

BENEFIT ELIGIBILITY LIST 2020: TEACHER OR NURSE FULL-TIME

Premium Amounts Are Per Pay Check

HEALTH INSURANCE*	Monthly Rate for Non-Wellness Participant	Monthly Rate for Non-Wellness Participant	Monthly Rate for Wellness Participant	Monthly Rate for Wellness Participant
TRADITIONAL PREFERRED PROVIDER OPTION #1				
	DISTRICT PAYS:	EMPLOYEE PAYS:	DISTRICT PAYS:	EMPLOYEE PAYS:
SINGLE PPO HEALTH	\$495.75	\$165.25	\$561.85	\$99.15
EMPLOYEE + SPOUSE PPO HEALTH	\$1,041.00	\$347.00	\$1,179.80	\$208.20
EMPLOYEE + CHILDREN PPO HEALTH	\$917.13	\$305.71	\$1,039.41	\$183.43
EMPLOYEE + FAMILY PPO HEALTH	\$1,397.75	\$465.92	\$1,584.12	\$279.55
STANDARD HIGH DEDUCTIBLE PLAN OPTION #2				
	DISTRICT PAYS:	EMPLOYEE PAYS:	DISTRICT PAYS:	EMPLOYEE PAYS:
SINGLE HDHP HEALTH	\$488.48	\$54.28	\$542.75	\$0.00
EMPLOYEE + SPOUSE HDHP HEALTH	\$1,025.78	\$113.98	\$1,139.75	\$0.00
EMPLOYEE + CHILDREN HDHP HEALTH	\$903.00	\$100.33	\$1,003.33	\$0.00
EMPLOYEE + FAMILY HDHP HEALTH	\$1,376.63	\$152.96	\$1,529.58	\$0.00
CHI NETWORK HIGH DEDUCTIBLE PLAN OPTION #3				
	DISTRICT PAYS:	EMPLOYEE PAYS:	DISTRICT PAYS:	EMPLOYEE PAYS:
SINGLE HDHP HEALTH	\$428.85	\$47.65	\$476.50	\$0.00
EMPLOYEE + SPOUSE HDHP HEALTH	\$897.90	\$99.77	\$997.67	\$0.00
EMPLOYEE + CHILDREN HDHP HEALTH	\$790.13	\$87.79	\$877.92	\$0.00
EMPLOYEE + FAMILY HDHP HEALTH	\$1,205.25	\$133.92	\$1,339.17	\$0.00
NHN NETWORK HIGH DEDUCTIBLE PLAN OPTION #4				
	DISTRICT PAYS:	EMPLOYEE PAYS:	DISTRICT PAYS:	EMPLOYEE PAYS:
SINGLE HDHP HEALTH	\$436.95	\$48.55	\$485.50	\$0.00
EMPLOYEE + SPOUSE HDHP HEALTH	\$914.85	\$101.65	\$1,016.50	\$0.00
EMPLOYEE + CHILDREN HDHP HEALTH	\$805.05	\$89.45	\$894.50	\$0.00
EMPLOYEE + FAMILY HDHP HEALTH	\$1,228.05	\$136.45	\$1,364.50	\$0.00
DENTAL INSURANCE*				
			District Pays Monthly Rate	Employee Pays Monthly Rate
SINGLE DENTAL			\$29.00	\$0.00
EMPLOYEE + SPOUSE DENTAL			\$29.00	\$35.00
EMPLOYEE + CHILDREN DENTAL			\$29.00	\$27.17
EMPLOYEE + FAMILY DENTAL			\$29.00	\$56.92
LIFE INSURANCE				
			District Pays Monthly Rate	Employee Pays Monthly Rate
\$50,000 TERM LIFE			\$3.75	\$0.00
Supplemental Life per \$50,000 in coverage (any request for an increase requires Evidence of Insurability form)**			\$0.00	\$10.25
Spouse Supplemental Life per \$25,000 in coverage (any request for an increase requires Evidence of Insurability form)**			\$0.00	\$4.50
Dependent Child Life \$10,000 Coverage			\$0.00	\$3.25
VISION INSURANCE				
			District Pays Monthly Rate	Employee Pays Monthly Rate
SINGLE VISION			\$0.00	\$6.55
EMPLOYEE + SPOUSE VISION			\$0.00	\$12.46
EMPLOYEE + CHILDREN VISION			\$0.00	\$13.12
EMPLOYEE + FAMILY VISION			\$0.00	\$19.28
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
Long Term Disability (required)			\$0.00	0.1810%
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