

2023 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 Team Member Classified as 30 hours or more per week				Part-time Team Member Classified as 24 to 29 hours per week			
Cigna Standard Plan				Cigna Standard Plan			
Coverage level	Total Cost	less NH \$	Total Net Cost	Coverage level	Total Cost	less NH \$	Total Net Cost
Employee Only	\$ 373.20	\$ 338.20	\$ 35.00	Employee Only	\$ 373.20	\$ 269.32	\$ 103.88
Employee/Spouse	\$ 835.97	\$ 681.13	\$ 154.84	Employee/Spouse	\$ 835.97	\$ 545.09	\$ 290.88
Employee/Child(ren)	\$ 779.99	\$ 675.51	\$ 104.48	Employee/Child(ren)	\$ 779.99	\$ 539.16	\$ 240.83
Family	\$ 1,179.32	\$ 983.48	\$ 195.84	Family	\$ 1,179.32	\$ 787.50	\$ 391.82
Cigna Premium Plan				Cigna Premium Plan			
Coverage level	Total Cost	less NH \$	Total Net Cost	Coverage level	Total Cost	less NH \$	Total Net Cost
Employee Only	\$ 404.76	\$ 339.58	\$ 65.18	Employee Only	\$ 404.76	\$ 262.17	\$ 142.59
Employee/Spouse	\$ 906.63	\$ 689.30	\$ 217.33	Employee/Spouse	\$ 906.63	\$ 536.36	\$ 370.27
Employee/Child(ren)	\$ 845.92	\$ 683.51	\$ 162.41	Employee/Child(ren)	\$ 845.92	\$ 530.28	\$ 315.64
Family	\$ 1,279.00	\$ 994.19	\$ 284.81	Family	\$ 1,279.00	\$ 773.87	\$ 505.13
Surest				Surest			
Coverage level	Total Cost	less NH \$	Total Net Cost	Coverage level	Total Cost	less NH \$	Total Net Cost
Employee Only	\$ 368.20	\$ 340.49	\$ 27.71	Employee Only	\$ 368.20	\$ 285.97	\$ 82.23
Employee/Spouse	\$ 824.74	\$ 702.18	\$ 122.56	Employee/Spouse	\$ 824.74	\$ 594.50	\$ 230.24
Employee/Child(ren)	\$ 769.50	\$ 686.81	\$ 82.69	Employee/Child(ren)	\$ 769.50	\$ 578.88	\$ 190.62
Family	\$ 1,163.46	\$ 1,008.46	\$ 155.00	Family	\$ 1,163.46	\$ 853.32	\$ 310.14
Dental				Vision			
Coverage level	Total Cost	less NH \$	Total Net Cost	Coverage level	Your Cost		
Employee Only	\$ 18.52	\$ 10.47	\$ 8.05	Employee Only	\$ 5.17		
Employee/Spouse	\$ 38.47	\$ 12.59	\$ 25.88	Employee/Spouse	\$ 8.11		
Employee/Child(ren)	\$ 40.02	\$ 13.57	\$ 26.45	Employee/Child(ren)	\$ 8.29		
Family	\$ 65.36	\$ 30.32	\$ 35.04	Family	\$ 13.35		

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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.

The organization contributes to a portion of your plan cost for medical and dental plans (“NH \$”). Novant Health is helping to offset the medical premium costs for New Hanover Regional Medical Center team members for the second year in a row through a biweekly payroll credit.

The actual credit amount team members will see on their biweekly pay statements will vary based on the plan and coverage tier selected during enrollment. Since the premium increase for the Employee Only and Employee/Spouse tiers is already the same for full-time Novant Health and New Hanover Regional Medical Center team members electing the Cigna Premium Plan, the credit does not apply.

Full-time Team Member Classified as 30 hours or more per week				
Cigna Standard Plan				
Coverage level	Total Cost	less NH \$	Payroll Credit	Total Net Cost
Employee Only	\$ 373.20	\$ 338.20	\$ 17.62	\$ 17.38
Employee/Spouse	\$ 835.97	\$ 681.13	\$ 40.69	\$ 114.15
Employee/Child(ren)	\$ 779.99	\$ 675.51	\$ 33.85	\$ 70.63
Family	\$ 1,179.32	\$ 983.48	\$ 64.15	\$ 131.69
Cigna Premium Plan				
Coverage level	Total Cost	less NH \$	Payroll Credit	Total Net Cost
Employee Only	\$ 404.76	\$ 339.58	\$ 0	\$ 65.18
Employee/Spouse	\$ 906.63	\$ 689.30	\$ 0	\$ 217.33
Employee/Child(ren)	\$ 845.92	\$ 683.51	\$ 21.08	\$ 141.33
Family	\$ 1,279.00	\$ 994.19	\$ 24.38	\$ 260.43
Surest				
Coverage level	Total Cost	less NH \$	Payroll Credit	Total Net Cost
Employee Only	\$ 368.20	\$ 340.49	\$ 18.19	\$ 9.52
Employee/Spouse	\$ 824.74	\$ 702.18	\$ 42.85	\$ 79.71
Employee/Child(ren)	\$ 769.50	\$ 686.81	\$ 35.31	\$ 47.38
Family	\$ 1,163.46	\$ 1,008.46	\$ 66.96	\$ 88.04

Part-time Team Member Classified as 24 to 29 hours per week				
Cigna Standard Plan				
Coverage level	Total Cost	less NH \$	Payroll Credit	Total Net Cost
Employee Only	\$ 373.20	\$ 269.32	\$ 22.23	\$ 81.65
Employee/Spouse	\$ 835.97	\$ 545.09	\$ 100.77	\$ 190.11
Employee/Child(ren)	\$ 779.99	\$ 539.16	\$ 98.58	\$ 142.25
Family	\$ 1,179.32	\$ 787.50	\$ 184.19	\$ 207.63
Cigna Premium Plan				
Coverage level	Total Cost	less NH \$	Payroll Credit	Total Net Cost
Employee Only	\$ 404.76	\$ 262.17	\$ 6.73	\$ 135.86
Employee/Spouse	\$ 906.63	\$ 536.36	\$ 33.27	\$ 337.00
Employee/Child(ren)	\$ 845.92	\$ 530.28	\$ 50.35	\$ 265.29
Family	\$ 1,279.00	\$ 773.87	\$ 109.65	\$ 395.48
Surest				
Coverage level	Total Cost	less NH \$	Payroll Credit	Total Net Cost
Employee Only	\$ 368.20	\$ 285.97	\$ 25.96	\$ 56.27
Employee/Spouse	\$ 824.74	\$ 594.50	\$ 109.15	\$ 121.09
Employee/Child(ren)	\$ 769.50	\$ 578.88	\$ 106.31	\$ 84.31
Family	\$ 1,163.46	\$ 853.32	\$ 176.81	\$ 133.33

Dental			
Coverage level	Total Cost	less NH \$	Total Net Cost
Employee Only	\$ 18.52	\$ 10.47	\$ 8.05
Employee/Spouse	\$ 38.47	\$ 12.59	\$ 25.88
Employee/Child(ren)	\$ 40.02	\$ 13.57	\$ 26.45
Family	\$ 65.36	\$ 30.32	\$ 35.04

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