



**REQUEST FOR PROPOSALS
EMPLOYEE BENEFITS INSURANCE BROKER
AND CONSULTING SERVICES
RFP #26-01**

Release Date: MONDAY, SEPTEMBER 22, 2025 1:00 PM PDT

Due Date: MONDAY, OCTOBER 27, 2025 5:00 PM PDT

Responders are required to respond to this RFP solicitation electronically either by email to nicpurchasing@nic.edu or through Public Purchase. The subject line of any questions or email submissions shall state: *REQUEST FOR PROPOSAL RFP #26-01 – EMPLOYEE BENEFITS INSURANCE BROKER AND CONSULTING SERVICES*. All required response documents are to be completed and submitted before the stated due date and time. Responses submitted by mail or in person will not be accepted.

It is advised that responders not wait until the last day to start submitting RFP responses. Responders may edit up until the due date and time.

All communications regarding this RFP and the selection process must be coordinated through NIC Purchasing via email. Any individual or vendor that contacts any member of the campus, a member of the North Idaho College Board of Trustees, or any North Idaho College Administrator except NIC Purchasing, may be disqualified from further consideration.

NIC Purchasing
North Idaho College
Office of Finance and Business Affairs
1000 W. Garden Avenue
Coeur d'Alene, ID 83814
nicpurchasing@nic.edu

Respondents are notified that North Idaho College reserves the right to reject any and all parts of the RFP.

REQUEST FOR PROPOSALS FOR EMPLOYEE BENEFITS INSURANCE BROKER AND CONSULTING SERVICES

I. INTRODUCTION

A. PURPOSE

The purpose of this Request for Proposals (RFP) is to solicit proposals from qualified insurance brokers to provide brokerage and consulting services to North Idaho College ("NIC" or "College") in support of the College's employee health and benefits programs. Such services will include, but not be limited to the: (1) reviewing and advising on appropriate insurance coverage, vendor contracts and evidence of coverage; (2) placement and management of insurance plans and services, including implementation and migration of plans; (3) issuance of requests for proposals, as required; (4) providing of benefits customer support and employee support services; (5) participating in benefits related committee and review meetings; (6) coordinating with other College benefits service providers, acting as a liaison and an advocate for the College with insurance companies; (7) developing and producing communications materials, (8) strategizing and assisting with an ongoing wellness program; (9) advising the College on current and future federal, state and local mandated regulations; and (10) provide a robust electronic open enrollment platform that integrates with the College's ERP.

The benefit programs include group medical, dental, vision and life/accidental death and dismemberment (AD&D) insurance (including basic and voluntary coverage), short- and long-term disability (STD/LTD) insurance, flexible spending accounts (FSAs), healthcare savings accounts (HSAs), VEBA health reimbursement arrangement (HRA), a robust wellness program, COBRA administration, and an employee assistance program. The College currently utilizes the Selerix benefits administration platform for benefits enrollment management.

B. BACKGROUND

Established in 1933, North Idaho College is a two-year comprehensive public community college located in the city of Coeur d'Alene, Idaho. In 2024, approximately 4,590 students were enrolled in for-credit courses and 4,672 students participated in non-credit courses and workforce training programs. The College employs over 990 individuals in both full-time, benefits-eligible and part-time, non-benefits-eligible capacities.

The College has an annual general fund budget in excess of \$58 million with employee benefits comprising a significant annual expenditure. NIC currently offers three Regence BlueShield plans, including a HDHP w/HSA. One traditional dental plan through Delta Dental of Idaho and two DMO plans, offered through Willamette Dental and Northwest Dental Benefits; a Vision Service Plan; and a basic life/voluntary life and AD&D term insurance plan. Also offered are short-term and long-term disability insurance, supplemental accident, critical illness, and hospital indemnity plans, as well as flexible spending accounts for healthcare and dependent care. Finally, the College sponsors an employee assistance program (EAP) and a robust wellness plan tied to an HSA or VEBA HRA. All plans are based on the college fiscal year, which runs July-June.

Approximately 500 full-time employees and their dependents are enrolled in one or more College-sponsored benefit plans. The College contributes toward the cost of all medical, dental, and vision plans, as well as basic life and AD&D insurance, short- and long-term disability coverage, and the Employee Assistance Program (EAP). Details of these contributions are outlined in the Open Enrollment documents included with the RFP.

The College currently contracts with a third-party administrator for COBRA services as well as for wellness program administration.

For additional information on the College's current health and welfare benefit programs and the scope of work for the selected broker/consultant, please see attached open enrollment materials for plan year, July 1, 2025 to June 30, 2026, and Exhibit B of this RFP.

II. SCHEDULE AND SUBMITTAL

A. RFP SCHEDULE

Issued: September 22, 2025

Written Questions Due: October 20, 2025

Submittal: October 27, 2025; 5:00 PM PDT

B. WRITTEN QUESTIONS

Questions or comments regarding this RFP (except to inquire about the number of addenda issued) must be put in writing and received by NIC no later than 5:00 p.m., October 20, 2025. Written questions must be submitted electronically through nicpurchasing@nic.edu or through Public Purchase.

The College shall not be obligated to answer any questions received after the above-specified deadline or any questions submitted in a manner other than as instructed above.

C. PROPOSAL SUBMITTAL

1. General

Proposals must be received by 5:00 p.m., October 27, 2025. Any proposal received after this date and time, may, at the sole discretion of the College, be returned or set aside without consideration. It is the practice of the College not to consider late offers unless it determines, in its sole discretion, that a selection cannot be made from among the proposals received on time.

Delivery of proposals by the specified deadline is the sole responsibility of the Proposer. NIC shall not be responsible for and need not accept as a valid excuse for late proposal receipt except where it can be established that the College was the sole cause of the late receipt.

2. Method of Submittal

Responders are required to respond to this RFP solicitation electronically either by email to nicpurchasing@nic.edu or through Public Purchase. The subject line of any questions or email submissions shall state: *REQUEST FOR PROPOSAL RFP #26-01 – EMPLOYEE BENEFITS INSURANCE BROKER AND CONSULTING SERVICES.*

III. GENERAL INSTRUCTIONS

A. COLLEGE CONTACT INFORMATION

NIC Purchasing
North Idaho College
Office of Finance and Business Affairs
1000 W Garden Avenue
Coeur d'Alene, ID 83814
nicpurchasing@nic.edu

B. ORAL COMMUNICATIONS

Any oral communications by the College's Contact Person(s) or designee concerning this RFP is not binding and shall in no way modify the RFP or the obligations of the College, Proposer or Contractor.

C. CHANGES TO RFP

If it becomes necessary to make material changes to the RFP, the College will e-mail RFP addenda to all recipients of record of the original RFP, post such addenda on the College's website and in Public Purchase. Recipients of record are those parties that obtained a copy of the RFP directly from the College. It shall be the responsibility of the Proposer to inquire of the College as to any addenda issued. All addenda issued shall become part of the RFP.

D. JOINT OFFERS / SUBCONTRACTORS

Where two or more Proposers desire to submit a single proposal in response to this RFP, they should do so on a prime/subcontractor basis rather than as a joint venture or informal team. For this engagement, NIC intends to contract with an individual firm and not with multiple firms doing business as a joint venture. If a subcontractor (including intermediary or wholesaler) is to be used, that fact must be disclosed in the proposal, together with the name of each subcontractor, method of compensation to subcontractor, and its duties in relation to the scope of work.

E. EXCEPTIONS / DEVIATIONS

Any exceptions to or deviations from the requirements set forth in this RFP, including the terms and conditions contained in the Standard Agreement, must be declared in the proposal submitted by the Proposer. Such exceptions or deviations must be segregated as a separate element of the proposal under the heading "Exceptions and Deviations," as instructed below in section IV.

F. PRE-CONTRACTUAL EXPENSES

The College shall not be liable for pre-contractual expenses incurred by the Proposer in the preparation of its proposal and Proposers shall not include any such expenses in their offers. Pre-contractual expenses are defined as expenses incurred by the Proposer to: (1) prepare and submit its offer to the College; (2) negotiate with the College on any matters related to this RFP; and (3) any other expenses incurred by the Proposer prior to the date of award, if any.

G. WITHDRAWAL OF PROPOSAL IRREVOCABLE FOR 90 DAYS

A Proposer may withdraw its proposal at any time prior to the submittal deadline by sending the College a request in writing from the same person who signed the submitted proposal. As of the deadline for submittal, any proposal received by the College and not withdrawn becomes an irrevocable offer available for acceptance by the College immediately and for

ninety (90) days thereafter. The Proposer is responsible for the accuracy of the proposal submitted, and no allowance will be made for errors or price increases that the Proposer later alleges are retroactively applicable.

H. DISPOSITION OF PROPOSALS

Consistent with the Idaho Public Records Act, all materials submitted in response to this RFP become the property of the College and may become public records after the award of contract. Proposers should identify and label information considered confidential by the Proposer as being proprietary and constituting a trade secret as defined by Idaho Code 74-107 or otherwise protected. In the event of a public record request for proposal submittal documents, the College may assert the appropriate exemption or tender the record request to the Proposer, who will have the responsibility to assert any appropriate exemptions under the Idaho Public Records Act and defend and indemnify the College. It is understood, however, that if Proposer declines to assert the exemptions, defend, and indemnify, the College will have no liability to Proposer for disclosure of such information. Any proprietary or otherwise sensitive information contained in or with any Proposal is subject to potential disclosure.

I. DEFECTS IN PROPOSAL

The College may, in its sole discretion, waive any deviation or defect in a proposal. The College's waiver shall in no way modify the RFP documents or excuse the Proposer from full compliance with the RFP if awarded the contract.

J. TERM OF AGREEMENT

The term of this agreement shall be two (2) years, commencing upon the date of execution by the College. The term of this agreement may, if mutually agreed upon in writing, be extended by up to two (2) year increments for a total of six (6) years, provided written notice of each extension is given to the provider at least thirty (30) days prior to the expiration date of such term or extension. During extension periods, all terms and conditions of this Agreement shall remain in effect.

K. RESERVATION OF RIGHT TO REJECT PROPOSALS

Issuance of this RFP and receipt of proposals does not commit the College to award a contract. NIC reserves the right to postpone the award for its own convenience, to accept or reject any or all proposals received in response to this RFP, to negotiate with more than one Proposer simultaneously, or to cancel all or part of this RFP.

IV. PROPOSAL FORMAT AND CONTENT

A. GENERAL

Proposals are to be submitted electronically either by email to nicpurchasing@nic.edu or through Public Purchase. The subject line of any questions or email submissions shall state: REQUEST FOR PROPOSAL RFP #26-01 – EMPLOYEE BENEFITS INSURANCE BROKER AND CONSULTING SERVICES. All required response documents are to be completed and submitted before the stated due date and time. Responses submitted by mail or in person will not be accepted.

Lengthy narrative is discouraged; presentations should be brief and concise and not include extraneous or unnecessarily elaborate promotional material. The proposal should not exceed 50 pages in length, excluding appendices, if any.

It is advised that responders not wait until the last day to start submitting RFP responses. Responders may edit up until the due date and time.

Proposers should use the following outline in organizing the contents of their proposals.

B. COVER LETTER

The letter of transmittal shall, at a minimum, contain the following:

- Identification of the Proposer, including business name, address, and telephone number;
- Name, title, address, telephone number, fax number, and e-mail address of a contact person during the period of proposal evaluation;
- Acknowledgement of RFP addenda received, if any;
- A statement that the proposal shall remain valid for a period of not fewer than ninety (90) days from the due date for proposals;
- Signature of a person authorized to bind the offering firm to the terms of the proposal.

C. TABLE OF CONTENTS

Immediately following the introduction and cover letter, insert a complete table of contents for the material included in the proposal, including page numbers.

D. QUALIFICATIONS, RELATED EXPERIENCE AND REFERENCES

1. Overview: This section should establish the ability of the Proposer (and its subcontractors, if any) to satisfactorily perform the required work by reasons of: demonstrated competence in the services to be provided; the nature and relevance of similar work currently being performed or recently completed, including service of clients of similar size and/or industry; record of meeting schedules and deadlines of other clients; competitive advantages over other firms in the same industry; strength and stability as a business concern; and supportive client references. Information should be furnished for both the Proposer and any subcontractors included in the offer.

2. Furnish background information about your firm, including date of founding, legal form (i.e., sole proprietorship, partnership, LLC, corporation/state of incorporation), number and location of offices, principal lines of business, number of employees, days/hours of operation, and other pertinent data. Disclose any conditions (e.g., bankruptcy or other financial problems, pending litigation, planned office closures, impending merger) that may affect the Proposer's ability to perform contractually. Certify that the firm is not debarred, suspended, or otherwise declared ineligible to contract by any federal, state, or local public agency.

3. Describe your firm's most noteworthy qualifications for providing the required services to the College. Specifically, highlight those qualifications that distinguish you from your competitors.

4. Identify at least four (4) current clients NIC may contact as references and who can independently evaluate the Proposer's expertise in this area. Describe the work performed and include the name, job title, address, and telephone number of a contact person for each reference.

5. If your organization is a subsidiary or division of a parent firm, provide similar background information on the parent company and identify any other affiliated companies.

6. Describe your firm's policy on accepting contingent commissions, or any other sources of income, revenue, consideration, compensation, or overrides, in connection with services provided to your clients. Describe your firm's disclosure policy.
7. Disclose any existing or potential conflicts of interest between the scope of work required by the College and your firm's other business activities.
8. Furnish certificates of insurance showing the types and amounts of insurance carried by your firm.

E. STAFFING AND PROJECT ORGANIZATION

1. Overview: This section should discuss the staff who would be assigned to service the College's account, their projected levels of work, and their reporting relationships.
2. Identify the key personnel from your firm who would be assigned to this project. Include a brief description of their qualifications, current job functions (including other accounts to which they are committed), proposed roles on the NIC account team, and office location(s). Designate a principal of the firm who would be ultimately responsible for the relationship and an Account Manager who would provide day-to-day direction of the required work. Furnish brief resumes (not more than two pages long) for all key personnel; include these as an appendix, not in the body of the proposal.
3. If more than two people will be assigned to NIC's project, include a simple organization chart that clearly delineates communication and reporting relationships among the project staff.
4. Estimate the number of hours to be devoted to the NIC account by each key personnel member.

F. WORK PLAN / TECHNICAL APPROACH

1. Overview: This section should establish the Proposer's understanding of the College's objectives and requirements, demonstrate the Proposer's ability to meet those requirements, and outline clearly and concisely the plan for accomplishing the specified work.
2. Describe succinctly how your firm would accomplish the work and satisfy the College's objectives described in this RFP. If appropriate, divide the work into segments or tasks to represent milestones for measuring progress.
3. Attach as an appendix a sample insurance renewal proposal your firm prepared for a client of the size and complexity of the College. You may de-identify the client and otherwise exclude information deemed proprietary to the client.

G. FEE PROPOSAL

Fee Proposals should be submitted as a separate attachment, not included within the initial proposal, and do not count toward the required page count outlined in A.

1. Overview: This section should disclose all anticipated charges to be assessed by the College for the Scope of Work.

2. Quote an annual total fixed flat fee for completing all requirements outlined in the Scope of Work.

3. For all services requested in the Scope of Work, quote an annual flat fee for each of the two initial years. The annual total fixed fees shall be inclusive of all expenses and costs, including direct labor, indirect costs, and profit.

4. Any other source of anticipated income, revenue, consideration, or compensation, including, but not limited to, commissions and overrides received by the broker/consultant in connection with the College's account, must be disclosed to the College.

H. EXCEPTIONS / DEVIATIONS

State any exceptions to or deviations from the requirements of this RFP. If you wish to present alternative approaches to meet the College's work requirements, these should be thoroughly explained.

I. APPENDICES

1. Furnish as appendices those supporting documents (e.g., staff bios/resumes) requested in the preceding instructions.

2. Include any additional information you deem essential to a proper evaluation of your proposal and which is not solicited in any of the preceding sections. Proposers are cautioned, however, that this does not constitute an invitation to submit large amounts of extraneous material; appendices should be relevant and brief.

V. PROPOSAL EVALUATION AND AWARD

A. GENERAL

All proposals received in accordance with these RFP instructions will be evaluated to determine if they are complete and meet the requirements specified in this RFP. An award will be made to the Proposer whose offer is judged to be the most advantageous to the College. The College expressly reserves the right to reject all proposals and make no award under this RFP.

B. EVALUATION PROCEDURES

1. Process

All proposals received in accordance with these RFP instructions will be reviewed, analyzed, evaluated, and scored in accordance with the criteria described below. If needed, additional information may be requested from one or more Proposers. Interviews and contract negotiations may be conducted with one or more Proposers. The evaluators will then select a Proposer for award. Any selection and contract award/agreement is subject to review by the President and/or Vice President for Finance, and is ultimately subject to approval by the College's Board of Trustees.

2. Request for Additional Information

During the evaluation, the College may require supplemental information in order to fairly evaluate a Proposer's offer. For this purpose, the College may request such information from the Proposer after the initial submittal. If such information is required, the Proposer will be

notified in writing by email and will be permitted a reasonable period of time to submit the information.

C. EVALUATION CRITERIA

By use of numerical and narrative scoring techniques, proposals will be evaluated by NIC against the factors specified below. The relative weights of the criteria—based on a 100-point scale—are shown in parentheses. Within each evaluation criterion listed, the sub-criteria to be considered are those described in the "Proposal Format and Content" section of this RFP.

- Qualifications, related experience, and references of Proposer, (20 Points);
- Staffing and Project Organization (20 Points)
- Work Plan/Technical Approach (40 Points);
- Miscellaneous (10 Points) {exceptions/deviations, completeness of proposal, adherence to RFP instructions, other relevant factors not considered elsewhere}
- Preference will be given to Idaho-based firms with a demonstrated understanding of Idaho statute and DOI regulations. (10 points)

Fee Proposal will be reviewed separately from the initial evaluation of qualifications.

The College may choose to interview a limited number of firms based on the evaluation and rankings of the RFP, as well as request demonstrations of benefits enrollment platforms.

The College reserves the right to reject any or all proposals, to waive any irregularities or informalities in the offers received, and to change the evaluation process described above if circumstances dictate this and/or it is otherwise in the best interest of the College to do so. In the event a proposal is rejected or otherwise does not result in an award, the College shall not be liable for any costs incurred by the Proposer in connection with the preparation and submittal of the proposal.

D. AWARD

The College shall make the award to the responsible Proposer whose proposal will be most advantageous to the College with respect to price, conformance to the specifications, quality, and other factors as evaluated by the College, in its sole discretion. The College is not required or constrained to award the Agreement to the Proposer proposing the lowest price.

The College may award an agreement on the basis of initial offers received, without discussion; therefore, each initial offer should contain the Proposer's best terms from a cost and technical standpoint.

It is the intent of NIC to award a single contract as a result of this RFP. However, the College reserves the right to apportion the requirements of this RFP among multiple contractors if this is determined to be in its best interests. Depending on the dollar amount of the award(s) and other factors, the contract(s) resulting from this RFP may require authorization by the College's Board of Trustees.

VI. GENERAL TERMS AND CONDITIONS

A. AGREEMENT TERMS AND CONDITIONS

The submission of a proposal herein constitutes the agreement of any Proposer that any Agreement to be drawn as the result of an award herein shall be prepared by the College and shall include at a minimum, all terms and conditions outlined in this RFP. The submission of a

proposal shall further constitute the agreement of each Proposer that it will not insist on the use of standard contract agreements, documents, or forms, and that it waives any demand for the use of its standard agreements. The Agreement between the parties shall consist of, in order of precedence: the agreement document signed by the Parties after submission of the proposal, and any attachments thereto and incorporations therein, the terms and conditions in the RFP, and the Proposer's response to the RFP.

B. ASSIGNMENT

No assignment of this Agreement or of any right accruing under this Agreement shall be made, in part or in whole, by Contractor without the written consent of the College. Notwithstanding any assignment, Contractor shall remain fully liable on this Agreement and shall not be released from performing any of the terms, covenants, and conditions of this Agreement.

C. TERMINATION FOR CONVENIENCE

The College may terminate this Agreement, in whole or in part, at any time by written notice to the Contractor. The Contractor shall be paid its reasonable costs, including reasonable close-out costs and a reasonable profit on work performed up to the time of termination. The Contractor shall promptly submit its termination claim for payment. If the Contractor has any property in its possession belonging to the College, the Contractor will account for the same and dispose of it in the manner the College directs.

D. TERMINATION FOR DEFAULT

If the Contractor does not deliver the materials in accordance with the Contract delivery schedule, or if the Contract is for services and the Contractor fails to perform in the manner called for in the Contract, or if the Contractor fails to comply with any other provisions of the Contract, the College may terminate this Contract for default. Termination shall be effected by serving on the Contractor a notice of termination setting forth the manner in which the Contractor is in default. The Contractor will be paid a reasonable price for materials delivered and accepted, or services performed in accordance with the manner of performance outlined in the Contract.

E. INDEMNIFICATION

Contractor shall indemnify, defend and hold the College harmless from and against any and all claims, losses, damages, injuries, liabilities and all costs, including attorney's fees, court costs and expenses and liabilities incurred in or from any such claim, arising from any breach or default in the performance of any obligation on Contractor's part to be performed under the terms of this Agreement, or arising from any act, negligence or the failure to act of Contractor, or any of its agents, subcontractors, employees, invitees or guests. Contractor, upon notice from the College, shall defend the College at Contractor's expense by counsel reasonably satisfactory to the College. Contractor, as a material part of the consideration of the College, hereby waives all claims in respect thereof against the College.

Contractor shall: (a) notify the College in writing as soon as practicable after notice of an injury or a claim is received; (b) cooperate completely with the College and/or the College's insurers in the defense of such injury or claim; and (c) take no steps such as admission of liability which would prejudice the defense or otherwise prevent the College from protecting the College's interests.

F. APPLICABLE LAW AND FORUM

This Agreement shall be construed in accordance with and governed by the laws of the State of Idaho. The exclusive jurisdiction and venue for any legal proceeding related to this Agreement shall be instituted in the courts of the county of Kootenai, state of Idaho, and Contractor agrees to submit to the jurisdiction of such courts.

G. LAWS, REGULATIONS, AND PERMITS

The Contractor shall give all notices required by law and comply with all applicable Federal, State, and local laws, ordinances, rules, and regulations relating to the conduct of the work. The Contractor shall be liable for all violations of the law in connection with work furnished by the Contractor, including the Contractor's subcontractors.

H. GENERAL QUALITY

All of the Contractor's work shall be performed with the highest degree of skill and completed in accordance with the Agreement Documents.

I. PROOF OF COMPLIANCE WITH AGREEMENT

So that the College may determine whether the Contractor has complied with the requirements of the Agreement Documents, the Contractor shall, at any time when requested, submit to the College properly authenticated documents or other satisfactory proofs as to compliance with such requirements.

J. PAYMENT AND ACCEPTANCE

Except as otherwise provided herein, payments shall be due and payable within (30) days after acceptance of such goods or services or after receipt of a properly completed invoice, whichever is later. No advance payment shall be made for goods or services furnished pursuant to this Agreement.

K. CONTINUATION DURING DISPUTES

The Contractor agrees that, notwithstanding the existence of any dispute between the parties, insofar as possible under the terms of the Agreement to be entered into, each party will continue to perform the obligations required of it during the continuation of any such dispute, unless enjoined or prohibited by any court.

L. SEVERABILITY

If any term or condition of this Agreement or the application thereof to any person(s) or circumstances is held invalid, such invalidity shall not affect other terms, conditions, or applications which can be given effect without the invalid term, condition, or application; to this end, the terms and conditions of this Agreement are declared severable.

M. INTEGRATION

This Agreement constitutes the entire Agreement between the parties. No change thereto shall be valid unless in writing communicated in the stipulated manner, and signed by the College and the Contractor.

N. BINDING EFFECT

This Agreement is for the benefit only of the parties hereto and shall inure to the benefit of and bind the parties hereto and their respective heirs, legal representatives, successors, and assigns.

O. APPROPRIATIONS CLAUSE

If the term of this Agreement is longer than one year, the College's obligations and liabilities hereunder are subject to the appropriation of funds by the Board of Trustees, which appropriation shall be in the Board's sole discretion, from revenues legally available to the College for the ensuing fiscal year for the purposes of this Agreement. If the Board of Trustees does not appropriate the funds for the purpose of this Agreement, the Agreement shall terminate, and neither party shall have any further obligations hereunder.

P. NON-USE OF NAMES AND TRADEMARKS

Contractor shall not use the name, trade name, trademark, or other designation of the College, or any contraction, abbreviation, or simulation of any of the foregoing, in any advertisement or for any commercial or promotional purpose (other than in performing under this Agreement) without the College's prior written consent in each case.

Q. RISK OF LOSS

Until all improvements, equipment, or goods to be provided under this Agreement are installed on property owned or controlled by the College and working properly, Contractor shall bear all risks of all loss or damage to the improvements, equipment, or goods, excluding loss or damage caused by acts, omissions, or negligence of the College. Once all improvements, equipment, or goods to be provided under this Agreement are installed on property owned or controlled by the College and working properly, the risk of all loss or damage shall be borne by the College, excluding loss or damage caused by acts, omissions, or negligence of the Contractor.

R. CONTRACTOR REPRESENTATIONS

Contractor represents and warrants the following: (a) that it is financially solvent, able to pay its debts as they mature, and possessed of sufficient working capital to provide the equipment and goods, complete the services, and perform its obligations required hereunder; (b) that it can furnish any of the plant, tools, materials, supplies, equipment, and labor required to complete the services required hereunder and perform all of its obligations hereunder and has sufficient experience and competence to do so; (c) that it is authorized to do business in Idaho, properly licensed by all necessary governmental and public and quasi-public authorities having jurisdiction over it and the services, equipment, and goods required hereunder, and has or will obtain all licenses and permits required by law; and (d) that it has visited the site of the project and familiarized itself with the local conditions under which this Agreement is to be performed.

S. TRUSTEES' APPROVAL

This Agreement is subject to approval by the Board of Trustees of North Idaho College, and if such approval is not granted, this Agreement shall be void and neither party shall have any further obligations or liabilities hereunder.

T. SURVIVAL OF TERMS

The terms and provisions hereof, and all documents being executed hereunder, if any, including, without limitation, the representations and warranties, shall survive this Agreement and shall remain in full force and effect thereafter.

U. HEADINGS

The headings contained in this Agreement are for reference purposes only and shall not in any way affect the meaning or interpretation hereof.

V. ADDITIONAL ACTS

Except as otherwise provided herein, in addition to the acts and deeds recited herein and contemplated to be performed, executed and/or delivered by the parties, the parties hereby agree to perform, execute and/or deliver or cause to be performed, executed and/or delivered any and all such further acts, deeds and assurances as any party hereto may reasonably require to consummate the transaction contemplated hereunder.

W. TIME OF ESSENCE

All times provided for in this Agreement, or in any other document executed hereunder, for the performance of any act will be strictly construed, time being of the essence.

X. WAIVER

No covenant, term, or condition or the breach thereof shall be deemed waived, except by written consent of the party against whom the waiver is claimed, and any waiver of the breach of any covenant, term, or condition shall not be deemed to be a waiver of any other covenant, term or condition herein. Acceptance by a party of any performance by another party after the time the same shall have become due shall not constitute a waiver by the first party of the breach or default of any such covenant, term, or condition unless otherwise expressly agreed to by the first party in writing.

Y. FORCE MAJEURE

Any prevention, delay or stoppage due to strikes, lockouts, labor disputes, acts of God, inability to obtain labor or materials or reasonable substitutes therefore, governmental restrictions, governmental regulations, governmental controls, pandemics, enemy or hostile governmental action, civil commotion, fire or other casualty, and other causes beyond the reasonable control of the party obligated to perform (except for financial ability), shall excuse the performance, except for the payment of money, by such party for a period equal to any such prevention, delay or stoppage.

Z. NO JOINT VENTURE

Nothing contained in this Agreement shall be construed as creating a joint venture, partnership, or agency relationship between the parties. Contractor is being retained solely as an independent contractor for the provision of professional services.

AA. INFORMATION TRUE AND CORRECT

All documents, agreements, and other information provided to the College by Contractor or which Contractor has caused to be provided to the College are true and correct in all respects and do not omit to state any material fact or condition required to be stated, necessary to make the statement or information not misleading, and there are no other agreements or conditions with respect thereto.

BB. PUBLIC RECORDS

The College is a public agency. All documents in its possession are public records. Proposals are public records and will be available for inspection and copying by any person upon completion of the RFP process. If any Proposer claims any material to be exempt from disclosure under the Idaho Public Records Law, the Proposer will expressly agree to defend, indemnify and hold harmless the College from any claim or suit arising from the College's refusal to disclose any such material. No such claim of exemption will be valid or effective without such express agreement. The College will take reasonable efforts to protect any information marked "confidential" by the Proposer, to the extent permitted by the Idaho Public Records Law. Confidential information must be submitted in a separate envelope, sealed and marked "Confidential Information" and will be returned to the Proposer upon request after the

award of the contract. It is understood, however, that the College will have no liability for disclosure of such information. Any proprietary or otherwise sensitive information contained in or with any Proposal is subject to potential disclosure.

CC. COLLEGE'S RULES, REGULATIONS, AND INSTRUCTIONS

Contractor will follow and comply with all rules and regulations of the College and the reasonable instructions of College personnel. The College reserves the right to require the removal of any worker it deems unsatisfactory for any reason.

EXHIBIT A

SCOPE OF WORK EMPLOYEE BENEFITS INSURANCE BROKER AND CONSULTING SERVICES

A. Background

NIC's primary operating locations are located in Kootenai County, and the College also provides higher education services to Idaho's five northern counties. The College had annual credit student enrollment of over 5,000 students last year. The college operates the Area Agency on Aging of North Idaho and North Idaho Head Start in addition to the general college operations. The college has employees based throughout the five Northern counties as well as employees residing in Eastern Washington.

NIC currently offers three Regence BlueShield plans, including an HDHP w/HSA. One traditional dental plan through Delta Dental of Idaho and two DMO plans through Willamette Dental and Northwest Dental Benefits; a Vision Service Plan; and a basic life/voluntary life and AD&D term insurance plan. Also offered are short-term and long-term disability insurance, supplemental accident, critical illness, and hospital indemnity plans, as well as flexible spending accounts for healthcare and dependent care. Finally, the College sponsors an employee assistance program (EAP) and a robust wellness plan tied to an HSA or VEBA HRA.

Approximately 500 full-time employees and their dependents are enrolled in one or more College-sponsored benefit plans. Open enrollment documents have been included with this RFP and include the College's contribution limits for health plans. In fiscal year 2026, the College will expend \$6.6 million in premiums for employee medical plans and \$540,000 in premium for employee dental plans.

The College's current broker provides services in support of the College's health and employee benefits programs for medical, dental and vision, and consulting services to the College. The Broker services include support of the College's basic/voluntary life and accidental death and dismemberment programs, LTD/STD programs, benefits administration support services for premium billing reconciliation, open enrollment, and COBRA. Mutual of Omaha administers the College's Employee Assistance Program, American Benefits Group administers the College's flexible spending account plan and HSA, Power of Vitality administers the wellness program and Idaho VEBA Group administers the College's VEBA. The College is fully insured for medical, dental, and vision. Currently, pharmacy benefits are bundled within the medical plans.

Of continuing interest and importance to the College is to examine ways to contain health care costs. The College is challenged with finding ways to continue offering quality care coverage at affordable prices. In fiscal year 2026 and subsequent years, the College will need broker services that will be very aggressive in analyzing the College's options to control costs. This includes evaluating the feasibility of transitioning to a self-funded medical plan in the future. We are seeking a consultant who is capable and ready to be a strategic partner in benchmarking and providing recommendations for benefit plan development and offerings today and into the future.

B. Scope of Work

Strategic Planning:

- Benchmark current benefits with local peer competitors.
- Complete GAP analysis of employee benefit program.
- Collaborate on organizational objectives and guiding principles related to benefits.
- Develop key financial and operational metrics to measure the success and risk of the College's benefits program.
- Assist in establishing multi-year benefit strategy with the College based on short and long-term objectives.
- Evaluate self-funding options, including feasibility studies, plan modeling, stop-loss coverage, and long-term financial analysis.

Plan Compliance:

- Monitor federal/state regulations; Assist the college in implementing regulatory changes to ensure compliance.
- Recommend strategies for compliance with new/pending regulations.
- Assist in implementing regulatory changes (as needed).

Vendor Management:

- Complete vendor renewal analysis and negotiations.
- Conduct marketing and vendor selection services (as needed).
- Monitor vendor performance and servicing levels, making recommendations as appropriate.
- Analyze the strength and solvency.
- Complete contract review
- Provide implementation support for annual plan design and vendor changes.

Performance/Utilization Review:

- Provide annual analysis of program and plan design competitiveness.
- Analyze claims and utilization cost drivers.
- Evaluate plan design effectiveness against established operational metrics.

Plan and Fiscal Risk Management and Cost Projections:

- Prepare expected budget and funding rates.
- Analyze underwriting, funding, and risk strategies and provide recommendations as necessary.
- Develop employee contribution rates and recommend costs-sharing strategies.
- Provide ACA Affordability Analysis annually.

Client Service/Reporting:

- Provide commentary and feedback on enrollment, claim, and utilization trends.
- Provide quarterly and annual reporting on all benefit programs.
- Conduct periodic review meetings with HR and Finance representatives to review administrative issues, program design and costs, and vendor issues.
- Conduct periodic meetings with constituent committees (as needed).
- Provide a dedicated contact for NIC benefits specialist.
- Educate the College on market and industry trends, make recommendations as needed.

Health and Wellness Management:

- Recommend health, wellness, disease, and care management programs.
- Design and implementation of health risk reduction/wellness programs.
- Design incentive/reward strategies for participation in College/Community health/wellness initiatives.
- Evaluate available health, education, and decision support tools and make recommendations as appropriate.

C. Broker's Responsibilities

1. Serve as the designated insurance broker of record for Benefit Programs.
2. Ensure compliance with all Idaho statutes and DOI regulations.
3. Develop long-range employee benefit goals and strategies with NIC.
4. Determine and recommend the most economical funding methods for benefits.
5. Perform market research for new carriers, negotiate all insurance renewals, including meeting directly with insurance company underwriters, and place insurance as directed.
6. Prepare and release a request for proposals as directed by NIC. Analyze insurance proposals according to criteria approved by NIC and present the results of such analysis to the appropriate groups.
7. In accordance with parameters and criteria established by NIC, make recommendations regarding various benefit and insurance plans, insurance carriers, health service providers, administrators, and benefit service providers.
8. Analyze claim experience/financial development for all insurance coverages.
9. Prepare annual reports, in any reasonable annual format requested in advance by NIC, for each line of coverage, analyzing financial developments, network utilization, insurer cost structures, etc., and make recommendations regarding changes, modifications, and/or benefit enhancements.
10. Provide input on agenda items for partner meetings, attend meetings as requested, prepare financial reports, interpret and distribute carrier reports, follow up with carriers, and serve as a benefit resource and strategic partner.
11. Troubleshoot issues with benefit vendors and systems and facilitate resolution.
12. Research and advise NIC on all related laws and regulations, and contract requirements.
13. Provide open enrollment support, including, but not limited to, developing a timeline, developing open enrollment materials, coordinating and participating in open enrollment meetings as reasonably requested.
14. Review contracts with providers for accuracy in rates, benefits, eligibility, and coverage definitions.
15. Assist with claims and billing issues as requested.
16. Assist with the implementation/transitioning of carriers/administrators.
17. Prepare and present reports as requested.

EXHIBIT B

**CURRENT BENEFITS RATE SHEET
FY2026 OPEN ENROLLMENT PACKET**

**\$3,300 High Deductible Health Plan w/ HSA - Regence BlueShield****Monthly Rates**

	<u>Total</u>	<u>Employee</u>	<u>NIC</u>
Employee	\$687.50	\$40.00	\$647.50
Employee + 1	\$1,625.70	\$261.77	\$1,363.93
Employee + Family	\$1,983.00	\$322.58	\$1,660.42

\$1,500 Basic Medical Plan - Regence BlueShield**Monthly Rates**

	<u>Total</u>	<u>Employee</u>	<u>NIC</u>
Employee	\$811.80	\$191.90	\$619.90
Employee + 1	\$1,919.20	\$475.85	\$1,443.35
Employee + Family	\$2,341.00	\$584.07	\$1,756.93

\$750 Select Medical Plan - Regence BlueShield**Monthly Rates**

	<u>Total</u>	<u>Employee</u>	<u>NIC</u>
Employee	\$874.30	\$333.22	\$541.08
Employee + 1	\$2,067.10	\$809.57	\$1,257.53
Employee + Family	\$2,521.40	\$990.98	\$1,530.42

Dental - Delta Dental of Idaho**Monthly Rates**

	<u>Total</u>	<u>Employee</u>	<u>NIC</u>
Employee	\$48.39	\$13.07	\$35.32
Employee + 1	\$96.49	\$27.01	\$69.48
Employee + Family	\$141.37	\$40.03	\$101.34

Dental - Willamette Dental**Monthly Rates**

	<u>Total</u>	<u>Employee</u>	<u>NIC</u>
Employee	\$69.05	\$18.64	\$50.41
Employee + 1	\$137.95	\$38.62	\$99.33
Employee + Family	\$202.00	\$57.20	\$144.80

Dental - Northwest Dental Benefits**Monthly Rates**

	<u>Total</u>	<u>Employee</u>	<u>NIC</u>
Employee	\$48.60	\$13.12	\$35.48
Employee + 1	\$103.53	\$29.05	\$74.48
Employee + Family	\$170.00	\$48.33	\$121.67

Vision - Vision Service Plan**Monthly Rates**

	<u>Total</u>	<u>Employee</u>	<u>NIC</u>
Employee	\$11.37	\$3.07	\$8.30
Employee + 1	\$16.48	\$4.55	\$11.93
Employee + Family	\$29.56	\$8.34	\$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>	\$0.12	\$0.00	\$0.12
Employee AD&D rate <u>per \$1,000</u>	\$0.02	\$0.00	\$0.02
Dependent Life rate <u>per unit</u>	\$2.43	\$0.00	\$2.43

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

<u>Age:</u>	<u>Employee</u>	<u>Spouse</u>
Under age 30	\$0.054	\$0.054
Age 30-34	\$0.051	\$0.051
Age 35-39	\$0.089	\$0.089
Age 40-44	\$0.143	\$0.143
Age 45-49	\$0.239	\$0.239
Age 50-54	\$0.421	\$0.421
Age 55-59	\$0.699	\$0.699
Age 60-64	\$0.931	\$0.931
Age 65-69	\$1.453	\$1.453
Age 70-74	\$1.453	\$1.453
Age 75 & Over	\$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>	\$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>	\$0.27	\$0.00	\$0.27

EAP - Mutual of Omaha**Monthly Rates**

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

Mutual of Omaha - Critical Illness Plan**Monthly Life Rate per \$1,000:**

<u>Age:</u>	<u>Employee</u>	<u>Spouse</u>
Under age 30	\$0.250	\$0.250
30-39	\$0.420	\$0.420
40-49	\$0.880	\$0.880
50-59	\$1.730	\$1.730
60-69	\$3.500	\$3.500
70-79	\$6.490	\$6.490
80-99	\$9.120	\$9.120

Mutual of Omaha - Accident Plan**Monthly Rates**

	<u>Total</u>	<u>Employee</u>	<u>NIC</u>
Employee	\$10.29	\$10.29	\$0.00
Employee + Spouse	\$16.58	\$16.58	\$0.00
Employee + Child(ren)	\$19.69	\$19.69	\$0.00
Employee + Family	\$27.40	\$27.40	\$0.00

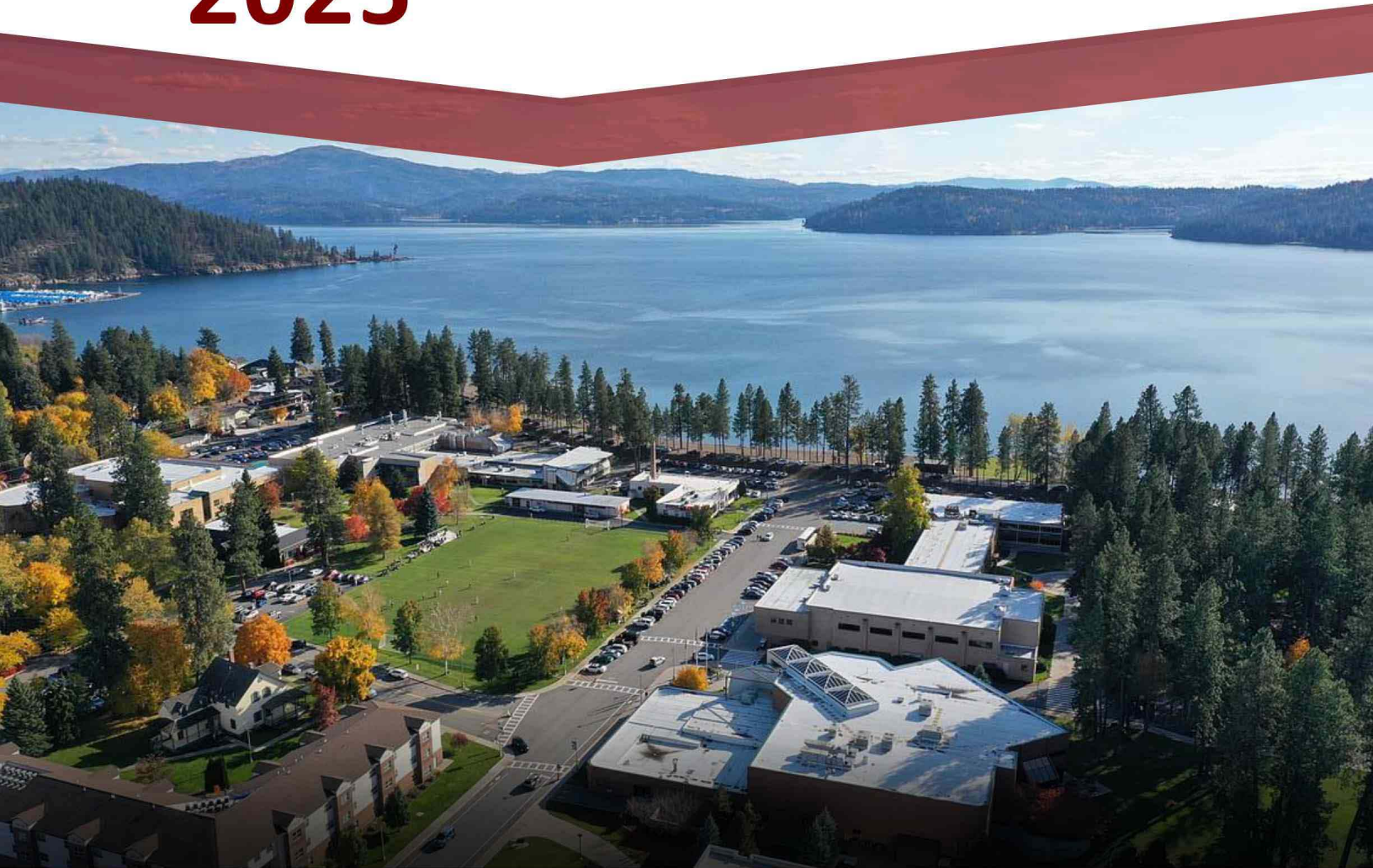
Mutual of Omaha - Hospital Indemnity Plan**Monthly Rates**

	<u>Total</u>	<u>Employee</u>	<u>NIC</u>
Employee	\$12.90	\$12.90	\$0.00
Employee + Spouse	\$28.39	\$28.39	\$0.00
Employee + Child(ren)	\$18.64	\$18.64	\$0.00
Employee + Family	\$37.27	\$37.27	\$0.00



North Idaho College

NEW HIRE **BENEFIT GUIDE** **2025**



INTRODUCTION

As an employee of North Idaho College, enjoying your work and making valuable contributions to the organization are equally vital. The health, satisfaction and security of you and your family are important to your well-being and ultimately, achieving the goals of North Idaho College.

For the 2025-2026 plan year, North Idaho College has worked hard to offer a competitive total rewards package that includes valuable plan offerings. These programs reflect our commitment to our employees.

Take Action

This guide provides an overview of your benefit options and explains how to enroll. It's up to you to be an informed benefits consumer and use your choices wisely throughout the year.

What You Need to Do

- LEARN:** Use this guide to explore your 2025-2026 benefit options and see what coverage costs.
- DECIDE:** It is the perfect time to assess your needs and choose plan options that fit you and your family — both in care and cost.
- DOCUMENT:** If you are adding coverage for a dependent spouse and/or child, you are *required* to provide a copy of your marriage license and/or birth certificate(s). If you are adding a domestic partner, contact HR for additional guidance.

DISCLAIMER

The information in this benefits guide is presented for illustrative purposes only and is based on information provided by North Idaho College and the insurance carriers. The information shared in this guide was taken from various plan descriptions and benefit summaries. In the case of a discrepancy between the guide and the actual Plan Documents the information contained in the Plan Documents will prevail. The benefit guide and plan summaries do not constitute a contract of employment or a guarantee of coverage.

Some benefits are only available when you are a new hire or during an enrollment change window approved by underwriting. If you are thinking about opting out of a benefit, it's important that you are aware of any potential restrictions that may apply if you wish to enroll later. If you are unsure and need guidance, you can contact Human Resources at 208-769-3304 or by email at humanresources@nic.edu or Alliant at 208-664-3482.

Statement of Material Modifications:

This enrollment guide constitutes a Summary of Material Modifications (SMM) to The North Idaho College Group Health Plan. It is meant to supplement and/or replace certain information in the SPD, so retain it for future reference along with your SPD. Please share these materials with your covered family members.

NEW HIRE ENROLLMENT OVERVIEW

Who is Eligible?

You are eligible to enroll in the benefits described in this guide if you are in a designated benefits eligible position, working a minimum of 20 hours per week on an ongoing basis.

Can I Make Changes Later?

Eligible employees may enroll or make changes to their benefits elections during their New Hire Enrollment period. As with most benefits, once you elect an option you are bound to that choice for the entire plan year unless you experience a “Qualifying Event.” These may include, but are not limited to:

- Changes in employment status
- Changes in legal marital status
- Loss of spouse
- Dependent gains or loses eligibility
- Plan changes in cost
- Plan changes in coverage
- Change in residence (employee or dependent)
- Judgements, decrees, or orders
- Changes in number of dependents
- Taking an unpaid leave of absence
- Dependent satisfies or ceases to satisfy eligibility requirement
- Family Medical Leave Act (FMLA) leave
- A COBRA-qualifying event
- Entitlement to Medicare or Medicaid



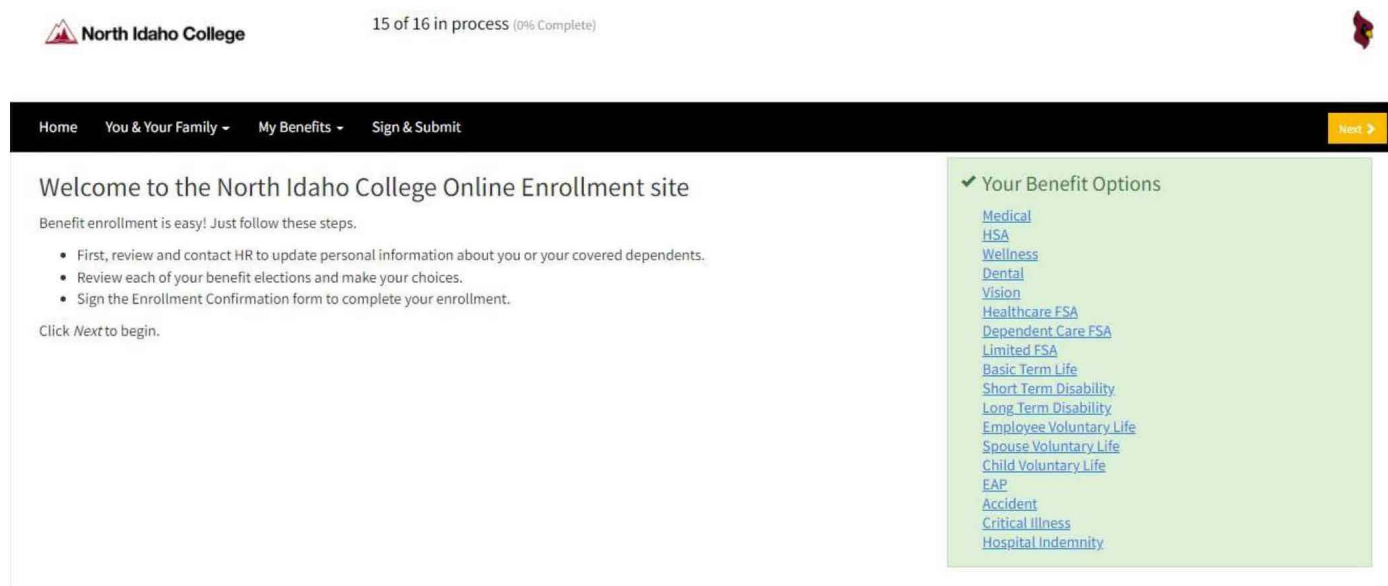
ENROLLMENT STEP-BY-STEP

Selecting your benefits is fast, easy and convenient with the online enrollment system. You can make decisions and changes online, and get immediate confirmation of your selections.

Step 1: Go to www.nic.edu, sign into MYNIC, Human Resources, Updating Personal Info & Benefit Elections, then click on the Benefits Enrollment Link.



Step 2: When the Welcome Page appears on your screen, that means you're in!



ENROLLMENT STEP-BY-STEP

North Idaho College

15 of 16 in process (0% Complete)

1 2 4

Home You & Your Family My Benefits Sign & Submit

My Benefits

Below is a list of your current benefit elections. Click "Review" for benefit information and to elect or decline coverage.

☐ Medical 3 → Review

You have to complete enrollment in this plan.

☐ HSA Review

You must be enrolled in Medical: Regence HSA Health to participate in HSA.

☐ Wellness Review

You have to complete enrollment in this plan.

☐ Dental Review

You have to complete enrollment in this plan.

My Benefits

- ☐ Medical \$0.00
- ☒ HSA \$0.00
- ☐ Wellness \$0.00
- ☐ Dental \$0.00
- ☐ Vision \$0.00
- ☐ Healthcare FSA \$0.00
- ☐ Dependent Care FSA \$0.00
- ☐ Limited FSA \$0.00
- ☐ Basic Term Life \$0.00
- ☐ Short Term Disability \$0.00
- ☐ Long Term Disability \$0.00
- ☐ Employee Voluntary Life \$0.00
- ☒ Spouse Voluntary Life \$0.00
- ☒ Child Voluntary Life \$0.00
- ☐ EAP \$0.00
- ☐ Accident \$0.00
- ☐ Critical Illness \$0.00
- ☐ Hospital Indemnity \$0.00

Employer Cost \$0.00
Pre-tax cost \$0.00
Post-tax cost \$0.00

Total Cost \$0.00
Per Pay Period

6

5

1. Review Personal Info

Start your benefits enrollment by clicking on **Next** to review your personal and dependent information.

2. My Benefits

Provide a snapshot of your current elections.

3. Enroll

Click **Review** to continue through the plan information or on the benefit plan names under My Benefits to enroll or waive coverage. A green check means "enrolled". A red X means "waived" or "not eligible". A blank circle means "not yet enrolled".

4. Sign & Submit

You must complete all steps to process your enrollment choices. In this step, you will sign a benefit confirmation form electronically using your PIN. (Your PIN is the last 4 digits of your Social Security number and the last 2 digits of your birth year.)

5. Next Button

Click the Next button at the top (or bottom) of the screen to begin your enrollment for that benefit.

6. Form Library

Click the Form Library icon to view a copy of benefit plan documents, including this benefit guide.

QUESTIONS ABOUT WHAT PLAN MIGHT BE BEST FOR YOU? *Utilize the Decision Support Tool*

The decision support tool is intended to assist employees with choosing the best plan for their needs. Setup consists of applying industry or custom costs for common procedures as well as coverage levels for deductibles, max out of pocket, copays, coinsurance percent, etc. from NIC's benefits plans. A series of simple questions are asked to make the recommendation for enrollment.

TERMS TO REMEMBER

ANNUAL DEDUCTIBLE

How much money you pay before the insurance company starts to help pay for your in network, covered services. If you haven't yet met your deductible and you access services, you can expect to pay the full cost of your in-network covered services.

COINSURANCE

How much money you pay after you've met your deductible. This is usually a percentage that is split between you and the insurance company. Once you've met your deductible and you're in coinsurance, you can expect to pay for a small cost of your in-network covered services.



ANNUAL OUT-OF POCKET MAXIMUM

How much money you pay before the insurance company pays for 100% of your in-network, covered services and you are no longer responsible for any portion of the bills. Once you've met your out-of-pocket maximum, you can expect to pay nothing for your in-network covered services.

COPAY

How much money you pay to see and have a conversation with a doctor or to fill a prescription.

IN-NETWORK

A provider who is in-network has a contract with your insurance company who has agreed to provide services to members of that insurance company. You will pay less if you see a provider in-network. In-network providers are also called "*preferred providers*" or "*participating providers*."

OUT-OF-NETWORK

A provider who doesn't have a contract with your insurance company to provide you services. If your plan covers out-of-network services, you'll usually pay more to see an out-of-network provider than a preferred provider. Out-of-network providers are also called "*non-preferred*" or "*non-participating*" providers.

PROVIDER

An individual or facility that provides health care services, such as medical, dental, or vision. Some examples of a provider include a doctor, nurse, chiropractor, physician assistant, hospital, surgical center, skilled nursing facility, or rehabilitation center.

CARRIER

A carrier is an insurance company that offers coverage for a type of services, such as medical, dental, vision, life, or disability. The carrier issues coverage through an employer that provides coverage for certain costs to their employees.

PREMIUM

The amount that must be paid for insurance is your premium. You and/or your employer usually pay it monthly. This is the amount that is paid to have the insurance coverage before any services are accessed.

Questions about these benefits?

Reach out to Alliant at (208) 664-3482 or adv-benefitssvc@alliant.com
Monday through Friday 8AM – 5PM (PST), closed 12PM-1PM for lunch



MEDICAL & PHARMACY

This Regence Blue Shield of Idaho plan allows you the freedom to use providers that are both in- and out-of-network. However, you will receive the highest level of benefits when utilizing an in-network provider. Please refer to your Regence Blue Shield Summary of Benefits & Coverage (SBC) for further details and out of network benefits.

	HSA Regence HSA 3.0	Select Plan Regence Innova	Basic Plan Regence Preferred
Services	In Network*	In Network*	In Network*
Annual Deductible (<i>Individual / Family</i>)	\$3,300 / \$5,600	\$750 / \$1,500	\$1,500 / \$3,000
Annual Out-Of-Pocket Max (<i>Individual / Family</i>)	\$5,000 / \$10,000	\$3,500 / \$7,000	\$5,500 / \$11,000
Member Coinsurance	You pay 20% after deductible	You pay 10% after deductible	You pay 20% after deductible
Office Visit Copay (<i>Primary Care, Specialist, Urgent Care</i>)	After deductible, you pay 20%	You pay \$30 Other services subject to deductible and coinsurance	
Covered Preventive Services (<i>Adult Screening/Well Child Visits</i>)	You pay \$0	You pay \$0	You pay \$0
Diagnostic Test (Labs & X-Ray)	You pay 20% after deductible	No charge for the first \$800 /year, then 10% coinsurance for outpatient services	You pay 20% after deductible
Emergency Room Services	You pay 20% after deductible	You pay \$250 copay per visit, then 10% coinsurance	You pay \$250 copay per visit, then 20% coinsurance
Hospital Care & Ambulance Services	You pay 20% after deductible	You pay 10% after deductible	You pay 20% after deductible
Outpatient Mental Health/Substance Abuse Services	You pay 20% after deductible	You pay \$30 per visit	You pay \$30 per visit
Inpatient Mental Health/Substance Abuse Services	You pay 20% after deductible	You pay 10% after deductible	You pay 20% after deductible
Chiropractic, Massage, & Acupuncture Care (<i>covered up to 24 visits per year</i>)	You pay 20% after deductible	You pay 10%	You pay 20%
Outpatient Speech/Physical/Occupational Therapy (<i>covered up to 98 total visits per year</i>)	You pay 20% after deductible	You pay 10% after deductible	You pay 20% after deductible
Prescription Drugs (<i>No charge for covered preventive drugs</i>)	Tier's 1-4: 20% after deductible Tier 5: 25% after deductible Tier 6: 50% after deductible	Tier 1: \$7 Tier 2: \$35 Tier 3: \$65 Tier 4: \$80 Tier 5: 25% Tier 6: 50%	Tier 1: \$7 Tier 2: \$35 Tier 3: \$65 Tier 4: \$80 Tier 5: 25% Tier 6: 50%
Telehealth (Doctor on Demand)	You pay 20% after deductible \$66 per visit cost	You pay \$10 per Medical or Behavioral Health consult	You pay \$10 per Medical or Behavioral Health consult

*Balance billing charges may apply to services received from Non-Participating Providers. Always check whether your provider is In-Network.

You may access a list of in-network providers at [Regence.com](https://www.regence.com). Select the Preferred Provider PPO Network.

DENTAL

	Delta Dental of Idaho	Willamette Dental	Northwest Dental Benefits
Services	PPO/Premier Network	Willamette Facility	Avondale Dental Group Provider
Annual Deductible <i>(Individual / Family)</i>	\$25/\$75	None	None
Annual Maximum <i>(Per Person)</i>	\$2,000	No Annual Maximum	\$2,500
Preventive & Diagnostic Services <i>(Exams, x-rays, cleanings)</i>	You pay 0% <i>Not subject to deductible</i>	\$15 copay per visit	You pay 0%
Basic Services <i>(Extractions, root canals, fillings, etc.)</i>	You pay 20% after deductible	\$15 copay per visit	Fillings and simple extractions: \$35 Full mouth x-ray: \$0 Oral Surgery (surgical extractions): \$60 Periodontics: \$50/quadrant & \$30/maintenance
Major Services <i>(Crowns, dentures, etc.)</i>	You pay 30% after deductible	\$15 copay per visit	Endodontics (root canals): \$250-\$400 Crown: \$350-400 Core Buildup: \$50 Dentures: \$750 Wisdom Teeth Removal: \$100-135
Implants	Not covered	\$1,500 benefit maximum per plan year	\$850 <i>(6 month waiting period)</i>
Orthodontia Treatment	Not covered	\$150 Pre-Treatment copay <i>Credited towards Treatment copay if plan is accepted</i> \$1,500 Comprehensive Treatment copay	\$2500 towards treatment <i>at Avondale Dental Provider, Peach Orthodontics, or Riverstone Orthodontics. (6 month waiting period)</i>

Visit DeltaDentalId.com, WillametteDental.com, and AvondaleDentalCenter.com to find a Dental Provider near you.

For new members: look for your Delta Dental ID Card in the mail! [Willamette & Northwest Dental Benefits do not issue ID cards](#), simply use your personal information when making an appointment.

VISION

VSP (Vision Service Plan)	
Plan Features	In Network Benefits
Routine Eye Exam <i>(once per 12 months)</i>	Covered in full after \$20 copay
Frames <i>(once per 12 months)</i>	\$20 Copay then \$200 allowance towards frames
Standard Lenses <i>(once per 12 months)</i>	Covered in full up to \$200 after \$20 copay
Elective Contact Lenses <i>In lieu of glasses (once per 12 months)</i>	Up to \$200 total allowance towards contact lenses and contact lens exam (fitting and evaluation)
Laser Vision Correction	<i>Not Covered. Discounts available.</i>

This plan uses the VSP Choice provider network. You will pay less if you use a provider in the plan's network. All benefits illustrated are for VSP Participating Providers.

Visit VSP.com to find a VSP participating vision provider near you.



NORTHWEST DENTAL BENEFITS

NETWORK OFFICES

AVONDALE DENTAL GROUP



AVONDALE
DENTAL

208.772.4066
1683 E Miles Ave Hayden Lake
www.AvondaleDentalCenter.com



LEGACY
DENTAL

208.773.1559
801 E Medical Ct Post Falls
www.LegacyDentalPF.com

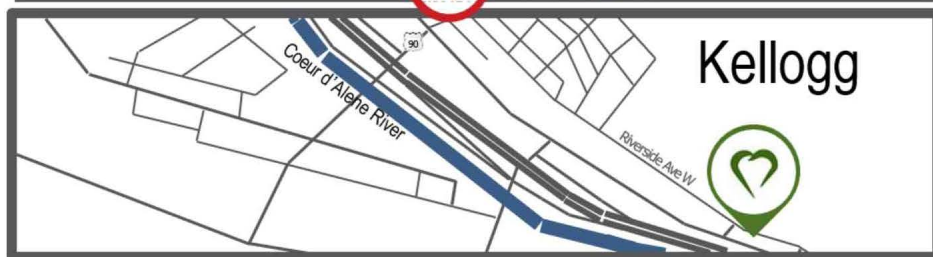


SELKIRK
DENTAL

208.762.0202
169 W Wyoming Ave Hayden
www.SelkirkDentalID.com



Kootenai
County



Kellogg



ELEMENT
DENTAL

208.664.2160
1015 W Ironwood Dr Coeur d'Alene
www.ElementDentalCDA.com



Silver Valley
DENTAL CARE

208.786.7031
302 E Cameron Ave Kellogg
www.SilverValleyDentalCare.com

NETWORK PARTNERS



208.772.2202
1027 W Prairie Ave Hayden
www.DanceDentistry.com



RIVERSTONE
ORTHODONTICS
Dr. Mike Chaffee

208.667.9212
2140 W Riverstone Dr Ste 301 Coeur d'Alene
www.DrChaffee.com



208.777.1010
1145 E Polston Ave Post Falls
www.PeachOrtho.com

TO LEARN MORE ABOUT NWDB

Please scan the QR code or visit:
NorthwestDentalBenefits.com



@Northwest Dental Benefits

LIFE AND AD&D

Mutual of Omaha Group Term Life and AD&D 100% Paid by NIC

Plan Features

Employee Benefit Amount	An amount equal to 2 times your annual salary, but in no event less than \$50,000 or in excess of \$500,000.
Spouse Benefit Amount	\$10,000
Child Benefit Amount	Birth-6 months: \$500 6 months & older: \$10,000
AD&D Benefit	Equal to your Term Life benefit amount if loss is due to accident or injury.
Benefit Reduction	Benefit reduces by 35% at age 65, and 50% at age 70+.

Mutual of Omaha Supplemental Life Voluntary 100% Paid by Employee

Plan Features

Employee Benefit Amount	An amount equal to 5 times your annual salary up to \$500,000.
Minimum Benefit Amount	\$10,000
Maximum Benefit Amount	\$500,000, in increments of \$10,000, but no more than 5 times annual salary.
Spouse Benefit	\$5,000 up to the lesser of 100% of employee's benefit or \$250,000
Dependent Benefit	\$2,000 up to the lesser of 100% of employee's benefit or \$10,000
Benefit Reduction	Benefit reduces by 35% at age 65, and 50% at age 70+.

Guarantee Issue Amounts : *Employee can elect up to the Guarantee Issue Amount without an Evidence of Insurability*

Employee: 5 times annual salary, up to \$200,000

Spouse: 100% of employee's benefit, up to \$30,000

Children: \$10,000

If you chose to waive this benefit in the past, an Evidence of Insurability Form (EOI) will be required to enroll. If your current election is under the Guarantee Issue amount, you can increase your benefit election by \$20,000 without the EOI requirement.



Questions about your benefits or need claims assistance?

Reach out to the Mutual of Omaha at 1 (800) 369-3809

www.mutualofomaha.com/support/claims

DISABILITY & WORKSITE BENEFITS

Mutual of Omaha Short Term Disability 100% Paid by NIC

Plan Features

Employee Weekly Benefit	Your benefit is equivalent to 60% of your before-tax weekly earnings, not to exceed the plan's maximum weekly benefit amount.
Maximum Weekly Benefit	\$2,500
Elimination Period	If you become disabled, there is an elimination period before benefits are payable. Your benefits begin on the 8th day of your disabling injury or illness.
Maximum Benefit Period	Up to 12 weeks

Mutual of Omaha Long Term Disability 100% Paid by NIC

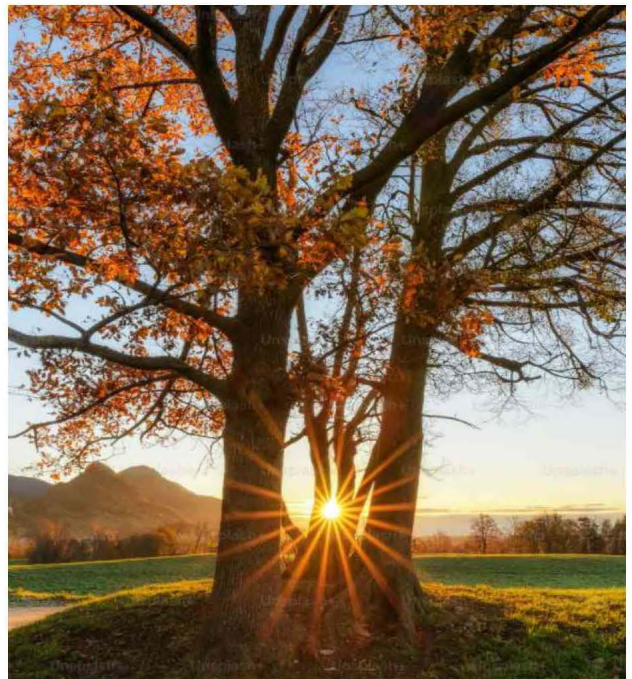
Plan Features

Employee Monthly Benefit	Your benefit is equivalent to 2/3 of your before-tax monthly earnings, not to exceed \$12,500. See the carrier's plan documentation for more details.
Elimination Period	Benefits begin on the later of 90 calendar days after the onset of your disabling injury or illness, or the date your short-term disability ends.
Maximum Benefit Period	If you become disabled prior to age 62, benefits are payable to age 65, your Social Security Retirement Age (SSNRA) or 3.5 years, whichever is longest. At age 62 or older, benefit period is based on a reduced duration schedule.

Mutual of Omaha Worksite Benefits Voluntary 100% Paid by Employee

Plan Features

Accident	Supplement your primary medical plan with cash benefits in cases of accidental injuries. Use the cash for whatever you want.
Critical Illness	Critical Illness insurance helps protect against high expenses of critical illnesses, such as a heart attack or cancer, with a lump-sum benefit.
Hospital Indemnity	Hospital Indemnity insurance provides a cash benefit for costs associated with a covered hospital stay due to a sickness or accidental injury.



Questions about your benefits or need claims assistance?

Reach out to the Mutual of Omaha at 1 (800) 369-3809

www.mutualofomaha.com/support/claims

Employee Benefit Costs 2025-2026

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

		<i>Monthly Rates</i>	
	Total	Employee	NIC
Employee	\$687.50	\$40.00	\$647.50
Employee + 1	\$1,625.70	\$261.77	\$1,363.93
Employee + 2 or more	\$1,983.00	\$322.58	\$1,660.42

\$1,500 Basic Medical Plan Regence BlueShield

		<i>Monthly Rates</i>	
	Total	Employee	NIC
Employee	\$811.80	\$191.90	\$619.90
Employee + 1	\$1,919.20	\$475.85	\$1,443.35
Employee + 2 or more	\$2,341.00	\$584.07	\$1,756.93

\$750 Select Medical Plan Regence BlueShield

		<i>Monthly Rates</i>	
	Total	Employee	NIC
Employee	\$874.30	\$333.22	\$541.08
Employee + 1	\$2,067.10	\$809.57	\$1,257.53
Employee + 2 or more	\$2,521.40	\$990.98	\$1,530.42

Dental Delta Dental of Idaho

		<i>Monthly Rates</i>	
	Total	Employee	NIC
Employee	\$48.39	\$13.07	\$35.32
Employee + 1	\$96.49	\$27.01	\$69.48
Employee + Family	\$141.37	\$40.03	\$101.34

Dental Willamette Dental

		<i>Monthly Rates</i>	
	Total	Employee	NIC
Employee	\$69.05	\$18.64	\$50.41
Employee + 1	\$137.95	\$38.62	\$99.33
Employee + Family	\$202.00	\$57.20	\$144.80

Dental Northwest Dental Benefits

		<i>Monthly Rates</i>	
	Total	Employee	NIC
Employee	\$48.60	\$13.12	\$35.48
Employee + 1	\$103.53	\$29.05	\$74.48
Employee + Family	\$170.00	\$48.33	\$121.67

Vision Vision Service Plan

		<i>Monthly Rates</i>	
	Total	Employee	NIC
Employee	\$11.37	\$3.07	\$8.30
Employee + 1	\$16.48	\$4.55	\$11.93
Employee + 2 or more	\$29.56	\$8.34	\$21.22

Life/AD&D Mutual of Omaha

	<i>Monthly Rate per \$1,000 of Benefit</i>		
	Total	Employee	NIC
Employee Life rate per \$1,000	\$0.12	\$0.00	\$0.12
Employee AD&D rate per \$1,000	\$0.02	\$0.00	\$0.02
Dependent Life rate per unit	\$2.43	\$0.00	\$2.43

Employee Benefit Costs 2025-2026

Voluntary Life Mutual of Omaha

Monthly Life Rate per \$1,000:

Age:	Employee	Spouse
Under age 30	\$0.054	\$0.054
Age 30-34	\$0.051	\$0.051
Age 35-39	\$0.089	\$0.089
Age 40-44	\$0.143	\$0.143
Age 45-49	\$0.239	\$0.239
Age 50-54	\$0.421	\$0.421
Age 55-59	\$0.699	\$0.699
Age 60-64	\$0.931	\$0.931
Age 65-69	\$1.453	\$1.453
Age 70-74	\$1.453	\$1.453
Age 75 & Over	\$1.453	\$1.453
Dependent Child Life Rate per \$1,000:	\$0.08	

Long Term Disability Mutual of Omaha

Monthly Rate per \$100

	Total	Employee	NIC
Employee LTD per \$100	\$0.27	\$0.00	\$0.27

Short Term Disability Mutual of Omaha

Monthly Rate per \$10

	Total	Employee	NIC
Employee STD per \$10	\$0.27	\$0.00	\$0.27

EAP Mutual of Omaha

Monthly Rates

	Total	Employee	NIC
Employee	\$0.95	\$0.00	\$0.95

Mutual of Omaha Critical Illness Plan

Monthly Life Rate per \$1,000:

Age:	Employee	Spouse
Under age 30	\$0.250	\$0.250
30-39	\$0.420	\$0.420
40-49	\$0.880	\$0.880
50-59	\$1.730	\$1.730
60-69	\$3.500	\$3.500
70-79	\$6.490	\$6.490
80-99	\$9.120	\$9.120

Mutual of Omaha Accident Plan

Monthly Rates

	Total	Employee	NIC
Employee	\$10.29	\$10.29	\$0.00
Employee + Spouse	\$16.58	\$16.58	\$0.00
Employee + Child(ren)	\$19.69	\$19.69	\$0.00
Employee + Family	\$27.40	\$27.40	\$0.00

Mutual of Omaha Hospital Indemnity Plan

Monthly Rates

	Total	Employee	NIC
Employee	\$12.90	\$12.90	\$0.00
Employee + Spouse	\$28.39	\$28.39	\$0.00
Employee + Child(ren)	\$18.64	\$18.64	\$0.00
Employee + Family	\$37.27	\$37.27	\$0.00

COMPARE ACCOUNTS: HSA vs. FSA vs. VEBA

	HSA	Limited Purpose FSA	Health Care FSA	Dependent Care FSA	VEBA
Available with these plans	NIC HSA Plan	NIC HSA Plan	NIC Basic or Select Plan	Any medical plan (or no medical plan)	NIC Basic or Select Plan
Debit Card use available	Yes	Yes	Yes	Yes	Yes
Change your contribution amount anytime	Yes	No	No	No	Employer wellness contributions only
Access only funds that have been deposited	Yes	No	No	Yes	Yes
Use the money for	All eligible health care expenses	Only dental and vision expenses (not medical)	All eligible health care expenses	Eligible dependent care expenses, including child care for children up to age 13 and care for dependent adults	All eligible health care expenses
Access to entire elected amount at the beginning of the plan year	No	Yes	Yes	No	No
"Use it or lose it" at year-end	No	Yes	Yes	Yes	No
Documentation required	For tax-filing and IRS audit purposes only	For submission with reimbursement request	For submission with reimbursement request	For submission with reimbursement request	For submission with reimbursement request

What's an eligible expense?

Health Care FSA— Plan deductibles, copays, coinsurance, and other health care expenses. To learn more, see IRS Publication 502 at www.irs.gov.

Dependent Care FSA— Day care for children under the age of 13, afterschool programs, home care for dependent elders, and related expenses. To learn more, see IRS Publication 503 at www.irs.gov.

Questions about your HSA or FSA?

Reach out to the American Benefits Group at 1 (800) 499-3539

www.amben.com/wealthcare



CAFETERIA PLAN ACCOUNTS

Benefits of a Cafeteria Plan

Cafeteria Plan Accounts are designed to provide employees with a flexible way to pay for certain benefits with pre-tax dollars, thereby reducing their taxable income and saving on income and payroll taxes.

Aspect	Health Flexible Spending Account	Limited Purpose Flexible Spending Account *	Dependent Day Care Reimbursement Account
Purpose	Covers a wide range of eligible medical, dental, vision, and other healthcare expenses.	Covers eligible dental and vision expenses. Must be enrolled in a high deductible health plan.	Covers eligible child or dependent care expenses.
Eligible Expenses	Medical and dental expenses, vision care, prescription drugs, and certain over-the-counter items.	Can only be used for eligible dental and vision expenses.	Qualified dependent care expenses, including daycare services, preschool, summer day camps, and after-school care.
Contribution Limits (2025)	Up to \$3,300 per year per employee.	Up to \$3,300 per year per employee.	Up to \$2,500 per year for individuals or \$5,000 for married couples filing jointly.
Carryover Provision	At the end of the FSA Plan Year, you may rollover up to \$660 of unused funds into the new Plan Year. Additional unused funds are forfeited at the end of the Plan Year. Note, the unused funds that are rolled over must be used within the following plan year.		Unused funds are forfeited at the end of the Plan Year.

How these accounts work:

1. Use your FSA funds throughout the plan year to pay for eligible healthcare or dependent care expenses (the IRS determines which expenses are FSA eligible under section 213d).
2. Funds are withdrawn from your paycheck before taxes are withheld and deposited into your account. FSA elections are made annually before the beginning of the FSA Plan Year. Changes cannot be made after the start of the Plan Year, unless you experience a qualifying event.
3. Save your receipts and other supporting documentation related to your expenses and claims as the IRS may request itemized receipts to verify the eligibility of your expenses.

** If enrolled in a High-Deductible Health Plan (HDHP), then the limited purpose FSA is the only health FSA you're eligible to enroll in.*

Questions about your Health Savings Account?

Reach out to the American Benefits Group at 1 (800) 499-3539

www.amben.com/wealthcare



HEALTH SAVINGS ACCOUNT

Health Savings Account (HSA)

A Health Savings Account is a type of savings account that lets you set aside money on a pre-tax basis to pay for qualified medical expenses. By using untaxed dollars in an HSA to pay for deductibles, copayments, coinsurance, and some other expenses, you may be able to lower your out-of-pocket health care costs. HSA funds generally may not be used to pay premiums.

While you can use the funds in an HSA at any time to pay for qualified medical expenses, you may contribute to an HSA only if you have an HSA-eligible plan (High Deductible Health Plan (HDHP)) — generally a health plan that only covers preventive services before the deductible.

Qualifying for an HSA

Please note, if you are also enrolled in other medical coverage that is not a qualified High Deductible Health Plan (HDHP) or your spouse is enrolled in a Health Flexible Spending Account (FSA), you may be ineligible to contribute to the Health Savings Account offered by your employer. This includes dual coverage under a spouse or parent's plan that is not a qualified HDHP, Medicare, Medicaid, VA services, Indian Health Services, and active military members covered under Tricare. You can find out more about High Deductible Health Plans by visiting the IRS website here:

<https://www.irs.gov/publications/p969>

Features of an HSA

- HSA contributions are made pre-tax and earnings accumulate tax-free or tax-deferred depending on how the money is spent.
- HSA accumulations can be used tax-free for any IRS qualified medical expense, such as health plan deductibles and other out-of-pocket costs, dental, orthodontia, Lasik surgery, prescriptions, and more.
- You never lose unspent balances, and the full account balance moves with you if you leave employment.
- For account owners 55 and older, additional “catch-up” contributions can be made.

WHY CHOOSE HSA THIS YEAR

For the 2025-2026 plan year, employees who elect to contribute to their HSA will also receive an additional match of up to \$45 per pay period for employee-only coverage and up to \$65 per pay period for employee + 1 or more coverage.

Employer contributions count towards an employee's maximum annual contribution.

- HSAs have limits on contributions in any given calendar year — for 2025 they are \$4,300 for individuals and \$8,550 for families.
- HSAs allow non-medical expense distributions, but the account owner will be taxed and penalized (20%) on the funds withdrawn.
- No early withdrawal penalty for account owners age 65+.



Questions about your Health Savings Account?

Reach out to the American Benefits Group at 1 (800) 499-3539

www.amben.com/wealthcare



WELLNESS PROGRAM



North Idaho College is dedicated to the health and wellness of our employees. Benefits eligible employees can participate in the voluntary employee wellness program, regardless of their enrollment in a NIC medical plan. Through our wellness program, employees and spouses/domestic partners are empowered *and* incentivized to take charge of their health and wellness! We provide opportunities for employees and their spouses/domestic partners to be informed and educated about wellness. These opportunities include:

- Employees and their spouses/domestic partners can earn incentives of up to \$1,500 for employee only medical coverage or up to \$3,000 for employee + 1 medical coverage. Funds are deposited into the employee's VEBA or HSA. The employee and their spouse/domestic partner must be enrolled in a NIC medical plan to earn incentives.
- Workout classes through the Student Wellness and Recreation Center (SWRC) at **no cost**.
- Access to online health and wellness education through the online Vitality portal.
- SmartDollar
- Headspace

Outcomes Based Incentives

NIC will continue with an outcomes-based incentive program. This means the ability to earn incentives is based upon the completion of a confidential biometric screening. Biometric screenings provide information to participants about blood pressure, cholesterol, blood glucose levels, and other related health indicators. These screenings help inform participants about their risk for diabetes, heart disease, hypertension, and other chronic conditions.

Points

Employees and their spouses/domestic partners can earn points through the Vitality program for a variety of designated health related activities. These points accumulate and when specific thresholds are reached, a portion of the incentive is deposited into the employee's VEBA or HSA account (depending on the employee's medical plan).

Applies to both the employee and their eligible spouse/domestic partner: One of the first steps to earning incentives is a biometric screening, which must be completed before employees and their eligible spouse/domestic partner can earn wellness contributions. Additional points will be awarded when an employee and their eligible spouse/domestic partner is "in range" in at least two of the four categories of the screening. If an employee or their eligible spouse/domestic partner is out of range in two or more categories, they will not automatically receive the points, but they will be offered reasonable alternatives to meet the requirement through the Vitality portal. In these cases, points will be awarded once the reasonable alternative is completed then points will be awarded. In order to earn any additional points through the Vitality program (or achieve a higher point status), the biometric screening requirements/reasonable alternatives requirements must first be met by both the employee and their eligible spouse/domestic partner.

Privacy

To protect employee privacy, credit for the completion of the biometric screening will be determined by our third-party partner, Wellness IQ. Wellness IQ will work directly with Vitality to ensure incentive points are awarded properly. Individual biometric information will not be shared with anyone at NIC.

Due to this outcomes-based incentive structure, employees and spouses/domestic partners wanting to earn points and incentives through the wellness program will need to consent to allow Vitality and Wellness IQ to access the biometric information to demonstrate that the requirements have been met. Again, neither Wellness IQ nor Vitality will share the individual biometric outcomes with any other party, at NIC or otherwise.

Reminder: Employees and their eligible spouses/domestic partners will need to actively consent "yes" through the Vitality portal in order to receive the monetary incentives. To give your consent, go to powerofvitality.com> your account>consent.

WELLNESS PROGRAM



The structure for FY26 incentives is outlined below:

Important note:

- 10% of Vitality points and 100% of Vitality Bucks will rollover each program year.
- Employee must be enrolled in a NIC medical plan to earn contributions to a VEBA or HSA.
- Beginning 7/1/2025, employees and spouses will each need to reach the following status level:



Requirements to earn incentive	Who needs to complete requirements	Contributions added to either a VEBA or HSA (depending on the employee's medical plan) once requirements have been met	
		Employee only coverage	Employee + 1 coverage
Mark the consent statement, take the Vitality Health Review (VHR) and complete the tobacco statement (required to start earning incentives).	Employees, Spouses & Domestic Partners on the Benefit Plan	\$0	\$0
Complete the Biometric Screening – (required to start earning incentives) <i>If completing through an on-site screening, results will automatically be sent to Vitality.</i> <i>If completing off-site through a health provider, the participant must submit results to Vitality using the Biometric Screening form downloaded from the Vitality site.</i>	Employees, Spouses & Domestic Partners on the Benefits Plan	\$400	\$800
Fall into a Healthy Range in 2 out of the 4 Biometric Components Or Meet Reasonable Alternative Standard (RAS)*	Employees, Spouses & Domestic Partners on the Benefits Plan	\$350	\$700
Reach <i>Gold Status</i> through point accumulation <i>Participants must complete the VHR, tobacco statement, and a biometric screening before they can receive the monetary incentives for reaching Gold or Platinum status.</i>	Employees, Spouses & Domestic Partners on the Benefits Plan	\$350	\$700
Reach <i>Platinum Status</i> through point accumulation <i>Participants must complete the VHR, tobacco statement, and a biometric screening before they can receive the monetary incentives for reaching Gold or Platinum status.</i>	Employees, Spouses & Domestic Partners on the Benefits Plan	\$400	\$800
		\$1,500	\$3,000

Vitality incentives will be deposited into your [Idaho VEBA](#) or [HSA](#) account no later than the 20th of the following month, after a new requirement was completed.

If you are new to the program, a debit card will be mailed to your home address once you achieve the first requirement noted above. Balance inquiries can be made through your consumer portal for VEBA (enrolled in the \$750 or \$1500 medical plan): [Idaho VEBA](#) or HSA: www.amben.com (enrolled in the \$3,300 high deductible health plan).

The employee wellness program will continue to partner with the NIC Student Wellness and Recreation Center (SWRC) to offer a monthly membership subsidy as well as free workout classes for all employees. Gym membership is not required to attend classes, however, employees must register prior to the class. To view the workout class schedule or to register, visit the [SWRC website](#).

Financial Wellness

As we continue to look for ways to support employees on their wellness journey, Ramsey SmartDollar, a financial wellness tool will continue to be available to employees through Vitality. This program is available to you at no cost!

Features of SmartDollar:

- 100% online, confidential, and self-paced.
- A proven, step-by-step plan: Learn about the 7 Baby Steps that have helped millions of people get out of debt, invest, build wealth, and give generously.
- Online tools accessible 24/7 on any device.
- Video Lessons and Expert Advice: Learn from the experts through video lessons and real-world content application.

To get started, you'll need to create an account at [SmartDollar](#).

- Click sign up
- Enter employee ID # (your ID number can be found on your NIC ID card. You don't need to enter the leading zeros)
- Enter an email address (doesn't need to be your NIC email)

New and improved Vitality platform available July 1st!

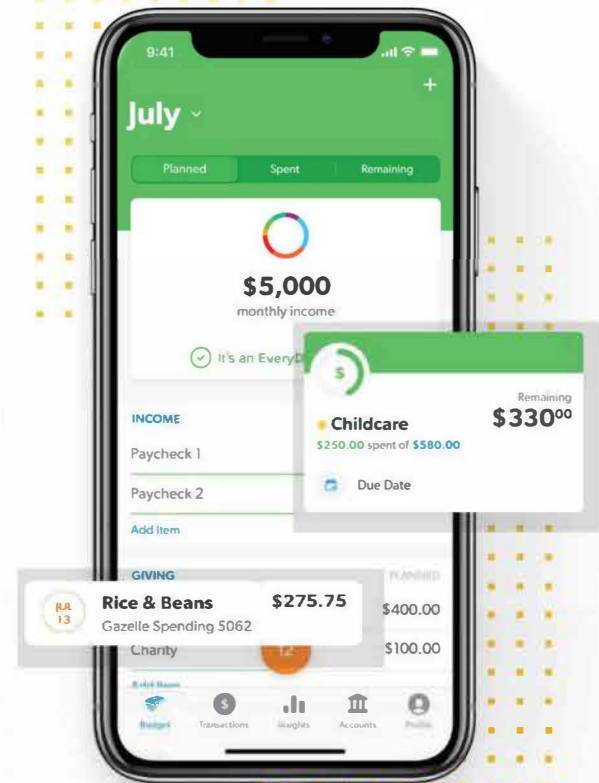
Find out more about the new **Power Of Vitality** app by scanning the QR code or going to:

<https://ebooks.trustab.com/view/74608017/>



Tell Your Money Where to Go

Budgeting can help you stop wondering where your money went.



Creating your budget is Easy!

1

Log in to SmartDollar or create your free account.

Scan this code or visit

<https://www.smartdollar.com/enroll/northidahocollege>

2

From your dashboard, go to Tools in the menu bar, then "Go to EveryDollar."

3

That's it! Now you can create and track your budget each month!

SmartDollar encourages you to work with your spouse. So if you re married, work on your budget together. This doesn t work if you re not both on board.

Be kind to your mind

Headspace loves science

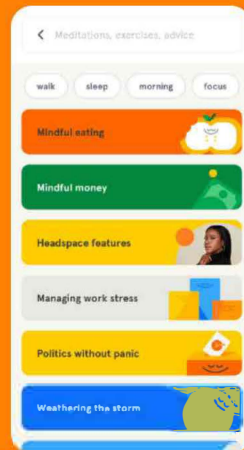
Just 10 days of Headspace can increase happiness by 16%.

Join over 70 million

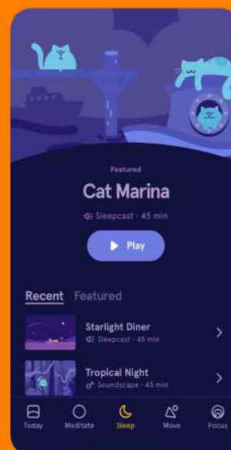
Connect with friends and over 70 million people who have downloaded the app.

Mindfulness has been shown to help people stress less, increase focus, and sleep more soundly. Meditation helps you to be more mindful – and Headspace is your personal guide, with hundreds of meditations and exercises for sleep, focus, and movement.

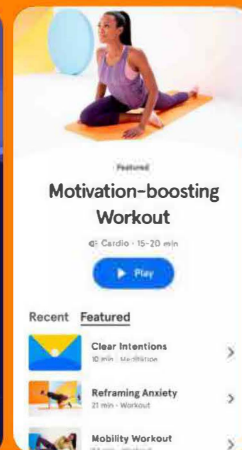
Meditation



Sleep



Move



Focus



Get started

Just follow these steps to sign up and start your journey.

Need help? Headspace is here at teamsupport@headspace.com.

1 Visit <https://work.headspace.com/northidahocollege/member-enroll>

2 Create a Headspace account or log in with an existing account and verify your NIC address

3 Download the Headspace App and get started



TOOLS & RESOURCES



The following pages contain information about *additional tools* and *member resources* that may be beneficial to assist you in finding the lowest cost/highest quality services available to you.

The following tools and resources are available to you:

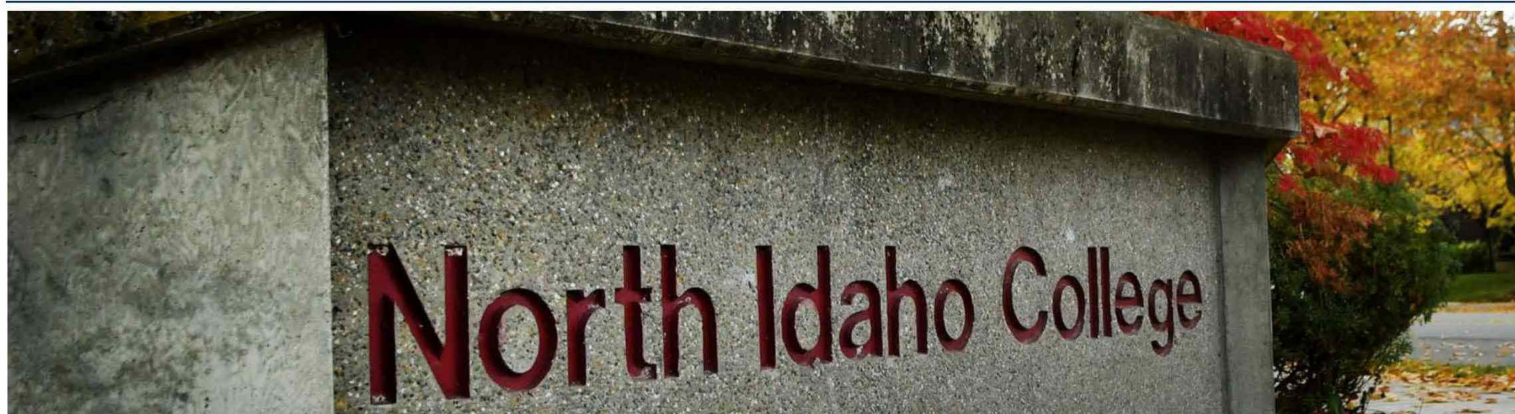
- Employee Assistance Program (EAP)
- Doctor on Demand
- Doctor on Demand See a Therapist
- Regence Medication Support
- Regence Find A Doctor
- Pet Insurance

Questions about these benefits?

Reach out to Alliant at (208) 664-3482 or adv-benefitssvc@alliant.com
Monday through Friday 8AM – 5PM (PST), closed 12PM-1PM for lunch



EMPLOYEE ASSISTANCE PROGRAM



Life's not always easy. Sometimes a personal or professional issue can get in the way of maintaining a healthy, productive life. Your Employee Assistance Program (EAP) can be the answer for you and your family.

We're Here to Help

Mutual of Omaha's EAP assists employees and their eligible dependents with personal or job-related concerns, including:

- Emotional well-being
- Family and relationships
- Legal and financial
- Healthy lifestyles
- Work and life transitions

EAP Benefits

- Access to EAP professionals 24 hours a day, seven days a week
- Provides information and referral resources
- Service for employees and eligible dependents
- Robust network of licensed mental health professionals
- **Six face-to-face sessions* with a counselor (per issue)**

*One legal consultation per issue

*California Residents: Knox-Keene Statute limits no more than three face-to-face sessions per six-month period.

- Legal resources
 - Online will preparation
 - Legal library & online forms
 - Legal consultations
- Resources for:
 - Financial tools and resources
 - Work/Life balance
 - Substance use and other addictions
 - Dependent and elder care resources
- Access to a library of educational articles, handouts and resources via mutualofomaha.com/eap

What to Expect

You can trust your EAP professional to assess your needs and handle your concerns in a confidential, respectful manner. Our goal is to collaborate with you and find solutions that are responsive to your needs.

Your EAP benefits are provided through your employer. There is *no cost* to you for utilizing EAP services. If additional services are needed, your EAP will help locate appropriate resources in your area.

— Don't delay if you need help —

Visit mutualofomaha.com/eap or call **800-316-2796** for confidential consultation and resource services.



Mutual of Omaha

Virtual care. Real relationships.

With your Regence BlueShield of Idaho health plan, you have access to Doctor On Demand® by Included Health and can connect with high-quality primary care on your phone, tablet, or computer.



Get a primary care provider specially trained to offer virtual appointments. With Doctor On Demand, you get to pick your provider so you get a dedicated partner in achieving your health goals.

Get online primary care that goes beyond the screen.



Connect face-to-face with your primary care doctor from your smartphone, tablet, or computer.



Schedule annual preventative healthcare with screenings and well checks to keep you healthy.



Get a diagnosis or treatment plan, help managing chronic conditions, or check-ups anytime you want.



Get prescriptions sent to the pharmacy of your choice, and bloodwork and lab orders to the nearest facility.

How much does it cost?

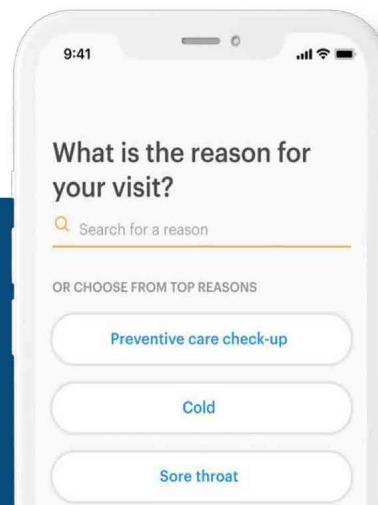
Copays vary by plan and type of visit. Register or sign in to see your copay before your visit.

How do I get started?

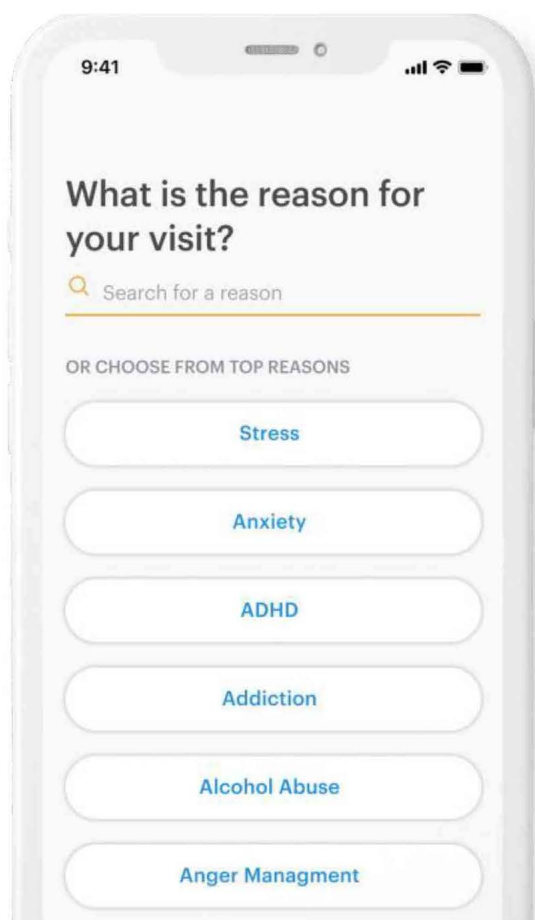
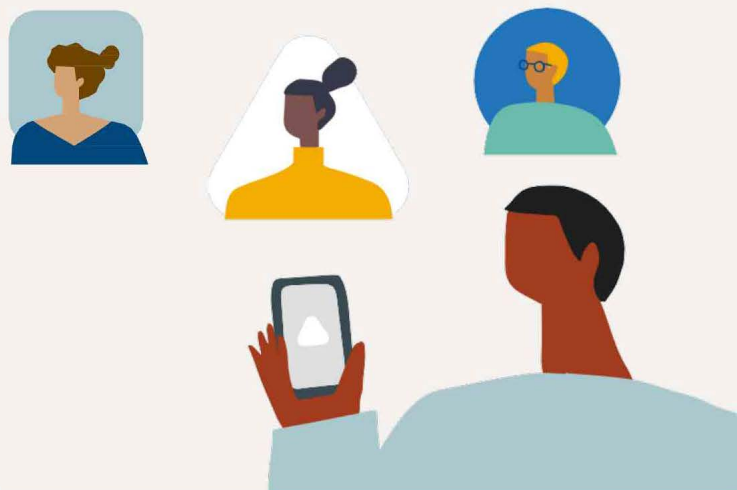
- 1 Download the Doctor On Demand app. Activate your account or login.
- 2 Find your primary care provider. Choose from a carefully-vetted network of high-quality providers.
- 3 See your doctor face-to-face as often as you want. Get help with all your healthcare needs from a dedicated provider.

Regence BlueShield of Idaho is an Independent Licensee of the Blue Cross and Blue Shield Association. Doctor On Demand is a separate company that provides telehealth services for Regence members.

Activate your account.
doctorondemand.com/regence-id-vpc



Therapists come in
all shapes and sizes.
We have the right fit
for you.



Search by specialty, availability, and gender to find the right fit—whether for you or a family member/covered dependent.



A fit for your schedule

Find mental health help from vetted therapists and psychiatrists available night or day.



A fit for your needs

From children's therapy to anxiety and depression, see a mental health professional specializing in your needs.



A fit for who you are

Find a therapist or psychiatrist who's culturally sensitive and who understands you as an individual.

Regence BlueShield of Idaho is an Independent Licensee of the Blue Cross and Blue Shield Association. Doctor on Demand® is a separate company that provides telehealth services for Regence members.

See a therapist.

doctorondemand.com/regence_id



Download the app

GET IT ON
Google Play

Download on the
App Store

Regence



IDAHO

REGENCE.COM & APP

Health care is confusing. Your Regence account has the answer.

When it comes to managing your health care, you deserve more support and less complexity. That's why Regence offers a personalized digital experience on regence.com and in the app.

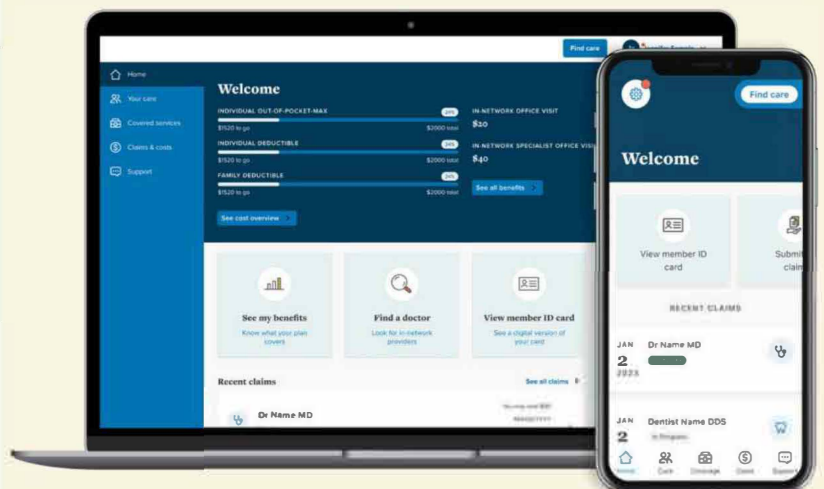
One experience, any device

Check your claims, view your benefits, find in-network doctors and personalized insights, and chat with Customer Service.

All this right from your own home screen—a convenient way to take care of yourself and save money along the way.

Get started!

To create an account, go to regence.com or download the Regence app. All you need is your member ID card to get started.





Understanding your pharmacy benefits

Welcome to Regence! Whether you want to know if a medication's covered under your plan or are looking for ways to save on prescriptions, we're here to help you find the information you need.

Is your medication covered?

When it comes to choosing medications, it's important to know how a drug formulary—also called a covered-drug list or prescription drug list—works. A formulary is a list of pre-approved drugs that your Regence health plan helps cover. So when you fill your prescription, you don't have to pay full price.

The Regence formulary divides medications into multiple tiers, each with its own cost-share. Before we add a medication to the list, our team of doctors and pharmacists carefully evaluates how safe and effective it is while assessing whether it will improve health.

Lower tiers typically have a lower copay, and higher tiers typically have a higher copay. You may have a specialty tier on your covered drug list. [Sign in](#) to your Regence account to check your benefits.

Low Tier(s) \$	Medications that provide the highest overall value. Lower tier(s) mostly include generics but may include some brand medications.
Mid Tier(s) \$ \$	Medications that provide moderate overall value. Mid tier(s) mostly include brand medications that are categorized based on how well they work and/or their cost compared to others that treat the same condition.
Highest Tier(s) \$ \$ \$	Medications that provide lower overall value. Highest tier(s) mostly include brand medications that are categorized based on how well they work and/or their cost compared to others that treat the same condition.

Sign in to see if your medication's covered, how much it'll cost and more, including pharmacies in your network, forms, home delivery registration, specialty pharmacy information and pre-authorization policies.



[Sign in](#) to your Regence account.*



Select **Covered services**.



Click on the **Pharmacy** tab.



Choose **Find a drug** under **Check costs and coverage**.

*Don't have an account? [Create one](#) or use our [shop module](#) to compare plan offerings.

Pre-authorization requirements

To ensure you're getting an effective drug at an affordable price, we review some medications before we cover them. Drugs on the pre-authorization list include many for which equal or more effective and lower-cost options exist.

If your drug requires pre-authorization, you'll want to do one of two things:



Talk with your doctor to see if there's an alternative treatment that does not require pre-authorization.

OR



Have your doctor or pharmacist request pre-authorization for your medication. You may need to get that authorization before you can get your prescription filled.

Ways to save

Regence has lots of ways to help you save money on your medications, including lower-cost network pharmacies, online cost-comparison tools and convenient fill options.

Network pharmacies

Medication prices can vary among pharmacies.

To save money, it's best to get your prescriptions filled at a pharmacy in your network. Sign in to your Regence account to find one.

Generics

Generic and brand-name medications have the same strength, quality and purity. But generics can cost up to 80% less. So, ask your doctor if there's a generic drug that will work for you.

Specialty medications

We know that living with a complex health condition can be stressful and sometimes confusing. Our specialty pharmacy services are here to support you with the care and medications you need, every step of the way. In some cases, your plan may require that you use our specialty pharmacy.

To assist you with the complexities of your condition and its treatment, our specialty pharmacy services team will help you coordinate refills, monitor side effects and give you 24-hour access to clinical specialists. You'll even get injectable supplies for free—and everything can be delivered to your home or location of your choice.

Convenient home delivery

Trade the trips to your pharmacy for convenient home delivery. When you use mail order, your medications are delivered to a location of your choice with free standard shipping.

Here's how to get started:

1. [Sign in](#) to your Regence account.
2. Click on the **Pharmacy** tab, and then choose **Explore home delivery** for information about your options.

90-day supplies

Your benefit may cover 90-day fills. If your plan includes 90-day fills, ask your doctor to write your prescription for up to a 90-day supply, and make sure you get it filled at an in-network pharmacy for the most savings. That means fewer trips to the pharmacy.

Blood glucose meter program

If you have diabetes, you're eligible to receive a new LifeScan OneTouch glucose meter at no cost. Order your meter directly from LifeScan by calling 1-855-306-2278.



How to fill your prescription

Whether you have a new prescription or need to refill an existing one, our network of more than 65,000 participating pharmacies has you covered—across the country and around your corner.

Show your member ID card to your pharmacist so they can file your claim with us online and tell you how much you owe.

Helpful hint: When filling a prescription, share only the numeric part of your ID number.

Share these numbers with your pharmacist.

Regence 		PPO
Subscriber Name JENNIFER SAMPLE		Member Name JENNIFER SAMPLE
ID NO. XX000000000	Group No. XXXXXXX	Copy Med Ded. \$0000/\$0000 Med OOP Max. \$0000/\$0000
RxBIN 610624 Rx OOP Max	RxPCN 02080000 INCL W/ MED	
		



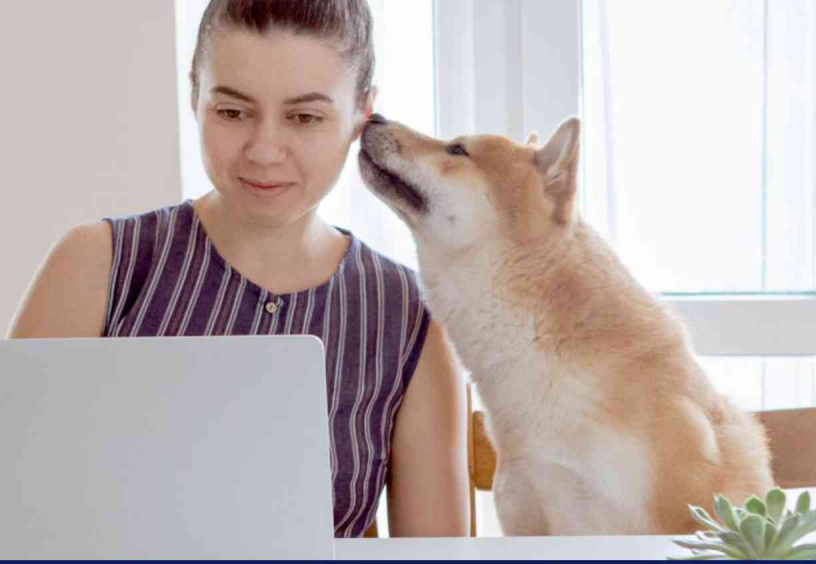
Questions?

Call the Customer Service number on your member ID card. We're open 24 hours a day, seven days a week.





A voluntary benefit designed just for employees



Our popular My Pet Protection® plan features more choices and more flexibility.

- ✓ **All pets are welcome.** Only insurer with plans for dogs, cats, birds and exotic pets
- ✓ **Cash back** on eligible vet bills. Employees can choose a reimbursement level of 50% or 70%.*
- ✓ Available **exclusively to employees**, not to the general public
- ✓ **Anytime enrollment.** Employees can protect the health of their pets anytime throughout the year
- ✓ **Use any vet**, anywhere. No networks, no pre-approvals

Why choose Nationwide® pet insurance?

- ✓ **#1 provider** of pet insurance in America
- ✓ More than **1,000,000 pets** protected
- ✓ **Still going strong** for over 40 years, while more than 50 competitors have come and gone
- ✓ Offered by **more than half of Fortune 500** companies
- ✓ We're one of the **largest and most trusted** financial services companies in the world

Add Nationwide pet insurance to your benefits offering today.

Learn more at <http://www.petinsurance.com/trustab> • 855-874-4944



PAYROLL CALENDAR 2025-2026

JULY 2025							AUGUST 2025							SEPTEMBER 2025							OCTOBER 2025									
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S			
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							31																							

NOVEMBER 2025							DECEMBER 2025							JANUARY 2026							FEBRUARY 2026									
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30																														

MARCH 2026							APRIL 2026							MAY 2026							JUNE 2026									
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JULY 2026							AUGUST 2026							SEPTEMBER 2026							OCTOBER 2026									
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							30	31																						

Last day of pay period

Employee time due - 5 pm

Supervisor time approval due - 11:59pm

* Employee time due - noon
Supervisor time approval due - 11:59pm

Payday

Payday - benefits holiday

Holiday

PAYROLL CALENDAR 2025-2026

*Alternate Schedule

JULY 2025							AUGUST 2025							SEPTEMBER 2025							OCTOBER 2025						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
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NOVEMBER 2025							DECEMBER 2025							JANUARY 2026							FEBRUARY 2026						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
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MARCH 2026							APRIL 2026							MAY 2026							JUNE 2026						
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JULY 2026							AUGUST 2026							SEPTEMBER 2026							OCTOBER 2026						
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26	27	28	29	30	31		23	24	25	26	27	28	29	28	29	30					26	27	28	29	30	31	
							30	31																			

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Payday - benefits holiday

Holiday

What Does Alliant Do for Me?

The Alliant team is here to assist you with benefits **education**, provide you with **options**, give **advice** and point you in the **right direction** to being your best, healthiest self. We are ready to serve you when the time is right. [Here are some of the ways Alliant helps you:](#)

Education

Benefits are complicated. We can provide education and help you understand your deductible, coinsurance, and how certain services are covered and accumulate towards your out-of-pocket maximum, and more.

Navigation

Ask our team to go deeper with your benefits knowledge and understanding of the network and medical services available to you. We can also help you navigate coverage for services you need throughout the year.

Advocacy

Concerned a claim or bill wasn't processed correctly? Our team can review your claim to ensure accuracy. Provide our team with a copy of the EOB, the bill, and a signed HIPAA authorization form to get started!

What Tools & Resources Does Alliant provide to Me?

There is always a proper tool for the job, and at Alliant we have a lot of tools in the toolbox. [Here are some of the key tools and resources available to you:](#)

The Difference Between HSA and FSA Accounts

There is a host of "alphabet soup" medical accounts designed to help you save money, but how do you know which one is which? Check out this guide on the difference between the two most common accounts.

How to Leverage Your Preventive Coverage

Health plans include a host of preventive services that are available at no cost to you. How can you best leverage these preventive services and what potential pitfalls should you be aware of?

Independent Prescription Transparency Tool

Looking for a way to price check medications outside your insurance? This prescription discount card gives you a third option when it comes to price-checking your medications and maximizing your savings opportunity.

Understanding Your Explanation of Benefits

Explanation of Benefits (EOBs) from insurance companies can be confusing to understand. Learn how to navigate these helpful documents to ensure you fully understand your patient responsibility.

What to Consider When Changing Insurance Companies

If your company is changing insurance companies, or if you are currently enrolled under your spouse or parent's insurance and are thinking about making a change, it can be daunting to feel confident in your decision. This guide goes over some best practices for changing insurance companies.



Scan the QR code to access the full resource library or go to <https://ebooks.trustab.com/view/162101150/>

Questions about these benefits?

Reach out to Alliant at **(208) 664-3482** or adv-benefitssvc@alliant.com
Monday through Friday 8AM – 5PM (PST), closed 12PM-1PM for lunch

QUESTIONS? We're here to help.

North Idaho College HR Department 208-769-3304

Benefits, Coverage & Enrollment Questions | Claims Advocacy



Alliant Insurance Services

2448 N Merritt Creek Loop, Coeur d'Alene, ID 83814

Ph: (208) 664-3482 | TrustAB.com

Benefit, Coverage, & Claims: adv-benefitssvc@alliant.com

M-F 8AM – 5PM (PST), closed 12PM-1PM for lunch



*Check out our YouTube
playlist for helpful videos
on benefits!*

CARRIER CONTACTS

Carrier Name	Service	Website	Phone Number
Regence Blue Shield of Idaho	Medical/Pharmacy	Regence.com	(888) 367-2112
Delta Dental of Idaho	Dental	Deltadentalid.com	(800) 356-7586
Northwest Dental Benefits	Dental	northwestdentalbenefits.com	(208) 618-NWDB (6932)
Avondale Dental – Hayden	Dental	AvondaleDentalCenter.com	(208) 772-4066
Element Dental - Coeur d'Alene	Dental	ElementDentalCDA.com	(208) 664-2160
Legacy Dental – Post Falls	Dental	LegacyDentalPF.com	(208) 773-1559
Selkirk Dental – Hayden	Dental	SelkirkDentalID.com	(208) 762-0202
Willamette	Dental	Willamettedental.com	(855) 433-6825
VSP (Vision Service Plan)	Vision Network	Vsp.com	(800) 877-7195
Mutual of Omaha	Life/Disability/Accident/Critical Illness/Hospital Indemnity	Mutualofomaha.com	(800) 369-3809
Mutual of Omaha	EAP	Mutualofomaha.com/EAP	(800) 316-2796
Wellness	Vitality	powerofvitality.com	(877) 224-7117
VEBA	Idaho VEBA Group	idahoveba.com	(866) 315-1777

Prepared by:

