



# Faculty & Staff Medical Insurance Rates Plan Year 2022

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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>	\$719.97	\$1,645.83	\$1,403.69	\$1,982.57
<b>COBRA Premium</b>	\$734.37	\$1,678.75	\$1,431.76	\$2,022.22

### 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	\$36.00	\$82.29	\$70.18	\$99.13
\$37,001 - \$42,000	\$54.00	\$142.53	\$121.56	\$171.69
\$42,001 - \$47,000	\$72.00	\$202.77	\$172.93	\$244.25
\$47,001 - \$52,000	\$90.00	\$263.00	\$224.31	\$316.81
\$52,001 - \$57,000	\$108.00	\$323.24	\$275.69	\$389.38
\$57,001 - \$62,000	\$126.00	\$383.48	\$327.05	\$461.94
\$62,001 - \$67,000	\$143.99	\$443.72	\$378.43	\$534.49
\$67,001 - \$72,000	\$161.99	\$503.95	\$429.81	\$607.06
\$72,001 - \$82,000	\$161.99	\$564.19	\$481.18	\$679.62
\$82,001 - \$87,000	\$161.99	\$576.04	\$491.29	\$693.90
\$87,001 - \$92,000	\$165.59	\$576.04	\$491.29	\$693.90
\$92,001 - \$97,000	\$165.59	\$592.50	\$505.33	\$713.73
\$97,001 - \$102,000	\$169.19	\$592.50	\$505.33	\$713.73
\$102,001 - \$107,000	\$169.19	\$608.96	\$519.37	\$733.55
\$107,001 - \$125,000	\$172.79	\$608.96	\$519.37	\$733.55
\$125,001 and above	\$179.99	\$625.42	\$533.40	\$753.38

## 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>	\$588.91	\$1,342.80	\$1,148.18	\$1,617.52
<b>COBRA Premium</b>	\$600.69	\$1,369.66	\$1,171.14	\$1,649.87

### 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	\$26.77	\$100.02	\$90.32	\$120.48
\$50,001 - \$100,000	\$32.09	\$239.10	\$200.11	\$287.52
\$100,001 and above	\$39.58	\$275.14	\$220.56	\$332.33

**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>	\$359.98	\$822.91	\$701.85	\$991.28
<b>CDHP</b>	\$294.45	\$671.40	\$574.09	\$808.76

**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>	\$719.97	\$1,645.83	\$1,403.69	\$1,982.57
<b>CDHP</b>	\$588.91	\$1,342.80	\$1,148.18	\$1,617.52

**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