



## 2021 Contribution Rate Sheet

Employees Working 75% or More of a Full-Time Schedule

### HEALTH PLANS

Plan	Coverage Level	Monthly Cost		Weekly Cost	
		University	Employee	University	Employee
<b>BCBS PPO</b>	Employee only	\$520.01	\$173.34	\$120.00	\$40.00
	Employee plus child(ren)	\$949.02	\$316.34	\$219.00	\$73.00
	Employee plus spouse	\$1,092.02	\$364.01	\$252.00	\$84.00
	Family	\$1,521.04	\$507.01	\$351.01	\$117.00
<b>BU Health Savings Plan with Health Savings Account</b>	Employee only	\$520.01	\$134.22	\$120.00	\$30.97
	Employee plus child(ren)	\$949.02	\$245.07	\$219.00	\$56.55
	Employee plus spouse	\$1,092.02	\$282.11	\$252.00	\$65.10
	Family	\$1,521.04	\$392.78	\$392.78	\$90.64

### DENTAL PLANS

Plan	Coverage Level	Monthly Cost		Weekly Cost	
		University	Employee	University	Employee
<b>BU Dental Health Center Plan</b>	Employee only	\$33.01	\$11.00	\$7.62	\$2.54
	Employee plus child(ren)	\$65.99	\$22.00	\$15.23	\$5.08
	Employee plus spouse	\$65.99	\$22.00	\$15.23	\$5.08
	Family	\$99.00	\$33.00	\$22.85	\$7.62
<b>Dental Blue Freedom Plan</b>	Employee only	\$33.01	\$20.21	\$7.62	\$4.66
	Employee plus child(ren)	\$65.99	\$40.45	\$15.23	\$9.33
	Employee plus spouse	\$65.99	\$40.45	\$15.23	\$9.33
	Family	\$99.00	\$60.66	\$22.85	\$14.00

Plan	Coverage Level	Employee Monthly Cost
Personal and Family Accident Insurance	Individual	\$.12 per \$10,000
	Family	\$.20 per \$10,000

### Supplemental Life Insurance

Plan	Employee Monthly Cost	
	Age of Employee or Spouse	Cost per \$1,000 of coverage
Supplemental and Spousal Life Insurance	<25	\$0.018
	25-29	\$0.027
	30-34	\$0.027
	35-39	\$0.036
	40-44	\$0.045
	45-49	\$0.072
	50-54	\$0.126
	55-59	\$0.207
	60-64	\$0.315
	65-69	\$0.648
70-74	\$1.674	
75+	\$1.854	

Plan	Employee Monthly Cost	
	Policy Amount	Cost of coverage
Dependent Child Life	\$5,000	\$0.50
	\$10,000	\$1.00

12/15/2020