



# Faculty & Staff Medical Insurance Rates Plan Year 2021

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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>
<b>Full Premium</b>	\$699.00	\$1,597.89	\$1,362.81	\$1,924.83
<b>COBRA Premium</b>	\$712.98	\$1,629.85	\$1,390.07	\$1,963.33

### 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	\$79.89	\$68.14	\$96.24
\$37,001 - \$42,000	\$52.43	\$138.38	\$118.02	\$166.69
\$42,001 - \$47,000	\$69.90	\$196.86	\$167.90	\$237.14
\$47,001 - \$52,000	\$87.38	\$255.34	\$217.78	\$307.59
\$52,001 - \$57,000	\$104.85	\$313.83	\$267.66	\$378.04
\$57,001 - \$62,000	\$122.33	\$372.31	\$317.53	\$448.49
\$62,001 - \$67,000	\$139.80	\$430.79	\$367.41	\$518.93
\$67,001 - \$72,000	\$157.28	\$489.27	\$417.29	\$589.38
\$72,001 - \$82,000	\$157.28	\$547.76	\$467.17	\$659.83
\$82,001 - \$87,000	\$157.28	\$559.26	\$476.98	\$673.69
\$87,001 - \$92,000	\$160.77	\$559.26	\$476.98	\$673.69
\$92,001 - \$97,000	\$160.77	\$575.24	\$490.61	\$692.94
\$97,001 - \$102,000	\$164.27	\$575.24	\$490.61	\$692.94
\$102,001 - \$107,000	\$164.27	\$591.22	\$504.24	\$712.19
\$107,001 - \$125,000	\$167.76	\$591.22	\$504.24	\$712.19
\$125,001 and above	\$174.75	\$607.20	\$517.87	\$731.44

## 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>
<b>Full Premium</b>	\$571.76	\$1,303.69	\$1,114.74	\$1,570.41
<b>COBRA Premium</b>	\$583.20	\$1,329.76	\$1,137.03	\$1,601.82

### 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	\$232.14	\$194.28	\$279.15
\$100,001 and above	\$38.43	\$267.13	\$214.14	\$322.65

**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.

*\*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>
<b>BCBS/UHC</b>	\$349.50	\$798.94	\$681.41	\$962.41
<b>CDHP</b>	\$285.88	\$651.85	\$557.37	\$785.20

**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>
<b>BCBS/UHC</b>	\$699.00	\$1,597.89	\$1,362.81	\$1,924.83
<b>CDHP</b>	\$571.76	\$1,303.69	\$1,114.74	\$1,570.41

**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>
<b>Comprehensive Plan</b>	\$18.29	\$48.15	\$84.77
<b>Plus Plan</b>	\$27.58	\$72.74	\$122.87

**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>
<b>Comprehensive Plan</b>	\$27.44	\$57.30	\$93.92
<b>Plus Plan</b>	\$36.73	\$81.89	\$132.02

**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>
<b>Comprehensive Plan</b>	\$36.59	\$66.45	\$103.07
<b>Plus Plan</b>	\$45.88	\$91.04	\$141.17

**Monthly Contributions for coverage under COBRA**

	<i>Employee Only</i>	<i>Employee + 1</i>	<i>Employee + 2 or More</i>
<b>Comprehensive Plan</b>	\$37.32	\$67.78	\$105.13
<b>Plus Plan</b>	\$46.80	\$92.86	\$143.99

**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