Nebo School District

Employee Contributions & Premiums September 1, 2023 – August 31, 2024

Medical SelectHealth Share

Medical SelectHe	alth Share		
	\$3,000/\$6,000 Base Pla	an	
Status	Premium *This is the premium for FULL TIME Employee. Please call HR for part time premiums	Total Nebo Will <u>MATCH</u> into HSA for 2023 -2024 (Sept. – June)	
Single	\$35 monthly over 10 months (Sept. – June)	\$675*	
Two-Party	\$110 monthly over 10 months (Sept. – June)	\$1,350*	
Family	\$160 monthly over 10 months (Sept. – June)	\$1,350*	
*Require:	an employee contribution in order to receive MATC	H. NSD will match up to this amount.	
	\$1,600/\$3,200 Option P	lan	
Status	Premium *This is the premium for FULL TIME Employee. Please call HR for part time premiums	Total Nebo Will <u>MATCH</u> into HSA for 2023 -2024 (Sept. – June)	
Single	\$75 monthly over 10 months (Sept. – June)	\$400*	
Two-Party	\$195 monthly over 10 months (Sept. – June)	\$800*	
Family	\$278 monthly over 10 months (Sept. – June)	\$800*	
*Require:	an employee contribution in order to receive MATC	H. NSD will match up to this amount.	
\$3,	000/\$6,000 Dual Base Plan (Both spouses	working for the District)	
Status	Premium *This is the rate for the full time employee. If spouse is less than full time call HR for premium.	Total Nebo Will <u>MATCH</u> into HSA for 2023 -2024 (Sept. – June)	
Two-Party Dual	\$110 monthly over 10 months (Sept. – June)	\$1,350* + non match contribution of \$1,350 (over 10 months	
Family Dual	\$160 monthly over 10 months (Sept. – June)	\$1,350* + non match contribution of \$1,350 (over 10 months	
*Nebo will ma	tch employee contribution up to \$1,350. District will also co	ontribute an additional \$1,350 to a Dual's HSA	
	\$3,200 Dual Option Plan (Both spouses we	orking for the District)	
Status	Premium *This is the rate for the full time employee. If spouse is less than full time call HR for premium.	Total Nebo Will <u>MATCH</u> into HSA for 2023 -2024 (Sept. – June)	
Two-Party Dual	\$195 monthly over 10 months (Sept. – June)	\$800* +non match contribution of \$800 (over 10 months)	
Family Dual	\$278 monthly over 10 months (Sept. – June)	\$800* + non match contribution of \$800 (over 10 months)	

Dental EMI Health

Dental Plan Options 10 Month Rates			
Status	Advantage Plus (100)	Advantage Co-Pay	Choice PPO
Employee	\$17.48	\$29.50	\$39.02
Two-Party	\$35.45	\$68.66	\$89.45
Family	\$58.60	\$107.00	\$154.80

Vision VSP & EyeMed

Vision Plan Options 10 Month Rates			
TO MONUNATES			
Status	VSP	EyeMed	
Employee	\$7.85	\$13.13	
Two-Party \$15.73		\$24.74	
Family \$25.30		\$33.78	

Supplemental Insurance MetLife

Please see the MetLife link on the Benefits page for detailed information.

Acci	ident Advantage Plus	
	Premium (10 months)	
Employee	\$12.07	
Employee & Spouse	\$24.38	
Employee & Dependent Children	\$24.29	
Family	\$30.53	
Hospital Indemnity		
	Premium (10 months)	
Employee	\$30.00	
Employee & Spouse	\$58.12	
Employee & Dependent Children	\$54.29	
Family	\$92.36	
Critical Illness		

Rates for the critical illness coverage are determined by age and other factors. Please see the MetLife booklet on the Employee Home Page (under Benefits 2023-24) for the detailed chart.

Life Insurance Hartford

BASIC (free to eligible employees)	Coverage Amount	
Employee	\$50,000	
Spouse	\$10,000	
Children	\$5,000	
VOLUNTARY	Rates for voluntary life insurance are determined by age and other factors.	

Hartford has issued a guaranteed coverage amount for <u>new hires</u> that are benefit eligible as well <u>as newly benefit eligible employees</u> and spouse. During your Enrollment ONLY, you can elect coverage on yourself up to \$350,000 with no medical questions or exam. You can elect up to \$50,000 on a spouse with no medical questions or exam.

Identity Theft LifeLock

identity Their Enclock		
	Premium (10 months)	
Employee	\$8.98	
2 Party & Family	\$17.97	