

BENEFIT ELIGIBILITY LIST 2018: HOURLY CUSTODIAL 12 MONTH PART-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	\$108.28	\$180.47	\$122.72	\$166.03
EMPLOYEE + SPOUSE PPO HEALTH	\$227.39	\$378.99	\$257.71	\$348.67
EMPLOYEE + CHILDREN PPO HEALTH	\$200.33	\$333.88	\$227.04	\$307.17
EMPLOYEE + FAMILY PPO HEALTH	\$305.34	\$508.91	\$346.06	\$468.19
STANDARD HIGH DEDUCTIBLE PLAN OPTION #2	DISTRICT PAYS:	EMPLOYEE PAYS:	DISTRICT PAYS:	EMPLOYEE PAYS:
SINGLE HDHP HEALTH	\$109.63	\$133.99	\$121.81	\$121.81
EMPLOYEE + SPOUSE HDHP HEALTH	\$230.23	\$281.39	\$255.81	\$255.81
EMPLOYEE + CHILDREN HDHP HEALTH	\$202.69	\$247.73	\$225.21	\$225.21
EMPLOYEE + FAMILY HDHP HEALTH	\$309.00	\$377.66	\$343.33	\$343.33
CHI NETWORK HIGH DEDUCTIBLE PLAN OPTION #3	DISTRICT PAYS:	EMPLOYEE PAYS:	DISTRICT PAYS:	EMPLOYEE PAYS:
SINGLE HDHP HEALTH	\$0.00	\$0.00	\$0.00	\$0.00
EMPLOYEE + SPOUSE HDHP HEALTH	\$0.00	\$364.74	\$0.00	\$0.00
EMPLOYEE + CHILDREN HDHP HEALTH	\$0.00	\$674.79	\$0.00	\$765.95
EMPLOYEE + FAMILY HDHP HEALTH	#REF!	#REF!	\$0.00	\$1,028.53
DENTAL INSURANCE*			District Pays Bi-Weekly 24 Pays	Employee Pays Bi-Weekly 24 Pays
SINGLE DENTAL			\$6.29	\$6.29
EMPLOYEE + SPOUSE DENTAL			\$6.29	\$21.46
EMPLOYEE + CHILDREN DENTAL			\$6.29	\$18.08
EMPLOYEE + FAMILY DENTAL			\$6.29	\$30.96
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