Nebo School District

Employee Contributions & Premiums September 1, 2024 – August 31, 2025

Medical SelectHe	alth <i>Share</i>		
	\$3,200/\$6,400 Base Pla	n	
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 2024 -2025 (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*	
*Requires	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 2024 -2025 (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*	
*Requires	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 2024 -2025 (Sept. – June)	
Two-Party Dual	\$110 monthly over 10 months (Sept. – June)	\$1,350* + non match contribution of \$1,350 (over 10 mont	
Family Dual	\$160 monthly over 10 months (Sept. – June)	\$1,350* + non match contribution of \$1,350 (over 10 month	
*Nebo will mat	cch 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 wo	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 2024 -2025 (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)	

*Nebo will match employee contribution up to \$800. District will also contribute an additional \$800 to a Dual's HSA

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			
Status	VSP	EyeMed	
Employee	\$8.72	\$13.13	
Two-Party	\$17.48	\$24.74	
Family \$28.12		\$33.78	

Supplemental Insurance MetLife

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

Accid	dent Advantage Plus		
	Premium (10 months)		
Employee	\$12.07		
Employee & Spouse \$24.38			
Employee & Dependent Children	\$24.29		
Family	\$30.53		
Н	ospital Indemnity		
	Premium (10 months)		
Employee	\$30.00		
Employee & Spouse	\$58.12		
Employee & Dependent Children	\$54.29		
Family	\$92.36		
	Critical Illness		

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.	

the Employee Home Page (under Benefits 2024-25) for the detailed chart.

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

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