

**UNIVERSITY OF NEBRASKA**  
**HEALTH INSURANCE**  
**COBRA PREMIUMS**  
**2019**

<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	\$467.16	\$530.40	\$606.90	\$467.16	\$26.52	\$9.06
(B) Employee & Spouse	1,020.00	1,149.54	1,314.78	1,020.00	55.08	19.90
(C) Employee & Children	777.24	881.28	1,061.82	777.24	63.24	19.90
(D) Employee & Family	1,401.48	1,581.00	1,810.50	1,401.48	99.96	24.95