



## City of Lincoln

2024 Health, Dental, and Vision Monthly Rates

Effective January 1, 2024

Employees Represented by **DSS, M\* & W\***

<b>Aetna Health</b>				
	<u>Single</u>	<u>Employee + Spouse</u>	<u>Employee + Child(ren)</u>	<u>Family</u>
Full Rate	\$865.38	\$1,977.32	\$1,603.26	\$2,544.02
City Share	<u>\$787.50</u>	<u>\$1,759.80</u>	<u>\$1,426.88</u>	<u>\$2,264.18</u>
Employee Share*	\$77.88	\$217.52	\$176.38	\$279.84
<b>Ameritas Dental</b>				
	<u>Single</u>	<u>Employee + Spouse</u>	<u>Employee + Child(ren)</u>	<u>Family</u>
Full Rate	\$39.32	\$86.50	\$70.76	\$126.50
City Share	<u>\$38.54</u>	<u>\$58.38</u>	<u>\$47.78</u>	<u>\$85.40</u>
Employee Share*	\$0.78	\$28.12	\$22.98	\$41.10
<b>Eyemed Vision</b>				
	<u>Single</u>	<u>Employee + Spouse</u>	<u>Employee + Child(ren)</u>	<u>Family</u>
Employee Share*	\$9.16	\$17.40	\$15.22	\$29.70

There are four enrollment options available for health, dental, and vision coverage:

**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.

\*Eligible first of the month after date of hire.