

2024 BENEFIT RATE INFORMATION

Rates are effective January 1, 2024 - December 31, 2024

All benefit costs are semi-monthly (based on 24 deductions/year)

Benefits are offered to full-time team members only (30+ hours/week) with the exception of Retirement, PTO & EAP which are also offered to part-time team members

Health Insurance – BCBS of NE						
Qualified High Deductible Health Plan (QHDHP – HSA eligible)						
Coverage Level	Monthly Premium	Employer Share/month	Employee Share/month	Employee Share/Pay Period		
Employee Only	\$878.93	\$770.63 \$108.30		\$54.15		
Employee + Spouse	\$1,678.76	\$1,344.44	\$334.32	\$167.16		
Employee + Child(ren)	\$1,467.81	\$1,166.45	\$301.36	\$150.68		
Family	\$2,267.63	\$1,784.98	\$482.65	\$241.33		
Health Insurance – BCBS of NE						
PPO Health Plan (Not HSA eligible)						
Coverage Level	Monthly Premium	Employer Share/month	Employee Share/month	Employee Share/Pay Period		
Employee Only	\$907.67	\$781.19	\$126.48	\$63.24		
Employee + Spouse	\$1,733.67	\$1,357.60	\$376.07	\$188.04		
Employee + Child(ren)	\$1,515.82	\$1,177.46	\$338.36	\$169.18		
Family	\$2,341.79	\$1,801.04	\$540.75	\$270.38		

Health Savings Account (HSA) – WEX Health Dollar-for-Dollar Employer Match Limits *Elected in conjunction with Nye's QHDHP Health Insurance				
Coverage Level*	Annual Match Limit			
Employee Only	\$750			
Employee + Spouse	\$1,000			
Employee + Child(ren)	\$1,000			
Family	\$1,500			

Flexible Spending Account – WEX Health (FSA – Section 125)

With an FSA plan, employees may elect to have a specified dollar amount subtracted from their check on a pre-tax basis to use for unreimbursed medical** and/or dependent care expenses

^{**}Per IRS regulations, if you choose the QHDHP, you are NOT eligible to enroll in the FSA Section 125 Medical portion

Dental Insurance – Ameritas 100% Employee Paid		
Coverage Level	Cost Per Pay Period	
Employee	\$12.54	
Employee + 1	\$25.36	
Employee + 2 or more	\$40.66	

Vision Insurance – EyeMed 100% Employee Paid		
Coverage Level	Cost Per Pay Period	
Employee	\$2.33	
Employee + Spouse	\$4.41	
Employee + Child(ren)	\$4.63	
Family	\$6.81	

Nye Retirement Plan – ADP Retirement Services

401(k) pre-tax option and Roth after-tax option Employer match after one year of service which is 100% vested after three years of service Match is 50% of up to 6% of wages

Available to all employees age 21+ regardless of classification (FT/PT/PRN)

Accident Supplemental Plan – Mutual of Omaha 100% Employee Paid			
Coverage Level Cost Per Pay Perio			
Employee	\$3.98		
Employee + Spouse	\$6.26		
Employee + Child(ren)	\$9.53		
Family	\$12.42		
\$50 Health screening benefit included			

Critical Illness Supplemental Plan – Mutual of Omaha 100% Employee Paid					
Age	\$10,000	\$20,000	\$30,000		
0-29	\$1.65	\$3.30	\$4.95		
30-39	\$2.75	\$5.50	\$8.25		
40-49	\$5.50	\$11.00	\$16.50		
50-59	\$10.00	\$20.00	\$30.00		
60-69	\$19.30	\$38.60	\$57.90		
70-79	\$35.65	\$71.30	\$106.95		
80+	\$51.40	\$102.80	\$154.20		
\$100 Health screening benefit included					

Basic Life/AD&D Insurance - Mutual of Omaha

100% Employer Paid

Management & professional nurses receive 1x annual earnings in benefit, up to \$150K All other team members receive \$10K in benefit

Voluntary Life/AD&D Insurance – Mutual of Omaha

100% Employee Paid

Premiums are based upon age bands (see rate table in Mutual of Omaha brochure)
Available for employee, spouse, and children

If employee enrolls in coverage during their new hire benefit period, no EOI/underwriting is required up to guarantee issue

Short-Term Disability – Mutual of Omaha

100% Employer Paid

60% benefit for up to 11 weeks; 14-day elimination period applies

Note: Pre-existing condition limitation may apply

Long-Term Disability – Mutual of Omaha

100% Employee Paid

Premiums are based upon age bands and wage (see calculation table in Mutual of Omaha brochure)

If employee enrolls in LTD during their new hire benefit period, no EOI/underwriting is required

Six (6) paid Holidays per year – Refer to the Holiday schedule outlined in the Benefits Guide.

Education Program – See the Nye benefits website for further details.

Paid Time Off (PTO) – Accrual starts immediately on date of hire; however, the PTO balance is not earned or available to view until 90 days of employment. Accrual percentage is based on years of service & classification (does NOT apply to PRN employees). Refer to the PTO schedule posted on the ADP Home Page or from the Home Office.

Employee Assistance Program (EAP) – Provided by TELUS, formerly LifeWorks. Available to all employees regardless of classification (FT/PT/PRN). Employees and family members of the same household may utilize various services at no cost/discounted rate. Participation is completely confidential.

For further details on offered benefits, please refer to Nye's benefit website <u>www.nyebenefits.com</u>

For specific questions about benefits, contact Home Office HR Benefits Specialist (402) 753-6161

Benefits are effective the first of the month concurrent with or following 30 days of employment

Enrollment must be completed within 30 days of hire date.

Qualified life events must be communicated to Home Office within 30 days of life event along with documentation of such event in order to make mid-year benefit changes.