

IMPORTANT INFORMATION

As you are aware, rates are determined predominantly through claim experience and then negotiations with the Insurer. On a regular basis NEBS compares its rates to similar groups to determine rate validity. On a consistent basis, the rates that NEBS charges its members remain below what an organization is likely to find on their own in the market and less than similar plans are paying for premiums. Effective August 1st, 2022, we are seeing a decrease in Life Insurance, and non-taxable Short-Term Disability. There is an increase in taxable Short-Term Disability and in Medical (both Family and Single). Over all the increase totals a 1.7% percent increase over last year's premiums.

The rates that NEBS charges for premiums are the cost of the coverage with the carrier plus a 15% admin fee. NEBS regularly compares rates on the market to ensure our members are getting the best coverage and cost of that coverage possible.

The table below identifies the coverage and cost per benefit and the following page shows examples of monthly premium costs based on the employee's annual base salary.

If you have any questions, please contact me directly.

Thank you,

Shawn Maley

CEO

Northern Employee Benefits

COVERAGE	2021-2022 MONTHLY PREMIUMS	2022-2023 MONTHLY PREMIUMS	CHANGE
Group Life Insurance	\$0.544 / \$1,000 Benefit	\$0.519 / \$1,000 Benefit	-4.6%
Dependent Life Insurance	\$3.80 Flat Rate	\$3.80 Flat Rate	0.0%
Accidental Death, Disease and Dismemberment Insurance	\$0.025 / \$1,000 Benefit	\$0.025 / \$1,000 Benefit	0.0%
Long Term Disability Coverage			
60% Non-Taxable	\$3.322 / \$100 Benefit	\$3.322 / \$100 Benefit	0.0%
70% Taxable	\$2.323 / \$100 Benefit	\$2.323 / \$100 Benefit	0.0%
*Short Term Disability Coverage (Weekly Indemnity)			
60% Non-Taxable	\$0.262 / \$10 Benefit	\$0.223 / \$10 Benefit	-14.9%
70% Taxable	\$0.122 / \$10 Benefit	\$0.196 / \$10 Benefit	60.7%
	Single \$85.76 Flat Rate	Single \$98.36 Flat Rate	14.7%
*Medical and Vision Coverage	Spouse Only \$85.76 Flat Rate	Spouse Only \$98.36 Flat Rate	14.7%
ŭ	Family \$189.52 Flat Rate	Family \$217.38 Flat Rate	14.7%
	Single \$52.56 Flat Rate	Single \$52.56 Flat Rate	0.0%
*Dental Services Coverage	Spouse Only \$52.56 Flat Rate	Spouse Only \$52.56 Flat Rate	0.0%
	Family \$118.06 Flat Rate	Family \$118.06 Flat Rate	0.0%
*Elected and Appointed Officials Coverage	\$56.90 Flat Rate	\$54.40 Flat Rate	-4.4%

^{*} Denotes optional plans in which employers may elect to participate.



NORTHERN EMPLOYEE BENEFITS SERVICES

2022-2023 MONTHLY PREMIUMS

Annual	Life Insurance		Accidental Death, Disease &		Long Term Disability		Weekly Indemnity		
Base Salary	3 X Salary	1.5 X Salary	3 X Salary	1.5 X Salary	60% of Salary Non-Taxable Coverage	70% of Salary Taxable Coverage	60% NT	70% T	
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\$ 20,000.00	31.14	15.57	1.50	0.75	33.22	27.11	5.15	5.29	
\$ 25,000.00	38.93	19.72	1.88	0.95	41.53	33.89	6.44	6.61	
\$ 30,000.00	46.71	23.36	2.25	1.13	49.83	40.65	7.74	7.92	
\$ 35,000.00	54.50	27.51	2.63	1.33	58.14	47.44	9.01	9.25	
\$ 40,000.00	62.28	31.14	3.00	1.50	66.44	54.22	10.30	10.56	
\$ 45,000.00	70.07	35.29	3.38	1.70	74.75	60.98	11.60	11.88	
\$ 50,000.00	77.85	38.93	3.75	1.88	83.05	67.76	12.87	13.21	
\$ 55,000.00	85.64	43.08	4.13	2.08	91.36	74.55	14.16	14.52	
\$ 60,000.00	93.42	46.71	4.50	2.25	99.66	81.31	15.45	15.84	
\$ 65,000.00	101.21	50.86	4.88	2.45	107.97	88.09	16.73	17.15	
\$ 70,000.00	108.99	54.50	5.25	2.63	116.27	94.87	18.02	18.48	
\$ 75,000.00	116.78	58.65	5.63	2.83	124.58	101.63	19.31	19.80	
\$ 80,000.00	124.56	62.28	6.00	3.00	132.88	108.41	20.61	21.11	
\$ 85,000.00	132.35	66.43	6.38	3.20	141.19	115.20	21.88	22.44	
\$ 90,000.00	140.13	70.07	6.75	3.38	149.49	121.96	23.17	23.76	
\$ 95,000.00	147.92	74.22	7.13	3.58	157.80	128.74	24.46	25.07	
\$100,000.00	155.70	77.85	7.50	3.75	166.10	135.52	25.73	26.40	
\$105,000.00	155.70	77.85	7.50	3.75	174.41	142.28	27.03	27.71	
\$110,000.00	155.70	77.85	7.50	3.75	182.71	149.07	28.32	29.03	
\$115,000.00	155.70	77.85	7.50	3.75	191.02	153.32	29.59	30.09	
\$120,000.00	155.70	77.85	7.50	3.75	199.32	153.32	30.89	30.09	
\$125,000.00	155.70	77.85	7.50	3.75	207.63	153.32	32.18	30.09	
\$130,000.00	155.70	77.85	7.50	3.75	215.93	153.32	33.45	30.09	
\$135,000.00	155.70	77.85	7.50	3.75	219.25	153.32	34.23	30.09	
DEPENDENT	LIFE	FLAT RATE =	\$3.80						
EHC RATES				DENTAL R	ATES				
- SINGLE or	SPOUSE	\$ 98.36		- SINGLE	or SPOUSE	\$ 52.56			
- FAMILY		\$ 217.38		- FAMILY		\$ 118.06			
ELECTED/APPOINTED OFFICIALS COVERAGE FLAT RATE = \$54.40									

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