

**UNIVERSITY OF NEBRASKA
HEALTH INSURANCE
COBRA PREMIUMS
2014**

	<u>Coverage</u>	Blue Cross Low	Blue Cross Basic	Blue Cross High	Blue Cross Dental	EyeMed <u>Vision</u>
(A)	Employee Only	\$405.96	\$461.04	\$528.36	\$26.52	7.92
(B)	Employee & Spouse	883.32	997.56	1,142.40	55.08	17.38
(C)	Employee & Children	675.24	765.00	924.12	63.24	17.38
(D)	Employee & Family	1,213.80	1,372.92	1,572.84	99.96	21.80