



CITY OF KETCHUM EMPLOYEE BENEFITS FY 2023 - 2024

OCTOBER THROUGH SEPTEMBER		
MEDICAL: III-A Blue Cross of Idaho	see III-A Handbook for details	
PHARMACY SERVICES: Pro-Act	see III-A Handbook for details	
EMPLOYEE ASSISTANCE: III-A EAP	see III-A Handbook for details	
LIFE INSURANCE: One America	see III-A Handbook for details	\$20,000
OCTOBER THROUGH SEPTEMBER		
DENTAL: Delta Dental	deltadental.com for details 208-489-3580	
JANUARY THROUGH DECEMBER		
HRA 213D: NBS	Employee Employee + 1 Family <i>maximum carry over per year up to</i> Employee Employee =+1 Family	\$875 \$2,375 \$2,675 \$8,400 \$9,800 \$11,200
FSA: NBS	Employee (Voluntary) IRS 125 Cafeteria <i>use it or lose it</i>	\$3,200 maximum contribution \$500 carry over limit
FSA DEPENDENT: NBS	Employee (Voluntary) IRS 125 Cafeteria <i>use it or lose it</i>	\$3,200 Single maximum contribution \$5,000 Married (not joint) maximum cont \$500 carry over limit
SHORT TERM-LONG TERM DISABILITY:		
Lincoln Life	Short Term (STD) & Long Term (LTD) Disability see policy for details	



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Agency	Employer Monthly	Employee Monthly	Total Employer	Pay Period Deduction
III-A				
Employee	1,316.00	-	1,316.00	-
Employee & Spouse	2,632.00	63.66	2,568.34	31.88
Employee & Child	1,843.00	26.70	1,816.30	13.35
Employee & Children	2,514.00	41.48	2,472.52	20.74
Employee & Family	3,764.00	105.22	3,658.78	52.61
Delta Dental				
Employee	46.01	-	46.01	-
Employee & Spouse	99.41	37.14	62.27	18.57
Employee & Child	89.41	34.64	54.77	17.32
Employee & Children	122.53	61.14	61.39	30.57
Employee & Family	161.72	92.44	69.28	46.22
Agency	Employer Annually	Employee Annually	Total Employer	Pay Period Deduction
CITY HRA 213D				
Employee	875.00	-	875.00	-
Employee & Spouse	2,375.00	-	2,375.00	-
Employee & Family	2,675.00	-	2,675.00	-
PERSI				
FT Employees	11.18%			6.71%
FT Fire Employees	13.26%			9.83%