

BENEFIT ELIGIBILITY LIST 2017: CUST / MAINT / GROUNDS 12 MONTH FULL-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	\$223.87	\$42.64	\$250.51	\$15.99
EMPLOYEE + SPOUSE PPO HEALTH	\$470.05	\$89.45	\$525.96	\$33.55
EMPLOYEE + CHILDREN PPO HEALTH	\$414.17	\$78.84	\$463.44	\$29.57
EMPLOYEE + FAMILY PPO HEALTH	\$630.87	\$120.14	\$705.95	\$45.05
STANDARD HIGH DEDUCTIBLE PLAN OPTION #2	DISTRICT PAYS:	EMPLOYEE PAYS:	DISTRICT PAYS:	EMPLOYEE PAYS:
SINGLE HDHP HEALTH	\$183.47	\$21.53	\$205.00	\$0.00
EMPLOYEE + SPOUSE HDHP HEALTH	\$384.79	\$45.22	\$430.00	\$0.00
EMPLOYEE + CHILDREN HDHP HEALTH	\$338.67	\$39.84	\$378.50	\$0.00
EMPLOYEE + FAMILY HDHP HEALTH	\$516.29	\$60.71	\$577.00	\$0.00
CHI NETWORK HIGH DEDUCTIBLE PLAN OPTION #3	DISTRICT PAYS:	EMPLOYEE PAYS:	DISTRICT PAYS:	EMPLOYEE PAYS:
SINGLE HDHP HEALTH	\$168.30	\$18.70	\$187.00	\$0.00
EMPLOYEE + SPOUSE HDHP HEALTH	\$352.35	\$39.15	\$391.50	\$0.00
EMPLOYEE + CHILDREN HDHP HEALTH	\$310.05	\$34.45	\$344.50	\$0.00
EMPLOYEE + FAMILY HDHP HEALTH	\$472.95	\$52.55	\$525.50	\$0.00
DENTAL INSURANCE*			District Pays Bi-Weekly 24 Pays	Employee Pays Bi-Weekly 24 Pays
SINGLE DENTAL			\$11.45	\$0.00
EMPLOYEE + SPOUSE DENTAL			\$11.45	\$13.77
EMPLOYEE + CHILDREN DENTAL			\$11.45	\$10.70
EMPLOYEE + FAMILY DENTAL			\$11.45	\$22.44
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