

**BENEFIT ELIGIBILITY LIST 2019: SALARIED PROFESSIONAL TECHNICAL SALARIED FULL-TIME**

*Premium Amounts are per pay check*

HEALTH INSURANCE*	Monthly Rate for Non-Wellness Participant	Monthly Rate for Non-Wellness Participant	Monthly Rate for Wellness Participant	Monthly Rate for Wellness Participant
<b>TRADITIONAL PREFERRED PROVIDER OPTION #1</b>	DISTRICT PAYS:	EMPLOYEE PAYS:	DISTRICT PAYS:	EMPLOYEE PAYS:
SINGLE PPO HEALTH	\$444.63	\$148.21	\$503.91	\$88.93
EMPLOYEE + SPOUSE PPO HEALTH	\$933.69	\$311.23	\$1,058.18	\$186.74
EMPLOYEE + CHILDREN PPO HEALTH	\$822.56	\$274.19	\$932.24	\$164.51
EMPLOYEE + FAMILY PPO HEALTH	\$1,253.69	\$417.90	\$1,420.85	\$250.74
<b>STANDARD HIGH DEDUCTIBLE PLAN OPTION #2</b>	DISTRICT PAYS:	EMPLOYEE PAYS:	DISTRICT PAYS:	EMPLOYEE PAYS:
SINGLE HDHP HEALTH	\$446.10	\$49.57	\$495.67	\$0.00
EMPLOYEE + SPOUSE HDHP HEALTH	\$936.83	\$104.09	\$1,040.92	\$0.00
EMPLOYEE + CHILDREN HDHP HEALTH	\$824.70	\$91.63	\$916.33	\$0.00
EMPLOYEE + FAMILY HDHP HEALTH	\$1,257.30	\$139.70	\$1,397.00	\$0.00
<b>CHI NETWORK HIGH DEDUCTIBLE PLAN OPTION #3</b>	DISTRICT PAYS:	EMPLOYEE PAYS:	DISTRICT PAYS:	EMPLOYEE PAYS:
SINGLE HDHP HEALTH	\$406.50	\$45.17	\$451.67	\$0.00
EMPLOYEE + SPOUSE HDHP HEALTH	\$851.10	\$94.57	\$945.67	\$0.00
EMPLOYEE + CHILDREN HDHP HEALTH	\$748.95	\$83.22	\$832.17	\$0.00
EMPLOYEE + FAMILY HDHP HEALTH	\$1,142.48	\$126.94	\$1,269.42	\$0.00
<b>DENTAL INSURANCE*</b>			District Pays Monthly Rate	Employee Pays Monthly Rate
SINGLE DENTAL			\$26.67	\$0.00
EMPLOYEE + SPOUSE DENTAL			\$26.67	\$32.08
EMPLOYEE + CHILDREN DENTAL			\$26.67	\$24.92
EMPLOYEE + FAMILY DENTAL			\$26.67	\$52.25
<b>LIFE INSURANCE</b>			District Pays Monthly Rate	Employee Pays Monthly Rate
\$50,000 TERM LIFE			\$3.75	\$0.00
Supplemental Life per \$50,000 in coverage (any request for an increase requires Evidence of Insurability form)*			\$0.00	\$10.25
Spouse Supplemental Life per \$25,000 in coverage (any request for an increase requires Evidence of Insurability form)**			\$0.00	\$4.50
Dependent Child Life \$10,000 Coverage			\$0.00	\$3.25
<b>VISION INSURANCE</b>			District Pays Monthly Rate	Employee Pays Monthly Rate
SINGLE VISION			\$0.00	\$6.55
EMPLOYEE + SPOUSE VISION			\$0.00	\$12.46
EMPLOYEE + CHILDREN VISION			\$0.00	\$13.12
EMPLOYEE + FAMILY VISION			\$0.00	\$19.28
<b>OTHER BENEFITS</b>			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)			\$0.00	0.1810%
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