



## City of Lincoln

2024 Health, Dental, and Vision Monthly Rates

Effective January 1, 2024

Employees Represented by **POLICE**

<b>Aetna Health</b>				
	<u>Single</u>	<u>Employee + Spouse</u>	<u>Employee + Child(ren)</u>	<u>Family</u>
Full Rate	\$943.08	\$2,169.22	\$1,697.64	\$2,772.56
City Share	<u>\$867.62</u>	<u>\$1,843.84</u>	<u>\$1,443.00</u>	<u>\$2,356.68</u>
Employee Share*	\$75.46	\$325.38	\$254.64	\$415.88
<b>Ameritas Dental</b>				
	<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>\$57.10</u>	<u>\$46.70</u>	<u>\$83.50</u>
Employee Share*	\$0.00	\$29.40	\$24.06	\$43.00
<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	\$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.