



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

Brown University  
University Human Resources  
Providence, RI 02912  
Tel: 401- 863-2141  
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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>
\$107.37	\$209.33	\$245.44	\$295.66

**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>
\$112.59	\$219.50	\$257.37	\$310.03

**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

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