

**UNIVERSITY OF NEBRASKA
HEALTH INSURANCE
COBRA PREMIUMS
2022**

<u>Coverage</u>	<u>UMR Low</u>	<u>UMR Basic</u>	<u>UMR High</u>	<u>UMR High Deduct</u>	<u>Ameritas Dental</u>	<u>EyeMed Vision</u>
(A) Employee Only	\$522.24	\$592.62	\$678.30	\$522.24	\$28.56	\$8.63
(B) Employee & Spouse	1,140.36	1,284.18	1,469.82	1,140.36	57.12	18.95
(C) Employee & Children	857.82	983.28	1,186.26	867.00	65.28	18.95
(D) Employee & Family	1,565.70	1,766.64	2,022.66	1,565.70	102.00	23.77