



2009 Contribution Rate Sheet

HEALTH PLANS

Plan	Coverage Level	Monthly Cost		Weekly Cost	
		University	Employee	University	Employee
BCBS PPO	Employee only	\$362.01	\$186.49	\$83.54	\$43.04
	Employee plus child(ren)	\$651.62	\$335.68	\$150.37	\$77.46
	Employee plus spouse	\$832.62	\$428.93	\$192.14	\$98.98
	Family	\$1,013.63	\$522.17	\$233.91	\$120.50
BCBS Network Blue New England	Employee only	\$359.18	\$119.73	\$82.89	\$27.63
	Employee plus child(ren)	\$646.53	\$215.51	\$149.20	\$49.73
	Employee plus spouse	\$826.12	\$275.37	\$190.64	\$63.55
	Family	\$1,005.71	\$335.24	\$232.09	\$77.36
BMC Preferred	Employee only	\$255.74	\$85.25	\$59.02	\$19.67
	Employee plus child(ren)	\$460.33	\$153.45	\$106.23	\$35.41
	Employee plus spouse	\$588.21	\$196.07	\$135.74	\$45.25
	Family	\$716.08	\$238.69	\$165.25	\$55.08

DENTAL PLANS

Plan	Coverage Level	Monthly Cost		Weekly Cost	
		University	Employee	University	Employee
BU Dental Health Center Plan	Employee only	\$21.75	\$7.25	\$5.02	\$1.67
	Employee plus child(ren)	\$43.50	\$14.50	\$10.04	\$3.35
	Employee plus spouse	\$43.50	\$14.50	\$10.04	\$3.35
	Family	\$72.00	\$24.00	\$16.62	\$5.54
Dental Blue Freedom Plan	Employee only	\$21.75	\$15.51	\$5.02	\$3.58
	Employee plus child(ren)	\$43.50	\$31.02	\$10.04	\$7.16
	Employee plus spouse	\$43.50	\$31.02	\$10.04	\$7.16
	Family	\$72.00	\$40.00	\$16.62	\$9.23

Plan	Coverage Level	Employee Monthly Cost
Personal and Family Accident Insurance	Individual	\$.14 per \$10,000
	Family	\$.23 per \$10,000

Plan	Employee Monthly Cost		
Supplemental and Dependent Life Insurance	Age of Employee or Spouse	Cost per \$1,000 of coverage	
		Employee	Spouse
	<25	\$0.025	\$0.050
	25-29	\$0.030	\$0.060
	30-34	\$0.045	\$0.070
	35-39	\$0.050	\$0.080
	40-44	\$0.055	\$0.100
	45-49	\$0.080	\$0.150
	50-54	\$0.116	\$0.230
	55-59	\$0.235	\$0.400
	60-64	\$0.355	\$0.660
	65-69	\$0.690	\$1.250
70-74	\$1.110	\$1.750	
75+	\$1.110	\$1.750	