

## 2022 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 EMPLOYEE: Classified as 30 hours or more per week

Cigna Premium Plan			
Coverage Level	Total Cost	Less NH \$	Your Net Cost
Employee Only	\$380.49	-\$319.22	<b>\$61.27</b>
Employee/Spouse	\$852.25	-\$647.95	<b>\$204.30</b>
Employee/Child(ren)	\$795.19	-\$642.52	<b>\$152.67</b>
Family	\$1,202.29	-\$934.56	<b>\$267.73</b>
Cigna Standard Plan			
Coverage Level	Total Cost	Less NH \$	Your Net Cost
Employee Only	\$350.82	-\$317.92	<b>\$32.90</b>
Employee/Spouse	\$785.83	-\$640.28	<b>\$145.55</b>
Employee/Child(ren)	\$733.21	-\$635.00	<b>\$98.21</b>
Family	\$1,108.59	-\$924.50	<b>\$184.09</b>
Bind			
Coverage Level	Total Cost	Less NH \$	Your Net Cost
Employee Only	\$346.12	-\$320.34	<b>\$25.78</b>
Employee/Spouse	\$775.27	-\$661.26	<b>\$114.01</b>
Employee/Child(ren)	\$723.35	-\$646.41	<b>\$76.94</b>
Family	\$1,093.68	-\$949.48	<b>\$144.20</b>

### DENTAL

Coverage Level	Total Cost	Less NH \$	Your Net Cost
Employee Only	\$18.52	-\$10.47	<b>\$8.05</b>
Employee/Spouse	\$38.47	-\$12.59	<b>\$25.88</b>
Employee/Child(ren)	\$40.02	-\$13.57	<b>\$26.45</b>
Family	\$65.36	-\$30.32	<b>\$35.04</b>

### PART-TIME EMPLOYEE: Classified as 24 to 29 hours per week

Cigna Premium Plan			
Coverage Level	Total Cost	Less NH \$	Your Net Cost
Employee Only	\$380.49	-\$246.44	<b>\$134.05</b>
Employee/Spouse	\$852.25	-\$504.19	<b>\$348.06</b>
Employee/Child(ren)	\$795.19	-\$498.47	<b>\$296.72</b>
Family	\$1,202.29	-\$727.45	<b>\$474.84</b>
Cigna Standard Plan			
Coverage Level	Total Cost	Less NH \$	Your Net Cost
Employee Only	\$350.82	-\$253.18	<b>\$97.64</b>
Employee/Spouse	\$785.83	-\$512.40	<b>\$273.43</b>
Employee/Child(ren)	\$733.21	-\$506.83	<b>\$226.38</b>
Family	\$1,108.59	-\$740.27	<b>\$368.32</b>
Bind			
Coverage Level	Total Cost	Less NH \$	Your Net Cost
Employee Only	\$346.12	-\$269.62	<b>\$76.50</b>
Employee/Spouse	\$775.27	-\$561.06	<b>\$214.21</b>
Employee/Child(ren)	\$723.35	-\$546.00	<b>\$177.35</b>
Family	\$1,093.68	-\$805.14	<b>\$288.54</b>

### VISION

Coverage Level	Your Cost
Employee Only	\$5.17
Employee/Spouse	\$8.11
Employee/Child(ren)	\$8.29
Family	\$13.35