

**UNITED TRIBES TECHNICAL COLLEGE
2023 MONTHLY INSURANCE PREMIUM RATES**

- All Insurance Plans are effective the first day of the month following date of hire.
- Insurance Premiums are deducted from the first payroll check of each calendar month for that month's Premiums.
- 9/10/11 Month Employees – During the second payroll check of February, March, and April, Premiums will be deducted to cover the summer months of June, July, and August.

Health	Vision		Dental	
*See Health Premium Rates Sheet	Employee Only	\$0.00	Employee Only	\$0.00
	Family	\$10.41	Family	\$87.20

UTTC Paid Basic Term Life

\$25,000.00* Policy \$0.00

UTTC Paid Basic Term Accidental Death and Dismemberment (AD&D)

\$25,000.00* Policy \$0.00

**Policy Reduction – 35% at age 65, 60% at age 70, 75% at age 75, and 85% at age 80*

Employee Voluntary Term Life and Accidental Death and Dismemberment

(AD&D) (Increments of \$10,000 per Employee's Age)

	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70 +
\$10,000.00	\$0.66	\$0.75	\$0.92	\$1.30	\$1.93	\$2.92	\$4.35	\$5.98	\$9.50	\$17.81
\$20,000.00	\$1.32	\$1.50	\$1.84	\$2.60	\$3.86	\$5.84	\$8.70	\$11.96	\$19.00	\$35.62
\$30,000.00	\$1.98	\$2.25	\$2.76	\$3.90	\$5.79	\$8.76	\$13.05	\$17.94	\$28.50	\$53.43
\$50,000.00	\$3.30	\$3.75	\$4.60	\$6.50	\$9.65	\$14.60	\$21.75	\$29.90	\$47.50	\$89.05
\$100,000.00	\$6.60	\$7.50	\$9.20	\$13.00	\$19.30	\$29.30	\$43.50	\$59.80	\$95.00	\$178.10

Spouse Voluntary Term Life and Accidental Death and Dismemberment (AD&D)

(Increments of \$5,000 per Employee's Age, not to exceed 50% of Employee Coverage)

	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70 +
\$5,000.00	\$0.33	\$0.38	\$0.46	\$0.65	\$0.97	\$1.46	\$2.18	\$2.99	\$4.75	\$8.91
\$10,000.00	\$0.66	\$0.75	\$0.92	\$1.30	\$1.93	\$2.92	\$4.35	\$5.98	\$9.50	\$17.81
\$15,000.00	\$0.99	\$1.13	\$1.38	\$1.95	\$2.90	\$4.38	\$6.53	\$8.97	\$14.25	\$26.72
\$25,000.00	\$1.65	\$1.88	\$2.30	\$3.25	\$4.83	\$7.30	\$10.88	\$14.95	\$23.75	\$44.53
\$50,000.00	\$3.30	\$3.75	\$4.60	\$6.50	\$9.65	\$14.60	\$21.75	\$29.90	\$44.53	\$89.05

Dependent Child(ren) Voluntary Term Life and Accidental Death and Dismemberment (AD&D)

(Flat Amounts, not to exceed 50% of Employee Coverage, with a maximum of \$10,000.00)

\$1,000.00	\$0.29
\$2,000.00	\$0.59
\$4,000.00	\$1.17
\$5,000.00	\$1.47
\$10,000.00	\$2.93

Due to rounding, the actual payroll deduction amount may vary slightly.

Short Term Disability (STD) (Per Weekly Benefit and Age Rate)

	< 50	50-54	55-59	60 +
\$100.00	\$7.59	\$8.94	\$11.99	\$12.68
\$200.00	\$15.18	\$17.88	\$23.98	\$25.36
\$300.00	\$22.77	\$26.82	\$35.97	\$38.04

The benefit amount cannot exceed 60% of Gross Weekly Earnings or \$300.00, less any income from other sources. Due to rounding, the actual payroll deduction amount may vary slightly.

Long Term Disability (LTD) (Per Monthly Salary and Age Rate)

- Divide Annual Salary by 12 to determine Monthly Salary
- Multiply Monthly Salary by 60% to determine Monthly Benefit
- Divide Monthly Salary by 100 and multiply by Age Rate to determine Monthly Premium

	< 35	35-39	40-44	45-49	50-54	55-59	60-64	65 +
Age Rate	\$0.112	\$0.266	\$0.414	\$0.437	\$0.670	\$0.721	\$0.574	\$0.386

The benefit amount cannot exceed 60% of Gross Monthly Earnings or \$5,000.00 less any income from other sources. Due to rounding, the actual payroll deduction amount may vary slightly.

Voluntary Accident

Employee Only	\$13.01
Employee + Spouse	\$20.97
Employee + Child(ren)	\$23.65
Family	\$31.61

2023 MONTHLY HEALTH INSURANCE PREMIUM RATES

PLAN OPTION	PLAN TYPE	ENROLLMENT CODE	MONTHLY RATE
North Dakota Aetna Advantage			
Self	HMO	Z24	\$0.00
Self Plus One	HMO	Z26	\$0.00
Self & Family	HMO	Z25	\$0.00
Self Plus One (UTTC Spouses)	HMO	Z26	\$0.00
Self & Family (UTTC Spouses)	HMO	Z25	\$0.00
North Dakota Aetna Direct			
Self	HMO	N61	\$0.00
Self Plus One	HMO	N63	\$0.00
Self & Family	HMO	N62	\$11.47
Self Plus One (UTTC Spouses)	HMO	N63	\$0.00
Self & Family (UTTC Spouses)	HMO	N62	\$0.00
North Dakota Aetna HealthFund CDHP			
Self	HMO	H41	\$0.00
Self Plus One	HMO	H43	\$423.14
Self & Family	HMO	H42	\$310.21
Self Plus One (UTTC Spouses)	HMO	H43	\$109.97
Self & Family (UTTC Spouses)	HMO	H42	\$128.23
North Dakota Aetna Value			
Self	HMO	H44	\$0.00
Self Plus One	HMO	H46	\$434.12
Self & Family	HMO	H45	\$340.44
Self Plus One (UTTC Spouses)	HMO	H46	\$120.95
Self & Family (UTTC Spouses)	HMO	H45	\$158.46
North Dakota Aetna HealthFund HDHP			
Self	HMO	224	\$0.00
Self Plus One	HMO	226	\$340.81
Self & Family	HMO	225	\$245.24
Self Plus One (UTTC Spouses)	HMO	226	\$27.64
Self & Family (UTTC Spouses)	HMO	225	\$63.26
North Dakota HealthPartners Standard			
Self	HMO	V34	\$0.00
Self Plus One	HMO	V36	\$0.00
Self & Family	HMO	V35	\$0.00
Self Plus One (UTTC Spouses)	HMO	V36	\$0.00

Self & Family (UTTC Spouses)	HMO	V35	\$0.00
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North Dakota HealthPartners High

Self	HMO	V31	\$0.00
Self Plus One	HMO	V33	\$87.76
Self & Family	HMO	V32	\$113.00
Self Plus One (UTTC Spouses)	HMO	V33	\$0.00
Self & Family (UTTC Spouses)	HMO	V32	\$0.00

Nationwide APWU CDHP

Self	FFS	474	\$0.00
Self Plus One	FFS	476	\$0.00
Self & Family	FFS	475	\$0.00
Self Plus One (UTTC Spouses)	FFS	476	\$0.00
Self & Family (UTTC Spouses)	FFS	475	\$0.00

Nationwide APWU High

Self	FFS	471	\$0.00
Self Plus One	FFS	473	\$156.29
Self & Family	FFS	472	\$253.40
Self Plus One (UTTC Spouses)	FFS	473	\$0.00
Self & Family (UTTC Spouses)	FFS	472	\$71.42

Nationwide Blue Cross and Blue Shield Basic

Self	FFS	111	\$0.00
Self Plus One	FFS	113	\$119.83
Self & Family	FFS	112	\$130.90
Self Plus One (UTTC Spouses)	FFS	113	\$0.00
Self & Family (UTTC Spouses)	FFS	112	\$0.00

Nationwide Blue Cross and Blue Shield Blue Focus

Self	FFS	131	\$0.00
Self Plus One	FFS	133	\$0.00
Self & Family	FFS	132	\$0.00
Self Plus One (UTTC Spouses)	FFS	133	\$0.00
Self & Family (UTTC Spouses)	FFS	132	\$0.00

Nationwide Blue Cross and Blue Shield Standard

Self	FFS	104	\$0.00
Self Plus One	FFS	106	\$322.37
Self & Family	FFS	105	\$351.51
Self Plus One (UTTC Spouses)	FFS	106	\$9.20
Self & Family (UTTC Spouses)	FFS	105	\$169.53

Nationwide GEHA High

Self	FFS	311	\$0.00
Self Plus One	FFS	313	\$225.19
Self & Family	FFS	312	\$325.81
Self Plus One (UTTC Spouses)	FFS	313	\$0.00
Self & Family (UTTC Spouses)	FFS	312	\$143.83

Nationwide GEHA Standard

Self	FFS	314	\$0.00
Self Plus One	FFS	316	\$0.00
Self & Family	FFS	315	\$0.00
Self Plus One (UTTC Spouses)	FFS	316	\$0.00
Self & Family (UTTC Spouses)	FFS	315	\$0.00

Nationwide GEHA HDHP

Self	FFS	341	\$0.00
Self Plus One	FFS	343	\$0.00
Self & Family	FFS	342	\$0.00
Self Plus One (UTTC Spouses)	FFS	343	\$0.00
Self & Family (UTTC Spouses)	FFS	342	\$0.00

Nationwide GEHA Indemnity Elevate Plus

Self	FFS	251	\$0.00
Self Plus One	FFS	253	\$90.32
Self & Family	FFS	252	\$79.14
Self Plus One (UTTC Spouses)	FFS	253	\$0.00
Self & Family (UTTC Spouses)	FFS	252	\$0.00

Nationwide GEHA Indemnity Elevate

Self	FFS	254	\$0.00
Self Plus One	FFS	256	\$0.00
Self & Family	FFS	255	\$0.00
Self Plus One (UTTC Spouses)	FFS	256	\$0.00
Self & Family (UTTC Spouses)	FFS	255	\$0.00

Nationwide MHBP HDHP

Self	FFS	481	\$0.00
Self Plus One	FFS	483	\$23.45
Self & Family	FFS	482	\$0.00
Self Plus One (UTTC Spouses)	FFS	483	\$0.00
Self & Family (UTTC Spouses)	FFS	482	\$0.00

Nationwide MHBP Standard

Self	FFS	454	\$0.00
Self Plus One	FFS	456	\$119.37
Self & Family	FFS	455	\$3.20

Self Plus One (UTTC Spouses)	FFS	456	\$0.00
Self & Family (UTTC Spouses)	FFS	455	\$0.00
Nationwide MHBP Value			
Self	FFS	414	\$0.00
Self Plus One	FFS	416	\$0.00
Self & Family	FFS	415	\$0.00
Self Plus One (UTTC Spouses)	FFS	416	\$0.00
Self & Family (UTTC Spouses)	FFS	415	\$0.00
Nationwide NALC CDHP			
Self	FFS	324	\$0.00
Self Plus One	FFS	326	\$0.00
Self & Family	FFS	325	\$0.00
Self Plus One (UTTC Spouses)	FFS	326	\$0.00
Self & Family (UTTC Spouses)	FFS	325	\$0.00
Nationwide NALC High			
Self	FFS	321	\$0.00
Self Plus One	FFS	323	\$202.64
Self & Family	FFS	322	\$108.65
Self Plus One (UTTC Spouses)	FFS	323	\$0.00
Self & Family (UTTC Spouses)	FFS	322	\$0.00
Nationwide NALC Value			
Self	FFS	KM1	\$0.00
Self Plus One	FFS	KM3	\$0.00
Self & Family	FFS	KM2	\$0.00
Self Plus One (UTTC Spouses)	FFS	KM3	\$0.00
Self & Family (UTTC Spouses)	FFS	KM2	\$0.00
Nationwide SAMBA High			
Self	FFS	441	\$0.00
Self Plus One	FFS	443	\$482.48
Self & Family	FFS	442	\$526.21
Self Plus One (UTTC Spouses)	FFS	443	\$169.31
Self & Family (UTTC Spouses)	FFS	442	\$344.23
Nationwide SAMBA Standard			
Self	FFS	444	\$0.00
Self Plus One	FFS	446	\$81.89
Self & Family	FFS	445	\$42.11
Self Plus One (UTTC Spouses)	FFS	446	\$0.00
Self & Family (UTTC Spouses)	FFS	445	\$0.00