



2025 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			
Novant Health Premier Plan			
Coverage level	Total Cost	less NH \$	Total Net Cost
Employee Only	\$ 444.48	\$ 425.35	\$ 19.13
Employee/Spouse	\$ 995.60	\$ 870.05	\$ 125.55
Employee/Child(ren)	\$ 928.93	\$ 851.24	\$ 77.69
Family	\$ 1,404.53	\$ 1,259.68	\$ 144.85
Cigna Standard Plan			
Coverage level	Total Cost	less NH \$	Total Net Cost
Employee Only	\$ 401.18	\$ 363.04	\$ 38.14
Employee/Spouse	\$ 898.61	\$ 729.93	\$ 168.68
Employee/Child(ren)	\$ 838.43	\$ 724.61	\$ 113.82
Family	\$ 1,267.69	\$ 1,054.34	\$ 213.35
Cigna Premium Plan			
Coverage level	Total Cost	less NH \$	Total Net Cost
Employee Only	\$ 420.64	\$ 349.63	\$ 71.01
Employee/Spouse	\$ 942.20	\$ 705.44	\$ 236.76
Employee/Child(ren)	\$ 879.11	\$ 702.18	\$ 176.93
Family	\$ 1,329.19	\$ 1,018.90	\$ 310.29
HDHP w/HSA			
Coverage level	Total Cost	less NH \$	Total Net Cost
Employee Only	\$ 383.80	\$ 329.23	\$ 54.57
Employee/Spouse	\$ 852.77	\$ 650.05	\$ 202.72
Employee/Child(ren)	\$ 799.52	\$ 654.15	\$ 145.37
Family	\$ 1,179.33	\$ 917.51	\$ 261.82

Part-time Team Member Classified as 24 to 29 hours per week			
Novant Health Premier Plan			
Coverage level	Total Cost	less NH \$	Total Net Cost
Employee Only	\$ 444.48	\$ 336.70	\$ 107.78
Employee/Spouse	\$ 995.60	\$ 693.80	\$ 301.80
Employee/Child(ren)	\$ 928.93	\$ 679.06	\$ 249.87
Family	\$ 1,404.53	\$ 998.00	\$ 406.53
Cigna Standard Plan			
Coverage level	Total Cost	less NH \$	Total Net Cost
Employee Only	\$ 401.18	\$ 288.01	\$ 113.17
Employee/Spouse	\$ 898.61	\$ 581.72	\$ 316.89
Employee/Child(ren)	\$ 838.43	\$ 576.06	\$ 262.37
Family	\$ 1,267.69	\$ 840.83	\$ 426.86
Cigna Premium Plan			
Coverage level	Total Cost	less NH \$	Total Net Cost
Employee Only	\$ 420.64	\$ 265.29	\$ 155.35
Employee/Spouse	\$ 942.20	\$ 538.82	\$ 403.38
Employee/Child(ren)	\$ 879.11	\$ 535.25	\$ 343.86
Family	\$ 1,329.19	\$ 778.88	\$ 550.31
HDHP w/HSA			
Coverage level	Total Cost	less NH \$	Total Net Cost
Employee Only	\$ 383.80	\$ 249.54	\$ 134.26
Employee/Spouse	\$ 852.77	\$ 492.63	\$ 360.14
Employee/Child(ren)	\$ 799.52	\$ 496.40	\$ 303.12
Family	\$ 1,179.33	\$ 690.75	\$ 488.58

Dental			
Coverage level	Total Cost	less NH \$	Total Net Cost
Employee Only	\$ 20.11	\$ 11.84	\$ 8.27
Employee/Spouse	\$ 41.78	\$ 15.19	\$ 26.59
Employee/Child(ren)	\$ 43.46	\$ 16.30	\$ 27.16
Family	\$ 70.98	\$ 34.99	\$ 35.99

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