



MASSACHUSETTS

## 2020 Health Plan Rates Part-Time

Insurance Plan	Associate Bi-weekly Cost (Annualized Salary < \$69,999)	Associate Bi-weekly Cost (Annualized Salary ≥ \$70,000)
<b>Blue Care Elect Saver - CHOICE w/ HSA</b>		
Individual	\$124.61	\$129.61
Individual + 1	\$246.92	\$256.92
Family	\$361.90	\$376.90
<b>Network Blue NE Deductible w/ HRA</b>		
Individual	\$148.65	\$159.76
Individual + 1	\$294.70	\$316.84
Family	\$432.01	\$464.83
<b>All Associates Bi-Weekly Cost</b>		
<b>Dental Blue</b>		
Individual	\$11.25	
Individual + 1	\$22.84	
Family	\$32.98	
<b>Vision</b>		
Individual	\$2.88	
Individual + 1	\$5.18	
Family	\$8.06	