

**BENEFIT ELIGIBILITY LIST 2021: CUST / MAINT / GROUNDS 12 MONTH FULL-TIME**

*Premium Amounts Are Per Pay Check*

<b>HEALTH INSURANCE*</b>	<b>Bi-Weekly 24 Pays Non-Wellness Participant</b>	<b>Bi-Weekly 24 Pays Non-Wellness Participant</b>	<b>Bi-Weekly 24 Pays Wellness Participant</b>	<b>Bi-Weekly 24 Pays Wellness Participant</b>
<b>TRADITIONAL PREFERRED PROVIDER OPTION #1</b>	<b>DISTRICT PAYS:</b>	<b>EMPLOYEE PAYS:</b>	<b>DISTRICT PAYS:</b>	<b>EMPLOYEE PAYS:</b>
SINGLE PPO HEALTH	\$268.97	\$89.66	\$304.83	\$53.79
EMPLOYEE + SPOUSE PPO HEALTH	\$564.75	\$188.25	\$640.05	\$112.95
EMPLOYEE + CHILDREN PPO HEALTH	\$497.56	\$165.85	\$563.90	\$99.51
EMPLOYEE + FAMILY PPO HEALTH	\$758.28	\$252.76	\$859.39	\$151.66
<b>STANDARD HIGH DEDUCTIBLE PLAN OPTION #2</b>	<b>DISTRICT PAYS:</b>	<b>EMPLOYEE PAYS:</b>	<b>DISTRICT PAYS:</b>	<b>EMPLOYEE PAYS:</b>
SINGLE HDHP HEALTH	\$265.01	\$29.45	\$294.46	\$0.00
EMPLOYEE + SPOUSE HDHP HEALTH	\$556.50	\$61.83	\$618.33	\$0.00
EMPLOYEE + CHILDREN HDHP HEALTH	\$489.90	\$54.43	\$544.33	\$0.00
EMPLOYEE + FAMILY HDHP HEALTH	\$746.85	\$82.98	\$829.83	\$0.00
<b>CHI NETWORK HIGH DEDUCTIBLE PLAN OPTION #3</b>	<b>DISTRICT PAYS:</b>	<b>EMPLOYEE PAYS:</b>	<b>DISTRICT PAYS:</b>	<b>EMPLOYEE PAYS:</b>
SINGLE HDHP HEALTH	\$232.69	\$25.85	\$258.54	\$0.00
EMPLOYEE + SPOUSE HDHP HEALTH	\$487.13	\$54.13	\$541.25	\$0.00
EMPLOYEE + CHILDREN HDHP HEALTH	\$428.66	\$47.63	\$476.29	\$0.00
EMPLOYEE + FAMILY HDHP HEALTH	\$653.85	\$72.65	\$726.50	\$0.00
<b>NHN NETWORK HIGH DEDUCTIBLE PLAN OPTION #4</b>	<b>DISTRICT PAYS:</b>	<b>EMPLOYEE PAYS:</b>	<b>DISTRICT PAYS:</b>	<b>EMPLOYEE PAYS:</b>
SINGLE HDHP HEALTH	\$237.08	\$26.34	\$263.42	\$0.00
EMPLOYEE + SPOUSE HDHP HEALTH	\$496.31	\$55.15	\$551.46	\$0.00
EMPLOYEE + CHILDREN HDHP HEALTH	\$436.76	\$48.53	\$485.29	\$0.00
EMPLOYEE + FAMILY HDHP HEALTH	\$666.23	\$74.03	\$740.25	\$0.00
<b>DENTAL INSURANCE*</b>			<b>District Pays Bi-Weekly 24 Pays</b>	<b>Employee Pays Bi-Weekly 24 Pays</b>
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>			<b>District Pays Bi-Weekly 24 Pays</b>	<b>Employee Pays Bi-Weekly 24 Pays</b>
\$50,000 TERM LIFE			\$1.63	\$0.00
Supplemental Life per \$50,000 in coverage (any request for an increase requires Evidence of Insurability form)*			\$0.00	\$5.00
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>			<b>District Pays Bi-Weekly 24 Pays</b>	<b>Employee Pays Bi-Weekly 24 Pays</b>
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>			<b>District Pays</b>	<b>Employee Pays</b>
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)			0.1600%	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.

(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