

BENEFIT ELIGIBILITY LIST 2019: CUSTODIAL 10 MONTH PART-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	\$140.41	\$234.01	\$159.13	\$215.29
EMPLOYEE + SPOUSE PPO HEALTH	\$294.85	\$491.41	\$334.16	\$452.10
EMPLOYEE + CHILDREN PPO HEALTH	\$259.76	\$432.93	\$294.39	\$398.29
EMPLOYEE + FAMILY PPO HEALTH	\$395.90	\$659.84	\$448.69	\$607.05
STANDARD HIGH DEDUCTIBLE PLAN OPTION #2	DISTRICT PAYS:	EMPLOYEE PAYS:	DISTRICT PAYS:	EMPLOYEE PAYS:
SINGLE HDHP HEALTH	\$140.87	\$172.18	\$156.53	\$156.53
EMPLOYEE + SPOUSE HDHP HEALTH	\$295.84	\$361.58	\$328.71	\$328.71
EMPLOYEE + CHILDREN HDHP HEALTH	\$260.43	\$318.31	\$289.37	\$289.37
EMPLOYEE + FAMILY HDHP HEALTH	\$397.04	\$485.27	\$441.16	\$441.16
CHI NETWORK HIGH DEDUCTIBLE PLAN OPTION #3	DISTRICT PAYS:	EMPLOYEE PAYS:	DISTRICT PAYS:	EMPLOYEE PAYS:
SINGLE HDHP HEALTH	\$128.37	\$156.89	\$142.63	\$142.63
EMPLOYEE + SPOUSE HDHP HEALTH	\$268.77	\$328.49	\$298.63	\$298.63
EMPLOYEE + CHILDREN HDHP HEALTH	\$236.51	\$289.07	\$262.79	\$262.79
EMPLOYEE + FAMILY HDHP HEALTH	\$360.78	\$440.96	\$400.87	\$400.87
DENTAL INSURANCE*			District Pays 19 Pays Rate	Employee Pays 19 Pays Rate
SINGLE DENTAL			\$8.42	\$8.42
EMPLOYEE + SPOUSE DENTAL			\$8.42	\$28.68
EMPLOYEE + CHILDREN DENTAL			\$8.42	\$24.16
EMPLOYEE + FAMILY DENTAL			\$8.42	\$41.42
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.

Please contact Human Resources at 402-715-8582 for alternate rates.

*** - Employee contributions are limited by IRS Rules.

(2019 Limits = \$2,650 per year for Section 125 Medical and \$5,000 per year for Section 125 Child/Elder Care)

(2019 Limits for Health Savings Account = \$2,400 per year for Single or \$4,800 for three family tiers of coverage after District contributions)

District Contribution: Based on your employment status in January / September, 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