

2018 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	\$488.27	\$162.76	\$112.68	\$37.56
	Employee plus child(ren)	\$891.10	\$297.03	\$205.64	\$68.55
	Employee plus spouse	\$1,025.37	\$341.79	\$236.62	\$78.87
	Family	\$1,428.20	\$476.07	\$329.58	\$109.86
BU Health Savings Plan with Health Savings Account	Employee only	\$488.27	\$126.03	\$112.68	\$29.08
	Employee plus child(ren)	\$891.10	\$230.11	\$205.64	\$53.10
	Employee plus spouse	\$1,025.37	\$264.89	\$236.62	\$61.13
	Family	\$1,428.20	\$368.81	\$329.58	\$85.11

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