

## Part Time Rates 2024-2025

For regular employees working 20 to 29 hours per week.

Monthly								
	Employee Only		Employee & Spouse/DP		Employee & Child(ren)		Family	
	Employee	Employer	Employee	Employer	Employee	Employer	Employee	Employer
HMO Blue New England	393.61	495.87	1,228.50	995.19	974.06	715.96	1,309.57	1,092.02
HMO Blue NE \$500 Deductible	300.79	523.12	996.47	1,063.31	797.70	767.73	1,058.96	1,165.60
Blue Choice New England	610.42	454.47	1,770.51	891.70	1,385.98	637.29	1,894.92	980.27
Blue Care Elect Preferred	740.66	429.60	2,096.15	829.53	1,633.47	590.05	2,246.62	913.11
Blue Care Elect Saver 90 HDHP	262.51	496.96	816.56	1,082.12	647.66	795.34	872.26	1,178.31
Dental Blue Freedom	19.91	23.38	54.54	32.04	51.82	30.43	74.18	54.83
Dental Blue Freedom with Ortho	28.70	21.46	72.13	28.19	68.52	26.78	100.37	49.10

Weekly								
	Employee Only		Employee & Spouse/DP		Employee & Child(ren)		Family	
	Employee	Employer	Employee	Employer	Employee	Employer	Employee	Employer
HMO Blue New England	90.83	114.44	283.50	229.66	224.78	165.23	302.21	252.01
HMO Blue NE \$500 Deductible	69.41	120.72	229.95	245.39	184.08	177.18	244.38	268.98
Blue Choice New England	140.87	104.88	408.58	205.78	319.84	147.07	437.29	226.22
Blue Care Elect Preferred	170.92	99.14	483.73	191.43	376.95	136.17	518.45	210.72
Blue Care Elect Saver 90 HDHP	60.58	114.68	188.44	249.72	149.46	183.54	201.29	271.92
Dental Blue Freedom	4.59	5.40	12.59	7.39	11.96	7.02	17.12	12.65
Dental Blue Freedom with Ortho	6.62	4.96	16.65	6.50	15.81	6.18	23.16	11.33