



2023 Contribution Rate Sheet

Employees Working Less than 75% of a Full-Time Schedule

HEALTH PLANS

Plan	Coverage Level	Semi-Monthly Cost		Weekly Cost*	
		University	Employee	University	Employee
BCBS PPO	Employee only	\$195.86	\$195.86	\$90.40	\$90.40
	Employee plus child(ren)	\$357.45	\$357.45	\$164.97	\$164.98
	Employee plus spouse	\$411.31	\$411.31	\$184.84	\$189.84
	Family	\$572.91	\$572.90	\$264.42	\$264.42
BU Health Savings Plan with Health Savings Account	Employee only	\$184.82	\$184.81	\$85.30	\$85.30
	Employee plus child(ren)	\$337.32	\$337.32	\$155.68	\$155.68
	Employee plus spouse	\$388.18	\$388.18	\$179.16	\$179.16
	Family	\$640.32	\$540.64	\$249.52	\$249.52

*Weekly costs are based on the 52 weekly pay periods in 2023

DENTAL PLANS

Plan	Coverage Level	Semi-Monthly Cost		Weekly Cost*	
		University	Employee	University	Employee
BU Dental Health Center Plan	Employee only	\$8.89	\$8.89	\$4.10	\$4.10
	Employee plus child(ren)	\$17.78	\$17.78	\$8.20	\$8.20
	Employee plus spouse	\$17.78	\$17.78	\$8.20	\$8.20
	Family	\$26.67	\$26.67	\$12.31	\$12.31
Dental Blue Freedom Plan	Employee only	\$10.76	\$10.75	\$4.96	\$4.96
	Employee plus child(ren)	\$21.51	\$21.50	\$9.92	\$9.93
	Employee plus spouse	\$21.51	\$21.50	\$9.92	\$9.93
	Family	\$32.26	\$32.26	\$14.89	\$14.89

*Weekly costs are based on the 52 weekly pay periods in 2023