



Public Safety Bargaining Unit Medical Insurance Rates

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

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>
\$90.87	\$177.17	\$201.87	\$243.18

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.