

**HEALTH INSURANCE PROVISIONS**

**MUNICIPAL COLLECTIVE BARGAINING AGREEMENTS**

**BY**

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PRINCIPAL PROGRAM ANALYST**

**DECEMBER 2009**

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City/Town	Provider / Coverage Level	Employee Contribution (Hire Date)	Co-Pays	Drug Coverage	Drug Co-Pays	Dental Coverage	Employee Contribution	Buy Backs	Alternative Plans Offered
<b>Barrington</b>	HealthMate Coast/Coast /ClassicBlue	20% of cost of plan (July, 1991)	N/A	Yes	N/A	Yes	20% of cost of plan (July, 1991)	50% of town's cost of plan (July, 1991)	N/A
<b>Bristol</b>	HealthMate; Blue Chip; Healthmate 2000; Classic Blue	\$10 pay period(I) \$20 pay period(F) (July, 1998) <b>15% of cost of plan (July, 2007)</b>	N/A	Yes	N/A	Delta Dental Levels I thru IV	<b>Included in Health Insurance Contribution</b>	\$200 per mo.(I) \$500 per mo.(F)	Yes
<b>Burrillville</b>	HealthMate Coast to Coast / Classic Blue	\$40 pay period (July, 2006)	\$15 Office Visits / <b>Deductibles</b>	Yes	\$7/\$25/\$40	Yes Levels I thru III	N/A	\$275 per mo.(I) \$550 per mo.(F)	United Healthcare
<b>Central Falls</b>	HealthMate	<b>10% of cost of plan</b>	N/A	Yes	N/A	Delta Dental	<b>10% of cost of plan</b>	<b>\$4,800 per year (Health Ins.)</b> <b>\$200 per year (Dental Ins.)</b>	N/A
<b>Charlestown*</b>	HealthMate Coast to Coast	15% of cost of plan with co-pay Stipends	N/A	Yes	N/A	Blue Cross or Delta Dental IV	N/A	\$2,500 per year	Yes

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<b>Coventry*</b>	HealthMate Coast to Coast	No cost (pre July 1997) 10% of cost of plan (July, 1997) 13% (Sept., 2006) 14% (July, 2007) 15% (July, 2008)	N/A	Yes	N/A	Delta Dental IV	Included in Health Insurance Contribution	50% of town's cost of plan \$2,000 max (I) \$4,300 max (F)	N/A
<b>Cranston*</b>	HealthMate Coast/Coast / United Healthcare	20% of monthly working rate (July, 2007)	\$10 Office Visits	Yes	\$5/\$10/\$25	Yes	20% of monthly working rate (July, 2007)	50% of city's cost of plan	Health Savings Account
<b>Cumberland</b>	Blue Cross Classic; <b>HealthMate</b> Coast to Coast	<b>10% of cost of plan</b>	<b>Health Mate: \$10 Office Visits; \$15 Office Visits (Feb. 2008)</b>	Yes	<b>20%/25%/ 30% of the cost of the drugs</b>	Delta Dental Levels I thru IV	<b>N/A</b>	\$750 per year(I) \$1,500 per year (F)	IRS Section 125 Plan

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<b>East Greenwich</b>	HealthMate Coast to Coast Plan 200	15% of cost of plan (July 96-June 98) <b>20% of cost of plan (July, 1998)</b>	Deductibles	Yes	\$5/\$15/\$30	Delta Dental Levels I thru IV	15 % of cost of plan (July 96-June 98) <b>20% of cost of plan (July, 1998)</b>	\$1,000 per year	Yes
<b>East Providence</b>	HealthMate Coast to Coast	<b>\$16 per week</b> <b>\$32 per week (Nov., 2009)</b>	\$15 Office Visits	Yes	\$20/\$25/\$30	Yes <b>Level IV</b>	Fully paid by town	N/A	N/A
<b>Exeter</b>	<b>PPO Plan</b>	<b>2.5% of cost of plan</b>	<b>\$15/\$25 Office Visits</b>	Yes	<b>\$7/\$25/\$40</b>	Yes	<b>Included in Health Insurance Contribution</b>	N/A	<b>High Deductible Health Plan / Health Savings Account</b>

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<b>Foster</b>	Blue Cross / Blue Shield Plan 100; or HealthMate Coast to Coast	<b>\$10 per week (I)</b> <b>\$15 per week (F)</b>	\$100 Deductible	Yes	N/A	Delta Dental Level IV	<b>Fully paid by town</b>	N/A	Yes
<b>Glocester</b>	Blue Cross Classic or HealthMate	<b>10% to 20% based on salary level (Nov. 15, 2009)</b>	N/A	Yes	N/A	Delta Dental I thru III	<b>10% to 20% based on salary level (Nov. 15, 2009)</b>	<b>Yes – complex formula created</b>	N/A
<b>Hopkinton*</b>	HealthMate Coast to Coast	10% of cost of plan	N/A	Yes	N/A	Delta Dental Levels I thru IV	N/A	50% of cost of plan \$3,500 max	N/A
<b>Jamestown</b>	<b>HealthMate Coast to Coast</b>	Paid in full (pre March 1993) 5% cost of plan (pre March 1996) 20% cost of plan (March, 1996)	<b>\$10/\$25 Office Visits</b>	Yes	<b>\$5/\$10</b>	Delta Dental Level IV	N/A	\$800 per yr. (I) <b>\$1,750</b> per yr.(F) \$450 per year (Spousal)	N/A
<b>Johnston</b>	ClassicBlue; HealthMate Coast to Coast	\$20 pay period (I) \$30 pay period(F) (November,2000)	\$50 Deductible	Blue Cross / SCRIPT Drug	N/A	Delta Dental Levels I thru IV	Included in health insurance contribution	50% of cost of plan	Yes

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<b>Lincoln</b>	<b>“any provider that meets the described plan”</b>	<b>5% cost of plan (pre July, 1995) \$239.50 max (I) \$591.65 max (F) ( eff. July, 2010) 20% cost of plan (July, 1995) \$958 max (I) \$2,366 max (F)</b>	<b>\$15/\$25 Office Visits</b>	Yes	Town contributes <b>\$135 per month</b> to RIPEHSF	Delta Dental	<b>5% cost of plan (pre July, 1995) (eff. July,2010) 20% cost of plan (July, 1995)</b>	\$2,500 per year	<b>Yes</b>
<b>Little Compton</b>	HealthMate Coast to Coast	<b>40% of cost of family plan (I) 3% of annual salary (F)</b>	N/A	Yes	N/A	Delta Dental Levels I, II, IV	N/A	50% of cost of plan	N/A
<b>Middletown</b>	HealthMate Coast to Coast; <b>Blue Chip (July, 2007)</b>	10% of premium; 20% of cost of plan (July, 1998)	<b>\$15/\$25 Office Visits</b>	Yes	\$5/\$15/\$30	Delta Dental Levels I thru IV	Included in health insurance contribution	50% of cost of individual premium	<b>Health-Mate for HSA Plan</b>

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<b>Narragansett</b>	Blue Cross / Blue Shield Plan 100; or HealthMate Coast to Coast	<b>15% of cost of premiums</b>	\$100 Deductible	Blue Cross SCRIPT	N/A	Delta Dental Levels I thru IV	Included in health insurance contribution	50% of cost of plan	Yes
<b>New Shoreham</b>	HealthMate	Fully paid by town Less than 35 hrs. per week (I) 35 or more hours per week (F)	N/A	Yes	N/A	<b>Yes – equivalent to Delta Dental III</b>	See health insurance contribution	N/A	Yes

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<b>Newport*</b>	HealthMate Deductible/ Coinsurance Option /; Classic Blue Cross / Blue Shield	1% of base salary plus longevity (I) 2% of base salary plus longevity (F) ( pre July, 2006); 3.50% of base salary plus longevity – both (I) and (F) ( July, 2006)	\$15/\$25 Office Visits	Preferred Prescrip. Drug	20% of cost of drug with annual cap of \$600 per person	Delta Dental Levels I thru IV	N/A	\$1,000 per year (pre July, 2006 only)	Yes
<b>North Kingstown</b>	<b>PPO Plan; HMO Plan (Apr. 2000)</b>	20% of cost of plan (April, 2000); <b>4% of premium ( pre Apr., 2000)</b>	N/A	RIPEHSF Plan	Town pays <b>\$162 per month</b>	Delta Dental Levels I thru IV	20% of cost of plan (April, 2000) Fully paid ( pre April, 2000)	<b>\$1,500 per year (I)</b> <b>\$3,000 per year (F)</b>	Yes
<b>North Providence</b>	Blue Cross - PPO Plan; HMO Plan (July, 2005)	\$10 pay period (I) \$20 pay period(F) (July, 2007)	<b>\$15/\$20 Office Visits</b>	RIPEHSF Plan	Town pays <b>\$116</b> per month per individual	Delta Dental Levels I thru III	N/A	\$1,000 per year ( health care) \$275 per year (dental)	<b>Family Healthcare Plan with Health Savings Account</b>

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<b>North Smithfield*</b>	HealthMate Coast to Coast	5% of cost of plan \$300 max (I) \$750 max (F)	N/A	BlueCross Family Script	N/A	Delta Dental Level II	5% of cost of plan	50% of cost of plan \$2,000 max (I) \$5,000 max (F)	N/A
<b>Pawtucket*</b>	HealthMate Coast to Coast/ Blue Cross Classic	\$3 per week (I) \$6 per week (F) (July, 2000)	N/A	Yes	N/A	Delta Dental Levels I thru IV	Fully paid by town	\$1,000 per year { medical (I) } \$3,000 per year { medical (F) } \$100 per year { dental (I) } \$300 per year { dental (F) }	N/A
<b>Portsmouth</b>	Blue Cross Classic; or HealthMate Coast to Coast	<b>15% of premium cost or 3% of annual salary whichever is less</b>	<b>\$15/\$25 Office Visits</b>	Yes	\$5/\$15/\$30	Delta Dental Levels I thru IV	N/A	50% of cost of plans (Classic Blue and/or Dental) \$10,000 max	N/A

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<b>Providence</b>	<b>United Healthcare</b>	<b>.013 of base wages not to exceed \$740 per year (I)</b> <b>.0265 of base wages not to exceed</b>	\$15 Office Visits	RIPEHSF Plan	N/A	Delta Dental Levels I thru IV	N/A	\$750 per year { medical (I) } \$1,500 per year { medical (F) } \$250 per year { dental (I) } \$500 per year { dental (F) }	N/A
<b>Richmond</b>	HealthMate Coast to Coast	10% or 15% of cost of plan (length of service)	N/A	Yes	N/A	Delta Dental	N/A	40% of town's cost of plan	N/A
<b>Scituate</b>	HealthMate Coast to Coast	10% of cost of plan	N/A	Yes	20% of the retail cost of drug	Delta Dental	10% of cost of plan	50% of town's cost of plan	Classic Blue
<b>Smithfield</b>	HealthMate Coast to Coast	15% of cost of plan (January, 1996) \$1,500 maximum	N/A	Yes	N/A	Delta Dental Levels I thru IV	15% of cost of plan (Jan., 1996)	\$2,000 per year	Yes
<b>South Kingstown*</b>	Classic Blue (to Dec.,07); HealthMate Coast to Coast	10% of cost of plan (August, 2002)	\$10 Office Visits	Yes	20% of the retail cost of drug	Delta Dental Levels I and II	N/A	50% of the net premium paid by town on an individual plan	N/A

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<b>Tiverton</b>	HealthMate Coast to Coast; Blue Cross Classic	<b>10% of cost of plan;</b> <b>15% of cost of plan</b> <b>(January, 2009)</b>	\$15/\$25 Office Visit	Yes	\$5/\$20/\$40 (July, 2007)	Delta Dental I and II	<b>10% of cost of plan;</b> <b>15% of cost of plan</b> <b>(January, 2009)</b>	N/A	N/A
<b>Warren*</b>	Blue Cross / Blue Shield	12.5% of cost of plan (July, 2001); 15% of cost of plan (July, 2006)	N/A	Yes	N/A	Delta Dental IV	12.5 % of cost of plan (July, 2001) 15% of cost of plan (July, 2006)	25% of cost of plan	N/A
<b>Warwick</b>	HealthMate Coast to Coast; or Blue Cross Classic (secondary)	<b>\$14 per week (I)</b> <b>\$28 per week (F)</b>	Blue Cross Classic: 20% of costs	Yes	HealthMate: \$300 cap (I) \$600 cap(F) ClassicBlue: 20% of cost of drug	Delta Dental Levels I thru IV	Fully paid by city	\$900 per year	N/A

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<b>West Greenwich</b>	HealthMate Coast to Coast	Individual – fully paid by town Family - \$7.50 per week	N/A	Yes	N/A	Yes	Individual – fully paid Family -\$1.50 per week	\$1,000 per year	N/A
<b>West Warwick*</b>	HealthMate Coast to Coast	2.5% of annual base salary	N/A	Yes	N/A	Delta Dental	N/A	50% of cost of plan (opt out);or 50% of savings if lower cost	Yes (cafeteria plan)
<b>Westerly*</b>	HealthMate Coast to Coast	10% of working rate of plan (July, 2007)	N/A	Yes	N/A	Yes	10% of working rate of plan (July, 2007)	\$2,000 per year	N/A
<b>Woonsocket*</b>	HealthMate Coast to Coast	<b>1% of base pay</b>	N/A	Yes	N/A	Delta Dental Levels I thru IV	Fully paid by city	25% of cost of plan (medical and dental)	United Physicians Health Plan

**On Website: December 21, 2009**