

EMPLOYEE GROUP HEALTH INSURANCE
Blue Cross/Blue Shield of Nebraska (BCBS)

Effective January 1, 2016

COVERAGE LEVEL	TOTAL MONTHLY PREMIUM	COUNTY SHARE	EMPLOYEE SHARE
Single	\$775.28	\$697.75	\$77.53
Employee Spouse	\$1,642.52	\$1,363.29	\$279.23
Employee Child(ren)	\$1,642.52	\$1,363.29	\$279.23
Family	\$1,866.96	\$1,549.58	\$317.38