

Perceptive 2025 Medical, Dental, and Vision Employee Contributions

Medical			
Carrier	Benefit Option	Coverage Tier	Biweekly Employee Cost
Blue Cross Blue Shield of MA	\$900 Deductible Plan	Employee Only	\$135.69
Blue Cross Blue Shield of MA	\$900 Deductible Plan	Employee + Spouse	\$267.69
Blue Cross Blue Shield of MA	\$900 Deductible Plan	Employee + Child(ren)	\$268.15
Blue Cross Blue Shield of MA	\$900 Deductible Plan	Employee + Family	\$379.85
Blue Cross Blue Shield of MA	\$2,000 Deductible Plan with HSA	Employee Only	\$80.77
Blue Cross Blue Shield of MA	\$2,000 Deductible Plan with HSA	Employee + Spouse	\$178.15
Blue Cross Blue Shield of MA	\$2,000 Deductible Plan with HSA	Employee + Child(ren)	\$196.15
Blue Cross Blue Shield of MA	\$2,000 Deductible Plan with HSA	Employee + Family	\$237.69
Dental			
Carrier	Benefit Option	Coverage Tier	Biweekly Employee Cost
Delta Dental of MA	Basic	Employee Only	\$4.15
Delta Dental of MA	Basic	Employee + Spouse	\$9.23
Delta Dental of MA	Basic	Employee + Child(ren)	\$6.92
Delta Dental of MA	Basic	Employee + Family	\$14.31
Delta Dental of MA	Enhanced	Employee Only	\$8.77
Delta Dental of MA	Enhanced	Employee + Spouse	\$19.38
Delta Dental of MA	Enhanced	Employee + Child(ren)	\$15.69
Delta Dental of MA	Enhanced	Employee + Family	\$30.00
Vision			
Carrier	Benefit Option	Coverage Tier	Biweekly Employee Cost
VSP	Materials Only	Employee Only	\$4.48
VSP	Materials Only	Employee + Spouse	\$8.97
VSP	Materials Only	Employee + Child(ren)	\$11.99
VSP	Materials Only	Employee + Family	\$14.43
VSP	Signature PPO	Employee Only	\$5.96
VSP	Signature PPO	Employee + Spouse	\$11.90
VSP	Signature PPO	Employee + Child(ren)	\$15.93
VSP	Signature PPO	Employee + Family	\$19.18