



Dining Services USAWRI Bargaining Unit
Medical Insurance Rates

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BCBS Core Plan			
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>
\$80.53	\$157.00	\$184.08	\$221.75
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>
\$447.37	\$872.21	\$1,022.67	\$1,231.92
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>
\$894.74	\$1,744.43	\$2,045.35	\$2,463.84
Monthly Contributions for COBRA Coverage			
<i>Employee Only</i>	<i>Employee + Child(ren)</i>	<i>Employee + Spouse</i>	<i>Employee + Spouse + Child(ren)</i>
\$912.63	\$1,779.32	\$2,086.26	\$2,513.12

BCBS Premier Plan			
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>
\$84.44	\$164.63	\$193.03	\$232.52
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>
\$469.11	\$914.59	\$1,072.36	\$1,291.77
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>
\$938.22	\$1,829.19	\$2,144.73	\$2,583.55
Monthly Contributions for COBRA Coverage			
<i>Employee Only</i>	<i>Employee + Child(ren)</i>	<i>Employee + Spouse</i>	<i>Employee + Spouse + Child(ren)</i>
\$956.98	\$1,865.77	\$2,187.62	\$2,635.22

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