



STATE OF RHODE ISLAND  
AND  
PROVIDENCE PLANTATIONS

## FY 2010 RIC HEALTH CO-SHARE 7/1/2009

NON-CLASSIFIED EMPLOYEES  
HOWARD UNION OF TEACHERS (HUT) GROUP

### Employees Who Pay a "Percent of Premium"

<u>Coverage Level</u>	<u>Percentage</u>	<u>Medical</u>	<u>Dental</u>	<u>Vision</u>	<u>Total 7/1/09</u>
<i>Individual :</i>					
Under \$75,000	12%	\$27.79	\$1.54	\$0.38	\$29.71
Over \$75,000	15%	\$34.73	\$1.92	\$0.47	\$37.12
<i>Family :</i>					
Under \$75,000	12%	\$77.89	\$4.31	\$0.80	\$83.00
Over \$75,000	15%	\$97.37	\$5.38	\$1.00	\$103.75

**RATES: HEALTH INSURANCE PROGRAMS**

**Active Rates  
January 1, 2009 - June 30, 2009**

Please replace Section 3.4-7 of the State of Rhode Island Payroll Manual with the new schedule effective beginning December 21, 2008, and paid on January 09, 2009.

	<u>Annual</u>	<u>Monthly</u>
<b>UnitedHealthcare</b>		
<b>Individual</b>	<b>6020.16</b>	<b>501.68</b>
<b>Family</b>	<b>16876.68</b>	<b>1406.39</b>
<b>Delta Dental</b>		
<b>Individual</b>	<b>333.36</b>	<b>27.78</b>
<b>Family</b>	<b>933.24</b>	<b>77.77</b>
<b>Vision Service Plan</b>		
<b>Individual</b>	<b>83.40</b>	<b>6.95</b>
<b>Family</b>	<b>176.88</b>	<b>14.74</b>