

**Rhode Island Hospital
 Medical and Dental
 Employee Contributions
 2009**

PLAN NAME	BI-WEEKLY RATE
Lifespan Blue(BC/BS)	
Individual	\$35.46
Dual	\$70.48
Family	\$85.02
Delta Dental Premier Plan A	
Individual	\$.96
Dual	\$7.26
Family	\$11.56
Delta Dental Premier Plan B	
Individual	\$3.79
Dual	\$12.48
Family	\$24.28