

**Rhode Island Hospital
 Medical and Dental
 Employee Contributions
 2008**

PLAN NAME	BI-WEEKLY RATE
Lifespan Blue(BC/BS)	
Individual	\$31.92
Dual	\$63.42
Family	\$76.50
Delta Dental Premier Plan A	
Individual	\$.94
Dual	\$7.14
Family	\$11.38
Delta Dental Premier Plan B	
Individual	\$3.66
Dual	\$12.28
Family	\$23.88