



BENEFITS OVERVIEW FOR UNIVERSITY FACULTY

Benefits are effective the 1st 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
21%	\$67.04	\$179.75

In-Network Deductible

\$6,000 Individual-20.1 000 Employee % Contribution

Employee % Contribution	Individual Bi-Weekly Cost	Family Bi-Weekly Cost
21%	\$69.05	\$184.92

In-Network Deductible

\$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*

* 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
21%	\$62.99	\$168.71

In-Network Deductible

\$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*

* 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%	\$42.87	17%	\$130.03

In-Network Deductible

\$7,000 Individual: Employee pays first \$1,500 per year; University pays remainder*

\$14,000 Family: Employee pays first \$3,000 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
21%	\$2.84	\$9.16

Enrolled in Blue Choice VALUE

Employee % Contribution	Individual Bi-Weekly Cost	Employee % Contribution
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