

**UNIVERSITY OF NEBRASKA  
HEALTH INSURANCE  
COBRA PREMIUMS  
2016**

<u>Coverage</u>	Blue Cross <u>Low</u>	Blue Cross <u>Basic</u>	Blue Cross <u>High</u>	Blue Cross <u>Dental</u>	EyeMed <u>Vision</u>
(A) Employee Only	\$410.04	\$465.12	\$532.44	\$26.52	\$9.06
(B) Employee & Spouse	894.54	1,008.78	1,153.62	55.08	19.90
(C) Employee & Children	682.38	773.16	932.28	63.24	19.90
(D) Employee & Family	1,229.10	1,388.22	1,588.14	99.96	24.95