

## BENEFIT ELIGIBILITY LIST 2020: HOURLY PROFESSIONAL TECHNICAL 12 MONTH PART-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	\$123.94	\$206.56	\$140.46	\$190.04
EMPLOYEE + SPOUSE PPO HEALTH	\$260.25	\$433.75	\$294.95	\$399.05
EMPLOYEE + CHILDREN PPO HEALTH	\$229.28	\$382.14	\$259.85	\$351.56
EMPLOYEE + FAMILY PPO HEALTH	\$349.44	\$582.40	\$396.03	\$535.80
<b>STANDARD HIGH DEDUCTIBLE PLAN OPTION #2</b>				
	DISTRICT PAYS:	EMPLOYEE PAYS:	DISTRICT PAYS:	EMPLOYEE PAYS:
SINGLE HDHP HEALTH	\$122.12	\$149.26	\$135.69	\$135.69
EMPLOYEE + SPOUSE HDHP HEALTH	\$256.44	\$313.43	\$284.94	\$284.94
EMPLOYEE + CHILDREN HDHP HEALTH	\$225.75	\$275.92	\$250.83	\$250.83
EMPLOYEE + FAMILY HDHP HEALTH	\$344.16	\$420.64	\$382.40	\$382.40
<b>CHI NETWORK HIGH DEDUCTIBLE PLAN OPTION #3</b>				
	DISTRICT PAYS:	EMPLOYEE PAYS:	DISTRICT PAYS:	EMPLOYEE PAYS:
SINGLE HDHP HEALTH	\$107.21	\$131.04	\$119.13	\$119.13
EMPLOYEE + SPOUSE HDHP HEALTH	\$224.48	\$274.36	\$249.42	\$249.42
EMPLOYEE + CHILDREN HDHP HEALTH	\$197.53	\$241.43	\$219.48	\$219.48
EMPLOYEE + FAMILY HDHP HEALTH	\$301.31	\$368.27	\$334.79	\$334.79
<b>NHN NETWORK HIGH DEDUCTIBLE PLAN OPTION #4</b>				
	DISTRICT PAYS:	EMPLOYEE PAYS:	DISTRICT PAYS:	EMPLOYEE PAYS:
SINGLE HDHP HEALTH	\$109.24	\$133.51	\$121.38	\$121.38
EMPLOYEE + SPOUSE HDHP HEALTH	\$228.71	\$279.54	\$254.13	\$254.13
EMPLOYEE + CHILDREN HDHP HEALTH	\$201.26	\$245.99	\$223.63	\$223.63
EMPLOYEE + FAMILY HDHP HEALTH	\$307.01	\$375.24	\$341.13	\$341.13
<b>DENTAL INSURANCE*</b>				
			District Pays Bi-Weekly 24 Pays	Employee Pays Bi-Weekly 24 Pays
SINGLE DENTAL			\$7.25	\$7.25
EMPLOYEE + SPOUSE DENTAL			\$7.25	\$24.75
EMPLOYEE + CHILDREN DENTAL			\$7.25	\$20.83
EMPLOYEE + FAMILY DENTAL			\$7.25	\$35.71
<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