UNIVERSITY OF NEBRASKA
EMPLOYEE PLUS ONE
NUFLEX 2027
PRICE TAG SUMMARY

MONTHLY
100% FTE

If an Adult Designee and Adult Designee Dependent Child(ren) does not qualify as the employee's tax dependent, then the university will impute income to the employee equal to the entire value of the coverage for the Adult Designee. This amount will be included in the employee's gross income subject to federal income tax withholding and employment taxes, and reported on the employee's W-2.

Coverage Categories Designations:

(S) Employee & Adult Designee
(T) Employee and Children & Adult Designee
(U) Employee and Children & Adult Designee's Dependent Children
(U) Employee &Adult Designee's Dependent Children
(V) Employee and Children & Adult Designee and Adult Designee's Dependent Children
(W) Employee & Adult Designee and Adult Designee's Dependent Children

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

MEDICAL INSURANCE

Option	S	U	T-V-W
1. No Coverage			
2. BCBS Low	$209.00	$167.00	$237.00
3. BCBS Basic	437.00	366.00	558.00
4. BCBS High	733.00	690.00	965.00
5. BCBS High Deductible	209.00	182.00	237.00

* 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 medical coverage. They have been reduced by the university's insurance contribution.

DENTAL INSURANCE

Option	S	U	T-V-W
1. No Coverage			
2. BCBS	$28.00	$29.00	$45.00

* 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 INSURANCE

Option	S	U	T-V-W
1. No Coverage			
2. EyeMed Vision Care	$18.58	$18.58	$23.30

ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

Option	Employee Only A	Employee & Family B
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 an Adult Designee is 50% of your option amount; coverage for each child is 10% of your option amount.

DEPENDENT LIFE INSURANCE

Adult Designee

Option	
1. No Coverage	
2. $10,000	$2.00
3. 20,000	4.00
4. 50,000	10.00

Note: Options 2, 3, and 4 require proof of insurability.

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.

FLEXIBLE SPENDING ACCOUNT

Health Care Account	**Dependent Care Account**
Annual Maximum $3,400	Annual Maximum $7,500

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

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Benefits@unl.edu

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