



# Health & Dental Insurance Plan Year 2009

Benefits Office  
Brown University  
Box 1879  
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Tel: 401 863-2141  
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Faculty & Staff Health Insurance Premium Costs			
FULL PREMIUM	Individual Coverage	2-Person Coverage	Family Coverage
BCBS <i>HM C-To-C 100/80</i>	\$512.52	\$1,029.97	\$1,286.69
UHC <i>Choice Plus</i>	\$522.77	\$1,050.57	\$1,312.42
BCBS <i>HM C-To-C 80/60</i>	\$388.74	\$781.22	\$975.94
COBRA PREMIUM	Individual Coverage	2-Person Coverage	Family Coverage
BCBS <i>HM C-To-C 100/80</i>	\$522.77	\$1,050.57	\$1,312.42
UHC <i>Choice Plus</i>	\$533.23	\$1,071.58	\$1,338.67
BCBS <i>HM C-To-C 80/60</i>	\$396.51	\$796.84	\$995.46

**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.
- For BCBS HealthMate Coast-To-Coast 100/80 and UHC Choice Plus, your monthly share is the result of a formula-based calculation. Please refer to the on-line 2009 FTE Health Insurance Calculator at: [http://www.brown.edu/Administration/Human\\_Resources/downloads/ben\\_hlthcalcnext2009.html](http://www.brown.edu/Administration/Human_Resources/downloads/ben_hlthcalcnext2009.html). If you still have questions, please call the Benefits Office at 401-863-2141.
- If you are paid semi-monthly, you should divide the monthly amount by two—and if you are paid weekly, you should divide the monthly amount by four—to determine your contribution per paycheck.

Monthly Health Insurance Contributions for Faculty & Staff Working 1300+ hrs/yr					
Individual coverage with FTE* salary \$32,000 or less		2-person coverage with FTE* salary \$32,000 or less		Family coverage with FTE* salary \$32,000 or less	
BCBS <i>HM C-To-C 100/80</i>	UHC <i>Choice Plus</i>	BCBS <i>HM C-To-C 100/80</i>	UHC <i>Choice Plus</i>	BCBS <i>HM C-To-C 100/80</i>	UHC <i>Choice Plus</i>
\$25.63	\$26.14	\$51.50	\$52.53	\$64.33	\$65.62
5% of full premium	5% of full premium	5% of full premium	5% of full premium	5% of full premium	5% of full premium
Individual coverage with FTE* salary over \$32,000 & less than or equal to \$72,000		2-Person coverage with FTE* salary over \$32,000 & less than or equal to \$77,000		Family coverage with FTE* salary over \$32,000 & less than or equal to \$77,000	
Please refer to the on-line 2009 FTE Health Insurance Calculator at: <a href="http://www.brown.edu/Administration/Human_Resources/downloads/ben_hlthcalcnext2009.html">http://www.brown.edu/Administration/Human_Resources/downloads/ben_hlthcalcnext2009.html</a>		Please refer to the on-line 2009 FTE Health Insurance Calculator at: <a href="http://www.brown.edu/Administration/Human_Resources/downloads/ben_hlthcalcnext2009.html">http://www.brown.edu/Administration/Human_Resources/downloads/ben_hlthcalcnext2009.html</a>		Please refer to the on-line 2009 FTE Health Insurance Calculator at: <a href="http://www.brown.edu/Administration/Human_Resources/downloads/ben_hlthcalcnext2009.html">http://www.brown.edu/Administration/Human_Resources/downloads/ben_hlthcalcnext2009.html</a>	
Individual coverage with FTE* salary over \$72,000		2-person coverage with FTE* salary over \$77,000		Family coverage with FTE* salary over \$77,000	
BCBS <i>HM C-To-C 100/80</i>	UHC <i>Choice Plus</i>	BCBS <i>HM C-To-C 100/80</i>	UHC <i>Choice Plus</i>	BCBS <i>HM C-To-C 100/80</i>	UHC <i>Choice Plus</i>
\$128.13	\$130.69	\$391.39	\$399.22	\$488.94	\$498.72
25% of full premium	25% of full premium	38% of full premium	38% of full premium	38% of full premium	38% of full premium

\*FTE means full-time equivalent salary. Less than 100% time staff and regular faculty with an academic year appointment should contact the Benefits Office at 401-863-2141 to convert their salary to an annual full-time equivalent benefits base salary to determine their cost.

<b>HM C-To-C 80/60</b>	<b>Individual Coverage</b>
Monthly Contribution	\$19.44

<b>2-Person Coverage</b>
\$142.64

<b>Family Coverage</b>
\$178.19

## Health Insurance: Plan Year 2009 (continued...)

Costs for PART-TIME FACULTY & STAFF WORKING FROM 975–1299 hours/year									
Monthly Cost	INDIVIDUAL			2-PERSON			FAMILY		
	BCBS <i>HealthMate</i> 100/80	UHC <i>Choice</i> Plus	BCBS <i>HealthMate</i> 80/60	BCBS <i>HealthMate</i> 100/80	UHC <i>Choice</i> Plus	BCBS <i>HealthMate</i> 80/60	BCBS <i>HealthMate</i> 100/80	UHC <i>Choice</i> Plus	BCBS <i>HealthMate</i> 80/60
	<b>\$256.26</b>	<b>\$261.38</b>	<b>\$194.37</b>	<b>\$514.98</b>	<b>\$399.22</b>	<b>\$390.61</b>	<b>\$643.34</b>	<b>\$656.21</b>	<b>\$487.97</b>
Costs for FACULTY/STAFF WORKING UNDER 975 hrs/year & VISITING/ADJUNCT FACULTY									
Monthly Cost	INDIVIDUAL			2-PERSON			FAMILY		
	BCBS <i>HealthMate</i> 100/80	UHC <i>Choice</i> Plus	BCBS <i>HealthMate</i> 80/60	BCBS <i>HealthMate</i> 100/80	UHC <i>Choice</i> Plus	BCBS <i>HealthMate</i> 80/60	BCBS <i>HealthMate</i> 100/80	UHC <i>Choice</i> Plus	BCBS <i>HealthMate</i> 80/60
	<b>\$512.52</b>	<b>\$522.77</b>	<b>\$388.74</b>	<b>\$1,029.97</b>	<b>\$1,050.57</b>	<b>\$781.22</b>	<b>\$1,286.69</b>	<b>\$1,312.42</b>	<b>\$975.94</b>
Note — Divide by two if you are paid semi-monthly (or by four if you are paid weekly) to determine your contribution per paycheck.									
Costs for full-time CAPPED FACULTY (1950 hrs/yr only. For all other schedules, see applicable contributions on reverse side.)									
Monthly Cost	INDIVIDUAL			2-PERSON			FAMILY		
	BCBS <i>HealthMate</i> 100/80	UHC <i>Choice</i> Plus	BCBS <i>HealthMate</i> 80/60	BCBS <i>HealthMate</i> 100/80	UHC <i>Choice</i> Plus	BCBS <i>HealthMate</i> 80/60	BCBS <i>HealthMate</i> 100/80	UHC <i>Choice</i> Plus	BCBS <i>HealthMate</i> 80/60
	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$3.78</b>	<b>\$29.51</b>	<b>\$0.00</b>
Note — Capped faculty are faculty who in 1979 chose a tuition benefit capped at the current Tuition Aid Program (TAP) benefit. They receive a premium offset that is applied to the cost of the health insurance plan and level of coverage of their choosing.									
Costs for full-time UNCAPPED FACULTY (1950 hrs/yr only. For all other schedules, see applicable contributions on reverse side.)									
Monthly Cost	INDIVIDUAL			2-PERSON			FAMILY		
	BCBS <i>HealthMate</i> 100/80	UHC <i>Choice</i> Plus	BCBS <i>HealthMate</i> 80/60	BCBS <i>HealthMate</i> 100/80	UHC <i>Choice</i> Plus	BCBS <i>HealthMate</i> 80/60	BCBS <i>HealthMate</i> 100/80	UHC <i>Choice</i> Plus	BCBS <i>HealthMate</i> 80/60
	<b>\$201.10</b>	<b>\$211.35</b>	<b>\$77.32</b>	<b>\$718.55</b>	<b>\$739.15</b>	<b>\$469.80</b>	<b>\$975.27</b>	<b>\$1,001.00</b>	<b>\$664.52</b>
Note — Uncapped faculty are faculty who in 1979 chose a tuition benefit that rises as Brown's tuition cost rises. They receive a premium offset that is applied to the cost of the health insurance plan and level of coverage of their choosing.									

## Dental Insurance\*: Plan Year 2009

Costs for FULL-TIME FACULTY & STAFF WORKING MORE THAN 1299 hours/year									
Monthly Cost	INDIVIDUAL			2-PERSON			FAMILY		
	Delta Dental			Delta Dental			Delta Dental		
	<i>Comprehensive</i>	<i>Plus</i>	<i>Plus</i>	<i>Comprehensive</i>	<i>Plus</i>	<i>Plus</i>	<i>Comprehensive</i>	<i>Plus</i>	<i>Plus</i>
<b>\$17.04</b>	<b>\$23.60</b>	<b>\$23.60</b>	<b>\$44.86</b>	<b>\$63.64</b>	<b>\$63.64</b>	<b>\$78.98</b>	<b>\$78.98</b>	<b>\$108.07</b>	<b>\$108.07</b>
Costs for PART-TIME FACULTY & STAFF WORKING FROM 975–1299 hours/year									
Monthly Cost	INDIVIDUAL			2-PERSON			FAMILY		
	Delta Dental			Delta Dental			Delta Dental		
	<i>Comprehensive</i>	<i>Plus</i>	<i>Plus</i>	<i>Comprehensive</i>	<i>Plus</i>	<i>Plus</i>	<i>Comprehensive</i>	<i>Plus</i>	<i>Plus</i>
<b>\$25.57</b>	<b>\$32.13</b>	<b>\$32.13</b>	<b>\$53.39</b>	<b>\$72.17</b>	<b>\$72.17</b>	<b>\$87.51</b>	<b>\$87.51</b>	<b>\$116.60</b>	<b>\$116.60</b>
Costs for FACULTY/STAFF WORKING UNDER 975 hrs/year & VISITING/ADJUNCT FACULTY									
Monthly Cost	INDIVIDUAL			2-PERSON			FAMILY		
	Delta Dental			Delta Dental			Delta Dental		
	<i>Comprehensive</i>	<i>Plus</i>	<i>Plus</i>	<i>Comprehensive</i>	<i>Plus</i>	<i>Plus</i>	<i>Comprehensive</i>	<i>Plus</i>	<i>Plus</i>
<b>\$34.09</b>	<b>\$40.65</b>	<b>\$40.65</b>	<b>\$61.91</b>	<b>\$80.69</b>	<b>\$80.69</b>	<b>\$96.03</b>	<b>\$96.03</b>	<b>\$125.12</b>	<b>\$125.12</b>
Costs for dental insurance coverage under COBRA									
Monthly Cost	INDIVIDUAL			2-PERSON			FAMILY		
	Delta Dental			Delta Dental			Delta Dental		
	<i>Comprehensive</i>	<i>Plus</i>	<i>Plus</i>	<i>Comprehensive</i>	<i>Plus</i>	<i>Plus</i>	<i>Comprehensive</i>	<i>Plus</i>	<i>Plus</i>
<b>\$34.77</b>	<b>\$41.46</b>	<b>\$41.46</b>	<b>\$63.15</b>	<b>\$82.30</b>	<b>\$82.30</b>	<b>\$97.95</b>	<b>\$97.95</b>	<b>\$127.62</b>	<b>\$127.62</b>
Note — Divide by two if you are paid semi-monthly (or by four if you are paid weekly) to determine your contribution per paycheck.									