2026 Active Employee Health Plan – Full Plan Costs

Certain University of Rhode Island non-classified union employees

	Anchor	Anchor Plus	Anchor Choice	Anchor Dental	Anchor Dental Plus	Anchor Dental Platinum	Anchor Vision	Anchor Vision Plus
Individual Plan								
Annual	$11,067.60	$11,841.72	$10,956.00	$423.00	$474.48	$547.20	$64.68	$92.52
Monthly	$922.30	$986.81	$913.00	$35.25	$39.54	$45.60	$5.39	$7.71
Biweekly (26 pay period)	$425.68	$455.45	$421.38	$16.27	$18.25	$21.05	$2.49	$3.56
Biweekly (20 pay period)	$553.38	$592.09	$547.80	$21.15	$23.72	$27.36	$3.23	$4.63
Family Plan								
Annual	$31,027.92	$33,198.00	$30,714.60	$1,095.60	$1,229.16	$1,417.56	$178.56	$255.48
Monthly	$2,585.66	$2,766.50	$2,559.55	$91.30	$102.43	$118.13	$14.88	$21.29
Biweekly (26 pay period)	$1,193.38	$1,276.85	$1,181.33	$42.14	$47.28	$54.52	$6.87	$9.83
Biweekly (20 pay period)	$1,551.40	$1,659.90	$1,535.73	$54.78	$61.46	$70.88	$8.93	$12.77