UNIVERSITY OF NEBRASKA
NUFLEX 2027
PRICE TAG SUMMARY
MONTHLY
50% 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	$497.50	$1,013.50	$766.50	$1,365.50
3. BCBS Basic	609.50	1,241.50	965.50	1,686.50
4. BCBS High	746.50	1,537.50	1,289.50	2,093.50
5. BCBS Qualifying High Deductible	497.50	1,013.50	781.50	1,365.50

*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	$28.50	$49.00	$53.50	$82.00

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