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

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

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