

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

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>\$ 412.04</u>	<u>\$ 885.20</u>	<u>\$1,172.28</u>
Employee Share*	\$ 31.00	\$ 98.36	\$ 130.24

AMERITAS DENTAL

	<u>SINGLE</u>	<u>2/4-PARTY</u>	<u>FAMILY</u>
Full Rate	\$ 34.22	\$ 67.72	\$110.14
City Share	<u>\$ 17.11</u>	<u>\$ 33.86</u>	<u>\$ 55.07</u>
Employee Share*	\$ 17.11	\$ 33.86	\$ 55.07

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.