

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			
Cigna Standard Plan			
Coverage level	Total Cost	less NH \$	Total Net Cost
Employee Only	\$ 373.20	\$ 338.20	\$ 35.00
Employee/Spouse	\$ 835.97	\$ 681.13	\$ 154.84
Employee/Child(ren)	\$ 779.99	\$ 675.51	\$ 104.48
Family	\$ 1,179.32	\$ 983.48	\$ 195.84
Cigna Premium Plan			
Coverage level	Total Cost	less NH \$	Total Net Cost
Employee Only	\$ 404.76	\$ 339.58	\$ 65.18
Employee/Spouse	\$ 906.63	\$ 689.30	\$ 217.33
Employee/Child(ren)	\$ 845.92	\$ 683.51	\$ 162.41
Family	\$ 1,279.00	\$ 994.19	\$ 284.81
Surest			
Coverage level	Total Cost	less NH \$	Total Net Cost
Employee Only	\$ 368.20	\$ 340.49	\$ 27.71
Employee/Spouse	\$ 824.74	\$ 702.18	\$ 122.56
Employee/Child(ren)	\$ 769.50	\$ 686.81	\$ 82.69
Family	\$ 1,163.46	\$ 1,008.46	\$ 155.00

Part-time Team Member Classified as 24 to 29 hours per week			
Cigna Standard Plan			
Coverage level	Total Cost	less NH \$	Total Net Cost
Employee Only	\$ 373.20	\$ 269.32	\$ 103.88
Employee/Spouse	\$ 835.97	\$ 545.09	\$ 290.88
Employee/Child(ren)	\$ 779.99	\$ 539.16	\$ 240.83
Family	\$ 1,179.32	\$ 787.50	\$ 391.82
Cigna Premium Plan			
Coverage level	Total Cost	less NH \$	Total Net Cost
Employee Only	\$ 404.76	\$ 262.17	\$ 142.59
Employee/Spouse	\$ 906.63	\$ 536.36	\$ 370.27
Employee/Child(ren)	\$ 845.92	\$ 530.28	\$ 315.64
Family	\$ 1,279.00	\$ 773.87	\$ 505.13
Surest			
Coverage level	Total Cost	less NH \$	Total Net Cost
Employee Only	\$ 368.20	\$ 285.97	\$ 82.23
Employee/Spouse	\$ 824.74	\$ 594.50	\$ 230.24
Employee/Child(ren)	\$ 769.50	\$ 578.88	\$ 190.62
Family	\$ 1,163.46	\$ 853.32	\$ 310.14

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