UNIVERSITY OF NEBRASKA
NUFLEX 2027
PRICE TAG SUMMARY
MONTHLY
65% 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	$397.45	$772.15	$586.65	$1,026.95
3. BCBS Basic	509.45	1,000.15	785.65	1,347.95
4. BCBS High	646.45	1,296.15	1,109.65	1,754.95
5. BCBS Qualifying High Deductible	397.45	772.15	601.65	1,026.95

*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	$25.65	$42.70	$46.15	$70.90

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