

BENEFIT ELIGIBILITY LIST 2018: HOURLY PROFESSIONAL TECHNICAL 12 MONTH FULL-TIME

Premium Amounts are per pay check

HEALTH INSURANCE*	Bi-Weekly 24 Pays Non-Wellness Participant	Bi-Weekly 24 Pays Non-Wellness Participant	Bi-Weekly 24 Pays Wellness Participant	Bi-Weekly 24 Pays Wellness Participant
TRADITIONAL PREFERRED PROVIDER OPTION #1	DISTRICT PAYS:	EMPLOYEE PAYS:	DISTRICT PAYS:	EMPLOYEE PAYS:
SINGLE PPO HEALTH	\$216.56	\$72.19	\$245.44	\$43.31
EMPLOYEE + SPOUSE PPO HEALTH	\$454.77	\$151.60	\$515.41	\$90.96
EMPLOYEE + CHILDREN PPO HEALTH	\$400.65	\$133.56	\$454.07	\$80.13
EMPLOYEE + FAMILY PPO HEALTH	\$610.69	\$203.56	\$692.11	\$122.14
STANDARD HIGH DEDUCTIBLE PLAN OPTION #2	DISTRICT PAYS:	EMPLOYEE PAYS:	DISTRICT PAYS:	EMPLOYEE PAYS:
SINGLE HDHP HEALTH	\$219.26	\$24.36	\$243.63	\$0.00
EMPLOYEE + SPOUSE HDHP HEALTH	\$460.46	\$51.16	\$511.63	\$0.00
EMPLOYEE + CHILDREN HDHP HEALTH	\$405.38	\$45.04	\$450.42	\$0.00
EMPLOYEE + FAMILY HDHP HEALTH	\$618.00	\$68.66	\$686.67	\$0.00
CHI NETWORK HIGH DEDUCTIBLE PLAN OPTION #3	DISTRICT PAYS:	EMPLOYEE PAYS:	DISTRICT PAYS:	EMPLOYEE PAYS:
SINGLE HDHP HEALTH	\$200.29	\$22.25	\$222.54	\$0.00
EMPLOYEE + SPOUSE HDHP HEALTH	\$419.33	\$46.59	\$465.92	\$0.00
EMPLOYEE + CHILDREN HDHP HEALTH	\$368.96	\$41.00	\$409.96	\$0.00
EMPLOYEE + FAMILY HDHP HEALTH	\$562.84	\$62.53	\$625.38	\$0.00
DENTAL INSURANCE*			District Pays Bi-Weekly 24 Pays	Employee Pays Bi-Weekly 24 Pays
SINGLE DENTAL			\$12.58	\$0.00
EMPLOYEE + SPOUSE DENTAL			\$12.58	\$15.17
EMPLOYEE + CHILDREN DENTAL			\$12.58	\$11.79
EMPLOYEE + FAMILY DENTAL			\$12.58	\$24.67
LIFE INSURANCE			District Pays Bi-Weekly 24 Pays	Employee Pays Bi-Weekly 24 Pays
\$50,000 TERM LIFE			\$1.88	\$0.00
Supplemental Life per \$50,000 in coverage (any request for an increase requires Evidence of Insurability form)**			\$0.00	\$5.13
Spouse Supplemental Life per \$25,000 in coverage (any request for an increase requires Evidence of Insurability form)**			\$0.00	\$2.25
Dependent Child Life \$10,000 Coverage			\$0.00	\$1.63
VISION INSURANCE			District Pays Bi-Weekly 24 Pays	Employee Pays Bi-Weekly 24 Pays
SINGLE VISION			\$0.00	\$3.28
EMPLOYEE + SPOUSE VISION			\$0.00	\$6.23
EMPLOYEE + CHILDREN VISION			\$0.00	\$6.56
EMPLOYEE + FAMILY VISION			\$0.00	\$9.64
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)			0.1810%	0.0000%
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