



City of Providence

Benefits At A Glance

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@providenceri.gov or via phone at 401-680-5279.

Time Off													
Vacation	<table border="1"> <thead> <tr> <th>Years of Service</th> <th>Accrued Time</th> </tr> </thead> <tbody> <tr> <td>6 months</td> <td>5 days</td> </tr> <tr> <td>1 year</td> <td>5 days</td> </tr> <tr> <td>5 years</td> <td>15 days</td> </tr> <tr> <td>10 years</td> <td>20 days</td> </tr> <tr> <td>15 years</td> <td>25 days</td> </tr> </tbody> </table>	Years of Service	Accrued Time	6 months	5 days	1 year	5 days	5 years	15 days	10 years	20 days	15 years	25 days
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After one year of service, employees receive vacation accrual in January.													
Sick	Employees accrue 1 day each month for a total of 12 days annually. For new employees, you will receive your first sick day on the 1 st of the month following 30 days of employment. Unused sick time may be carried over up to 135 days.												
Personal	Employees can convert two (2) personal days from your sick balance per fiscal year (July 1 – June 30).												
Floating Holiday	Employees receive 3 floating holidays per year. Floating holidays can be used in full or half day increments only. Floating holidays must be discharged by December 31 st each year.												
Holiday Schedule	https://www.providenceri.gov/hr/holidays												

Benefit Information		
Core	Benefit	Employee Cost (biweekly)
	Medical/Pharmacy (Blue Cross Blue Shield of Rhode Island/CVS Caremark)	Ind: \$62.26 Family: \$156.88
	Dental (Delta Dental)	Ind: \$2.47 Family: \$7.84
	Basic Life (Prudential) - \$15K policy	No cost to employee
Voluntary	Flexible Spending Accounts (London Health) <ul style="list-style-type: none"> ➤ Medical, Dependent Day Care, Parking/Transit 	Based on Election
	Optional Life (Prudential)	Based on Election
	Vision (Davis Vision)	Ind: \$2.30 Ind. + 1: \$4.36 Family: \$6.71
	457(b) Deferred Compensation (VOYA or VALIC)	Based on Election Contact OMNI – 877-544-OMNI