

City of Providence

Benefits At A Glance *Crossing Guards*

You may find additional information related to all core and voluntary benefits provided by the City on the City's website at www.providenceri.gov/hr/benefits, or you may contact the Benefits Office with questions via email to benefits@ppsd.org or via phone at 401-680-5281. For additional information about union-offered benefits, contact Vicki Virgilio at 401-331-1033.

	Benefit Information			
Core	Provided by City	Employee Cost (b	yee Cost (biweekly)	
	10 Month	< \$43,501 salary	Ind: \$45.86	
	Medical/Non-Oral Pharmacy		Family: \$505.65	
	(Blue Cross and Blue Shield of RI, CVS			
	Caremark (non-oral medications)			
	Express Scripts (oral medications) provided by Union			
	Basic Life (Lincoln Financial) - \$10K policy	No cost to employe	ee	
	Provided by Union	•		
	Dental (Delta Dental)	No cost to employe	e	
	Vision (EyeMed)	No cost to employe	ee	
Voluntary	Provided by City			
	FSA	Based on Election		

- Acceptable documentation for enrolling dependents:
 - o Children Birth Certificate
 - o Spouse Marriage Certificate
 - o Ex-Spouse Divorce Decree

Time Off			
Vacation	Varies depending on years of service and/or position, review appropriate contract.		
Sick	Varies depending on years of service and/or position, review appropriate contract.		
Personal	(2) Personal days per school year.		
Holiday Schedule	https://www.providenceri.gov/hr/holidays		