

2024-2025 Employee Benefits Rate Sheet



Alternate Schedule - Benefit deductions over 18 pay periods

\$3,200 High Deductible Health Plan w/ HSA - Regence BlueShield

| | Per Pay Period Rates | | Monthly Rates | |
|----------------------|----------------------|--------------|-----------------|------------|
| | <u>Employee</u> | <u>Total</u> | <u>Employee</u> | <u>NIC</u> |
| Employee | \$44.55 | \$546.22 | \$66.83 | \$479.39 |
| Employee + 1 | \$117.15 | \$1,291.20 | \$175.72 | \$1,115.48 |
| Employee + 2 or more | \$144.91 | \$1,575.10 | \$217.37 | \$1,357.73 |

\$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 | \$118.21 | \$656.70 | \$177.31 | \$479.39 |
| Employee + 1 | \$291.41 | \$1,552.60 | \$437.12 | \$1,115.48 |
| Employee + 2 or more | \$357.38 | \$1,893.80 | \$536.07 | \$1,357.73 |

\$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 | \$112.75 | \$693.40 | \$169.12 | \$524.28 |
| Employee + 1 | \$349.28 | \$1,639.40 | \$523.92 | \$1,115.48 |
| Employee + 2 or more | \$427.98 | \$1,999.70 | \$641.97 | \$1,357.73 |

Dental - Delta Dental of Idaho

| | Per Pay Period Rates | | Monthly Rates | |
|-------------------|----------------------|--------------|-----------------|------------|
| | <u>Employee</u> | <u>Total</u> | <u>Employee</u> | <u>NIC</u> |
| Employee | \$8.71 | \$48.39 | \$13.07 | \$35.32 |
| Employee + 1 | \$18.01 | \$96.49 | \$27.01 | \$69.48 |
| Employee + Family | \$26.69 | \$141.37 | \$40.03 | \$101.34 |

Dental - Willamette Dental

| | Per Pay Period Rates | | Monthly Rates | |
|-------------------|----------------------|--------------|-----------------|------------|
| | <u>Employee</u> | <u>Total</u> | <u>Employee</u> | <u>NIC</u> |
| Employee | \$12.43 | \$69.05 | \$18.64 | \$50.41 |
| Employee + 1 | \$25.75 | \$137.95 | \$38.62 | \$99.33 |
| Employee + Family | \$38.13 | \$202.00 | \$57.20 | \$144.80 |

Dental - Northwest Dental Benefits

| | Per Pay Period Rates | | Monthly Rates | |
|-------------------|----------------------|--------------|-----------------|------------|
| | <u>Employee</u> | <u>Total</u> | <u>Employee</u> | <u>NIC</u> |
| Employee | \$8.43 | \$46.82 | \$12.64 | \$34.18 |
| Employee + 1 | \$18.66 | \$99.74 | \$27.99 | \$71.75 |
| Employee + Family | \$31.14 | \$164.28 | \$46.70 | \$117.58 |

Vision - Vision Service Plan

| | Per Pay Period Rates | | Monthly Rates | |
|----------------------|----------------------|--------------|-----------------|------------|
| | <u>Employee</u> | <u>Total</u> | <u>Employee</u> | <u>NIC</u> |
| Employee | \$2.05 | \$11.37 | \$3.07 | \$8.30 |
| Employee + 1 | \$3.03 | \$16.48 | \$4.55 | \$11.93 |
| Employee + 2 or more | \$5.56 | \$29.56 | \$8.35 | \$21.22 |

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

Short Term Disability - Mutual of Omaha

Monthly Rate per \$10

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

EAP - Mutual of Omaha

Monthly Rates

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

Mutual of Omaha - Critical Illness Plan

Monthly Rates

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 | \$0.17 | \$0.250 | \$0.250 |
| Age 30-39 | \$0.28 | \$0.420 | \$0.420 |
| Age 40-49 | \$0.59 | \$0.880 | \$0.880 |
| Age 50-59 | \$1.15 | \$1.730 | \$1.730 |
| Age 60-69 | \$2.33 | \$3.500 | \$3.500 |
| Age 70-79 | \$4.33 | \$6.490 | \$6.490 |
| 80-99 | \$6.08 | \$9.120 | \$9.120 |

Mutual of Omaha - Accident Plan

Per Pay Period Rates

Monthly Rates

| | <u>Employee</u> | <u>Total</u> | <u>Employee</u> | <u>NIC</u> |
|-----------------------|-----------------|--------------|-----------------|------------|
| Employee | \$6.86 | \$10.29 | \$10.29 | \$0.00 |
| Employee + Spouse | \$11.05 | \$16.58 | \$16.58 | \$0.00 |
| Employee + Child(ren) | \$13.13 | \$19.69 | \$19.69 | \$0.00 |
| Employee + Family | \$18.27 | \$27.40 | \$27.40 | \$0.00 |

Mutual of Omaha - 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 |