

**HEALTH INSURANCE PROVISIONS**

**MUNICIPAL COLLECTIVE BARGAINING AGREEMENTS**

**BY**

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City/Town	Provider / Coverage Level	Employee Contribution	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	N/A
<b>Bristol</b>	Blue Cross	\$10 pay period(I) \$20 pay period(F) (July, 1998)	N/A	Yes	N/A	Yes	N/A	\$200 per mo.(I) \$500 per mo.(F)	Yes
<b>Burrillville</b>	HealthMate Coast to Coast	\$40 pay period (July, 2006)	\$15 Office Visits	Yes	\$7/\$25/\$40	Delta Dental	N/A	\$275 per mo.(I) \$550 per mo.(F)	United Healthcare
<b>Central Falls</b>	HealthMate	5% of cost of plan	N/A	Yes	N/A	Delta Dental	5%	50% of cost of plan	N/A
<b>Charlestown</b>	HealthMate Coast to Coast	15% of cost of plan with co-pay stipends	N/A	Yes	N/A	BlueCross or Delta Dental	N/A	\$2,500 per year	N/A
<b>Coventry</b>	HealthMate Coast to Coast	13% of cost of plan (Sept., 2006) 14% (July, 2007) 15% (July, 2008)	N/A	Yes	N/A	Delta Dental IV	N/A	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 / Blue Shield	\$15 per week (July, 2004)	N/A	Yes	N/A	Delta Dental	\$5 per week (if dental only)	\$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	20% of cost of plan (July, 1998)	Deductibles	Yes	\$5/\$15/\$30	Delta Dental	20% of cost of plan (July, 1998)	\$1,000 per year	Yes
<b>East Providence</b>	HealthMate Coast to Coast	Fully paid by town	\$15 Office Visits	Yes	\$20/\$25/\$30	Yes	Fully paid by town	N/A	N/A
<b>Exeter</b>	HealthMate Coast to Coast	Fully paid by town	N/A	Yes	N/A	Delta Dental	Fully paid by town	N/A	N/A
<b>Foster</b>	Blue Cross / Blue Shield Plan 100; or HealthMate Coast to Coast	5% of annual base salary (July, 2004)	\$100 Deductible	Yes	N/A	Delta Dental IV	N/A	N/A	Yes
<b>Glocester</b>	Blue Cross Classic or HealthMate	20% of cost of plan (July, 1999)	N/A	Yes	N/A	Delta Dental	N/A	50% of town's cost of plan	N/A
<b>Hopkinton</b>	HealthMate Coast to Coast	10% of cost of plan (July, 2002)	N/A	Yes	N/A	Delta Dental	N/A	50% of cost of plan \$3,500 max	N/A
<b>Jamestown</b>	Blue Cross/ Blue Shield Plan 100	20% of cost of Plan (March, 1996)	\$50 Deductible	Yes	N/A	Delta Dental	N/A	\$800 per yr. (I) \$1,500per yr.(F) \$450 per year (Spousal)	NA

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<b>Johnston</b>	ClassicBlue; HealthMate Coast to Coast	\$20 pay period (I) \$30 pay period(F) (November,2000)	\$50 Deductible	Yes	N/A	Delta Dental	Included in health insurance contribution	50% of cost of plan	Yes
<b>Lincoln</b>	“New” HealthMate Plan	20% of cost of plan (July, 1995)	\$15 Office Visits	Yes	Town contributes \$.74 per hr. to RIPEHSF	Delta Dental	20% of cost of plan (July, 1995)	\$2,500 per year	Local 1033 Plan
<b>Little Compton</b>	HealthMate Coast to Coast	.0096 of annual salary (I) .024 of annual salary (F) (July, 2007)	N/A	Yes	N/A	Delta Dental	N/A	50% of cost of plan	N/A
<b>Middletown</b>	HealthMate Coast to Coast	20% of cost of plan (July, 1998)	\$10 Office Visits	Yes	\$5/\$15/\$30	Delta Dental	20% of cost of plan (July, 1998)	50% of cost of plan	N/A
<b>Narragansett</b>	Blue Cross / Blue Shield Plan 100; or HealthMate Coast to Coast	20% of cost of plan (July, 1995)	\$100 Deductible	Yes	20% of cost of plan (July, 1995)	Delta Dental	20% of cost of plan (July, 1995)	50% of town’s cost of plan	Yes (HMO)
<b>New Shoreham</b>	HealthMate	If work less than 35 hrs.– fully paid individual only; if work 35 hrs. or more fully paid family coverage	N/A	Yes	N/A	Delta Dental III	N/A	N/A	N/A

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<b>Newport</b>	HealthMate Deductible/ Coinsurance Option	3.50% of base salary plus longevity (July, 2006)	\$15 Office Visits	Preferred Prescrip. Drug	20% of cost of drug with annual cap of \$600 per person	Delta Dental	N/A	\$2,500per yr.(I) \$5,000per yr.(F) ( for employees pre- July,2006) Payout reduced 2008 and 2009	Yes
<b>North Kingstown</b>	Blue Cross / Blue CHiP (April,2000)	20% of cost of plan (April, 2000)	N/A	RIPEHSF Plan	Town pays \$122 per month	Delta Dental	20% of cost of plan (April, 2000)	50% of town's cost of plan	N/A
<b>North Providence</b>	Blue Cross / Blue Shield	\$10 pay period (I) \$20 pay period(F) (July, 2007)	\$10 Office Visits	RIPEHSF Plan	Town pays \$106 per month per individual	Delta Dental	N/A	\$1,000 per year ( health care) \$275 per year (dental)	N/A
<b>North Smithfield</b>	HealthMate Coast to Coast	5% of cost of plan \$300 max (I) \$750 max (F) (July, 2005)	N/A	BlueCross Family Script	N/A	Delta Dental 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	\$3 per week (I) \$6 per week (F) (July, 2000)	N/A	Yes	N/A	Delta Dental	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

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<b>Portsmouth</b>	Blue Cross Classic; or HealthMate Coast to Coast	Lesser of 15% of cost of plan or 3% of annual salary (July, 2006)	Off.Visit Classic: 20%; HMate: \$10	Yes	Classic:20% of the retail cost of drug; HealthMate: \$5/\$15/\$30	Delta Dental	N/A	50% of cost of plans (Classic Blue and/or Dental) \$10,000 max	N/A
<b>Providence</b>	Blue Cross / Blue Shield Coast to Coast; or BlueCHiP 1 (Oct., 2004)	.01 of base wages for (I)-\$400 max per year; .025 of base wages for(F) \$1000 max per yr. (July, 2006)	\$15 Office Visits	RIPEHSF Plan	N/A	Delta Dental	N/A	\$750 per year { medical (I) } \$1,500 per year { medical (F) } \$250 per year { dental (I) } \$500 per year { dental (F) }	United Healthcare
<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)	N/A	Yes	N/A	Delta Dental	15% of cost of plan (Jan., 1996)	\$2,000 per year	N/A
<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	N/A	50% of town's cost of plan	N/A

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<b>Tiverton</b>	HealthMate Coast to Coast	\$525 per year (I) \$1,100 per yr.(F) (July, 2007)	\$15 Office Visit	Yes	\$5/\$20/\$40 (July, 2007)	Delta Dental I and II	N/A	N/A	N/A
<b>Warren</b>	Blue Cross / Blue Shield	15% of cost of plan (July, 2006)	N/A	Yes	N/A	Delta Dental IV	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)	\$11 per week (July, 2006)	Blue Cross Classic: 20% of costs	Yes	HealthMate: \$300 cap (I) \$600 cap(F) ClassicBlue: 20% of cost of drug	Delta Dental	Fully paid by city	\$900 per year	N/A
<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 (July, 2007)	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	Fully paid by city	N/A	Yes	N/A	Delta Dental III and IV	Fully paid by city	25% of cost of plan (medical and dental)	N/A