

CITY OF LINCOLN
 2016-2017 HEALTH, DENTAL, AND VISION MONTHLY RATES
 EFFECTIVE NOVEMBER 1, 2016
 EMPLOYEES REPRESENTED BY PAGE

BLUE CROSS/BLUE SHIELD OF NEBRASKA

	<u>SINGLE</u>	<u>2/4-PARTY</u>	<u>FAMILY</u>
Full Rate	\$ 703.08	\$1,560.80	\$2,066.92
City Share	<u>\$ 653.86</u>	<u>\$1,404.72</u>	<u>\$1,860.24</u>
Employee Share*	\$ 49.22	\$ 156.08	\$ 206.68

AMERITAS DENTAL

	<u>SINGLE</u>	<u>2/4-PARTY</u>	<u>FAMILY</u>
Full Rate	\$ 36.00	\$ 71.24	\$115.88
City Share	<u>\$ 18.00</u>	<u>\$ 35.62</u>	<u>\$ 57.94</u>
Employee Share*	\$ 18.00	\$ 35.62	\$ 57.94

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