UNIVERSITY OF NEBRASKA
HEALTH INSURANCE
RETIREE PREMIUMS
2027

	Coverage	BCBS Low	BCBS Basic	BCBS High		BCBS Dental
	Non-Medicare					
(O)	Retiree Only	$1,992.00	$2,304.00	$2,442.00	(A)	$38.00
(P)	Retiree & Spouse	4,217.00	4,879.00	5,171.00	(B)	70.00
(Q)	Retiree & Children	3,281.00	3,796.00	4,024.00	(C)	78.00
(R)	Retiree & Family	5,820.00	6,733.00	7,136.00	(D)	119.00
	Supplemented by Medicare					
(I)	Retiree Only, on Medicare	$820.00	$947.00	$1,005.00	(A)	$38.00
(J)	Retiree & Spouse, One on Medicare	3,046.00	3,517.00	3,734.00	(B)	70.00
(K)	Retiree & Spouse, Both on Medicare	1,640.00	1,894.00	2,011.00	(B)	70.00
(L)	Retiree & Children, on Medicare	2,110.00	2,436.00	2,587.00	(C)	78.00
(M)	Retiree & Family, One on Medicare	4,648.00	5,367.00	5,699.00	(D)	119.00
(N)	Retiree & Family, Both on Medicare	3,712.00	4,287.00	4,551.00	(D)	119.00