

Lancaster County

Health, Dental, and Vision Monthly Rates

Effective January 1, 2024-December 31, 2024

Employees Represented by **Unrepresented/Unclassified (C, E, MSS)**

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>\$772.42</u>	<u>\$1,589.58</u>	<u>\$1,244.04</u>	<u>\$2,073.14</u>
Employee Share*	\$40.66	\$280.50	\$219.52	\$365.84
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>\$25.38</u>	<u>\$58.38</u>	<u>\$45.68</u>	<u>\$89.16</u>
Employee Share*	\$8.46	\$19.44	\$15.22	\$29.70
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.