

BENEFIT ELIGIBILITY LIST 2018: SALARIED PROFESSIONAL TECHNICAL SALARIED 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	\$433.12	\$144.38	\$490.87	\$86.63
EMPLOYEE + SPOUSE PPO HEALTH	\$909.55	\$303.21	\$1,030.83	\$181.92
EMPLOYEE + CHILDREN PPO HEALTH	\$801.30	\$267.11	\$908.15	\$160.27
EMPLOYEE + FAMILY PPO HEALTH	\$1,221.37	\$407.13	\$1,384.22	\$244.28
STANDARD HIGH DEDUCTIBLE PLAN OPTION #2	DISTRICT PAYS:	EMPLOYEE PAYS:	DISTRICT PAYS:	EMPLOYEE PAYS:
SINGLE HDHP HEALTH	\$438.52	\$48.73	\$487.25	\$0.00
EMPLOYEE + SPOUSE HDHP HEALTH	\$920.92	\$102.33	\$1,023.25	\$0.00
EMPLOYEE + CHILDREN HDHP HEALTH	\$810.75	\$90.08	\$900.83	\$0.00
EMPLOYEE + FAMILY HDHP HEALTH	\$1,236.01	\$137.33	\$1,373.33	\$0.00
CHI NETWORK HIGH DEDUCTIBLE PLAN OPTION #3	DISTRICT PAYS:	EMPLOYEE PAYS:	DISTRICT PAYS:	EMPLOYEE PAYS:
SINGLE HDHP HEALTH	\$400.58	\$44.51	\$445.08	\$0.00
EMPLOYEE + SPOUSE HDHP HEALTH	\$838.66	\$93.18	\$931.83	\$0.00
EMPLOYEE + CHILDREN HDHP HEALTH	\$737.93	\$81.99	\$819.92	\$0.00
EMPLOYEE + FAMILY HDHP HEALTH	\$1,125.68	\$125.07	\$1,250.75	\$0.00
DENTAL INSURANCE*			District Pays Monthly Rate	Employee Pays Monthly Rate
SINGLE DENTAL			\$25.17	\$0.00
EMPLOYEE + SPOUSE DENTAL			\$25.17	\$30.33
EMPLOYEE + CHILDREN DENTAL			\$25.17	\$23.58
EMPLOYEE + FAMILY DENTAL			\$25.17	\$49.33
LIFE INSURANCE			District Pays Monthly Rate	Employee Pays Monthly Rate
\$50,000 TERM LIFE			\$3.75	\$0.00
Supplemental Life per \$50,000 in coverage (any request for an increase requires Evidence of Insurability form)**			\$0.00	\$10.25
Spouse Supplemental Life per \$25,000 in coverage (any request for an increase requires Evidence of Insurability form)**			\$0.00	\$4.50
Dependent Child Life \$10,000 Coverage			\$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 Health Plans ***			\$1,100.00	Employee Election
Contributions - Health Savings Accounts for qualifying persons electing Single+Dependant(s) Coverage - HDHP ***			\$2,200.00	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) ****			9.8778%	9.7800%
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. □

** - Supplemental employee and spousal life insurance includes premium and coverage reductions at age 70 and 75. Please contact Human Resources at 402-715-8582 for alternate rates.

*** - Employee contributions are limited by IRS Rules.
 (2018 Limits = \$2,600 per year for Section 125 Medical and \$5,000 per year for Section 125 Child/Elder Care)
 (2018 Limits for Health Savings Account = \$2,350 per year for Single or \$4,650 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