



2021 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	\$36.94	\$64.90	\$1.46	\$5.65	\$2.77
Employee and Spouse	\$184.67	\$243.77	\$6.82	\$14.75	\$5.54
Employee and Children	\$68.33	\$123.00	\$3.00	\$19.60	\$5.93
Full Family	\$263.16	\$326.12	\$11.52	\$30.78	\$9.46

Part-Time Employees					
Employee Only	\$110.81	\$138.76	\$4.37	\$8.56	\$2.77
Employee and Spouse	\$332.41	\$391.51	\$12.27	\$20.20	\$5.54
Employee and Children	\$204.99	\$259.65	\$9.00	\$25.60	\$5.93
Full Family	\$473.69	\$536.65	\$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: benefits.northernlighthealth.org (on the Northern Light Health intranet)

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