

BENEFIT ELIGIBILITY LIST 2019: CUST / MAINT / GROUNDS 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	\$222.31	\$74.10	\$251.95	\$44.46
EMPLOYEE + SPOUSE PPO HEALTH	\$466.84	\$155.61	\$529.09	\$93.37
EMPLOYEE + CHILDREN PPO HEALTH	\$411.28	\$137.09	\$466.12	\$82.26
EMPLOYEE + FAMILY PPO HEALTH	\$626.84	\$208.95	\$710.42	\$125.37
STANDARD HIGH DEDUCTIBLE PLAN OPTION #2	DISTRICT PAYS:	EMPLOYEE PAYS:	DISTRICT PAYS:	EMPLOYEE PAYS:
SINGLE HDHP HEALTH	\$223.05	\$24.78	\$247.83	\$0.00
EMPLOYEE + SPOUSE HDHP HEALTH	\$468.41	\$52.05	\$520.46	\$0.00
EMPLOYEE + CHILDREN HDHP HEALTH	\$412.35	\$45.82	\$458.17	\$0.00
EMPLOYEE + FAMILY HDHP HEALTH	\$628.65	\$69.85	\$698.50	\$0.00
CHI NETWORK HIGH DEDUCTIBLE PLAN OPTION #3	DISTRICT PAYS:	EMPLOYEE PAYS:	DISTRICT PAYS:	EMPLOYEE PAYS:
SINGLE HDHP HEALTH	\$203.25	\$22.58	\$225.83	\$0.00
EMPLOYEE + SPOUSE HDHP HEALTH	\$425.55	\$47.28	\$472.83	\$0.00
EMPLOYEE + CHILDREN HDHP HEALTH	\$374.48	\$41.61	\$416.08	\$0.00
EMPLOYEE + FAMILY HDHP HEALTH	\$571.24	\$63.47	\$634.71	\$0.00
DENTAL INSURANCE*			District Pays Bi-Weekly 24 Pays	Employee Pays Bi-Weekly 24 Pays
SINGLE DENTAL			\$13.33	\$0.00
EMPLOYEE + SPOUSE DENTAL			\$13.33	\$16.04
EMPLOYEE + CHILDREN DENTAL			\$13.33	\$12.46
EMPLOYEE + FAMILY DENTAL			\$13.33	\$26.13
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	\$12.25
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.

(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