

BENEFIT ELIGIBILITY LIST 2021: TEACHER OR NURSE PART-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	\$268.97	\$448.28	\$304.83	\$412.42
EMPLOYEE + SPOUSE PPO HEALTH	\$564.75	\$941.25	\$640.05	\$865.95
EMPLOYEE + CHILDREN PPO HEALTH	\$497.56	\$829.27	\$563.90	\$762.93
EMPLOYEE + FAMILY PPO HEALTH	\$758.28	\$1,263.80	\$859.39	\$1,162.70
STANDARD HIGH DEDUCTIBLE PLAN OPTION #2	DISTRICT PAYS:	EMPLOYEE PAYS:	DISTRICT PAYS:	EMPLOYEE PAYS:
SINGLE HDHP HEALTH	\$265.01	\$323.90	\$294.46	\$294.46
EMPLOYEE + SPOUSE HDHP HEALTH	\$556.50	\$680.17	\$618.33	\$618.33
EMPLOYEE + CHILDREN HDHP HEALTH	\$489.90	\$598.77	\$544.33	\$544.33
EMPLOYEE + FAMILY HDHP HEALTH	\$746.85	\$912.82	\$829.83	\$829.83
CHI NETWORK HIGH DEDUCTIBLE PLAN OPTION #3	DISTRICT PAYS:	EMPLOYEE PAYS:	DISTRICT PAYS:	EMPLOYEE PAYS:
SINGLE HDHP HEALTH	\$232.69	\$284.40	\$258.54	\$258.54
EMPLOYEE + SPOUSE HDHP HEALTH	\$487.13	\$595.38	\$541.25	\$541.25
EMPLOYEE + CHILDREN HDHP HEALTH	\$428.66	\$523.92	\$476.29	\$476.29
EMPLOYEE + FAMILY HDHP HEALTH	\$653.85	\$799.15	\$726.50	\$726.50
NHN NETWORK HIGH DEDUCTIBLE PLAN OPTION #4	DISTRICT PAYS:	EMPLOYEE PAYS:	DISTRICT PAYS:	EMPLOYEE PAYS:
SINGLE HDHP HEALTH	\$237.08	\$289.76	\$263.42	\$263.42
EMPLOYEE + SPOUSE HDHP HEALTH	\$496.31	\$606.60	\$551.46	\$551.46
EMPLOYEE + CHILDREN HDHP HEALTH	\$436.76	\$533.82	\$485.29	\$485.29
EMPLOYEE + FAMILY HDHP HEALTH	\$666.23	\$814.28	\$740.25	\$740.25
DENTAL INSURANCE*			District Pays Monthly Rate	Employee Pays Monthly Rate
SINGLE DENTAL			\$14.50	\$14.50
EMPLOYEE + SPOUSE DENTAL			\$14.50	\$49.50
EMPLOYEE + CHILDREN DENTAL			\$14.50	\$41.67
EMPLOYEE + FAMILY DENTAL			\$14.50	\$71.42
LIFE INSURANCE			District Pays Monthly Rate	Employee Pays Monthly Rate
\$50,000 TERM LIFE			\$3.25	\$0.00
Supplemental Life per \$50,000 in coverage (any request for an increase requires Evidence of Insurability form) *			\$0.00	\$10.00
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	0.1600%
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.

(2021 Limits = \$2,750 per year for Section 125 Medical and \$5,000 per year for Section 125 Child/Elder Care)

(2021 Limits for Health Savings Account = \$2,500 per year for single or \$5,000 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