

LANCASTER COUNTY  
 HEALTH, DENTAL, AND VISION MONTHLY RATES  
 EFFECTIVE JANUARY 1, 2017 THROUGH DECEMBER 31, 2017  
 \*EMPLOYEES REPRESENTED BY JUVENILE DETENTION ( FOP 77 - Y)

BLUE CROSS/BLUE SHIELD OF NEBRASKA

	<u>SINGLE</u>	<u>2/4-PARTY</u>	<u>FAMILY</u>
Full Rate	\$ 760.76	\$ 1,711.72	\$ 2,282.14
County Share**	<u>\$ 722.72</u>	<u>\$ 1,454.96</u>	<u>\$ 1,939.82</u>
Employee Share*	\$ 38.04	\$ 256.76	\$ 342.32

AMERITAS DENTAL

	<u>SINGLE</u>	<u>2/4-PARTY</u>	<u>FAMILY</u>
Full Rate	\$ 30.01	\$ 67.72	\$105.44
County Share	<u>\$ 22.51</u>	<u>\$ 50.79</u>	<u>\$ 79.08</u>
Employee Share*	\$ 7.50	\$ 16.93	\$ 26.36

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.

**\*\*Contribution percentages may change due to labor contract negotiations**