BOSTON UNIVERSITY

2026 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	$237.18	$237.18	$109.47	$109.47
	Employee plus child(ren)	$432.85	$432.85	$199.78	$199.78
	Employee plus spouse	$498.08	$498.08	$229.88	$229.88
	Family	$693.74	$693.74	$320.19	$320.19
BU Health Savings Plan with Health Savings Account	Employee only	$223.80	$223.80	$103.29	$103.29
	Employee plus child(ren)	$408.47	$408.47	$188.52	$188.52
	Employee plus spouse	$470.06	$470.06	$216.95	$216.95
	Family	$654.68	$654.68	$302.16	$302.16

*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	$9.41	$9.41	$4.34	$4.34
	Employee plus child(ren)	$18.81	$18.81	$8.68	$8.68
	Employee plus spouse	$18.81	$18.81	$8.68	$8.68
	Family	$28.22	$28.22	$13.02	$13.02
Dental Blue Freedom Plan	Employee only	$11.38	$11.38	$5.25	$5.25
	Employee plus child(ren)	$22.76	$22.76	$10.50	$10.50
	Employee plus spouse	$22.76	$22.76	$10.50	$10.50
	Family	$34.14	$34.14	$15.75	$15.75

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

VISION PLAN

Plan	Coverage Level	Employee Cost*	
MetLife Vision Plan		**Semi-Monthly**	**Weekly**
	Employee only	$2.82	$1.30
	Employee plus child(ren)	$5.91	$2.73
	Employee plus spouse	$5.63	$2.60
	Family	$8.24	$3.80

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