

UNIVERSITY OF NEBRASKA
HEALTH INSURANCE
COBRA PREMIUMS
2017

<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	\$450.84	\$512.04	\$585.48	\$26.52	\$9.06
(B) Employee & Spouse	984.30	1,109.76	1,268.88	55.08	19.90
(C) Employee & Children	750.72	850.68	1,025.10	63.24	19.90
(D) Employee & Family	1,352.52	1,526.94	1,747.26	99.96	24.95