

CITY OF LINCOLN  
 2016-2017 HEALTH, DENTAL, AND VISION MONTHLY RATES  
 EFFECTIVE NOVEMBER 1, 2016  
 EMPLOYEES REPRESENTED BY M, W & DSS

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>\$ 630.22</u>	<u>\$1,368.30</u>	<u>\$1,812.00</u>
Employee Share*	\$ 62.32	\$ 169.12	\$ 223.96

AMERITAS DENTAL

	<u>SINGLE</u>	<u>2/4-PARTY</u>	<u>FAMILY</u>
Full Rate	\$ 36.00	\$ 71.24	\$115.88
City Share	<u>\$ 35.28</u>	<u>\$ 48.09</u>	<u>\$ 78.22</u>
Employee Share	\$ .72	\$ 23.15	\$ 37.66

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.