



2024 - 2025 Open Enrollment

Riverside School District

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This brochure summarizes the benefit plans that are available to Riverside School District eligible employees and their dependents. Official plan documents, policies and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail. These documents are available upon request through the Human Resources Department. Information provided in this brochure is not a guarantee of benefits.



A Message From Riverside School District

Benefits Open Enrollment is Here!

Welcome to your 2024-2025 employee benefits guide. In these pages, you'll learn about the Riverside School District benefits program, which is designed to help you stay healthy, secure, and maintain a work/life balance. Offering a competitive benefits package is just one way we strive to provide our employees with a rewarding workplace. Please read the information in this guide carefully, and for full details about our plans, refer to each plan's summary plan description



Who is Eligible?

Full-Time employees working at least 30 hours per week and eligible dependents may participate in the benefit program.

Generally, for the Riverside School District benefits program, dependents are defined as:

- Your spouse or legal domestic partner
- Dependent child(ren) up to age 26.

When and How Can I Enroll?

All eligible employees are required to complete the enrollment process, even if you do not want to make changes to your benefits.

When is Coverage Effective?

The effective date for your benefits is July 1, 2024. Your current benefit payroll contributions will remain the same through December 31, 2024, and then will reset on January 1, 2025.

Changing Coverage During the Year

You can change coverage during the year only when you experience a qualifying life event, such as marriage, divorce, birth, adoption, placement for adoption, or loss of coverage. The change must be reported to the Human Resources Department within 30 days of the event. The change must be consistent with the event.

For questions about your benefits or enrollment options contact:

centraloffice@riversidesd.com

or

Benefit Resource Center East

Toll free: 855.874.6699

BRCEast@usi.com



Medical Insurance

Riverside School District will continue to offer medical through Highmark Blue Cross Blue Shield. The below chart is a brief outline of the plan. Please refer to the summary plan description for complete plan details.

	Highmark Blue Cross Blue Shield PPO Blue - Support Staff	
	In-Network Benefits	Out-of-Network Benefits
Annual Deductible		
Individual	\$0	\$200
Family	\$0	\$600
Coinsurance	100%	80%
Maximum Out-of-Pocket		
Individual	\$2,000	\$6,600
Family	\$6,000	\$13,200
Physician Office Visit		
Primary Care	\$10 copay	80% after deductible
Specialty Care	\$20 copay	80% after deductible
Preventive Care		
Adult Periodic Exams	100%	80%
Well-Child Care	100%	80%
Diagnostic Services		
X-ray and Lab Tests	100% after deductible	80% after deductible
Complex Radiology	100% after deductible	80% after deductible
Urgent Care Facility	\$20 copay	80% after deductible
Emergency Room Facility Charges	\$35 copay per visit waived if admitted	\$35 copay per visit waived if admitted
Inpatient Facility Charges	100% after deductible	80% after deductible
Outpatient Facility and Surgical Charges	100% after deductible	80% after deductible
Mental Health		
Inpatient	100% after deductible	80% after deductible
Outpatient	100% after deductible	80% after deductible
Substance Abuse		
Inpatient	100% after deductible	80% after deductible
Outpatient	100% after deductible	80% after deductible
Other Services		
Chiropractic	100% after deductible	80% after deductible
Retail Pharmacy (30 Day Supply)		
Formulary Low Cost Generic (Tier 1)	\$0 copay	Not covered
Formulary Generic (Tier 2)	\$10 copay	Not covered
Formulary Brand (Tier 3)	\$10 copay	Not covered
Non-Formulary Brand (Tier 3)	\$25 copay	Not covered
Mail Order Pharmacy (90 Day Supply)		
Formulary Low Cost Generic (Tier 1)	\$0 copay	Not covered
Formulary Generic (Tier 2)	\$20 copay	Not covered
Formulary Brand (Tier 3)	\$20 copay	Not covered
Non-Formulary Brand (Tier 3)	\$75 copay	Not covered

Employee Contributions (Monthly)**PPO Blue - Support Staff**

Employee	\$0.00
Employee & Spouse	\$0.00
Employee & Child(ren)	\$0.00
Employee & Spouse & Child(ren) (Family)	\$0.00

How to Find a Provider

Visit <https://www.highmark.com/zipcode-gate-login> and enter your employer headquarters zip code to get started to locate an in network provider.

Flexible Spending Account (FSA)

A health FSA is a type of tax-advantaged account you can use to pay for certain out-of-pocket health care expenses. Contributions to this type of account are not taxed, so you can save the money that would have been paid in taxes. Set your contribution amount at the beginning of the year. After that, you cannot change it unless you have a qualifying life event. Participation in this plan is completely optional.

Medical Spending Account

You are allowed to set aside up to \$3,200 pre-taxed per plan year to pay for anticipated medical expenses. When you receive a bill or pay for an expense not covered, you merely submit a copy of the bill and an easy-to-complete Medical Spending Reimbursement Form to DeHEY McANDREW. You will be reimbursed, usually within 2 weeks.

The annual amount you target will always be available to you, even though you may not have saved the full amount at the time you receive your medical bill.

The IRS has allows a \$640 Carryover Provision to Medical FSA Plans. This allows a Medical FSA participant to rollover up to \$640 of unused Medical FSA funds to the next Plan Year. Any amount of un-used funds over and above the allowable \$640 carryover is forfeited to the Plan. This \$640 will not affect the \$3,200 annual maximum.

Dependent Care Spending Account

You are allowed to set aside up to \$5,000 pre-tax per year (or \$2,500 if you are planning to file your IRS Form 1040 as “Married Filing Separately”) for the purposes of paying any Provider of day care services to a dependent of the employee.. A “Provider” may be a professional organization, a relative (over age 18), a neighbor or any other individual not claimed by you as a dependent. “Providers” will be sent all necessary income tax forms from the Plan Administrators.

Who can you claim as needing dependent care? Children under age 13 or any dependents who are incapable of caring for themselves due to a physical or mental problem are eligible “beneficiaries” of your Dependent Care Savings. Dependent Care Spending Account (DCSA) expenses will qualify for payment or reimbursement for services rendered by a provider during work and commute times only.

When you receive a bill or pay for a dependent care expense, you merely submit a copy of the bill and an easy-to-complete Dependent Care Spending Form to DeHEY McANDREW. You will be reimbursed usually within 2 weeks.

The DSCA follows the “use it or lose it” rule. There is no carryover provision for this plan, and all unused funds at the end of the plan year will be forfeited.

Participant Portal

Participants of the Flexible Spending Account have access to an FSA Participant called DMFLEX where you can view transactions, submit claims and documentation, track the balance of your accounts, and the status of your claims.

Web-Based Address: mywealthcareonline.com/dmflex

Mobile Application: “DM FLEX”

To get started you will need to register on the web-based site to create a username and password. After that you can login on the website or download the mobile app and login to access your account information and submit claims securely.

When you first register, you will be asked for an Employee ID and Employer ID. Both IDs are case sensitive and will need to be entered with all capital letters. Your Employees is a combination of your first and last name initials and the last four (4) digits of your social security number. For Example: John Doe, SSN: XXX-XX-1234, would have an Employee ID: “JD1234”. Your Employer ID is “DMCRSD”.

Employer Paid Dental Insurance

Riverside School District will continue to offer dental insurance through Lincoln Financial Group. The below chart is a brief outline of the plan. Please refer to the summary plan description for complete plan details.



	Lincoln Financial Group	
	In-Network Benefits	Out-of-Network Benefits
Annual Deductible		
Individual	\$0	\$0
Family	\$0	\$0
Waived for Preventive Care?	Yes	Yes
Annual Maximum		
Per Person / Family	\$1,000	\$1,000
Preventive	100%	100%
Basic	100%	100%
Major	50%	50%
Orthodontia		
Benefit Percentage	50%	50%
Dependent Child(ren)	Covered	Covered
Lifetime Maximum	\$850	\$850

Get connected with Lincoln DentalConnect Plans

Register for online tools and information in three easy steps.

1. Go to LincolnFinancial.com and click LOG IN / REGISTER in the top navigation on the home page.
2. Select REGISTER
3. Follow the prompts to complete your registration and log in to your account.

Find a Dentist

Visit LincolnFinancial.com/FindADentist

Look for a dentist without logging in! you can search by:

- Location
- Dentist name or office name
- Distance you are willing to travel
- Specialty, language and more

Your search will automatically provide up to 100 dentists that most closely match your criteria. If your search does not locate the dentist you prefer, you can nominate one-just click on the **Nominate a Dentist link** and complete the online form.

Using your Dental Insurance

When you call to schedule your visit, let the office know that you have coverage through Lincoln Financial Group with the Lincoln DentalConnect PPO plan.

Have your member ID card handy when you call so you can provide information listed on the card – or your Social Security number – to help the office verify your coverage.

For questions, please contact Lincoln Customer Service at 1-800-423-2765.

Employer Paid Vision Insurance

Riverside School District provides vision insurance through Vision Benefits of America. The below chart is a brief outline of the plan. Please refer to the summary plan description for complete plan details.

Vision Benefits of America	
Copay	
Routine Exams (Annual)	100%
Vision Materials	
Materials Copay	\$20 copay
Lenses	<p>Single Vision: Covered in Full Bifocal: Covered in Full Blended Bifocal: Covered in Full Trifocal: Covered in Full Progressives: Partially Covered Lenticular: Covered in Full Polycarbonate: Covered in Full for Persons up to Age 19 Basic Scratch Coating: Covered in Full</p> <p>Covered every 12 months</p>
Contacts Covered in lieu of frames. Medically necessary contacts may be covered at a higher benefit level	Elective contacts covered up to \$75, 15% off balance every 12 months
Frames	Covered at 100% up to \$40 every 12 months

**Where an "allowance" is shown above, the member is responsible for paying any charges in excess of the allowance less any applicable copay*

How to Find a Provider

Visit <https://online.visionbenefits.com/Search/default.aspx> and provide a zip code and the distance from that zip code or the last name of a provider to find the doctors that are in network.

Employer Paid Life and AD&D Insurance

Riverside School District provides basic Life and A&D benefits to eligible employees at no cost. **Be sure to designate a beneficiary for the life insurance benefit.**

Lincoln Financial Group	
Coverage Amount	1.5 x annual salary, rounded to the next higher \$1,000
Minimum Coverage Amount	\$10,000
Maximum Coverage Amount	\$200,000
Definition of Earnings	Basic Annual Earnings Excluding Overtime, Bonuses & Commission
Conversion Privilege	Available when insurance terminates

LifeKeys® and TravelConnect®

Your coverage includes LifeKeys® which provides access to counseling, financial, and legal support services. It also includes TravelConnect® services, which give you and your family access to emergency medical assistance when you're on a trip 100+ miles from home.

Voluntary Life and AD&D

In addition to the employer paid Basic Life and AD&D coverage, you have the option to purchase additional voluntary life insurance to cover any gaps in your existing coverage that may be a result of age reduction schedules, cost of living, existing financial obligations, etc. Your election, however, could be subject to medical questions and evidence of insurability. Your contributions will depend on your age and the amount of coverage you elect.

Lincoln Financial Group	
You	
Coverage Amount	Increments of \$10,000. Not to exceed 5 times the employee's annual salary, rounded to the next higher \$10,000.
Guarantee Issue Amount	Evidence of Insurability will be required for Initial Guarantee Issue Amount Insurance amounts in excess of \$150,000 and for insurance amounts that are increased after initial enrollment by more than 2 benefit increments.
Minimum Coverage Amount	\$10,000
Maximum Coverage Amount*	\$500,000
Conversion Privilege	Available when insurance terminates
Your Spouse	
Coverage Amount**	Increments of \$5,000. Not to exceed 5 times the employee's annual salary or 100% of the employee's benefit amount. Rounded to the next higher \$5,000.
Guarantee Issue Amount	Evidence of Insurability will be required for Initial Guarantee Issue Amount Insurance amounts in excess of \$30,000 and for insurance amounts that are increased after initial enrollment by more than 2 benefit increments.
Minimum Coverage Amount	\$5,000
Maximum Coverage Amount	\$100,000
Your Children	
Children Coverage Amount: Day 1 to age 14 days	No Benefit
Children Coverage Amount: 14 days but less than 6 months	Flat Benefit options available: \$10,000.
Children Coverage Amount: 6 Months but less than 26 years (or 26 years if unmarried, & a full-time student)	Flat Benefit options available: \$10,000.

*For employees age 70 & over, maximum coverage is \$50,000

**Spouse coverage is only available if the employee is insured for voluntary coverage.

Voluntary Critical Illness

The signs pointing to a critical illness are not always clear and may not be preventable, but our coverage can help offer financial protection in the event you are diagnosed. Lincoln Financial Group voluntary critical illness coverage provides a lump-sum cash benefit to help you cover the out-of-pocket expenses associated with a critical illness.

Lincoln Financial Group	
Class	All Full-Time Employees
Employee Coverage Amount	\$10,000, \$15,000, \$20,000
Employee Guarantee Issue	\$20,000
Spouse Coverage Amount	\$5,000, \$7,500, \$10,000 not to exceed 50% of the employee benefit amount
Spouse Guarantee Issue	\$10,000
Child(ren) Coverage Amount	\$5,000, \$7,500, \$10,000 not to exceed 50% of the employee benefit amount
Child(ren) Guarantee Issue	\$10,000
Pre-existing Condition Exclusion	3/12
Separation Period	6 months
Recurrence Period	12-months, treatment free
Recurrent Benefit Percentage	100% of applicable benefit
Overall Plan Maximum	Unlimited

Voluntary Hospital Indemnity

Lincoln Hospital Indemnity insurance helps deliver financial security for the unexpected. Allowing you to protect your budget against unforeseen expenses if you suffer an accidental injury or sickness.

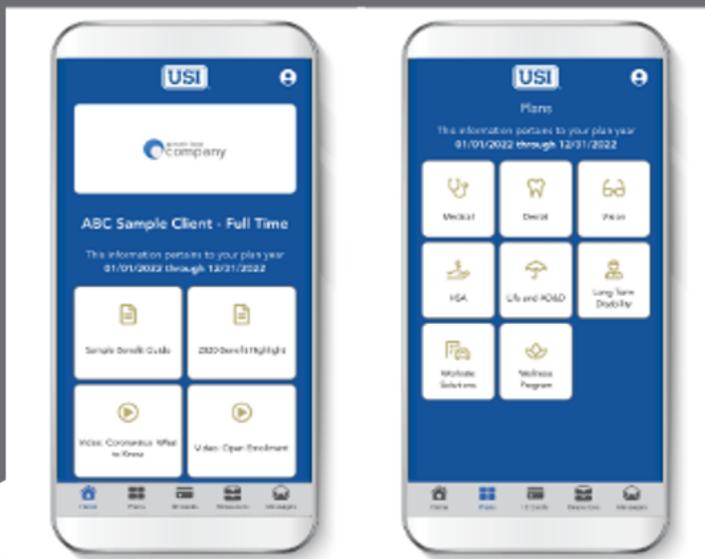
Lincoln Financial Group	
Class	All Full-Time Employees
Product Type (Accidents Only)	On and off the job (24 hours)
Portability	Included
Pre-existing Condition Exclusion	3/12

Benefits Mobile App



Benefits Information At Your Fingertips

Riverside School District



Have you downloaded **MyBenefits2GO**? Access key coverage details and contact information from anywhere.

Search *MyBenefits2GO* and when prompted, enter code:

W65386

Available for iPhone and Android



Eco-friendly. No more sifting through paper packets!



Store and share your ID cards, view group ID numbers, and click-to-dial contacts.



Available to the whole family.



Find health coverage details when you need it.

Benefit Resource Center (BRC)

Why won't they pay my claim?
Services denied?!

How can my claim still be "in process"?
It's been two months!

I called my insurance carrier, but now I'm just more confused.

Do I have mail-order prescription benefits?

Call the Benefit Resource Center ("BRC"),
We're Here To Help!

We speak insurance. Our Benefits Specialists can help you with:

- Deciding which plan is the best for you
- Benefit plan & policy questions
- Eligibility & claim problems with carriers
- Information about claim appeals & process
- Allowable family status election changes
- Transition of care when changing carriers
- Claim escalation, appeal & resolution
- Medicare basics with your employer plan
- Coordination of benefits
- Finding in-network providers
- Access to care issues
- Obtaining case management services
- Group disability claims
- Filing claims for out-of-network services



Benefit Resource Center

BRCEast@usi.com | Toll Free: 855.874.6699

Monday through Friday 8:00am to 5:00pm Eastern & Central Standard Time

Carrier Customer Service

Benefits Plan	Carrier	Phone Number	Website
Medical	Highmark Blue Cross Blue Shield	1-800-241-5704	https://www.highmark.com/zippcode-gate-login
Dental	Lincoln Financial	1- 800-423-2765	https://www.lincolnfinancial.com/public/individuals
Vision	Vision Benefits of America	1-800-432-4966	www.vbaplans.com
Life and AD&D, Short Term Disability, Long Term Disability	Lincoln Financial	1- 866-783-2255	https://www.lincolnfinancial.com/public/individuals
FSA Health and Dependent Care	DeHey McAndrew	570-346-9960	deheymcandrew.com



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