

2020 Benefits Premiums

The following information supplements the Employee Benefits Guide.



Bi-Weekly Benefits Premiums

	Medical Plan		Dental Plan		Vision Plan			
	Base	Buy-Up	Core	Plus	VSP Choice			
Full-Time Employees								
Employee Only	\$36.21	\$63.63	\$0.00	\$5.65	\$2.77			
Employee and Spouse	\$181.05	\$238.99	\$0.00	\$14.75	\$5.54			
Employee and Children	\$66.99	\$120.58	\$0.00	\$19.60	\$5.93			
Full Family	\$258.00	\$319.73	\$0.00	\$30.78	\$9.46			

Part-Time Employees					
Employee Only	\$108.63	\$136.04	\$4.37	\$8.56	\$2.77
Employee and Spouse	\$325.89	\$383.83	\$12.27	\$20.20	\$5.54
Employee and Children	\$200.97	\$254.56	\$9.00	\$25.60	\$5.93
Full Family	\$464.40	\$526.13	\$20.74	\$40.00	\$9.46

Northern Light Health Human Resources Service Center

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Fax: 207-973-7865

Email: hrservicecenter@northernlight.org

Benefits portal: <u>benefits.northernlighthealth.org</u> (on the Northern Light Health intranet)

HR portal: hr.northernlighthealth.org (on the Northern Light Health intranet)