



**Facilities Management USAW-RI Bargaining Unit  
Grades 106 and Below  
Medical Insurance Rates**

Brown University  
University Human Resources  
Providence, RI 02912  
Tel: 401- 863-2141  
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**BCBS Healthmate Coast-to-Coast and UnitedHealth Care Choice Plus**

**Monthly Contributions for Full Time Staff \* (1300 + hrs per year)**

<i>Employee Only</i>	<i>Employee + Child(ren)</i>	<i>Employee + Spouse</i>	<i>Employee + Spouse + Child(ren)</i>
\$69.90	\$136.28	\$155.29	\$187.06

**Monthly Contributions for Part Time Staff \* (975 - 1299 hrs per year)**

<i>Employee Only</i>	<i>Employee + Child(ren)</i>	<i>Employee + Spouse</i>	<i>Employee + Spouse + Child(ren)</i>
\$349.50	\$681.40	\$776.43	\$935.29

**Monthly Contributions for Half Time Staff \* (less than 975 hrs per year)**

<i>Employee Only</i>	<i>Employee + Child(ren)</i>	<i>Employee + Spouse</i>	<i>Employee + Spouse + Child(ren)</i>
\$699.00	\$1,362.81	\$1,552.86	\$1,870.58

**Monthly Contributions for COBRA Coverage**

<i>Employee Only</i>	<i>Employee + Child(ren)</i>	<i>Employee + Spouse</i>	<i>Employee + Spouse + Child(ren)</i>
\$712.98	\$1,390.07	\$1,583.92	\$1,907.99

**Delta Dental Insurance**

**Monthly Contributions for Full Time Staff \* (1300 + hrs per year)**

	<i>Employee Only</i>	<i>Employee + 1</i>	<i>Employee + 2 or More</i>
Comprehensive Plan	\$17.67	\$46.50	\$81.87
Plus Plan	\$26.64	\$70.25	\$118.66

**Monthly Contributions for Part Time Staff \* (975 - 1299 hrs per year)**

	<i>Employee Only</i>	<i>Employee + 1</i>	<i>Employee + 2 or More</i>
Comprehensive Plan	\$26.51	\$55.34	\$90.71
Plus Plan	\$35.48	\$79.09	\$127.50

**Monthly Contributions for Half Time Staff \* (less than 975 hrs per year)**

	<i>Employee Only</i>	<i>Employee + 1</i>	<i>Employee + 2 or More</i>
Comprehensive Plan	\$35.34	\$64.17	\$99.54
Plus Plan	\$44.31	\$87.92	\$136.33

**Monthly Contributions for COBRA Coverage**

	<i>Employee Only</i>	<i>Employee + 1</i>	<i>Employee + 2 or More</i>
Comprehensive Plan	\$36.05	\$65.45	\$101.53
Plus Plan	\$45.20	\$89.68	\$139.05

**VSP Vision Insurance**

**Monthly Contributions for all Staff\***

<i>Employee Only</i>	<i>Employee + 1</i>	<i>Employee +2 or More</i>
\$6.60	\$13.24	\$21.26

**Monthly Contributions for coverage under COBRA**

<i>Employee Only</i>	<i>Employee + 1</i>	<i>Employee +2 or More</i>
\$6.73	\$13.50	\$21.69

\* Note - Divide by four if you are paid weekly to determine your contribution per paycheck.