# UNIVERSITY OF NEBRASKA
# NUFLEX 2027
# PRICE TAG SUMMARY
# MONTHLY
# 55% 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 | $464.15 | $933.05 | $706.55 | $1,252.65 |
| 3. BCBS Basic | 576.15 | 1,161.05 | 905.55 | 1,573.65 |
| 4. BCBS High | 713.15 | 1,457.05 | 1,229.55 | 1,980.65 |
| 5. BCBS Qualifying High Deductible | 464.15 | 933.05 | 721.55 | 1,252.65 |

*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 | $27.55 | $46.90 | $51.05 | $78.30 |

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