



**STATE OF RHODE ISLAND
AND
PROVIDENCE PLANTATIONS**



2018 CALENDAR PLAN YEAR 1/1/18-12/31/18 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 01/01/18</u>
<i>Individual :</i>					
Less than \$97,391	20%	\$57.57	\$2.83	\$0.44	\$60.84
\$97,391 and above	25%	\$71.97	\$3.54	\$0.55	\$76.06
<i>Family :</i>					
Less than \$50,663	15%	\$121.05	\$5.51	\$0.91	\$127.47
\$50,663 to less than \$97,391	20%	\$161.40	\$7.34	\$1.21	\$169.95
\$97,391 and above	25%	\$201.76	\$9.18	\$1.51	\$212.45

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%	\$57.57	\$2.83	\$0.44	\$60.84
\$91,800 and above	35%	\$100.75	\$4.96	\$0.77	\$106.48
<i>Family :</i>					
Less than \$91,800	20%	\$161.40	\$7.34	\$1.21	\$169.95
\$91,800 and above	35%	\$282.46	\$12.85	\$2.11	\$297.42