

Part Time Rates 2023-2024

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	364.55	459.39	1,137.75	922.09	902.09	663.40	1,212.83	1,011.80
HMO Blue NE \$500 Deductible	275.40	476.39	914.89	964.59	732.71	695.69	972.14	1,057.70
Blue Choice New England	565.32	421.10	1,639.65	826.40	1,283.53	590.66	1,754.87	908.46
Blue Care Elect Preferred	685.93	398.10	1,941.20	768.90	1,512.71	546.97	2,080.55	846.36
Blue Care Elect Saver 90 HDHP	239.43	450.77	746.96	978.55	592.76	718.63	797.81	1,065.74
Dental Blue Freedom	19.48	22.88	53.37	31.35	50.70	29.78	72.58	53.65
Dental Blue Freedom with Ortho	28.08	21.00	70.57	27.59	67.05	26.20	98.21	48.04

Weekly								
	Employee Only		Employee & Spouse/DP		Employee & Child(ren)		Family	
	Employee	Employer	Employee	Employer	Employee	Employer	Employee	Employer
HMO Blue New England	84.13	106.01	262.56	212.79	208.17	153.10	279.88	233.50
HMO Blue NE \$500 Deductible	63.55	109.94	211.13	222.60	169.09	160.54	224.34	244.09
Blue Choice New England	130.46	97.18	378.38	190.71	296.20	136.31	404.97	209.65
Blue Care Elect Preferred	158.29	91.87	447.97	177.44	349.09	126.22	480.13	195.32
Blue Care Elect Saver 90 HDHP	55.25	104.03	172.38	225.82	136.79	165.84	184.11	245.94
Dental Blue Freedom	4.50	5.28	12.32	7.23	11.70	6.87	16.75	12.38
Dental Blue Freedom with Ortho	6.48	4.85	16.29	6.36	15.47	6.05	22.66	11.09