BENEFIT ELIGIBILITY LIST 2017: HOURLY PROFESSIONAL TECHNICAL 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 PREFERED 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