



Payroll and Benefits Guide

2023-2024

Important Tips

- Take the time to carefully review the guide for any changes or updates.
- Visit each vendor's website for additional information. Don't forget to review each plan's provider directory. If your physician or doctor's office is not considered in-network, you cannot change or drop plans mid-year without a change in status event. For additional questions, feel free to contact Customer Service as listed.
- Be sure to choose the right coverage level, such as individual or family.
- Before enrolling for benefits, be prepared by gathering the correct information for your dependents such as social security numbers and birth dates.
- Make sure your address and personal information is current. If your information is not up-to-date, you may miss out on important information such as insurance cards, plan documents, health notices, etc.
- Avoid making quick decisions and enroll early!
- If you have questions, contact your Payroll and Benefits Office at 469-593-0605.

IMPORTANT NOTE: Once your benefits have been selected, please review, as your selected benefits will be effective until the next plan year begins unless you have a change in status event

The Payroll and Employee Benefits Guide for 2023-2024 was designed with you and your family in mind. In this valuable reference guide, we have included brief explanations of each benefit program, important plan information, comparison charts, contact information, phone numbers, and web addresses. This document is not just a guide, but it is an important resource for services and benefits provided to you as an employee with Richardson ISD. You will find the information you need to make informed decisions regarding the selection and continued management of your benefits.

Not all plan provisions, limitations, or exclusions are described in this publication. In case of a conflict between the information in this summary and the actual plan documents and insurance contracts, the plan documents and insurance contracts will govern.

Richardson ISD reserves the right to change or terminate benefits at any time. Neither the benefits, nor this guide, should be interpreted as a guarantee of future benefits

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Employee Eligibility

Full-time Employees

- Basic Term Life Insurance Plan
- Basic Accidental Death & Dismemberment
- Employee Assistance Plan
- Medical Plan
- Voluntary Dental Plan
- Flexible Spending Account
- Health Savings Account
- Vision
- Short Term & Long-Term Disability
- Supplemental Term Life Insurance Plan
- Supplemental Accidental Death & Dismemberment
- 457(b) and 403(b) Retirement Plans

Part-Time Employees

- Medical Plan
- 403(b) Retirement Plan
- Long Term Care

Dependent Eligibility: Dependent's must be either the Employee's legal spouse or a dependent child of the Employee. See each plan's definition of child.

Please keep in mind you may be required to furnish evidence of dependency at any time, as requested, on anyone listed as eligible for coverage, and random eligibility audits may be conducted by the insurance companies.

New Hire Coverage: Employees may choose Medical coverage to begin on their actively-at-work date or the first of the month following their actively-at-work date.

All other benefits including Dental, Flexible Spending, Health Savings, Vision, Life, STD and LTD will begin the first of the month following an employee's actively-at-work date.

Eligible employees are automatically enrolled in the basic term life, accidental death and dismemberment, and employee assistance (EAP) plans. However, you must designate your beneficiary for your *basic* term life and accidental death and dismemberment insurance coverage upon your enrollment.

Eligible employees are automatically enrolled in the basic term life, accidental death and dismemberment, and employee assistance (EAP) plans. However, you must designate your beneficiary for your *basic* term life and accidental death and dismemberment insurance coverage upon your enrollment.

Reporting of Occupational Injuries

A. If you are injured in the course and scope of your employment, you shall:

Report the injury to your supervisor immediately or at the earliest opportunity before the end of your work shift. If your injury is not reported timely, it may affect your entitlement to benefits.

Complete an Accident & Injury Report with assistance from your supervisor or Risk Management.

BE SURE THE COMPLETED ACCIDENT & INJURY REPORT IS SENT TO THE WORKERS COMPENSATION OFFICE WITHIN 24 HOURS AFTER THE INJURY OCCURRED.

Risk Management
Richardson ISD Operations Center
1123 South Greenville Avenue
Richardson, Texas 75081
Fax: 469-593-0417
RiskManagement@risd.org

Note: If this injury is of a serious or critical nature, contact Risk Management at 469-593-0346 immediately.

Proceed to a medical facility for examination or treatment if needed. You as the employee may choose to treat with any physician who accepts and is approved to treat Workers Compensation patients. Please notify your selected physician you are treating for a work-related injury.

Arrange subsequent follow-up appointments at the beginning or end of your work shift. You will not be compensated for any time missed from work due to treatment or testing.

Submit the most current Work Status Report (DWC-73) to Risk Management after each visit to the treating physician. All missed time from work must be documented by a physician's written statement providing a medical based opinion as to why you are unable to work.

Comply with instructions given by your physician.

Richardson ISD is committed to offering transitional duty whenever possible. Please discuss any restrictions given by your physician with your supervisor and Risk Management. You may be required to meet with Risk Management if you remain off work longer than two weeks as a result of your injury.

B. Prescriptions may be filled by one of the following means:

Present to the pharmacy the First Fill Information prescription form provided by Risk Management. You should not incur any out-of-pocket expense.

Have the pharmacy contact Paula Scales at TRISTAR Risk Management (214-492-5600, ext. 2822) for approval. You should not incur any out-of-pocket expense.

Have the pharmacy contact Risk Management, (496-593-0346) for approval. You should not incur any out-of-pocket expense.

Pay for the prescription at the time of pickup and submit a valid receipt along with the pharmacy prescription paperwork to Risk Management for reimbursement. If you are picking up your prescription during regular business hours, please contact Paula Scales or Richardson ISD Risk Management.

C. Requirements to file for leave:

When an injury results in an absence of 5 or more duty days, you must apply for leave from the District. Contact Human Resources (469-593-0265) for the proper paperwork.

Workers Compensation is not a leave and therefore, an injured employee must follow all District procedures regarding leave of absences, the same as any other employee needing leave.

Making Changes to Benefits

Changing Elections during the Plan Year- September 1st to August 31st The Richardson ISD benefit plan year for medical, dental & flexible spending is September 1st to August 31st. Richardson ISD participates in the IRC Section 125 Benefit Election Plan that allows employees to pay for eligible benefits on a pre-tax basis. Because of this, there are special rules and requirements for the plan. Any election made as a new hire is irreversible unless you are affected by a Change in Status, as defined below, and the District is notified within thirty-one (31) calendar days of the Change in Status. All benefit elections will remain in effect during the entire Plan Year unless you have one of the following status changes. The request will be made effective the first day of the month following the qualified event. **(Please note: an employee cannot elect to drop coverage retroactively; a future cancellation date is required.)** If you do not make changes within the required 31- calendar day period, you must wait until the next open enrollment period to make any changes. Please include **all** required documentation with your RISD enrollment form.

IMPORTANT: Enrollment in a private insurance plan is not a qualifying event to drop coverage. Voluntary terminations of other coverage, such as dropping coverage due to premium or benefits changes, including spousal surcharges or coverage restrictions, are not special enrollment events.

Change in Status

You may be allowed to make changes, add or drop coverage during the year. A change in status is a material change in the employee's family member(s) status under which the person has no control that affects medical benefits for which a person is eligible. Under IRC Section 125 federal guidelines, the Federal Government uses examples as:

Status Change	Changes Allowed	Documentation
Marriage	Employee may enroll newly eligible spouse and/or dependent children	A copy of the Marriage License
	Employee may drop self and/or dependent children	A copy of the Marriage License and proof of enrollment in another group plan (Names of all persons enrolling and effective date of coverage must be included)
Divorce	Employee may enroll self and eligible dependents	A copy of the Divorce Decree and proof of loss of coverage in another group plan (Names of all persons losing coverage and cancellation date must be included)
	Employee may drop spouse	A copy of the Divorce Decree
Birth or Adoption	Employee may enroll newly	Verification of Birth Facts or Hearing Test /Adoption Certificate

	eligible child and other dependents	
	Employee may drop self and dependent children	Verification of Birth Facts/Adoption Certificate and Proof of enrollment in another group plan (Names of all persons enrolling and effective date of coverage must be included)
Death	Employee may drop dependent losing eligibility	Death Certificate or public notice of death
Loss of eligibility	Employee may drop dependent losing eligibility	None (coverage dependent is automatically dropped at age 26)
Commencement of Employment by spouse or dependent or other change in employment	Employee may drop self and/or dependents	Proof of employment with date of employment and proof of enrollment in another group plan (Names of all persons enrolling and effective date of coverage must be included) or proof in change of employment status and proof of enrollment in another group plan (Names of all persons enrolling and effective date of coverage must be included)
Termination of Spouse's or Dependent's Employment or other change in employment status	Employee may add self and/or dependents	Proof of termination of employment with date of termination and proof of loss of coverage in another group plan (Names of all persons losing coverage and cancellation date must be included) or proof in change of employment status and proof of loss of coverage in another group plan (Names of all persons losing coverage and cancellation date must be included)
Loss of eligibility due to age or plan changes under another group plan	Employee may add self and dependents	Proof of loss of eligibility and proof of loss of coverage in another group plan (Names of all persons losing coverage and cancellation date must be included)
Open Enrollment Under Other Employer Plan/Different Plan Year	Employee may drop self and dependents	Proof of other Employer's Open Enrollment and proof of enrollment in another group plan (Names of all persons enrolling and effective date of coverage must be included)

Important Note: Enrollment in a private insurance plan is not a qualifying event to drop coverage. Voluntary terminations of other coverage, such as dropping coverage due to premium or benefits changes, including spousal surcharges or coverage restrictions, are not special enrollment events.

Benefits Enrollment Instructions for New Hires

- Completing your enrollment form for benefits is MANDATORY & must be completed within 31 calendar days of your actively-at-work date (date of hire).
- Enrollment instructions are given to you during your new hire orientation.
- Elected benefits will be effective the first of the month following your date of hire.
- Medical insurance can be started on your date of hire, or the first of the month following your date of hire.
- Changes to your benefits *cannot* be made in the middle of the plan year unless you experience a qualifying change in status.
- The plan year is September 1st, 2023– August 31st, 2024.
- Premiums are not prorated. If you choose coverage to be effective on your date of hire, you will be charged a full month's premium for the first partial-month of coverage.
- If benefits are elected *after* the effective date, elected benefits will be retroactive to begin on the effective date accordingly.

Enrolling for Benefits:

Enrollment instructions will be given to you on the day of your orientation. Enrollment must be completed accordingly within 31 calendar days of your actively-at-work date, (date of hire).

Questions?

Email: PayrollandBenefits@risd.org

Or call 469-593-0605

Monthly Medical Insurance Premiums

The below Medical Plan Rates are effective September 1st, 2023- August 31st, 2024.

ActiveCare Primary

Coverage	Full Premium	District Contribution	Your Monthly Premium
Employee Only	\$450.00	\$313.00	\$137.00
Employee & Spouse	\$1,215.00	\$313.00	\$902.00
Employee & Child(ren)	\$765.00	\$313.00	\$452.00
Employee & Family	\$1,530.00	\$313.00	\$1,217.00
In-Network Deductibles		Out-of-Network Deductibles	
\$2,500 per Individual/ \$5,000 per Family		Plan only offers in-network coverage. There is NO out-of-network coverage.	

ActiveCare HD

Coverage	Full Premium	District Contribution	Your Monthly Premium
Employee Only	\$462.00	\$313.00	\$149.00
Employee & Spouse	\$1,248.00	\$313.00	\$935.00
Employee & Child(ren)	\$786.00	\$313.00	\$473.00
Employee & Family	\$1,571.00	\$313.00	\$1,258.00
In-Network Deductibles		Out-Of-Network Deductibles	
\$3,000 per Individual/ \$6,000 per Family		\$5,500 per Individual / \$11,000 per Family	

ActiveCare Primary +

Coverage	Full Premium	District Contribution	Your Monthly Premium
Employee Only	\$529.00	\$313.00	\$216.00
Employee & Spouse	\$1,376.00	\$313.00	\$1,063.00
Employee & Child(ren)	\$900.00	\$313.00	\$587.00
Employee & Family	\$1,746.00	\$313.00	\$1,433.00
In-Network Deductibles		Out-of-Network Deductibles	
\$1,200 per Individual/ \$2,400 per Family		Plan only offers in-network coverage. There is NO out-of-network coverage.	

Scott & White HMO

Coverage	Full Premium	District Contribution	Your Monthly Premium
Employee Only	\$569.76	\$313.87	\$255.89
Employee & Spouse	\$1,432.42	\$315.22	\$1,117.20
Employee & Child(ren)	\$916.49	\$314.41	\$602.08
Employee & Family	\$1,648.78	\$315.56	\$1,333.22
In-Network Deductibles		Out-of-Network Deductibles	
\$2,400 per Individual/ \$4,800 per Family		Plan only offers in-network coverage. There is NO out-of-network coverage.	

	PRIMARY	HD	PRIMARY +	SCOTT & WHITE HMO
PREMIUMS	Lowest	Lower	Higher	Higher
DEDUCTIBLE	Mid-Range	High	Low	Lowest
COPAYS	Yes	No	Yes	Yes
COINSURANCE	30% after deductible	30% after deductible (in-network)/ 50% (out-of-network)	20% after deductible	25% after deductible
NETWORK	In-Network coverage only/ (statewide)	In and Out-of-Network coverage/ (Nationwide)	In-Network coverage only/ (statewide)	In-Network coverage only/ Regional
PCP REQUIRED?	Yes	No	Yes	No
HSA ELIGIBLE?		Yes	No	No

ActiveCare Primary, HD, and Primary + Plans

Provider: Blue Cross Blue Shield of Texas

Website: <https://www.bcbstx.com/trsactivecare/>

Customer Service: 1-866-355-5999

Scott and White HMO Plan

Provider: Scott & White Health Plan

Website: <https://www.bswhealthplan.com/trs>

Customer Service: 1-844-633-5325

PLEASE READ

ANY ELECTION MADE AT OPEN ENROLLMENT OR AS A NEW HIRE IS IRREVERSIBLE UNLESS YOU EXPERIENCE A CHANGE IN STATUS, AS DEFINED BY THE PLAN, AND THE DISTRICT IS NOTIFIED WITHIN THIRTY-ONE (31) CALENDAR DAYS OF THE QUALIFYING EVENT.

Please Note: Richardson Independent School District reserves the right to charge employees for employee and/or dependent coverage and to change such charges at any time. The District will inform you of such charges, or changes herein, prior to their effective date.

TRS Virtual Health-BlueCross BlueShield Members Only

Teladoc

Teladoc physicians have an average of 15-20 years of clinical experience and are board-certified in Family Medicine, Internal Medicine, Pediatrics or Emergency Medicine. You can use Teladoc for general, non-urgent medical conditions. Teladoc also offers confidential mental health services for adults 18 and older from a licensed therapist, psychologist, psychiatrist or certified drug and alcohol abuse counselor. You can even have prescription medication sent right to your home, when medically necessary.

General medical conditions treated include:

- Cold & flu symptoms
- Allergies
- Bronchitis
- Upset stomach
- Sinus problems
- Respiratory infections
- Skin problems

Mental Health conditions treated include:

- Depression & anxiety disorders
- Attention disorders
- Alcoholism & addiction & substance-related disorders
- Neurocognitive disorders and dementia

RediMD

RediMD provides quality primary care medical service with live, face-to-face diagnosis and treatment online or by phone. You can see or speak with a board-certified physician who can diagnose and recommend conservative treatment 24/7

- Back & Shoulder strains
- Ankle injuries
- Pulled muscles
- Asthma
- Infections
- Shortness of breath
- Allergies

RediMD Customer Service:

Call **1-866-989-CURE** (2873), option 3

Or to create an account, visit <https://redimd.com/trsactivecare>

TRS Virtual Health- Scott and White HMO Members Only

My BSW Health

Available 8 AM- 8 PM, 7 days a week. Receive care from the comfort of your home, or anywhere in Texas, at no cost to you.! Conduct eVisit, or same-day video visit, for common medical conditions and get care fast by completing an online interview about your symptoms; it takes only 5-10 minutes. Receive a response from your BSW health provider within one hour. Prescriptions (if needed) will be sent immediately to your preferred pharmacy.

Virtual Care powered by MDLIVE

Additional virtual care options, powered by MDLIVE, are available 24 hours a day, 7 days a week. These options provide access to board-certified doctors, as well as licensed therapists and more, for general health and behavioral health concerns. You can visit with a doctor by phone, secure, video, or the MDLIVE app.

Other benefits with Scott & white HMO include:

- Nurse Advice line- available 24/7
- Digital Health Coaching
- FREE Wellness Webinars
- Maternity program
- MY BSW Health app
- And more!

For more information, visit trs.swhp.org or call 844-633-5325.

Marketplace Coverage

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: The Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

THE RICHARDSON ISD EMPLOYEE ACUTE CARE CLINIC

IN PARTNERSHIP WITH METHODIST MEDICAL GROUP

SERVING ALL RISD EMPLOYEES AND THEIR IMMEDIATE FAMILY MEMBERS

- In-person & virtual appointments, and walk-ins*
- Small co-pay of \$10 per appointment*
- For all RISD employees and their immediate family members*
- Insurance not required*

Low-Cost Quality Care:

The \$10 co-pay covers all services rendered for both an in-person or virtual visit. Insurance is not required. Cash, check and credit cards are accepted. If a prescription is needed, the clinic will call it into the pharmacy of the patient's choice. Prescription cost is at the patient's expense (whether insurance or self-pay).

Acute Care Provided For:

- Strep throat
- Flu
- Bladder infection
- Pink eye
- Infection (ear, nose, throat)
- Minor wounds/abrasions
- Joint sprain
- Skin condition (poison ivy, ringworm, acne)

Plan Your Visit: Minimize wait time by calling ahead to make an appointment: 214-484-1524.
(\$10 co-pay is non-refundable for canceled appointments.)

Clinic Hours

8 AM- 5 PM - For in-person appointments and walk-ins

5 PM- 8 PM - For virtual visits with Methodist Now

Open Monday- Friday, closed district holidays.

Location:

1500 International Pkwy, Suite 200, Richardson, TX 75081

The clinic is located in the network of Community Ministries building with a dedicated entrance off of E. Collins Blvd. For access, park and enter on the northeast side of the building that faces E. Collins Blvd

Employee Assistance Programs

We have an Employee Assistance Program through NY Life. You can get started by calling the customer service number provided or by visiting their website. The EAP can assist with many different problems. Among these are stress, depression, workplace difficulties, and/or family conflicts. Assistance is available 24 hours a day, 7 days a week!

Life Assistance Program: Telephonic clinical and work/life support, up to 3 face-to-face counseling visits, referrals for community services, free 30-minute financial and legal consultations, educational resources and webinars.

For more information, call 800-538-3543 or visit <https://www.guidanceresources.com/>. The Web ID is NYLGBS.

Continuing sessions using your Medical Insurance after using your EAP benefits...

It is not guaranteed that EAP counselors will also accept your medical insurance or be in your plan network. Please confirm this before planning to continue to see your counselor using your Medical benefits.

THE RICHARDSON ISD MENTAL WELLNESS CLINIC

Sponsored by Texas A&M Commerce in partnership with RISD

Offering 8 free counseling sessions for RISD employees

For appointments, please contact hmcc@tamuc.edu

Address: 600 Sherman St., Suite 108, Richardson, TX 75081

Phone: 469-593-9155

Dental Plans- provided by Cigna

You have two Cigna dental plans to choose from; a DPPO and a DHMO. Both plans cover Preventive, Basic, Major and Orthodontic services.

The DPPO plan gives you the freedom to choose any dentist in or out of network, including specialists. Reimbursements are based on usual, customary and reasonable (UCR) fees. While participants may choose any dentist or specialist under the DPPO Plan, selection of a contract network dentist will provide participants with the highest-level benefits and save out-of-pocket costs.

The DHMO allows you to select a participating dentist from a network to manage your dental care. The plan offers lower premiums and reduced co-pays for performed procedures.

Need to locate a network dentist or orthodontist? Log on to <https://www.cigna.com/richardsonisd/> or Call customer service at 1. 800.CIGNA24

Voluntary Dental Plan-DPPO

Monthly Premiums for the DPPO plans:

Employee Only	\$37.38
Employee + Spouse	\$74.78
Employee + Child(ren)	\$81.11
Employee + Family	\$117.81

Always verify your provider network status

You pay more of the cost when you go out-of-network. You may be required to file your own claim; and / or you could be balance billed for amounts over allowed amount. Visit

<https://www.cigna.com/richardsonisd/> or call customer service at 1. 800.CIGNA24 (6224).

Plan Feature	Benefit
Deductibles and Benefits Maximum	\$50 per person, \$150 per family per plan year. Maximum benefit paid per plan year is \$1,250 per person.
Diagnostic and Preventive: oral examinations, prophylaxis: routine cleanings, x-rays: routine, fluoride application, sealants: per tooth, space maintainers: non-orthodontic	100% of Cigna's allowed (UCR) amount. Deductible is waived.
Basic: fillings, full-mouth/panoramic X-rays, root canal therapy	80% of Cigna's allowed (UCR) amount. Subject to Deductible.
Major: Prosthodontic Benefits: bridges, partial, dentures, crowns dentures, full dentures	50% of Cigna's allowed (UCR) amount. Subject to Deductible.
Orthodontic Benefits: Child <i>Only</i> (up to age 19)	50% of Cigna's allowed amount— \$1,250 lifetime maximum Subject to Deductible.
Waiting Period	Major: 6 Months Ortho: 12 Months
<i>UCR: Usual, Customary, and Reasonable</i>	

Voluntary Dental Plan-DHMO

Monthly Premiums for the DHMO Plan

Employee Only	\$10.97
Employee + Spouse	\$17.66
Employee + Child(ren)	\$23.81
Employee + Family	\$27.86

Sampling of Procedure	Cost with Cigna Dental Care	Estimated Cost without Dental Coverage
Adult cleaning (Two per calendar year each at \$0. Additional two cleanings available at \$45 each)	\$0	\$66-\$125 each
Child cleaning (Two per calendar year each at \$0. Additional two cleanings available at \$30 each)	\$0	\$49-\$93 each
Periodic oral evaluation	\$0	\$94-\$178
Comprehensive oral evaluation	\$0	\$37-\$69
Topical fluoride	\$0	\$57-\$108
X-rays - (bitewings) 2 films	\$0	\$26-\$49
X-rays - panoramic film	\$0	\$30-\$58
Sealant - per tooth	\$16	\$39-\$74
Amalgam filling (silver colored) - 2 surfaces	\$28	\$110-\$208
Composite filling (tooth-colored) - 1 surface	\$33	\$111-\$211
Molar root canal (excluding final restoration)	\$595	\$800-\$1,514
Periodontal (gum) scaling & root planning - 1 quadrant	\$135	\$167-\$316
Periodontal (gum) maintenance	\$93	\$102-\$193
Removal/extraction of erupted tooth	\$64	\$112-\$211
Removal/extraction of impacted tooth	\$300	\$349-\$660
Crown – porcelain fused to high noble metal	\$480	\$797-\$1,509
Implant crown – porcelain fused to high noble metal crown	\$780	\$1,025-\$1,939

For a full list of covered services and exclusions/limitations, call customer service at 1. 800.CIGNA24 (6224) or visit <https://www.cigna.com/richardsonisd/>

Vision- provided by SuperiorVision

Vision Monthly Premiums

Employee Only	\$5.10
Emp & Spouse	\$10.19
Emp. & children	\$12.17
Emp. & Family	\$18.59

Vision Highlights

Services/ Frequency

Exam	12 months
Frame	24 months
Contact Lens Fitting	12 months
Lenses	12 months
Contact Lenses	12 months

Copays

Exam	\$15
Materials	\$25
Contact Lens Fitting (standard & specialty)	\$25

Other Plan Features:

Order contacts online from ContactsDirect!
With ContactsDirect, Superior Vision members have the same seamless in-network experience when shopping for contact lenses online as they do when shopping in-person
<ul style="list-style-type: none">• Choose from top brands• Select from all types of contacts• Apply in-network allowance instantly• Use remaining FSA dollars• Enjoy fast and free shipping

For more information, visit www.superiorvision.com or call 1-800-507-3800.

Flexible Spending Accounts-provided by Navia

You can pay for eligible health care and dependent care expenses with pre-tax income through a Flexible Spending Account. You do not pay federal income tax on your deposit. The Flexible Spending Account reimburses you for eligible health care expenses that are not covered by insurance. Expenses may be incurred by you, your spouse, and your dependent children, regardless of whether they are covered by Richardson ISD's medical, dental or vision plans. The Flexible Spending Account also reimburses you for certain dependent care expenses incurred while you and/or your spouse work.

How the Spending Accounts Work

You choose to contribute part of your earnings into the Medical Flexible Spending Account and/or the Dependent Care Flexible Spending Account. The accounts are maintained separately, and you cannot make transfers between them. These accounts will reimburse you for eligible expenses that you submit throughout the year.

Health Care FSA	Dependent Care FSA
<ol style="list-style-type: none">1. Estimate your annual health care expenditures on items not reimbursed by insurance.2. Decide how much money you want to contribute to the account per year (Minimum is \$120 and the Maximum is \$3,050). The money is deducted before taxes, so taxes are withheld on a lower amount of your earnings.3. You may file a paper or online claim when you have eligible health care expenses.4. You may also request a Navia Benefit Card to be used to pay for eligible health care expenses. Funds come directly out of your Health FSA and are paid to the provider. Some swipes require verification, so hang on to your receipts!	<ol style="list-style-type: none">1. Estimate your dependent care expenses for the coming year.2. Decide how much money you want to contribute to the account with a \$5,000 maximum per year. The money is deducted before taxes are taken out, so taxes are withheld on a lower amount of your earnings (pre-tax basis).3. File a claim when you have eligible dependent care expenses.4. You will be reimbursed for eligible claims up to the current contributed amount available in your account. <p>Note: Dependent care deposits must be received and posted to your individual account before they can be used.</p>

Health Care FSA

Eligible Expenses

The following are examples of expenses eligible for reimbursement when they are not covered by a medical, dental or vision care plan. You cannot claim an expense as a federal income tax deduction if it is reimbursed through your Flexible Spending Account. (For a full list, go to www.irs.gov.)

- Amount applied to any medical, dental, or vision plan deductible, or copayment, or fees in excess of plan limits;
- Vision expenses not covered by a plan, including exams, eyeglasses, contact lenses and solutions, optometrist and ophthalmologist fees and laser eye surgery.
- Dental expenses not covered by a plan including cleanings, fillings and orthodontia;
- Hearing aids;
- Prescription drugs;
- Diabetic supplies;
- Specialized equipment for disabled persons;
- Physical therapy, speech therapy, and psychotherapy; and
- Smoking cessation programs.
- Over-the-counter drugs, if to treat a medical condition. Prescription is required.

Dependent Care FSA

Eligible Expenses

You may claim dependent care expenses for any dependents who live with you and rely on you for more than half of their support as claimed on your taxes.

Eligible Expenses for reimbursement:

- Expenses for childcare
- Care for a child under the age of 13 at a day camp, nursery school or private sitter; and
- Care for an incapacitated adult who lives with you at least eight hours a day.

Dependents include:

- Children under the age of 13.
- Persons of any age, if physically or mentally disabled, and claimed on your federal income tax return.
- You may be reimbursed for daycare expenses only if this enables you to work. If married, your spouse must also work or be looking for work, be a full-time student, or be disabled

Note: If you terminate employment or experience a change in employment status from full-time to part-time, you are eligible to access FSA funds up to your termination or employment status change date. This means that any services after the previous mentioned dates are ineligible for reimbursement.

Health Savings Account- provided by Navia

How it Works:

You can deposit money into your HSA account up to an annual per person or family limit set by the IRS. You can use money in your HSA account to pay for insurance deductibles and medical care/supplies like dentistry, ophthalmology, and prescription drugs.

A Health Savings Account (HSA):

Is Yours- Funds in your HSA account stay with you, even if you change jobs. And, if you're no longer covered by an HDHP, your account stays active, and you can use remaining funds for medical expenses. *Reduces Your Taxable Income-* The money is tax-free both when you put it in, and when you take it out to cover qualified medical expenses. *Grows with You-* If you maintain a minimum balance of \$1,000, your additional funds may be invested in mutual funds yielding tax-free earnings. In order to avoid monthly service fees, you must maintain an average monthly balance of \$3,000 if you wish to invest in mutual funds. *Helps You Plan for The Future-* Until you turn 65, withdrawals used for eligible expenses are tax-free. After you turn 65, or if you become disabled, your HSA account becomes like a regular IRA withdrawal you use for non-eligible expenses will be taxed at your regular income tax rate but won't incur additional penalties.

You can use your HSA dollars on your Navia Benefits Card to pay for:

- Prescription and health plan copayments, deductibles and coinsurance
- "Amount Due" on medical and dental statements
- Mail-order or online prescription invoices
- Vision services, eyeglasses

	FSA	HSA
WHO IS ELIGIBLE?	All Full Time Employees	Any Full-Time employee who is covered under the RISD ActiveCare HD (high deductible) health plan (HDHP), is not entitled to Medicare, and cannot be claimed as a tax dependent.
IS THERE AN ANNUAL CONTRIBUTION LIMIT?	Yes, as determined by the employer's plan design and limited by health care reform. The maximum contribution is \$3,050.	In 2023, limits are \$3,850 per individual and \$7,750 per family, respectively.
DO UNUSED FUNDS CARRY OVER TO THE NEXT YEAR?	Generally, No. However, there is a Grace Period which allows employees to incur expenses for up to 2.5 months after the end of the plan year.	Yes
CAN YOU MAKE THE ACCOUNT WITH YOU IF YOU CHANGE JOBS, CHANGE HEALTH PLANS, OR RETIRE?	No	Yes
CAN YOU USE THE ACCOUNT FOR RETIREMENT INCOME?	No	Yes, after 65, you can withdraw funds for any reason with no penalty. Although, if not used for qualified medical expenses, withdrawals will be taxed as income.
WHEN ARE FUNDS AVAILABLE?	This is a pre-funded benefit, meaning that you will have access to your full annual election amount at any time during the plan year, regardless of the amount you've contributed.	An employee only has access to what has been contributed into their HSA account.

Life and Disability Insurance- provided by NY Life

Basic Term Life & Accidental Death and Dismemberment (AD&D) Insurance Coverage

Richardson ISD provides \$10,000 basic term life insurance coverage and \$10,000 basic AD&D insurance coverage at no cost.

- Term life insurance will pay a benefit to your designated beneficiary upon death.
- AD&D Insurance provides additional benefits for an accidental death, and for an accidental dismemberment, as defined in the schedule of benefits.
- You may choose additional coverage for yourself, up to five times your annual base salary. You may choose term life insurance in \$10,000 increments, up to \$50,000 for your spouse. You may elect \$5,000 or \$10,000 for you dependent child(ren). *Dependent life may not exceed 50% of employee coverage amount.*

Short-term and Long-term Disability Income Protection Insurance

Disability coverage helps you and your family meet financial obligations if injury or illness prevents you from working. This benefit provides a continuing source of income if you are unable to work because of a disability.

Richardson ISD Offers eligible employees the opportunity to purchase short and long-term disability insurance programs at discounted group rates in order to replace a portion of their income if they experience disability.

Disability Options

Short Term Disability:

	Gross Weekly Benefit	Maximum Gross Weekly Benefit	Benefit Waiting Period
<i>Plan 1 (Low)</i>	60% of your weekly covered earnings	\$1,000	20 Days for accident 20 Days for sickness
<i>Plan 2 (High)</i>	60% of your weekly covered earnings	\$1,000	10 Days for accident 10 Days for sickness

Long Term Disability:

	Gross Monthly Benefit	Maximum Gross Monthly Benefit	Benefit Waiting Period
<i>Plan 1 (Low)</i>	40% of your monthly covered earnings	\$2,500	90 Days
<i>Plan 2 (High)</i>	60% of your monthly covered earnings	\$7,500	90 Days

Note: Long-term Disability benefits are reduced by other sources of income during disability, such as Workers' Compensation, Social Security, and/or retirement systems.

Retirement Investment Plans:

The District offers two retirement plan options, a 403(b) plan and a 457(b) Retirement Savings Plan. Both voluntary savings programs serve a way for employees to save funds for retirement and other long-term financial needs.

Payroll deductions can be contributed to the plans on a tax-deferred basis. This reduces current income tax and allows the money in the plans to grow untaxed until money is distributed to the participant.

RISD Retirement Plans are administered by TCG.

To get started, you may call TCG or visit the website listed below:

Phone: 1-800-943-9179/ Website: www.region10rams.org

TCG Retirement Plan Specialist for RISD: Kevin Hull, khull@tcgservices.com

Absences, State Days and Local Days

Absences

Monthly reporting periods run from the 10th of one month to the 9th of the next month. Any absences taken within that period will be reflected on the check for that month. For example, any absences taken from January 10th- February 9th will be reflected on the February monthly check.

Personal Business Absences

All employees are allowed to take 5 personal business days or religious holidays per contract year.

Please Note: Personal business and religious holidays are limited to 5 per school year *combined*. For example, if you take 3 religious' holidays, there will only be 2 personal business days left.

More than 5 personal business days will result in a dock of pay.

Examples of *Personal Business Days* are the following:

- Honeymoon or marriage
- Leaky faucet or plumbing issues
- Shopping
- Religious Holidays

Distribution of Days Breakdown

DAYS WORKED	LOCAL DAYS GRANTED	STATE DAYS GRANTED	HARDSHIP DAYS GRANTED
175+	5	5	10
141-174	4	4	8
107-140	3	3	6
72-106	2	2	4
36-71	1	1	2
1-35	0	0	0

Depending on the number of days worked and the percent of each day worked, each RISD employee may receive up to 5 local days and 5 State Days at the beginning of each school year.

Local Days

On the first workday, up to 5 **local days** will be awarded to each employee per school year by RISD. The number of days awarded assumes that the employee will remain employed for the balance of the year.

Any unused local days in a school year will roll over to local days for the next year.

Local days can only be used for:

- Personal Illness
- Family Illness
- Death in the Family

State Days

On the first workday, up to 5 **state days** will be awarded to each employee per school year by the state of Texas. The number of days awarded assumes that the employee will remain employed for the balance of the year.

Any unused state days in a school year will roll over to state days for the next year.

Only 5 Personal Business absences draw from **state days**.

Important:

Personal Business Days come out of your State days bucket. If you have no state days left, then no Personal Business Absences can be used

If **local days** are exhausted, **state days** will be used for personal illness, family illness, and/or death in the family

FAQs

- **If I was docked due to using more than 5 personal business days, can that be changed?**
It is possible to be changed but only if your administrator emails a request to do so.
- **I know my state and local days rollover to the new year, but do personal business absences roll over?**
No, only state and local but not specifically Personal Business.
- **I came from another district; however, I've noticed my days did not carry over...why is that?**
Sometimes when a person is hired from another district in TX, the state days are supposed to follow them, but at times that information may not make it to our department. If you've noticed this happened, please contact your HR specialist.
- **Where can I find how many days that I have available?**
You can see your days available on your most recent paycheck, or by logging into Employee Self-Service.
- **I've checked my days available, but I don't quite understand how many I can use, what should I do?**
Any of our Payroll & Benefits Specialists can assist you further, as each employee's case is different. They can be reached via email and PayrollandBenefits@risd.org or by calling 469-593-0605.
- **My days used/remaining seem incorrect. What steps should I take to assure this is fixed?**
Start by discussing this matter and double-checking with your campus executive/secretary, or whomever enters in your times in Kronos. Then the exec., or yourself, may contact our department to assure that this information is updated on our end.

Important Contacts

Vendor & Type of plan	Customer Service	Website
BlueCross BlueShield of Texas (for ActiveCare primary, primary + and HD plans)	1-866-355-5999	https://www.bcbstx.com/trsactivecare
CVS Caremark (Pharmacy until Aug. 31, 2023)	1-866-355-5999, Option #2	https://info.caremark.com/oe/trsactivecare
Express Scripts Pharmacy (Effective Sept. 1, 2023)	844-367-6108	https://esrx.com/trsactivecare
Teladoc (for BCBSTX plans only)	1-855-835-2362	https://member.teladoc.com/trsactivecare
RediMD (for BCBSTX plans only)	1-866-989-2873	https://redimd.com/trsactivecare
Scott & White Health Plan	1-844-633-5325	https://trs.swhp.org/
NY Life-EAP	1-800-538-3543	www.guidanceresources.com/ Web ID: NYLGBS
Cigna- Dental	1-800-244-6224	www.mycigna.com
NY Life- Life and Disability	1-800-362-4462	
SuperiorVision	1-800-507-3800	www.superiorvision.com
Navia- FSA/HSA	1-800-669-3539	www.naviabenefits.com
TCG	1-800-943-9179	www.region10rams.org

Glossary of Terms

Allowed Amount- the maximum amount determined by to be eligible for consideration of payment by the plan for a particular service, supply, or procedure.

Deductible- The amount you must pay for covered health services based on contracted rates (also referred to as eligible charges/expenses) in a year before the plan will begin paying certain benefits in that year.

COBRA- Consolidated Omnibus Budget Reconciliation Act of 1985. This Act requires that continuation of group insurance be offered to covered persons who lose health, dental or flexible spending coverage due to a qualifying life event as defined in the Act.

Co-insurance- The portion of covered health care costs for which the covered person is financially responsible, usually according to a fixed percentage. Co-insurance may be applied after a deductible requirement is met.

Co-payment- A predetermined amount you are required to pay for certain covered services, such as a prescription or office visit.

Course and Scope of Employment- an activity of any kind or character that has to do with and originates in the work, business, trade, or profession of the employer and that is performed by an employee while engaged in or about the furtherance of the affairs or business of the employer.

Explanation of Benefits (EOB)- A description sent to an employee, spouse or dependent child by a plan that includes the charges for services provided, the benefits considered, and the amount paid.

Incurred Expense- An expense is considered incurred on the date services were rendered or supplies were received.

Initial Period- The first 31 days of employment.

Network- A series of providers who have contracted with the insurance company for the benefit of plan participants. Out-of-Network services and supplies that are provided by a Non-Network provider or are not contracted with insurance company to provide services. There may be reduced reimbursement or no coverage depending on your plan type. You will be responsible for all charges remaining after plan has paid the allowed amounts.

Occupational Injury- An injury or illness resulting from course and scope of employment. Also known as a worker's compensation injury.

Out-of-Pocket Maximum- The maximum out of pocket amount you will pay per plan year. The deductibles, office visit copays, and coinsurance all apply to your maximum out of pocket expense. After you reach the out-of-pocket maximum, TRS-ActiveCare pays 100% of the allowable amount for covered charges for the rest of the plan year.

Plan Year- For all benefits the plan year begins September 1st and ends August 31st.

Contact Us

Payroll & Benefits:

Annex Bldg., 420 S. Greenville Ave.
Richardson, TX 75081

Phone: 469-593-0605

Email: PayrollandBenefits@risd.org

Stay Connected

- *Visit our “Payroll and Employee Benefits” page on the RISD Intranet*
- *Follow us on Schoology! Access Code: 3G8VS-ZV4C8*
- *Twitter: @RISD_Benefits*