

CITY OF LINCOLN
 2011-2012 HEALTH, DENTAL, AND VISION MONTHLY RATES
 EFFECTIVE NOVEMBER 1, 2011
 EMPLOYEES REPRESENTED BY LCEA & E

BLUE CROSS/BLUE SHIELD OF NEBRASKA

| | <u>SINGLE</u> | <u>2/4-PARTY</u> | <u>FAMILY</u> |
|-----------------|------------------|------------------|--------------------|
| Full Rate | \$ 443.04 | \$ 983.56 | \$1,302.52 |
| City Share | <u>\$ 420.90</u> | <u>\$ 826.20</u> | <u>\$ 1,094.12</u> |
| Employee Share* | \$ 22.14 | \$ 157.36 | \$ 208.40 |

AMERITAS DENTAL

| | <u>SINGLE</u> | <u>2/4-PARTY</u> | <u>FAMILY</u> |
|-----------------|-----------------|------------------|-----------------|
| Full Rate | \$ 34.22 | \$ 67.72 | \$110.14 |
| City Share | <u>\$ 33.54</u> | <u>\$ 42.66</u> | <u>\$ 69.39</u> |
| Employee Share* | \$.68 | \$ 25.06 | \$ 40.75 |

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 90 days of employment before employee is eligible for City contribution.