

**Lancaster County**

Health, Dental, and Vision Monthly Rates

Effective January 1, 2024-December 31, 2024

Employees Represented by **Deputy Sheriffs (FOP 29-D)**

<b>Aetna</b>				
	<u>Single</u>	<u>Employee + Spouse</u>	<u>Employee + Child(ren)</u>	<u>Family</u>
Full Rate	\$866.14	\$1,992.12	\$1,559.04	\$2,598.22
County Share	<u>\$822.84</u>	<u>\$1,693.32</u>	<u>\$1,325.18</u>	<u>\$2,208.50</u>
<b>Employee Share*</b>	<b>\$43.30</b>	<b>\$298.80</b>	<b>\$233.86</b>	<b>\$389.72</b>
<b>Ameritas Dental</b>				
	<u>Single</u>	<u>Employee + Spouse</u>	<u>Employee + Child(ren)</u>	<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>
<b>Employee Share*</b>	<b>\$0.00</b>	<b>\$15.56</b>	<b>\$12.18</b>	<b>\$23.76</b>
<b>Eyemed Vision Care</b>				
	<u>Single</u>	<u>Employee + Spouse</u>	<u>Employee + Child(ren)</u>	<u>Family</u>
<b>Employee Share*</b>	<b>\$9.16</b>	<b>\$17.40</b>	<b>\$18.32</b>	<b>\$27.28</b>

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.