



# HUDSON MASSACHUSETTS

## FY 25 HEALTH INSURANCE

### WEEKLY

Blue Care Elect (PPO) \$300/\$900 Deductible  
Network Blue (HMO) \$300/\$900 Deductible  
Network Blue Select \$300/\$900 Deductible

### Employee

\$158.07/\$129.33  
\$149.58/\$89.75  
\$130.14/\$78.08

### Family

\$406.56/\$332.64  
\$384.70/\$230.82  
\$334.69/\$200.82

### BI-WEEKLY

Blue Care Elect (PPO) \$300/\$900 Deductible  
Network Blue (HMO) \$300/\$900 Deductible  
Network Blue Select \$300/\$900 Deductible

### Employee

\$316.13/\$258.66  
\$299.16/\$179.50  
\$260.27/\$156.17

### Family

\$813.11/\$665.27  
\$769.40/\$461.64  
\$669.38/\$401.63

## FY 25 DENTAL INSURANCE

### WEEKLY

Dental Blue Freedom  
Value Plan

### Employee

\$9.92  
\$5.40

### Family

\$25.68  
\$13.84

### BI-WEEKLY

Dental Blue Freedom  
Value Plan

### Employee

\$19.84  
\$10.80

### Family

\$51.29  
\$27.67

## FY 25 VISION INSURANCE

### WEEKLY

Blue 20/20

### Employee

\$1.15

### Employee & Spouse

\$1.96

### Employee & Children

\$2.01

### Family

\$3.16

### BI-WEEKLY

Blue 20/20

### Employee

\$2.30

### Employee & Spouse

\$3.91

### Employee & Children

\$4.02

### Family

\$6.32

## LIFE INSURANCE

WEEKLY - \$5.00 per month

BI-WEEKLY - \$2.50 per pay period

Vision and Dental are 100 % paid by employee