

# NDNU Employee Contributions 7/1/2024 - 6/30/2025



	Kaiser HRA			
	Premium	Per Pay Period EE Contribution	Monthly EE Contribution	NDNU Contribution
<b>Employee</b>	\$ 819.23	\$ 45.00	\$ 90.00	\$ 729.23
<b>Employee + 1</b>	\$ 1,638.46	\$ 375.00	\$ 750.00	\$ 888.46
<b>Family</b>	\$ 2,318.42	\$ 650.00	\$ 1,300.00	\$ 1,018.42



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



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



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