



2024 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	\$205.99	\$205.99	\$95.07	\$95.07
	Employee plus child(ren)	\$375.93	\$375.93	\$173.50	\$173.50
	Employee plus spouse	\$432.58	\$432.58	\$199.65	\$199.65
	Family	\$602.52	\$602.52	\$278.09	\$278.09
BU Health Savings Plan with Health Savings Account	Employee only	\$194.37	\$194.37	\$89.71	\$89.71
	Employee plus child(ren)	\$354.76	\$354.76	\$163.73	\$163.73
	Employee plus spouse	\$408.25	\$408.25	\$188.42	\$188.42
	Family	\$568.59	\$568.59	\$262.43	\$262.43

*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	\$9.05	\$9.05	\$4.18	\$4.18
	Employee plus child(ren)	\$18.10	\$18.10	\$8.36	\$8.36
	Employee plus spouse	\$18.10	\$18.10	\$8.36	\$8.36
	Family	\$27.16	\$27.16	\$12.53	\$12.53
Dental Blue Freedom Plan	Employee only	\$10.95	\$10.95	\$5.05	\$5.05
	Employee plus child(ren)	\$21.90	\$21.90	\$10.11	\$10.11
	Employee plus spouse	\$21.90	\$21.90	\$10.11	\$10.11
	Family	\$32.85	\$32.85	\$15.16	\$15.16

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