



2023 Contribution Rate Sheet

Employees Working 75% or More of a Full-Time Schedule

HEALTH PLANS

Plan	Coverage Level	Semi-Monthly Cost		Weekly Cost*	
		University	Employee	University	Employee
BCBS PPO	Employee only	\$293.79	\$97.93	\$135.60	\$45.20
	Employee plus child(ren)	\$536.17	\$178.73	\$247.46	\$82.49
	Employee plus spouse	\$616.97	\$205.66	\$284.75	\$94.92
	Family	\$859.36	\$286.45	\$396.62	\$132.21
BU Health Savings Plan with Health Savings Account	Employee only	\$293.79	\$75.84	\$135.60	\$35.00
	Employee plus child(ren)	\$536.17	\$138.46	\$247.75	\$63.90
	Employee plus spouse	\$616.97	\$159.39	\$284.75	\$73.56
	Family	\$859.36	\$221.92	\$396.62	\$102.42

*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	\$13.34	\$4.45	\$6.15	\$2.05
	Employee plus child(ren)	\$26.67	\$8.89	\$12.31	\$4.10
	Employee plus spouse	\$26.67	\$8.89	\$12.31	\$4.10
	Family	\$40.00	\$13.34	\$18.46	\$6.15
Dental Blue Freedom Plan	Employee only	\$13.43	\$8.17	\$6.15	\$3.77
	Employee plus child(ren)	\$26.67	\$16.35	\$12.31	\$7.54
	Employee plus spouse	\$26.67	\$16.35	\$12.31	\$7.54
	Family	\$40.00	\$24.51	\$18.46	\$11.31

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

Plan	Coverage Level	Employee Semi-Monthly Cost
Personal and Family Accident Insurance	Individual	\$.06 per \$10,000
	Family	\$.10 per \$10,000

Supplemental Life Insurance

Plan	Employee Semi-Monthly Cost	
Supplemental and Spousal Life Insurance	Age of Employee or Spouse	Cost per \$1,000 of coverage
	<25	0.009
	25-29	0.0135
	30-34	0.0135
	35-39	0.018
	40-44	0.0225
	45-49	0.036
	50-54	0.063
	55-59	0.1035
	60-64	0.1575
	65-69	0.324
	70-74	0.837
	75+	0.927

Plan	Employee Semi-Monthly Cost	
Dependent Child Life	Policy Amount	Cost of coverage
	\$5,000	0.250
	\$10,000	0.500