

BENEFITS OVERVIEW FOR FACILITIES MANAGEMENT & SHUTTLE DRIVERS

*Benefits are effective the 1st of the month
following an employee's date of hire or qualifying event.*

Blue Cross Blue Shield of RI

RWU offers four medical plan options.

Details about each plan are located on the HR Website along with a side-by-side comparison of each plan.

PLAN A: BlueCHiP Flex

Employee % Contribution	Individual Bi-Weekly Cost	Family Bi-Weekly Cost
21%	\$67.04	\$179.75

In-Network Deductible

\$6,000 Individual: Employee pays first \$750 per year; University pays remainder*

\$12,000 Family: Employee pays first \$1,500 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

See the BlueCHiP Benefit Summary and the HRA Plan Summary for details.

PLAN B: HealthMate Coast-to-Coast

Employee % Contribution	Individual Bi-Weekly Cost	Family Bi-Weekly Cost
21%	\$69.05	\$184.92

In-Network Deductible

\$6,000 Individual: Employee pays first \$750 per year; University pays remainder*

\$12,000 Family: Employee pays first \$1,500 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

See the HealthMate Benefit Summary and the HRA Plan Summary for details.

PLAN C: Blue Choice

Employee % Contribution	Individual Bi-Weekly Cost	Family Bi-Weekly Cost
21%	\$62.99	\$168.71

In-Network Deductible

\$6,000 Individual: Employee pays first \$750 per year; University pays remainder*

\$12,000 Family: Employee pays first \$1,500 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 D: Blue Choice VALUE

Employee % Contribution	Individual Bi-Weekly Cost	Employee % Contribution	Family Bi-Weekly Cost
15%	\$42.87	17%	\$130.03

In-Network Deductible

\$7,000 Individual: Employee pays first \$1,750 per year; University pays remainder*

\$14,000 Family: Employee pays first \$3,500 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

See the Blue Choice Benefit Summary and the HRA Plan Summary for details.

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 BlueCHiP Flex, HealthMate or Blue Choice

Employee % Contribution	Individual Bi-Weekly Cost	Family Bi-Weekly Cost
21%	\$2.84	\$9.16

Enrolled in Blue Choice VALUE

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

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

Buyback:

Lesser of annual individual cost or \$3,500 for waiver of individual or family health and dental insurance

Additional Benefits:

- ❖ 100% Employer paid Term Life Insurance (\$50,000 death benefit and \$50,000 AD&D benefit)
- ❖ 100% Employer paid Short- and Long-Term Disability Insurance
 - Short-Term Disability will supplement Rhode Island Temporary Disability Insurance for 26 weeks
 - Long-Term Disability will pay up to 60% of your base pay if disabled for more than 26 weeks
- ❖ 403(b) with TIAA or Corebridge Retirement
 - Contribute 5% of salary and RWU will contribute 8%
 - 2-Year waiting period to begin employee contributions and receive RWU match, immediate vesting
- ❖ Accrue up to 8 paid vacations days in 1st year; thereafter, accrued vacation days increase and vary depending upon years of service (see Collective Bargaining Agreement for details)
- ❖ Accrue up to 15 paid sick days per year; 1 extra day of vacation added per year depending on sick usage
- ❖ 15 paid holidays per year
- ❖ 3 or 5 paid bereavement days, depending on relationship of deceased
- ❖ Tuition Benefits after 6 months of continuous employment
- ❖ Flexible Spending Plan for Unreimbursed Healthcare, Day Care and Transportation Expenses
- ❖ Worker's Compensation
- ❖ Free Parking

Wellness Incentive:

Receive a cash credit for participating in certain wellness activities, if enrolled in an RWU medical plan.

- 4% of the annual insurance premium for individual coverage
- 3% of the annual insurance premium for family coverage

See Collective Bargaining Agreement specific plans and policies for detailed information regarding eligibility, coverage, restrictions and other requirements.

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