



## 2025 Contribution Rate Sheet

### Employees Working 75% or More of a Full-Time Schedule

#### HEALTH PLANS

Plan	Coverage Level	Semi-Monthly Cost		Weekly Cost*	
		University	Employee	University	Employee
BCBS PPO	Employee only	\$336.18	\$112.06	\$155.16	\$51.72
	Employee plus child(ren)	\$613.53	\$204.51	\$283.17	\$94.39
	Employee plus spouse	\$705.99	\$235.33	\$325.84	\$108.61
	Family	\$983.33	\$327.78	\$453.84	\$151.28
BU Health Savings Plan with Health Savings Account	Employee only	\$336.18	\$86.78	\$155.16	\$40.05
	Employee plus child(ren)	\$613.53	\$158.44	\$283.17	\$73.13
	Employee plus spouse	\$705.99	\$182.39	\$325.84	\$84.18
	Family	\$983.33	\$253.97	\$453.84	\$117.21

\*Weekly costs are based on the 52 weekly pay periods in 2025

#### DENTAL PLANS

Plan	Coverage Level	Semi-Monthly Cost		Weekly Cost*	
		University	Employee	University	Employee
BU Dental Health Center Plan	Employee only	\$13.58	\$4.53	\$6.27	\$2.09
	Employee plus child(ren)	\$27.15	\$9.05	\$12.53	\$4.18
	Employee plus spouse	\$27.15	\$9.05	\$12.53	\$4.18
	Family	\$40.74	\$13.58	\$18.80	\$6.27
Dental Blue Freedom Plan	Employee only	\$13.58	\$8.32	\$6.27	\$3.84
	Employee plus child(ren)	\$27.15	\$16.65	\$12.53	\$7.68
	Employee plus spouse	\$27.15	\$16.65	\$12.53	\$7.68
	Family	\$40.74	\$24.96	\$18.80	\$11.52

\*Weekly costs are based on the 52 weekly pay periods in 2025

Plan	Coverage Level	Employee Semi-Monthly Cost
Personal and Family Accident Insurance	Individual	\$.06 per \$10,000
	Family	\$.10 per \$10,000

## Supplemental Life Insurance

Plan	Employee Semi-Monthly Cost	
Supplemental and Spousal Life Insurance	Age of Employee or Spouse	Cost per \$1,000 of coverage
	<25	0.009
	25-29	0.0135
	30-34	0.0135
	35-39	0.018
	40-44	0.0225
	45-49	0.036
	50-54	0.063
	55-59	0.1035
	60-64	0.1575
	65-69	0.324
	70-74	0.837
	75+	0.927

Plan	Employee Semi-Monthly Cost	
Dependent Child Life	Policy Amount	Cost of coverage
	\$5,000	0.250
	\$10,000	0.500