

BENEFIT ELIGIBILITY LIST 2017: FOOD SERVICE

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	\$169.67	\$166.97	\$189.86	\$146.77
EMPLOYEE + SPOUSE PPO HEALTH	\$356.25	\$350.49	\$398.62	\$308.12
EMPLOYEE + CHILDREN PPO HEALTH	\$313.89	\$308.84	\$351.23	\$271.50
EMPLOYEE + FAMILY PPO HEALTH	\$478.13	\$470.50	\$535.04	\$413.60
STANDARD HIGH DEDUCTIBLE PLAN OPTION #2	DISTRICT PAYS:	EMPLOYEE PAYS:	DISTRICT PAYS:	EMPLOYEE PAYS:
SINGLE HDHP HEALTH	\$139.05	\$119.90	\$155.37	\$103.58
EMPLOYEE + SPOUSE HDHP HEALTH	\$291.63	\$251.53	\$325.89	\$217.26
EMPLOYEE + CHILDREN HDHP HEALTH	\$256.67	\$221.43	\$286.86	\$191.24
EMPLOYEE + FAMILY HDHP HEALTH	\$391.29	\$337.55	\$437.31	\$291.54
CHI NETWORK HIGH DEDUCTIBLE PLAN OPTION #3	DISTRICT PAYS:	EMPLOYEE PAYS:	DISTRICT PAYS:	EMPLOYEE PAYS:
SINGLE HDHP HEALTH	\$127.55	\$108.66	\$141.73	\$94.48
EMPLOYEE + SPOUSE HDHP HEALTH	\$267.04	\$227.48	\$296.72	\$197.81
EMPLOYEE + CHILDREN HDHP HEALTH	\$234.99	\$200.17	\$261.09	\$174.06
EMPLOYEE + FAMILY HDHP HEALTH	\$358.45	\$305.34	\$398.27	\$265.52
DENTAL INSURANCE*			District Pays 19 Pays Rate	Employee Pays 19 Pays Rate
SINGLE DENTAL			\$8.67	\$5.78
EMPLOYEE + SPOUSE DENTAL			\$8.67	\$23.17
EMPLOYEE + CHILDREN DENTAL			\$8.67	\$19.29
EMPLOYEE + FAMILY DENTAL			\$8.67	\$34.12
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
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