

**UNIVERSITY OF NEBRASKA
HEALTH INSURANCE
COBRA PREMIUMS
2010**

<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	\$387.60	\$450.84	\$501.84	\$28.56	\$6.74
(B) Employee & Spouse	830.28	936.36	1,044.48	48.96	14.80
(C) Employee & Children	644.64	728.28	826.20	51.00	14.80
(D) Employee & Family	1,150.56	1,299.48	1,450.44	81.60	18.56