



Faculty & Staff Insurance Rates 2026

Brown University
University Human Resources
Providence, RI 02912
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BCBS Core Plan				
	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Spouse + Child(ren)
Full Premium	\$894.74	\$2,045.35	\$1,744.43	\$2,463.84
COBRA Premium	\$912.63	\$2,086.26	\$1,779.32	\$2,513.12
Monthly Health Insurance Contributions for Faculty & Staff Working 1300+ hrs/yr *				
Salary	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Spouse + Child(ren)
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	\$435.63	\$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	\$673.07	\$574.04	\$810.78
\$97,001 - \$102,000	\$192.21	\$673.07	\$574.04	\$810.78
\$102,001 - \$107,000	\$192.21	\$691.77	\$589.98	\$833.31
\$107,001 - \$125,000	\$196.29	\$691.77	\$589.98	\$833.31
\$125,001 and above	\$204.47	\$710.46	\$605.94	\$855.83

BCBS Premier Plan				
	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Spouse + Child(ren)
Full Premium	\$938.22	\$2,144.73	\$1,829.19	\$2,583.55
COBRA Premium	\$956.98	\$2,187.62	\$1,865.77	\$2,635.22
Monthly Health Insurance Contributions for Faculty & Staff Working 1300+ hrs/yr *				
Salary	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Spouse + Child(ren)
Up to & incl. \$37,000	\$44.78	\$102.35	\$87.30	\$123.31
\$37,001 - \$42,000	\$67.17	\$177.29	\$151.21	\$213.57
\$42,001 - \$47,000	\$89.56	\$252.22	\$215.11	\$303.83
\$47,001 - \$52,000	\$111.95	\$327.14	\$279.02	\$394.08
\$52,001 - \$57,000	\$134.34	\$402.08	\$342.93	\$484.36
\$57,001 - \$62,000	\$156.73	\$477.01	\$406.82	\$574.61
\$62,001 - \$67,000	\$179.11	\$551.94	\$470.73	\$664.86
\$67,001 - \$72,000	\$201.51	\$626.85	\$534.64	\$755.12
\$72,001 - \$82,000	\$201.51	\$701.79	\$598.54	\$845.38
\$82,001 - \$87,000	\$201.51	\$716.53	\$611.11	\$863.14
\$87,001 - \$92,000	\$205.98	\$716.53	\$611.11	\$863.14
\$92,001 - \$97,000	\$205.98	\$737.01	\$628.57	\$887.81
\$97,001 - \$102,000	\$210.47	\$737.01	\$628.57	\$887.81
\$102,001 - \$107,000	\$210.47	\$757.48	\$646.03	\$912.47
\$107,001 - \$125,000	\$214.94	\$757.48	\$646.03	\$912.47
\$125,001 and above	\$223.89	\$777.95	\$663.50	\$937.14

- 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

Blue Cross Blue Shield RI Consumer Directed Health Plan				
	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Spouse + Child(ren)
Full Premium	\$767.42	\$1,749.84	\$1,496.23	\$2,107.84
COBRA Premium	\$782.77	\$1,784.84	\$1,526.15	\$2,150.00
Monthly Health Insurance Contributions for Faculty & Staff Working 1300+ hrs/yr*				
Salary	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Spouse + Child(ren)
Up to & incl. \$50,000	\$33.29	\$124.42	\$112.35	\$149.87
\$50,001 - \$100,000	\$39.93	\$297.42	\$248.92	\$357.66
\$100,001 and above	\$49.23	\$342.25	\$274.36	\$413.38

Monthly Health Insurance Contributions for Part Time Faculty & Staff working from 975 - 1299 hours per year				
	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Spouse + Child(ren)
BCBS Core	\$447.37	\$1,022.67	\$872.21	\$1,231.92
BCBS Premier	\$469.11	\$1,072.36	\$914.59	\$1,291.77
CDHP	\$383.71	\$874.92	\$748.12	\$1,053.92

Monthly Health Insurance Contributions for Faculty & Staff working under 975 - 1299 & Visiting/Adjunct Faculty				
	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Spouse + Child(ren)
BCBS Core	\$894.74	\$2,045.35	\$1,744.43	\$2,463.84
BCBS Premier	\$938.22	\$2,144.73	\$1,829.19	\$2,583.55
CDHP	\$767.42	\$1,749.84	\$1,496.23	\$2,107.84

Delta Dental Insurance			
Monthly Contributions for Full Time Faculty & Staff (working more than 1299 hrs per year)			
	Employee Only	Employee + 1	Employee + 2 or More
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)			
	Employee Only	Employee + 1	Employee + 2 or More
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)			
	Employee Only	Employee + 1	Employee + 2 or More
Comprehensive Plan	\$36.59	\$66.45	\$103.07
Plus Plan	\$45.88	\$91.04	\$141.17
Monthly Contributions for coverage under COBRA			
	Employee Only	Employee + 1	Employee + 2 or More
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		
Employee Only	Employee + 1	Employee +2 or More
\$7.38	\$14.81	\$23.81
Monthly Contributions for coverage under COBRA		
Employee Only	Employee + 1	Employee +2 or More
\$7.53	\$15.11	\$24.29