

BENEFIT ELIGIBILITY LIST 2017: CUSTODIAL 10 MONTH PART-TIME

Premium Amounts are per pay check

HEALTH INSURANCE	19 Pays for Non-Wellness Participant	19 Pays for Non-Wellness Participant	19 Pays for Wellness Participant	19 Pays for Wellness Participant
TRADITIONAL PREFERRED PROVIDER OPTION #1	DISTRICT PAYS:	EMPLOYEE PAYS:	DISTRICT PAYS:	EMPLOYEE PAYS:
SINGLE PPO HEALTH	\$141.39	\$195.24	\$158.22	\$178.41
EMPLOYEE + SPOUSE PPO HEALTH	\$296.87	\$409.86	\$332.18	\$374.55
EMPLOYEE + CHILDREN PPO HEALTH	\$261.58	\$361.16	\$292.70	\$330.04
EMPLOYEE + FAMILY PPO HEALTH	\$398.44	\$550.19	\$445.86	\$502.77
STANDARD HIGH DEDUCTIBLE PLAN OPTION #2	DISTRICT PAYS:	EMPLOYEE PAYS:	DISTRICT PAYS:	EMPLOYEE PAYS:
SINGLE HDHP HEALTH	\$115.88	\$143.07	\$129.47	\$129.47
EMPLOYEE + SPOUSE HDHP HEALTH	\$243.02	\$300.14	\$271.58	\$271.58
EMPLOYEE + CHILDREN HDHP HEALTH	\$213.89	\$264.21	\$239.05	\$239.05
EMPLOYEE + FAMILY HDHP HEALTH	\$326.08	\$402.76	\$364.42	\$364.42
CHI NETWORK HIGH DEDUCTIBLE PLAN OPTION #3	DISTRICT PAYS:	EMPLOYEE PAYS:	DISTRICT PAYS:	EMPLOYEE PAYS:
SINGLE HDHP HEALTH	\$106.29	\$129.92	\$118.11	\$118.11
EMPLOYEE + SPOUSE HDHP HEALTH	\$222.54	\$271.99	\$247.26	\$247.26
EMPLOYEE + CHILDREN HDHP HEALTH	\$195.82	\$239.34	\$217.58	\$217.58
EMPLOYEE + FAMILY HDHP HEALTH	\$298.71	\$365.08	\$331.89	\$331.89
DENTAL INSURANCE*			District Pays 19 Pays Rate	Employee Pays 19 Pays Rate
SINGLE DENTAL			\$7.23	\$7.23
EMPLOYEE + SPOUSE DENTAL			\$7.23	\$24.62
EMPLOYEE + CHILDREN DENTAL			\$7.23	\$20.74
EMPLOYEE + FAMILY DENTAL			\$7.23	\$35.57
LIFE INSURANCE			District Pays 19 Pays Rate	Employee Pays 19 Pays Rate
\$50,000 TERM LIFE			\$2.27	\$0.00
Supplemental Life per \$50,000 in coverage (any request for an increase requires Evidence of			\$0.00	\$6.47
Spouse Supplemental Life per \$25,000 in coverage (any request for an increase requires Evidence of			\$0.00	\$2.84
Dependent Child Life \$10,000 Coverage (any request for an increase requires Evidence of Insurability)			\$0.00	\$2.05
VISION INSURANCE			District Pays 19 Pays Rate	Employee Pays 19 Pays Rate
SINGLE VISION			\$0.00	\$4.14
EMPLOYEE + SPOUSE VISION			\$0.00	\$7.87
EMPLOYEE + CHILDREN VISION			\$0.00	\$8.29
EMPLOYEE + FAMILY VISION			\$0.00	\$12.18
OTHER BENEFITS			District Pays	Employee Pays
Contributions - Health Savings Accounts for qualifying persons electing Single Coverage - High Deductible Health			\$1,500.00	Employee Election
Contributions - Health Savings Accounts for qualifying persons electing Single+Dependant(s) Coverage - HDHP -			\$3,000.00	Employee Election
Employee Contributions - Section 125 Medical Plan for persons electing PPO Health Plan - **			\$0.00	Employee Election
Employee Contributions - Section 125 Child/Elder Care Plan - **			\$0.00	Employee Election
403(b) or 457 Tax Deferred Savings Retirement Account			\$0.00	Employee Election
Long Term Disability (required)			0.1810%	0.0000%
Nebraska Public Employees Retirement System (required) - ***			0.98778%	0.97800%
Social Security / Medicare (required)			7.6500%	7.6500%

* - If you and your spouse both work for the District, contact Human Resources at 402-715-8582 for possible alternate rates.

** - Employee contributions are limited by IRS Rules.

(2016 Limits = \$2,600 per year for Section 125 Medical and \$5,000 per year for Section 125 Child/Elder Care)

(2017 Limits for Health Savings Account = \$1,900 per year for Single or \$3,750 for three family tiers of coverage after District contributions)

District Contribution: Based on your employment status on January 1 / September 1, the District contributions are made on the date of your

January / September paycheck

*** - Questions about the Nebraska Public Employees Retirement System may be addressed by calling 1-800-245-5712