IMPORTANT INFORMATION

2025-2026 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.

In 2024, the NEBS Group Benefits Plan went to market with our coverages to seek out interested insurance carriers and we received very good responses. Once again, The Co-Operators was chosen as the best provider for our Plan, and through this marketing exercise, we were able to secure 0.0% rate changes for the August 1st, 2025 rate renewal while increasing several of our coverages.

Effective August 1, 2025:

- Group Life Insurance 3x Annual Base Salary will increase from a maximum benefit of $300,000 to $350,000.
- Group Life Insurance 1.5x Annual Base Salary will increase from a maximum benefit of $150,000 to $200,000.
- Short-Term Disability 60% Non-Taxable and 70% Taxable will increase from a weekly maximum of $1,535 to $1,785.
- Long-Term Disability 60% Non-Taxable and 70% Taxable will increase from a monthly maximum of $6,600 to $7,600.

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	2024-2025 MONTHLY PREMIUMS	2025-2026 MONTHLY PREMIUMS	CHANGE
Group Life Insurance	$0.550 / $1,000 Benefit	$0.550 / $1,000 Benefit	0.0%
Dependent Life Insurance	$4.14 Flat Rate	$4.14 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	$3.347 / $100 Benefit	$3.347 / $100 Benefit	0.00%
70% Taxable	$2.881 / $100 Benefit	$2.881 / $100 Benefit	0.00%
*Short Term Disability Coverage (Weekly Indemnity)			
60% Non-Taxable	$0.189 / $10 Benefit	$0.189 / $10 Benefit	0.00%
70% Taxable	$0.260 / $10 Benefit	$0.260 / $10 Benefit	0.00%
*Medical and Vision Coverage	Single $88.26 Flat Rate	Single $88.26 Flat Rate	0.0%
	Spouse Only $88.26 Flat Rate	Spouse Only $88.26 Flat Rate	0.0%
	Family $211.84 Flat Rate	Family $211.84 Flat Rate	0.0%
*Dental Services Coverage	Single $54.28 Flat Rate	Single $54.28 Flat Rate	0.0%
	Spouse Only $54.28 Flat Rate	Spouse Only $54.28 Flat Rate	0.0%
	Family $130.28 Flat Rate	Family $130.28 Flat Rate	0.0%
*Elected and Appointed Officials Coverage	$57.50 Flat Rate	$57.50 Flat Rate	0.0%
		Overall 2025-2026 Premium Change:	**0.0%**

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

NORTHERN EMPLOYEE BENEFITS SERVICES

2025-2026 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
$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
$115,000.00	189.75	95.15	8.63	4.33	192.45	193.29	25.08	40.27
$120,000.00	192.50	99.00	8.75	4.50	200.82	201.67	26.18	42.02
$125,000.00	192.50	103.40	8.75	4.70	209.19	210.08	27.27	43.76
$130,000.00	192.50	107.25	8.75	4.88	217.56	218.50	28.35	45.50
$135,000.00	192.50	110.00	8.75	5.00	225.92	218.96	29.45	46.41
$140,000.00	192.50	110.00	8.75	5.00	234.29	218.96	30.54	46.41
$145,000.00	192.50	110.00	8.75	5.00	242.66	218.96	31.64	46.41
$150,000.00	192.50	110.00	8.75	5.00	251.03	218.96	32.72	46.41
$155,000.00	192.50	110.00	8.75	5.00	254.37	218.96	33.74	46.41
$160,000.00	192.50	110.00	8.75	5.00	254.37	218.96	33.74	46.41
$165,000.00	192.50	110.00	8.75	5.00	254.37	218.96	33.74	46.41
$170,000.00	192.50	110.00	8.75	5.00	254.37	218.96	33.74	46.41
$175,000.00	192.50	110.00	8.75	5.00	254.37	218.96	33.74	46.41

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**