



**Facilities Management USAW-RI Bargaining Unit  
Grades 106 and Below  
Medical Insurance Rates**

Brown University  
University Human Resources  
Providence, RI 02912  
Tel: 401- 863-2141  
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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>
\$85.68	\$167.05	\$195.87	\$235.94

**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>
\$428.41	\$835.23	\$979.32	\$1,179.70

**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>
\$856.82	\$1,670.49	\$1,958.65	\$2,359.41

**Monthly Contributions for COBRA Coverage**

<i>Employee Only</i>	<i>Employee + Child(ren)</i>	<i>Employee + Spouse</i>	<i>Employee + Spouse + Child(ren)</i>
\$873.96	\$1,703.90	\$1,997.82	\$2,406.60

**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.