

## BENEFIT ELIGIBILITY LIST 2021: ADMINISTRATOR FULL-TIME

Premium Amounts Are Per Pay Check

HEALTH INSURANCE*	Monthly Rate for Non-Wellness Participant	Monthly Rate for Non-Wellness Participant	Monthly Rate for Wellness Participant	Monthly Rate for Wellness Participant
<b>TRADITIONAL PREFERRED PROVIDER OPTION #1</b>	DISTRICT PAYS:	EMPLOYEE PAYS:	DISTRICT PAYS:	EMPLOYEE PAYS:
SINGLE PPO HEALTH	\$537.94	\$179.31	\$609.66	\$107.59
EMPLOYEE + SPOUSE PPO HEALTH	\$1,129.50	\$376.50	\$1,280.10	\$225.90
EMPLOYEE + CHILDREN PPO HEALTH	\$995.13	\$331.71	\$1,127.81	\$199.03
EMPLOYEE + FAMILY PPO HEALTH	\$1,516.56	\$505.52	\$1,718.77	\$303.31
<b>STANDARD HIGH DEDUCTIBLE PLAN OPTION #2</b>	DISTRICT PAYS:	EMPLOYEE PAYS:	DISTRICT PAYS:	EMPLOYEE PAYS:
SINGLE HDHP HEALTH	\$530.03	\$58.89	\$588.92	\$0.00
EMPLOYEE + SPOUSE HDHP HEALTH	\$1,113.00	\$123.67	\$1,236.67	\$0.00
EMPLOYEE + CHILDREN HDHP HEALTH	\$979.80	\$108.87	\$1,088.67	\$0.00
EMPLOYEE + FAMILY HDHP HEALTH	\$1,493.70	\$165.97	\$1,659.67	\$0.00
<b>CHI NETWORK HIGH DEDUCTIBLE PLAN OPTION #3</b>	DISTRICT PAYS:	EMPLOYEE PAYS:	DISTRICT PAYS:	EMPLOYEE PAYS:
SINGLE HDHP HEALTH	\$465.38	\$51.71	\$517.08	\$0.00
EMPLOYEE + SPOUSE HDHP HEALTH	\$974.25	\$108.25	\$1,082.50	\$0.00
EMPLOYEE + CHILDREN HDHP HEALTH	\$857.33	\$95.26	\$952.58	\$0.00
EMPLOYEE + FAMILY HDHP HEALTH	\$1,307.70	\$145.30	\$1,453.00	\$0.00
<b>NHN NETWORK HIGH DEDUCTIBLE PLAN OPTION #4</b>	DISTRICT PAYS:	EMPLOYEE PAYS:	DISTRICT PAYS:	EMPLOYEE PAYS:
SINGLE HDHP HEALTH	\$474.15	\$52.68	\$526.83	\$0.00
EMPLOYEE + SPOUSE HDHP HEALTH	\$992.63	\$110.29	\$1,102.92	\$0.00
EMPLOYEE + CHILDREN HDHP HEALTH	\$873.53	\$97.06	\$970.58	\$0.00
EMPLOYEE + FAMILY HDHP HEALTH	\$1,332.45	\$148.05	\$1,480.50	\$0.00
<b>DENTAL INSURANCE*</b>			District Pays Monthly Rate	Employee Pays Monthly Rate
SINGLE DENTAL			\$29.00	\$0.00
EMPLOYEE + SPOUSE DENTAL			\$29.00	\$35.00
EMPLOYEE + CHILDREN DENTAL			\$29.00	\$27.17
EMPLOYEE + FAMILY DENTAL			\$29.00	\$56.92
<b>LIFE INSURANCE</b>			District Pays Monthly Rate	Employee Pays Monthly Rate
\$100,000 TERM LIFE			\$6.50	\$0.00
Supplemental Life per \$50,000 in coverage (any request for an increase requires Evidence of Insurability form) *			\$0.00	\$10.00
Spouse Supplemental Life per \$25,000 in coverage (any request for an increase requires Evidence of Insurability form) *			\$0.00	\$4.50
Dependent Child Life \$10,000 Coverage			\$0.00	\$3.25
<b>VISION INSURANCE</b>			District Pays Monthly Rate	Employee Pays Monthly Rate
SINGLE VISION			\$0.00	\$6.55
EMPLOYEE + SPOUSE VISION			\$0.00	\$12.46
EMPLOYEE + CHILDREN VISION			\$0.00	\$13.12
EMPLOYEE + FAMILY VISION			\$0.00	\$19.28
<b>OTHER BENEFITS</b>			District Pays	Employee Pays
Contributions - Health Savings Accounts for qualifying persons electing Single Coverage - High Deductible Health Plans ***			\$1,100.00	Employee Election
Contributions - Health Savings Accounts for qualifying persons electing Single+Dependant(s) Coverage - HDHP ***			\$2,200.00	Employee Election
Employee Contributions - Section 125 Medical Plan for persons electing PPO Health Plan ***			\$0.00	Employee Election
Employee Contributions - Section 125 Child/Elder Care Plan ***			\$0.00	Employee Election
403(b) or 457 Tax Deferred Savings Retirement Account			\$0.00	Employee Election
Long Term Disability (required)			\$0.00	0.1600%
Nebraska Public Employees Retirement System (required) ****			9.8778%	9.7800%
Social Security / Medicare (required)			7.6500%	7.6500%

\* - If you and your spouse both work for the District, contact Human Resources at 402-715-8582 for possible alternate rates.

\*\* - Supplemental employee and spousal life insurance includes premium and coverage reductions at age 70 and 75.

Please contact Human Resources at 402-715-8582 for alternate rates.

\*\*\* - Employee contributions are limited by IRS Rules.

(2021 Limits = \$2,750 per year for Section 125 Medical and \$5,000 per year for Section 125 Child/Elder Care)

(2021 Limits for Health Savings Account = \$2,500 per year for single or \$5,000 for three family tiers of coverage after District contributions)

District Contribution: Based on your employment status in January / September, the District contributions are made on the date of your

January / September paycheck

\*\*\*\* - Questions about the Nebraska Public Employees Retirement System may be addressed by calling 1-800-245-5712