

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

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>\$ 434.18</u>	<u>\$ 786.86</u>	<u>\$ 1,042.02</u>
Employee Share*	\$ 8.86	\$ 196.70	\$ 260.50

AMERITAS DENTAL

	<u>SINGLE</u>	<u>2/4-PARTY</u>	<u>FAMILY</u>
Full Rate	\$ 34.22	\$ 67.72	\$110.14
City Share	<u>\$ 34.22</u>	<u>\$ 44.70</u>	<u>\$ 72.69</u>
Employee Share*	\$ 0.00	\$ 23.02	\$ 37.45

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.