



Faculty & Staff Medical Insurance Rates

Plan Year 2019

Brown University
 University Human Resources
 Providence, RI 02912
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BCBS Healthmate Coast-to-Coast and UnitedHealth Care Choice Plus

	<i>Employee Only</i>	<i>Employee + Spouse</i>	<i>Employee + Child(ren)</i>	<i>Employee + Spouse + Child(ren)</i>
Full Premium	\$699.00	\$1,552.86	\$1,362.81	\$1,870.58
COBRA Premium	\$712.98	\$1,583.92	\$1,390.07	\$1,907.99

Monthly Health Insurance Contributions for Faculty & Staff Working 1300+ hrs/yr *

<i>Salary</i>	<i>Employee Only</i>	<i>Employee + Spouse</i>	<i>Employee + Child(ren)</i>	<i>Employee + Spouse + Child(ren)</i>
Up to & incl. \$37,000	\$34.95	\$77.64	\$68.14	\$93.53
\$37,001 - \$42,000	\$52.43	\$134.48	\$118.02	\$161.99
\$42,001 - \$47,000	\$69.90	\$191.31	\$167.90	\$230.46
\$47,001 - \$52,000	\$87.38	\$248.15	\$217.78	\$298.92
\$52,001 - \$57,000	\$104.85	\$304.98	\$267.66	\$367.38
\$57,001 - \$62,000	\$122.33	\$361.82	\$317.53	\$435.85
\$62,001 - \$67,000	\$139.80	\$418.65	\$367.41	\$504.31
\$67,001 - \$72,000	\$157.28	\$475.49	\$417.29	\$572.77
\$72,001 - \$82,000	\$160.77	\$532.32	\$467.17	\$641.23
\$82,001 - \$92,000	\$164.27	\$543.50	\$476.98	\$654.70
\$92,001 - \$102,000	\$167.76	\$559.03	\$490.61	\$673.41
\$102,001 - \$125,000	\$174.75	\$574.56	\$504.24	\$692.11
\$125,001 and above	\$174.75	\$590.09	\$517.87	\$710.82

UnitedHealth Care Choice Plus Consumer Directed Health Plan

	<i>Employee Only</i>	<i>Employee + Spouse</i>	<i>Employee + Child(ren)</i>	<i>Employee + Spouse + Child(ren)</i>
Full Premium	\$571.76	\$1,266.95	\$1,114.74	\$1,526.15
COBRA Premium	\$583.20	\$1,292.29	\$1,137.03	\$1,556.67

Monthly Health Insurance Contributions for Faculty & Staff Working 1300+ hrs/yr*

<i>Salary</i>	<i>Employee Only</i>	<i>Employee + Spouse</i>	<i>Employee + Child(ren)</i>	<i>Employee + Spouse + Child(ren)</i>
Up to & incl. \$50,000	\$25.99	\$97.11	\$87.69	\$116.97
\$50,001 - \$100,000	\$31.16	\$215.14	\$194.28	\$259.15
\$100,001 and above	\$38.43	\$237.13	\$214.14	\$285.65

Please Remember:

- 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.

**Capped and Uncapped Faculty should contact the Benefits Office for contribution information*

Monthly Health Insurance Contributions for Part Time Faculty & Staff
working from 975 - 1299 hours per year

	<i>Employee Only</i>	<i>Employee + Spouse</i>	<i>Employee + Child(ren)</i>	<i>Employee + Spouse + Child(ren)</i>
BCBS/UHC	\$349.50	\$776.43	\$681.41	\$935.29
CDHP	\$285.88	\$633.48	\$557.37	\$763.07

Monthly Health Insurance Contributions for Faculty & Staff
working under 975 - 1299 & Visiting/Adjunct Faculty

	<i>Employee Only</i>	<i>Employee + Spouse</i>	<i>Employee + Child(ren)</i>	<i>Employee + Spouse + Child(ren)</i>
BCBS/UHC	\$699.00	\$1,552.86	\$1,362.81	\$1,870.58
CDHP	\$571.76	\$1,266.95	\$1,114.74	\$1,526.15

Delta Dental Insurance

Monthly Contributions for Full Time Faculty & Staff (working more than 1299 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 Faculty & Staff (working more 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 Faculty & Staff (working under 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 coverage under COBRA

	<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 Faculty and 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