Main Office 4215 Avenue I 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.

Standard Blue Preferred Health and Dental - \$650 Deductible

(An application must be filled out the first time you sign up for Health or Dental Insurance.)

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

Total Cost per Plan		Employee Cost for a 1.0 FTE Employee
EE H/EE D	\$751.04	EE Share \$300.04
EE H/EE & Children D	\$776.11	EE Share \$325.11
EE H/EE & Spouse D	\$783.50	EE Share \$332.50
EE H/Family D	\$804.79	EE Share \$353.79
EE & Children H/EE D	\$1364.34	EE Share \$913.34
EE & Children H/EE & Children D	\$1389.41	EE Share \$938.41
EE & Children H/EE & Spouse D	\$1396.80	EE Share \$945.80
EE & Children H/Family D	\$1418.09	EE Share \$967.09
EE & Spouse H/EE D	\$1544.70	EE Share \$1093.70
EE & Spouse H/EE Children D	\$1569.77	EE Share \$1118.77
EE & Spouse H/EE & Spouse D	\$1577.16	EE Share \$1126.16
EE & Spouse H/Family D	\$1598.45	EE Share \$1147.45
Family H/EE D	\$2064.01	EE Share \$1613.01
Family H/EE and Children D	\$2089.08	EE Share \$1638.08
Family H/EE & Spouse D	\$2096.47	EE Share \$1645.47
Family H/Family D	\$2117.76	EE Share \$1666.76