BOSTON UNIVERSITY

# 2026 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 | $355.77 | $118.59 | $164.20 | $54.73 |
| | Employee plus child(ren) | $649.27 | $216.43 | $299.66 | $99.89 |
| | Employee plus spouse | $747.12 | $249.04 | $344.82 | $114.94 |
| | Family | $1,040.61 | $346.87 | $480.28 | $160.09 |
| | | | | | |
| **BU Health Savings Plan with Health Savings Account** | Employee only | $355.77 | $91.83 | $164.20 | $42.38 |
| | Employee plus child(ren) | $649.27 | $167.67 | $299.66 | $77.39 |
| | Employee plus spouse | $747.12 | $193.01 | $344.82 | $89.08 |
| | Family | $1,040.61 | $268.76 | $480.28 | $124.04 |

*Weekly costs are based on the 52 weekly pay periods in 2026

### DENTAL PLANS

| Plan | Coverage Level | Semi-Monthly Cost | | Weekly Cost* | |
|---|---|---|---|---|---|
| **BU Dental Health Center Plan** | | University | Employee | University | Employee |
| | Employee only | $14.11 | $4.71 | $6.51 | $2.17 |
| | Employee plus child(ren) | $28.21 | $9.41 | $13.02 | $4.34 |
| | Employee plus spouse | $28.21 | $9.41 | $13.02 | $4.34 |
| | Family | $42.33 | $14.11 | $19.54 | $6.51 |
| | | | | | |
| **Dental Blue Freedom Plan** | Employee only | $14.11 | $8.65 | $6.51 | $3.99 |
| | Employee plus child(ren) | $28.21 | $17.30 | $13.02 | $7.98 |
| | Employee plus spouse | $28.21 | $17.30 | $13.02 | $7.98 |
| | Family | $42.33 | $25.94 | $19.54 | $11.97 |

*Weekly costs are based on the 52 weekly pay periods in 2026

| 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 |