

Lancaster County

Health, Dental, and Vision Monthly Rates Effective January 1, 2024-December 31, 2024 Employees Represented by **Deputy Sheriff Captains (MSS)**

Aetna				
	<u>Single</u>	Employee + Spouse	Employee + Child(ren)	<u>Family</u>
Full Rate	\$813.08	\$1,870.08	\$1,463.56	\$2,438.98
County Share	\$772.42	\$1,589.58	\$1,244.04	\$2,073.14
Employee Share*	\$40.66	\$280.50	\$219.52	\$365.84
Ameritas Dental				
	<u>Single</u>	Employee + Spouse	Employee + Child(ren)	<u>Family</u>
Full Rate	\$33.84	\$77.82	\$60.90	\$118.86
County Share	<u>\$33.84</u>	<u>\$62.26</u>	<u>\$48.72</u>	<u>\$95.10</u>
Employee Share*	\$0.00	\$15.56	\$12.18	\$23.76
Eyemed Vision Care				
	<u>Single</u>	Employee + Spouse	Employee + Child(ren)	<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.

Employee + Spouse. Provides coverage for employee and spouse. This option does not provide coverage for children.

Employee + Child(ren). 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.

^{*}Eligible first of the month after date of hire.