



2024 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	\$308.98	\$102.99	\$142.61	\$47.54
	Employee plus child(ren)	\$563.89	\$187.96	\$260.26	\$86.75
	Employee plus spouse	\$648.86	\$216.29	\$299.48	\$99.83
	Family	\$903.78	\$301.26	\$417.13	\$139.04
BU Health Savings Plan with Health Savings Account	Employee only	\$308.98	\$79.75	\$142.61	\$36.81
	Employee plus child(ren)	\$563.89	\$145.62	\$260.26	\$67.21
	Employee plus spouse	\$648.86	\$167.63	\$299.48	\$77.37
	Family	\$903.78	\$233.39	\$417.13	\$107.72

*Weekly costs are based on the 52 weekly pay periods in 2024

DENTAL PLANS

Plan	Coverage Level	Semi-Monthly Cost		Weekly Cost*	
		University	Employee	University	Employee
BU Dental Health Center Plan	Employee only	\$13.58	\$4.53	\$6.27	\$2.09
	Employee plus child(ren)	\$27.15	\$9.05	\$12.53	\$4.18
	Employee plus spouse	\$27.15	\$9.05	\$12.53	\$4.18
	Family	\$40.74	\$13.58	\$18.80	\$6.27
Dental Blue Freedom Plan	Employee only	\$13.58	\$8.32	\$6.27	\$3.84
	Employee plus child(ren)	\$27.15	\$16.65	\$12.53	\$7.68
	Employee plus spouse	\$27.15	\$16.65	\$12.53	\$7.68
	Family	\$40.74	\$24.96	\$18.80	\$11.52

*Weekly costs are based on the 52 weekly pay periods in 2024

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