

RATES: HEALTH INSURANCE PROGRAMS							Section 3.4-7
Active Employee Rates (Choice Plus with HSA Plan)							
Effective January 1, 2018							
Please replace Section 3.4-7 of the State of Rhode Island Payroll Manual with the new schedule effective for pay period beginning December 24, 2017, and paid on January 12, 2018.							
			Annual	Monthly	Biweekly		20 Pay Pd Employees
Medical Plan							
Individual			\$7,484.40	\$623.70	\$287.86		\$374.22
Family			\$20,982.48	\$1,748.54	\$807.02		\$1,049.12
Dental Plan							
Individual			\$368.40	\$30.70	\$14.17		\$18.42
Family			\$954.24	\$79.52	\$36.70		\$47.71
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			\$7,909.68	\$659.14	\$304.22		\$395.48
Family			\$22,093.68	\$1,841.14	\$849.76		\$1,104.68

Section 3.4-7 Chart 36
(Choice Plus w/HSA Plan)
Effective January 1, 2018