

2026-2027 Alternate Employee Benefits Rate Sheet



Premium deductions will be taken over 18 pay periods between September and May.
 Refer to the FY27 Rate Sheet for total premium amounts and NIC's share of each premium.

\$3,400 High Deductible Health Plan w/ HSA - Regence BlueShield			
Employee Per Pay Period Cost			
	<u>Employee</u>		
Employee		\$29.65	
Employee + 1		\$193.99	
Employee + 2 or more		\$239.05	
\$2,000 Basic Medical Plan - Regence BlueShield			
Employee Per Pay Period Cost			
	<u>Employee</u>		
Employee		\$137.26	
Employee + 1		\$340.36	
Employee + 2 or more		\$417.75	
\$1,000 Select Medical Plan - Regence BlueShield			
Employee Per Pay Period Cost			
	<u>Employee</u>		
Employee		\$247.91	
Employee + 1		\$602.27	
Employee + 2 or more		\$737.21	
Dental - Delta Dental of Idaho			
Employee Per Pay Period Cost			
	<u>Employee</u>		
Employee		\$8.89	
Employee + 1		\$18.37	
Employee + Family		\$27.22	
Dental - Willamette Dental			
Employee Per Pay Period Cost			
	<u>Employee</u>		
Employee		\$12.43	
Employee + 1		\$25.75	
Employee + Family		\$38.13	
Dental - Northwest Dental Benefits			
Employee Per Pay Period Cost			
	<u>Employee</u>		
Employee		\$9.00	
Employee + 1		\$20.40	
Employee + Family		\$34.37	
Vision - Vision Service Plan			
Employee Per Pay Period Cost			
	<u>Employee</u>		
Employee		\$2.16	
Employee + 1		\$3.21	
Employee + 2 or more		\$5.87	
Life/AD&D - Mutual of Omaha			
Monthly Rate per \$1,000 of Benefit (paid by NIC)			
	<u>Total</u>	<u>Employee</u>	<u>NIC</u>
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

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 (Paid by NIC)**

	<u>Total</u>	<u>Employee</u>	<u>NIC</u>
Employee LTD per \$100	\$0.22	\$0.00	\$0.22

Short Term Disability - Mutual of Omaha**Monthly Rate per \$10 (Paid by NIC)**

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

EAP - Mutual of Omaha**Monthly Rates (Paid by NIC)**

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

Mutual of Omaha - Critical Illness Plan**Employee Cost Per Pay Period: Rate per \$1,000:**

<u>Age:</u>	<u>Employee</u>	<u>Spouse</u>
Under age 30	\$0.111	\$0.111
30-39	\$0.187	\$0.187
40-49	\$0.391	\$0.391
50-59	\$0.769	\$0.769
60-69	\$1.556	\$1.556
70-79	\$2.884	\$2.884
80-99	\$4.053	\$4.053

Mutual of Omaha - Accident Plan**Employee Cost Per Pay Period: Rate per \$1,000:**

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

Mutual of Omaha - Hospital Indemnity Plan**Employee Cost Per Pay Period: Rate per \$1,000:**

	<u>Total</u>	<u>Employee</u>
Employee	\$12.90	\$8.60
Employee + Spouse	\$28.39	\$18.93
Employee + Child(ren)	\$18.64	\$12.43
Employee + Family	\$37.27	\$24.85