

CERTIFIED FULL-TIME EMPLOYEES HEALTH INSURANCE OPTIONS

PPO PLANS	EMPLOYEE'S MONTHLY COST				DEDUCTIBLES		OUT-OF-POCKET MAXIMUMS	
	Employee Only	Employee & Children	Employee & Spouse	Employee, Spouse & Children	Single Deductible Amount	Family Deductible Amount	Single Maximum out of Pocket	Family Maximum out of Pocket
Network Blue	No Premium Cost to Employee	\$82.01	\$93.10	\$125.00	\$1,900	\$3,800	\$5,500	\$11,000
Premier Select Blue Choice	No Premium Cost to Employee	\$82.01	\$93.10	\$125.00	\$650	\$1,300	\$4,600	\$9,200
Blueprint Health	No Premium Cost to Employee	\$82.01	\$93.10	\$125.00	\$0	\$0	\$3,150	\$6,300

HDHP/HSA PLANS	PLCS MONTHLY CONTRIBUTION TO THE EMPLOYEE'S HEALTH SAVINGS ACCOUNT				DEDUCTIBLES		OUT-OF-POCKET MAXIMUMS	
	Employee Only	Employee & Children	Employee & Spouse	Employee, Spouse & Children	Single Deductible Amount	Family Deductible Amount	Single Maximum out of Pocket	Family Maximum out of Pocket
Network Blue	No Premium Cost to Employee				\$3,600	\$7,050	\$4,250	\$8,150
PLCS Contribution to Employee's HSA	\$56.06	\$21.71	\$24.62	\$33.08				
Premier Select Blue Choice	No Premium Cost to Employee				\$2,850	\$5,700	\$3,500	\$7,000
PLCS Contribution to Employee's HSA	\$56.06	\$21.71	\$24.62	\$33.08				
Blueprint Health	No Premium Cost to Employee				\$2,100	\$4,200	\$2,750	\$5,500
PLCS Contribution to Employee's HSA	\$56.06	\$21.71	\$24.62	\$33.08				

DENTAL INSURANCE	Employee Only	Employee & Children	Employee & Spouse	Employee, Spouse & Children
Employee's Monthly Cost	\$0.00	\$25.07	\$32.46	\$53.75

Health & Dental Insurance Benefit	Employee Only	Employee & Children	Employee & Spouse	Employee, Spouse & Children
Annual Amount Paid by the Papillion La Vista Community Schools	\$7,953.60	\$13,429.20	\$15,195.60	\$20,282.52

* All deductibles and out-of-pocket maximums shown above are based on **in-network providers**

PPO Health Insurance Plans

In Network Providers	Out of Network Providers
<p>Office visit - \$35 Copay</p> <p>Specialist office visit - \$55 Copay</p> <p>Urgent care - \$55 Copay, Deductible & Coinsurance</p> <p>Emergency room visit - \$85 Copay, Deductible & Coinsurance</p> <p>Inpatient or Outpatient Hospital - Deductible & Coinsurance</p> <p>Generic prescription - 25% (\$10 minimum to \$40 maximum)</p> <p>Formulary brand prescription - 25% (\$50 minimum to \$100 maximum)</p> <p>Non formulary prescription - 50% (\$75 minimum to \$150 maximum)</p> <p>Specialty prescription - 25% (\$125 minimum to \$250 maximum)</p> <p>Formulary Diabetic Supplies /Ostomy Supplies - 20%</p> <p>Non-Formulary Diabetic Supplies - 30%</p> <p>Mail Order Maximum - 180 Day Supply</p> <p>Mail Order Copay - 1 Copay per 30 Day Supply with 5 Copay Maximum</p> <p>Co-insurance is 20%</p> <p>Preventative services covered at 100%</p> <p>Mental Health & Substance Abuse (Inpatient & Outpatient) - Deductible & Coinsurance</p>	<p>Office visit - Deductible & Coinsurance</p> <p>Specialist office visit - Deductible & Coinsurance</p> <p>Urgent care - \$55 Copay, Deductible & Coinsurance</p> <p>Emergency room visit - \$85 Copay, Deductible & Coinsurance</p> <p>Inpatient or Outpatient Hospital - Deductible & Coinsurance</p> <p>Generic prescription - 25% (\$10 minimum to \$40 maximum)</p> <p>Formulary brand prescription - 25% (\$50 minimum to \$100 maximum)</p> <p>Non formulary prescription - 50% (\$75 minimum to \$150 maximum)</p> <p>Specialty prescription - 50% (\$250 minimum to \$500 maximum)</p> <p>Formulary Diabetic Supplies /Ostomy Supplies - 20%</p> <p>Non-Formulary Diabetic Supplies - 30%</p> <p>Mail Order Maximum - 180 Day Supply</p> <p>Mail Order Copay - 1 Copay per 30 Day Supply with a 5 Copay Maximum</p> <p>Co-insurance is 40%</p> <p>Preventative services subject to Deductible & Co-ins</p> <p>Mental Health & Substance Abuse (Inpatient & Outpatient) - Deductible & Coinsurance</p>

Deductibles are based on a calendar year. If you meet your deductible prior to Dec. 31, 2020, you will begin a new deductible beginning Jan. 1, 2021. However, if you do not meet your deductible prior to Dec. 31, 2020 you may carry over covered charges incurred in October, November and December of 2020 to apply to your 2021 deductible.

High Deductible Health Plans with Health Savings Accounts

In Network Providers	Out of Network Providers
<p>Family deductible is Aggregate Only with no individual limit</p> <p>Office Visit Copay - Deductible & Coinsurance</p> <p>Inpatient & Outpatient Hospital - Deductible & Coinsurance</p> <p>Emergency Services - Deductible & Coinsurance</p> <p>All Prescription Drugs - Deductible & Coinsurance</p> <p>Diabetic & Ostomy Supplies - Deductible & Coinsurance</p> <p>Mail Order Maximum - 180 Day Supply</p> <p>Mail Order Copay - Deductible & Coinsurance</p> <p>10% Co-insurance</p> <p>Preventative Services covered at 100%</p> <p>Mental Health & Substance Abuse (Inpatient & Outpatient) - Deductible & Coinsurance</p>	<p>Family deductible is Aggregate Only with no individual limit</p> <p>Office Visit Copay - Deductible & Coinsurance</p> <p>Inpatient & Outpatient Hospital - Deductible & Coinsurance</p> <p>Emergency Services - Deductible & Coinsurance</p> <p>All Prescription Drugs - Deductible & Coinsurance</p> <p>Diabetic & Ostomy Supplies - Deductible & Coinsurance</p> <p>Mail Order Maximum - 180 Day Supply</p> <p>Mail Order Copay - Deductible & Coinsurance</p> <p>20% Co-insurance</p> <p>Preventative services subject to Deductible & Coinsurance</p> <p>Mental Health & Substance Abuse (Inpatient & Outpatient) - Deductible & Coinsurance</p>

Prescriptions, office visits, mental health, substance abuse and hospital and emergency services are all subject to your deductible and co-insurance with an unlimited lifetime maximum.

Which Alternate Network do I want?

Alternate Networks

Network Blue



EHA's current network
Employees may use the Network BLUE network if they live anywhere in the state of Nebraska.



Premier Select BlueChoice

Some key hospitals and health care providers in the Premier Select BlueChoice network include:

- Methodist Hospital System
- Nebraska Medicine
- Bryan Health
- Boystown National Research Hospital
- Children's Hospital and Medical Center



Blueprint Health

Blueprint Health is a regional network made up of CHI facilities and UniNet physicians across eastern and southern Nebraska, including Omaha, Lincoln, Kearney and Grand Island, as well as contiguous counties in Iowa.

Employees are eligible to choose the Blueprint Health network they live in:

- Nebraska Counties: Adams, Buffalo, Hall, Kearney or Phelps

Some key hospitals and health care providers in the Blueprint Health network include:

- CHI Health System
- Alegent Creighton Health Services
- Nebraska Spine Hospital LLC
- Boystown National Research Hospital
- Children's Hospital and Medical Center

Provider Checklist

Doctor or Hospital	In network with Network Blue?		In network with Premier Select BlueChoice ?		In network with Blueprint Health?	
	Yes	No	Yes	No	Yes	No

How to search if your doctor or hospital is in network

- 1- Go to nebraskablue.com/findadoc
- 2- Choose to search as a **quest**
- 3- Choose one: Doctors by name, Doctors by specialty, Places by name or Place by type
- 4- Enter a doctor's name or what you choose to search on.
- 5- Locate your doctor, click on the blue text **XX Networks Accepted**.
- 6- All networks will be listed that are approved for this provided, please search the list for all or one of our provided networks.

PAPILLION LA VISTA COMMUNITY SCHOOLS

2020-21 BENEFITS – CERTIFIED STAFF

PLEASE NOTE – Health Insurance forms must be completed to decline or enroll

Health/dental coverage begins the 1st day of the month following the date of your first contract day, e.g. if your start date is in August, your insurance coverage begins September 1st. To enroll you must work 0.4 FTE or more. The district's health insurance carrier is Blue Cross and Blue Shield of Nebraska. The district pays 100% of the PPO single plan premium or 93% of all other PPO family plan premiums for full-time certified employees. The district pays all HDHP premiums in full and contributes the difference in premium to the employee's HSA account (see first page). The district will pay 100% of the single premium and will prorate family premiums for part-time employees in accordance with the employee's FTE. There is an election period each December with an effective date of January 1st for employees wishing to switch plans or networks.

CHILDCARE AND MEDICAL REIMBURSEMENT ACCOUNTS (PAYFLEX)

Registration for these accounts is for a calendar year, typically occurring in **late November**. Pre-tax dollars are used to fund these accounts and the Medical Reimbursement account is available to employees who have enrolled in a PPO health plan. Childcare Reimbursement accounts are available to all employees no matter which health plan they select. These accounts are excellent ways to save money on predictable, recurring costs. Employees may participate in automatic payroll deduction for childcare and/or medical reimbursement accounts. Contact Teri Staub in payroll for more information.

VISION INSURANCE – optional coverage – form must be completed to decline or enroll

Vision insurance is administered by the Vision Service Plan (VSP). Coverage and 2019-20 monthly rates are listed below. Rates may change for the 2020-21 school year.

Employee	\$ 9.42	Employee & Children	\$20.17
Employee & Spouse	\$18.87	Employee, Spouse & Children	\$32.27

LIFE INSURANCE - The district pays the premium to provide \$20,000 term life insurance for you. You may elect to purchase supplemental insurance at the rate of \$4.90 per month per each \$20,000 of coverage. You may purchase a maximum of 5 supplements (\$100,000) of additional term life insurance. The premium for 5 supplements is \$24.50 per month (\$4.90 X 5), resulting in a total of \$120,000 of life insurance coverage through the district's life insurance provider. Rates are subject to change for the 2020-21 school year and annually thereafter.

LONG-TERM DISABILITY INSURANCE - Long-term disability insurance coverage is paid for you by the school district. If you become sick or injured and are unable to work, this insurance will pay 60% of your normal salary and 60% of monthly health benefit after the 60-calendar day elimination period.

RETIREMENT- You are required to participate in the Nebraska School Employees Retirement System if you work 20 hours or more per week. Under current law your contribution rate is 9.78% of your gross salary and will be deducted from your paycheck and deposited into a retirement account for you. The district is required to match your contributions at the rate of 101% or 9.8778% of your gross salary.

403B RETIREMENT SAVINGS PLAN ENROLLMENT – OPTIONAL - Additional tax deferred savings plan.

SICK LEAVE/PERSONAL LEAVE/ACCUMULTED LEAVE - You will accrue sick leave monthly (also referred to as accumulated leave). Please consult your handbook for more details regarding sick and personal leave. Certified staff members receive 12 days per year. Three to four of these days may be used as Personal Leave each year, depending on number of years employed in the district.

EMPLOYEE ASSISTANCE PROGRAM - You or any member of your immediate family can receive up to 5 free counseling visits with the Best Care Employee Assistance Program. This is a confidential service. Please refer to the pamphlet for more details. Phone 402-354-8000.

PAYDAY - Payday is the 15th of every month. If the 15th falls on a weekend or holiday, you will be paid the last working day before the 15th.

AUTOMATIC DEPOSIT OF PAYCHECKS - Automatic deposit of paycheck is required. You will be asked to provide a copy of a voided check to initiate this process (**deposit slips cannot be accepted**).