

Medical, Dental, Vision Co-Share Rates – State of RI / URI (by union) rev. 7/1/2011

NON-CLASSIFIED: FT or PT (PT based on PT salary) AAUP, PSA, PTAA, MPA, Physicians, Non-union – eff. July 1, 2011

Coverage Level	% of Premium	Medical	Dental	Vision	Per paycheck	Annual Cost
Individual: salary under \$80,000	13%	\$32.79	1.75	.42	\$34.96	\$908.96
Individual: salary over \$80,000	15%	37.84	2.02	.48	40.34	1,048.84
Family: salary under \$50,000	10%	70.72	3.76	.68	75.16	1,954.16
Family: salary \$50,000 - \$80,000	13%	91.93	4.89	.88	97.70	2,540.20
Family: salary \$80,000 and above	15%	106.07	5.64	1.02	112.73	2,930.98

NON-CLASSIFIED: 20 Pay Periods: AAUP, PSA, PTAA, MPA, Physicians, Non-union – eff. July 1, 2011

Coverage Level – Non-Classified	% of Premium	Medical	Dental	Vision	Per paycheck	Annual Cost
Individual: salary under \$80,000	13%	\$42.63	2.27	.54	\$45.44	\$908.80
Individual: salary over \$80,000	15%	49.19	2.62	.63	52.44	1,048.80
Family: salary under \$50,000	10%	91.93	4.88	.88	97.69	1,953.80
Family: salary \$50,000 - \$80,000	13%	119.51	6.35	1.15	127.01	2,540.20
Family: salary \$80,000 and above	15%	137.89	7.33	1.33	146.55	2,931.00

CLASSIFIED: FULL TIME, CALENDAR YEAR: ACT/NEA, Council 94/Local 528, Non-Union, and Nurses – effective July 1, 2011

Coverage Level	% of Premium	Medical	Dental	Vision	Per paycheck	Annual Cost
Individual less than \$95,481	20%	50.45	2.69	.64	53.78	1,398.28
Individual \$95,481 and above	25%	63.06	3.36	.80	67.22	1,747.72
Family salary less than \$47,741	15%	106.07	5.64	1.02	112.73	2,930.98
Family salary \$47,741 to less than \$95,481	20%	141.43	7.52	1.36	150.31	3,908.06
Family \$95,481 and above	25%	176.79	9.40	1.70	187.89	4,885.14

CLASSIFIED: 20 pay period FULL TIME ACADEMIC YEAR: ACT/NEA, Council 94/Local 528, Non Union, Nurses – effective July 1, 2011

Coverage Level - Classified	% of Premium	Medical	Dental	Vision	Per paycheck	Annual Cost
Individual - Classified less than \$95,481	20%	65.58	3.49	.83	69.90	1,398.00
Individual - Classified \$95,481 and above	25%	81.98	4.37	1.04	87.39	1,747.80
Family - Classified less than \$47,741	15%	137.89	7.33	1.32	146.54	2,930.80
Family - Classified salary \$47,741 to less than \$95,481	20%	183.86	9.78	1.77	195.41	3,908.20
Family - Classified \$95,481 and above	25%	229.82	12.22	2.21	244.25	4,885.00

CLASSIFIED: 20 pay period PART TIME ACADEMIC YEAR: ACT/NEA, Council 94/Local 528, Non Union, Nurses – effective July 1, 2011

Coverage Level - Classified	% of Premium	Medical	Dental	Vision	Per paycheck	Annual Cost
Individual - Classified Less than \$92,700	20%	65.58	3.49	.83	69.90	1,398.00
Family - Classified Less than \$92,700	20%	183.86	9.78	1.77	195.41	3,908.20

CLASSIFIED: Part Time CALENDAR YEAR Employees (based on annualized total rate) effective July 1, 2011

Coverage level	% of premium	Medical	Dental	Vision	Per pay period	Annual Cost
Individual						
Less than \$90,000	20%	50.45	2.69	0.64	53.78	1,398.28
\$90,000 and above	35%	88.29	4.70	1.12	94.11	2,446.86
Family						
Less than \$90,000	20%	141.43	7.52	1.36	150.31	3,908.06
\$90,000 and above	35%	247.50	13.16	2.38	263.04	6,839.04