NOVANT HEALTH

2026 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	$472.08	$452.38	$19.70
Employee/Child(ren)	$986.62	$906.60	$80.02
Employee/Spouse	$1,057.43	$928.11	$129.32
Employee/Family	$1,491.76	$1,342.56	$149.20

Blue Standard Plan

Coverage level	Total Cost	less NH $	Total Net Cost
Employee Only	$426.09	$384.90	$41.19
Employee/Child(ren)	$890.50	$767.57	$122.93
Employee/Spouse	$954.41	$772.24	$182.17
Employee/Family	$1,346.42	$1,116.00	$230.42

Blue Premium Plan

Coverage level	Total Cost	less NH $	Total Net Cost
Employee Only	$446.76	$370.07	$76.69
Employee/Child(ren)	$933.70	$742.62	$191.08
Employee/Spouse	$1,000.71	$745.01	$255.70
Employee/Family	$1,411.74	$1,076.63	$335.11

Blue HDHP w/HSA

Coverage level	Total Cost	less NH $	Total Net Cost
Employee Only	$407.64	$372.63	$35.01
Employee/Child(ren)	$849.18	$744.69	$104.49
Employee/Spouse	$905.73	$750.88	$154.85
Employee/Family	$1,252.57	$1,056.71	$195.86

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	$472.08	$361.07	$111.01
Employee/Child(ren)	$986.62	$729.25	$257.37
Employee/Spouse	$1,057.43	$746.58	$310.85
Employee/Family	$1,491.76	$1,073.03	$418.73

Blue Standard Plan

Coverage level	Total Cost	less NH $	Total Net Cost
Employee Only	$426.09	$303.87	$122.22
Employee/Child(ren)	$890.50	$607.14	$283.36
Employee/Spouse	$954.41	$612.17	$342.24
Employee/Family	$1,346.42	$885.41	$461.01

Blue Premium Plan

Coverage level	Total Cost	less NH $	Total Net Cost
Employee Only	$446.76	$278.98	$167.78
Employee/Child(ren)	$933.70	$562.33	$371.37
Employee/Spouse	$1,000.71	$565.06	$435.65
Employee/Family	$1,411.74	$817.41	$594.33

Blue HDHP w/HSA

Coverage level	Total Cost	less NH $	Total Net Cost
Employee Only	$407.64	$291.53	$116.11
Employee/Child(ren)	$849.18	$579.99	$269.19
Employee/Spouse	$905.73	$508.60	$325.13
Employee/Family	$1,252.57	$814.61	$437.96

Dental

Base Plan

Coverage level	Total Cost	less NH $	Total Net Cost
Employee Only	$18.88	$12.19	$6.69
Employee/Child(ren)	$40.80	$16.78	$24.02
Employee/Spouse	$39.23	$15.65	$23.58
Employee/Family	$66.65	$36.04	$30.61

Enhanced Plan

Coverage level	Total Cost	less NH $	Total Net Cost
Employee Only	$23.79	$12.20	$11.59
Employee/Child(ren)	$51.40	$16.79	$34.61
Employee/Spouse	$49.41	$15.64	$33.77
Employee/Family	$83.95	$36.04	$47.91

Vision

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