

Certified Full-Time Employees

Health Insurance Options 2024 - 2025 School Year

PPO Plan	Employee's Monthly Premium				Deductibles		Out of Pocket Maximums	
	Employee Only	Employee & Children	Employee & Spouse	Employee, Spouse & Children	Single Deductible	Family Deductible	Single Maximum Out of Pocket	Family Maximum Out of Pocket
PayFlex (FSA) Eligible								
Network Blue	\$0.00	\$98.08	\$111.33	\$149.49	\$1,900.00	\$3,800.00	\$5,500.00	\$11,000.00
Premier Select Blue Choice	\$0.00	\$98.08	\$111.33	\$149.49	\$400.00	\$800.00	\$5,000.00	\$10,000.00
BluePrint Health	\$0.00	\$98.08	\$111.33	\$149.49	\$400.00	\$800.00	\$5,000.00	\$10,000.00

HDHP	Employee's Monthly Health Saving Account (HSA) Contribution				Deductibles		Out of Pocket Maximums	
	Employee Only	Employee & Children	Employee & Spouse	Employee, Spouse & Children	Single Deductible	Family Deductible	Single Maximum Out of Pocket	Family Maximum Out of Pocket
Health Savings Account (HSA) required								
Network Blue HSA Contribution	\$67.06	\$25.97	\$29.45	\$39.58	\$3,800.00	\$7,600.00	\$4,350.00	\$8,700.00
Premier Select Blue Choice HSA Contribution	\$67.06	\$25.97	\$29.45	\$39.58	\$2,500.00	\$5,000.00	\$3,500.00	\$7,000.00
BluePrint Health HSA Contribution	\$67.06	\$25.97	\$29.45	\$39.58	\$2,500.00	\$5,000.00	\$3,500.00	\$7,000.00

Dental Insurance	Employee Only	Employee & Children	Employee & Spouse	Employee, Spouse & Children
Employee's Monthly Premium	\$0.00	\$25.57	\$33.10	\$54.82

Alternative networks do not apply to dental providers

Health & Dental Insurance Benefit	Employee Only	Employee & Children	Employee & Spouse	Employee, Spouse & Children
Annual Amount Paid by PLCS	\$9,450.00	\$15,998.62	\$18,111.21	\$24,195.08

All deductible and out-of-pocket maximums shown above are based on in-network providers.

PPO Quick Overview

- Monthly Employee Paid Premium
- \$35.00 standard co-pay
- \$10.00 to \$25.00 standard prescription copay
- Premiums and copays do not apply to deductible
- Single deductible must be met by one person - remaining family make up family deductible
- 20% co-insurance Maximum Out of Pocket
- **Payflex Eligible (Optional)**
 - November Enrollment
 - 15 Months to use starting January
 - Deducted from your monthly salary over 12 months
 - Receipts must be submitted and monitored by a 3rd party
 - Use or Lose
 - Max Contributions 2024
 - FSA - \$3,200
 - Childcare - \$2,500/\$5,000

HDHP Quick Overview

- Monthly District Contribution to HSA
- Office Visit Fee
- Negotiated BCBS prescription cost
- Office visit fee, prescription cost apply to deductible
- Cumulative cost to meet deductible
- 10% co-insurance Maximum Out of Pocket
- **Health Savings Account (HSA)**
 - Contributions begin with insurance effective month
 - Never expires - carry year over year
 - Additional contributions can be made by employee - change monthly if choose
 - Pinnacle Bank account to be set up by employee
 - Owner of the account - do not need to submit receipts. Keep for tax purposes only.
 - Max Contributions 2024 = \$4,150/\$8,300 (\$1,000 55+)

PPO Health Insurance Plans

In Network Providers

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

Out of Network Providers

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

Deductibles are based on a calendar year. If you meet your deductible prior to Dec. 31, 2024, you will begin a new deductible beginning Jan. 1, 2025. However, if you do not meet your deductible prior to Dec. 31, 2024, you may carry over covered charges incurred in October, November and December of 2024 to apply to your 2025 deductible.

High Deductible Health Plans with Health Savings Accounts

In Network Providers

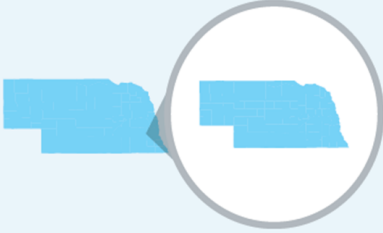
- Family deductible is Aggregate Only with no individual limit
- Office Visit Copay - Deductible & Coinsurance
- Inpatient & Outpatient Hospital - Deductible & Coinsurance
- Emergency Services - Deductible & Coinsurance
- All Prescription Drugs - Deductible & Coinsurance
- Diabetic & Ostomy Supplies - Deductible & Coinsurance
- Mail Order Maximum - 180 Day Supply
- Mail Order Copay - Deductible & Coinsurance
- 10% Co-insurance
- Preventative Services covered at 100%
- Mental Health & Substance Abuse (Inpatient & Outpatient) - Deductible & Coinsurance

Out of Network Providers

- Family deductible is Aggregate Only with no individual limit
- Office Visit Copay - Deductible & Coinsurance
- Inpatient & Outpatient Hospital - Deductible & Coinsurance
- Emergency Services - Deductible & Coinsurance
- All Prescription Drugs - Deductible & Coinsurance
- Diabetic & Ostomy Supplies - Deductible & Coinsurance
- Mail Order Maximum - 180 Day Supply
- Mail Order Copay - Deductible & Coinsurance
- 20% Co-insurance
- Preventative Services subject to Deductible & Coinsurance
- Mental Health & Substance Abuse (Inpatient & Outpatient) - Deductible & Coinsurance

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.

What Network Do I Want?



NEtwork BLUE

NEtwork BLUE is made up of 98% of Nebraska’s doctors and non-governmental acute care hospitals.¹ That makes obtaining in-network care easy and convenient.



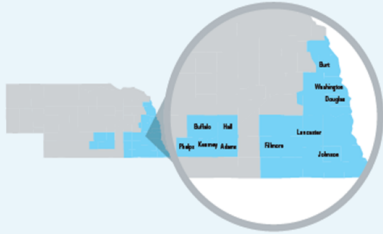
Premier Select BlueChoice

You may select this network if you live in ZIP codes starting with 680, 681, 683, 684 or 685

Some key hospitals and health care providers in this network include:

- Methodist Hospital System
- Nebraska Medicine
- Bryan Health
- Boys Town National Research Hospital
- Children’s Hospital & Medical Center

All other Nebraska providers are out of network.



Blueprint Health

You may choose this network if you live in:

- ZIP codes starting with 680, 681, 683, 684 or 685 – OR
- Adams, Buffalo, Hall, Kearney or Phelps counties

Some key hospitals and health care providers in this network include:

- CHI Health System
- Creighton University System
- Nebraska Spine Hospital LLC
- Boys Town National Research Hospital
- Children’s Hospital & Medical Center

All other Nebraska providers are out of network.

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

1. Go to nebraskablue.com/findadoc
2. Choose to search as a guest
3. Choose a location
4. Choose one: Doctors by name, Doctors by specialty, Places by name or Place by type
5. Enter a doctor’s name or what you choose to search on.
6. Locate your doctor, click on the blue text **XX Networks Accepted** under Plans Accepted.
7. Type in the Network you are searching for or review the list provided of networks.

Certified Full-Time Employees

2024- 25 Benefits

PAYFLEX – CHILDCARE AND MEDICAL REIMBURSEMENT ACCOUNTS – Optional

Registration for these accounts is for a calendar year, typically occurring in 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. Employees may participate in automatic payroll deduction for childcare and/or medical reimbursement accounts. See page 2 for additional details.

HSA – Health Savings Account- required with HDHP only

Enrollment in a High Deductible Health Plan is required. PLCS HSA accounts are administered through Pinnacle Bank. You will be required to set up your account with Pinnacle Bank for the district contribution to be received. Employee is responsible for this account. Additional contributions by the employee can be designated up to IRS maximum and begin with their first paycheck. Remaining balances in HSA accounts can roll over year over year. See page 2 for additional details.

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

Vision insurance is administered by the Vision Service Plan (VSP). Coverage and 2023-24 monthly rates are listed below. Rates may change for the 2024-25 school year.

Employee	\$9.04	Employee & Children	\$19.40
Employee & Spouse	\$18.00	Employee, Spouse & Children	\$30.84

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 2024-25 school year and annually thereafter. A Dependent Basic Life Insurance plan may be added for a monthly premium of \$3.50, this will cover your full family. Coverage amounts are based on the family member, please see the form for additional details.

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. Your online form is acknowledging your eligibility. You will need to complete additional paperwork to put this in place. Please see the Human Resources office for these forms.

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 10 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 paycheck is required. You will be asked to provide a copy of a voided check to initiate this process (deposit slips cannot be accepted).