

Benefits Overview for Administrators

Blue Cross and Blue Shield of RI

PLAN A: BlueCHIP

Employee % Contribution	Individual Bi-Weekly Cost	Family Bi-Weekly Cost
18%	\$39.14	\$104.21

\$0 Preventive Care Visit
 \$0 Office Visit at PCMH ^[1]/\$30 Primary Care Office Visit Co-pay, \$50 Specialist Visit
 \$200 ER Co-pay
 \$50 Walk-in Co-pay
 \$7 Generic/\$25 Preferred Brand Name/\$40 Non-Preferred Brand Name/\$65 Specialty Drugs

In-Network Deductible: ^[2]

\$ 6,000 Individual—Employee pays first \$250 per year; University pays remainder
 \$12,000 Family - Employee pays first \$500 per year; University pays remainder

Out of Network Deductible and Coverage ^[2]: See Summary of Benefits in the BlueCHIP Plan for details. This information is located on the RWU HR Website.

PLAN B: HealthMate Coast to Coast

Base Salary	Employee % Contribution	Individual Bi-Weekly Cost	Family Bi-Weekly Cost
Under \$85,000	18%	\$42.32	\$112.69
\$85,000 and above & New Hires	20%	\$47.02	\$125.22

\$25 Office Visit Co-pay, \$40 Office Visit Co-pay for Specialist
 \$150 ER Co-pay
 \$50 Walk-in Co-pay
 \$7 Generic/\$25 Preferred Brand Name/\$40 Non-Preferred Brand Name/\$65 Specialty Drugs

In-Network Deductible: ^[2]

\$ 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

Out of Network Deductible and Coverage ^[2]: See Summary of Benefits in the HealthMate Plan for details. This information is located on the RWU HR Website.

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

[1] PCMH is a Blue Cross authorized Patient Centered MedicalHome

[2] Review HRA plan for further information

Delta Dental of RI

PLAN A:

Employee % Contribution	Individual Bi-Weekly Cost	Family Bi-Weekly Cost
18%	\$2.59	\$8.38

PLAN B:

Base Salary	Employee % Contribution	Individual Bi-Weekly Cost	Family Bi-Weekly Cost
Under \$85,000	18%	\$2.59	\$8.38
\$85,000 and above & New Hires	20%	\$2.88	\$9.31

\$1,200 per person annual maximum benefit
 100% Preventative and minor restorative services
 50% Periodontal and major restorative services
 50% Orthodontics for dependent children up to \$1,200 lifetime maximum
 50% Single Tooth Implants and Tissue Regeneration
 No deductible

Buyback available if medical and dental insurance is waived.

Individual Medical and Dental Buyback \$1,100 per year (\$91.66 monthly)

Family Medical and Dental Buyback \$3,000 per year (\$250.00 monthly)

100% Employer paid Term Life Insurance (\$100,000 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 and RWU will contribute 8%

No waiting period to begin employee contributions and receive RWU match

Immediate vesting

15 paid sick days accrued per year

15 paid holidays per year

5 paid bereavement days depending on relationship of deceased

20 vacation days accrued per year for the first 10 years of service. Thereafter, accrued vacation days increase and vary depending upon years of service (see Vacation Policy for further information).

Years of Continuous Service	Vacation Days Per Year	Earnings Balance Limit
0-10	20	30
11-19	25	37.5
20+	30	45

Tuition Benefits after 6 months of continuous employment

Flexible Spending Plan for Unreimbursed Medical/Dental, Dependent Care and Transportation Expenses

Worker's Compensation Coverage

Free Parking

*These benefits are subject to change and should not be construed as an employment agreement.
 See specific policies for full information regarding eligibility, coverage, restrictions and other requirements.*