UNIVERSITY OF NEBRASKA
HEALTH INSURANCE
COBRA PREMIUMS
2027

Coverage	BCBS Low	BCBS Basic	BCBS High	BCBS High Deduct	BCBS Dental	EyeMed Vision
(A) Employee Only	$847.62	$961.86	$1,101.60	$847.62	$38.76	$8.63
(B) Employee & Spouse	1,854.36	2,086.92	2,388.84	1,854.36	71.40	18.95
(C) Employee & Children	1,393.32	1,596.30	1,926.78	1,408.62	79.56	18.95
(D) Employee & Family	2,543.88	2,871.30	3,286.44	2,543.88	121.38	23.77