Lancaster County

Health, Dental, and Vision Monthly Rates
Effective January 1, 2021-December 31, 2021
Employees Represented by **Deputy Sheriff Captains (MSS)**

Aetna

	Single	Employee + Spouse Employee + Child(ren)	Family
Full Rate	$739.16	$1,663.04	$2,217.26
County Share	$702.20	$1,413.58	$1,884.68
Employee Share*	$36.96	$249.46	$332.58

Ameritas Dental

	Single	Employee + Spouse Employee + Child(ren)	Family
Full Rate	$33.83	$76.33	$118.85
County Share	$33.83	$61.06	$95.08
Employee Share*	$0.00	$15.27	$23.77

Eyemed Vision Care

	Single	Employee + Spouse	Employee + Child(ren)	Family
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.

Employee + Spouse. Provides coverage for employee and spouse. This option does not provide coverage for children.

Employee + Child(ren). 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.