



2020 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	\$73.70	\$73.70
	Employee plus child(ren)	\$594.07	\$594.07	\$134.50	\$134.50
	Employee plus spouse	\$683.58	\$683.58	\$154.77	\$154.77
	Family	\$952.13	\$952.13	\$215.58	\$215.58
BU Health Savings Plan with Health Savings Account	Employee only	\$307.15	\$307.15	\$69.54	\$69.54
	Employee plus child(ren)	\$560.61	\$560.61	\$126.93	\$126.93
	Employee plus spouse	\$645.13	\$645.13	\$146.07	\$146.07
	Family	\$898.50	\$898.50	\$203.43	\$203.43

DENTAL PLANS

Plan	Coverage Level	Monthly Cost		Weekly Cost	
		University	Employee	University	Employee
BU Dental Health Center Plan	Employee only	\$22.01	\$22.01	\$4.98	\$4.98
	Employee plus child(ren)	\$44.00	\$44.00	\$9.96	\$9.96
	Employee plus spouse	\$44.00	\$44.00	\$9.96	\$9.96
	Family	\$66.00	\$66.00	\$14.94	\$14.94
Dental Blue Freedom Plan	Employee only	\$26.61	\$26.61	\$6.02	\$6.02
	Employee plus child(ren)	\$53.22	\$53.22	\$12.05	\$12.05
	Employee plus spouse	\$53.22	\$53.22	\$12.05	\$12.05
	Family	\$79.83	\$79.83	\$18.07	\$18.07