

BENEFIT ELIGIBILITY LIST 2019: SALARIED PROFESSIONAL TECHNICAL PART-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
TRADITIONAL PREFERRED PROVIDER OPTION #1	DISTRICT PAYS:	EMPLOYEE PAYS:	DISTRICT PAYS:	EMPLOYEE PAYS:
SINGLE PPO HEALTH	\$222.31	\$370.52	\$251.95	\$340.88
EMPLOYEE + SPOUSE PPO HEALTH	\$466.84	\$778.07	\$529.09	\$715.83
EMPLOYEE + CHILDREN PPO HEALTH	\$411.28	\$685.47	\$466.12	\$630.63
EMPLOYEE + FAMILY PPO HEALTH	\$626.84	\$1,044.74	\$710.42	\$961.16
STANDARD HIGH DEDUCTIBLE PLAN OPTION #2	DISTRICT PAYS:	EMPLOYEE PAYS:	DISTRICT PAYS:	EMPLOYEE PAYS:
SINGLE HDHP HEALTH	\$223.05	\$272.62	\$247.83	\$247.83
EMPLOYEE + SPOUSE HDHP HEALTH	\$468.41	\$572.50	\$520.46	\$520.46
EMPLOYEE + CHILDREN HDHP HEALTH	\$412.35	\$503.98	\$458.17	\$458.17
EMPLOYEE + FAMILY HDHP HEALTH	\$628.65	\$768.35	\$698.50	\$698.50
CHI NETWORK HIGH DEDUCTIBLE PLAN OPTION #3	DISTRICT PAYS:	EMPLOYEE PAYS:	DISTRICT PAYS:	EMPLOYEE PAYS:
SINGLE HDHP HEALTH	\$203.25	\$248.42	\$225.83	\$225.83
EMPLOYEE + SPOUSE HDHP HEALTH	\$425.55	\$520.12	\$472.83	\$472.83
EMPLOYEE + CHILDREN HDHP HEALTH	\$374.48	\$457.69	\$416.08	\$416.08
EMPLOYEE + FAMILY HDHP HEALTH	\$571.24	\$698.18	\$634.71	\$634.71
DENTAL INSURANCE*			District Pays Monthly Rate	Employee Pays Monthly Rate
SINGLE DENTAL			\$13.33	\$13.33
EMPLOYEE + SPOUSE DENTAL			\$13.33	\$45.42
EMPLOYEE + CHILDREN DENTAL			\$13.33	\$38.25
EMPLOYEE + FAMILY DENTAL			\$13.33	\$65.58
LIFE INSURANCE			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
VISION INSURANCE			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
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)			\$0.00	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