Benefits Overview for University Faculty (Full-Time)

Blue Cross and Blue Shield of RI

**PLAN A:** BlueCHiP

<table>
<thead>
<tr>
<th>Employee % Contribution</th>
<th>Individual Bi-Weekly Cost</th>
<th>Family Bi-Weekly Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>18%</td>
<td>$39.14</td>
<td>$104.21</td>
</tr>
</tbody>
</table>

$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

<table>
<thead>
<tr>
<th>Base Salary</th>
<th>Employee % Contribution</th>
<th>Individual Bi-Weekly Cost</th>
<th>Family Bi-Weekly Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under $85,000</td>
<td>18%</td>
<td>$42.32</td>
<td>$112.69</td>
</tr>
<tr>
<td>$85,000 and above &amp; New Hires</td>
<td>20%</td>
<td>$47.02</td>
<td>$125.22</td>
</tr>
</tbody>
</table>

$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

University Faculty  July 1, 2017
Delta Dental of RI

**PLAN A:**

<table>
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<tr>
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<th>Individual Bi-Weekly Cost</th>
<th>Family Bi-Weekly Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under $85,000</td>
<td>18%</td>
<td>$2.59</td>
<td>$8.38</td>
</tr>
<tr>
<td>$85,000 and above &amp; New Hires</td>
<td>20%</td>
<td>$2.88</td>
<td>$9.31</td>
</tr>
</tbody>
</table>

- $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.*