



Public Safety Bargaining Unit
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)			
Employee Only	Employee + Child(ren)	Employee + Spouse	Employee + Spouse + Child(ren)
\$116.32	\$226.78	\$265.90	\$320.30
Monthly Contributions for Part Time Staff * (975 - 1299 hrs per year)			
Employee Only	Employee + Child(ren)	Employee + Spouse	Employee + Spouse + Child(ren)
\$447.37	\$872.21	\$1,022.67	\$1,231.92
Monthly Contributions for Half Time Staff * (less than 975 hrs per year)			
Employee Only	Employee + Child(ren)	Employee + Spouse	Employee + Spouse + Child(ren)
\$894.74	\$1,744.43	\$2,045.35	\$2,463.84
Monthly Contributions for COBRA Coverage			
Employee Only	Employee + Child(ren)	Employee + Spouse	Employee + Spouse + Child(ren)
\$912.63	\$1,779.32	\$2,086.26	\$2,513.12

BCBS Premier Plan			
Monthly Contributions for Full Time Staff * (1300 + hrs per year)			
Employee Only	Employee + Child(ren)	Employee + Spouse	Employee + Spouse + Child(ren)
\$121.97	\$237.79	\$278.81	\$335.86
Monthly Contributions for Part Time Staff * (975 - 1299 hrs per year)			
Employee Only	Employee + Child(ren)	Employee + Spouse	Employee + Spouse + Child(ren)
\$469.11	\$914.59	\$1,072.36	\$1,291.77
Monthly Contributions for Half Time Staff * (less than 975 hrs per year)			
Employee Only	Employee + Child(ren)	Employee + Spouse	Employee + Spouse + Child(ren)
\$938.22	\$1,829.19	\$2,144.73	\$2,583.55
Monthly Contributions for COBRA Coverage			
Employee Only	Employee + Child(ren)	Employee + Spouse	Employee + Spouse + Child(ren)
\$956.98	\$1,865.77	\$2,187.62	\$2,635.22

Delta Dental Insurance			
Monthly Contributions for Full Time Staff * (1300 + 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 Staff * (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 Half Time Staff * (less than 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 COBRA Coverage			
	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 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