

Certified Full-Time Employees Health Insurance Options 2026-2027 School Year

PPO Plan

PPO Network	Employee's Monthly Premium				Deductibles		Out of Pocket Maximums	
	Employee Only	Employee & Children	Employee & Spouse	Employee, Spouse & Children	Single	Family	Single	Family
Network Blue	\$0.00	\$111.16	\$126.18	\$169.43	\$1,900.00	\$3,800.00	\$6,500.00	\$13,000.00
Premier Select Blue Choice	\$0.00	\$111.16	\$126.18	\$169.43	\$400.00	\$800.00	\$6,000.00	\$12,000.00
BluePrint Health	\$0.00	\$111.16	\$126.18	\$169.43	\$400.00	\$800.00	\$6,000.00	\$12,000.00

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

Quick PPO Overview

- Monthly Employee Paid Premium
- \$35.00 Standard co-pay
- \$70.00 Specialist & Urgent Care co-pay
- \$150.00 Emergency Room
- \$12.00 to \$45.00 Generic prescription co-pay
- 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

inSpira (previously Payflex) Eligible

- Medical or Childcare
- 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
 - FSA - \$3,400 (2026)
 - Childcare - \$3,750/\$7,500 (2026)
- Pre-Taxed \$
- Medical account is available only if you elect PPO
- Childcare account is available with either health option

Dental Insurance	Employee Only	Employee & Children	Employee & Spouse	Employee, Spouse & Children
Employee's Monthly Premium	\$0.00	\$27.83	\$36.02	\$59.66

Alternative networks do not apply to dental providers.

Employee Benefit paid by PLCS	Employee Only	Employee & Children	Employee & Spouse	Employee, Spouse & Children
Annual Benefit	\$10,694.16	\$18,116.23	\$20,510.72	\$27,406.04

PPO Health Insurance Plans

In Network Providers

- Office visit - \$35 Copay
- Specialist office visit - \$70 Copay
- Urgent care - \$70 Copay, Deductible & Coinsurance
- Emergency room visit - \$150 Copay, Deductible & Coinsurance
- Inpatient or Outpatient Hospital - Deductible & Coinsurance
- Generic prescription - 25% (\$12 minimum to \$45 maximum)
- Formulary brand prescription - 25% (\$60 minimum to \$120 maximum)
- Non formulary prescription - 50% (\$90 minimum to \$180 maximum)
- Specialty prescription - 25% (\$150 minimum to \$300 maximum)
- Formulary Diabetic 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 - \$70 Copay, Deductible & Coinsurance
- Emergency room visit - \$150 Copay, Deductible & Coinsurance
- Inpatient or Outpatient Hospital - Deductible & Coinsurance
- Generic prescription - 25% (\$12 minimum to \$45 maximum)
- Formulary brand prescription - 25% (\$60 minimum to \$120 maximum)
- Non formulary brand prescription - 50% (\$90 minimum to \$180 maximum)
- Specialty prescription - 25% (\$150 minimum to \$300 maximum)
- Formulary Diabetic 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 - Deductible & Coinsurance

Deductibles are based on a calendar year. If you meet your deductible prior to Dec. 31, 2026, you will begin a new deductible beginning Jan. 1, 2027. However, if you do not meet your deductible prior to Dec. 31, 2026, you may carry over covered charges incurred in October, November and December of 2026 to apply to your 2027 deductible.

BlueCrossBlue Shield can provide you with updates and verification of costs.

High Deductible Health Plan (HDHP)

HDHP Network	Employee's Monthly Health Savings Account (HSA) Contribution				Deductibles		Out of Pocket Maximums	
	Employee Only	Employee & Children	Employee & Spouse	Employee, Spouse & Children	Single	Family	Single	Family
Network Blue Contribution	\$76.00	\$29.44	\$33.38	\$44.86	\$3,800.00	\$7,600.00	\$5,350.00	\$10,700.00
Premier Select Blue Choice Contribution	\$76.00	\$29.44	\$33.38	\$44.86	\$2,500.00	\$5,000.00	\$4,500.00	\$9,000.00
BluePrint Health Contribution	\$76.00	\$29.44	\$33.38	\$44.86	\$2,500.00	\$5,000.00	\$4,500.00	\$9,000.00

There is no monthly premium for all HDHP plans listed above.

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

Quick HDHP Overview

- No monthly cost deduct form employees pay
- 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 2026 = \$4,400/\$8,750 (\$1,000 55+)Max Contributions 2027 have not been determined
- HSA accounts are only available if you elect a HDHP
- Pre-taxed \$

Dental Insurance	Employee Only	Employee & Children	Employee & Spouse	Employee, Spouse & Children
Employee's Monthly Premium	\$0.00	\$27.83	\$36.02	\$59.66

Alternative networks do not apply to dental providers.

Employee Benefit paid by PLCS	Employee Only	Employee & Children	Employee & Spouse	Employee, Spouse & Children
Annual Benefit	\$10,694.16	\$18,116.23	\$20,510.72	\$27,406.04

High Deductible Health Plans w/Health Savings Accounts

In Network Providers

- Family deductible is cumulative 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

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.

BlueCrossBlue Shield can provide you with updates and verification of costs.

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

What Network Do I Want?



NEtwork BLUE

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



Premier Select BlueChoice

Our Premier Select BlueChoice network features Nebraska Methodist Hospital System and Nebraska Medicine. Providers not in this service area are out of network.

Some key providers include:

Omaha area

- Boys Town National Research Hospital – Downtown and Pacific Street
- Children's Nebraska
- Madonna Rehabilitation Hospital Omaha
- MD West ONE
- Midwest Surgical Hospital
- Memorial Community Hospital
- Nebraska Medicine
 - Nebraska Medical Center
 - Bellevue Medical Center
- Nebraska Methodist Hospital System
 - Methodist Fremont Health
 - Methodist Hospital

- Methodist Jennie Edmundson Hospital
- Methodist Women's Hospital
- OrthoNebraska
- SecureCare (chiropractors)
- Select Specialty Hospital
- Affiliated physicians and clinics

Lincoln area

- Beatrice Community Hospital
- Bryan Health – East and West
- Community Medical Center
- Fillmore County Hospital
- Henderson Community Hospital
- Howard County Medical Center
- Jefferson Community Hospital Center

- Johnson County Hospital
- Lincoln Surgical Hospital
- Madonna Rehabilitation Hospital Lincoln
- Mary Lanning Memorial Hospital
- Memorial Hospital
- Nemaha County Hospital
- Pawnee County Memorial Hospital
- Saunders Medical Center
- SecureCare (chiropractors)
- Select Specialty Hospital
- Syracuse Area Health
- Thayer County Health Services
- York General Hospital
- Affiliated physicians and clinics



Blueprint Health

Our Blueprint Health network features CHI Health and other providers and facilities in Nebraska and contiguous counties in Iowa. Providers not in this service area are out of network.

Some key providers include:

- Alegent Creighton Health Services
- Boys Town National Research Hospital – Downtown and Pacific Street
- CHI Health Creighton University Medical Center – Bergan Mercy
- CHI Health Good Samaritan
- CHI Health Immanuel
- CHI Health Lakeside

- CHI Health Mercy Council Bluffs
- CHI Health Midlands
- CHI Health Nebraska Heart
- CHI Health Plainview
- CHI Health Richard Young
- CHI Health Schuyler
- CHI Health St. Elizabeth
- CHI Health St. Francis

- CHI Health St. Mary's
- Children's Nebraska
- Lasting Hope Recovery Center
- Lincoln Surgical Hospital
- MD West ONE
- Nebraska Spine Hospital LLC
- SecureCare (chiropractors)
- Affiliated physicians and clinics

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

2026-27 Benefits

inSpira Financial (PayFlex) – CHILDCARE AND MEDICAL REIMBURSEMENT ACCOUNTS See page 1

HSA – Health Savings Account– required with HDHP only See page 2

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

Vision insurance is administered by the Vision Service Plan (VSP). – current 25-26 rates

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, 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 2026-27 school year and annually thereafter. (ie. \$60,000 policy = \$4.90 * 2 = \$9.80 per month + \$20,000 district policy)

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 LB645 signed on May 6, 2025 the contributions rates for members, employers and the State of Nebraska will be determined by an independent, third-party actuarial valuation report on an annual basis every July 1. For the 2026-27 school year the Plan was at a Funded Status of 100%. This will mean that beginning on July 1, 2026 employee's will contribute 7.25%, and PLCS will contribute 7.32%. We will follow the % withholding determined in July 2027.

403B RETIREMENT PLAN

OPTIONAL – Additional tax deferred savings plans you can set up with a 3rd party. 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. Four of these days may be used as Personal Leave each year. Unused time will carry over to the following year, as sick leave.

EMPLOYEE ASSISTANCE PROGRAMS

EAP – 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.

PLCS Family Fund –The PLCS Family Fund is designed to provide financial assistance to PLCS staff who have fallen on difficult times. The process is confidential and quick. The goal is to support our own PLCS family.

PLCS Community Closet – The PLCS Community Closet provides FREE clothing and personal hygiene items for the whole family and staff. It is available for any family with student(s) in Papillion La Vista Community Schools. Call 402-537-6279 or email communitycloset@plcschools.org to make a private shopping appointment.

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).

STREAM

PLCS is now partnering with STREAM (Previously WAGESTREAM). An online app that allows you to transfer your monthly earnings on a more frequent basis than our traditional monthly payroll. As wages are earned you can transfer funds in 1 to 3 business days into your direct bank account. This is an optional feature and never required.