

BENEFIT ELIGIBILITY LIST 2017: HOURLY CUSTODIAL 12 MONTH PART-TIME

Premium 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
TRADITIONAL PREFERRED PROVIDER OPTION #1	DISTRICT PAYS:	EMPLOYEE PAYS:	DISTRICT PAYS:	EMPLOYEE PAYS:
SINGLE PPO HEALTH	\$111.93	\$154.57	\$125.26	\$141.25
EMPLOYEE + SPOUSE PPO HEALTH	\$235.03	\$324.48	\$262.98	\$296.52
EMPLOYEE + CHILDREN PPO HEALTH	\$207.08	\$285.92	\$231.72	\$261.28
EMPLOYEE + FAMILY PPO HEALTH	\$315.43	\$435.57	\$352.98	\$398.03
STANDARD HIGH DEDUCTIBLE PLAN OPTION #2	DISTRICT PAYS:	EMPLOYEE PAYS:	DISTRICT PAYS:	EMPLOYEE PAYS:
SINGLE HDHP HEALTH	\$91.74	\$113.27	\$102.50	\$102.50
EMPLOYEE + SPOUSE HDHP HEALTH	\$192.39	\$237.61	\$215.00	\$215.00
EMPLOYEE + CHILDREN HDHP HEALTH	\$169.33	\$209.17	\$189.25	\$189.25
EMPLOYEE + FAMILY HDHP HEALTH	\$258.15	\$318.86	\$288.50	\$288.50
CHI NETWORK HIGH DEDUCTIBLE PLAN OPTION #3	DISTRICT PAYS:	EMPLOYEE PAYS:	DISTRICT PAYS:	EMPLOYEE PAYS:
SINGLE HDHP HEALTH	\$84.15	\$102.85	\$93.50	\$93.50
EMPLOYEE + SPOUSE HDHP HEALTH	\$176.18	\$215.33	\$195.75	\$195.75
EMPLOYEE + CHILDREN HDHP HEALTH	\$155.03	\$189.48	\$172.25	\$172.25
EMPLOYEE + FAMILY HDHP HEALTH	\$236.48	\$289.03	\$262.75	\$262.75
DENTAL INSURANCE*			District Pays Bi-Weekly 24 Pays	Employee Pays Bi-Weekly 24 Pays
SINGLE DENTAL			\$5.72	\$5.72
EMPLOYEE + SPOUSE DENTAL			\$5.72	\$19.49
EMPLOYEE + CHILDREN DENTAL			\$5.72	\$16.42
EMPLOYEE + FAMILY DENTAL			\$5.72	\$28.16
LIFE INSURANCE			District Pays Bi-Weekly 24 Pays	Employee Pays Bi-Weekly 24 Pays
\$50,000 TERM LIFE			\$1.80	\$0.00
Supplemental Life per \$50,000 in coverage (any request for an increase requires Evidence of			\$0.00	\$5.13
Spouse Supplemental Life per \$25,000 in coverage (any request for an increase requires Evidence of			\$0.00	\$2.25
Dependent Child Life \$10,000 Coverage (any request for an increase requires Evidence of Insurability)			\$0.00	\$1.63
VISION INSURANCE			District Pays Bi-Weekly 24 Pays	Employee Pays Bi-Weekly 24 Pays
SINGLE VISION			\$0.00	\$3.28
EMPLOYEE + SPOUSE VISION			\$0.00	\$6.23
EMPLOYEE + CHILDREN VISION			\$0.00	\$6.56
EMPLOYEE + FAMILY VISION			\$0.00	\$9.64
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