

**UNIVERSITY OF NEBRASKA  
HEALTH INSURANCE  
COBRA PREMIUMS  
2026**

<u>Coverage</u>	BCBS <u>Low</u>	BCBS <u>Basic</u>	BCBS <u>High</u>	BCBS <u>High Deduct</u>	BCBS <u>Dental</u>	EyeMed <u>Vision</u>
(A) Employee Only	\$770.10	\$874.14	\$1,000.62	\$770.10	\$34.68	\$8.63
(B) Employee & Spouse	1,686.06	1,897.20	2,171.58	1,686.06	63.24	18.95
(C) Employee & Children	1,266.84	1,451.46	1,751.34	1,280.10	71.40	18.95
(D) Employee & Family	2,312.34	2,610.18	2,987.58	2,312.34	108.12	23.77