

NDNU Employee Contributions 7/1/2023 - 6/30/2024



	Kaiser HRA			
	Premium	Per Pay Period EE Contribution	Monthly EE Contribution	NDNU Contribution
Employee	\$ 705.85	\$ 45.00	\$ 90.00	\$ 615.85
Employee + 1	\$ 1,411.70	\$ 375.00	\$ 750.00	\$ 661.70
Family	\$ 1,997.56	\$ 650.00	\$ 1,300.00	\$ 697.56



	Delta Dental			
	Premium	Per Pay Period EE Contribution	Monthly EE Contribution	NDNU Contribution
Employee	\$ 62.69	\$ 3.50	\$ 7.00	\$ 55.69
Employee + Spouse	\$ 137.22	\$ 30.15	\$ 60.29	\$ 76.93
Employee + Children	\$ 134.87	\$ 42.09	\$ 84.18	\$ 50.69
Family	\$ 228.98	\$ 68.75	\$ 137.49	\$ 91.49



	Mutual of Omaha EyeMed Vision			
	Premium	Per Pay Period EE Contribution	Monthly EE Contribution	NDNU Contribution
Employee	\$ 6.49	\$ 1.58	\$ 3.16	\$ 3.33
Employee + Spouse	\$ 14.90	\$ 5.43	\$ 10.86	\$ 4.04
Employee + Children	\$ 15.73	\$ 5.43	\$ 10.86	\$ 4.87
Family	\$ 20.41	\$ 8.69	\$ 17.37	\$ 3.04



	LegalShield/IDShield	
	Legal + Individual IDShield	Legal + Family IDShield
LegalShield	\$9.48	\$9.48
IDShield	\$4.48	\$9.48
Combined	\$13.95	\$16.95