



Health & Dental Rates for Faculty & Staff Plan Year 2017

Brown University
University Human Resources
Providence, RI 02912
Tel: 401-863-2141
Fax: 401-863-3158

Faculty & Staff Health Insurance Premium Costs				
Full Premium	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Spouse + Child(ren)
BCBS HealthMate Coast-to-Coast and UHC Choice Plus	\$662.56	\$1,430.42	\$1,291.76	\$1,723.09
UHC Choice Plus CDHP	\$492.69	\$1,063.68	\$960.57	\$1,281.30
COBRA Premium	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Spouse + Child(ren)
BCBS HealthMate Coast-to-Coast and UHC Choice Plus	\$675.81	\$1,459.03	\$1,317.60	\$1,757.55
UHC Choice Plus CDHP	\$502.54	\$1,084.95	\$979.78	\$1,306.93

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.

Monthly Health Insurance Contributions for Faculty & Staff Working 1300+ hrs/yr				
<i>BCBS Healthmate Coast-to-Coast and UnitedHealth Care Choice Plus</i>				
Salary	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Spouse + Child(ren)
Up to & incl. \$37,000	\$33.13	\$71.52	\$64.59	\$86.15
\$37,001 - \$42,000	\$49.69	\$123.87	\$111.87	\$149.22
\$42,001 - \$47,000	\$66.26	\$176.23	\$159.14	\$212.28
\$47,001 - \$52,000	\$82.82	\$228.58	\$206.42	\$275.35
\$52,001 - \$57,000	\$99.38	\$280.93	\$253.70	\$338.41
\$57,001 - \$62,000	\$115.95	\$333.29	\$300.98	\$401.48
\$62,001 - \$67,000	\$132.51	\$385.64	\$348.26	\$464.55
\$67,001 - \$72,000	\$149.08	\$437.99	\$395.54	\$527.61
\$72,001 - \$82,000	\$149.08	\$490.35	\$442.82	\$590.67
\$82,001 - \$87,000	\$149.08	\$500.65	\$452.12	\$603.08
\$87,001 - \$92,000	\$152.39	\$500.65	\$452.12	\$603.08
\$92,001 - \$97,000	\$152.39	\$514.95	\$465.03	\$620.31
\$97,001 - \$102,000	\$155.70	\$514.95	\$465.03	\$620.31
\$102,001 - \$107,000	\$155.70	\$529.26	\$477.95	\$637.54
\$107,001 - \$125,000	\$159.01	\$529.26	\$477.95	\$637.54
\$125,001 and above	\$165.64	\$543.56	\$490.87	\$654.77

UHC Choice Plus CDHP	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Spouse + Child(ren)
Monthly Contribution	\$24.63	\$194.21	\$175.38	\$233.94

Health Insurance: Plan Year 2017 (continued...)

Costs for PART-TIME FACULTY & STAFF WORKING FROM 975-1299 hours/year

Monthly Cost	Employee Only		Employee + Spouse		Employee + Child(ren)		Employee + Spouse + Child(ren)	
	BCBS Healthmate C-to-C and UHC Choice Plus	UHC Choice Plus CDHP	BCBS Healthmate C-to-C and UHC Choice Plus	UHC Choice Plus CDHP	BCBS Healthmate C-to-C and UHC Choice Plus	UHC Choice Plus CDHP	BCBS Healthmate C-to-C and UHC Choice Plus	UHC Choice Plus CDHP
	\$331.28	\$246.34	\$715.21	\$531.84	\$645.88	\$480.29	\$861.54	\$640.65

Costs for FACULTY/STAFF WORKING UNDER 975 hrs/year & VISITING/ADJUNCT FACULTY

Monthly Cost	Employee Only		Employee + Spouse		Employee + Child(ren)		Employee + Spouse + Child(ren)	
	BCBS Healthmate C-to-C and UHC Choice Plus	UHC Choice Plus CDHP	BCBS Healthmate C-to-C and UHC Choice Plus	UHC Choice Plus CDHP	BCBS Healthmate C-to-C and UHC Choice Plus	UHC Choice Plus CDHP	BCBS Healthmate C-to-C and UHC Choice Plus	UHC Choice Plus CDHP
	\$662.56	\$492.69	\$1,430.42	\$1,063.68	\$1,291.76	\$960.57	\$1,723.09	\$1,281.30

Costs for full-time CAPPED FACULTY (1950 hrs/yr only. For all other schedules, see applicable contributions on reverse side.)

Monthly Cost	Employee Only		Employee + Spouse		Employee + Child(ren)		Employee + Spouse + Child(ren)	
	BCBS Healthmate C-to-C and UHC Choice Plus	UHC Choice Plus CDHP	BCBS Healthmate C-to-C and UHC Choice Plus	UHC Choice Plus CDHP	BCBS Healthmate C-to-C and UHC Choice Plus	UHC Choice Plus CDHP	BCBS Healthmate C-to-C and UHC Choice Plus	UHC Choice Plus CDHP
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$112.30	\$0.00

Costs for full-time UNCAPPED FACULTY (1950 hrs/yr only. For all other schedules, see applicable contributions on reverse side.)

Monthly Cost	Employee Only		Employee + Spouse		Employee + Child(ren)		Employee + Spouse + Child(ren)	
	BCBS Healthmate C-to-C and UHC Choice Plus	UHC Choice Plus CDHP	BCBS Healthmate C-to-C and UHC Choice Plus	UHC Choice Plus CDHP	BCBS Healthmate C-to-C and UHC Choice Plus	UHC Choice Plus CDHP	BCBS Healthmate C-to-C and UHC Choice Plus	UHC Choice Plus CDHP
	\$250.05	\$80.18	\$1,017.91	\$651.17	\$879.25	\$548.06	\$1,310.58	\$868.79

Delta Dental Insurance: Plan Year 2017

Costs for FULL-TIME FACULTY & STAFF WORKING MORE THAN 1299 hours/year										
Monthly Cost	Employee Only		Employee + 1				Employee + 2 or More			
	Comprehensive	Plus	Comprehensive	Plus	Comprehensive	Plus	Comprehensive	Plus	Comprehensive	Plus
	\$17.46	\$25.64	\$45.95	\$68.07	\$80.90	\$115.18				
Costs for PART-TIME FACULTY & STAFF WORKING FROM 975-1299 hours/year										
Monthly Cost	Employee Only		Employee + 1				Employee + 2 or More			
	Comprehensive	Plus	Comprehensive	Plus	Comprehensive	Plus	Comprehensive	Plus	Comprehensive	Plus
	\$26.19	\$34.37	\$54.68	\$76.80	\$89.63	\$123.91				
Costs for FACULTY/STAFF WORKING UNDER 975 hrs/year & VISITING/ADJUNCT FACULTY										
Monthly Cost	Employee Only		Employee + 1				Employee + 2 or More			
	Comprehensive	Plus	Comprehensive	Plus	Comprehensive	Plus	Comprehensive	Plus	Comprehensive	Plus
	\$34.92	\$43.10	\$63.41	\$85.53	\$98.36	\$132.64				
Costs for dental insurance coverage under COBRA										
Monthly Cost	Employee Only		Employee + 1				Employee + 2 or More			
	Comprehensive	Plus	Comprehensive	Plus	Comprehensive	Plus	Comprehensive	Plus	Comprehensive	Plus
	\$35.62	\$43.96	\$64.68	\$87.24	\$100.33	\$135.29				

Vision Insurance: Plan Year 2017

VSP Choice	Employee Only	Employee + 1	Employee + 2 or More
Monthly Contribution	\$6.60	\$13.24	\$21.26