



## **EMMC 2024 Benefits Premiums**

The following information supplements the Employee Benefits Guide.

## **Bi-Weekly** Benefits Premiums

	2024 Medical Plan			2024 Dental Plan		2024 Vision Plan
	HSA Eligible PLAN	BASE PLAN with HRA	BUY-UP PLAN with HRA	Core	Plus	VSP Choice
Full-Time Employees						
Employee Only	\$41.14	\$41.14	\$72.29	\$0.00	\$5.65	\$3.31
Employee and Spouse	\$205.72	\$205.72	\$271.55	\$0.00	\$14.75	\$6.08
Employee and Children	\$76.12	\$76.12	\$137.01	\$0.00	\$19.60	\$6.47
Full Family	\$293.15	\$293.15	\$363.28	\$0.00	\$30.78	\$10.00
Part-Time Employees						
Employee Only	\$123.43	\$123.43	\$154.58	\$4.37	\$8.56	\$3.31
Employee and Spouse	\$370.29	\$370.29	\$436.12	\$12.27	\$20.20	\$6.08
Employee and Children	\$228.35	\$228.35	\$289.24	\$9.00	\$25.60	\$6.47
Full Family	\$527.67	\$527.67	\$597.79	\$20.74	\$40.00	\$10.00

**Northern Light Health Human Resources Service Center** 

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Benefits page on Resource ME: <a href="https://mingle-portal.inforcloudsuite.com/EMH\_PRD">https://mingle-portal.inforcloudsuite.com/EMH\_PRD</a>