

## Public Safety Bargaining Unit Medical Insurance Rates

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**BCBS Core Plan** Monthly Contributions for Full Time Staff \* (1300 + hrs per year) Employee + Spouse + **Employee Only** Employee + Child(ren) Employee + Spouse Child(ren) \$116.32 \$226.78 \$265.90 \$320.30 Monthly Contributions for Part Time Staff \* (975 - 1299 hrs per year) Employee + Spouse + Employee + Spouse **Employee Only** Employee + Child(ren) 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 + Spouse + Employee + Child(ren) Employee + Spouse **Employee Only** Child(ren) \$894.74 \$1,744.43 \$2,045.35 \$2,463.84 **Monthly Contributions for COBRA Coverage** Employee + Spouse + Employee + Spouse **Employee Only** Employee + Child(ren) Child(ren) \$912.63 \$1,779.32 \$2,086.26 \$2,513.12

•	yee Only	Time Staff * (1300 + hrs pe Employee + Child(ren)	Employee + Spouse	Child(ron)
\$1:	21.97	\$237.79	\$278.81	\$335.86
onthly Contribut	ions for Part	Time Staff * (975 - 1299 hr	s per year)	
Emplo	yee Only	Employee + Child(ren)	Employee + Spouse	Child/ron)
\$40	69.11	\$914.59	\$1,072.36	\$1,291.77
Ψ-1	9.11	<b>ФЭ 14.5Э</b>	\$1,072.36	\$1,291.77
onthly Contribut	ions for Half byee <i>Only</i>	Time Staff * (less than 975 Employee + Child(ren)	hrs per year) Employee + Spouse	Employee + Spouse +
onthly Contribut <i>Emplo</i>	ions for Half	Time Staff * (less than 975	hrs per year)	⊏IIIpioyee ⊤ Spouse ⊤
onthly Contribut Emplo \$93	ions for Half byee Only 38.22	Time Staff * (less than 975 Employee + Child(ren) \$1,829.19	hrs per year) Employee + Spouse	Child(con) \$2,583.55
onthly Contribut  Emplo  \$99	ions for Half byee Only 38.22	Time Staff * (less than 975 Employee + Child(ren) \$1,829.19	hrs per year) Employee + Spouse	Employee + Spouse +

onthly Contributions for Full Ti	Delta Dental I me Staff * (1300 + hrs p		
	Employee Only	Employee + 1	Employee + 2 or More
Comprehensive Plan	\$18.29	\$48.15	\$84.77
Plus Plan	\$27.58	\$72.74	\$122.87
onthly Contributions for Part T	ime Staff * (975 - 1299 h	rs 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
anthly Contributions for Half T			
onuny Contributions for Half 11	ime Staff * (less than 97:	5 hrs per year)	
onthly Contributions for Hall 11	ime Staff * (less than 97)  Employee Only	5 hrs per year) Employee + 1	Employee + 2 or More
Comprehensive Plan	•		Employee + 2 or More \$103.07
	Employee Only	Employee + 1	1
Comprehensive Plan	\$36.59 \$45.88	Employee + 1 \$66.45	\$103.07
Comprehensive Plan Plus Plan	\$36.59 \$45.88	Employee + 1 \$66.45	\$103.07
Comprehensive Plan Plus Plan	\$36.59 \$45.88 A Coverage	### ### ##############################	\$103.07 \$141.17

	VSP Vision Insurance	
onthly Contributions for all Staff*		
Employee Only	Employee + 1	Employee +2 or More
\$7.38	\$14.81	\$23.81
onthly Contributions for coverage ur	nder COBRA	
Employee Only	Employee + 1	Employee +2 or More