

UNIVERSITY OF NEBRASKA
NUFLEX 2026
PRICE TAG SUMMARY
MONTHLY
80% 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	\$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 <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	\$20.40	\$32.40	\$34.80	\$53.20

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