

## BENEFIT ELIGIBILITY LIST 2021: HOURLY PROFESSIONAL TECHNICAL 10 MONTH FULL-TIME

*Premium Amounts Are Per Pay Check*

HEALTH INSURANCE*	19 Pays for Non-Wellness Participant	19 Pays for Non-Wellness Participant	19 Pays for Wellness Participant	19 Pays for Wellness Participant
<b>TRADITIONAL PREFERRED PROVIDER OPTION #1</b>	DISTRICT PAYS:	EMPLOYEE PAYS:	DISTRICT PAYS:	EMPLOYEE PAYS:
SINGLE PPO HEALTH	\$339.75	\$113.25	\$385.05	\$67.95
EMPLOYEE + SPOUSE PPO HEALTH	\$356.68	\$594.47	\$404.24	\$546.92
EMPLOYEE + CHILDREN PPO HEALTH	\$314.25	\$523.75	\$356.15	\$481.85
EMPLOYEE + FAMILY PPO HEALTH	\$478.91	\$798.19	\$542.77	\$734.34
<b>STANDARD HIGH DEDUCTIBLE PLAN OPTION #2</b>	DISTRICT PAYS:	EMPLOYEE PAYS:	DISTRICT PAYS:	EMPLOYEE PAYS:
SINGLE HDHP HEALTH	\$334.75	\$37.19	\$371.95	\$0.00
EMPLOYEE + SPOUSE HDHP HEALTH	\$351.47	\$429.58	\$390.53	\$390.53
EMPLOYEE + CHILDREN HDHP HEALTH	\$309.41	\$378.17	\$343.79	\$343.79
EMPLOYEE + FAMILY HDHP HEALTH	\$471.69	\$576.52	\$524.11	\$524.11
<b>CHI NETWORK HIGH DEDUCTIBLE PLAN OPTION #3</b>	DISTRICT PAYS:	EMPLOYEE PAYS:	DISTRICT PAYS:	EMPLOYEE PAYS:
SINGLE HDHP HEALTH	\$293.92	\$32.66	\$326.58	\$0.00
EMPLOYEE + SPOUSE HDHP HEALTH	\$307.66	\$376.03	\$341.84	\$341.84
EMPLOYEE + CHILDREN HDHP HEALTH	\$270.73	\$330.90	\$300.82	\$300.82
EMPLOYEE + FAMILY HDHP HEALTH	\$412.96	\$504.73	\$458.84	\$458.84
<b>NHN NETWORK HIGH DEDUCTIBLE PLAN OPTION #4</b>	DISTRICT PAYS:	EMPLOYEE PAYS:	DISTRICT PAYS:	EMPLOYEE PAYS:
SINGLE HDHP HEALTH	\$299.46	\$33.27	\$332.74	\$0.00
EMPLOYEE + SPOUSE HDHP HEALTH	\$313.46	\$383.12	\$348.29	\$348.29
EMPLOYEE + CHILDREN HDHP HEALTH	\$275.85	\$337.15	\$306.50	\$306.50
EMPLOYEE + FAMILY HDHP HEALTH	\$420.77	\$514.28	\$467.53	\$467.53
<b>DENTAL INSURANCE*</b>			District Pays 19 Pays Rate	Employee Pays 19 Pays Rate
SINGLE DENTAL			\$18.32	\$0.00
EMPLOYEE + SPOUSE DENTAL			\$18.32	\$22.11
EMPLOYEE + CHILDREN DENTAL			\$18.32	\$17.16
EMPLOYEE + FAMILY DENTAL			\$18.32	\$35.95
<b>LIFE INSURANCE</b>			District Pays 19 Pays Rate	Employee Pays 19 Pays Rate
\$50,000 TERM LIFE			\$2.05	\$0.00
Supplemental Life per \$50,000 in coverage (any request for an increase requires Evidence of Insurability form)*			\$0.00	\$6.32
Spouse Supplemental Life per \$25,000 in coverage (any request for an increase requires Evidence of Insurability form)*			\$0.00	\$2.84
Dependent Child Life \$10,000 Coverage			\$0.00	\$2.05
<b>VISION INSURANCE</b>			District Pays 19 Pays Rate	Employee Pays 19 Pays Rate
SINGLE VISION			\$0.00	\$4.14
EMPLOYEE + SPOUSE VISION			\$0.00	\$7.87
EMPLOYEE + CHILDREN VISION			\$0.00	\$8.29
EMPLOYEE + FAMILY VISION			\$0.00	\$12.18
<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)			0.1600%	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