

BENEFIT ELIGIBILITY LIST 2019: 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	\$111.16	\$185.26	\$125.98	\$170.44
EMPLOYEE + SPOUSE PPO HEALTH	\$233.42	\$389.04	\$264.54	\$357.91
EMPLOYEE + CHILDREN PPO HEALTH	\$205.64	\$342.73	\$233.06	\$315.32
EMPLOYEE + FAMILY PPO HEALTH	\$313.42	\$522.37	\$355.21	\$480.58
STANDARD HIGH DEDUCTIBLE PLAN OPTION #2	DISTRICT PAYS:	EMPLOYEE PAYS:	DISTRICT PAYS:	EMPLOYEE PAYS:
SINGLE HDHP HEALTH	\$111.53	\$136.31	\$123.92	\$123.92
EMPLOYEE + SPOUSE HDHP HEALTH	\$234.21	\$286.25	\$260.23	\$260.23
EMPLOYEE + CHILDREN HDHP HEALTH	\$206.18	\$251.99	\$229.08	\$229.08
EMPLOYEE + FAMILY HDHP HEALTH	\$314.33	\$384.18	\$349.25	\$349.25
CHI NETWORK HIGH DEDUCTIBLE PLAN OPTION #3	DISTRICT PAYS:	EMPLOYEE PAYS:	DISTRICT PAYS:	EMPLOYEE PAYS:
SINGLE HDHP HEALTH	\$111.53	\$136.31	\$123.92	\$123.92
EMPLOYEE + SPOUSE HDHP HEALTH	\$234.21	\$286.25	\$260.23	\$260.23
EMPLOYEE + CHILDREN HDHP HEALTH	\$206.18	\$251.99	\$229.08	\$229.08
EMPLOYEE + FAMILY HDHP HEALTH	\$314.33	\$384.18	\$349.25	\$349.25
DENTAL INSURANCE*			District Pays Bi-Weekly 24 Pays	Employee Pays Bi-Weekly 24 Pays
SINGLE DENTAL			\$6.67	\$6.67
EMPLOYEE + SPOUSE DENTAL			\$6.67	\$22.71
EMPLOYEE + CHILDREN DENTAL			\$6.67	\$19.13
EMPLOYEE + FAMILY DENTAL			\$6.67	\$32.79
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.
 (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