



City of Lincoln

2024 Health, Dental, and Vision Monthly Rates

Effective January 1, 2024

Employees Represented by **FIRE**

Aetna Health				
	<u>Single</u>	<u>Employee + Spouse</u>	<u>Employee + Child(ren)</u>	<u>Family</u>
Full Rate	\$966.48	\$2,116.48	\$1,716.14	\$2,841.26
City Share	<u>\$927.84</u>	<u>\$1,989.50</u>	<u>\$1,613.18</u>	<u>\$2,670.80</u>
Employee Share*	\$38.64	\$126.98	\$102.96	\$170.46
Ameritas Dental				
	<u>Single</u>	<u>Employee + Spouse</u>	<u>Employee + Child(ren)</u>	<u>Family</u>
Full Rate	\$39.30	\$86.50	\$70.76	\$126.50
City Share	<u>\$39.30</u>	<u>\$81.32</u>	<u>\$66.52</u>	<u>\$118.90</u>
Employee Share*	\$0.00	\$5.18	\$4.24	\$7.60
Eyemed Vision				
	<u>Single</u>	<u>Employee + Spouse</u>	<u>Employee + Child(ren)</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:

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.