

**UNIVERSITY OF NEBRASKA
HEALTH INSURANCE
RETIREE PREMIUMS
2024**

<u>Coverage</u>	<u>BCBS Low</u>	<u>BCBS Basic</u>	<u>BCBS High</u>		<u>BCBS Dental</u>
Non-Medicare					
(O) Retiree Only	\$1,720.00	\$1,989.00	\$2,109.00	(A)	\$32.00
(P) Retiree & Spouse	3,641.00	4,212.00	4,466.00	(B)	60.00
(Q) Retiree & Children	2,833.00	3,277.00	3,475.00	(C)	68.00
(R) Retiree & Family	5,025.00	5,812.00	6,162.00	(D)	104.00
Supplemented by Medicare					
(I) Retiree Only, on Medicare	\$708.00	\$818.00	\$868.00	(A)	\$32.00
(J) Retiree & Spouse, One on Medicare	2,629.00	3,039.00	3,225.00	(B)	60.00
(K) Retiree & Spouse, Both on Medicare	1,416.00	1,636.00	1,737.00	(B)	60.00
(L) Retiree & Children, on Medicare	1,821.00	2,105.00	2,234.00	(C)	68.00
(M) Retiree & Family, One on Medicare	4,013.00	4,637.00	4,921.00	(D)	104.00
(N) Retiree & Family, Both on Medicare	3,205.00	3,703.00	3,930.00	(D)	104.00