

<b>RATES: HEALTH INSURANCE PROGRAMS</b>							<b>Section 3.4-7</b>
<b>Active Employee Rates (HSA Plan)</b>							
<b>Effective January 1, 2016</b>							
Please replace Section 3.4-7 of the State of Rhode Island Payroll Manual with the new schedule effective for pay period beginning December 27, 2015, and paid on January 15, 2016.							
							<b>20 Pay Pd Employees</b>
			<b>Annual</b>	<b>Monthly</b>	<b>Biweekly</b>		
<b>Medical Plan</b>							
<b>Individual</b>			<b>\$6,972.60</b>	<b>\$581.05</b>	<b>\$268.18</b>		<b>\$348.63</b>
<b>Family</b>			<b>\$19,547.40</b>	<b>\$1,628.95</b>	<b>\$751.82</b>		<b>\$977.37</b>
<b>Dental Plan</b>							
<b>Individual</b>			<b>\$392.76</b>	<b>\$32.73</b>	<b>\$15.11</b>		<b>\$19.64</b>
<b>Family</b>			<b>\$1,099.44</b>	<b>\$91.62</b>	<b>\$42.29</b>		<b>\$54.97</b>
<b>Vision Plan</b>							
<b>Individual</b>			<b>\$56.88</b>	<b>\$4.74</b>	<b>\$2.19</b>		<b>\$2.84</b>
<b>Family</b>			<b>\$156.96</b>	<b>\$13.08</b>	<b>\$6.04</b>		<b>\$7.85</b>
<b>Medical, Dental, and Vision</b>							
<b>Individual</b>			<b>\$7,422.24</b>	<b>\$618.52</b>	<b>\$285.48</b>		<b>\$371.11</b>
<b>Family</b>			<b>\$20,803.80</b>	<b>\$1,733.65</b>	<b>\$800.15</b>		<b>\$1,040.19</b>

<b>RATES: HEALTH INSURANCE PROGRAMS</b>							<b>Section 3.4-7</b>
<b>Active Employee Rates (HSA Plan) - Employee Co-Share (Percent of Premium Based)</b>							
<b>Effective January 1, 2016</b>							
Please replace Section 3.4-7 of the State of Rhode Island Payroll Manual with the new schedule effective for pay period beginning December 27, 2015, and paid on January 15, 2016.							
<b>FULL TIME</b>	<u>Percentage</u>	<u>Medical</u>	<u>Dental</u>	<u>Vision</u>	<u>Total</u>		
<i>Individual</i>							
Less than \$95,481	20%	\$53.64	\$3.02	\$0.44	\$57.10		
\$95,481 and above	25%	\$67.05	\$3.78	\$0.55	\$71.38		
<i>Family</i>							
Less than \$49,670	15%	\$112.77	\$6.34	\$0.91	\$120.02		
\$49,670 to less than \$95,481	20%	\$150.36	\$8.46	\$1.21	\$160.03		
\$95,481 and above	25%	\$187.96	\$10.57	\$1.51	\$200.04		
<b>PART TIME</b>	<b>(Based on Annualized Total Rate)</b>						
<i>Individual</i>							
Less than \$90,000	20%	\$53.64	\$3.02	\$0.44	\$57.10		
\$90,000 and above	35%	\$93.86	\$5.29	\$0.77	\$99.92		
<i>Family</i>							
Less than \$90,000	20%	\$150.36	\$8.46	\$1.21	\$160.03		
\$90,000 and above	35%	\$263.14	\$14.80	\$2.11	\$280.05		

Section 3.4-7 Chart 31 (HSA Plan)  
Effective January 1, 2016