North Idaho College

2025-2026 Employee Benefits Rate Sheet

Alternate Schedule - Benefit deductions over 18 pay periods

$3,300 High Deductible Health Plan w/ HSA - Regence BlueShield

	Employee Cost Per Pay Period	*Monthly Rates*		
		Total	Employee	NIC
Employee	$26.67	$687.50	$40.00	$647.50
Employee + 1	$174.51	$1,625.70	$261.77	$1,363.93
Employee + Family	$215.05	$1,983.00	$322.58	$1,660.42

$1,500 Basic Medical Plan - Regence BlueShield

	Employee Cost Per Pay Period	*Monthly Rates*		
		Total	Employee	NIC
Employee	$127.93	$811.80	$191.90	$619.90
Employee + 1	$317.23	$1,919.20	$475.85	$1,443.35
Employee + Family	$389.38	$2,341.00	$584.07	$1,756.93

$750 Select Medical Plan - Regence BlueShield

	Employee Cost Per Pay Period	*Monthly Rates*		
		Total	Employee	NIC
Employee	$222.15	$874.30	$333.22	$541.08
Employee + 1	$539.71	$2,067.10	$809.57	$1,257.53
Employee + Family	$660.65	$2,521.40	$990.98	$1,530.42

Dental - Delta Dental of Idaho

	Employee Cost Per Pay Period	*Monthly Rates*		
		Total	Employee	NIC
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

	Employee Cost Per Pay Period	*Monthly Rates*		
		Total	Employee	NIC
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

	Employee Cost Per Pay Period	*Monthly Rates*		
		Total	Employee	NIC
Employee	$8.75	$48.60	$13.12	$35.48
Employee + 1	$19.37	$103.53	$29.05	$74.48
Employee + Family	$32.22	$170.00	$48.33	$121.67

Vision - Vision Service Plan

	Employee Cost Per Pay Period	*Monthly Rates*		
		Total	Employee	NIC
Employee	$2.05	$11.37	$3.07	$8.30
Employee + 1	$3.03	$16.48	$4.55	$11.93
Employee + Family	$5.56	$29.56	$8.34	$21.22

Benefits Paid 100% by NIC

	Employee Cost Per Pay Period	Monthly Rate per $1,000 of Benefit		
Life/AD&D - Mutual of Omaha		**Total**	**Employee**	**NIC**
Employee Life rate per $1,000	$0.00	$0.12	$0.00	$0.12
Employee AD&D rate per $1,000	$0.00	$0.02	$0.00	$0.02
Dependent Life rate per unit	$0.00	$2.43	$0.00	$2.43
Long term disability per $100	$0.00	$0.27	$0.00	$0.27
Short term disability per $10	$0.00	$0.27	$0.00	$0.27
Employee Assistance Program	$0.00	$0.95	$0.00	$0.95

Voluntary Life - Mutual of Omaha

	Employee Cost Per Pay Period	Monthly Life Rate per $1,000:	
Age:		**Employee**	**Spouse**
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:	$0.05	$0.08	

Supplemental Disability Plans offered by Mutual of Omaha

Critical Illness Plan - *Premium rate per $1,000:*

	Employee Cost Per Pay Period		
Age:		**Employee**	**Spouse**
Under age 30	$0.17	$0.250	$0.250
30-39	$0.28	$0.420	$0.420
40-49	$0.59	$0.880	$0.880
50-59	$1.15	$1.730	$1.730
60-69	$2.33	$3.500	$3.500
70-79	$4.33	$6.490	$6.490
80-99	$6.08	$9.120	$9.120

Accident Plan

		Total	Employee	NIC
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

Hospital Indemnity Plan

		Total	Employee	NIC
Employee	$8.60	$12.90	$12.90	$0.00
Employee + Spouse	$18.93	$28.39	$28.39	$0.00
Employee + Child(ren)	$12.43	$18.64	$18.64	$0.00
Employee + Family	$24.85	$37.27	$37.27	$0.00