



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 | \$161.10 | \$53.70 |
| | Employee plus child(ren) | \$649.27 | \$216.43 | \$294.01 | \$98.00 |
| | Employee plus spouse | \$747.12 | \$249.04 | \$338.32 | \$112.77 |
| | Family | \$1,040.61 | \$346.87 | \$471.22 | \$157.07 |
| BU Health Savings Plan with Health Savings Account | Employee only | \$355.77 | \$91.83 | \$161.10 | \$41.58 |
| | Employee plus child(ren) | \$649.27 | \$167.67 | \$294.01 | \$75.93 |
| | Employee plus spouse | \$747.12 | \$193.01 | \$338.32 | \$87.40 |
| | Family | \$1,040.61 | \$268.76 | \$471.22 | \$121.70 |

*Weekly costs are based on the 53 weekly pay periods in 2026

DENTAL PLANS

| Plan | Coverage Level | Semi-Monthly Cost | | Weekly Cost* | |
|------------------------------|--------------------------|-------------------|----------|--------------|----------|
| | | University | Employee | University | Employee |
| BU Dental Health Center Plan | Employee only | \$14.11 | \$4.71 | \$6.39 | \$2.13 |
| | Employee plus child(ren) | \$28.21 | \$9.41 | \$12.77 | \$4.26 |
| | Employee plus spouse | \$28.21 | \$9.41 | \$12.77 | \$4.26 |
| | Family | \$42.33 | \$14.11 | \$19.17 | \$6.39 |
| Dental Blue Freedom Plan | Employee only | \$14.11 | \$8.65 | \$6.39 | \$3.91 |
| | Employee plus child(ren) | \$28.21 | \$17.30 | \$12.77 | \$7.83 |
| | Employee plus spouse | \$28.21 | \$17.30 | \$12.77 | \$7.83 |
| | Family | \$42.33 | \$25.94 | \$19.17 | \$11.74 |

*Weekly costs are based on the 53 weekly pay periods in 2026

VISION PLAN

| Plan | Coverage Level | Employee Cost* | |
|---------------------|--------------------------|----------------|--------|
| MetLife Vision Plan | | Semi-Monthly | Weekly |
| | Employee only | \$2.82 | \$1.28 |
| | Employee plus child(ren) | \$5.91 | \$2.68 |
| | Employee plus spouse | \$5.63 | \$2.55 |
| | Family | \$8.24 | \$3.73 |

*Weekly costs are based on the 53 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 |