



## Faculty & Staff Medical Insurance Rates Plan Year 2023

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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>	\$791.97	\$1,810.41	\$1,544.06	\$2,180.83
<b>COBRA Premium</b>	\$807.81	\$1,846.62	\$1,574.94	\$2,224.45

### 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	\$37.80	\$86.40	\$73.69	\$104.08
\$37,001 - \$42,000	\$56.70	\$149.66	\$127.64	\$180.28
\$42,001 - \$47,000	\$75.60	\$212.90	\$181.58	\$256.47
\$47,001 - \$52,000	\$94.50	\$276.15	\$235.53	\$332.66
\$52,001 - \$57,000	\$113.40	\$339.41	\$289.47	\$408.85
\$57,001 - \$62,000	\$132.30	\$402.65	\$343.41	\$485.04
\$62,001 - \$67,000	\$151.19	\$465.90	\$397.35	\$561.22
\$67,001 - \$72,000	\$170.10	\$529.15	\$451.30	\$637.41
\$72,001 - \$82,000	\$170.10	\$592.40	\$505.24	\$713.61
\$82,001 - \$87,000	\$170.10	\$604.84	\$515.85	\$728.60
\$87,001 - \$92,000	\$173.87	\$604.84	\$515.85	\$728.60
\$92,001 - \$97,000	\$173.87	\$622.12	\$530.59	\$749.41
\$97,001 - \$102,000	\$177.66	\$622.12	\$530.59	\$749.41
\$102,001 - \$107,000	\$177.66	\$639.40	\$545.34	\$770.23
\$107,001 - \$125,000	\$181.43	\$639.40	\$545.34	\$770.23
\$125,001 and above	\$188.99	\$656.69	\$560.08	\$791.05

### 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>	\$647.80	\$1,477.08	\$1,263.00	\$1,779.27
<b>COBRA Premium</b>	\$660.76	\$1,506.62	\$1,288.26	\$1,814.86

### 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	\$28.11	\$105.02	\$94.84	\$126.50
\$50,001 - \$100,000	\$33.70	\$251.06	\$210.11	\$301.90
\$100,001 and above	\$41.56	\$288.90	\$231.59	\$348.95

**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>
BCBS/UHC	\$395.98	\$905.20	\$772.03	\$1,090.41
CDHP	\$323.90	\$738.54	\$631.50	\$889.63

**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	\$791.97	\$1,810.41	\$1,544.06	\$2,180.83
CDHP	\$647.80	\$1,477.08	\$1,263.00	\$1,779.27

**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	\$18.29	\$48.15	\$84.77
Plus Plan	\$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>
Comprehensive Plan	\$27.44	\$57.30	\$93.92
Plus Plan	\$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>
Comprehensive Plan	\$36.59	\$66.45	\$103.07
Plus Plan	\$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>
Comprehensive Plan	\$37.32	\$67.78	\$105.13
Plus Plan	\$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