

## BENEFIT ELIGIBILITY LIST 2020: CUST / MAINT / GROUNDS 12 MONTH FULL-TIME

*Premium Amounts Are Per Pay Check*

HEALTH INSURANCE*	Bi-Weekly 24 Pays Non-Wellness Participant	Bi-Weekly 24 Pays Non-Wellness Participant	Bi-Weekly 24 Pays Wellness Participant	Bi-Weekly 24 Pays Wellness Participant
<b>TRADITIONAL PREFERRED PROVIDER OPTION #1</b>	DISTRICT PAYS:	EMPLOYEE PAYS:	DISTRICT PAYS:	EMPLOYEE PAYS:
SINGLE PPO HEALTH	\$247.88	\$82.63	\$280.93	\$49.58
EMPLOYEE + SPOUSE PPO HEALTH	\$520.50	\$173.50	\$589.90	\$104.10
EMPLOYEE + CHILDREN PPO HEALTH	\$458.56	\$152.85	\$519.70	\$91.71
EMPLOYEE + FAMILY PPO HEALTH	\$698.88	\$232.96	\$792.06	\$139.78
<b>STANDARD HIGH DEDUCTIBLE PLAN OPTION #2</b>	DISTRICT PAYS:	EMPLOYEE PAYS:	DISTRICT PAYS:	EMPLOYEE PAYS:
SINGLE HDHP HEALTH	\$244.24	\$27.14	\$271.38	\$0.00
EMPLOYEE + SPOUSE HDHP HEALTH	\$512.89	\$56.99	\$569.88	\$0.00
EMPLOYEE + CHILDREN HDHP HEALTH	\$451.50	\$50.17	\$501.67	\$0.00
EMPLOYEE + FAMILY HDHP HEALTH	\$688.31	\$76.48	\$764.79	\$0.00
<b>CHI NETWORK HIGH DEDUCTIBLE PLAN OPTION #3</b>	DISTRICT PAYS:	EMPLOYEE PAYS:	DISTRICT PAYS:	EMPLOYEE PAYS:
SINGLE HDHP HEALTH	\$214.43	\$23.83	\$238.25	\$0.00
EMPLOYEE + SPOUSE HDHP HEALTH	\$448.95	\$49.88	\$498.83	\$0.00
EMPLOYEE + CHILDREN HDHP HEALTH	\$395.06	\$43.90	\$438.96	\$0.00
EMPLOYEE + FAMILY HDHP HEALTH	\$602.63	\$66.96	\$669.58	\$0.00
<b>NHN NETWORK HIGH DEDUCTIBLE PLAN OPTION #4</b>	DISTRICT PAYS:	EMPLOYEE PAYS:	DISTRICT PAYS:	EMPLOYEE PAYS:
SINGLE HDHP HEALTH	\$218.48	\$24.28	\$242.75	\$0.00
EMPLOYEE + SPOUSE HDHP HEALTH	\$457.43	\$50.83	\$508.25	\$0.00
EMPLOYEE + CHILDREN HDHP HEALTH	\$402.53	\$44.73	\$447.25	\$0.00
EMPLOYEE + FAMILY HDHP HEALTH	\$614.03	\$68.23	\$682.25	\$0.00
<b>DENTAL INSURANCE*</b>			District Pays Bi-Weekly 24 Pays	Employee Pays Bi-Weekly 24 Pays
SINGLE DENTAL			\$14.50	\$0.00
EMPLOYEE + SPOUSE DENTAL			\$14.50	\$17.50
EMPLOYEE + CHILDREN DENTAL			\$14.50	\$13.58
EMPLOYEE + FAMILY DENTAL			\$14.50	\$28.46
<b>LIFE INSURANCE</b>			District Pays Bi-Weekly 24 Pays	Employee Pays Bi-Weekly 24 Pays
\$50,000 TERM LIFE			\$1.88	\$0.00
Supplemental Life per \$50,000 in coverage (any request for an increase requires Evidence of Insurability form)**			\$0.00	\$5.13
Spouse Supplemental Life per \$25,000 in coverage (any request for an increase requires Evidence of Insurability form)**			\$0.00	\$2.25
Dependent Child Life \$10,000 Coverage			\$0.00	\$1.63
<b>VISION INSURANCE</b>			District Pays Bi-Weekly 24 Pays	Employee Pays Bi-Weekly 24 Pays
SINGLE VISION			\$0.00	\$3.28
EMPLOYEE + SPOUSE VISION			\$0.00	\$6.23
EMPLOYEE + CHILDREN VISION			\$0.00	\$6.56
EMPLOYEE + FAMILY VISION			\$0.00	\$9.64
<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)			0.1810%	0.0000%
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.

(2020 Limits = \$2,750 per year for Section 125 Medical and \$5,000 per year for Section 125 Child/Elder Care)

(2020 Limits for Health Savings Account = \$2,450 per year for single or \$4,900 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