

BENEFIT ELIGIBILITY LIST 2018: SALARIED PROFESSIONAL TECHNICAL PART-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	\$216.56	\$360.94	\$245.44	\$332.06
EMPLOYEE + SPOUSE PPO HEALTH	\$454.77	\$757.98	\$515.41	\$697.34
EMPLOYEE + CHILDREN PPO HEALTH	\$400.65	\$667.76	\$454.07	\$614.34
EMPLOYEE + FAMILY PPO HEALTH	\$610.69	\$1,017.81	\$692.11	\$936.39
STANDARD HIGH DEDUCTIBLE PLAN OPTION #2	DISTRICT PAYS:	EMPLOYEE PAYS:	DISTRICT PAYS:	EMPLOYEE PAYS:
SINGLE HDHP HEALTH	\$219.26	\$267.99	\$243.63	\$243.63
EMPLOYEE + SPOUSE HDHP HEALTH	\$460.46	\$562.79	\$511.63	\$511.63
EMPLOYEE + CHILDREN HDHP HEALTH	\$405.38	\$495.46	\$450.42	\$450.42
EMPLOYEE + FAMILY HDHP HEALTH	\$618.00	\$755.33	\$686.67	\$686.67
CHI NETWORK HIGH DEDUCTIBLE PLAN OPTION #3	DISTRICT PAYS:	EMPLOYEE PAYS:	DISTRICT PAYS:	EMPLOYEE PAYS:
SINGLE HDHP HEALTH	\$200.29	\$244.79	\$222.54	\$222.54
EMPLOYEE + SPOUSE HDHP HEALTH	\$419.33	\$512.51	\$465.92	\$465.92
EMPLOYEE + CHILDREN HDHP HEALTH	\$368.96	\$450.95	\$409.96	\$409.96
EMPLOYEE + FAMILY HDHP HEALTH	\$562.84	\$687.91	\$625.38	\$625.38
DENTAL INSURANCE*			District Pays Monthly Rate	Employee Pays Monthly Rate
SINGLE DENTAL			\$12.58	\$12.58
EMPLOYEE + SPOUSE DENTAL			\$12.58	\$42.92
EMPLOYEE + CHILDREN DENTAL			\$12.58	\$36.17
EMPLOYEE + FAMILY DENTAL			\$12.58	\$61.92
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