UNIVERSITY OF NEBRASKA
NUFLEX 2027
PRICE TAG SUMMARY
Rates Effective January 1, 2027

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
1. No Coverage	$0	$0	$0	$0
2. BCBS Low	$ 164.00	$ 209.00	$ 167.00	$ 237.00
3. BCBS Basic	276.00	437.00	366.00	558.00
4. BCBS High	413.00	733.00	690.00	965.00
5. BCBS High Deductible	164.00	209.00	182.00	237.00

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

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	$19.00	$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 CARE INSURANCE

Option	Employee Only A	Employee and Spouse B	Employee and Child(ren) C	Employee and Family D
1. No Coverage				
2. EyeMed Vision Care	$8.46	$18.58	$18.58	$23.30

LONG TERM DISABILITY INSURANCE

1. No Coverage	
2. 50% income replacement-180 day elimination period	.00174 x monthly gross salary
3. 66 2/3% income replacement-180 day elimination period	.00318 x monthly gross salary
4. 50% income replacement-90 day elimination period	.0021 x monthly gross salary
5. 66 2/3% income replacement-90 day elimination period	.0039 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.

LIFE INSURANCE - VOLUNTARY (NON-TOBACCO/NICOTINE)

	Option	Under Age 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69
1	No Coverage	$0	$0	$0	$0	$0	$0	$0	$0	$0
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
5	100,000	4.00	4.00	5.00	8.00	13.50	21.00	36.00	44.50	78.50
6	150,000	6.00	6.00	7.50	12.00	20.25	31.50	54.00	66.75	117.75
7	200,000	8.00	8.00	10.00	16.00	27.00	42.00	72.00	89.00	157.00
8	250,000	10.00	10.00	12.50	20.00	33.75	52.50	90.00	111.25	196.25
9	300,000	12.00	12.00	15.00	24.00	40.50	63.00	108.00	133.50	235.50
10	400,000	16.00	16.00	20.00	32.00	54.00	84.00	144.00	178.00	314.00
11	500,000	20.00	20.00	25.00	40.00	67.50	105.00	180.00	222.50	392.50

Employees age 70 and over should contact their Campus Benefits Office for live insurance price tags and coverage amounts. Options 9-11 require proof of insurability for new hires. Options 2-11 require proof of insurability if signing up during annual enrollment.

LIFE INSURANCE - VOLUNTARY (TOBACCO/NICOTINE)

Option		Under Age 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69
1	No Coverage	$0	$0	$0	$0	$0	$0	$0	$0	$0
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
10	400,000	22.00	24.00	32.00	44.00	78.00	128.00	210.00	262.00	462.00
11	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 live insurance price tags and coverage amounts. Options 9-11 require proof of insurability for new hires. Options 2-11 require proof of insurability if signing up during annual enrollment.

ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

Option	Employee Only A	Employee and Family B
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

Option	
1. No Coverage	$0
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

Children

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. Detailed plan and premium information may be reviewed at www.nebraska.edu/benefits.

FLEXIBLE SPENDING ACCOUNT

HEALTH CARE ACCOUNT	DEPENDENT CARE ACCOUNT
Annual Maximum $3,400	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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