



Faculty & Staff Medical Insurance Rates Plan Year 2024

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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	\$802.27	\$1,833.95	\$1,564.13	\$2,209.18
COBRA Premium	\$818.32	\$1,870.63	\$1,595.41	\$2,253.36

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	\$38.29	\$87.52	\$74.65	\$105.44
\$37,001 - \$42,000	\$57.44	\$151.60	\$129.30	\$182.62
\$42,001 - \$47,000	\$76.58	\$215.67	\$183.94	\$259.80
\$47,001 - \$52,000	\$95.73	\$279.74	\$238.59	\$336.98
\$52,001 - \$57,000	\$114.87	\$343.82	\$293.24	\$414.17
\$57,001 - \$62,000	\$134.02	\$407.89	\$347.87	\$491.35
\$62,001 - \$67,000	\$153.16	\$471.96	\$402.52	\$568.52
\$67,001 - \$72,000	\$172.31	\$536.02	\$457.17	\$645.70
\$72,001 - \$82,000	\$172.31	\$600.10	\$511.81	\$722.88
\$82,001 - \$87,000	\$172.31	\$612.70	\$522.56	\$738.07
\$87,001 - \$92,000	\$176.13	\$612.70	\$522.56	\$738.07
\$92,001 - \$97,000	\$176.13	\$630.21	\$537.49	\$759.16
\$97,001 - \$102,000	\$179.97	\$630.21	\$537.49	\$759.16
\$102,001 - \$107,000	\$179.97	\$647.72	\$552.42	\$780.25
\$107,001 - \$125,000	\$183.79	\$647.72	\$552.42	\$780.25
\$125,001 and above	\$191.45	\$665.22	\$567.36	\$801.34

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	\$656.22	\$1,496.28	\$1,279.42	\$1,802.40
COBRA Premium	\$669.34	\$1,526.21	\$1,305.01	\$1,838.45

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. \$50,000	\$28.47	\$106.39	\$96.07	\$128.15
\$50,001 - \$100,000	\$34.14	\$254.32	\$212.85	\$305.82
\$100,001 and above	\$42.10	\$292.66	\$234.60	\$353.48

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.
- Salary tiers are rounded up from \$0.01

*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	\$401.13	\$916.97	\$782.06	\$1,104.59
CDHP	\$328.11	\$748.14	\$639.71	\$901.20

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>
BCBS/UHC	\$802.27	\$1,833.95	\$1,564.13	\$2,209.18
CDHP	\$656.22	\$1,496.28	\$1,279.42	\$1,802.40

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>
\$7.38	\$14.81	\$23.81

Monthly Contributions for coverage under COBRA

<i>Employee Only</i>	<i>Employee + 1</i>	<i>Employee +2 or More</i>
\$7.53	\$15.11	\$24.29