

## 2021 Health plan bi-weekly premiums

Your premiums for medical, dental and vision care are made on a before-tax basis. This means your contributions are automatically deducted from your paycheck before taxes are withheld. As a result, you save money on taxes.

Full-time & part-time employees with scheduled hours of 30 or more per week					
Cigna Premium plan	Coverage level	Employee only	Employee/spouse	Employee/Child(ren)	Family
Cigna Premium plan	Total cost	\$365.76	\$819.25	\$764.40	\$1,155.74
	Minus NH dollars	-305.44	-618.12	-614.10	-892.16
	<b>Your net cost</b>	<b>\$60.32</b>	<b>\$201.13</b>	<b>\$150.30</b>	<b>\$263.58</b>
Cigna Standard plan	Coverage level	Employee only	Employee/spouse	Employee/Child(ren)	Family
	Total cost	\$337.24	\$755.40	\$704.82	\$1,065.67
	Minus NH dollars	-304.84	-612.12	-608.13	-884.44
<b>Your net cost</b>	<b>\$32.40</b>	<b>\$143.28</b>	<b>\$96.69</b>	<b>\$181.23</b>	
Bind	Coverage level	Employee only	Employee/spouse	Employee/Child(ren)	Family
	Total cost	\$332.72	\$745.26	\$695.34	\$1,051.34
	Minus NH dollars	-307.34	-633.00	-619.61	-909.36
<b>Your net cost</b>	<b>\$25.38</b>	<b>\$112.26</b>	<b>\$75.73</b>	<b>\$141.98</b>	

Part-time employees – classified as 24 to 29 hours or more per week					
Cigna Premium plan	Coverage level	Employee only	Employee/spouse	Employee/Child(ren)	Family
Cigna Premium plan	Total cost	\$365.76	\$819.25	\$764.40	\$1,155.74
	Minus NH dollars	-233.80	-476.59	-472.29	-688.27
	<b>Your net cost</b>	<b>\$131.96</b>	<b>\$342.66</b>	<b>\$292.11</b>	<b>\$467.47</b>
Cigna Standard plan	Coverage level	Employee only	Employee/spouse	Employee/Child(ren)	Family
	Total cost	\$337.24	\$755.40	\$704.82	\$1,065.67
	Minus NH dollars	-241.10	-486.22	-481.95	-703.06
<b>Your net cost</b>	<b>\$96.14</b>	<b>\$269.18</b>	<b>\$222.87</b>	<b>\$362.61</b>	
Bind	Coverage level	Employee only	Employee/spouse	Employee/Child(ren)	Family
	Total cost	\$332.72	\$745.26	\$695.34	\$1,051.34
	Minus NH dollars	-257.41	-534.37	-520.75	-767.28
<b>Your net cost</b>	<b>\$75.31</b>	<b>\$210.89</b>	<b>\$174.59</b>	<b>\$284.06</b>	

Dental				
Coverage level	Employee only	Employee/spouse	Employee/child(ren)	Family
Total cost	\$18.27	\$37.97	\$39.50	\$64.50
Minus NH dollars	-10.33	-12.42	-13.40	-29.92
<b>Your net cost</b>	<b>\$7.94</b>	<b>\$25.55</b>	<b>\$26.10</b>	<b>\$34.58</b>

Vision				
Coverage level	Employee only	Employee/spouse	Employee/child(ren)	Family
<b>Your cost</b>	<b>\$4.39</b>	<b>\$6.89</b>	<b>\$7.05</b>	<b>\$11.34</b>

For 2021, your deductions will be taken over 26 pay periods.