



# 2026 BENEFIT RATE INFORMATION

Rates are effective **January 1, 2026 – December 31, 2026**

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	\$1,391.88	\$1,206.84	\$185.04	<b>\$92.52</b>
Employee + Spouse	\$2,658.52	\$2,174.86	\$483.66	<b>\$241.83</b>
Employee + Child(ren)	\$2,324.42	\$1,900.24	\$424.18	<b>\$212.09</b>
Family	\$3,591.02	\$2,924.42	\$666.60	<b>\$333.30</b>

  

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	\$1,437.39	\$1,223.26	\$214.13	<b>\$107.07</b>
Employee + Spouse	\$2,745.43	\$2,199.28	\$546.15	<b>\$273.08</b>
Employee + Child(ren)	\$2,400.45	\$1,904.28	\$496.17	<b>\$248.09</b>
Family	\$3,708.45	\$2,945.28	\$763.17	<b>\$381.59</b>

\*Effective January 1, 2026, a wellness incentive discount of \$25/pay period will apply for those participating team members having completed their preventive physical examination in the 2025 calendar year. Employee share shown above is the cost BEFORE the discount.

Health Savings Account (HSA) – WEX Health Dollar-for-Dollar Employer Match Limits <i>*Elected in conjunction with Nye's QHDHP Health Insurance</i>	
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 – MetLife 100% Employee Paid	
Coverage Level	Cost Per Pay Period
Employee	<b>\$14.68</b>
Employee + 1	<b>\$29.68</b>
Employee + 2 or more	<b>\$47.59</b>

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

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) excluding temp

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

<b>Critical Illness Supplemental Plan – Mutual of Omaha</b> <i>100% Employee Paid</i>			
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
<b>\$100 Health screening benefit included</b>			

<b>Basic Life/AD&amp;D Insurance – Mutual of Omaha</b> <i>100% Employer Paid</i>	
Management & professional nurses receive 1x annual earnings in benefit, up to \$150K All other team members receive \$10K in benefit	
<b>Voluntary Life/AD&amp;D Insurance – Mutual of Omaha</b> <i>100% Employee Paid</i>	
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	
<b>Short-Term Disability – Mutual of Omaha</b> <i>100% Employer Paid</i>	
60% benefit for up to 11 weeks; 14-day elimination period applies <i>Note: Pre-existing condition limitation may apply</i>	
<b>Long-Term Disability – Mutual of Omaha</b> <i>100% Employee Paid</i>	
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) & Nebraska Sick Time* – Accrual starts immediately on date of hire; however, the PTO balance is not earned or available to use until seven (7) days of employment. PTO is inclusive of Sick Time for both FT and PT team members. FT/PT accrual percentage is based on years of service & classification. OC/temp team members begin earning Sick Time after 80 worked hours.

*Employee Assistance Program (EAP)* – Provided by TELUS Health. 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  
[www.nyebenefits.com](http://www.nyebenefits.com)

*For specific questions about benefits, contact  
Home Office HR Benefits & Payroll Manager  
(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.*