

Teacher Benefits

Community	Contract Years	S.S.	W.C.	Life Insurance	Dental	B/C Riders	Co-Payments	HMO or Option	Buy back option
BARRINGTON	03-06	N	Y	35,000	IV	Healthmate I/F, S25, OT,ME,MH	10% Healthmate & Delta Dental (S23)		50% of premium BC&Delta
BRISTOL/WARREN	05-08	N	Y	40,000	I-III/F-IV	BC HMO,Classic or HealthMate, 12/16/99 New Hire Healthmate,MM \$100 ded,S23, ME,OT, CH, VC, DG	hired before 12/15/99 - 02-03 - 525/260, 03-04 - 600/300, 04-05 700/350 hired after 12/15/99 7%	Y	30% of premium BC&Delta
BURRILLVILLE	03-06	N	Y	40,000	IV	Healthmate, OT,PR5/15/30	5% for other offered plan and Delta Dental (23)	Y	03-04 - 43.75%, 04-05 - 40%, 05-06 - 37.5%
CENTRAL FALLS	05-08	N	N	50,000	IV, 1200 Max	ME,MH,S23,CH,MM \$1 Mil., D100,VC,OT	06-07 - 5%; 07-08 7-1.2% med insurance	Y	50% Healthmate
CHARIHO	02-06	Y	Y	40,000	I-III/F-IV	MH,ME,CH,S25,MM \$1 Mil., D100, Man. Ben.,S25,OT	20%	Y	50% of Committees 80% annual cost
COVENTRY	03-06	N	Y	50,000	IV, Adult Ortho.	ME,DG,OT, PRS,VC,S26,MM \$1 Mil., D50,VC, Script Man. Ben, Wellness Rider, JU#2	15% ;RX 5/10/15	Y	\$2,400
CRANSTON	05-08	N	Y	20,000	IV	Healthmate Coast to Coast	5%		
CUMBERLAND	03-06	N	Y	25,000	IV	MM1Mil., D100, ME, , VC,DG,S23	10%	Y	50% -indv. Plan
DAVIES VOC.TECH.	02-05	Y	Y	SLIP	I, II, IV	Same as State Health Plan	None		\$1300 per year
EAST GREENWICH	04-07	N	Y	30,000	IV	MM 250,000, D 300, ME, MH, S23, Man. Ben., DG	05-06 Step 1-3 - 4%, Step 4-10 - 6%, 06-07 Step 1-13 - 5% Step 4-10 - 10%		F - \$5000, I - \$2500
EAST PROVIDENCE	02-05	N	N	50,000	I-IV	MM 1Mil., D200, CH, ME, MH, OT, PR,VC, S26, Man Ben., stop loss, DG	New hires receive Healthmate or pay add'l for BC/BS	Y	50% of premium BC&Delta
*EXETER/W.GREEN.	04-07	Y	Y	55,000	IV	MM 1Mil., PR \$5, S25, OT, Man, Ben.	6% of premium- cap F-\$552/I-\$221		Pre 98 \$2000, Post 98 \$1500
FOSTER	05-08	N	Y	10,000	Ind-I Fam=IV	MM 1Mil., CH, OT, PR\$2, S25, VC, DG	1.5% base salary		50% BC premium
GLOCESTER	02-05	N	Y	20,000	IV	MM 1Mil., VC,PR2,D200/500,CH,DG,S25	Hired after 7/99 - 200/500 Hired after 7/1/02 - 20%		50% of premium BC&Delta
JAMESTOWN	03-06	N	Y	50,000	Enhanced II	ME,OB I/F, MM \$1 Mil.,D50, \$10/yr.reimb. Union Derma./Allerg.	Hired before 7/1/97 - 5%, hired after 7/1/97 - 15%		\$1,000
JOHNSTON	05-08	N	N	45,000	III	CH, DG, ME, PR, OT, S25, OB, MM1Mil., D150/300, RI65, Domestic Partner	\$780	Y	\$1000 BC & Dental
LINCOLN	03-06	N	Y	45,000	III-I IV-F	MM 1Mil.,D100,CH,DG,ME, MH, OT,PR,S25, VC,PRS RI65, Reciprocity,730 Days,Wellness Rider, Man. Ben, OB,MAT	10%	Y	50% Less co-pay Max \$3200, 50% DD
LT. COMPTON	05-08	N	Y-Neg Unit	50,000	III-I IV-F	MM 1Mil., D 100, ME\$25, S26	05-06 - 5% prem. 1% I -1.3% - F - Salary cap 06-07 - 6.5% prem 1.25% I - 1.7% F Salary cap 07-07 - 10% prem 1.5% I - 2% F Salary Cap	N	\$2,000
MIDDLETOWN	01-06	N	N	30,000	IV	MM 1 Mil., D 100, ME, OT, S25,DG	5% Co-Pay	Y	50% premium BC & Delta
NARRAGANSETT	03-06	N	Y	40,000	IV	MM1Mil., D200 or BC HMO, CH, MH, ME\$25, S23	NONE	Y	50% not to exceed Dental \$127/\$376 Medical \$932/\$2784
NEWPORT	04-08	N	Y	50,000	IV	ME, CH,S25, MM \$1 Mil., OTR, D50, New Hire Health Mate	05-06 - 5%, 06-07 - 7%, 07-08 - 10% of prem.	Y	no language
NEW SHOREHAM	04-07	Y	Y	50,000	per town contract	Per town contract	NONE	Y	no language
NORTH KINGSTOWN	04-07	Y	Y	50,000	III	OT, CH, D200/400, ME, Man Ben.,MH, S23,MH, MM 1Mil	04-05-5%(\$550/233) 05-06 7.5% (\$675/279) 06-07-10% (\$875/354)	Y	25% of premium BC & Delta
NORTH PROVIDENCE	05-09	Y	Y	100,000	IV	S26, OB,DG,MM, D50	NONE	Y	05-06 4000;06-07 3500;07-09 3000
NORTH SMITHFIELD	03-06	N	Y	15,000	III	MM 1Mil., D50, MH, OT, S23, VC, ME	\$500/\$1000	Y	50% minus co-pay Bc & Delta cap 4236

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NO. RI COLLAB.	99-03	N	Y	Amt of Salary	IV	Lowest 3 bidders, w/OT,S26,CH	Alt Plan available	N	Medical \$636.54/\$1643 Dental \$72.42/\$249.30 Both \$708.96/\$1892
PAWTUCKET	05-06	Y	Y	50,000	IV	MM 1Mil., D300, CH, DG, ME, OT, PR, S23, VC	None	Y	\$2,000
PROVIDENCE	04-07	Y	Y		IV	City Blue, OT, Domestic Partner	New Hires 7% cap 200/500	Y (see next line)	
PONAGANSET	04-07	Y	Y	10,000	IV	MM 1 Mil., CH, OT, PR\$2, S25, VC,D100, DG,OB, Post 7/96:Hires PRS	7/1/04 teacher hired 7/1/00 (\$700/350) 7/1/05 teachers hired before 7/1/00 (\$250/150)	Y	50% Medial & Dental
PORTSMOUTH	05-08	N	Y	25,000	IV	MM 1 Mil., D 200/400, ME, MH, S23, DG, ER \$100, CH	Yes - Formula	Y	500/1000
SCITUATE	01-06	N	N	10,000	III	MM 1Mil., D 100,ME, OT, PR, S25, VC, DG	hired before 97-98 (02-03) 6%, (03-04) 6.75% (04-05) 7.5% - hired after 97 (02-03) 7.5% (03-04) 8% (04-05) 8.5%	N	no language
SCHOOL FOR DEAF	03-06	Y	Y	SLIP	II	Same as State Health Plan, MM 250,000, PR2, VC	NONE	N	
SMITHFIELD	05-08	N	Y	20,000	IV	Lowest bidder with following coverage D200, CH, MH, ME,PR, S25, VC, Man. Ben., MM \$1 Mil.	NONE	Y	50% premium BC & Delta
*SOUTH KINGSTOWN	04-07	Y	Y	30,000	IV	MM 1 Mil., D 150/300, ME, MH, PR, S25	Steps 1-3, 3%; Steps 4-6, 4%; Steps 7-8, 5%; Steps 9-10, 6%	N	50% ind. Medical & Dental
SO. RI COLLAB.	03-05	Y	Y	Salary	DD	Healthmate, Blue Chip	10% Health & DD	Y	30% Medical & Dental
TIVERTON	03-06	N	Y	50,000	IV	MM \$1 Mil, D100, Reciprocity	03-04 - \$675/925, 04-05 - \$675/1000, 05-06 - \$675/1100	Y	\$1,000
WARWICK		N	Y	NONE	IV	MM 250,000, D300/600, DG, ME, PR, S25, VC, Man. Ben.	Alt Plan available	N	Med: \$600/\$1500 Dental: \$55/\$175
WESTERLY	03-06	N	Y	35,000	IV	MM 1Mil., D200,ME, Man. Ben., New Hire:HealthMate	10% Teachers Hired after 7/1/00	Y	50% premium BC & Delta, Not avail new hire
WEST WARWICK	06-10	Y	Y	03-04 - 67,000, 04-05 - 70,000, 05-06 - 72,000 06-07 - 73,000 07-08 - 75,000 08-09 - 77,000	IV, Sealant, Adult Ortho	MH, ME, CH, PR2, VC, OT, MAT, DG, S26, MM1Mil., D100, Cat.ill.	5% of premium	N	07-08 - I 2100/200 08-09 - I 2300/220 09-10 - I 2500/240 07-08 - F 5000/500 08-09 - F 5500/525 09-10 - F 6000/550
WOONSOCKET	03-06	Y	Y	10,000	IV	MM 1Mil., D100, CH, DG, ME, MH, OT, PR, S5, VC, Reciprocity	20% New Hire	Y	\$1,500
**=Amount of salary									
KEY: CH=Chiropractic, D= deductible, DG=Diagnostic, I= Individual, F=Family, MM= Major Medical, ME= Medical Emergency									
MH=Mental Health, OT = Organ Transplant, PR= Prescription, VC=Vision care									
CB = City Blue, MAT = Maternity, OB = Obstetrical, PRS = Script 20%, PR2 = Prescript \$2-Co-Pay, PR5=\$5-Co-Pay, S=Student									
1 = percentage of employee pays of the premium for the alternate medical/dental plan if greater than base plan									
*See Attached									