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2024 Direct Bill Monthly Contribution Rate Sheet (for NRSA Research Fellows)

Medical, Dental & Vision Premium Rates

Below are the monthly contribution amounts for the 2024 calendar year. If the Research Fellow elects these coverages, the amounts must be paid in a timely fashion. If they are not paid in a timely fashion, coverage will terminate.

Plan Name	RF Only	RF + Spouse	RF + Child(ren)	RF + Family
BCBSMA Network Blue New England Value HMO	\$88.01	\$177.79	\$167.22	\$257.02
BCBSMA Network Blue New England Premium HMO	\$193.26	\$390.39	\$367.20	\$564.35
BCBSMA Preferred PPO	\$407.67	\$823.46	\$774.54	\$1,190.37
Delta Dental Basic Plan	\$14.49	\$28.98	\$31.87	\$46.36
Delta Dental Plus Plan	\$40.83	\$81.66	\$89.82	\$130.65
VSP Basic	\$4.97	\$9.94	\$10.99	\$17.56
VSP Plus	\$10.42	\$20.82	\$23.08	\$36.87

The above contribution amounts are for the 2024 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.