

UNIVERSITY OF NEBRASKA
NUFLEX 2026
PRICE TAG SUMMARY
MONTHLY
60% 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	\$391.40	\$775.20	\$588.00	\$1,035.80
3. BCBS Basic	493.40	982.20	769.00	1,327.80
4. BCBS High	617.40	1,251.20	1,063.00	1,697.80
5. BCBS Qualifying High Deductible	391.40	775.20	601.00	1,035.80
*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 <u>do not</u> 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	\$23.80	\$39.80	\$43.60	\$66.40

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