UNIVERSITY OF NEBRASKA
NUFLEX 2027
PRICE TAG SUMMARY
MONTHLY
85% 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	$264.05	$450.35	$346.85	$575.55
3. BCBS Basic	376.05	678.35	545.85	896.55
4. BCBS High	513.05	974.35	869.85	1,303.55
5. BCBS Qualifying High Deductible	264.05	450.35	361.85	575.55

*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	$21.85	$34.30	$36.35	$56.10

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