

BENEFIT ELIGIBILITY LIST 2018: HOURLY PROFESSIONAL TECHNICAL 10 MONTH FULL-TIME

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	\$273.55	\$91.19	\$310.02	\$54.71
EMPLOYEE + SPOUSE PPO HEALTH	\$287.22	\$478.72	\$325.52	\$440.42
EMPLOYEE + CHILDREN PPO HEALTH	\$253.04	\$421.75	\$286.78	\$388.01
EMPLOYEE + FAMILY PPO HEALTH	\$385.70	\$642.83	\$437.12	\$591.40
STANDARD HIGH DEDUCTIBLE PLAN OPTION #2	DISTRICT PAYS:	EMPLOYEE PAYS:	DISTRICT PAYS:	EMPLOYEE PAYS:
SINGLE HDHP HEALTH	\$276.96	\$30.77	\$307.74	\$0.00
EMPLOYEE + SPOUSE HDHP HEALTH	\$290.82	\$355.45	\$323.13	\$323.13
EMPLOYEE + CHILDREN HDHP HEALTH	\$256.03	\$312.92	\$284.47	\$284.47
EMPLOYEE + FAMILY HDHP HEALTH	\$390.32	\$477.05	\$433.68	\$433.68
CHI NETWORK HIGH DEDUCTIBLE PLAN OPTION #3	DISTRICT PAYS:	EMPLOYEE PAYS:	DISTRICT PAYS:	EMPLOYEE PAYS:
SINGLE HDHP HEALTH	\$253.00	\$28.11	\$281.11	\$0.00
EMPLOYEE + SPOUSE HDHP HEALTH	\$264.84	\$323.69	\$294.26	\$294.26
EMPLOYEE + CHILDREN HDHP HEALTH	\$233.03	\$284.81	\$258.92	\$258.92
EMPLOYEE + FAMILY HDHP HEALTH	\$355.48	\$434.47	\$394.97	\$394.97
DENTAL INSURANCE*			District Pays 19 Pays Rate	Employee Pays 19 Pays Rate
SINGLE DENTAL			\$15.89	\$0.00
EMPLOYEE + SPOUSE DENTAL			\$15.89	\$19.16
EMPLOYEE + CHILDREN DENTAL			\$15.89	\$14.89
EMPLOYEE + FAMILY DENTAL			\$15.89	\$31.16
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
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.

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*** - 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