

## FULL-TIME TEACHER, NURSE, & PROFESSIONAL TECHNICAL SALARIED

2022 Premiums - All 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
<b>CHI NETWORK HIGH DEDUCTIBLE PLAN OPTION</b>	DISTRICT PAYS:	EMPLOYEE PAYS:	DISTRICT PAYS:	EMPLOYEE PAYS:
SINGLE CHI HDHP HEALTH	\$493.30	\$54.81	\$548.11	\$0.00
EMPLOYEE + SPOUSE CHI HDHP HEALTH	\$1,032.70	\$114.75	\$1,147.45	\$0.00
EMPLOYEE + CHILDREN CHI HDHP HEALTH	\$908.77	\$100.97	\$1,009.74	\$0.00
EMPLOYEE + FAMILY CHI HDHP HEALTH	\$1,386.16	\$154.02	\$1,540.18	\$0.00
<b>NHN NETWORK HIGH DEDUCTIBLE PLAN OPTION</b>	DISTRICT PAYS:	EMPLOYEE PAYS:	DISTRICT PAYS:	EMPLOYEE PAYS:
SINGLE NHN HDHP HEALTH	\$502.60	\$55.84	\$558.44	\$0.00
EMPLOYEE + SPOUSE NHN HDHP HEALTH	\$1,052.18	\$116.91	\$1,169.09	\$0.00
EMPLOYEE + CHILDREN NHN HDHP HEALTH	\$925.94	\$102.88	\$1,028.82	\$0.00
EMPLOYEE + FAMILY NHN HDHP HEALTH	\$1,412.40	\$156.93	\$1,569.33	\$0.00
<b>STANDARD HIGH DEDUCTIBLE PLAN OPTION</b>	DISTRICT PAYS:	EMPLOYEE PAYS:	DISTRICT PAYS:	EMPLOYEE PAYS:
SINGLE HDHP HEALTH	\$561.82	\$62.43	\$624.25	\$0.00
EMPLOYEE + SPOUSE HDHP HEALTH	\$1,179.78	\$131.09	\$1,310.87	\$0.00
EMPLOYEE + CHILDREN HDHP HEALTH	\$1,038.60	\$115.40	\$1,154.00	\$0.00
EMPLOYEE + FAMILY HDHP HEALTH	\$1,583.32	\$175.93	\$1,759.25	\$0.00
<b>TRADITIONAL PREFERRED PROVIDER OPTION</b>	DISTRICT PAYS:	EMPLOYEE PAYS:	DISTRICT PAYS:	EMPLOYEE PAYS:
SINGLE PPO HEALTH	\$570.22	\$190.07	\$646.25	\$114.04
EMPLOYEE + SPOUSE PPO HEALTH	\$1,197.27	\$399.09	\$1,356.91	\$239.45
EMPLOYEE + CHILDREN PPO HEALTH	\$1,054.83	\$351.61	\$1,195.47	\$210.97
EMPLOYEE + FAMILY PPO HEALTH	\$1,607.56	\$535.85	\$1,821.90	\$321.51
<b>DENTAL INSURANCE*</b>			District Pays Monthly Rate	Employee Pays Monthly Rate
SINGLE DENTAL			\$31.02	\$0.00
EMPLOYEE + SPOUSE DENTAL			\$31.02	\$37.44
EMPLOYEE + CHILDREN DENTAL			\$31.02	\$29.08
EMPLOYEE + FAMILY DENTAL			\$31.02	\$60.96
<b>VISION INSURANCE</b>			District Pays Monthly Rate	Employee Pays Monthly Rate
SINGLE VISION			\$0.00	\$7.96
EMPLOYEE + SPOUSE VISION			\$0.00	\$15.48
EMPLOYEE + CHILDREN VISION			\$0.00	\$15.68
EMPLOYEE + FAMILY VISION			\$0.00	\$23.52
<b>LIFE INSURANCE</b>			District Pays Monthly Rate	Employee Pays Monthly Rate
\$50,000 TERM LIFE			\$3.25	\$0.00
Supplemental Life per \$50,000 in coverage (any request for an increase requires Evidence of Insurability form) **			\$0.00	\$10.00
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
<b>OTHER BENEFITS</b>			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	0.1600%
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 402-715-8200 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.  
 (2022 Limits = \$2,850 per year for Section 125 Medical and \$5,000 per year for Section 125 Child/Elder Care)  
 (2022 Limits for Health Savings Account = \$2,550 per year for single or \$5,100 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

## PART-TIME TEACHER, NURSE, & PROFESSIONAL TECHNICAL SALARIED

2022 Premiums - All 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
<b>CHI NETWORK HIGH DEDUCTIBLE PLAN OPTION</b>	DISTRICT PAYS:	EMPLOYEE PAYS:	DISTRICT PAYS:	EMPLOYEE PAYS:
SINGLE CHI HDHP HEALTH	\$246.65	\$301.46	\$274.05	\$274.05
EMPLOYEE + SPOUSE CHI HDHP HEALTH	\$516.35	\$631.10	\$573.73	\$573.73
EMPLOYEE + CHILDREN CHI HDHP HEALTH	\$454.38	\$555.35	\$504.87	\$504.87
EMPLOYEE + FAMILY CHI HDHP HEALTH	\$693.08	\$847.10	\$770.09	\$770.09
<b>NHN NETWORK HIGH DEDUCTIBLE PLAN OPTION</b>	DISTRICT PAYS:	EMPLOYEE PAYS:	DISTRICT PAYS:	EMPLOYEE PAYS:
SINGLE NHN HDHP HEALTH	\$251.30	\$307.14	\$279.22	\$279.22
EMPLOYEE + SPOUSE NHN HDHP HEALTH	\$526.09	\$643.00	\$584.55	\$584.55
EMPLOYEE + CHILDREN NHN HDHP HEALTH	\$462.97	\$565.85	\$514.41	\$514.41
EMPLOYEE + FAMILY NHN HDHP HEALTH	\$706.20	\$863.13	\$784.67	\$784.67
<b>STANDARD HIGH DEDUCTIBLE PLAN OPTION</b>	DISTRICT PAYS:	EMPLOYEE PAYS:	DISTRICT PAYS:	EMPLOYEE PAYS:
SINGLE HDHP HEALTH	\$280.91	\$343.34	\$312.13	\$312.13
EMPLOYEE + SPOUSE HDHP HEALTH	\$589.89	\$720.98	\$655.43	\$655.43
EMPLOYEE + CHILDREN HDHP HEALTH	\$519.30	\$634.70	\$577.00	\$577.00
EMPLOYEE + FAMILY HDHP HEALTH	\$791.66	\$967.59	\$879.63	\$879.63
<b>TRADITIONAL PREFERRED PROVIDER OPTION</b>	DISTRICT PAYS:	EMPLOYEE PAYS:	DISTRICT PAYS:	EMPLOYEE PAYS:
SINGLE PPO HEALTH	\$285.11	\$475.18	\$323.12	\$437.16
EMPLOYEE + SPOUSE PPO HEALTH	\$598.64	\$997.73	\$678.46	\$917.91
EMPLOYEE + CHILDREN PPO HEALTH	\$527.42	\$879.03	\$597.74	\$808.71
EMPLOYEE + FAMILY PPO HEALTH	\$803.78	\$1,339.63	\$910.95	\$1,232.46
<b>DENTAL INSURANCE*</b>			District Pays Monthly Rate	Employee Pays Monthly Rate
SINGLE DENTAL			\$15.51	\$15.51
EMPLOYEE + SPOUSE DENTAL			\$15.51	\$52.95
EMPLOYEE + CHILDREN DENTAL			\$15.51	\$44.59
EMPLOYEE + FAMILY DENTAL			\$15.51	\$76.47
<b>VISION INSURANCE</b>			District Pays Monthly Rate	Employee Pays Monthly Rate
SINGLE VISION			\$0.00	\$7.96
EMPLOYEE + SPOUSE VISION			\$0.00	\$15.48
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