



## Benefits Overview for Professional Support Staff Association

Blue Cross Blue Shield of RI-HealthMate Coast to Coast

Individual Bi-Weekly Cost \$17.84\*

Family Bi-Weekly Cost \$47.47\*

\*See Agreement for Applicable Maximums

\$15 Office Visit Co-pay, \$20 Office Visit Co-pay for Specialists

\$100 ER Co-pay

\$20 Walk-in Co-pay

\$7 Generic/\$25 Preferred Brand Name/\$40 Non Preferred Brand Name

No in network deductibles

See Summary of Benefits for Out of Network Coverage

Delta Dental of RI

Individual Bi-Weekly Cost \$1.06\*

Family Bi-Weekly Cost \$3.32\*

\*See Agreement for Applicable Maximums

\$1,200 per person annual maximum

Preventative and minor restorative services covered at 100%

Periodontal and major restorative services covered at 50%

Orthodontics for dependent children covered at 50% up to \$600 lifetime maximum

No deductible

\$3,000 annual buyback available if family health and dental insurance is waived

\$1,100 annual buyback available if individual health and dental insurance is waived

100% Employer paid Term Life Insurance (\$60,000 death benefit)

100% Employer paid Short and Long Term Disability Insurance

Short Term Disability will supplement Rhode Island Temporary Disability Insurance for 24 weeks

Long Term Disability will pay up to 60% of your base pay if disabled for more than 26 weeks

403(b) with TIAA-CREF or VALIC Retirement

Contribute 5% of salary & RWU will contribute 10% of salary, if hired prior to January 1, 2007

Contribute 5% of salary & RWU will contribute 8% of salary, if hired on or after January 1, 2007

2 year waiting period to begin contributions and receive match

Immediate vesting

Accrue up to 13 paid vacations days per year

Accrue up to 15 paid sick days per year

15 paid holidays per year

1 paid personal day per year

5 paid bereavement days depending on relationship of deceased

Tuition Remission for employee, spouse, or dependent child for RWU undergraduate programs\*\*

Tuition Exchange and Council for Independent Colleges participation for spouse and dependent child(ren)\*\*

\*\* with 6 months or more of continuous service

Flexible Spending Plan for Unreimbursed Health, Day Care and Transportation Expenses

Worker's Compensation

Direct Deposit

Free Parking

*See specific policies for additional information regarding limits and waiting periods*