



# Library USAW-RI 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)

| Employee Only | Employee + Child(ren) | Employee + Spouse | Employee + Spouse + Child(ren) |
|---------------|-----------------------|-------------------|--------------------------------|
| \$96.27       | \$187.70              | \$220.07          | \$265.10                       |

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

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

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

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

Monthly Contributions for COBRA Coverage

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

## Delta Dental Insurance

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

|                    | Employee Only | Employee + 1 | Employee + 2 or More |
|--------------------|---------------|--------------|----------------------|
| 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)

|                    | Employee Only | Employee + 1 | Employee + 2 or More |
|--------------------|---------------|--------------|----------------------|
| 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)

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

Monthly Contributions for COBRA Coverage

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

## VSP Vision Insurance

Monthly Contributions for all Staff\*

| Employee Only | Employee + 1 | Employee +2 or More |
|---------------|--------------|---------------------|
| \$7.38        | \$14.81      | \$23.81             |

Monthly Contributions for coverage under COBRA

| Employee Only | Employee + 1 | Employee +2 or More |
|---------------|--------------|---------------------|
| \$7.53        | \$15.11      | \$24.29             |

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