



Benefits Overview for University Faculty (Full-Time)

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.

Buyback amount is 50% of RWU's share of the premium or 100% of the individual premium, whichever is less.

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 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-CREF or VALIC 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 accrued per year

15 paid holidays per year

5 paid bereavement days depending on relationship of deceased

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.*