UNIVERSITY OF NEBRASKA
NUFLEX 2027
PRICE TAG SUMMARY
MONTHLY
75% 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	$330.75	$611.25	$466.75	$801.25
3. BCBS Basic	442.75	839.25	665.75	1,122.25
4. BCBS High	579.75	1,135.25	989.75	1,529.25
5. BCBS Qualifying High Deductible	330.75	611.25	481.75	801.25

*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	$23.75	$38.50	$41.25	$63.50

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