

RATES: HEALTH INSURANCE PROGRAMS							Section 3.4-7
Active Employee Rates (2014 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			\$8,158.92	\$679.91	\$313.80		\$407.95
Family			\$22,873.20	\$1,906.10	\$879.74		\$1,143.66
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			\$8,582.40	\$715.20	\$330.09		\$429.12
Family			\$23,979.60	\$1,998.30	\$922.30		\$1,198.99

Section 3.4-7 Chart 35 (2014 Plan)
Effective January 1, 2017