UNIVERSITY OF NEBRASKA
NUFLEX 2027
PRICE TAG SUMMARY
MONTHLY
70% 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	$364.10	$691.70	$526.70	$914.10
3. BCBS Basic	476.10	919.70	725.70	1,235.10
4. BCBS High	613.10	1,215.70	1,049.70	1,642.10
5. BCBS Qualifying High Deductible	364.10	691.70	541.70	914.10

*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	$24.70	$40.60	$43.70	$67.20

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