



2018 Contribution Rate Sheet

Employees Working Between 50% and 74% of a Full-Time Schedule

HEALTH PLANS

Plan	Coverage Level	Monthly Cost		Weekly Cost	
		University	Employee	University	Employee
BCBS PPO	Employee only	\$325.52	\$325.52	\$75.12	\$75.12
	Employee plus child(ren)	\$594.07	\$594.07	\$137.09	\$137.09
	Employee plus spouse	\$683.58	\$683.58	\$157.75	\$157.75
	Family	\$952.13	\$952.13	\$219.72	\$219.72
BU Health Savings Plan with Health Savings Account	Employee only	\$307.15	\$307.15	\$70.88	\$70.88
	Employee plus child(ren)	\$560.61	\$560.61	\$129.37	\$129.37
	Employee plus spouse	\$645.13	\$645.13	\$148.88	\$148.88
	Family	\$898.50	\$898.50	\$207.35	\$207.35

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