

BENEFITS OVERVIEW FOR ADJUNCT FACULTY 7/1/25 - 6/30/26

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

Contact Hours	Coverage Level	Individual Cost Per Pay Period	Family Cost Per Pay Period
6 – 8	50%	\$280.82	\$754.93
9 – 11	25%	\$140.41	\$377.47
Non-Teaching Months Cost Per Month	July & August 2025, January & June 2026	\$842.47	\$2,264.79

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

Contact Hours	Coverage Level	Individual Cost Per Pay Period	Family Cost Per Pay Period
6 – 8	50%	\$293.95	\$789.45
9 – 11	25%	\$146.98	\$394.72
Non-Teaching Months Cost Per Month	July & August 2025, January & June 2026	\$881.86	\$2,368.34

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

Contact Hours	Coverage Level	Individual Cost Per Pay Period	Family Cost Per Pay Period
6 – 8	50%	\$268.70	\$721.89
9 – 11	25%	\$134.35	\$360.95
Non-Teaching Months Cost Per Month	July & August 2025, January & June 2026	\$806.10	\$2,165.67

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 Blue Choice Benefit Summary and the HRA Plan Summary for details.

PLAN D: Blue Choice VALUE

Contact Hours	Coverage Level	Individual Cost Per Pay Period	Family Cost Per Pay Period
6 – 8	50%	\$256.22	\$687.93
9 – 11	25%	\$128.11	\$343.96
Non-Teaching Months Cost Per Month	July & August 2025, January & June 2026	\$768.66	\$2,063.78

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 VALUE 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, Blue Choice or Blue Choice VALUE

Contact Hours	Coverage Level	Individual Cost Per Pay Period	Family Cost Per Pay Period
6 – 8	50%	\$10.01	\$32.31
9 – 11	25%	\$5.00	\$16.16
Non-Teaching Months Cost Per Month	July & August 2025, January & June 2026	\$30.02	\$96.93

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

Additional Benefits:

- ❖ 100% Employer paid Term Life Insurance:
 - 6-8 Contact Hours \$50,000
 - 9-11 Contact Hours \$75,000
- ❖ 403(b) with TIAA or Corebridge Retirement
 - Employee contributes amount up to IRS annual maximum
 - No waiting period to begin Employee contribution; no University match
- ❖ 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 JULY 1, 2025