

BENEFIT ELIGIBILITY LIST 2018: FOOD SERVICE

Premium Amounts are per pay check

HEALTH INSURANCE*	19 Pays for Non-Wellness Participant	19 Pays for Non-Wellness Participant	19 Pays for Wellness Participant	19 Pays for Wellness Participant
TRADITIONAL PREFERRED PROVIDER OPTION #1	DISTRICT PAYS:	EMPLOYEE PAYS:	DISTRICT PAYS:	EMPLOYEE PAYS:
SINGLE PPO HEALTH	\$164.13	\$200.61	\$186.01	\$178.72
EMPLOYEE + SPOUSE PPO HEALTH	\$344.67	\$421.28	\$390.63	\$375.32
EMPLOYEE + CHILDREN PPO HEALTH	\$303.65	\$371.14	\$344.14	\$330.65
EMPLOYEE + FAMILY PPO HEALTH	\$462.84	\$565.69	\$524.55	\$503.98
STANDARD HIGH DEDUCTIBLE PLAN OPTION #2	DISTRICT PAYS:	EMPLOYEE PAYS:	DISTRICT PAYS:	EMPLOYEE PAYS:
SINGLE HDHP HEALTH	\$166.18	\$141.56	\$184.64	\$123.09
EMPLOYEE + SPOUSE HDHP HEALTH	\$348.98	\$297.28	\$387.76	\$258.51
EMPLOYEE + CHILDREN HDHP HEALTH	\$307.23	\$261.72	\$341.37	\$227.58
EMPLOYEE + FAMILY HDHP HEALTH	\$468.38	\$398.99	\$520.42	\$346.95
CHI NETWORK HIGH DEDUCTIBLE PLAN OPTION #3	DISTRICT PAYS:	EMPLOYEE PAYS:	DISTRICT PAYS:	EMPLOYEE PAYS:
SINGLE HDHP HEALTH	\$151.80	\$129.31	\$168.66	\$112.44
EMPLOYEE + SPOUSE HDHP HEALTH	\$317.81	\$270.72	\$353.12	\$235.41
EMPLOYEE + CHILDREN HDHP HEALTH	\$279.63	\$238.21	\$310.71	\$207.14
EMPLOYEE + FAMILY HDHP HEALTH	\$426.57	\$363.37	\$473.97	\$315.98
DENTAL INSURANCE*			District Pays 19 Pays Rate	Employee Pays 19 Pays Rate
SINGLE DENTAL			\$9.54	\$6.36
EMPLOYEE + SPOUSE DENTAL			\$9.54	\$25.52
EMPLOYEE + CHILDREN DENTAL			\$9.54	\$21.25
EMPLOYEE + FAMILY DENTAL			\$9.54	\$37.52
LIFE INSURANCE			District Pays 19 Pays Rate	Employee Pays 19 Pays Rate
\$50,000 TERM LIFE			\$2.37	\$0.00
Supplemental Life per \$50,000 in coverage (any request for an increase requires Evidence of Insurability form)**			\$0.00	\$6.47
Spouse Supplemental Life per \$25,000 in coverage (any request for an increase requires Evidence of Insurability form)**			\$0.00	\$2.84
Dependent Child Life \$10,000 Coverage			\$0.00	\$2.05
VISION INSURANCE			District Pays 19 Pays Rate	Employee Pays 19 Pays Rate
SINGLE VISION			\$0.00	\$4.14
EMPLOYEE + SPOUSE VISION			\$0.00	\$7.87
EMPLOYEE + CHILDREN VISION			\$0.00	\$8.29
EMPLOYEE + FAMILY VISION			\$0.00	\$12.18
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
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