



Dining Services USAWRI Bargaining Unit Medical Insurance Rates

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BCBS Healthmate Coast-to-Coast and UnitedHealth Care Choice Plus

Monthly Contributions for Full Time Staff * (1300 + hrs per year)

| <i>Employee Only</i> | <i>Employee + Child(ren)</i> | <i>Employee + Spouse</i> | <i>Employee + Spouse + Child(ren)</i> |
|----------------------|------------------------------|--------------------------|---------------------------------------|
| \$72.20 | \$140.77 | \$165.06 | \$198.83 |

Monthly Contributions for Part Time Staff * (975 - 1299 hrs per year)

| <i>Employee Only</i> | <i>Employee + Child(ren)</i> | <i>Employee + Spouse</i> | <i>Employee + Spouse + Child(ren)</i> |
|----------------------|------------------------------|--------------------------|---------------------------------------|
| \$401.13 | \$782.05 | \$916.97 | \$1,104.59 |

Monthly Contributions for Half Time Staff * (less than 975 hrs per year)

| <i>Employee Only</i> | <i>Employee + Child(ren)</i> | <i>Employee + Spouse</i> | <i>Employee + Spouse + Child(ren)</i> |
|----------------------|------------------------------|--------------------------|---------------------------------------|
| \$802.27 | \$1,564.13 | \$1,833.95 | \$2,209.18 |

Monthly Contributions for COBRA Coverage

| <i>Employee Only</i> | <i>Employee + Child(ren)</i> | <i>Employee + Spouse</i> | <i>Employee + Spouse + Child(ren)</i> |
|----------------------|------------------------------|--------------------------|---------------------------------------|
| \$818.32 | \$1,595.41 | \$1,870.63 | \$2,253.36 |

Delta Dental Insurance

Monthly Contributions for Full Time Staff * (1300 + hrs per year)

| | <i>Employee Only</i> | <i>Employee + 1</i> | <i>Employee + 2 or More</i> |
|--------------------|----------------------|---------------------|-----------------------------|
| Comprehensive Plan | \$18.29 | \$48.15 | \$84.77 |
| Plus Plan | \$27.58 | \$72.74 | \$122.87 |

Monthly Contributions for Part Time Staff * (975 - 1299 hrs per year)

| | <i>Employee Only</i> | <i>Employee + 1</i> | <i>Employee + 2 or More</i> |
|--------------------|----------------------|---------------------|-----------------------------|
| Comprehensive Plan | \$27.44 | \$57.30 | \$93.92 |
| Plus Plan | \$36.73 | \$81.89 | \$132.02 |

Monthly Contributions for Half Time Staff * (less than 975 hrs per year)

| | <i>Employee Only</i> | <i>Employee + 1</i> | <i>Employee + 2 or More</i> |
|--------------------|----------------------|---------------------|-----------------------------|
| Comprehensive Plan | \$36.59 | \$66.45 | \$103.07 |
| Plus Plan | \$45.88 | \$91.04 | \$141.17 |

Monthly Contributions for COBRA Coverage

| | <i>Employee Only</i> | <i>Employee + 1</i> | <i>Employee + 2 or More</i> |
|--------------------|----------------------|---------------------|-----------------------------|
| Comprehensive Plan | \$37.32 | \$67.78 | \$105.13 |
| Plus Plan | \$46.80 | \$92.86 | \$143.99 |

VSP Vision Insurance

Monthly Contributions for all Staff*

| <i>Employee Only</i> | <i>Employee + 1</i> | <i>Employee +2 or More</i> |
|----------------------|---------------------|----------------------------|
| \$7.38 | \$14.81 | \$23.81 |

Monthly Contributions for coverage under COBRA

| <i>Employee Only</i> | <i>Employee + 1</i> | <i>Employee +2 or More</i> |
|----------------------|---------------------|----------------------------|
| \$7.53 | \$15.11 | \$24.29 |

* Note - Divide by four if you are paid weekly to determine your contribution per paycheck.