



**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
Fax: 401 -863-3158

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>
\$89.47	\$174.44	\$204.54	\$246.38

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>
\$93.82	\$182.92	\$214.47	\$258.36

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.