UNIVERSITY OF NEBRASKA
NUFLEX 2026
PRICE TAG SUMMARY
MONTHLY
55% 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	$421.70	$848.35	$642.50	$1,138.40
3. BCBS Basic	523.70	1,055.35	823.50	1,430.40
4. BCBS High	647.70	1,324.35	1,117.50	1,800.40
5. BCBS Qualifying High Deductible	421.70	848.35	655.50	1,138.40

*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	$24.65	$41.65	$45.80	$69.70

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