

2023-2024 Employee Benefits Rate Sheet

Alternate Schedule - Benefit deductions over 18 pay periods



\$750 Select Medical Plan - Regence BlueShield

	Per Pay Period Rates		Monthly Rates	
	<u>Employee</u>	<u>Total</u>	<u>Employee</u>	<u>NIC</u>
Employee	\$179.06	\$712.50	\$268.59	\$443.91
Employee + 1	\$434.36	\$1,684.40	\$651.54	\$1,032.86
Employee + 2 or more	\$531.59	\$2,054.60	\$797.38	\$1,257.22

\$1,500 Basic Medical Plan - Regence BlueShield

	Per Pay Period Rates		Monthly Rates	
	<u>Employee</u>	<u>Total</u>	<u>Employee</u>	<u>NIC</u>
Employee	\$109.46	\$608.10	\$164.19	\$443.91
Employee + 1	\$269.83	\$1,437.60	\$404.74	\$1,032.86
Employee + 2 or more	\$330.92	\$1,753.60	\$496.38	\$1,257.22

\$3,000 HSA Medical Plan - Regence BlueShield

	Per Pay Period Rates		Monthly Rates	
	<u>Employee</u>	<u>Total</u>	<u>Employee</u>	<u>NIC</u>
Employee	\$26.66	\$528.80	\$40.00	\$488.80
Employee + 1	\$144.83	\$1,250.10	\$217.24	\$1,032.86
Employee + 2 or more	\$178.45	\$1,524.90	\$267.68	\$1,257.22

Dental - Delta Dental of Idaho

	Per Pay Period Rates		Monthly Rates	
	<u>Employee</u>	<u>Total</u>	<u>Employee</u>	<u>NIC</u>
Employee	\$8.58	\$47.67	\$12.87	\$34.80
Employee + 1	\$17.74	\$95.06	\$26.61	\$68.45
Employee + Family	\$26.29	\$139.28	\$39.44	\$99.84

Dental - Willamette Dental

	Per Pay Period Rates		Monthly Rates	
	<u>Employee</u>	<u>Total</u>	<u>Employee</u>	<u>NIC</u>
Employee	\$10.82	\$60.10	\$16.23	\$43.87
Employee + 1	\$22.41	\$120.05	\$33.61	\$86.44
Employee + Family	\$33.19	\$175.80	\$49.78	\$126.02

Dental - Northwest Dental Benefits

	Per Pay Period Rates		Monthly Rates	
	<u>Employee</u>	<u>Total</u>	<u>Employee</u>	<u>NIC</u>
Employee	\$8.10	\$45.02	\$12.16	\$32.86
Employee + 1	\$17.87	\$95.54	\$26.81	\$68.73
Employee + Family	\$29.94	\$157.96	\$44.91	\$113.05

Vision - Vision Service Plan

	Per Pay Period Rates		Monthly Rates	
	<u>Employee</u>	<u>Total</u>	<u>Employee</u>	<u>NIC</u>
Employee	\$1.98	\$11.02	\$2.98	\$8.04
Employee + 1	\$2.94	\$15.99	\$4.42	\$11.57
Employee + 2 or more	\$5.39	\$28.66	\$8.09	\$20.57

Life/AD&D - Mutual of Omaha**Monthly Rate per \$1,000 of Benefit**

		<u>Total</u>	<u>Employee</u>	<u>NIC</u>
Employee Life rate <u>per \$1,000</u>	Paid by NIC	\$0.11	\$0.00	\$0.11
Employee AD&D rate <u>per \$1,000</u>	Paid by NIC	\$0.02	\$0.00	\$0.02
Dependent Life rate <u>per unit</u>	Paid by NIC	\$2.23	\$0.00	\$2.23

Voluntary Life - Mutual of Omaha**Per Pay Period Rates Monthly Life Rate per \$1,000:**

<u>Age:</u>	<u>Employee</u>	<u>Employee</u>	<u>Spouse</u>
Under age 30	\$0.04	\$0.054	\$0.054
Age 30-34	\$0.03	\$0.051	\$0.051
Age 35-39	\$0.06	\$0.089	\$0.089
Age 40-44	\$0.10	\$0.143	\$0.143
Age 45-49	\$0.16	\$0.239	\$0.239
Age 50-54	\$0.28	\$0.421	\$0.421
Age 55-59	\$0.47	\$0.699	\$0.699
Age 60-64	\$0.62	\$0.931	\$0.931
Age 65-69	\$0.97	\$1.453	\$1.453
Age 70-74	\$0.97	\$1.453	\$1.453
Age 75 & Over	\$0.97	\$1.453	\$1.453
Dependent Child Life Rate per \$1,000:		\$0.08	

Long Term Disability - Mutual of Omaha**Monthly Rate per \$100**

		<u>Total</u>	<u>Employee</u>	<u>NIC</u>
Employee LTD <u>per \$100</u>	Paid by NIC	\$0.27	\$0.00	\$0.27

Short Term Disability - Mutual of Omaha**Monthly Rate per \$10**

		<u>Total</u>	<u>Employee</u>	<u>NIC</u>
Employee STD <u>per \$10</u>	Paid by NIC	\$0.27	\$0.00	\$0.27

EAP - Mutual of Omaha**Monthly Rates**

		<u>Total</u>	<u>Employee</u>	<u>NIC</u>
Employee	Paid by NIC	\$0.95	\$0.00	\$0.95

Aflac - Critical Illness Plan**Monthly Rates**

Age-Banded based on coverage amount and tobacco usage (see Critical Illness Rates tab)

Aflac - Accident Plan**Per Pay Period Rates****Monthly Rates**

	<u>Employee</u>	<u>Total</u>	<u>Employee</u>	<u>NIC</u>
Employee	\$7.92	\$11.88	\$11.88	\$0.00
Employee + Spouse	\$13.66	\$20.49	\$20.49	\$0.00
Employee + Child(ren)	\$18.94	\$28.41	\$28.41	\$0.00
Employee + Family	\$24.68	\$37.02	\$37.02	\$0.00

Aflac - Hospital Indemnity Plan**Per Pay Period Rates****Monthly Rates**

	<u>Employee</u>	<u>Total</u>	<u>Employee</u>	<u>NIC</u>
Employee	\$11.96	\$17.94	\$17.94	\$0.00
Employee + Spouse	\$24.11	\$36.16	\$36.16	\$0.00
Employee + Child(ren)	\$19.13	\$28.70	\$28.70	\$0.00
Employee + Family	\$31.28	\$46.92	\$46.92	\$0.00