

Medical, Dental, Vision Co-Share Rates – State of RI - URI

Find your union / non-union status to determine your co-share. In most cases, the co-share will be made on a pretax basis.

Employees who work a 20 pay period schedule / reduced year will be billed for their co-share amounts while out for the summer.

AAUP, PSA, PTAA, MPA, Physicians, Non Classified Non-union – effective July 1, 2010

Coverage Level	% of Premium	Medical	Dental	Vision	Total per pay period	Annual Cost
Individual salary under \$80,000	13%	\$31.84	1.80	.42	\$34.06	\$885.56
Individual salary over \$80,000	15%	36.74	2.08	.48	39.30	1,021.80
Family salary under \$50,000	10%	68.66	3.88	.68	73.22	1,903.72
Family salary \$50,000 - \$80,000	13%	89.25	5.04	.88	95.17	2,474.42
Family salary \$80,000 and above	15%	102.98	5.81	1.02	109.81	2,855.06

ACTNEA, Council 94/Local 528 (classified), Non-Union Classified, Nurses – effective July 1, 2010

Coverage Level	% of Premium	Medical	Dental	Vision	Total per pay period	Annual Cost
Individual salary less than \$46,350	17.5%	\$42.86	\$2.42	\$.56	\$45.84	\$1,191.84
Individual salary \$46,350 to less than \$92,700	20%	48.98	2.77	.64	52.39	1,362.14
Individual \$92,700 and above	25%	61.23	3.46	.80	65.49	1,702.74
Family salary less than \$46,350	14%	96.12	5.43	.95	102.50	2,665.00
Family salary \$46,350 to less than \$92,700	20%	137.31	7.75	1.36	146.42	3,806.92
Family \$92,700 and above	25%	171.64	9.69	1.70	183.03	4,758.78

Part Time Classified Employees (based on annualized total rate) effective July 1, 2010

Coverage level	% of Premium	Medical	Dental	Vision	Per pay period	Annual Cost
Individual						
Less than \$90,000	20%	48.98	2.77	0.64	52.39	1,362.14
\$90,000 and above	35%	85.72	4.85	1.12	91.69	2,383.94
Family						
Less than \$90,000	20%	137.31	7.75	1.36	146.42	3,806.92
\$90,000 and above	35%	240.29	13.57	2.38	256.24	6,662.24