

**UNIVERSITY OF NEBRASKA**  
**NUFLEX 2026**  
**PRICE TAG SUMMARY**  
**MONTHLY**  
**90% 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	\$209.60	\$336.30	\$261.00	\$420.20
3. BCBS Basic	311.60	543.30	442.00	712.20
4. BCBS High	435.60	812.30	736.00	1,082.20
5. BCBS Qualifying High Deductible	209.60	336.30	274.00	420.20

\*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	\$18.70	\$28.70	\$30.40	\$46.60

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