

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

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>\$ 45.71</u>	<u>\$ 74.34</u>
Employee Share	\$ .68	\$ 22.01	\$ 35.80

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.