

# BENEFITS OVERVIEW FOR UNIVERSITY FACULTY

## 10/1/25 - 6/30/26

*Benefits are effective the 1<sup>st</sup> 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 |
|-------------------------|---------------------------|-----------------------|
| 23.5%                   | \$90.72                   | \$244.99              |

##### 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 |
|-------------------------|---------------------------|-----------------------|
| 23.5%                   | \$95.00                   | \$256.22              |

##### 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 |
|-------------------------|---------------------------|-----------------------|
| 23.5%                   | \$86.78                   | \$234.24              |

##### 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%                     | \$52.80                   | 17%                     | \$161.46              |

##### 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 |
|-------------------------|---------------------------|-----------------------|
| 23.5%                   | \$3.26                    | \$10.51               |

### **Enrolled in Blue Choice VALUE**

| Employee % Contribution | Individual Bi-Weekly Cost | Employee % Contribution | Family Bi-Weekly Cost |
|-------------------------|---------------------------|-------------------------|-----------------------|
| 15%                     | \$2.08                    | 17%                     | \$7.61                |

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

#### **Buyback:**

- ❖ Available if medical and/or dental insurance is waived.
- ❖ Buyback amount is 50% of RWU's share of the premium or 100% of the individual premium, whichever is less.

#### **Additional Benefits:**

- ❖ 100% Employer paid Term Life Insurance (\$100,000 death benefit and \$100,000 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 3% of salary and RWU will contribute 8%
  - No waiting period to begin employee contributions and receive RWU match, immediate vesting
- ❖ 15 paid sick days per year
- ❖ 15 paid holidays per year
- ❖ 5 paid bereavement days, depending on relationship of deceased
- ❖ Tuition Benefits
  - After 18 months of continuous employment
  - Hired 6/30/2022 or prior after 6 months of continuous employment
- ❖ Flexible Spending Plan for Unreimbursed Medical/Dental, Dependent Care and Transportation Expenses
- ❖ Worker's Compensation Coverage
- ❖ 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.*

**UPDATED OCTOBER 1, 2025**