



**STATE OF RHODE ISLAND  
AND  
PROVIDENCE PLANTATIONS**



## 2017 CALENDAR PLAN YEAR 1/1/17-12/31/17 BIWEEKLY HEALTH CO-SHARES (CHOICE PLUS WITH HSA 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%	\$55.71	\$2.82	\$0.44	\$58.97
\$95,481 and above	25%	\$69.64	\$3.53	\$0.55	\$73.72
<i>Family :</i>					
Less than \$49,670	15%	\$117.14	\$5.48	\$0.91	\$123.53
\$49,670 to less than \$95,481	20%	\$156.19	\$7.30	\$1.21	\$164.70
\$95,481 and above	25%	\$195.24	\$9.13	\$1.51	\$205.88

### 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%	\$55.71	\$2.82	\$0.44	\$58.97
\$90,000 and above	35%	\$97.50	\$4.94	\$0.77	\$103.21
<i>Family :</i>					
Less than \$90,000	20%	\$156.19	\$7.30	\$1.21	\$164.70
\$90,000 and above	35%	\$273.33	\$12.78	\$2.11	\$288.22