



2022 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
BCBS PPO	Employee only	\$550.69	\$183.56	\$127.08	\$42.36
	Employee plus child(ren)	\$1,005.01	\$335.00	\$231.92	\$77.31
	Employee plus spouse	\$1,156.45	\$385.48	\$266.87	\$88.96
	Family	\$1,610.78	\$536.93	\$371.72	\$123.91
BU Health Savings Plan with Health Savings Account	Employee only	\$550.69	\$142.14	\$127.08	\$32.80
	Employee plus child(ren)	\$1,005.01	\$259.53	\$231.92	\$59.89
	Employee plus spouse	\$1,156.45	\$298.75	\$266.87	\$68.94
	Family	\$1,610.78	\$415.97	\$371.72	\$95.99

DENTAL PLANS

Plan	Coverage Level	Monthly Cost		Weekly Cost	
		University	Employee	University	Employee
BU Dental Health Center Plan	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
Dental Blue Freedom Plan	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

1/3/2022