



**STATE OF RHODE ISLAND
AND
PROVIDENCE PLANTATIONS**



**2017 CALENDAR PLAN YEAR 1/1/17-12/31/17
BIWEEKLY HEALTH CO-SHARES
(2014 PLAN)**

<u>Annualized Total Rate</u>	<u>Percentage</u>	<u>Medical</u>	<u>Dental</u>	<u>Vision</u>	<u>Total 01/01/17</u>
<i>Individual :</i>					
Less than \$95,481	20%	\$62.76	\$2.82	\$0.44	\$66.02
\$95,481 and above	25%	\$78.45	\$3.53	\$0.55	\$82.53
<i>Family :</i>					
Less than \$49,670	15%	\$131.96	\$5.48	\$0.91	\$138.35
\$49,670 to less than \$95,481	20%	\$175.95	\$7.30	\$1.21	\$184.46
\$95,481 and above	25%	\$219.94	\$9.13	\$1.51	\$230.58

Part Time Employee

<u>Annualized Total Rate</u>	<u>Percentage</u>	<u>Medical</u>	<u>Dental</u>	<u>Vision</u>	<u>Total 01/01/17</u>
<i>Individual :</i>					
Less than \$90,000	20%	\$62.76	\$2.82	\$0.44	\$66.02
\$90,000 and above	35%	\$109.83	\$4.94	\$0.77	\$115.54
<i>Family :</i>					
Less than \$90,000	20%	\$175.95	\$7.30	\$1.21	\$184.46
\$90,000 and above	35%	\$307.91	\$12.78	\$2.11	\$322.80