

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.