

2024 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	\$ 387.22	\$ 350.90	\$ 36.32
Employee/Spouse	\$ 867.36	\$ 706.71	\$ 160.65
Employee/Child(ren)	\$ 809.28	\$ 700.88	\$ 108.40
Family	\$ 1,223.60	\$ 1,020.41	\$ 203.19
Cigna Premium Plan			
Coverage level	Total Cost	less NH \$	Total Net Cost
Employee Only	\$ 419.96	\$ 352.33	\$ 67.63
Employee/Spouse	\$ 940.67	\$ 715.18	\$ 225.49
Employee/Child(ren)	\$ 877.68	\$ 709.18	\$ 168.50
Family	\$ 1,327.03	\$ 1,031.52	\$ 295.51
Surest			
Coverage level	Total Cost	less NH \$	Total Net Cost
Employee Only	\$ 382.02	\$ 353.28	\$ 28.74
Employee/Spouse	\$ 855.71	\$ 728.55	\$ 127.16
Employee/Child(ren)	\$ 798.40	\$ 712.60	\$ 85.80
Family	\$ 1,207.15	\$ 1,046.33	\$ 160.82

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	\$ 387.22	\$ 279.44	\$ 107.78
Employee/Spouse	\$ 867.36	\$ 565.56	\$ 301.80
Employee/Child(ren)	\$ 809.28	\$ 559.41	\$ 249.87
Family	\$ 1,223.60	\$ 817.07	\$ 406.53
Cigna Premium Plan			
Coverage level	Total Cost	less NH \$	Total Net Cost
Employee Only	\$ 419.96	\$ 272.01	\$ 147.95
Employee/Spouse	\$ 940.67	\$ 556.50	\$ 384.17
Employee/Child(ren)	\$ 877.68	\$ 550.19	\$ 327.49
Family	\$ 1,327.03	\$ 802.93	\$ 524.10
Surest			
Coverage level	Total Cost	less NH \$	Total Net Cost
Employee Only	\$ 382.02	\$ 296.71	\$ 85.31
Employee/Spouse	\$ 855.71	\$ 616.82	\$ 238.89
Employee/Child(ren)	\$ 798.40	\$ 600.62	\$ 197.78
Family	\$ 1,207.15	\$ 885.37	\$ 321.78

Dental			
Coverage level	Total Cost	less NH \$	Total Net Cost
Employee Only	\$ 19.02	\$ 10.75	\$ 8.27
Employee/Spouse	\$ 39.51	\$ 12.92	\$ 26.59
Employee/Child(ren)	\$ 41.10	\$ 13.94	\$ 27.16
Family	\$ 67.13	\$ 31.14	\$ 35.99

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