UNIVERSITY OF NEBRASKA
NUFLEX 2027
PRICE TAG SUMMARY
MONTHLY
60% 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	$430.80	$852.60	$646.60	$1,139.80
3. BCBS Basic	542.80	1,080.60	845.60	1,460.80
4. BCBS High	679.80	1,376.60	1,169.60	1,867.80
5. BCBS Qualifying High Deductible	430.80	852.60	661.60	1,139.80

*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	$26.60	$44.80	$48.60	$74.60

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