



City of Lincoln

2024 Health, Dental, and Vision Monthly Rates

Effective January 1, 2024

Employees Represented by **PAGE and Excluded X**

Aetna Health				
	<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	\$796.16	\$1,779.58	\$1,442.94	\$2,289.62
Employee Share*	\$69.22	\$197.74	\$160.32	\$254.40
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	\$19.66	\$43.26	\$35.38	\$63.26
Employee Share*	\$19.64	\$43.24	\$35.38	\$63.24
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.