

Main Office
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Scottsbluff, NE 69361
(308) 635-3696

Southern Satellite
1114 Toledo
Sidney, NE 69162
(308) 254-4677

Northern Satellite
CSC – Crites Hall
1000 Main Street
Chadron, NE 69337
(308) 432-6495

Harms Center
WNCC
2620 College Park
Scottsbluff, NE 69361
(308) 635-0206

www.esu13.org



Educational Service Unit 13
Dr. Andrew Dick, Administrator

**Blue Cross Blue Shield
2020-2021 Insurance Rates
Total Monthly Premium**

-ESU #13 contributes \$451 towards the premium for full time employees-
All employees with an FTE under 1.0 (under 40 hours/week) please contact the payroll office
for information on ESU #13's contribution.

High Deductible Health and Dental Plan - \$3600 Deductible
(An application must be filled out the first time you sign up for Health or Dental Insurance.)
*(You cannot have both a Select Flex account and a HSA)

Employee (EE) Health (H) Dental (D)

Total Cost per Plan	Employee Cost for a 1.0 FTE Employee
EE H/EE D \$606.74	EE Share \$155.74
EE H/EE & Children D \$631.81	EE Share \$180.81
EE H/EE & Spouse D \$639.20	EE Share \$188.20
EE H/Family D \$660.49	EE Share \$209.49
EE & Children H/EE D \$1097.39	EE Share \$646.39
EE & Children H/EE & Children D \$1122.46	EE Share \$671.46
EE & Children H/EE & Spouse D \$1129.85	EE Share \$678.85
EE & Children H/Family D \$1151.14	EE Share \$700.14
EE & Spouse H/EE D \$1241.68	EE Share \$790.68
EE & Spouse H/EE & Children D \$1266.75	EE Share \$815.75
EE & Spouse H/EE & Spouse D \$1274.14	EE Share \$823.14
EE & Spouse H/Family D \$1295.43	EE Share \$844.43
Family H/EE D \$1657.13	EE Share \$1206.13
Family H/EE & Children D \$1682.20	EE Share \$1231.20
Family H/EE & Spouse D \$1689.59	EE Share \$1238.59
Family H/Family D \$1710.88	EE Share \$1259.88

Achieving educational excellence for all learners through strong partnerships, service and leadership