

UNIVERSITY OF NEBRASKA
HEALTH INSURANCE
COBRA PREMIUMS
2024

<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	\$644.64	\$731.34	\$837.42	\$644.64	\$32.64	\$8.63
(B) Employee & Spouse	1,409.64	1,586.10	1,815.60	1,409.64	61.20	18.95
(C) Employee & Children	1,058.76	1,213.80	1,464.72	1,069.98	69.36	18.95
(D) Employee & Family	1,933.92	2,182.80	2,499.00	1,933.92	106.08	23.77