



NSF - Mainland USA
REGULAR FULL-TIME PREMIUMS
2023 PLAN YEAR

Updated 10/31/2022	TOTAL MONTHLY	EMPLOYER PREMIUM		EMPLOYEE PREMIUM	
	PREMIUM	Monthly	Bi-Weekly	Monthly	Bi-Weekly
MEDICAL					
M A I N L A N D U S A	CONSUMER DRIVEN HEALTH PLAN-CIGNA (HDHP)*				
	EE Only	\$742.33	\$742.33	\$342.61	\$0.00
	EE + One Dependent	\$1,487.12	\$1,114.73	\$514.49	\$372.40
	EE + Family	\$2,217.42	\$1,479.88	\$683.02	\$737.55
	*premiums capped at 5% of salary				
	OPEN ACCESS PLAN-CIGNA (OAP)				
	EE Only	\$868.32	\$742.33	\$342.61	\$125.99
	EE + One Dependent	\$1,753.90	\$1,114.73	\$514.49	\$639.18
	EE + Family	\$2,620.80	\$1,479.88	\$683.02	\$1,140.93

M A I N L A N D U S A	DENTAL				
	DPPO-CIGNA*				
	EE Only	\$42.73	\$42.73	\$19.72	\$0.00
	EE + Spouse	\$85.19	\$63.96	\$29.52	\$21.23
	EE + Child(ren)	\$90.76	\$66.75	\$30.81	\$24.02
	EE + Family	\$129.07	\$85.90	\$39.65	\$43.17

A R I Z O N A C O L O R A D O	DHMO-CIGNA*				
	EE Only	\$11.44	\$11.44	\$5.28	\$0.00
	EE + One Dependent	\$19.89	\$15.67	\$7.23	\$4.23
	EE + Family	\$27.11	\$19.28	\$8.90	\$7.84
	*premiums capped at 5% of salary				

VISION				
EYEMED				
EE Only	\$5.98		\$5.98	\$2.76
EE + Spouse	\$11.36		\$11.36	\$5.24
EE + Child(ren)	\$11.96		\$11.96	\$5.52
EE + Family	\$17.58		\$17.58	\$8.11

LIFE INSURANCE				
Voluntary Life	BI-WEEKLY PREMIUM PER \$10,000 COVERAGE			
CIGNA Group Insurance		Employee	Spouse	Child(ren)
<25		\$0.31	\$0.60	\$0.55
25-29		\$0.31	\$0.75	
30-34		\$0.35	\$0.97	
35-39		\$0.45	\$1.12	
40-44		\$0.72	\$1.20	
45-49		\$1.21	\$1.80	
50-54		\$1.97	\$2.85	
55-59		\$3.49	\$5.25	
60-64		\$4.29	\$8.10	
65-69		\$7.65	\$15.55	
70-84		\$12.95		
Voluntary AD&D	BI-WEEKLY PREMIUM PER \$10,000 COVERAGE			
CIGNA Group Insurance				
Employee		\$0.92		
Spouse		\$0.92		

PET HEALTHCARE DISCOUNT PROGRAM				
United Pet Care, LLC	BI-WEEKLY PREMIUM			
	One Pet	Two Pets	Three Pets	Additional Pet
Choice	\$5.38	\$10.26	\$15.04	\$4.71
Select 2000 II	\$4.43	\$8.42	\$12.35	\$3.90

ID and Legal Shield	
Bi-Weekly Cost of Coverage:	
Plan/Tier	
Legal Shield National Plan	\$7.27
ID Shield National Plan - Individual	\$4.13
ID Shield National Plan - Family	\$7.82
Legal & ID Shield - Individual	\$10.80
Legal & ID Shield - Family	\$13.94

Cigna Worksite Benefits							
Critical Illness Insurance							
Bi-Weekly Cost of Coverage:							

Benefit Amount: \$5,000							
	Employee (EE)		Employee + Spouse (EE+SP)		Employee + Children (EE+CH)		Employee + Family (EE+F)
Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco
<25	\$0.90	\$1.05	\$1.58	\$1.82	\$0.98	\$2.44	\$1.66
25 to 29	\$1.01	\$1.27	\$1.75	\$2.16	\$1.08	\$2.92	\$1.83
30 to 34	\$1.20	\$1.68	\$2.12	\$2.90	\$1.28	\$3.81	\$2.20
35 to 39	\$1.56	\$2.54	\$2.77	\$4.41	\$1.64	\$5.68	\$2.85
40 to 44	\$2.02	\$3.52	\$3.48	\$5.94	\$2.10	\$7.78	\$3.56
45 to 49	\$2.84	\$5.41	\$4.87	\$9.10	\$2.92	\$11.90	\$4.95
50 to 54	\$4.33	\$8.17	\$6.99	\$13.12	\$4.41	\$17.87	\$7.07
55 to 59	\$6.18	\$11.51	\$9.66	\$17.97	\$6.25	\$25.09	\$9.74
60 to 64	\$8.09	\$14.51	\$12.63	\$22.63	\$8.17	\$31.61	\$12.71
65 to 69	\$9.94	\$16.46	\$15.46	\$25.99	\$10.02	\$35.83	\$15.53
70 to 74	\$13.80	\$21.76	\$21.45	\$34.42	\$13.88	\$47.32	\$21.52
75 to 79	\$19.23	\$26.86	\$28.70	\$41.53	\$19.31	\$58.36	\$28.77
80 to 84	\$24.72	\$32.95	\$35.38	\$50.43	\$24.80	\$71.55	\$35.46
85+	\$30.72	\$37.31	\$47.87	\$58.34	\$30.79	\$81.01	\$47.95

Benefit Amount: \$10,000							
	Employee (EE)		Employee + Spouse (EE+SP)		Employee + Children (EE+CH)		Employee + Family (EE+F)
Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco
<25	\$1.80	\$2.10	\$3.17	\$3.63	\$1.96	\$2.25	\$3.32
25 to 29	\$2.01	\$2.54	\$3.49	\$4.33	\$2.16	\$2.69	\$3.65
30 to 34	\$2.41	\$3.36	\$4.24	\$5.80	\$2.56	\$3.52	\$4.39
35 to 39	\$3.13	\$5.09	\$5.54	\$8.82	\$3.28	\$5.24	\$5.70
40 to 44	\$4.04	\$7.03	\$6.97	\$11.89	\$4.19	\$7.18	\$7.12
45 to 49	\$5.67	\$10.83	\$9.74	\$18.19	\$5.83	\$10.98	\$9.90
50 to 54	\$8.66	\$16.34	\$13.98	\$26.23	\$8.82	\$16.50	\$14.13
55 to 59	\$12.35	\$23.01	\$19.32	\$35.94	\$12.51	\$23.16	\$19.48
60 to 64	\$16.18	\$29.02	\$25.26	\$45.27	\$16.34	\$29.18	\$25.42
65 to 69	\$19.87	\$32.92	\$30.91	\$51.99	\$20.03	\$33.07	\$31.05
70 to 74	\$27.60	\$43.52	\$42.89	\$68.83	\$27.76	\$43.68	\$43.04
75 to 79	\$38.46	\$53.72	\$57.39	\$83.05	\$38.61	\$53.87	\$57.54
80 to 84	\$49.44	\$65.89	\$70.75	\$100.86	\$49.60	\$66.05	\$70.91
85+	\$61.43	\$74.62	\$95.74	\$116.68	\$61.58	\$74.78	\$95.90

Benefit Amount: \$20,000							
	Employee (EE)		Employee + Spouse (EE+SP)		Employee + Children (EE+CH)		Employee + Family (EE+F)
Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco
<25	\$3.61	\$4.19	\$6.33	\$7.26	\$3.91	\$4.50	\$6.64
25 to 29	\$4.02	\$5.08	\$6.99	\$8.66	\$4.33	\$5.38	\$7.30
30 to 34	\$4.82	\$6.73	\$8.47	\$11.60	\$5.12	\$7.03	\$8.78
35 to 39	\$6.25	\$10.17	\$11.08	\$17.63	\$6.55	\$10.48	\$11.39
40 to 44	\$8.08	\$14.06	\$13.94	\$23.78	\$8.38	\$14.36	\$14.24
45 to 49	\$11.34	\$21.66	\$19.49	\$36.38	\$11.66	\$21.96	\$19.79
50 to 54	\$17.33	\$32.69	\$27.95	\$52.47	\$17.64	\$32.99	\$28.26
55 to 59	\$24.71	\$46.02	\$38.65	\$71.88	\$25.02	\$46.32	\$38.95
60 to 64	\$32.36	\$58.04	\$50.53	\$90.54	\$32.68	\$58.36	\$50.84
65 to 69	\$39.75	\$65.83	\$61.82	\$103.98	\$40.06	\$66.14	\$62.10
70 to 74	\$55.21	\$87.05	\$85.78	\$137.67	\$55.51	\$87.36	\$86.09
75 to 79	\$76.91	\$107.44	\$114.78	\$166.11	\$77.22	\$107.74	\$115.09
80 to 84	\$98.89	\$131.79	\$141.51	\$201.73	\$99.19	\$132.09	\$141.82
85+	\$122.85	\$149.24	\$191.48	\$233.35	\$123.16	\$149.56	\$191.80
70 to 74	\$54.37	\$86.21	\$84.10	\$135.99	\$54.64	\$86.48	\$84.37
75 to 79	\$76.07	\$106.60	\$113.10	\$164.43	\$76.34	\$106.87	\$113.37
80 to 84	\$98.05	\$130.95	\$139.83	\$200.05	\$98.32	\$131.22	\$140.10
85+	\$122.01	\$148.41	\$189.81	\$231.68	\$122.28	\$148.67	\$190.08

Cigna Accidental Injury Insurance	
Bi-Weekly Cost of Coverage:	
Tier	Low Plan
Employee	\$2.75
Employee + spouse	\$4.95
Employee + child(ren)	\$5.42
Family	\$7.61

Cigna Hospital Care Insurance	
Bi-Weekly Cost of Coverage:	
Tier	HC Plan 1
Employee Only	\$7.70
Employee & Spouse	\$17.02
Employee & Child(ren)	\$13.10
Employee & Family	\$21.75