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2023 Direct Bill Monthly Contribution Rate Sheet (for NRSA Research Fellows)

Monthly Premium Rates - Medical, Dental and Vision

Below are the monthly contribution amounts for the 2023 calendar year. Should the Research Fellow elect these coverages, these amounts must be paid in a timely per the instruction of the Direct Billing administrator. If they are not paid as directed, coverage will terminate.

Plan Name	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
BCBSMA Network Blue New England Value HMO	\$85.45	\$172.61	\$162.35	\$249.53
BCBSMA Network Blue New England Premium HMO	\$187.63	\$379.02	\$356.50	\$547.91
BCBSMA Blue Care Elect Preferred PPO	\$395.80	\$799.48	\$751.98	\$1,155.70
Delta Dental Basic Plan	\$14.49	\$28.98	\$31.87	\$46.36
Delta Dental Plus Plan	\$40.83	\$81.66	\$89.83	\$130.65
VSP Basic	\$4.97	\$9.94	\$10.99	\$17.56
VSP Plus	\$10.43	\$20.83	\$23.08	\$36.88

The above contribution amounts are for the 2023 calendar year and may change from calendar year to calendar year. The Hospital may also change plan designs from year to year. If these changes do occur, the Research Fellow will be given an opportunity to change their elections.