



# Faculty & Staff Insurance Rates 2025

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

	<i>Employee Only</i>	<i>Employee + Spouse</i>	<i>Employee + Child(ren)</i>	<i>Employee + Spouse + Child(ren)</i>
<b>Full Premium</b>	\$856.82	\$1,958.65	\$1,670.49	\$2,359.41
<b>COBRA Premium</b>	\$873.96	\$1,997.82	\$1,703.90	\$2,406.60

### Monthly Health Insurance Contributions for Faculty & Staff Working 1300+ hrs/yr \*

<i>Salary</i>	<i>Employee Only</i>	<i>Employee + Spouse</i>	<i>Employee + Child(ren)</i>	<i>Employee + Spouse + Child(ren)</i>
Up to & incl. \$37,000	\$40.89	\$93.47	\$79.73	\$112.61
\$37,001 - \$42,000	\$61.35	\$161.91	\$138.09	\$195.04
\$42,001 - \$47,000	\$81.79	\$230.34	\$196.45	\$277.47
\$47,001 - \$52,000	\$102.24	\$298.76	\$254.81	\$359.89
\$52,001 - \$57,000	\$122.68	\$367.20	\$313.18	\$442.33
\$57,001 - \$62,000	\$143.13	\$435.61	\$371.53	\$524.76
\$62,001 - \$67,000	\$163.57	\$504.05	\$429.89	\$607.18
\$67,001 - \$72,000	\$184.03	\$572.47	\$488.26	\$689.61
\$72,001 - \$82,000	\$184.03	\$640.91	\$546.61	\$772.04
\$82,001 - \$87,000	\$184.03	\$654.36	\$558.09	\$788.26
\$87,001 - \$92,000	\$188.11	\$654.36	\$558.09	\$788.26
\$92,001 - \$97,000	\$188.11	\$673.06	\$574.04	\$810.78
\$97,001 - \$102,000	\$192.21	\$673.06	\$574.04	\$810.78
\$102,001 - \$107,000	\$192.21	\$691.76	\$589.98	\$833.31
\$107,001 - \$125,000	\$196.29	\$691.76	\$589.98	\$833.31
\$125,001 and above	\$204.47	\$710.45	\$605.94	\$855.83

## UnitedHealth Care Choice Plus Consumer Directed Health Plan

	<i>Employee Only</i>	<i>Employee + Spouse</i>	<i>Employee + Child(ren)</i>	<i>Employee + Spouse + Child(ren)</i>
<b>Full Premium</b>	\$700.84	\$1,598.03	\$1,366.42	\$1,924.96
<b>COBRA Premium</b>	\$714.86	\$1,526.21	\$1,393.75	\$1,838.45

### Monthly Health Insurance Contributions for Faculty & Staff Working 1300+ hrs/yr\*

<i>Salary</i>	<i>Employee Only</i>	<i>Employee + Spouse</i>	<i>Employee + Child(ren)</i>	<i>Employee + Spouse + Child(ren)</i>
Up to & incl. \$50,000	\$30.42	\$113.62	\$102.62	\$136.86
\$50,001 - \$100,000	\$36.44	\$271.67	\$227.37	\$326.67
\$100,001 and above	\$44.99	\$312.57	\$250.60	\$377.48

**Please Remember:**

- You and the University share the full premium costs shown above. Your contribution is shown below.
- Employees working less than 100% time should convert their salary to a full-time equivalent to determine their cost.
- If you are paid bi-weekly, you should divide the monthly amount by two to determine your contribution per paycheck .
- If you are paid weekly, you should divide the monthly amount by four to determine your contribution per paycheck.
- Salary tiers are rounded up from \$0.01

\*Capped and Uncapped Faculty should contact the Benefits Office for contribution information

**Monthly Health Insurance Contributions for Part Time Faculty & Staff**  
working from 975 - 1299 hours per year

	<i>Employee Only</i>	<i>Employee + Spouse</i>	<i>Employee + Child(ren)</i>	<i>Employee + Spouse + Child(ren)</i>
BCBS/UHC	\$428.41	\$979.32	\$835.24	\$1,179.70
CDHP	\$350.42	\$799.01	\$683.21	\$962.48

**Monthly Health Insurance Contributions for Faculty & Staff**  
working under 975 - 1299 & Visiting/Adjunct Faculty

	<i>Employee Only</i>	<i>Employee + Spouse</i>	<i>Employee + Child(ren)</i>	<i>Employee + Spouse + Child(ren)</i>
BCBS/UHC	\$856.82	\$1,958.65	\$1,670.49	\$2,359.41
CDHP	\$700.84	\$1,496.28	\$1,366.42	\$1,802.40

**Delta Dental Insurance**

**Monthly Contributions for Full Time Faculty & Staff (working more than 1299 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 Faculty & Staff (working more 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 Faculty & Staff (working under 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 coverage under COBRA**

	<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 Faculty and 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