



## 2023 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
<b>BCBS PPO</b>	Employee only	\$587.58	\$195.86	\$135.60	\$45.20
	Employee plus child(ren)	\$1,072.34	\$357.45	\$247.46	\$82.49
	Employee plus spouse	\$1,233.93	\$411.31	\$284.75	\$94.92
	Family	\$1,718.71	\$572.90	\$396.62	\$132.21
<b>BU Health Savings Plan with Health Savings Account</b>	Employee only	\$587.58	\$151.67	\$135.60	\$35.00
	Employee plus child(ren)	\$1,072.34	\$276.92	\$247.75	\$63.90
	Employee plus spouse	\$1,233.93	\$318.77	\$284.75	\$73.56
	Family	\$1,718.71	\$443.83	\$396.62	\$102.42

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

#### DENTAL PLANS

Plan	Coverage Level	Monthly Cost		Weekly Cost*	
		University	Employee	University	Employee
<b>BU Dental Health Center Plan</b>	Employee only	\$26.67	\$8.89	\$6.15	\$2.05
	Employee plus child(ren)	\$53.33	\$17.77	\$12.31	\$4.10
	Employee plus spouse	\$53.33	\$17.77	\$12.31	\$4.10
	Family	\$80.00	\$26.67	\$18.46	\$6.15
<b>Dental Blue Freedom Plan</b>	Employee only	\$26.67	\$16.34	\$6.15	\$3.77
	Employee plus child(ren)	\$53.33	\$32.69	\$12.31	\$7.54
	Employee plus spouse	\$53.33	\$32.69	\$12.31	\$7.54
	Family	\$80.00	\$49.02	\$18.46	\$11.31

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

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	0.020
	25-29	0.030
	30-34	0.030
	35-39	0.040
	40-44	0.050
	45-49	0.080
	50-54	0.140
	55-59	0.230
	60-64	0.350
	65-69	0.720
70-74	1.860	
75+	2.060	

Plan	Employee Monthly Cost	
	Policy Amount	Cost of coverage
Dependent Child Life	\$5,000	0.500
	\$10,000	1.000