PLAN A: Blue Choice

Employee % Contribution	Individual Bi-Weekly Cost	Family Bi-Weekly Cost
22.5%	\$67.49	\$180.76

In-Network Deductible

\$6,000 Individual: Employee pays first \$500 per year; University pays remainder* \$12,000 Family: Employee pays first \$1,000 per year; University pays remainder* * Paid through a Health Reimbursement Account (HRA). See the HR Website for HRA Plan Summary for details.

Out-of-Network Deductible and Coverage

PLAN B: HealthMate Coast-to-Coast

Employee % Contribution	Individual Bi-Weekly Cost	Family Bi-Weekly Cost	
23.5%	\$77.27	\$206.94	

In-Network Deductible \$6,000 Individual: Employee pays first \$750

Delta Dental of RI

There is one dental plan regardless of which medical plan employee elects. However, employee pays the same percentage of the dental premium as of the medical premium for the plan in which employee enrolls.

Enrolled in Blue Choice:

Employee % Contribution	Individual Bi-Weekly Cost	Family Bi-Weekly Cost	
22.5%	\$3.04	\$9.82	

Enrolled in HealthMate:

Employee % Contribution Individual Bi-Weekly Cost		Family Bi-Weekly Cost	
23.5%	\$3.18	\$10.25	

Enrolled in Blue Choice VALUE:

Employee %	Individual Bi-Weekly	Employee %	Family Bi-Weekly Cost
Contribution	Cost	Contribution	
15%	\$2.03	17%	\$7.42

See the Delta Dental Plan Highlights located on the HR Website.

Buyback:

\$1,100 annual buyback available,