

UNIVERSITY OF NEBRASKA
HEALTH INSURANCE
COBRA PREMIUMS
2025

<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	\$718.08	\$814.98	\$933.30	\$718.08	\$32.64	\$8.63
(B) Employee & Spouse	1,571.82	1,768.68	2,024.70	1,571.82	61.20	18.95
(C) Employee & Children	1,181.16	1,353.54	1,633.02	1,193.40	69.36	18.95
(D) Employee & Family	2,156.28	2,433.72	2,785.62	2,156.28	106.08	23.77