

**FULL-TIME 12-MONTH CUSTODIAL/GROUNDS/MAINTENANCE**

2024 Premiums - All Amounts Are Per Pay Check

HEALTH INSURANCE*	Bi-Weekly 24 Pays Non-Wellness Participant	Bi-Weekly 24 Pays Non-Wellness Participant	Bi-Weekly 24 Pays Wellness Participant	Bi-Weekly 24 Pays Wellness Participant
<b>NHN NETWORK HIGH DEDUCTIBLE PLAN</b>	DISTRICT PAYS:	EMPLOYEE PAYS:	DISTRICT PAYS:	EMPLOYEE PAYS:
SINGLE NHN HDHP HEALTH	\$271.70	\$30.19	\$301.89	\$0.00
EMPLOYEE + SPOUSE NHN HDHP HEALTH	\$568.81	\$63.20	\$632.01	\$0.00
EMPLOYEE + CHILDREN NHN HDHP HEALTH	\$500.56	\$55.62	\$556.18	\$0.00
EMPLOYEE + FAMILY NHN HDHP HEALTH	\$763.54	\$84.84	\$848.38	\$0.00
<b>CHI NETWORK HIGH DEDUCTIBLE PLAN</b>	DISTRICT PAYS:	EMPLOYEE PAYS:	DISTRICT PAYS:	EMPLOYEE PAYS:
SINGLE CHI HDHP HEALTH	\$277.14	\$30.80	\$307.93	\$0.00
EMPLOYEE + SPOUSE CHI HDHP HEALTH	\$580.17	\$64.47	\$644.64	\$0.00
EMPLOYEE + CHILDREN CHI HDHP HEALTH	\$510.54	\$56.73	\$567.27	\$0.00
EMPLOYEE + FAMILY CHI HDHP HEALTH	\$778.74	\$86.53	\$865.27	\$0.00
<b>STANDARD HIGH DEDUCTIBLE PLAN</b>	DISTRICT PAYS:	EMPLOYEE PAYS:	DISTRICT PAYS:	EMPLOYEE PAYS:
SINGLE HDHP HEALTH	\$303.73	\$33.75	\$337.47	\$0.00
EMPLOYEE + SPOUSE HDHP HEALTH	\$637.79	\$70.87	\$708.66	\$0.00
EMPLOYEE + CHILDREN HDHP HEALTH	\$561.46	\$62.39	\$623.85	\$0.00
EMPLOYEE + FAMILY HDHP HEALTH	\$855.95	\$95.11	\$951.05	\$0.00
<b>TRADITIONAL PPO PLAN</b>	DISTRICT PAYS:	EMPLOYEE PAYS:	DISTRICT PAYS:	EMPLOYEE PAYS:
SINGLE PPO HEALTH	\$308.26	\$102.76	\$349.37	\$61.65
EMPLOYEE + SPOUSE PPO HEALTH	\$647.24	\$215.75	\$733.54	\$129.45
EMPLOYEE + CHILDREN PPO HEALTH	\$570.24	\$190.08	\$646.27	\$114.05
EMPLOYEE + FAMILY PPO HEALTH	\$869.04	\$289.69	\$984.92	\$173.81
<b>DENTAL INSURANCE*</b>			District Pays Bi-Weekly 24 Pays	Employee Pays Bi-Weekly 24 Pays
SINGLE DENTAL			\$17.59	\$0.00
EMPLOYEE + SPOUSE DENTAL			\$17.59	\$21.23
EMPLOYEE + CHILDREN DENTAL			\$17.59	\$16.49
EMPLOYEE + FAMILY DENTAL			\$17.59	\$34.57
<b>VISION INSURANCE</b>			District Pays Bi-Weekly 24 Pays	Employee Pays Bi-Weekly 24 Pays
SINGLE VISION			\$0.00	\$4.18
EMPLOYEE + SPOUSE VISION			\$0.00	\$8.12
EMPLOYEE + CHILDREN VISION			\$0.00	\$8.24
EMPLOYEE + FAMILY VISION			\$0.00	\$12.34
<b>LIFE INSURANCE</b>			District Pays Bi-Weekly 24 Pays	Employee Pays Bi-Weekly 24 Pays
\$50,000 TERM LIFE			\$1.63	\$0.00
Supplemental Life per \$50,000 in coverage (any request for an increase requires Evidence of Insurability form)**			\$0.00	\$5.00
Spouse Supplemental Life per \$25,000 in coverage (any request for an increase requires Evidence of Insurability form)**			\$0.00	\$2.25
Dependent Child Life \$10,000 Coverage			\$0.00	\$1.63
<b>OTHER BENEFITS</b>			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 ***				Employee Election
Employee Contributions - Section 125 Child/Elder Care Plan ***				Employee Election
403(b) or 457 Tax Deferred Savings Retirement Account				Employee Election
Long Term Disability (required)			0.1600%	0.0000%
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 402-715-8200 for possible alternate rates.				

**PART-TIME 12-MONTH PROFESSIONAL TECHNICAL HOURLY & CUSTODIAL/GROUNDS/MAINTENANCE**

2024 Premiums - All Amounts Are Per Pay Check

	Bi-Weekly 24 Pays Non-Wellness Participant	Bi-Weekly 24 Pays Non-Wellness Participant	Bi-Weekly 24 Pays Wellness Participant	Bi-Weekly 24 Pays Wellness Participant
<b>HEALTH INSURANCE*</b>				
<b>NHN NETWORK HIGH DEDUCTIBLE PLAN</b>	DISTRICT PAYS:	EMPLOYEE PAYS:	DISTRICT PAYS:	EMPLOYEE PAYS:
SINGLE NHN HDHP HEALTH	\$135.85	\$166.04	\$150.95	\$150.95
EMPLOYEE + SPOUSE NHN HDHP HEALTH	\$284.40	\$347.60	\$316.00	\$316.00
EMPLOYEE + CHILDREN NHN HDHP HEALTH	\$250.28	\$305.90	\$278.09	\$278.09
EMPLOYEE + FAMILY NHN HDHP HEALTH	\$381.77	\$466.61	\$424.19	\$424.19
<b>CHI NETWORK HIGH DEDUCTIBLE PLAN</b>	DISTRICT PAYS:	EMPLOYEE PAYS:	DISTRICT PAYS:	EMPLOYEE PAYS:
SINGLE CHI HDHP HEALTH	\$138.57	\$169.36	\$153.97	\$153.97
EMPLOYEE + SPOUSE CHI HDHP HEALTH	\$290.09	\$354.55	\$322.32	\$322.32
EMPLOYEE + CHILDREN CHI HDHP HEALTH	\$255.27	\$312.00	\$283.64	\$283.63
EMPLOYEE + FAMILY CHI HDHP HEALTH	\$389.37	\$475.90	\$432.64	\$432.64
<b>STANDARD HIGH DEDUCTIBLE PLAN</b>	DISTRICT PAYS:	EMPLOYEE PAYS:	DISTRICT PAYS:	EMPLOYEE PAYS:
SINGLE HDHP HEALTH	\$151.86	\$185.61	\$168.74	\$168.74
EMPLOYEE + SPOUSE HDHP HEALTH	\$318.90	\$389.76	\$354.33	\$354.33
EMPLOYEE + CHILDREN HDHP HEALTH	\$280.73	\$343.12	\$311.92	\$311.92
EMPLOYEE + FAMILY HDHP HEALTH	\$427.97	\$523.08	\$475.53	\$475.53
<b>TRADITIONAL PPO PLAN</b>	DISTRICT PAYS:	EMPLOYEE PAYS:	DISTRICT PAYS:	EMPLOYEE PAYS:
SINGLE PPO HEALTH	\$154.13	\$256.89	\$174.68	\$236.33
EMPLOYEE + SPOUSE PPO HEALTH	\$323.62	\$539.37	\$366.77	\$496.22
EMPLOYEE + CHILDREN PPO HEALTH	\$285.12	\$475.20	\$323.14	\$437.19
EMPLOYEE + FAMILY PPO HEALTH	\$434.52	\$724.21	\$492.46	\$666.27
<b>DENTAL INSURANCE*</b>				
			District Pays Bi-Weekly 24 Pays	Employee Pays Bi-Weekly 24 Pays
SINGLE DENTAL			\$8.80	\$8.80
EMPLOYEE + SPOUSE DENTAL			\$8.80	\$30.02
EMPLOYEE + CHILDREN DENTAL			\$8.80	\$25.29
EMPLOYEE + FAMILY DENTAL			\$8.80	\$43.36
<b>VISION INSURANCE</b>				
			District Pays Bi-Weekly 24 Pays	Employee Pays Bi-Weekly 24 Pays
SINGLE VISION			\$0.00	\$4.18
EMPLOYEE + SPOUSE VISION			\$0.00	\$8.12
EMPLOYEE + CHILDREN VISION			\$0.00	\$8.24
EMPLOYEE + FAMILY VISION			\$0.00	\$12.34
<b>LIFE INSURANCE</b>				
			District Pays Bi-Weekly 24 Pays	Employee Pays Bi-Weekly 24 Pays
\$50,000 TERM LIFE			\$1.63	\$0.00
Supplemental Life per \$50,000 in coverage (any request for an increase requires Evidence of Insurability form)**			\$0.00	\$5.00
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Dependent Child Life \$10,000 Coverage			\$0.00	\$1.63
<b>OTHER BENEFITS</b>				
			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 ***				Employee Election
Employee Contributions - Section 125 Child/Elder Care Plan ***				Employee Election
403(b) or 457 Tax Deferred Savings Retirement Account				Employee Election
Long Term Disability (required)			0.1600%	0.0000%
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 402-715-8200 for possible alternate rates.

\*\* - Supplemental employee and spousal life insurance includes premium and coverage reductions at age 70 and 75.

## When do Benefits go into effect?

Benefit Start Date for new employees is the first day of the month following your hire date.

Example: First day worked August 1, Benefits will be effective September 1.

Example: First day worked January 5, Benefits will be effective February 1.

Your benefit selections as a new hire will be effective through December 31.

[Link to Benefits Guide shorturl.at/nwUVO](https://shorturl.at/nwUVO)

## Updating benefits with Millard Public Schools

Benefit changes may be made under the following circumstance:

- **Open Enrollment:** Every November employees may update benefit selections effective January 1.
- **Event Change:** Qualifying event changes include: change in marital status, birth/adoption, death, change of spouse's employment loss of coverage. Please request the form from the Benefits Department at [mpsbenefits@mpsomaha.org](mailto:mpsbenefits@mpsomaha.org). This form must be turned in within 31 days of the event.

## Millard Wellness Program - Free program available to all benefit eligible employees!

Once your benefits have started you can begin participating in the Wellness Program!

To receive the Wellness Premium Incentive for the next school year: Complete the biometric health screening by May 31. If the requirement is met, the incentive discount will start the following school year in September.

If you choose not to enroll in one of Millard's health plan options but wish to participate in the Wellness Program, please email [mpsbenefitsq@mpsomaha.org](mailto:mpsbenefitsq@mpsomaha.org) and request to enroll.

## How to Participate?

\*\*\*\*Must Complete\*\*\*\*

### 1. Biometric Wellness Screening:

Use ME+your employee number to login (for example "ME1000") ME is case sensitive. Create your account and register for a biometric wellness screening and schedule at appointment time.  
<https://my.questforhealth.com/mobile/welcome/home>

**Registration Key: millardps Client Name Millard Public Schools FV**

For More information visit, <https://www.mpsomaha.org/departments/human-resources/benefits>

# Benefit Websites and Contact Numbers

- **Health** - Aetna Health Benefits contains detailed health coverage information, the summary plan description, and schedule of benefits and summary of deductibles. If you need to print a card before it arrives in the mail, contact Aetna at 1-888-751-4027.
- **Dental** - Ameritas MPS Dental contains detailed dental coverage information, the summary plan description, schedule of benefits and summary of deductibles. Ameritas: 1-800-487-5553. Press 0 for the operator if you do not have your card.
- **Vision Benefits** – contains information on employee paid Ameritas Vision Benefits. 1-800-487-5553.
- **HSA Savings Accounts** – Includes information on eligibility, maximum contributions, eligible expenses, how to access your account, the District Contribution schedule, and detailed information about your account. HSA Bank 1-800-357-6246.
- **Flex Spending & Dependent Care** contains detailed information on Medical Flex Spending Accounts and Dependent Care/Child Care accounts, including the plan description. Discovery Benefits 1-866-451-3399.
- **Long Term Disability (LTD)** – contains an FAQ and certificate of coverage. If approved, allows for you to earn a portion of lost wages in the event that you are disabled.
- **Life Insurance** – New hire guarantee issue amounts: employee requests over \$150,000 additional term life insurance must complete the evidence of insurability paperwork. Spouse term life insurance is \$25,000, anything above that amount will require evidence of insurability. Contains information for benefit eligible employees and instructions on continuing coverage once employment is termed. Call for more information: 1-800-627-3660.
- **Retirement - Nebraska State Retirement (mandatory) & 403(b) Information** – Here you will find the State of Nebraska Retirement Handbook, beneficiary change form link, Millard Retirement Handbooks and Member Termination Form link (NPERs: 1-800-245-5712) and information on 403(b) accounts administered by Omni (1-877-544-6664).
- **Premiums Per Check** contains Benefit Cost Breakdowns per paycheck by job class. Choose the appropriate pdf.
- **Wellness** - contains the Wellness Program requirements.
- **Best Care Employee Assistance Program:** 402-354-8000 or 800-666-8606. <http://www.bestcareep.org/>