

Lancaster County

Health, Dental, and Vision Monthly Rates

Effective January 1, 2024-December 31, 2024

Employees Represented by **Corrections (FOP 32 J)**

Aetna				
	<u>Single</u>	<u>Employee + Spouse</u>	<u>Employee + Child(ren)</u>	<u>Family</u>
Full Rate	\$813.08	\$1,870.08	\$1,463.56	\$2,438.98
County Share	<u>\$756.16</u>	<u>\$1,496.06</u>	<u>\$1,170.84</u>	<u>\$1,951.20</u>
Employee Share*	\$56.92	\$374.02	\$292.72	\$487.78
Ameritas Dental				
	<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>\$30.80</u>	<u>\$52.54</u>	<u>\$41.12</u>	<u>\$80.24</u>
Employee Share*	\$3.04	\$25.28	\$19.78	\$38.62
Eyemed Vision Care				
	<u>Single</u>	<u>Employee + Spouse</u>	<u>Employee + Child(ren)</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.

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.