

**BENEFIT ELIGIBILITY LIST 2019: PARAPROFESSIONAL
OR FOOD SERVICE Employees**

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	\$168.49	\$205.93	\$190.95	\$183.47
EMPLOYEE + SPOUSE PPO HEALTH	\$353.82	\$432.44	\$400.99	\$385.27
EMPLOYEE + CHILDREN PPO HEALTH	\$311.71	\$380.98	\$353.27	\$339.42
EMPLOYEE + FAMILY PPO HEALTH	\$475.08	\$580.66	\$538.43	\$517.31
STANDARD HIGH DEDUCTIBLE PLAN OPTION #2	DISTRICT PAYS:	EMPLOYEE PAYS:	DISTRICT PAYS:	EMPLOYEE PAYS:
SINGLE HDHP HEALTH	\$169.05	\$144.00	\$187.83	\$125.22
EMPLOYEE + SPOUSE HDHP HEALTH	\$355.01	\$302.41	\$394.45	\$262.97
EMPLOYEE + CHILDREN HDHP HEALTH	\$312.52	\$266.22	\$347.24	\$231.49
EMPLOYEE + FAMILY HDHP HEALTH	\$476.45	\$405.87	\$529.39	\$352.93
CHI NETWORK HIGH DEDUCTIBLE PLAN OPTION #3	DISTRICT PAYS:	EMPLOYEE PAYS:	DISTRICT PAYS:	EMPLOYEE PAYS:
SINGLE HDHP HEALTH	\$154.04	\$131.22	\$171.16	\$114.11
EMPLOYEE + SPOUSE HDHP HEALTH	\$322.52	\$274.74	\$358.36	\$238.91
EMPLOYEE + CHILDREN HDHP HEALTH	\$283.81	\$241.77	\$315.35	\$210.23
EMPLOYEE + FAMILY HDHP HEALTH	\$432.94	\$368.80	\$481.04	\$320.69
DENTAL INSURANCE*			District Pays 19 Pays Rate	Employee Pays 19 Pays Rate
SINGLE DENTAL			\$10.11	\$6.74
EMPLOYEE + SPOUSE DENTAL			\$10.11	\$27.00
EMPLOYEE + CHILDREN DENTAL			\$10.11	\$22.47
EMPLOYEE + FAMILY DENTAL			\$10.11	\$39.74
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
Nebraska Public Employees Retirement System (required) ****			9.87780%	9.78000%
Social Security / Medicare (required)			7.65000%	7.65000%

* - 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