PARAPROFESSIONALS

2024 Premiums - All Amounts Are Per Pay Check

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|--|-----------------------------|-----------------------------|-------------------------|--|
| HEALTH INSURANCE* | 19 Pays for Non-Wellness | 19 Pays for Non-Wellness | 19 Pays for Wellness | 19 Pays for Wellness Participant |
| MEALIN INSURANCE" | Participant | Participant | Participant | Participant |
| NHN NETWORK HIGH DEDUCTIBLE PLAN | DISTRICT PAYS: | EMPLOYEE PAYS: | DISTRICT PAYS: | EMPLOYEE PAYS: |
| SINGLE NHN HDHP HEALTH | \$205.92 | \$175.42 | \$228.80 | \$152.54 |
| EMPLOYEE + SPOUSE NHN HDHP HEALTH | \$431.10 | \$367.23 | \$479.00 | \$319.33 |
| EMPLOYEE + CHILDREN NHN HDHP HEALTH | \$379.37 | \$323.17 | \$421.53 | \$281.02 |
| EMPLOYEE + FAMILY NHN HDHP HEALTH | \$578.68 | \$492.96 | \$642.98 | \$428.66 |
| CHI NETWORK HIGH DEDUCTIBLE PLAN | DISTRICT PAYS: | EMPLOYEE PAYS: | DISTRICT PAYS: | EMPLOYEE PAYS: |
| SINGLE CHI HDHP HEALTH | \$210.04 | \$178.93 | \$233.38 | \$155.59 |
| EMPLOYEE + SPOUSE CHI HDHP HEALTH | \$439.71 | \$374.57 | \$488.57 | \$325.71 |
| EMPLOYEE + CHILDREN CHI HDHP HEALTH | \$386.94 | \$329.61 | \$429.93 | \$286.62 |
| EMPLOYEE + FAMILY CHI HDHP HEALTH | \$590.20 | \$502.77 | \$655.79 | \$437.19 |
| STANDARD HIGH DEDUCTIBLE PLAN | DISTRICT PAYS: | EMPLOYEE PAYS: | DISTRICT PAYS: | EMPLOYEE PAYS: |
| SINGLE HDHP HEALTH | \$230.19 | \$196.09 | \$255.77 | \$170.51 |
| EMPLOYEE + SPOUSE HDHP HEALTH | \$483.38 | \$411.77 | \$537.09 | \$358.06 |
| EMPLOYEE + CHILDREN HDHP HEALTH | \$425.53 | \$362.49 | \$472.81 | \$315.21 |
| EMPLOYEE + FAMILY HDHP HEALTH | \$648.72 | \$552.61 | \$720.80 | \$480.53 |
| TRADITIONAL PPO PLAN | DISTRICT PAYS: | EMPLOYEE PAYS: | DISTRICT PAYS: | EMPLOYEE PAYS: |
| SINGLE PPO HEALTH | \$233.63 | \$285.55 | \$264.78 | \$254.39 |
| EMPLOYEE + SPOUSE PPO HEALTH | \$490.54 | \$599.55 | \$555.95 | \$534.15 |
| EMPLOYEE + CHILDREN PPO HEALTH | \$432.18 | \$528.22 | \$489.81 | \$470.60 |
| EMPLOYEE + FAMILY PPO HEALTH | \$658.64 | \$805.01 | \$746.46 | \$717.19 |
| | φοσοίο : | \$ | Ų1 10.10 | φιιτιο |
| | | | District Pays | Employee Pays |
| DENTAL INSURANCE* | | | 19 Pays Rate | 19 Pays Rate |
| | | | | |
| SINGLE DENTAL | | | \$13.33 | \$8.89 |
| EMPLOYEE + SPOUSE DENTAL | | | \$13.33 | \$35.70 |
| EMPLOYEE + CHILDREN DENTAL | | | \$13.33 | \$29.72 |
| EMPLOYEE + FAMILY DENTAL | | | \$13.33 | \$52.55 |
| | | | | |
| | | | District Pays | Employee Pays |
| VISION INSURANCE | | | 19 Pays Rate | 19 Pays Rate |
| | | | | |
| SINGLE VISION | | | \$0.00 | \$5.28 |
| EMPLOYEE + SPOUSE VISION | | | \$0.00 | \$10.26 |
| EMPLOYEE + CHILDREN VISION | | | \$0.00 | \$10.41 |
| EMPLOYEE + FAMILY VISION | | | \$0.00 | \$15.59 |
| | | | | |
| LIFE INQUIDANCE | | | District Pays | Employee Pays |
| LIFE INSURANCE | | | 19 Pays Rate | 19 Pays Rate |
| \$50,000 TERM LIFE | | | #2.0 F | #0.00 |
| \$50,000 TERM LIFE | - Friday - of Instruct | :!!ib. (f= ** | \$2.05 | \$0.00 |
| Supplemental Life per \$50,000 in coverage (any request for an increase require | | | \$0.00 | \$6.32 |
| Spouse Supplemental Life per \$25,000 in coverage (any request for an increase | e requires Evidence o | f Insurability form)^^ | \$0.00 | \$2.84 |
| Dependent Child Life \$10,000 Coverage | | | \$0.00 | \$2.05 |
| OTHER RENEETS | | | District D | Employee D |
| OTHER BENEFITS | | | District Pays | Employee Pays |
| Contributions Hoolth Covings Assessed for such firm and the covings of the Covings Assessed for such firms of the covings of t | Powerage Libert De l | otible Health Diana *** | ¢4.400.00 | Employee Florida |
| Contributions - Health Savings Accounts for qualifying persons electing Single (| | | \$1,100.00 | Employee Election |
| Contributions - Health Savings Accounts for qualifying persons electing Single+ | | ge - HDHP "^^ | \$2,200.00 | Employee Election |
| Employee Contributions - Section 125 Medical Plan for persons electing PPO H | ieaith Pian *** | | | Employee Election |
| Employee Contributions - Section 125 Child/Elder Care Plan - *** | | | | Employee Election |
| 403(b) or 457 Tax Deferred Savings Retirement Account | | | 0.5==== | Employee Election |
| 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 Resource | | | S. | |
| ** - Supplemental employee and spousal life insurance includes premium an | d coverage reductions | s at age 70 and 75. | | |
| Please contact Human Resources at 402-715-8582 for alternate rates. | | | | |
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Benefits FAQs for New Employees RR



When do Benefits go into effect?

Benefit Start Date for new employees is the first day of the month following your hire date.

Example: First day worked August 1, Benefits will be effective September 1. Example: First day worked January 5, Benefits will be effective February 1.

Your benefit selections as a new hire will be effective through December 31.

Link to Benefits Guide shorturl.at/nwUVO

Updating benefits with Millard Public Schools

Benefit changes may be made under the following circumstance:

- Open Enrollment: Every November employees may update benefit selections effective January 1.
- Event Change: Qualifying event changes include: change in marital status, birth/adoption, death, change of spouse's employment loss of coverage. Please request the form from the Benefits Department at mpsbenefits@mpsomaha.org. This form must be turned in within 31 days of the event.

Millard Wellness Program - Free program available to all benefit eligible employees!

Once your benefits have started you can begin participating in the Wellness Program!

To receive the Wellness Premium Incentive for the next school year: Complete the biometric health screening by <u>May 31</u>. If the requirement is met, the incentive discount will start the following school year in September.

If you choose not to enroll in one of Millard's health plan options but wish to participate in the Wellness Program, please email mpsbenefitsq@mpsomaha.org and request to enroll.

How to Participate?

****Must Complete****

1. Biometric Wellness Screening:

Use ME+your employee number to login (for example "ME1000") ME is case sensitive. Create your account and register for a biometric wellness screening and schedule at appointment time. https://my.questforhealth.com/mobile/welcome/home

Registration Key: millardps Client Name Millard Public Schools FV

For More information visit, https://www.mpsomaha.org/departments/human-resources/benefits

Benefit Websites and Contact Numbers

- •Health Aetna Health Benefits contains detailed health coverage information, the summary plan description, and scheduleof benefits and summary of deductibles. If you need to print a card before it arrives in the mail, contact Aetna at 1-888-751-4027.
- •Dental Ameritas MPS Dental contains detailed dental coverage information, the summary plan description, schedule of benefits and summary of deductibles. Ameritas: 1-800-487-5553. Press 0 for the operator if you do not have your card.
- Vision Benefits contains information on employee paid Ameritas Vision Benefits. 1-800-487-5553.
- •HSA Savings Accounts Includes information on eligibility, maximum contributions, eligible expenses, how to access your account, the District Contribution schedule, and detailed information about your account. HSA Bank 1-800-357-6246.
- •Flex Spending & Dependent Care contains detailed information on Medical Flex Spending Accounts and Dependent Care/Child Care accounts, including the plan description. Discovery Benefits 1-866-451-3399.
- •Long Term Disability (LTD) contains an FAQ and certificate of coverage. If approved, allows for you to earn a portion of lost wages in the event that you are disabled.
- •Life Insurance New hire guarantee issue amounts: employee requests over \$150,000 additional term life insurance must complete the evidence of insurability paperwork. Spouse term life insurance is \$25,000, anything above that amount will require evidence of insurability. Contains information for benefit eligible employees and instructions on continuing coverage once employment is termed. Call for more information: 1-800-627-3660.
- •Retirement Nebraska State Retirement (mandatory) & 403(b) Information Here you will find the State of Nebraska Retirement Handbook, beneficiary change form link, Millard Retirement Handbooks and Member Termination Form link (NPERS: 1-800-245-5712) and information on 403(b) accounts administered by Omni (1-877-544-6664).
- Premiums Per Check contains Benefit Cost Breakdowns per paycheck by job class. Choose the appropriate pdf.
- •Wellness contains the Wellness Program requirements.
- Best Care Employee Assistance Program: 402-354-8000 or 800-666-8606. http://www.bestcareeap.org/