

**UNIVERSITY OF NEBRASKA**  
**NUFLEX 2026**  
**PRICE TAG SUMMARY**  
**MONTHLY**  
**80% FTE**

**MEDICAL INSURANCE**

| Option                             | Employee<br>Only<br>A | Employee<br>and<br>Spouse<br>B | Employee<br>and<br>Child(ren)<br>C | Employee<br>and<br>Family<br>D |
|------------------------------------|-----------------------|--------------------------------|------------------------------------|--------------------------------|
|                                    |                       |                                |                                    |                                |
| 1. No Coverage                     | \$0                   | \$0                            | \$0                                | \$0                            |
| 2. BCBS Low                        | \$270.20              | \$482.60                       | \$370.00                           | \$625.40                       |
| 3. BCBS Basic                      | 372.20                | 689.60                         | 551.00                             | 917.40                         |
| 4. BCBS High                       | 496.20                | 958.60                         | 845.00                             | 1,287.40                       |
| 5. BCBS Qualifying High Deductible | 270.20                | 482.60                         | 383.00                             | 625.40                         |

\*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<br>Only<br>A | Employee<br>and<br>Spouse<br>B | Employee<br>and<br>Child(ren)<br>C | Employee<br>and<br>Family<br>D |
|----------------|-----------------------|--------------------------------|------------------------------------|--------------------------------|
|                |                       |                                |                                    |                                |
| 1. No Coverage | \$0                   | \$0                            | \$0                                | \$0                            |
| 2. BCBS        | \$20.40               | \$32.40                        | \$34.80                            | \$53.20                        |

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