

RATES: HEALTH INSURANCE PROGRAMS							Section 3.4-7
Active Employee Rates (2008 Plan)							
Effective July 1, 2015							
Please replace Section 3.4-7 of the State of Rhode Island Payroll Manual with the new schedule effective for pay period beginning June 28, 2015, and paid on July 17, 2015.							
							20 Pay Pd Employees
			Annual	Monthly	Biweekly		
Medical Plan							
Individual			\$7,484.28	\$623.69	\$287.86		\$374.21
Family			\$20,982.24	\$1,748.52	\$807.01		\$1,049.11
Dental Plan							
Individual			\$392.76	\$32.73	\$15.11		\$19.64
Family			\$1,099.44	\$91.62	\$42.29		\$54.97
Vision Plan							
Individual			\$56.88	\$4.74	\$2.19		\$2.84
Family			\$156.96	\$13.08	\$6.04		\$7.85
Medical, Dental, and Vision							
Individual			\$7,933.92	\$661.16	\$305.16		\$396.69
Family			\$22,238.64	\$1,853.22	\$855.34		\$1,111.93

