

CITY OF LINCOLN
 2016-2017 HEALTH, DENTAL, AND VISION MONTHLY RATES
 EFFECTIVE NOVEMBER 1, 2016
 EMPLOYEES REPRESENTED BY ATU

BLUE CROSS/BLUE SHIELD OF NEBRASKA

| | <u>SINGLE</u> | <u>2/4-PARTY</u> | <u>FAMILY</u> |
|-----------------|------------------|-------------------|-------------------|
| Full Rate | \$ 692.54 | \$1,537.42 | \$2,035.96 |
| City Share | <u>\$ 637.14</u> | <u>\$1,306.82</u> | <u>\$1,730.58</u> |
| Employee Share* | \$ 55.40 | \$ 230.60 | \$ 305.38 |

AMERITAS DENTAL

| | <u>SINGLE</u> | <u>2/4-PARTY</u> | <u>FAMILY</u> |
|-----------------|-----------------|------------------|-----------------|
| Full Rate | \$ 36.00 | \$ 71.24 | \$115.88 |
| City Share | <u>\$ 18.00</u> | <u>\$ 35.62</u> | <u>\$ 57.94</u> |
| Employee Share* | \$ 18.00 | \$ 35.62 | \$ 57.94 |

EYEMED VISION CARE

| | <u>SINGLE</u> | <u>2-PARTY</u> | <u>4-PARTY</u> | <u>FAMILY</u> |
|----------------|---------------|----------------|----------------|---------------|
| Employee Share | \$ 9.16 | \$ 17.40 | \$ 18.32 | \$ 27.28 |

There are four enrollment options available for health, dental, and vision coverage. They are:

Single. Provides coverage for employee only.

Two-Party. Provides coverage for employee and spouse. This option does not provide coverage for children.

Four-Party. Provides coverage for employee and any number of eligible dependent children. This option does not provide coverage for a spouse.

Family. Provides coverage for employee, spouse, and any number of eligible dependent children.

*Must complete 60 days of employment before employee is eligible for City contribution.