Benefits Overview for Professional Staff

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 Medical Home  
[2] Review HRA plan for further information

Professional Staff July 1, 2017
Delta Dental of RI

PLAN A:

<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>$2.59</td>
<td>$8.38</td>
</tr>
</tbody>
</table>

PLAN B:

<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>$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.
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 ($60,000 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).

<table>
<thead>
<tr>
<th>Years of Continuous Service</th>
<th>Vacation Days Per Year</th>
<th>Earnings Balance Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-10</td>
<td>20</td>
<td>30</td>
</tr>
<tr>
<td>11-19</td>
<td>25</td>
<td>37.5</td>
</tr>
<tr>
<td>20+</td>
<td>30</td>
<td>45</td>
</tr>
</tbody>
</table>

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.

Professional Staff July 1, 2017