

North Dakota Court System Benefit Summary

Effective January 1, 2017

BENEFIT	ELIGIBILITY																		
HEALTH INSURANCE	First day of the month following hiring date.																		
<p>Benefit: Sanford Health Plan</p> <p>An employee may participate in the PPO/Basic Plan or the High Deductible Health Plan/Health Savings Account.</p> <p>PPO/Basic Plan</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">Contribution: <u>Coverage Level</u></td> <td style="width: 30%;"><u>Monthly Rates</u></td> <td style="width: 40%;"></td> </tr> <tr> <td>Employee</td> <td>Employer Paid</td> <td></td> </tr> <tr> <td>Family</td> <td>Employer Paid</td> <td></td> </tr> </table> <p>or</p> <p>High Deductible Health Plan/Health Savings Account</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">Contribution: <u>Coverage Level</u></td> <td style="width: 30%;"><u>Monthly Employer Contribution</u></td> <td style="width: 40%;"><u>Maximum Employee/Employer Contribution</u></td> </tr> <tr> <td>Employee</td> <td>\$69.94</td> <td>\$3,400.00</td> </tr> <tr> <td>Family</td> <td>\$169.24</td> <td>\$6,750.00</td> </tr> </table>	Contribution: <u>Coverage Level</u>	<u>Monthly Rates</u>		Employee	Employer Paid		Family	Employer Paid		Contribution: <u>Coverage Level</u>	<u>Monthly Employer Contribution</u>	<u>Maximum Employee/Employer Contribution</u>	Employee	\$69.94	\$3,400.00	Family	\$169.24	\$6,750.00	
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DENTAL INSURANCE	First day of the month following hiring date.																		
<p>Benefit: Delta Dental*</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">Contribution: <u>Coverage Level</u></td> <td style="width: 30%;"><u>Monthly Rates</u></td> <td style="width: 40%;"></td> </tr> <tr> <td>Employee</td> <td>\$38.64</td> <td></td> </tr> <tr> <td>Employee & Spouse</td> <td>\$74.58</td> <td></td> </tr> <tr> <td>Employee & Child(ren)</td> <td>\$86.58</td> <td></td> </tr> <tr> <td>Family</td> <td>\$123.30</td> <td></td> </tr> </table> <p>*The premium is eligible for pre-tax treatment through the IRC Section 125 FlexComp program.</p>	Contribution: <u>Coverage Level</u>	<u>Monthly Rates</u>		Employee	\$38.64		Employee & Spouse	\$74.58		Employee & Child(ren)	\$86.58		Family	\$123.30					
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VISION INSURANCE	First day of the month following hiring date.																		
<p>Benefit: Superior Vision*</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">Contribution: <u>Coverage Level</u></td> <td style="width: 30%;"><u>Monthly Rates</u></td> <td style="width: 40%;"></td> </tr> <tr> <td>Employee</td> <td>\$6.64</td> <td></td> </tr> <tr> <td>Employee & Spouse</td> <td>\$13.28</td> <td></td> </tr> <tr> <td>Employee & Child(ren)</td> <td>\$12.10</td> <td></td> </tr> <tr> <td>Family</td> <td>\$18.74</td> <td></td> </tr> </table> <p>*The premium is eligible for pre-tax treatment through the IRC Section 125 FlexComp program.</p>	Contribution: <u>Coverage Level</u>	<u>Monthly Rates</u>		Employee	\$6.64		Employee & Spouse	\$13.28		Employee & Child(ren)	\$12.10		Family	\$18.74					
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LIFE INSURANCE	First day of the month following hiring date.																		
<p>Benefit: ING*</p> <p>Employee Basic Life - \$3500 term life coverage. Supplemental Employee Life - elect in increments of \$5000 up to a maximum of \$200,000. Supplemental Dependent Life - must have Supplemental Employee Life to elect \$2000 or \$5000 coverage level. Supplemental Spouse Life - must have Supplemental Employee and Dependent Life to elect in increments of \$5000 up to 50% of the total of supplemental employee coverage.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">Contribution: <u>Coverage Level</u></td> <td style="width: 30%;"><u>Monthly Rates</u></td> <td style="width: 40%;"></td> </tr> <tr> <td>Employee Basic Life of \$3500</td> <td>Employer Paid</td> <td></td> </tr> <tr> <td>Supplemental Employee Life and AD&D</td> <td>Based on Employee Age</td> <td></td> </tr> <tr> <td>Supplemental Dependent Life</td> <td>Based on Employee Age</td> <td></td> </tr> <tr> <td>Supplemental Spouse Life</td> <td>Based on Employee Age</td> <td></td> </tr> </table> <p>*Supplemental Employee Life Insurance premium up to \$50,000 of coverage will automatically be pre-taxed.</p>	Contribution: <u>Coverage Level</u>	<u>Monthly Rates</u>		Employee Basic Life of \$3500	Employer Paid		Supplemental Employee Life and AD&D	Based on Employee Age		Supplemental Dependent Life	Based on Employee Age		Supplemental Spouse Life	Based on Employee Age					
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FLEXCOMP PLAN	First day of the month following hiring date.																		
<p>Benefit: Allows tax savings on the amount paid for eligible insurance premiums, medical expenses, and dependent care expenses.</p> <p>Premium Conversion Allows for pre-tax treatment for certain payroll deduction premiums under various insurance programs. (Examples include dental, vision, and cancer insurance policies).</p> <p>Medical Spending Account Pre-tax savings account which allows for reimbursement of employee and dependent medical, dental, vision expenses beyond coverage in benefit plans. \$2550 maximum annual deferral ("use it or lose it").</p> <p>Dependent Care Reimbursement Account Pre-tax savings account which allows for reimbursement of dependent care expenses incurred. \$5000 maximum annual deferral ("use it or lose it"). (\$2,500 maximum annual deferral if married but filing separate on tax return)</p>																			
EMPLOYEE ASSISTANCE PROGRAM	Automatically enrolled.																		
<p>Benefit: Provides professional services and counseling to an employee and the employee's household members.</p> <p>Contribution: Employer Paid</p>																			

