2025 BI-WEEKLY MEDICAL PLAN PREMIUMS (Exempt Employees)

	BEST BUY HSA HMO MASSACSHUSETTS	HMO MASSACHUSETTS	ACCESS AMERICA PPO
PRE-TAX PAYROLL DEDUCTIONS	BI-WEEKLY	BI-WEEKLY	BI-WEEKLY
EMPLOYEES SALARY BAND 1: < $50,000			
Individual	$37.67	$147.57	$94.54
Employee + Child(ren)	$98.87	$369.90	$240.09
Family	$107.03	$400.40	$259.89
EMPLOYEEES SALARY BAND 2: $50,000–$74,999			
Individual	$40.81	$152.18	$98.83
Employee + Child(ren)	$106.48	$381.11	$250.53
Family	$115.26	$412.54	$271.19
EMPLOYEEES SALARY BAND 3: $75,000–$99,999			
Individual	$43.95	$156.79	$103.13
Employee + Child(ren)	$114.08	$392.32	$260.97
Family	$123.49	$424.67	$282.49
EMPLOYEEES SALARY BAND 4: $100,000–$149,999			
Individual	$47.09	$161.41	$107.43
Employee + Child(ren)	$121.69	$403.52	$271.41
Family	$131.72	$436.81	$293.79
EMPLOYEEES SALARY BAND 5: $150,000+			
Individual	$50.23	$166.02	$111.73
Employee + Child(ren)	$129.29	$414.73	$281.84
Family	$139.96	$448.94	$305.09

2025 DENTAL & VISION BI-WEEKLY PREMIUMS (Exempt Employees)

Dental Plan Premiums (Exempt Employees)

	DELTA DENTAL – HIGH PLAN	DELTA DENTAL – LOW PLAN
PRE-TAX PAYROLL DEDUCTIONS	BI-WEEKLY	BI-WEEKLY
Individual	$20.49	$15.34
Family	$72.66	$52.01

Vision Plan Premiums (Exempt Employees)

$180 allowance for a wide selection of frames

	VSP VISION PLAN
PRE-TAX PAYROLL DEDUCTIONS	BI-WEEKLY
Single	$4.31
Employee + 1	$6.25
Family	$11.20