

## BENEFIT ELIGIBILITY LIST 2020: 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	\$313.11	\$104.37	\$354.85	\$62.62
EMPLOYEE + SPOUSE PPO HEALTH	\$328.74	\$547.89	\$372.57	\$504.06
EMPLOYEE + CHILDREN PPO HEALTH	\$289.62	\$482.70	\$328.23	\$444.08
EMPLOYEE + FAMILY PPO HEALTH	\$441.39	\$735.66	\$500.25	\$676.81
<b>STANDARD HIGH DEDUCTIBLE PLAN OPTION #2</b>	DISTRICT PAYS:	EMPLOYEE PAYS:	DISTRICT PAYS:	EMPLOYEE PAYS:
SINGLE HDHP HEALTH	\$308.51	\$34.28	\$342.79	\$0.00
EMPLOYEE + SPOUSE HDHP HEALTH	\$323.93	\$395.91	\$359.92	\$359.92
EMPLOYEE + CHILDREN HDHP HEALTH	\$285.16	\$348.53	\$316.84	\$316.84
EMPLOYEE + FAMILY HDHP HEALTH	\$434.72	\$531.33	\$483.03	\$483.03
<b>CHI NETWORK HIGH DEDUCTIBLE PLAN OPTION #3</b>	DISTRICT PAYS:	EMPLOYEE PAYS:	DISTRICT PAYS:	EMPLOYEE PAYS:
SINGLE HDHP HEALTH	\$270.85	\$30.09	\$300.95	\$0.00
EMPLOYEE + SPOUSE HDHP HEALTH	\$283.55	\$346.56	\$315.05	\$315.05
EMPLOYEE + CHILDREN HDHP HEALTH	\$249.51	\$304.96	\$277.24	\$277.24
EMPLOYEE + FAMILY HDHP HEALTH	\$380.61	\$465.18	\$422.89	\$422.89
<b>NHN NETWORK HIGH DEDUCTIBLE PLAN OPTION #4</b>	DISTRICT PAYS:	EMPLOYEE PAYS:	DISTRICT PAYS:	EMPLOYEE PAYS:
SINGLE HDHP HEALTH	\$275.97	\$30.66	\$306.63	\$0.00
EMPLOYEE + SPOUSE HDHP HEALTH	\$288.90	\$353.10	\$321.00	\$321.00
EMPLOYEE + CHILDREN HDHP HEALTH	\$254.23	\$310.72	\$282.47	\$282.47
EMPLOYEE + FAMILY HDHP HEALTH	\$387.81	\$473.98	\$430.89	\$430.89
<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			\$2.37	\$0.00
Supplemental Life per \$50,000 in coverage (any request for an increase requires Evidence of Insurability form)**			\$0.00	\$6.47
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)			0.1810%	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