

*RIC/AFT  
and  
Rhode Island Council on Postsecondary Education  
Tentative Agreement  
June 23, 2025*

Two-year agreement July 1, 2025 through June 30, 2027

5.6 Only faculty who are members of the bargaining unit shall be eligible to serve as and to vote for department chairperson. A majority of the department faculty shall constitute a quorum for the purpose of conducting an election to nominate an individual to serve as department chairperson. Any faculty member who is in the bargaining unit and who holds an appointment in more than one (1) department shall be eligible to serve as department chairperson in those departments of which he or she is a member. No faculty member may serve as department chairperson in more than one (1) department at the same time.

8.8 In cases where a faculty member's competence in subject matter is being evaluated, the evaluator shall be competent in the subject matter. For example, in the case of joint appointment (e.g., in Biology and Secondary Education) or appointment in a joint department (~~e.g., Anthropology/Geography~~) evaluation of each departmental competency of any faculty shall be done by a person with that competency. The department chairperson of the academic department in which the faculty member has been assigned for College budgeting purposes shall, after consultation with the other concerned department chairperson, be responsible for the evaluations and recommendations. The exchange of cross-departmental or inter-departmental evaluation data, such as in Secondary Education and the like, shall be forwarded to the appropriate department chairperson. A faculty member receiving load credit for administrative duties shall have that considered in the faculty member's evaluation. In all cases, the appropriate evaluations shall be appended to the annual evaluation form. Nothing in this section shall be construed to preclude the department chairperson from making classroom visitations for the purposes of evaluating overall teaching effectiveness.

APPENDIX D: OVERLOAD~~EXTRA~~ COMPENSATION RATES AND POLICIES

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No academic year faculty shall receive as overload~~extra~~ compensation, exclusive of summer session and department chairperson stipend, any more than 20 percent of the faculty member's academic year salary in any single academic year and normally may not carry more than four (4) formula hours outside of load in any semester.

9 .22 Parental, Maternity and Family Leave

a. Faculty members with one year or more of service shall be granted six (6) weeks of paid parental leave at the birth of a child or the placement of an adopted child under the age of sixteen (16)~~twelve (12)~~ years. Faculty members should provide at least one

month's notice prior to the start of the leave, whenever possible. When additional time is needed beyond the six (6) weeks because of medical reasons that time may be charged to sick leave, with proper medical documentation. All provisions of paid leave above shall apply in all cases where any employee covered by this contract whose spouse or domestic partner gives birth or adopts a child, when such leave is requested by the employee.

#### L. Bereavement Leave

9.26 Each faculty member shall be granted leave with full pay for four (4) days for a death in the immediate family. The immediate family shall include ~~parent~~father, ~~mother~~, stepparent, ~~sibling~~brother, ~~sister~~, ~~spouse~~husband, ~~wife~~, ~~child~~son, ~~daughter~~, ~~grandparent~~grandmother, ~~grandfather~~, ~~parent~~mother-in-law, ~~father~~-in-law, ~~sibling~~brother-in-law, ~~sister~~-in-law, and any person living in the faculty member's household. Days needed beyond four (4) may be taken from sick leave.

### Appendix A: Salaries

A.1: During each year of the 2025-2027 collective bargaining agreement an inflationary factor shall be added to the salary charts according to the following:

2025-2026 : 2.0%

2026-2027: 1.75%

In A.6 Performance Rubric, change "Five Level Rating Scale" to "Four Level Rating Scale"

Other salary related items throughout the Agreement:

2025-2026: 1.5% across the board increase

2026-2027: 3.0% across the board increase

### Appendix B: Fringe Benefits

#### B2 Health Insurance

For the term of the 202~~52~~-202~~65~~ contract the health insurance benefits extended to bargaining unit members shall be those for which the Director of Administration has contracted in accordance with RIGL 36-12 including but not limited to health insurance, prescription, dental and vision/optical benefits.

Premium Sharing: for the term of the 202~~52~~-202~~65~~ contract, all employees will participate in premium sharing on a percentage of premium basis.

The Co-Share contribution Salary level for full time and part-time employees shall be increased based on the employee's annualized total rate of pay. The Co-Share percentage levels for eligible employees shall be increased by ~~32.5%~~ effective July 1, 202~~52~~, ~~by 1.5% July 1, 2023,~~ and by ~~31.5%~~ July 1, 202~~64~~.



<i>Effective July 1, 2025</i>			
Individual Plan		Family Plan	
Less than \$128,878 <del>4,508</del> <del>0,298</del>	20%	Less than \$64,438 <del>2,253</del> <del>0,148</del>	15%
\$128,878 <del>4,508</del> <del>0,298</del> and above	25%	\$64,438 <del>2,253</del> <del>0,148</del> to less than \$128,878 <del>4,508</del> <del>0,298</del>	20%
		\$128,878 <del>4,508</del> <del>0,298</del> and above	25%
<i>Effective July 1, 2026</i>			
Individual Plan		Family Plan	
Less than \$133,389 <del>28,862</del> <del>0,298</del>	20%	Less than \$66,693 <del>4,432</del> <del>0,148</del>	15%
\$133,389 <del>28,862</del> <del>0,298</del> and above	25%	\$66,693 <del>4,432</del> <del>0,148</del> to less than \$133,389 <del>28,862</del> <del>0,298</del>	20%
		\$133,389 <del>28,862</del> <del>0,298</del> and above	25%

Employee Waiver shall be \$1,001 (prorated at \$38.50 per pay period).

Effective July 1, 2008 there will be a ten percent (10%) cap on premium escalation. If two (2) State employed spouses hired into state service on or after July 1, 2015 are covered under one State family insurance plan, the co-share set forth in this Collective Bargaining Agreement shall be determined based on the income of the higher earner of the two (2) spouses as determined by the total rate of pay.

Further, the spouse that does not receive insurance through the State but is covered by their State employed spouse will not receive the waiver payment.

For clarification purposes only, employees on paid or unpaid leave are responsible for their regular co-share payment for health insurance (i.e. medical, dental, and vision). Failure to make such payments may result in termination of such benefits upon thirty (30) days' notice.

### **Wellness Program:**

Employees participating in the State's medical plan and who meet the wellness criteria established by the State, in consultation with the Union, shall receive a reduction in medical insurance co-share payments as set forth in the "Wellness Incentives" section below.

The Wellness Incentive program will integrate preventative and wellness behaviors into the medical plan. Examples of possible activities include completion of the Health Assessment, obtaining a primary care physician, wellness coaching programs, preventive screening, non-smoker or completion of smoking cessation program, and/or participation in a program that measures key points in assessing an individual's overall health, as set forth in the "Wellness Incentives" section below.

## Health Insurance Benefits:

Effective January 1, 2026~~19~~, the State shall offer three plan designs called Anchor Plus Plan, Anchor Plan and Anchor Choice with HSA Plan. These plan designs shall include the following components:

- A Medical Necessity program
- ~~A PCP Coordination of Care program~~
- A Place of Service Tiering for Imaging Services program
- A Cancer Support program
- ~~Bariatric Resource Services~~
- Virtual Musculoskeletal (MSK) (currently Hinge Health)

### A) **Anchor Plus Plan:**

In Network Deductible*	\$500 (\$1,000 family)
In Network Out of Pocket Max**	\$1,000 (\$2,000 family)
Out of Network Deductible	\$1,000 (\$2,000 family)
Out of Network Out of Pocket Max	\$5,000 (\$10,000 family)
In-Network Coinsurance	10%
Out of Network Coinsurance	30%

\*The family deductible is cumulative, meaning any combination of items covered by the deductible paid by family members counts toward the deductible until the full amount of the deductible has been met.

\*\*The in-network out-of-pocket maximum is a combined out-of-pocket maximum with the pharmacy out-of-pocket maximum.

The following in-network copays shall be in effect for the Anchor Plus Plan:

- 1) Preventative care office visits are covered in full;
- 2) Office visit (non-preventative) PCP - \$15 copay;
- 3) Specialist office visit - \$25/~~\$50~~ copay (~~higher specialist copay applies without referral under PCP Coordination of Care~~);
- 4) Chiropractic care- \$15 copay;
- 5) Diagnostic tests (X-rays, blood work) - no charge;
- 6) Imaging (CT/PET Scans, MRJs)- coinsurance applies after deductible (covered in full after deductible if an imaging center is used);
- 7) Inpatient hospital --coinsurance after deductible;
- 8) Outpatient surgery-coinsurance after deductible;
- 9) Mental Health/Substance Use Disorder - inpatient: coinsurance after deductible, outpatient: \$15 copay;
- 10) Emergency room - \$125 copay;
- 11) Ambulance- covered in full;
- 12) Urgent care - \$50 copay;
- 13) Physical therapy, occupational therapy and speech therapy- \$15 copay.



**B) Anchor Plan:**

In Network Deductible*	\$1,000 (\$2,000 family)
In Network Out of Pocket Max**	\$2,000 (\$4,000 family)
Out of Network Deductible	\$2,000 (\$4,000 family)
Out of Network Out of Pocket Max	\$6,000 (\$12,000 family)
In-Network Coinsurance	10%
Out of Network Coinsurance	30%

\*The family deductible is cumulative, meaning any combination of items covered by the deductible paid by family members counts toward the deductible until the full amount of the deductible has been met.

\*\*The in-network out-of-pocket maximum is a combined out-of-pocket maximum with the pharmacy out-of-pocket maximum.

The following in-network copays shall be in effect for the Anchor Plan:

- 1) Preventative care office visits are covered in full;
- 2) Office visit (non-preventative) PCP - \$15 copay;
- 3) Specialist office visit - \$25/~~\$50~~ copay (~~higher specialist copay applies without referral under PCP Coordination of Care~~);
- 4) Chiropractic care - \$15 copay;
- 5) Diagnostic tests (X-rays, blood work) - no charge;
- 6) Imaging (CT/PET Scans, MRJs)- coinsurance applies after deductible. (Covered in full after deductible if an imaging center is used);
- 7) Inpatient hospital- coinsurance after deductible;
- 8) Outpatient surgery- coinsurance after deductible;
- 9) Mental Health/Substance Use Disorder - in-patient: coinsurance after deductible, outpatient: \$15 copay;
- 10) Emergency room - \$150 copay;
- 11) Ambulance - Covered in full;
- 12) Urgent care- \$50 copay;
- 11) Physical therapy, occupational therapy and speech therapy-\$15 copay.

**C) Anchor Choice with HSA Plan:**

Each member that enrolls in the Anchor Choice Plan with HSA shall receive an HSA contribution from the State in the amount of \$1,500 for individuals or \$3,000 for families. Fifty percent (50%) of each State HAS contribution shall be deposited on January 1<sup>st</sup> and 50% shall be deposited on July 1st during each year of the collective bargaining agreement. The State will not pro-rate its HSA contributions for members enrolling after January 1.

In Network Deductible*	\$1,500 (\$3,000 family)
In network Out of Pocket Max**	\$3,000 (\$6,000 family)
Out of Network Deductible*	\$2,250 (\$4,500 family)
Out of Network Out of Pocket Max**	\$4,500 (\$9,000 family)
In-Network Coinsurance	10%
Out of Network Coinsurance	30%

\*The family deductible is cumulative, meaning any combination of items covered by the deductible paid by family members counts toward the deductible until the full amount of the deductible has been met.

The in-network and out of network deductibles and out-of-pocket maximums are combined deductibles and out-of-pocket maximums with the pharmacy deductibles and out-of-pocket maximum.

The following in-network copays shall be in effect for the Anchor Choice HSA Plan:

- 1) Preventative care office visits are covered in full;
- 2) Office visit (non-preventative) PCP- coinsurance after deductible;
- 3) Specialist office visit copay- 10% ~~/30% after deductible. (Higher specialist coinsurance applies without referral under PCP Coordination of Care);~~
- 4) Chiropractic care- coinsurance after deductible;
- 5) Diagnostic tests (X-rays, blood work)- coinsurance after deductible;
- 6) Imaging (CT/PET Scans, MRIs)- coinsurance after deductible. (Covered in full after deductible if an imaging center is used);
- 7) Inpatient hospital- coinsurance after deductible;
- 8) Outpatient surgery-coinsurance after deductible;
- 9) Mental Health/Substance Use Disorder - in-patient: coinsurance after deductible, outpatient: coinsurance after deductible;
- 10) Emergency room copay- coinsurance after deductible;
- 11) Ambulance: coinsurance after deductible;
- 12) Urgent care copay-insurance after deductible;
- 13) Physical therapy, occupational therapy and speech therapy copay-coinsurance after deductible.

Employee Drug Copay: Effective January 1, 2019, the following in-network copays shall be in effect:

**A) Anchor Plus Plan and Anchor Plan:**

The drug copay for a 31-day supply shall be as follows:

Tier I	Tier 2	Tier 3	Tier4*
\$10.00	\$35.00	\$60.00	\$100.00

\* As of January 1, 2026, CVS' PrudentRx program shall be included for employees to enroll in. CVS' PrudentRx program applies to specialty drugs on the PrudentRx Drug list. Enrollment in the PrudentRx program is free and if an employee and/or covered member purchases any of the specialty drugs on the list, the cost for said drug shall be reduced to Zero Dollars (\$0).

Should an employee choose not to enroll in the PrudentRx program and the employee and/or covered member purchases a specialty drug that is contained on the PrudentRx drug list, the employee and/or covered member shall be subject to a 30% co-share for that specialty drug.



Should the PrudentRx program no longer be available under the current terms, the State shall revert to the Tier 4 pricing of \$100.00 for all specialty drugs.

All other specialty drugs under Tier 4, which are not included in the PrudentRx list are subject to \$100.00 copay.

The drug copay by mail order shall be as follows:

Tier I	Tier 2	Tier 3
\$20.00	\$70.00	\$120.00

Mail order network pharmacies: 3-month supply of a prescription drug for two (2) copayments. Maximum fill is a 3-month supply.

**B) Anchor Choice with HSA Plan:**

On the Anchor Choice Plan with HSA, members shall pay the full retail rate for most prescriptions prior to meeting the deductible. However, if the medication is listed on the pharmacy benefit manager's preventive therapy drug list, the applicable copay amount shall apply instead of the full retail rate. For all covered drugs, after the deductible is met, the applicable copay amount shall apply until the applicable OOPM is met.

The drug copay after deductible for a 31-day supply shall be as follows:			
Tier 1	Tier 2	Tier 3	Tier4*
\$10.00	\$35.00	\$60.00	\$100.00

\* As of January 1, 2026 CVS' PrudentRx program shall be included for employees to enroll in. CVS' PrudentRx program applies to specialty drugs on the PrudentRx Drug list. Enrollment in the PrudentRx program is free and if an employee and/or covered member purchases any of the specialty drugs on the list, the cost for said drug shall be reduced to Zero Dollars (\$0).

Should an employee choose not to enroll in the PrudentRx program and the employee and/or covered member purchases a specialty drug that is contained on the PrudentRx drug list, the employee and/or covered member shall be subject to a 30% co-share for that specialty drug.

Should the PrudentRx program no longer be available under the current terms, the State shall revert to the Tier 4 pricing of \$100.00 for all specialty drugs.

All other specialty drugs under Tier 4, which are not included in the PrudentRx list are subject to \$100.00 copay.

The drug copay after deductible by mail order shall be as follows:

Tier 1	Tier 2	Tier 3
\$20.00	\$70.00	\$120.00

Mail order network pharmacies: 3-month supply of a prescription drug for two (2) copayments. Maximum fill is a 3-month supply.

The State will provide a vision/optical care program for the employee.

Dental and Vision Programs:

**A) Dental:**

Effective January 1, 2019, the State will provide a dental plan for employees and their family. The coverage shall be \$1,500 per calendar year, in addition to the enhancements below.

The State will offer benefit enhancements, including two buy-up options. Said modified plan enhancements shall include:

- Add sealants as a preventive benefit for children under age 14, covered at 100%
- ~~Remove the \$400 inside maximum for periodontal services~~
- ~~Lifetime maximum for orthodontic services \$1,500~~ ~~Increase the lifetime maximum for orthodontic services from \$850 to \$1,500~~
- ~~Extend e~~Coverage to dependent children to age 26

For the buy-up plans, the additional cost above the modified plan shall be paid for by the employees choosing the buy-up at 100% paid through increased premium co-shares.

**B) Vision:**

The State will provide a vision plan for employees and their family. ~~Effective January 1, 2019, the~~ The State will offer benefit enhancements, including buy-up option(s). Said modified plan enhancements shall include:

- ~~Increase r~~Retail frame allowance from ~~\$65 to~~ \$100
- ~~Increase e~~Elective contact lens allowance from ~~\$18 to~~ \$30
- ~~Add a e~~Contact lens exam copay of up to \$30
- ~~Extend e~~Coverage to dependent children to age 26

For the buy-up plans, the additional cost above the modified plan shall be paid for by the employees choosing the buy-up at 100% paid through increased premium co-shares.



## **Flex Plan**

The State will offer a medical flexible spending account plan in addition to the dependent care flexible spending account plan. Flexible spending accounts permit employees to payroll deduct a portion of their pay on a pre-tax basis for the payment of qualified medical and dependent care expenses.

## **Wellness Incentives**

In addition to the Diabetes Prevention Program, the following wellness incentives shall be available to employees up to a maximum of \$1000 per year for the Anchor Plus Plan and Anchor Choice Plan with HSA and \$1200.00 per year for the Anchor Plan.

### **A) Rewards for Wellness**

1. Employees participating in the State's medical plan and who meet the wellness criteria established by the State, in consultation with the Union, shall receive a reduction in medical insurance co-share payments up to a maximum of \$500 per year. For those employees participating in the State's Anchor Plan and who meet the wellness criteria established by the State, in consultation with the Union, shall receive a reduction in medical insurance co-share payments up to a maximum of \$700 per year.

Activities shall be available for completion between January 1st and December 31st of each calendar year (an "activity year"). The earned reductions in medical insurance co-share payments shall be awarded to active employees participating in the State's medical plan in the first half of the calendar year following each activity year.

2. The Rewards for Wellness program will integrate preventative and wellness behaviors into the medical plan. Examples of possible activities include completion of the Health Assessment, wellness coaching programs, preventive screenings, non-smoker or completion of smoking cessation program, and/or participation in a program that measures key points in assessing an individual's overall health.

### **B) Annual Preventive Exam Incentive**

1. Employees participating in the State's medical plan and who obtain a qualifying annual preventive exam will receive an annual one-time \$250 reduction in medical insurance co-share payments. Qualifying preventive exams are limited to the following: annual physical exam, annual gynecological exam, prenatal obstetrical exam. The earned reductions in medical insurance co-share payments for qualifying preventive exams obtained during a calendar year (an "exam year") shall be awarded to active employees participating in the State's medical plan in the second half of the calendar year following the exam year.

2. Employee spouses that are covered under the State's medical plan shall be eligible to participate in the Annual Preventive Exam Incentive. Employee policy holders participating in the State's medical plan whose spouse obtains a qualifying preventive exam during an exam year will receive an annual one-time \$250

reduction in medical insurance co-share payments. Qualifying preventive exams are limited to the following: annual physical exam, annual gynecological exam, prenatal obstetrical exam. The earned reductions in medical insurance co-share payments for qualifying preventive exams obtained during an exam year shall be awarded to active employees whose spouses participate in the State's medical plan in the second half of the calendar year following the exam year.

The State shall, after meeting and conferring with the Union, have the right to offer any other health care plans to State employees during the term of this agreement provided participation is voluntary and such plans do not result in a higher employee co-share percentage. If the State offers voluntary plans, those that elect to participate will be included in the pool of insured for the purpose of determining the working rate for the primary plan outlined in the Collective Bargaining Agreement.

The State and the Union will meet not less than annually during the term of the collective bargaining agreement to review utilization, coverage, suppliers, and other relevant issues related to healthcare coverage.

The State will not cancel the health insurance of a covered spouse/dependent(s) for two (2) pay periods beyond the pay period in which the death occurs if a covered bargaining unit member dies while carrying State employee health insurance, provided the spouse/dependent(s) pays the premium co-share applicable to the continuing coverage.

The State will allow a bargaining unit member to opt out of employer provided health insurance consistent with the opt-out provisions of the State's Section 125 Cafeteria Plan and applicable IRS regulations.

### **Committee on Intellectual Property and Artificial Intelligence**

Within 30 days of the ratification of this Agreement, the parties agree to establish a committee to examine issues related to intellectual property and artificial intelligence as they relate to teaching effectiveness, professional competence, and administrative work. Both the College and the RIC/AFT may provide the committee with a list of topics to consider in their work. The committee shall include three members appointed by the RIC/AFT President and three members appointed by the Provost/VPAA. The committee shall begin its work at the beginning of the 2025-2026 academic year and complete its work by February 1, 2027, with recommendations to the Provost and the RIC/AFT, with implementation subject to negotiation between the parties.

### **Committee on Non-Tenure-Track and Clinical Faculty**

Within 30 days of the ratification of this Agreement, the parties agree to establish a committee to make recommendations regarding full-time, non-tenure track faculty and clinical faculty lines at Rhode Island College. The committee's considerations shall include titles, faculty resources, criteria for evaluation, degree attainment, salary, duration of appointment, renewal, and circumstances under which such lines may be approved. The committee shall include three members appointed by the RIC/AFT



President and three members appointed by the Provost/VPAA. At least one member shall have held a non-tenure-track appointment, at least one member shall be a faculty member from a department that might benefit from clinical faculty lines, at least one member shall be a dean, and at least one member shall represent the Provost's Office. The committee shall begin its work at the beginning of the 2025-2026 academic year and complete its work by December 31, 2026, with recommendations to the Provost and the RIC/AFT, with implementation subject to negotiation between the parties.

**Continuing MOUs from 2022-2025 Contract** (only dates to be updated)

- Limited Term Appointment
- Summer Sessions for the Duration of the Contract
- Mus 161, 162, 163 Compensation for the Duration of the Contract
- Carryover for Calendar Year Faculty

For the Council on Postsecondary Education



Date: 08/29/2025

For the RIC/AFT



Date: 9/2/2025

Council on Postsecondary  
Education