



## 2025 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
<b>BCBS PPO</b>	Employee only	\$224.12	\$224.12	\$103.44	\$103.44
	Employee plus child(ren)	\$409.02	\$409.02	\$188.78	\$188.78
	Employee plus spouse	\$470.66	\$470.66	\$217.23	\$217.23
	Family	\$655.55	\$655.55	\$302.56	\$302.56
<b>BU Health Savings Plan with Health Savings Account</b>	Employee only	\$211.48	\$211.48	\$97.61	\$97.61
	Employee plus child(ren)	\$385.99	\$385.99	\$178.15	\$178.15
	Employee plus spouse	\$444.19	\$444.19	\$205.01	\$205.01
	Family	\$618.65	\$618.65	\$285.53	\$285.53

\*Weekly costs are based on the 52 weekly pay periods in 2025

#### DENTAL PLANS

Plan	Coverage Level	Semi-Monthly Cost		Weekly Cost*	
		University	Employee	University	Employee
<b>BU Dental Health Center Plan</b>	Employee only	\$9.05	\$9.05	\$4.18	\$4.18
	Employee plus child(ren)	\$18.10	\$18.10	\$8.35	\$8.35
	Employee plus spouse	\$18.10	\$18.10	\$8.35	\$8.35
	Family	\$27.16	\$27.16	\$12.53	\$12.53
<b>Dental Blue Freedom Plan</b>	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 2025