

Employee Benefit Guide

Plan Year 2021

January – December 2021

For an Audio Review of this Benefit Guide, either go to this link,
<https://www.brainshark.com/mmasw/2021RRISDGuideEnglish>

Or use your Smart Phone
to Scan the QR Code .



Employee Benefit Introduction <i>Who is Eligible? When are you Eligible? Qualifying Events</i>	P.1
Benefits Service Center <i>Claims Assistance Benefit Questions Insurance Carrier Contacts</i>	P.2
Additional Health Plan Care Options <i>MDLive 24 Hour Nurseline Surgery Plus Airrosti Urgent Care vs Emergency Room Employee Assistance Program (EAP)</i>	P.3
Health Plan Comparison & Rates <i>New! HDHP Plan 2 Copay Plans</i>	P.4 – P.6
Tax Free Programs <i>New! HSA Plan FSA Healthcare & Dependent Care Reimbursements</i>	P.7 – P.8
Dental Plan Benefits & Rates	P.9
Vision Plan Benefits & Rates	P.10
Life Insurance Plan Options <i>Employer-Provided Life Insurance Voluntary Life & AD&D Options</i>	P.11
Disability Plan Options <i>Short & Long Term Disability Options</i>	P.12
Retirement Plans <i>403b 457b</i>	P.13

INDEX

RRISD Employee Benefit Introduction

Plan Documents are available on the RRISD Benefits Website.

This Employee Benefit Guide will provide an overview of RRISD Benefit Plans. Detailed information about the benefit plans is available on the RRISD Benefits Website:

www.roundrockisd.org Select A-Z index and then Benefits.

New Hire benefits elected will be effective the **first day of the month following your hire date**. Premiums are pulled from your check a month in advance. See page 2 of this Benefit Guide for contact information and where to send questions or problems.

The payroll deadline is the 5th business day of the month. If enrollment forms are not received in time to pull the deductions from your first check, double or triple premiums will be pulled on your next check.

- Employees who are paid on the semi-monthly payroll will pay their premiums the first check of each month (15th). In September, premiums will not be pulled until the check on the 30th of the month.
- Semi-monthly employees who work 10 months out of the year will pay for their summer premiums as follows: April 30th check will pay August premiums May 30th check will pay September premiums.

Late enrollment paperwork cannot be accepted. New employee enrollment forms must be received in the Payroll/Benefits Department within 30 calendar days* of your start date.

After 30 calendar days of employment, benefit changes may only be made due to a **“qualifying event”**. Changes due to “qualifying events” must be made within 30 calendar days of the “qualifying event” date. See the RRISD Benefits website for more details and required documentation.

***Calendar Days** means all days, including weekends and holidays, on a standard calendar. If the 30th day of the calendar falls on a day the district is closed, the next calendar day the district is open will be considered the 30th day.

Benefits Open Enrollment. RRISD conducts the annual open enrollment in October for a January 1 effective date. All employees eligible to enroll in RRISD Benefit plans must re-enroll each year to elect coverage. Open Enrollment premium deductions begin with the December pay check, employees should ensure that enrollment in FSA/HSA accounts do not go over the maximum allowed for the current tax year as deductions will be pre-taxed and reported on the W2 in December.

Dependents. Your eligible dependents for the RRISD Benefit Program are: Your legally married spouse and children from birth to age 26. The District has a right to audit and require proper identification for all dependents enrolled in the insurance programs. You should be prepared to present these, if enrolling dependents.

FSA Statement: By enrolling in RRISD Benefit Plans, employees elect to participate in RRISD Flexible Benefit Plan for benefits made available under Internal Revenue Code Sections 79,105,106,125, and 129 as amended from time to time. As a participant in the Plan, employee benefits are paid on a pre-tax basis under a Flexible Benefit Plan. Outside of Open Enrollment, employees may only make changes to their benefit elections as a result of certain qualifying events.

General Disclaimer: The information in this Benefits Guide is intended for illustrative and informational purposes only. The information contained herein was taken from various summary plan descriptions, certificates of coverage and benefit information. While every effort was taken to accurately report your benefits, discrepancies and errors are always possible. It is not intended to alter or expand rights or liabilities set forth in the official plan documents or contracts. It is not an offer to contract, nor are there any expressed or implied guarantees. In the case of a discrepancy between this information and the actual plan documents, the actual plan documents will prevail.

BENEFITS SERVICE CENTER

Marsh & McLennan Agency (MMA)

Benefit Consultants for Round Rock ISD Staff

Hours: 8:00 am – 6:00 pm CST

Phone: 1-877-294-5130 *Hablo Espanol*

Email: RRISD@MarshMMA.com

Claims Assistance | Benefit Questions

RRISD Payroll / Benefits

Email: Benefits@RoundRockISD.org

Qualifying Events | Enrollment Assistance

Payroll Deduction Questions | Eligibility Questions

Leave of Absence

RRISD Benefits Enrollment

Open Enrollment:

ESS Link found on RRISD Web Page

Health Plan | BLUE CROSS BLUE SHIELD
GROUP # 041672
PROVIDER LISTING: BLUECHOICE NETWORK
WWW.BCBSTX.COM
PHONE # 800-521-2227

Prescription | EXPRESS SCRIPTS
GROUP # 041672
WWW.EXPRESS-SCRIPTS.COM
PHONE # 800-334-8134

Specialty Drugs | EXPRESS SCRIPTS (Accredo)
PHONE # 800-803-2523

Telehealth | MDLIVE
WWW.MDLIVE.COM/BCBSTX
PHONE # 888-676-4204

Dental | HUMANA
GROUP # 830381
PROVIDER LISTING: PPO / TRADITIONAL
WWW.HUMANADENTAL.COM
PHONE # 800-979-4760

Vision | SUPERIOR VISION
GROUP # 29798
WWW.SUPERIORVISION.COM
PHONE # 844-549-2603

Life Insurance | SECURIAN LIFE
GROUP #34138-G and #34159-G
WWW.LIFEBENEFITS.COM
PHONE # 866-293-6047

Disability | SUNLIFE
GROUP #79568-001
WWW.SUNLIFE.COM
PHONE # 800-247-6875

FSA | HEALTH EQUITY (formerly Wageworks)
FLEXIBLE SPENDING ACCOUNT
HEALTHCARE REIMBURSEMENT
DEPENDENT CARE REIMBURSEMENT
WWW.WAGWORKS.COM
PHONE # 877-924-3967

HSA | HEALTH EQUITY
HEALTH SAVINGS ACCOUNT
MY.HEALTHEQUITY.COM
PHONE # 866-346-5800

EAP | MAGELLAN
EMPLOYEE ASSISTANCE PROGRAM
WWW.MAGELLANASCEND.COM
PHONE # 800-327-1393

Additional Health Plan Care Options

See RRISD Benefits Website for More Details



Magellan Health Services
Employee Assistance Program (EAP)
www.MagellanAscend.com with “chat” option
1-800-327-1393

Free Emotional or Work-life Counseling | Financial Resources | Legal Support & Resources



Airrosti
Musculoskeletal Expertise
www.Airrosti.com
1-800-404-6050

Offering Remote Recovery | Neck & Back Pain | Tendonitis | Muscle Pulls | Surgery-Free



Must be enrolled on RRISD Medical Plan
No additional enrollment is necessary.

Alternative Non-Emergency Surgery Option | Waives Deductible & Coinsurance for Surgery Expenses
Pre-Op and Other Non-Surgery Related Expenses will be applied to your BCBS Medical Plan provisions.

SurgeryPlus
Additional Surgery Provider
Email: Advocate@EDHC.com
1-855-200-2099

Download these Phone Apps:



MDLive | Telehealth Visits
\$0 Copay Primary Care Visits on Copay Plans
Convenient. Can be accessed virtually from anywhere.
Can Prescribe Rx
Behavioral Health Visits Available Also



Blue Cross Blue Shield of Texas
In-Network Provider Look Up
Urgent Care vs Emergency Room Confirmation
Status of Claims, Deductible and Max Out of Pocket



Express Scripts | Pharmacy
In-Network Provider Look Up
Current List of Covered Drugs & Limitations
Prescription Pricing



HealthEquity | FSA & HSA
Upload receipts to your FSA or HSA via your phone
Check balances of FSA or HSA

Superior Vision



In-Network Provider Look Up
GPS Instructions to Locations
Access to Your Plan Details
Print or Email an ID Card

Humana Dental



Introduction of 2021 Health Plans

Effective January 1, 2021 Round Rock ISD's Benefit Program Will Offer:

2 - Copay Health Plans and 1 - High Deductible Health Plan (HDHP)

For members electing the HDHP health option, Round Rock ISD's Benefit Program will make contributions to a **HSA (Health Savings Account)**. Members must meet eligibility of the HSA program (see p. 8). While not required, Members have the option of adding to the HSA balance with your own pre-tax contributions, through payroll. You are also allowed to make contributions direct to the HSA vendor, as long as you do not exceed the calendar year maximum, in total. This direct-pay portion will receive tax favor when you file your annual return. Unlike other pre-tax programs, the HSA unspent dollars simply roll forward from year to year.

HDHP Health Plans are sometimes called Consumer Driven Health Plans (CDHP). They are referred to in this way because they allow the member to manage where their own medical dollars go. While it is true that you have to pay out-of-pocket until your deductible is met, your payroll deduction amounts may be smaller, which will help accommodate, as will the monthly HSA Contribution from the District. If your monthly health expenses are high, please consider the cash flow issues that might arise, not only paying your deductible, but also the coinsurance that follows that.

Just like the Copay Plans, the HDHP provides in-network discounted pricing, for medical and prescription. This helps stretch "your" dollar further. Additionally, both Copay & HDHP Plans offer 100% in-network coverage once the Out of Pocket Maximum is met.

Copay Plans & HDHP Plans offer some **similarities**.

- Preventive Services covered at 100%, in-network.
- Deductibles are required prior to some or all of the services, after which coinsurance applies.
- Maximum out-of-pockets apply to both plan designs.
- For RRISD, both plans offer in and out of network benefits, using the same network, BlueChoice.

Copay Plans & HDHP Plans also offer some **differences**.

- Copay plans offer copays for physician visits and prescriptions; HDHP offers no copays. Member pays full cost on HDHP until deductible is met.
- Copay plans generally offer lower deductibles than HDHP plans.
- Copay plans can be paired with a FSA pre-tax program only.
- HDHP plans can be paired with either a FSA or a HSA. (There are limitations to having both in the same tax family.)

HDHP

High Deductible Health Plan With Partial HSA Funding from The District

See Plan Document for
Out-of-Network Coverage

- A medical plan that does not offer any services for a copay; deductibles and coinsurance apply on everything, including prescriptions.
- Annual Deductible must be met in full before insurance covers any costs, except for Preventive Care; it's covered 100% in-network.
- Use in-network providers to access Express Scripts' discount pricing, which is assumed due at time of service.
- Before electing HDHP Plan, check with your pharmacy on the "cost of your medication if you changed to a HDHP Plan". The cost of medications can be alarming, even at the BCBS discounted price. Make sure that you can cover the cost of your medicine, as the plan covers nothing until you hit your deductible.
- If you are enrolled in a HDHP medical plan, then you may also be eligible to open a HSA banking account. More information listed on page 8 of this Guide. The District will be contributing \$42 / month to each eligible HDHP participant's HSA account.

Total Exposure In Network | Per Calendar Year

Employee Only

$$\begin{array}{rclcl} \text{Annual Premium} + \text{Out of Pocket Max} - \text{District HSA} & & = & & \\ \$0 & + & \$6,500 & - & (\$42 * 12 \text{ months})^* & = & \$5,996 \end{array}$$

Employee + Family

$$\begin{array}{rclcl} \text{Annual Premium} + \text{Out of Pocket Max} - \text{District HSA} & & = & & \\ \$8,400 & + & \$12,000 & - & (\$42 * 12 \text{ months})^* & = & \$19,896 \end{array}$$

*HSA amount could vary. This example calculated using 12 months' of contribution.

HDHP PLAN \$3,000 Deductible	
In Network Benefits	
Office Visits	
Preventive Exams	You Pay: \$0 - Covered 100%
Virtual Visits	30% after Deductible
Sick Visit - Primary Care Physician	30% after Deductible
Sick Visit - Specialist Physician	30% after Deductible
Advanced Chiro (Airrosti)	30% after Deductible
Prescription Medications	
Tier 1 (30 days)	30% after Deductible
Tier 2 (30 days)	30% after Deductible
Tier 3 (30 days)	30% after Deductible
Tier 4 (30 days)	30% after Deductible
Mail Order (90 days)	30% after Deductible
After Hours Care	
Urgent Care Facility	30% after Deductible
Emergency Room Facility	30% after Deductible
Emergency Room Physician	30% after Deductible
Deductible	
Individual	\$3,000
Family	\$9,000
Coinsurance	
	70%
Max Out of Pocket	
<i>Includes the Deductible & Coinsurance</i>	
Individual	\$6,500
Family	\$12,000
Outpatient Services	
Outpatient Lab & X-Ray	30% after Deductible
Outpatient Surgery / Physician	30% after Deductible
Advanced Imaging	30% after Deductible
Inpatient Services	
Lab & Xray and Other Inpatient	30% after Deductible
Physician Charges Inpatient	30% after Deductible
Cost to Employee Per Month	
HDHP Plan \$3,000 Deductible	
Employee Only	\$0
Employee & Child(ren) Only	\$315
Employee & Spouse Only	\$450
Employee & Family	\$700

COPAY PLANS

See Plan Document for Out-of-Network Coverage

STANDARD PLAN

Total Exposure In Network
Per Calendar Year

Employee Only

Annual Premium + Out of Pocket Max =
\$0 + \$7,150 = \$7,150

Employee + Family

Annual Premium + Out of Pocket Max =
\$9,900 + \$14,300 = \$24,200

PREMIUM PLAN

Total Exposure In Network
Per Calendar Year

Employee Only

Annual Premium + Out of Pocket Max =
\$1,500 + \$5,000 = \$6,500

Employee + Family

Annual Premium + Out of Pocket Max =
\$14,400 + \$10,000 = \$24,400

Office Visits
Preventive Exams
Virtual Visits
Sick Visit - Primary Care Physician
Sick Visit - Specialist Physician
Advanced Chiro (Airrosti)
Prescription Medications
Tier 1 (30 days)
Tier 2 (30 days)
Tier 3 (30 days)
Tier 4 (30 days)
Mail Order (90 days)
After Hours Care
Urgent Care Facility
Emergency Room Facility
Emergency Room Physician
Deductible
Individual
Family
Coinsurance
Max Out of Pocket
Individual
Family
Outpatient Services
Outpatient Lab & X-Ray
Outpatient Surgery / Physician
Advanced Imaging
Inpatient Services
Lab & Xray and Other Inpatient
Physician Charges Inpatient
Cost to Employee Per Month
Employee Only
Employee & Child(ren) Only
Employee & Spouse Only
Employee & Family

STANDARD PLAN \$2,500 Deductible	PREMIUM PLAN \$1,500 Deductible
In Network Benefits	In Network Benefits
<i>You Pay:</i>	<i>You Pay:</i>
\$0 - Covered 100%	\$0 - Covered 100%
\$0 Copay for Primary Care \$60 Copay for Behavioral Health	\$0 Copay for Primary Care \$50 Copay for Behavioral Health
\$30 Copay	\$25 Copay
\$60 Copay	\$50 Copay
\$30 Copay	\$25 Copay
<i>You Pay:</i>	<i>You Pay:</i>
\$15 Copay	\$15 Copay
\$45 Copay	\$35 Copay
\$75 Copay	\$55 Copay
10% to \$200 Maximum	10% to \$200 Maximum
3x Copay	3x Copay
<i>You Pay:</i>	<i>You Pay:</i>
\$75 Copay	\$75 Copay
\$250 Copay, then 30% after Deductible 30% after Deductible	\$250 Copay, then 25% after Deductible 25% after Deductible
<i>Deductibles are applied on Non-Copay Items You pay the deductible, then insurance starts paying their portion of coinsurance</i>	
\$2,500	\$1,500
\$7,500	\$4,500
<i>Coinsurance below reflects the amount paid by the carrier after your deductible is met</i>	
70%	75%
<i>The Out of Pocket Maximum shown below includes all Copay, Rx Copays, Deductibles & Coinsurance</i>	
\$7,150	\$5,000
\$14,300	\$10,000
<i>You Pay:</i>	<i>You Pay:</i>
30% after Deductible	25% after Deductible
30% after Deductible	25% after Deductible
30% after Deductible	25% after Deductible
<i>You Pay: \$500 Inpatient Copay Plus</i>	<i>You Pay: \$350 Inpatient Copay Plus:</i>
30% after Deductible	25% after Deductible
30% after Deductible	25% after Deductible
Standard Plan	Premier Plan
\$2,500 Deductible	\$1,500 Deductible
\$0	\$125
\$400	\$600
\$550	\$725
\$825	\$1,200

With a **Healthcare Flexible Spending Account (FSA)** employees who choose to participate may set aside pre-tax dollars to cover eligible medical expenses that are not covered by any other type of insurance. The account helps you budget for planned expenses such as deductibles, co-pays and prescriptions, and now allows you to also include over-the-counter medications and pain relievers. For the 2021 tax year, the maximum amount an employee can pre-tax through the FSA is **\$2,750**. Refer to the HealthEquity website for a full listing of qualified items.

Dependent Care Flexible Spending Account (DCFSA) DCFSA allows those who choose to participate to pay for dependent care expenses on a tax-favored basis. Taking this pre-tax deduction would be in place of taking the deduction on your annual tax return. For the 2021 tax year, the maximum per tax family for the DCFSA is **\$5,000**. Refer to the HealthEquity website for more information on what is qualified dependent care.

Good To Know:

1. Healthcare FSA is only to be used for the portion not covered by insurance. Therefore, you will need to submit an Explanation of Benefits (EOB) from the insurance carrier, not an actual “receipt” nor your credit card receipt.
2. Using the debit card prior to having a claim processed by insurance, might lead to you owing money back to your FSA if provider deducted more than “what insurance didn’t cover”.
3. You, nor anyone in your tax family, can be pre-taxing through a FSA and a HSA during the same tax year. This is managed by you.

Examples of OTC Eligible Expenses:

- Menstrual Care Products
- Incontinence Products
- Sunscreen (SPF 15 and over)
- Hearing Aid / Medical Batteries
- Contact Lens Care Products
- Pedialyte, Enfalyte
- Denture Adhesives, Repair & Cleanser
- Diabetes Testing and Aids, Syringes
- Pregnancy & Ovulation Kits
- Band Aids, Dressings, Supplies
- Thermometers, BP Monitor
- Antiseptics, Wound cleaners

Convenient online payment options:

Debit Card
Online Bill Pay
Auto Reimbursement
Check
Direct Deposit

EZ Receipts Mobile App:

Take a photo and simply upload the receipt.

Online Store

Only offers FSA-eligible items.
Great way to spend those last few dollars.

What is a Health Savings Account?

A health savings account (HSA) is a tax-advantaged savings account that accumulates funds contributed by you and/or your employer to cover your health care expenses, and is only available if you are enrolled in a High-Deductible Health Plan (HDHP). A HDHP is a consumer-driven health plan that is designed to empower you to take control of your health and the dollars you spend on your care.

You are eligible for a HSA if:

- You are covered by a High Deductible Health Plan (HDHP)
- You are not covered under another medical plan that is not an HDHP
- You and/or your Spouse are not also enrolled in a FSA

Contributions to Your HSA:

You may contribute to your HSA either through payroll deductions on a pre-tax basis, and/or you can make deposits directly to the HSA provider, and receive the tax break on your tax return. HSA contributions are tax-free on a Federal basis in all states.

RRISD Payroll / Benefits department **will only be able to make changes to your personal HSA contribution if there is a Qualifying Event** that supports it. Otherwise, the amount of monthly deduction that you enroll for will continue through the end of the plan year. To exercise flexibility in changing your contributions throughout the year, you may consider making deposits direct with the HSA Provider instead of, or in conjunction with, your pre-tax payroll deductions.

HSA Distribution Rules:

- Distributions from your HSA are tax-free for "qualified medical expenses". A list of qualified medical expenses can be found in Section 213(d) of the Internal Revenue Code, or for a more detailed list see IRS Publication 502. The HSA provider website will contain information also, regarding what is an eligible expense.
- Medical expenses incurred by or on behalf of domestic partners or their children are ineligible for tax-free reimbursement from an HSA unless the domestic partner qualifies as a dependent under IRC Section 152.
- If HSA funds are used for non-qualified medical expenses the amount withdrawn is subject to both income tax and a 20% penalty.
- Individuals must keep records sufficient to prove that eligible expenses were incurred in the case of an IRS audit. We recommend uploading receipts EOB's to the HSA Provider's website.
- Withdrawals can be used to reimburse yourself for qualified medical expenses following the date the HSA account is opened. There is no set time limit in which you must reimburse yourself.

2021 Annual Maximum HSA Contributions

RRISD is going to fund, in your name, a HSA Account, if you are eligible and enrolled in the HDHP Medical plan. **\$42 / month** will be deposited in an HSA Account for you for each full month of HDHP Coverage. This employer portion counts toward your annual HSA Maximum contribution. Considering a full year of RRISD contributions to your account, the maximum you can contribute through payroll would be:

If you are enrolled in Single Coverage on the HDHP	\$258 / month
If you have any dependents enrolled with you on HDHP	\$558 / month

Tax Forms:

The only tax form that account holders will need to assist in tax filing will be the 1099-SA. This will come from the HSA Provider. This form shows any distributions you have received from your HSA and is mailed to account holders at the end of January. Account Holders can also access this document via their online account. Information on this form helps in completion of the 8889 tax form. The W-2 will assist with adding other key elements to the 8889 tax form.

What if I enroll in an HSA in the middle of the year?

You are still allowed to make a full year's contribution to your HSA, provided that you remain covered by the HDHP health plan for at least the 12-month period following that year.



See Plan Document for full listing of in & out-of-network benefits, and limitations

ADDITIONAL INFORMATION FOR DENTAL

- There is a **\$1,500 annual maximum** dental benefit per person enrolled in coverage. This starts over every January 1st.
- If you meet your \$1,500 annual maximum before the plan year ends, you are still eligible to receive 30% coverage, using in-network providers. (excluding orthodontics)
- You are allowed to use dental providers not in the Humana network. However, in doing so, all benefits will be paid based upon what Humana considers to be Reasonable & Customary. You could be balance-billed anything above that amount.
- If you do access out-of-network providers, it is recommended that the provider submit a **Pre-Determination** request for services prior to actually performing any dental services. Pre-Determinations will detail out what Humana will and/or will not cover towards that procedure.

Tier	Monthly Premium
Employee Only	\$26.41
Employee + Child(ren)	\$56.47
Employee + Spouse	\$51.49
Employee + Family	\$83.44

	If you use an IN-NETWORK dentist		If you use an OUT-OF-NETWORK dentist	
Calendar-year deductible (excludes orthodontia services)	Individual \$50	Family \$150	Individual \$50	Family \$150
Deductible applies to all services except Preventive				
Calendar-year maximum benefit (excludes orthodontia services)	\$1,500 + extended annual maximum			
Extended Annual Maximum (excludes orthodontia services)	30%		30%	
Additional coverage after the calendar year maximum is met.				
Preventive Services Routine oral examinations (3 per year) Bitewing xrays (2 films under age 10, up to 4 films ages 10 and older) Routine cleanings (3 per year) Fluoride treatment (1 per year, through age 16) Sealants (permanent molars, through age 16) Space maintainers (primary teeth, through age 15) Oral Cancer Screening (1 per year, ages 40 and older) Periodontal cleanings (4 per year)	100% - no deductible		Submit a Pre-Determination Request to Determine Actual Amount Covered. Out-of-Network Claims are paid based on what is considered Reasonable & Customary.	
Basic Services Emergency care for pain relief Amalgam fillings (1 per tooth every 2 years, composite for front teeth) Stainless steel crowns Harmful habit appliances for children (1 per lifetime, through age 14)	80% after deductible		Submit a Pre-Determination Request to Determine Actual Amount Covered. Out-of-Network Claims are paid based on what is considered Reasonable & Customary.	
Major Services Crowns (1 per tooth every 5 years) Inlays / onlays (1 per tooth every 5 years) Bridges (1 per tooth every 5 years) Dentures (1 per tooth every 5 years) Denture relines/rebases (1 every 3 years, following 6 months of use) Implant Related Services (1 every 5 years limited to crowns, bridges, and dentures. Coverage limited to equivalent cost of a non-implant non-implant service. Implant placement itself is not covered.) Periodontics (scaling/root planing and surgery 1 quadrant every 3 years) Endodontics (root canals 1 per tooth per lifetime and 1 re-treatment) Oral surgery (tooth extractions including impacted teeth)	50% after deductible		Submit a Pre-Determination Request to Determine Actual Amount Covered. Out-of-Network Claims are paid based on what is considered Reasonable & Customary.	
Orthodontia Services	Child Orthodontia - Covers children through age 18. Plan pays 50% No deductible \$1,250 Lifetime Maximum			

See Plan Document for
More Detailed Coverage and Limitations



Tier	Monthly Premium
Employee Only	\$ 6.73
Employee + Child(ren)	\$13.02
Employee + Spouse	\$13.29
Employee + Family	\$19.80

- **Online Vision Retailers with In-Network Benefits**
[Glasses.com](https://www.glasses.com) | [1-800 Contacts](https://www.1-800contacts.com) | [ContactsDirect.com/Superior Vision](https://www.contactsdirect.com)

Other In-Network Vision Providers: www.superiorvision.com
Phone: 844-549-2603

- **New! Hearing Care Discount Plan** at No Additional Cost if Enrolled in Vision Discount extends to family members of the employee, even if family is not on vision.
[Free Hearing Exam](#) | [60-day money back trial period](#) | [1-Year of Follow Up Care](#)
[4-Year Manufacturer's Warranty, including Loss and Damage](#) | [Price Match Guarantee](#)
[10% off Accessories](#) | [4-Year Supply of Batteries with Each Hearing Aid Purchase](#)

Phone: 1(888) 494-1272 Website: [Superiorvision.YourHearing.com](https://www.Superiorvision.YourHearing.com)

Co-Pays		Services	Frequency <small>Based on Last Date of Service</small>
Exam	\$10	Exam	12 Months
Retinal Imaging	\$39	Frames	12 Months
Materials	\$20	Contact Lens Fitting	12 Months
<i>Applies to Lenses & Frames Only; Not Contacts</i>		Lenses	12 Months
Contact Lens Fitting	\$20	Contact Lenses <i>(in lieu of frames)</i>	12 Months
<i>Standard & Specialty</i>			
Benefits		In-Network	Out-of-Network <small>You Will Be Reimbursed Up To:</small>
Exam (Ophthalmologist)		Covered in Full after Copay	Up to \$42
Exam (Optometrist)		Covered in Full after Copay	Up to \$37
Frames		\$130 Retail Allowance after Copay	Up to \$68
Contact Lens Fitting (Standard)		Covered in Full after Copay	Not Covered
<i>Applies to a Current Contact Lens User Who Wears Disposable, Daily Wear, or extended wear lenses only.</i>			
Contact Lens Fitting (Specialty)		\$50 Retail Allowance after Copay	Not Covered
<i>Applies to New Contact Wearers and/or a Member Who Wear Toric, Gas Permeable, or Multi-focal Lenses.</i>			
Lens (Standard) Per Pair:			
Single Vision		Covered in Full after Copay	Up to \$32
Bifocal		Covered in Full after Copay	Up to \$46
Trifocal		Covered in Full after Copay	Up to \$61
Progressive		Covered at Lined Trifocal Level after Copay	Up to \$61
Lenticular		Covered in Full after Copay	Up to \$84
Polycarbonate (Children Only) to age 18		Covered in Full after Copay	Not Covered
Factory Scratch Coat		Covered in Full after Copay	Not Covered
UV Coating		Covered in Full after Copay	Not Covered
Contact Lenses		\$150 Retail Allowance No Copay Applies	Up to \$100
Medically Necessary Contact Lenses		Covered in Full No Copay Applies	Up to \$210

Round Rock ISD provides Employees with **Basic Life and AD&D**
Each employee is covered for **\$10,000 life** and an additional **\$10,000 accidental life**.

Employees who want to supplement their Basic Life insurance benefits may purchase additional life coverage through the **Voluntary Life** program. When you enroll yourself and/or your dependents in this benefit, you pay the full cost through payroll deductions.

Employee Coverage

You may elect coverage in increments of \$10,000.
Maximum coverage is the lesser of 7x your salary or \$500,000.

Guaranteed Issue Less than age 60	Lesser of 7x salary or \$200,000
Guaranteed Issue Age 60-69	\$ 20,000
Guaranteed issue Age 70 or older	\$ 1,000

Spouse Coverage - Rates are based off of Employee Age

You may elect coverage in increments of \$5,000.
Maximum coverage is the lesser of 50% of Employee Coverage or \$250,000

Guaranteed Issue Less than age 60	\$ 50,000
Guaranteed Issue Age 60-74	\$ 10,000

Coverage terminates when spouse turns 75.

Child Coverage - \$1 / month covers all eligible children
\$10,000 coverage election
Live Birth to age 26

Additional Information:

- **Guarantee Issue** is the amount of coverage the insurance company is willing to insure you for, without asking for medical history or physical exam. Guarantee issue is only available to new hires that apply for coverage when initially eligible.
- **Open Enrollment 2021.** Will allow for an additional \$10,000 of coverage with no medical underwriting, but only for those employees already enrolled in the Voluntary Life program. Additional coverage will be capped at the lesser of 7x salary or \$200,000. This does not apply to Spouse Coverage.
- Child Voluntary Life is not priced per child; one price covers all eligible children for the full amount of elected coverage.
- Avoid listing minors for beneficiaries unless you have made arrangements with an attorney to create a Trust.
- Primary Beneficiaries are the ones who will receive the monies first. Contingent (also called Secondary) Beneficiaries will only receive proceeds if there are no remaining Primaries.

Evidence of Insurability (EOI)
EOI forms are submitted online:
[LifeBenefits.com/SubmitEOI](https://www.lifebenefits.com/submitEOI)

Rates Per \$1,000 of Coverage Voluntary Life	
Employee & Spouse Less Than Age 40	\$0.053
Employee & Spouse Over Age 40	\$0.145
Rates Per \$1,000 of Coverage Voluntary AD&D	
Employee Only	\$0.020
Family Coverage	\$0.040

Disability Insurance is a very valuable benefit to have should you find yourself injured or ill. While your medical coverage takes care of the medical bills, disability insurance replaces a portion of your income while you are unable to work. Pre-Existing conditions are not covered until you have been on the plan for 12 months.

There are **Two Plan Options** to choose from. The difference in the options is when benefits would begin.

Plan 1 - Short Term Disability benefits would start on the 14th day, followed by the Long Term Disability policy, if needed.

Plan 2 - Short Term Disability benefits would start on the 90th day, followed by the Long Term Disability policy, if needed.

Any benefits received from the policies would be considered tax-free income.

Rates for disability insurance are calculated using your annual salary and age band. Refer to the RRISD Benefits Site for rates, and more detailed benefit summaries.

Short Term Disability - Plan 1	
Benefit Amount	60% of salary
Elimination Period	Benefits Start Day 14 for Accidents Benefits Start Day 14 for Illness
Benefit Duration	Benefits are payable up to 24 weeks
Maximum Weekly Benefit	\$1,155 per week
Pre-Existing Condition Limitations	3 month look back / 12 months covered

Short Term Disability - Plan 2	
Benefit Amount	60% of salary
Elimination Period	Benefits Start Day 90 for Accidents Benefits Start Day 90 for Illness
Benefit Duration	Benefits are payable up to 13 weeks
Maximum Weekly Benefit	\$1,155 per week
Pre-Existing Condition Limitations	3 month look back / 12 months covered

Long Term Disability	
Benefit Amount	60% of salary
Elimination Period	180 days
Benefit Duration	To age 65
Maximum Monthly Benefit	\$5,000
Pre-Existing Condition Limitations	3 month look back / 12 months covered

403(b) | 457(b) | TRS

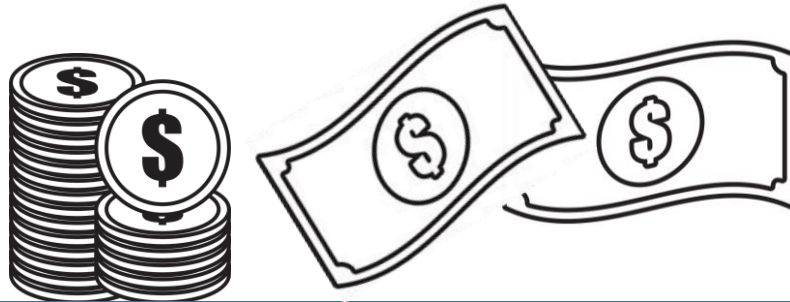
Deferred Compensation Plans


Round Rock ISD offers two different deferred compensation/tax sheltered annuity plans for retirement purposes. The voluntary tax deferred plans are 403(b) and 457(b). Employees may participate in one or both plans.

Enrollment for a 403(b) or 457(b) plan can occur any time during the school year. Salary reduction agreements and enrollment information is located on the RRISD Payroll Retirement Plans webpage.

Texas Teacher Retirement System

Teacher Retirement System administers a defined benefit retirement plan that is a qualified pension trust under Section 401(a) of the Internal Revenue Code. The pension trust fund provides service and disability retirement, as well as death and survivor benefits, to eligible Texas public education employees and their beneficiaries. Retirement benefits are financed by member and state contributions, employer contributions in some circumstances, and through investment earnings of the pension trust fund. Round Rock ISD participates in the Texas Teacher Retirement System as authorized by law. Enrollment in the Texas Teacher Retirement System is automatic for employees eligible for membership. Please visit the RRISD Payroll Retirement Plans webpage.



A photograph of a man in a suit and glasses high-fiving a woman in a peach-colored shirt and glasses. They are in a school setting with other people and an American flag in the background. The image is overlaid with a semi-transparent teal filter.

RRISD Benefits Open Enrollment

Be sure to visit the [RRISD Benefits Web Page](#) for plan details and enrollment instructions