UNIVERSITY OF NEBRASKA
NUFLEX 2026
PRICE TAG SUMMARY
MONTHLY
65% 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	$361.10	$702.05	$533.50	$933.20
3. BCBS Basic	463.10	909.05	714.50	1,225.20
4. BCBS High	587.10	1,178.05	1,008.50	1,595.20
5. BCBS Qualifying High Deductible	361.10	702.05	546.50	933.20

*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	$22.95	$37.95	$41.40	$63.10

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