

# Boston Office Employees

## 2025 Employee Monthly Healthcare Cost

Employees Earning	BCBS POS (MA EE's Only)	BCBS HDHP	Cigna Dental	VSP Vision
< \$85,000				
Just You	\$160.00	\$174.00	\$9.66	\$1.64
You + Spouse/DP	\$426.00	\$461.00	\$25.74	\$3.58
You + Child(ren)	\$371.00	\$406.00	\$33.80	\$3.70
You + Family	\$711.00	\$743.00	\$53.90	\$6.52
\$85,001 - \$170,000				
Just You	\$254.00	\$275.00	\$14.12	\$2.38
You + Spouse/DP	\$611.00	\$629.00	\$31.44	\$4.48
You + Child(ren)	\$536.00	\$560.00	\$40.12	\$4.60
You + Family	\$990.00	\$972.00	\$61.80	\$7.66
\$170,001 - \$255,000				
Just You	\$328.00	\$336.00	\$16.90	\$2.88
You + Spouse/DP	\$814.00	\$828.00	\$44.70	\$6.28
You + Child(ren)	\$719.00	\$733.00	\$58.64	\$6.44
You + Family	\$1,348.00	\$1,305.00	\$93.36	\$11.36

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\$255,001 - \$340,000				
Just You	\$413.00	\$410.00	\$23.76	\$4.02
You + Spouse/DP	\$954.00	\$956.00	\$57.16	\$8.08
You + Child(ren)	\$840.00	\$851.00	\$73.92	\$8.28
You + Family	\$1,526.00	\$1,486.00	\$115.66	\$14.18
\$340,001				
Just You	\$438.00	\$435.00	\$26.14	\$4.58
You + Spouse/DP	\$974.00	\$976.00	\$63.30	\$9.28
You + Child(ren)	\$869.00	\$872.00	\$81.92	\$9.50
You + Family	\$1,561.00	\$1,513.00	\$128.34	\$16.32

# Boston Office Employees

## 2025 **Exempt** Per Pay Period Contribution Schedule

Employees Earning	BCBS POS (MA EE's Only)	BCBS HDHP	Cigna Dental	VSP Vision
<b>&lt; \$85,000</b>				
Just You	\$80.00	\$87.00	\$4.83	\$0.82
You + Spouse/DP	\$213.00	\$230.50	\$12.87	\$1.79
You + Child(ren)	\$185.50	\$203.00	\$16.90	\$1.85
You + Family	\$355.50	\$371.50	\$26.95	\$3.26
<b>\$85,001 - \$170,000</b>				
Just You	\$127.00	\$137.50	\$7.06	\$1.19
You + Spouse/DP	\$305.50	\$314.50	\$15.72	\$2.24
You + Child(ren)	\$268.00	\$280.00	\$20.06	\$2.30
You + Family	\$495.00	\$486.00	\$30.90	\$3.83
<b>\$170,001 - \$255,000</b>				
Just You	\$164.00	\$168.00	\$8.45	\$1.44
You + Spouse/DP	\$407.00	\$414.00	\$22.35	\$3.14
You + Child(ren)	\$359.50	\$366.50	\$29.32	\$3.22
You + Family	\$674.00	\$652.50	\$46.68	\$5.68

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Employees Earning	BCBS POS (MA EE's Only)	BCBS HDHP	Cigna Dental	VSP Vision
<b>\$255,001 - \$340,000</b>				
Just You	\$206.50	\$205.00	\$11.88	\$2.01
You + Spouse/DP	\$477.00	\$478.00	\$28.58	\$4.04
You + Child(ren)	\$420.00	\$425.50	\$36.96	\$4.14
You + Family	\$763.00	\$743.00	\$57.83	\$7.09
<b>\$340,001</b>				
Just You	\$219.00	\$217.50	\$13.07	\$2.29
You + Spouse/DP	\$487.00	\$488.00	\$31.65	\$4.64
You + Child(ren)	\$434.50	\$436.00	\$40.96	\$4.75
You + Family	\$780.50	\$756.50	\$64.17	\$8.16

# Boston Office Employees

## 2025 **Non-Exempt** Per Pay Period Contribution Schedule

Employees Earning	BCBS POS (MA EE's Only)	BCBS HDHP	Cigna Dental	VSP Vision
<b>&lt; \$85,000</b>				
Just You	\$73.85	\$80.31	\$4.46	\$0.76
You + Spouse/DP	\$196.62	\$212.77	\$11.88	\$1.65
You + Child(ren)	\$171.23	\$187.38	\$15.60	\$1.71
You + Family	\$328.15	\$342.92	\$24.88	\$3.01
<b>\$85,001 - \$170,000</b>				
Just You	\$117.23	\$126.92	\$6.52	\$1.10
You + Spouse/DP	\$282.00	\$290.31	\$14.51	\$2.07
You + Child(ren)	\$247.38	\$258.46	\$18.52	\$2.12
You + Family	\$456.92	\$448.62	\$28.52	\$3.54
<b>\$170,001 - \$255,000</b>				
Just You	\$151.38	\$155.08	\$7.80	\$1.33
You + Spouse/DP	\$375.69	\$382.15	\$20.63	\$2.90
You + Child(ren)	\$331.85	\$338.31	\$27.06	\$2.97
You + Family	\$622.15	\$602.31	\$43.09	\$5.24

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## 2025 **Non-Exempt** Per Pay Period Contribution Schedule

Employees Earning	BCBS POS (MA EE's Only)	BCBS HDHP	Cigna Dental	VSP Vision
<b>\$255,001 - \$340,000</b>				
Just You	\$190.62	\$189.23	\$10.97	\$1.86
You + Spouse/DP	\$440.31	\$441.23	\$26.38	\$3.73
You + Child(ren)	\$387.69	\$392.77	\$34.12	\$3.82
You + Family	\$704.31	\$685.85	\$53.38	\$6.54
<b>\$340,001</b>				
Just You	\$202.15	\$200.77	\$12.06	\$2.11
You + Spouse/DP	\$449.54	\$450.46	\$29.22	\$4.28
You + Child(ren)	\$401.08	\$402.46	\$37.81	\$4.38
You + Family	\$720.46	\$698.31	\$59.23	\$7.53