

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 Employee: Classified as 30 hours or more per week

CIGNA PREMIUM PLAN

Coverage level	Employee Only	Employee/Spouse	Employee/Child(ren)	Family
Total cost	\$365.76	\$819.25	\$764.40	\$1,155.74
Minus NH \$	-305.44	-618.12	-614.10	-892.16
Your Net Cost	\$60.32	\$201.13	\$150.30	\$263.58

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 \$	-304.84	-612.12	-608.13	-884.44
Your Net Cost	\$32.40	\$143.28	\$96.69	\$181.23

BIND

Coverage level	Employee Only	Employee/Spouse	Employee/Child(ren)	Family
Total cost	\$332.72	\$745.26	\$695.34	\$1,051.34
Minus NH \$	-307.34	-633.00	-619.61	-909.36
Your Net Cost	\$25.38	\$112.26	\$75.73	\$141.98

Part-Time Employee: Classified as 24 to 29 hours or more per week

CIGNA PREMIUM PLAN

Coverage level	Employee Only	Employee/Spouse	Employee/Child(ren)	Family
Total cost	\$365.76	\$819.25	\$764.40	\$1,155.74
Minus NH \$	-233.80	-476.59	-472.29	-688.27
Your Net Cost	\$131.96	\$342.66	\$292.11	\$467.47

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 \$	-241.10	-486.22	-481.95	-703.06
Your Net Cost	\$96.14	\$269.18	\$222.87	\$362.61

BIND

Coverage level	Employee Only	Employee/Spouse	Employee/Child(ren)	Family
Total cost	\$332.72	\$745.26	\$695.34	\$1,051.34
Minus NH \$	-257.41	-534.37	-520.75	-767.28
Your Net Cost	\$75.31	\$210.89	\$174.59	\$284.06

Dental

Coverage level	Employee Only	Employee/Spouse	Employee/Child(ren)	Family
Total cost	\$18.27	\$37.97	\$39.50	\$64.50
Minus NH \$	-10.33	-12.42	-13.40	-29.92
Your Net Cost	\$7.94	\$25.55	\$26.10	\$34.58

Vision

Coverage level	Employee Only	Employee/Spouse	Employee/Child(ren)	Family
Your Cost	\$4.39	\$6.89	\$7.05	\$11.34