

BENEFIT ELIGIBILITY LIST 2020: 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	\$247.88	\$413.13	\$280.93	\$380.08
EMPLOYEE + SPOUSE PPO HEALTH	\$520.50	\$867.50	\$589.90	\$798.10
EMPLOYEE + CHILDREN PPO HEALTH	\$458.56	\$764.27	\$519.70	\$703.13
EMPLOYEE + FAMILY PPO HEALTH	\$698.88	\$1,164.79	\$792.06	\$1,071.61
STANDARD HIGH DEDUCTIBLE PLAN OPTION #2	DISTRICT PAYS:	EMPLOYEE PAYS:	DISTRICT PAYS:	EMPLOYEE PAYS:
SINGLE HDHP HEALTH	\$244.24	\$298.51	\$271.38	\$271.38
EMPLOYEE + SPOUSE HDHP HEALTH	\$512.89	\$626.86	\$569.88	\$569.88
EMPLOYEE + CHILDREN HDHP HEALTH	\$451.50	\$551.83	\$501.67	\$501.67
EMPLOYEE + FAMILY HDHP HEALTH	\$688.31	\$841.27	\$764.79	\$764.79
CHI NETWORK HIGH DEDUCTIBLE PLAN OPTION #3	DISTRICT PAYS:	EMPLOYEE PAYS:	DISTRICT PAYS:	EMPLOYEE PAYS:
SINGLE HDHP HEALTH	\$214.43	\$262.08	\$238.25	\$238.25
EMPLOYEE + SPOUSE HDHP HEALTH	\$448.95	\$548.72	\$498.83	\$498.83
EMPLOYEE + CHILDREN HDHP HEALTH	\$395.06	\$482.85	\$438.96	\$438.96
EMPLOYEE + FAMILY HDHP HEALTH	\$602.63	\$736.54	\$669.58	\$669.58
NHN NETWORK HIGH DEDUCTIBLE PLAN OPTION #4	DISTRICT PAYS:	EMPLOYEE PAYS:	DISTRICT PAYS:	EMPLOYEE PAYS:
SINGLE HDHP HEALTH	\$218.48	\$267.03	\$242.75	\$242.75
EMPLOYEE + SPOUSE HDHP HEALTH	\$457.43	\$559.08	\$508.25	\$508.25
EMPLOYEE + CHILDREN HDHP HEALTH	\$402.53	\$491.98	\$447.25	\$447.25
EMPLOYEE + FAMILY HDHP HEALTH	\$614.03	\$750.48	\$682.25	\$682.25
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			\$3.75	\$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