

**UNIVERSITY OF NEBRASKA
HEALTH INSURANCE
RETIREE PREMIUMS
2017
MONTHLY PREMIUMS**

<u>Coverage</u>	<u>Blue Cross Low</u>	<u>Blue Cross Basic</u>	<u>Blue Cross High</u>		<u>Blue Cross Dental</u>
Non-Medicare					
(O) Retiree Only	\$1,165.00	\$1,348.00	\$1,429.00	(A)	\$26.00
(P) Retiree & Spouse	2,488.00	2,878.00	3,050.00	(B)	54.00
(Q) Retiree & Children	1,951.00	2,257.00	2,392.00	(C)	62.00
(R) Retiree & Family	3,462.00	4,005.00	4,245.00	(D)	98.00
Supplemented by Medicare					
(I) Retiree Only, on Medicare	\$480.00	\$555.00	\$588.00	(A)	\$26.00
(J) Retiree & Spouse, One on Medicare	1,802.00	2,085.00	2,210.00	(B)	54.00
(K) Retiree & Spouse, Both on Medicare	960.00	1,110.00	1,177.00	(B)	54.00
(L) Retiree & Children, on Medicare	1,266.00	1,464.00	1,552.00	(C)	62.00
(M) Retiree & Family, One on Medicare	2,776.00	3,212.00	3,405.00	(D)	98.00
(N) Retiree & Family, Both on Medicare	2,240.00	2,592.00	2,747.00	(D)	98.00