



**STATE OF RHODE ISLAND
AND
PROVIDENCE PLANTATIONS**



2018 CALENDAR PLAN YEAR 1/1/18-12/31/18 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 01/01/18</u>
<i>Individual :</i>					
Less than \$97,391	20%	\$64.86	\$2.83	\$0.44	\$68.13
\$97,391 and above	25%	\$81.07	\$3.54	\$0.55	\$85.16
<i>Family :</i>					
Less than \$50,663	15%	\$136.37	\$5.51	\$0.91	\$142.79
\$50,663 to less than \$97,391	20%	\$181.82	\$7.34	\$1.21	\$190.37
\$97,391 and above	25%	\$227.28	\$9.18	\$1.51	\$237.97

Part Time Employee

<u>Annualized Total Rate</u>	<u>Percentage</u>	<u>Medical</u>	<u>Dental</u>	<u>Vision</u>	<u>Total 01/01/18</u>
<i>Individual :</i>					
Less than \$91,800	20%	\$64.86	\$2.83	\$0.44	\$68.13
\$91,800 and above	35%	\$113.50	\$4.96	\$0.77	\$119.23
<i>Family :</i>					
Less than \$91,800	20%	\$181.82	\$7.34	\$1.21	\$190.37
\$91,800 and above	35%	\$318.19	\$12.85	\$2.11	\$333.15