

BENEFIT ELIGIBILITY LIST 2020: PARAPROFESSIONAL

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
TRADITIONAL PREFERRED PROVIDER OPTION #1				
	DISTRICT PAYS:	EMPLOYEE PAYS:	DISTRICT PAYS:	EMPLOYEE PAYS:
SINGLE PPO HEALTH	\$187.86	\$229.61	\$212.91	\$204.56
EMPLOYEE + SPOUSE PPO HEALTH	\$394.48	\$482.15	\$447.08	\$429.55
EMPLOYEE + CHILDREN PPO HEALTH	\$347.54	\$424.77	\$393.88	\$378.43
EMPLOYEE + FAMILY PPO HEALTH	\$529.67	\$647.38	\$600.30	\$576.76
STANDARD HIGH DEDUCTIBLE PLAN OPTION #2				
	DISTRICT PAYS:	EMPLOYEE PAYS:	DISTRICT PAYS:	EMPLOYEE PAYS:
SINGLE HDHP HEALTH	\$185.11	\$157.68	\$205.67	\$137.12
EMPLOYEE + SPOUSE HDHP HEALTH	\$388.71	\$331.13	\$431.91	\$287.94
EMPLOYEE + CHILDREN HDHP HEALTH	\$342.19	\$291.49	\$380.21	\$253.47
EMPLOYEE + FAMILY HDHP HEALTH	\$521.67	\$444.38	\$579.63	\$386.42
CHI NETWORK HIGH DEDUCTIBLE PLAN OPTION #3				
	DISTRICT PAYS:	EMPLOYEE PAYS:	DISTRICT PAYS:	EMPLOYEE PAYS:
SINGLE HDHP HEALTH	\$162.51	\$138.44	\$180.57	\$120.38
EMPLOYEE + SPOUSE HDHP HEALTH	\$340.26	\$289.85	\$378.06	\$252.04
EMPLOYEE + CHILDREN HDHP HEALTH	\$299.42	\$255.06	\$332.68	\$221.79
EMPLOYEE + FAMILY HDHP HEALTH	\$456.73	\$389.06	\$507.47	\$338.32
NHN NETWORK HIGH DEDUCTIBLE PLAN OPTION #4				
	DISTRICT PAYS:	EMPLOYEE PAYS:	DISTRICT PAYS:	EMPLOYEE PAYS:
SINGLE HDHP HEALTH	\$165.58	\$141.05	\$183.98	\$122.65
EMPLOYEE + SPOUSE HDHP HEALTH	\$346.68	\$295.32	\$385.20	\$256.80
EMPLOYEE + CHILDREN HDHP HEALTH	\$305.07	\$259.88	\$338.97	\$225.98
EMPLOYEE + FAMILY HDHP HEALTH	\$465.37	\$396.42	\$517.07	\$344.72
DENTAL INSURANCE*				
			District Pays 19 Pays Rate	Employee Pays 19 Pays Rate
SINGLE DENTAL			\$10.99	\$7.33
EMPLOYEE + SPOUSE DENTAL			\$10.99	\$29.43
EMPLOYEE + CHILDREN DENTAL			\$10.99	\$24.48
EMPLOYEE + FAMILY DENTAL			\$10.99	\$43.27
LIFE INSURANCE				
			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
VISION INSURANCE				
			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
OTHER BENEFITS				
			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
Nebraska Public Employees Retirement System (required) ****			9.87780%	9.78000%
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