

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

BLUE CROSS/BLUE SHIELD OF NEBRASKA

	<u>SINGLE</u>	<u>2/4-PARTY</u>	<u>FAMILY</u>
Full Rate	\$ 766.22	\$1,700.98	\$2,252.58
City Share	<u>\$ 750.90</u>	<u>\$1,360.78</u>	<u>\$1,802.06</u>
Employee Share*	\$ 15.32	\$ 340.20	\$ 450.52

AMERITAS DENTAL

	<u>SINGLE</u>	<u>2/4-PARTY</u>	<u>FAMILY</u>
Full Rate	\$ 36.00	\$ 71.24	\$115.88
City Share	<u>\$ 36.00</u>	<u>\$ 47.02</u>	<u>\$ 76.48</u>
Employee Share*	\$ 0.00	\$ 24.22	\$ 39.40

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.