

UNIVERSITY OF NEBRASKA
NUFLEX 2026
PRICE TAG SUMMARY
MONTHLY
75% 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	\$300.50	\$555.75	\$424.50	\$728.00
3. BCBS Basic	402.50	762.75	605.50	1,020.00
4. BCBS High	526.50	1,031.75	899.50	1,390.00
5. BCBS Qualifying High Deductible	300.50	555.75	437.50	728.00

*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	\$21.25	\$34.25	\$37.00	\$56.50

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