags								
	Under Age 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69
1. \$15,000	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
2. 25,000	2.50	2.50	2.50	2.50	2.50	2.50	2.50	2.50	2.50
3. 35,000	3.00	3.00	3.00	4.00	5.00	7.00	11.00	14.00	23.00
4. 50,000	4.00	4.00	4.00	6.00	9.00	12.00	21.00	25.00	41.00
5. 75,000	5.00	5.00	6.00	9.00	14.00	19.00	33.00	40.00	68.00
6. 100,000	6.00	7.00	9.00	12.00	18.00	26.00	46.00	55.00	94.00
7. 125,000	8.00	9.00	11.00	14.00	23.00	33.00	58.00	70.00	121.00
8. 150,000	9.00	11.00	12.00	17.00	27.00	41.00	70.00	85.00	147.00
9. 200,000	12.00	13.00	16.00	23.00	36.00	55.00	94.00	115.00	200.00
10. 250,000	15.00	16.00	19.00	28.00	45.00	69.00	118.00	145.00	253.00
11. 300,000	16.00	18.00	23.00	33.00	54.00	83.00	143.00	175.00	307.00
12. 400,000	22.00	24.00	30.00	44.00	72.00	112.00	192.00	235.00	414.00
13. 500,000	28.00	29.00	36.00	54.00	90.00	140.00	240.00	295.00	520.00

Employees age 70 and over should contact their Campus Benefits Office for life insurance price tags and coverage amounts.

Note: Options 5-13 require proof of insurability.

LIFE INSURANCE (TOBACCO/NICOTINE)

Price Tags

<u>Option</u>	Under									
	Age	<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. \$15,000	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
2. 25,000	2.50	2.50	2.50	2.50	2.50	2.50	2.50	2.50	2.50	2.50
3. 35,000	4.00	4.00	5.00	5.00	7.00	10.00	16.00	19.00	33.00	
4. 50,000	5.00	6.00	6.00	8.00	12.00	17.00	30.00	36.00	60.00	
5. 75,000	7.00	8.00	9.00	12.00	18.00	28.00	48.00	58.00	99.00	
6. 100,000	10.00	11.00	12.00	16.00	25.00	39.00	65.00	80.00	138.00	
7. 125,000	12.00	13.00	14.00	20.00	31.00	51.00	82.00	102.00	177.00	
8. 150,000	13.00	16.00	17.00	23.00	38.00	60.00	100.00	125.00	216.00	
9. 200,000	17.00	19.00	23.00	31.00	51.00	82.00	137.00	169.00	295.00	
10. 250,000	20.00	25.00	28.00	39.00	64.00	105.00	172.00	213.00	373.00	
11. 300,000	24.00	30.00	33.00	46.00	78.00	128.00	207.00	257.00	452.00	
12. 400,000	31.00	37.00	44.00	61.00	104.00	176.00	279.00	346.00	609.00	
13. 500,000	39.00	42.00	54.00	76.00	130.00	215.00	350.00	434.00	765.00	

Employees age 70 and over should contact their Campus Benefits Office for life insurance price tags and coverage amounts.

Note: Options 5-13 require proof of insurability.

ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

Price Tags

<u>Option</u>		
	<u>Employee Only A</u>	<u>Employee and Family B</u>
1. No Coverage	\$ 0	\$ 0
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

<u>Option</u>	<u>Price Tag</u>
1. No Coverage	\$ 0
2. \$10,000	2.00
3. 20,000	5.00
4. 50,000	12.00

Note: Options 3 and 4 require proof of insurability.

Child(ren)

<u>Option</u>	<u>Price Tag</u>
1. No Coverage	\$ 0
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. Listed below is an example of a monthly long term care premium for an employee enrolling for the 5 Year Lifetime Maximum Amount and Guaranteed Benefit Increase Inflation Protection Option.

<u>Age</u>	<u>\$100 Benefit</u>	<u>\$150 Benefit</u>	<u>\$200 Benefit</u>
25	\$ 6.47	\$ 9.71	\$ 12.94
30	7.40	11.11	14.80
35	9.59	14.39	19.18
40	13.17	19.75	26.34
45	17.55	26.32	35.10
50	23.83	35.74	47.66
55	35.74	53.61	71.48
60	56.18	84.27	112.36
65	79.48	119.21	158.96

REIMBURSEMENT ACCOUNT

HEALTH CARE ACCOUNT

Annual Maximum \$5,000

DEPENDENT CARE ACCOUNT

Annual Maximum \$5,000

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

UNL: 472-2600
Benefits@unlnotes.unl.edu

UNMC: 559-4340
Benefits@unmc.edu

UNO: 554-3660
Benefits@unomaha.edu

UNK: 865-8522
Benefitsunk@unk.edu

UNCA: 472-7162
Benefits@nebraska.edu

