UNIVERSITY OF NEBRASKA
NUFLEX 2027
PRICE TAG SUMMARY
MONTHLY
80% 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	$297.40	$530.80	$406.80	$688.40
3. BCBS Basic	409.40	758.80	605.80	1,009.40
4. BCBS High	546.40	1,054.80	929.80	1,416.40
5. BCBS Qualifying High Deductible	297.40	530.80	421.80	688.40

*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	$22.80	$36.40	$38.80	$59.80

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