

**UNIVERSITY OF NEBRASKA
HEALTH INSURANCE
COBRA PREMIUMS
2012**

<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	\$408.00	\$463.08	\$530.40	\$26.52	\$7.75
(B) Employee & Spouse	887.40	1,001.64	1,146.48	51.00	17.03
(C) Employee & Children	687.48	777.24	936.36	53.04	17.03
(D) Employee & Family	1,236.24	1,395.36	1,595.28	85.68	21.38