

UNIVERSITY OF NEBRASKA
NUFLEX 2026
PRICE TAG SUMMARY
MONTHLY
70% 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	\$330.80	\$628.90	\$479.00	\$830.60
3. BCBS Basic	432.80	835.90	660.00	1,122.60
4. BCBS High	556.80	1,104.90	954.00	1,492.60
5. BCBS Qualifying High Deductible	330.80	628.90	492.00	830.60

*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	\$22.10	\$36.10	\$39.20	\$59.80

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