UNIVERSITY OF NEBRASKA
NUFLEX 2027
PRICE TAG SUMMARY
MONTHLY
95% 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	$197.35	$289.45	$226.95	$349.85
3. BCBS Basic	309.35	517.45	425.95	670.85
4. BCBS High	446.35	813.45	749.95	1,077.85
5. BCBS Qualifying High Deductible	197.35	289.45	241.95	349.85

*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	$19.95	$30.10	$31.45	$48.70

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