

**BENEFIT ELIGIBILITY LIST 2017: SALARIED PROFESSIONAL TECHNICAL PART-TIME**

*Premium Amounts are per pay check*

<b>HEALTH INSURANCE</b>	Monthly Rate for Non-Wellness Participant	Monthly Rate for Non-Wellness Participant	Monthly Rate for Wellness Participant	Monthly Rate for Wellness Participant
<b>TRADITIONAL PREFERRED PROVIDER OPTION #1</b>	DISTRICT PAYS:	EMPLOYEE PAYS:	DISTRICT PAYS:	EMPLOYEE PAYS:
SINGLE PPO HEALTH	\$223.87	\$309.14	\$250.51	\$282.49
EMPLOYEE + SPOUSE PPO HEALTH	\$470.05	\$648.95	\$525.96	\$593.05
EMPLOYEE + CHILDREN PPO HEALTH	\$414.17	\$571.84	\$463.44	\$522.57
EMPLOYEE + FAMILY PPO HEALTH	\$630.87	\$871.14	\$705.95	\$796.05
<b>STANDARD HIGH DEDUCTIBLE PLAN OPTION #2</b>	DISTRICT PAYS:	EMPLOYEE PAYS:	DISTRICT PAYS:	EMPLOYEE PAYS:
SINGLE HDHP HEALTH	\$183.47	\$226.53	\$205.00	\$205.00
EMPLOYEE + SPOUSE HDHP HEALTH	\$384.79	\$475.22	\$430.00	\$430.00
EMPLOYEE + CHILDREN HDHP HEALTH	\$338.67	\$418.34	\$378.50	\$378.50
EMPLOYEE + FAMILY HDHP HEALTH	\$516.29	\$637.71	\$577.00	\$577.00
<b>CHI NETWORK HIGH DEDUCTIBLE PLAN OPTION #3</b>	DISTRICT PAYS:	EMPLOYEE PAYS:	DISTRICT PAYS:	EMPLOYEE PAYS:
SINGLE HDHP HEALTH	\$168.30	\$205.70	\$187.00	\$187.00
EMPLOYEE + SPOUSE HDHP HEALTH	\$352.35	\$430.65	\$391.50	\$391.50
EMPLOYEE + CHILDREN HDHP HEALTH	\$310.05	\$378.95	\$344.50	\$344.50
EMPLOYEE + FAMILY HDHP HEALTH	\$472.95	\$578.05	\$525.50	\$525.50
<b>DENTAL INSURANCE*</b>			District Pays Monthly Rate	Employee Pays Monthly Rate
SINGLE DENTAL			\$11.45	\$11.45
EMPLOYEE + SPOUSE DENTAL			\$11.45	\$38.98
EMPLOYEE + CHILDREN DENTAL			\$11.45	\$32.84
EMPLOYEE + FAMILY DENTAL			\$11.45	\$56.32
<b>LIFE INSURANCE</b>			District Pays Monthly Rate	Employee Pays Monthly Rate
\$50,000 TERM LIFE			\$3.60	\$0.00
Supplemental Life per \$50,000 in coverage (any request for an increase requires Evidence of Insurability)			\$0.00	\$10.25
Spouse Supplemental Life per \$25,000 in coverage (any request for an increase requires Evidence of Insurability)			\$0.00	\$4.50
Dependent Child Life \$10,000 Coverage (any request for an increase requires Evidence of Insurability)			\$0.00	\$3.25
<b>VISION INSURANCE</b>			District Pays	Employee Pays
SINGLE VISION			\$0.00	\$6.55
EMPLOYEE + SPOUSE VISION			\$0.00	\$12.46
EMPLOYEE + CHILDREN VISION			\$0.00	\$13.12
EMPLOYEE + FAMILY VISION			\$0.00	\$19.28
<b>OTHER BENEFITS</b>			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)			\$0.00	0.1810%
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 = \$2600 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