



2020 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	\$110.55	\$36.85
	Employee plus child(ren)	\$891.10	\$297.03	\$201.76	\$67.25
	Employee plus spouse	\$1,025.37	\$341.79	\$232.16	\$77.39
	Family	\$1,428.20	\$476.07	\$323.37	\$107.79
BU Health Savings Plan with Health Savings Account	Employee only	\$488.27	\$126.03	\$110.55	\$28.54
	Employee plus child(ren)	\$891.10	\$230.11	\$201.76	\$52.10
	Employee plus spouse	\$1,025.37	\$264.89	\$232.16	\$59.98
	Family	\$1,428.20	\$368.81	\$323.37	\$83.50

DENTAL PLANS

Plan	Coverage Level	Monthly Cost		Weekly Cost	
		University	Employee	University	Employee
BU Dental Health Center Plan	Employee only	\$33.01	\$11.00	\$7.47	\$2.49
	Employee plus child(ren)	\$65.99	\$22.00	\$14.94	\$4.98
	Employee plus spouse	\$65.99	\$22.00	\$14.94	\$4.98
	Family	\$99.00	\$33.00	\$22.42	\$7.47
Dental Blue Freedom Plan	Employee only	\$33.01	\$20.21	\$7.47	\$4.58
	Employee plus child(ren)	\$65.99	\$40.45	\$14.94	\$9.16
	Employee plus spouse	\$65.99	\$40.45	\$14.94	\$9.16
	Family	\$99.00	\$60.66	\$22.42	\$13.73

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	\$0.018
	25-29	\$0.027
	30-34	\$0.027
	35-39	\$0.036
	40-44	\$0.045
	45-49	\$0.072
	50-54	\$0.126
	55-59	\$0.207
	60-64	\$0.315
	65-69	\$0.648
70-74	\$1.674	
75+	\$1.854	

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

1/1/2020