

**2018-2019 EHA/Blue Cross Blue Shield Insurance Rates
Full Time Omaha Public Schools Employees
10 Month Full Time Non-Exempt
Non-Negotiated(non-exempt), Interpreters, Paraprofessionals,
Nutrition Services, Office Clerical and Transportation**

Blue Preferred (P.P.O.) \$900 Deductible Health Insurance

| Health | Employee Cost | OPS Cost | Total | Per Pay Period | Prepay |
|---------------------|---------------|-----------|----------|------------------|---------------|
| | Per Month | Per Month | Premium | (26 pay periods) | 6 pay periods |
| Employee | 12.16 | 595.77 | 607.93 | 5.61 | 1.69 |
| Employee + Children | 247.43 | 877.25 | 1,124.68 | 114.20 | 34.26 |
| Employee + Spouse | 319.16 | 957.49 | 1,276.65 | 147.30 | 44.20 |
| Family | 514.27 | 1,199.95 | 1,714.22 | 237.36 | 71.21 |

**Blue Preferred (P.P.O.) Dental Insurance - 100% A, 75% B and 50% C
(All full-time employees)**

| Dental | Employee Cost | OPS Cost | Total | Per Pay Period | Prepay |
|---------------------|---------------|-----------|---------|------------------|---------------|
| | Per Month | Per Month | Premium | (26 pay periods) | 6 pay periods |
| Employee | - | 28.67 | 28.67 | - | - |
| Employee + Children | 24.34 | 28.67 | 53.01 | 11.24 | 3.38 |
| Employee + Spouse | 31.51 | 28.67 | 60.18 | 14.54 | 4.37 |
| Family | 52.18 | 28.67 | 80.85 | 24.08 | 7.23 |

VSP Vision Rates

| Vision | Employee Cost | Per Pay Period | Prepay |
|---------------------|---------------|------------------|---------------|
| | Per Month | (26 pay periods) | 6 pay periods |
| Employee | 6.58 | 3.04 | .91 |
| Employee + Children | 14.10 | 6.51 | 1.95 |
| Employee + Spouse | 13.18 | 6.08 | 1.83 |
| Family | 22.54 | 10.40 | 3.12 |

Prepay is the amount of premium to be deducted in advance to cover your insurance premium during the summer.

NOTE: If you are married to another, benefit-eligible, OPS employee, please contact the Compensation & Benefit Office at 531-299-9805 before completing your enrollment form.

2018-2019 EHA/Blue Cross Blue Shield Insurance Rates
Full Time Omaha Public Schools Employees
12 Month Full Time Non-Exempt
Non-Negotiated(non-exempt), Maintenance, Paraprofessionals,
Operations and Office Clerical

Blue Preferred (P.P.O.) \$900 Deductible Health Insurance

| Health | Employee Cost Per Month | OPS Cost Per Month | Total Premium | Per Pay Period (26 pay periods) |
|---------------------|------------------------------------|-------------------------------|--------------------------|--|
| Employee | 12.16 | 595.77 | 607.93 | 5.61 |
| Employee + Children | 247.43 | 877.25 | 1,124.68 | 114.20 |
| Employee + Spouse | 319.16 | 957.49 | 1,276.65 | 147.30 |
| Family | 514.27 | 1,199.95 | 1,714.22 | 237.36 |

Blue Preferred (P.P.O.) Dental Insurance - 100% A, 75% B and 50% C
(All full-time employees)

| Dental | Employee Cost Per Month | OPS Cost Per Month | Total Premium | Per Pay Period (26 pay periods) |
|---------------------|------------------------------------|-------------------------------|--------------------------|--|
| Employee | - | 28.67 | 28.67 | - |
| Employee + Children | 24.34 | 28.67 | 53.01 | 11.24 |
| Employee + Spouse | 31.51 | 28.67 | 60.18 | 14.54 |
| Family | 52.18 | 28.67 | 80.85 | 24.08 |

VSP Vision Rates

| Vision | Employee Cost Per Month | Per Pay Period (26 pay periods) |
|---------------------|------------------------------------|--|
| Employee | 6.58 | 3.04 |
| Employee + Children | 14.10 | 6.51 |
| Employee + Spouse | 13.18 | 6.08 |
| Family | 22.54 | 10.40 |

NOTE: If you are married to another, benefit-eligible, OPS employee, please contact the Compensation & Benefit Office at 531-299-9805 before completing your enrollment form.

2018-2019 EHA/Blue Cross Blue Shield Insurance Rates
Full Time Omaha Public Schools Employees
OEA Employees (Teachers), Non-Negotiated(exempt), Psychologists
and Administrators

| Monthly Health | Employee Cost Per Month | OPS Cost Per Month | Total Premium |
|-----------------------|--------------------------------|---------------------------|----------------------|
| Employee | 12.16 | 595.77 | 607.93 |
| Employee + Children | 247.43 | 877.25 | 1,124.68 |
| Employee + Spouse | 319.16 | 957.49 | 1,276.65 |
| Family | 514.27 | 1,199.95 | 1,714.22 |

Blue Preferred (P.P.O.) Dental Insurance - 100% A, 75% B and 50% C
(All full-time employees)

| Dental | Employee Cost Per Month | OPS Cost Per Month | Total Premium |
|---------------------|--------------------------------|---------------------------|----------------------|
| Employee | - | 28.67 | 28.67 |
| Employee + Children | 24.34 | 28.67 | 53.01 |
| Employee + Spouse | 31.51 | 28.67 | 60.18 |
| Family | 52.18 | 28.67 | 80.85 |

VSP Vision Rates

| Vision | Employee Cost Per Month |
|---------------------|--------------------------------|
| Employee | 6.58 |
| Employee + Children | 14.10 |
| Employee + Spouse | 13.18 |
| Family | 22.54 |

NOTE: If you are married to another, benefit-eligible, OPS employee, please contact the Compensation & Benefit Office at 531-299-9805 before completing your enrollment form.

**2018-2019 EHA/Blue Cross Blue Shield Insurance Rates For Full
Time Omaha Public Schools Employees
10/12 Month Full Time Non-Exempt Security**

**Blue Preferred (P.P.O.) \$900 Deductible Health Insurance
Less than 3 years of service**

| Health | Employee Cost Per Month | OPS Cost Per Month | Total Premium | Per Pay Period (26 pay periods) | Prepay 6 pay periods |
|---------------------|------------------------------------|-------------------------------|--------------------------|--|---------------------------------|
| Employee | 12.16 | 595.77 | 607.93 | 5.61 | 1.68 |
| Employee + Children | 269.92 | 854.76 | 1,124.68 | 124.58 | 37.37 |
| Employee + Spouse | 344.70 | 931.95 | 1,276.65 | 159.09 | 47.73 |
| Family | 565.69 | 1,148.53 | 1,714.22 | 261.09 | 78.33 |

**Blue Preferred (P.P.O.) \$900 Deductible Health Insurance
More than 3 years of service**

| Health | Employee Cost Per Month | OPS Cost Per Month | Total Premium | Per Pay Period (26 pay periods) | Prepay 6 pay periods |
|---------------------|------------------------------------|-------------------------------|--------------------------|--|---------------------------------|
| Employee | 12.16 | 595.77 | 607.93 | 5.61 | 1.68 |
| Employee + Children | 236.18 | 888.50 | 1,124.68 | 109.01 | 32.70 |
| Employee + Spouse | 306.40 | 970.25 | 1,276.65 | 141.42 | 42.43 |
| Family | 497.12 | 1,217.10 | 1,714.22 | 229.44 | 68.83 |

**Blue Preferred (P.P.O.) Dental Insurance - 100% A, 75% B and 50% C
(All full-time employees)**

| Dental | Employee Cost Per Month | OPS Cost Per Month | Total Premium | Per Pay Period (26 pay periods) | Prepay 6 pay periods |
|---------------------|------------------------------------|-------------------------------|--------------------------|--|---------------------------------|
| Employee | - | 28.67 | 28.67 | - | - |
| Employee + Children | 24.34 | 28.67 | 53.01 | 11.24 | 3.38 |
| Employee + Spouse | 31.51 | 28.67 | 60.18 | 14.54 | 4.37 |
| Family | 52.18 | 28.67 | 80.85 | 24.08 | 7.23 |

NOTE: If you are married to another, benefit-eligible, OPS employee, please contact the Compensation & Benefit Office at 531-299-9805 before completing your enrollment form.