UNIVERSITY OF NEBRASKA
NUFLEX 2026
PRICE TAG SUMMARY
MONTHLY
50% 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	$452.00	$921.50	$697.00	$1,241.00
3. BCBS Basic	554.00	1,128.50	878.00	1,533.00
4. BCBS High	678.00	1,397.50	1,172.00	1,903.00
5. BCBS Qualifying High Deductible	452.00	921.50	710.00	1,241.00

*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	$25.50	$43.50	$48.00	$73.00

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