



MASSACHUSETTS

2024 HEALTH PLAN RATES

PART-TIME

(Associates regularly scheduled to work 15–29 hours per week)

Insurance Plan	Associate Bi-weekly Cost (annualized base salary < \$80,000)	Associate Bi-weekly Cost (annualized base salary ≥ \$80,000)
Blue Care Elect Saver – CHOICE w/ HSA (PPO)		
Individual	\$132.21	\$147.74
Individual + 1	\$261.98	\$292.84
Family	\$383.98	\$429.61
Network Blue NE Deductible w/ HRA (HMO)		
Individual	\$164.34	\$182.11
Individual + 1	\$325.81	\$361.14
Family	\$477.61	\$529.83
All Associates Bi-Weekly Cost		
Dental Blue		
Individual	\$11.40	
Individual + 1	\$23.14	
Family	\$33.41	
Vision		
Individual	\$3.05	
Individual + 1	\$5.49	
Family	\$8.55	