



2017 Contribution Rate Sheet

Employees Working 75% or More of a Full-Time Schedule

HEALTH PLANS

Plan	Coverage Level	Monthly Cost		Weekly Cost	
		University	Employee	University	Employee
BCBS PPO	Employee only	\$477.02	\$159.01	\$110.08	\$36.69
	Employee plus child(ren)	\$870.56	\$290.18	\$200.90	\$66.96
	Employee plus spouse	\$1,001.74	\$333.91	\$231.17	\$77.06
	Family	\$1,395.27	\$465.09	\$321.99	\$107.33
BU Health Savings Plan with Health Savings Account	Employee only	\$477.02	\$122.34	\$110.08	\$28.23
	Employee plus child(ren)	\$870.56	\$223.25	\$200.90	\$51.52
	Employee plus spouse	\$1,001.74	\$256.89	\$231.17	\$59.28
	Family	\$1,395.27	\$357.83	\$321.99	\$82.58

DENTAL PLANS

Plan	Coverage Level	Monthly Cost		Weekly Cost	
		University	Employee	University	Employee
BU Dental Health Center Plan	Employee only	\$33.01	\$11.00	\$7.62	\$2.54
	Employee plus child(ren)	\$65.99	\$22.00	\$15.23	\$4.47
	Employee plus spouse	\$65.99	\$22.00	\$15.23	\$4.47
	Family	\$99.00	\$33.00	\$22.85	\$7.62
Dental Blue Freedom Plan	Employee only	\$33.01	\$20.21	\$7.62	\$4.66
	Employee plus child(ren)	\$65.99	\$40.45	\$15.23	\$9.33
	Employee plus spouse	\$65.99	\$40.45	\$15.23	\$9.33
	Family	\$99.00	\$60.66	\$22.85	\$14.00

Plan	Coverage Level	Employee Monthly Cost
Personal and Family Accident Insurance	Individual	\$.12 per \$10,000
	Family	\$.20 per \$10,000

Supplemental Life Insurance

Plan	Employee Monthly Cost	
	Age of Employee or Spouse	Cost per \$1,000 of coverage
Supplemental and Spousal Life Insurance	<25	\$0.02
	25-29	\$0.03
	30-34	\$0.03
	35-39	\$0.04
	40-44	\$0.05
	45-49	\$0.08
	50-54	\$0.14
	55-59	\$0.23
	60-64	\$0.35
	65-69	\$0.72
	70-74	\$1.86
75+	\$2.06	

Plan	Employee Monthly Cost	
	Policy Amount	Cost of coverage
Dependent Child Life	\$5,000	\$0.50
	\$10,000	\$1.00

2/1/2017