



updated 10/26/2022

# NSF - Mainland USA

## REGULAR PART-TIME (50% FTE) PREMIUMS

### 2023 PLAN YEAR

	TOTAL MONTHLY PREMIUM	EMPLOYER PREMIUM		EMPLOYEE PREMIUM	
		Monthly	Bi-Weekly	Monthly	Bi-Weekly
MEDICAL					
A C C O R O N D A	CONSUMER DRIVEN HEALTH PLAN-CIGNA* (H8DHP)				
	EE Only	\$742.33	\$371.17	\$171.31	\$371.17
	EE + One Dependent	\$1,487.12	\$557.36	\$257.24	\$929.76
	EE + Family	\$2,217.42	\$739.94	\$341.51	\$1,477.48
	OPEN ACCESS PLAN-CIGNA (OAP)				
	EE Only	\$868.32	\$371.17	\$171.31	\$497.16
	EE + One Dependent	\$1,753.90	\$557.36	\$257.24	\$1,196.54
	EE + Family	\$2,620.80	\$739.94	\$341.51	\$1,880.86

M A I N L A N D	DENTAL				
	DPPO-CIGNA				
	EE Only	\$42.73	\$21.37	\$9.86	\$21.37
	EE + Spouse	\$85.19	\$31.98	\$14.76	\$53.21
	EE + Child(ren)	\$90.76	\$33.37	\$15.40	\$57.39
	EE + Family	\$129.07	\$42.95	\$19.82	\$86.12

A C C O R O N D A	DHMO-CIGNA				
	EE Only	\$11.44	\$5.72	\$2.64	\$5.72
	EE + One Dependent	\$19.89	\$7.83	\$3.62	\$12.06
	EE + Family	\$27.11	\$9.64	\$4.45	\$17.47

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

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 PROG				
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

Age	Employee (EE)		Employee + Spouse (EE+SP)		Employee + Children (EE+CH)		Employee + Family (EE+F)	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<25	\$0.90	\$1.05	\$1.58	\$1.82	\$0.98	\$2.44	\$1.66	\$1.89
25 to 29	\$1.01	\$1.27	\$1.75	\$2.16	\$1.08	\$2.92	\$1.83	\$2.24
30 to 34	\$1.20	\$1.68	\$2.12	\$2.90	\$1.28	\$3.81	\$2.20	\$2.98
35 to 39	\$1.56	\$2.54	\$2.77	\$4.41	\$1.64	\$5.68	\$2.85	\$4.49
40 to 44	\$2.02	\$3.52	\$3.48	\$5.94	\$2.10	\$7.78	\$3.56	\$6.02
45 to 49	\$2.84	\$5.41	\$4.87	\$9.10	\$2.92	\$11.90	\$4.95	\$9.18
50 to 54	\$4.33	\$8.17	\$6.99	\$13.12	\$4.41	\$17.87	\$7.07	\$13.20
55 to 59	\$6.18	\$11.51	\$9.66	\$17.97	\$6.25	\$25.09	\$9.74	\$18.05
60 to 64	\$8.09	\$14.51	\$12.63	\$22.63	\$8.17	\$31.61	\$12.71	\$22.71
65 to 69	\$9.94	\$16.46	\$15.46	\$25.99	\$10.02	\$35.83	\$15.53	\$26.07
70 to 74	\$13.80	\$21.76	\$21.45	\$34.42	\$13.88	\$47.32	\$21.52	\$34.50
75 to 79	\$19.23	\$26.86	\$28.70	\$41.53	\$19.31	\$58.36	\$28.77	\$41.61
80 to 84	\$24.72	\$32.95	\$35.38	\$50.43	\$24.80	\$71.55	\$35.46	\$50.51
85+	\$30.72	\$37.31	\$47.87	\$58.34	\$30.79	\$81.01	\$47.95	\$58.42

Benefit Amount: \$10,000

Age	Employee (EE)		Employee + Spouse (EE+SP)		Employee + Children (EE+CH)		Employee + Family (EE+F)	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<25	\$1.80	\$2.10	\$3.17	\$3.63	\$1.96	\$2.25	\$3.32	\$3.78
25 to 29	\$2.01	\$2.54	\$3.49	\$4.33	\$2.16	\$2.69	\$3.65	\$4.48
30 to 34	\$2.41	\$3.36	\$4.24	\$5.80	\$2.56	\$3.52	\$4.39	\$5.95
35 to 39	\$3.13	\$5.09	\$5.54	\$8.82	\$3.28	\$5.24	\$5.70	\$8.97
40 to 44	\$4.04	\$7.03	\$6.97	\$11.89	\$4.19	\$7.18	\$7.12	\$12.04
45 to 49	\$5.67	\$10.83	\$9.74	\$18.19	\$5.83	\$10.98	\$9.90	\$18.35
50 to 54	\$8.66	\$16.34	\$13.98	\$26.23	\$8.82	\$16.50	\$14.13	\$26.39
55 to 59	\$12.35	\$23.01	\$19.32	\$35.94	\$12.51	\$23.16	\$19.48	\$36.09
60 to 64	\$16.18	\$29.02	\$25.26	\$45.27	\$16.34	\$29.18	\$25.42	\$45.42
65 to 69	\$19.87	\$32.92	\$30.91	\$51.99	\$20.03	\$33.07	\$31.05	\$52.14
70 to 74	\$27.60	\$43.52	\$42.89	\$68.83	\$27.76	\$43.68	\$43.04	\$68.99
75 to 79	\$38.46	\$53.72	\$57.39	\$83.05	\$38.61	\$53.87	\$57.54	\$83.21
80 to 84	\$49.44	\$65.89	\$70.75	\$100.86	\$49.60	\$66.05	\$70.91	\$101.02
85+	\$61.43	\$74.62	\$95.74	\$116.68	\$61.58	\$74.78	\$95.90	\$116.83

Benefit Amount: \$20,000

Age	Employee (EE)		Employee + Spouse (EE+SP)		Employee + Children (EE+CH)		Employee + Family (EE+F)	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<25	\$3.61	\$4.19	\$6.33	\$7.26	\$3.91	\$4.50	\$6.64	\$7.57
25 to 29	\$4.02	\$5.08	\$6.99	\$8.66	\$4.33	\$5.38	\$7.30	\$8.96
30 to 34	\$4.82	\$6.73	\$8.47	\$11.60	\$5.12	\$7.03	\$8.78	\$11.91
35 to 39	\$6.25	\$10.17	\$11.08	\$17.63	\$6.55	\$10.48	\$11.39	\$17.94
40 to 44	\$8.08	\$14.06	\$13.94	\$23.78	\$8.38	\$14.36	\$14.24	\$24.08
45 to 49	\$11.34	\$21.66	\$19.49	\$36.38	\$11.66	\$21.96	\$19.79	\$36.69
50 to 54	\$17.33	\$32.69	\$27.95	\$52.47	\$17.64	\$32.99	\$28.26	\$52.77
55 to 59	\$24.71	\$46.02	\$38.65	\$71.88	\$25.02	\$46.32	\$38.95	\$72.18
60 to 64	\$32.36	\$58.04	\$50.53	\$90.54	\$32.68	\$58.36	\$50.84	\$90.84
65 to 69	\$39.75	\$65.83	\$61.82	\$103.98	\$40.06	\$66.14	\$62.10	\$104.28
70 to 74	\$55.21	\$87.05	\$85.78	\$137.67	\$55.51	\$87.36	\$86.09	\$137.97
75 to 79	\$76.91	\$107.44	\$114.78	\$166.11	\$77.22	\$107.74	\$115.09	\$166.42
80 to 84	\$98.89	\$131.79	\$141.51	\$201.73	\$99.19	\$132.09	\$141.82	\$202.03
85+	\$122.85	\$149.24	\$191.48	\$233.35	\$123.16	\$149.56	\$191.80	\$233.66
70 to 74	\$54.37	\$86.21	\$84.10	\$135.99	\$54.64	\$86.48	\$84.37	\$136.26
75 to 79	\$76.07	\$106.60	\$113.10	\$164.43	\$76.34	\$106.87	\$113.37	\$164.70
80 to 84	\$98.05	\$130.95	\$139.83	\$200.05	\$98.32	\$131.22	\$140.10	\$200.32
85+	\$122.01	\$148.41	\$189.81	\$231.68	\$122.28	\$148.67	\$190.08	\$231.95

Cigna Accidental Injury Insurance	
Bi-Weekly Cost of Coverage:	
Tier	Low Plan
Employee	\$3.49
Employee + spouse	\$6.13
Employee + child(ren)	\$6.56
Family	\$8.93

Cigna Hospital Care Insurance	
Bi-Weekly Cost of Coverage:	
Tier	HC Plan 1
Employee Only	\$8.82
Employee & Spouse	\$18.79
Employee & Child(ren)	\$14.50
Employee & Family	\$24.47