



City of Providence

Benefits At A Glance

LTSP's

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.

Benefit Information		
	Benefit	Employee Cost (weekly)
Core	Medical (Blue Cross Blue Shield of Rhode Island) No Prescription Plan	Ind: \$13.90 Family: \$243.96
	Medical/Pharmacy (Blue Cross Blue Shield of Rhode Island/CVS Caremark) - HMCTC	Ind: \$63.21 Family: \$372.18
	Medical/Pharmacy (Blue Cross Blue Shield of Rhode Island/CVS Caremark) – Plan 750	Ind: \$28.96 Family: \$75.31
	Dental (Delta Dental)	Ind: \$9.88 Family: \$30.46
	Basic Life (Lincoln Financial) - \$10K policy	Provided by Union at 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
	Supplemental/Optional Life (Allstate)	Provided by Union, contact for details.
	Critical Illness (Allstate)	Provided by Union, contact for details.
	Vision (Davis Vision)	Ind: \$1.42 Ind. + 1: \$2.70 Family: \$4.15
	403(b) Deferred Compensation (VOYA or VALIC)	Based on Election Contact OMNI – 877-544-OMNI

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

Time Off	
Vacation	N/A
Sick	Review article 4-1 of Teacher's contract.
Personal	Two (2) personal days per school year.
Holiday Schedule	https://www.providenceri.gov/hr/holidays