UNIVERSITY OF NEBRASKA
NUFLEX 2027
PRICE TAG SUMMARY
MONTHLY
90% 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	$230.70	$369.90	$286.90	$462.70
3. BCBS Basic	342.70	597.90	485.90	783.70
4. BCBS High	479.70	893.90	809.90	1,190.70
5. BCBS Qualifying High Deductible	230.70	369.90	301.90	462.70

*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	$20.90	$32.20	$33.90	$52.40

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