

RATES: HEALTH INSURANCE PROGRAMS							Section 3.4-7
Active Employee Rates (Choice Plus with HSA Plan)							
Effective January 1, 2017							
Please replace Section 3.4-7 of the State of Rhode Island Payroll Manual with the new schedule effective for pay period beginning December 25, 2016, and paid on January 13, 2017.							
							20 Pay Pd Employees
		Annual	Monthly	Biweekly			
Medical Plan							
Individual		\$7,242.60	\$603.55	\$278.56			\$362.13
Family		\$20,304.48	\$1,692.04	\$780.94			\$1,015.22
Dental Plan							
Individual		\$366.60	\$30.55	\$14.10			\$18.33
Family		\$949.44	\$79.12	\$36.52			\$47.47
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		\$7,666.08	\$638.84	\$294.85			\$383.30
Family		\$21,410.88	\$1,784.24	\$823.50			\$1,070.54

Section 3.4-7 Chart 35
(Choice Plus w/HSA Plan)
Effective January 1, 2017