UNIVERSITY OF NEBRASKA
NUFLEX 2026
PRICE TAG SUMMARY
MONTHLY
85% 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	$239.90	$409.45	$315.50	$522.80
3. BCBS Basic	341.90	616.45	496.50	814.80
4. BCBS High	465.90	885.45	790.50	1,184.80
5. BCBS Qualifying High Deductible	239.90	409.45	328.50	522.80

*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	$19.55	$30.55	$32.60	$49.90

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