NORTHERN EMPLOYEE BENEFITS SERVICES | ᐅᑭᐅᖅᑕᕐᑐᑐᓂᓕᕆᓂᖅᑎᑐᑎᒃ ᐃᑲᔪᕐᓇᖅᑕᕐᑐᑦᑕᐅᑎᓕᕐᓂᖅ ᐱᓕᕆᔨᓂᖅᓴᓂᒃ

IMPORTANT INFORMATION

2024-2025 Group Insurance and Health Benefits Plan Rates

As you are aware, rates are determined predominantly through claim experience and negotiations with the insurer. On a regular basis NEBS compares its rates to similar plans 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, 2024, we are seeing a decrease in the rates for Long-Term Disability non-taxable, Short-Term Disability non-taxable, Medical (Single and Spouse Only), and Dental (Single and Spouse Only). There is an increase in the rates for Life Insurance (Group and Dependent), Short-Term Disability taxable, Medical (Family), Dental (Family), and Elected and Appointed Officials Coverage.

The NEBS Board of Directors have also added some enhancements to the plan; effective August 1st, 2024, the Vision Benefit will increase from $350 to $450, and the $25 and $50 deductibles for Single and Family dental coverages will be removed. In addition, in this time of inflation and increasing costs for all our members, the NEBS Board has made the decision to subsidize the dental rates for 2024-2025 by over $100,000 to achieve a -1.6% overall reduction in premium rates.

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	2023-2024 MONTHLY PREMIUMS	2024-2025 MONTHLY PREMIUMS	CHANGE
Group Life Insurance	$0.539 / $1,000 Benefit	$0.550 / $1,000 Benefit	2.0%
Dependent Life Insurance	$3.94 Flat Rate	$4.14 Flat Rate	5.1%
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	$3.678 / $100 Benefit	$3.347 / $100 Benefit	-9.0%
70% Taxable	$2.881 / $100 Benefit	$2.881 / $100 Benefit	0.00%
*Short Term Disability Coverage (Weekly Indemnity)			
60% Non-Taxable	$0.223 / $10 Benefit	$0.189 / $10 Benefit	-15.2%
70% Taxable	$0.236 / $10 Benefit	$0.260 / $10 Benefit	10.2%
*Medical and Vision Coverage	Single $93.76 Flat Rate Spouse Only $93.76 Flat Rate Family $207.22 Flat Rate	Single $88.26 Flat Rate Spouse Only $88.26 Flat Rate Family $211.84 Flat Rate	-5.9% -5.9% 2.2%
*Dental Services Coverage	Single $55.38 Flat Rate Spouse Only $55.38 Flat Rate Family $124.42 Flat Rate	Single $54.28 Flat Rate Spouse Only $54.28 Flat Rate Family $130.28 Flat Rate	-2.0% -2.0% 4.7%
*Elected and Appointed Officials Coverage	$56.40 Flat Rate	$57.50 Flat Rate	2.0%
		Overall 2024-2025 Premium Change:	**-1.6%**

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

NORTHERN EMPLOYEE BENEFITS SERVICES | ᐅᑭᐅᖅᑕᖅᑐᑎᒋᔭᐅᓂᒃᑯᓐᓄᑦ ᐃᒃᓱᒋᔭᖅᑕᕐᒪᑐᐃᓐᓇᖅᑐᓂ ᓯᓚᑦᓂᖅᓴᓂ

NORTHERN EMPLOYEE BENEFITS SERVICES

2024-2025 MONTHLY PREMIUMS

Annual Base Salary	Life Insurance		Accidental Death, Disease & Dismemberment		Long Term Disability		Weekly Indemnity	
	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
$ 20,000.00	33.00	16.50	1.50	0.75	33.47	33.62	4.37	7.02
$ 25,000.00	41.25	20.90	1.88	0.95	41.84	42.03	5.46	8.76
$ 30,000.00	49.50	24.75	2.25	1.13	50.21	50.42	6.56	10.50
$ 35,000.00	57.75	29.15	2.63	1.33	58.57	58.83	7.64	12.27
$ 40,000.00	66.00	33.00	3.00	1.50	66.94	67.24	8.73	14.01
$ 45,000.00	74.25	37.40	3.38	1.70	75.31	75.63	9.83	15.76
$ 50,000.00	82.50	41.25	3.75	1.88	83.68	84.04	10.91	17.52
$ 55,000.00	90.75	45.65	4.13	2.08	92.04	92.45	12.00	19.27
$ 60,000.00	99.00	49.50	4.50	2.25	100.41	100.84	13.10	21.01
$ 65,000.00	107.25	53.90	4.88	2.45	108.78	109.25	14.18	22.75
$ 70,000.00	115.50	57.75	5.25	2.63	117.15	117.66	15.27	24.52
$ 75,000.00	123.75	62.15	5.63	2.83	125.51	126.04	16.37	26.26
$ 80,000.00	132.00	66.00	6.00	3.00	133.88	134.46	17.46	28.00
$ 85,000.00	140.25	70.40	6.38	3.20	142.25	142.87	18.54	29.77
$ 90,000.00	148.50	74.25	6.75	3.38	150.62	151.25	19.64	31.51
$ 95,000.00	156.75	78.65	7.13	3.58	158.98	159.67	20.73	33.25
$ 100,000.00	165.00	82.50	7.50	3.75	167.35	168.08	21.81	35.02
$ 105,000.00	165.00	82.50	7.50	3.75	175.72	176.46	22.91	36.76
$ 110,000.00	165.00	82.50	7.50	3.75	184.09	184.87	24.00	38.51
$ 115,000.00	165.00	82.50	7.50	3.75	192.45	190.15	25.08	39.91
$ 120,000.00	165.00	82.50	7.50	3.75	200.82	190.15	26.18	39.91
$ 125,000.00	165.00	82.50	7.50	3.75	209.19	190.15	27.27	39.91
$ 130,000.00	165.00	82.50	7.50	3.75	217.56	190.15	28.35	39.91
$ 135,000.00	165.00	82.50	7.50	3.75	220.90	190.15	29.01	39.91

DEPENDENT LIFE **FLAT RATE = $4.14**

EHC RATES		**DENTAL RATES**	
- SINGLE or SPOUSE	$ 88.26	- SINGLE or SPOUSE	$ 54.28
- FAMILY	$ 211.84	- FAMILY	$ 130.28

ELECTED/APPOINTED OFFICIALS COVERAGE **FLAT RATE = $57.50**