

BENEFIT ELIGIBILITY LIST 2017: TEACHER OR NURSE FULL-TIME

Premium Amounts are per pay check

HEALTH INSURANCE	Monthly Rate for Non-Wellness Participant	Monthly Rate for Non-Wellness Participant	Monthly Rate for Wellness Participant	Monthly Rate for Wellness Participant
TRADITIONAL PREFERRED PROVIDER OPTION #1	DISTRICT PAYS:	EMPLOYEE PAYS:	DISTRICT PAYS:	EMPLOYEE PAYS:
SINGLE PPO HEALTH	\$447.73	\$85.27	\$501.02	\$31.98
EMPLOYEE + SPOUSE PPO HEALTH	\$940.10	\$178.90	\$1,051.91	\$67.09
EMPLOYEE + CHILDREN PPO HEALTH	\$828.33	\$157.67	\$926.87	\$59.13
EMPLOYEE + FAMILY PPO HEALTH	\$1,261.73	\$240.27	\$1,411.90	\$90.10
STANDARD HIGH DEDUCTIBLE PLAN OPTION #2	DISTRICT PAYS:	EMPLOYEE PAYS:	DISTRICT PAYS:	EMPLOYEE PAYS:
SINGLE HDHP HEALTH	\$366.94	\$43.06	\$410.00	\$0.00
EMPLOYEE + SPOUSE HDHP HEALTH	\$769.57	\$90.43	\$860.00	\$0.00
EMPLOYEE + CHILDREN HDHP HEALTH	\$677.33	\$79.67	\$757.00	\$0.00
EMPLOYEE + FAMILY HDHP HEALTH	\$1,032.58	\$121.42	\$1,154.00	\$0.00
CHI NETWORK HIGH DEDUCTIBLE PLAN OPTION #3	DISTRICT PAYS:	EMPLOYEE PAYS:	DISTRICT PAYS:	EMPLOYEE PAYS:
SINGLE HDHP HEALTH	\$336.60	\$37.40	\$374.00	\$0.00
EMPLOYEE + SPOUSE HDHP HEALTH	\$704.70	\$78.30	\$783.00	\$0.00
EMPLOYEE + CHILDREN HDHP HEALTH	\$620.10	\$68.90	\$689.00	\$0.00
EMPLOYEE + FAMILY HDHP HEALTH	\$945.90	\$105.10	\$1,051.00	\$0.00
DENTAL INSURANCE*			District Pays Monthly Rate	Employee Pays Monthly Rate
SINGLE DENTAL			\$22.89	\$0.00
EMPLOYEE + SPOUSE DENTAL			\$22.89	\$27.53
EMPLOYEE + CHILDREN DENTAL			\$22.89	\$21.39
EMPLOYEE + FAMILY DENTAL			\$22.89	\$44.87
LIFE INSURANCE			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			\$0.00	\$10.25
Spouse Supplemental Life per \$25,000 in coverage (any request for an increase requires Evidence of			\$0.00	\$4.50
Dependent Child Life \$10,000 Coverage (any request for an increase requires Evidence of Insurability)			\$0.00	\$3.25
VISION INSURANCE			District Pays Monthly Rate	Employee Pays Monthly Rate
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
OTHER BENEFITS			District Pays	Employee Pays
Contributions - Health Savings Accounts for qualifying persons electing Single Coverage - High Deductible			\$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 = \$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