

**CITY OF LINCOLN**  
**2016-2017 HEALTH, DENTAL, AND VISION MONTHLY RATES**  
**EFFECTIVE NOVEMBER 1, 2016**  
**EMPLOYEES REPRESENTED BY LCEA & E**

**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>\$ 623.30</u>	<u>\$1,322.18</u>	<u>\$1,750.94</u>
Employee Share*	\$ 69.24	\$ 215.24	\$ 285.02

**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>\$ 44.88</u>	<u>\$ 73.00</u>
Employee Share*	\$ .72	\$ 26.36	\$ 42.88

**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.