

UNIVERSITY OF NEBRASKA
NUFLEX 2026
PRICE TAG SUMMARY
MONTHLY
95% 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	\$179.30	\$263.15	\$206.50	\$317.60
3. BCBS Basic	281.30	470.15	387.50	609.60
4. BCBS High	405.30	739.15	681.50	979.60
5. BCBS Qualifying High Deductible	179.30	263.15	219.50	317.60
*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	\$17.85	\$26.85	\$28.20	\$43.30

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