

LANCASTER COUNTY
HEALTH, DENTAL, AND VISION MONTHLY RATES
EFFECTIVE JANUARY 1, 2017 THROUGH DECEMBER 31, 2017
*EMPLOYEES REPRESENTED BY CORRECTIONS (FOP 32 - J)

BLUE CROSS/BLUE SHIELD OF NEBRASKA

	<u>SINGLE</u>	<u>2/4-PARTY</u>	<u>FAMILY</u>
Full Rate	\$ 714.16	\$ 1,606.80	\$ 2,142.28
County Share	<u>\$ 664.18</u>	<u>\$ 1,285.44</u>	<u>\$ 1,713.82</u>
Employee Share*	\$ 49.98	\$ 321.36	\$ 428.46

AMERITAS DENTAL

	<u>SINGLE</u>	<u>2/4-PARTY</u>	<u>FAMILY</u>
Full Rate	\$ 30.01	\$ 67.72	\$ 105.44
County Share	<u>\$ 27.31</u>	<u>\$ 45.71</u>	<u>\$ 71.17</u>
Employee Share*	\$ 2.70	\$ 22.01	\$ 34.27

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 County contribution.