

**UNIVERSITY OF NEBRASKA
HEALTH INSURANCE
COBRA PREMIUMS
2009**

<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	\$346.80	\$401.88	\$469.20	\$28.56	6.74
(B) Employee & Spouse	748.68	862.92	1,007.76	48.96	14.80
(C) Employee & Children	577.32	667.08	826.20	51.00	14.80
(D) Employee & Family	1,034.28	1,193.40	1,393.32	79.56	18.56