



2017 Contribution Rate Sheet

Employees Working Between 50% and 75% of a Full-Time Schedule

HEALTH PLANS

Plan	Coverage Level	Monthly Cost		Weekly Cost	
		University	Employee	University	Employee
BCBS PPO	Employee only	\$318.01	\$318.01	\$73.39	\$73.39
	Employee plus child(ren)	\$580.37	\$580.37	\$133.93	\$133.93
	Employee plus spouse	\$667.82	\$667.82	\$154.11	\$154.11
	Family	\$930.18	\$930.18	\$214.66	\$214.66
BU Health Savings Plan with Health Savings Account	Employee only	\$299.68	\$299.68	\$69.16	\$69.16
	Employee plus child(ren)	\$546.91	\$546.91	\$126.21	\$126.21
	Employee plus spouse	\$629.32	\$629.32	\$145.23	\$145.23
	Family	\$876.55	\$876.55	\$202.28	\$202.28

DENTAL PLANS

Plan	Coverage Level	Monthly Cost		Weekly Cost	
		University	Employee	University	Employee
BU Dental Health Center Plan	Employee only	\$22.01	\$22.01	\$5.08	\$5.08
	Employee plus child(ren)	\$44.00	\$44.00	\$10.15	\$10.15
	Employee plus spouse	\$44.00	\$44.00	\$10.15	\$10.15
	Family	\$66.00	\$66.00	\$15.23	\$15.23
Dental Blue Freedom Plan	Employee only	\$26.61	\$26.61	\$6.14	\$6.14
	Employee plus child(ren)	\$53.22	\$53.22	\$12.28	\$12.28
	Employee plus spouse	\$53.22	\$53.22	\$12.28	\$12.28
	Family	\$79.83	\$79.83	\$18.42	\$18.42