



**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 \$95,481 | 20% | \$57.57 | \$2.83 | \$0.44 | \$60.84 |
| \$95,481 and above | 25% | \$71.97 | \$3.54 | \$0.55 | \$76.06 |
| <i>Family :</i> | | | | | |
| Less than \$49,670 | 15% | \$121.05 | \$5.51 | \$0.91 | \$127.47 |
| \$49,670 to less than \$95,481 | 20% | \$161.40 | \$7.34 | \$1.21 | \$169.95 |
| \$95,481 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 \$90,000 | 20% | \$57.57 | \$2.83 | \$0.44 | \$60.84 |
| \$90,000 and above | 35% | \$100.75 | \$4.96 | \$0.77 | \$106.48 |
| <i>Family :</i> | | | | | |
| Less than \$90,000 | 20% | \$161.40 | \$7.34 | \$1.21 | \$169.95 |
| \$90,000 and above | 35% | \$282.46 | \$12.85 | \$2.11 | \$297.42 |