

# Staff Benefits Guide

Effective January 1, 2026





# Welcome to the RISD Benefits Program

RISD is committed to offering our employees high-quality, competitive insurance coverage at reasonable costs.

We provide a flexible, comprehensive benefits program designed to support and enhance your health and well-being. It's important to take the time to review all your options and make the benefit elections that best meet the needs of you and your family. This Benefits Guide is a great place to start.

Read on to learn more about the 2026 benefits program.





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RISD staff regularly scheduled to work at least 17.5 hours per week and 910 hours per year are eligible for most benefits, unless otherwise noted on a specific benefit. Some benefits are open to all RISD non-student employees.

**For purposes of benefits eligibility, “scheduled hours per week” refers to your Scheduled Weekly Hours in Workday, and “scheduled hours per year” refers to your Scheduled Weekly Hours in Workday multiplied by the number of weeks per year you work.**

In addition, you may also enroll your eligible dependents in some benefits, including:

- Your spouse or domestic partner;
- Your and/or your spouse/domestic partner’s children until age 26, including stepchildren, and adopted children, even if they are married or have access to coverage through their own employer; and
- Your unmarried, dependent child(ren) of any age who are physically or mentally incapable of self-support as determined by the medical and dental carriers. You must submit proof of disability to the insurance carrier within 31 days of their 26<sup>th</sup> birthday to qualify for continued coverage.

## Verifying Your Domestic Partner

Blue Cross Blue Shield of Rhode Island requires verification of domestic partnerships. More information on the verification requirements can be found [here](#).



## When Does My Coverage Begin?

For newly hired or rehired employees, or employees who newly transfer into a benefits-eligible role (e.g., from temporary to full-time), coverage begins on the first of the month following your hire date. (Coverage starts immediately for employees whose hire date coincides with the first of the month.)

Coverage for employees changing benefits due to a Qualifying Life Event follows the same guidelines as new hires, rehires, and transfers, except in the case of a newly born or adopted child. In these instances, coverage begins on the date of birth, adoption, or placement. See [Mid-Year Changes](#) for more information on Qualifying Life Events.

Coverage for benefits elected during an Open Enrollment period begins on January 1<sup>st</sup>.

## When Does My Coverage End?

In general, your benefits coverage ends upon your termination of employment from RISD or when you newly transfer into a non-benefits eligible position (e.g., from full-time to temporary).

Coverage for your dependent children ends when they turn age 26.

Coverage for benefits dropped during the Open Enrollment period ends on December 31<sup>st</sup>.

End dates may vary by benefit plan, and you may be able to continue some benefits after your coverage ends. See [When Does My Benefits Coverage End?](#) for more information.



## When Should I Enroll?

Employees must enroll within 31 days from their date of hire or the date they or a dependent become newly eligible for benefits. The benefits you elect when you become newly eligible will be effective until December 31<sup>st</sup> of the calendar year, unless you experience a mid-year Qualifying Life Event.

Employees can review and update their benefits selections every year during Open Enrollment. Changes made during Open Enrollment take effect from January 1<sup>st</sup> through December 31<sup>st</sup> of the following year.

## How to Enroll in Benefits

Enrolling in your benefits is easy. You'll receive a notification from Workday that your benefits enrollment window is open. Simply access Workday, and the system will guide you through each step as you select your benefits options, update your dependent information, and assign beneficiaries for certain plans.

### ENROLLMENT TIP

When you're ready to enroll in your benefits, have all of the necessary information for you and your dependents ready, including dates of birth and social security numbers.



The benefits you elect as a new hire or during Open Enrollment typically remain in effect for the calendar year. You can make certain mid-year benefits changes if you experience a Qualifying Life Event. Any desired changes must be made in Workday within 31 days of the event and include documentation to substantiate the need for the change. If you miss the deadline or do not provide the supporting documentation, your next opportunity to update your benefits will be during Open Enrollment. See the chart below for examples of common Qualifying Life Events.

Instructions on how to initiate a Qualifying Life Event benefits change in Workday can be found [here](#).

| Event Type                                                                                 | Documentation                                                                                                                                                                                                 |
|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Marriage, divorce or legal separation                                                      | Marriage certificate or final divorce court order                                                                                                                                                             |
| Birth or adoption of a child                                                               | Birth record or certificate or legal adoption papers                                                                                                                                                          |
| Death of a dependent                                                                       | Death certificate                                                                                                                                                                                             |
| Gain or loss of coverage through another insurance plan for you or your covered dependents | A letter from an employer, government agency, or insurance company stating the type of coverage gained or lost, along with the effective date of the coverage change and the names of all dependents impacted |

RISD offers three medical plan options administered by **Blue Cross Blue Shield of Rhode Island (BCBSRI)**.

- The Standard PPO Plan (High Premium / Low Deductible)
- The Mid-Tier PPO Plan (Mid Premium / Mid Deductible)
- The High Deductible Health Plan or HDHP (Low Premium / High Deductible) with the Health Savings Account (HSA)

Each plan has a different premium (the amount you pay upfront through payroll deductions) and out-of-pocket costs (the amount you pay for care throughout the year).

RISD's medical plans include prescription drug coverage through **CVS Caremark** and offer a wide range of prescriptions, including generic, brand-name, and specialty medications. See the [Prescription Drug Coverage at a Glance](#) page for details about prescription drug coverage.

More information on these plans can be found on [RISD's Benefits website](#).

## ENROLLMENT TIP

If you have an estimate of your known health expenses for 2026, use the [RISD Plan Cost Comparison Tool](#) to help decide which plan will work best for you and your family.\*

*\*The Cost Comparison Tool is based on full-time rates only*

## Helpful Health Insurance Terms to Know

### Preferred Provider Organization (PPO)

Plans that offer higher per-paycheck premium costs in exchange for lower costs when you receive care. You have the option to seek care out-of-network, but your costs are lower for in-network

### High Deductible Health Plan (HDHP)

Plans that feature lower per-paycheck premium costs in exchange for higher costs when you receive care. To help you pay for these higher costs, you receive access to a Health Savings Account (HSA).

### Deductible

The amount you pay out-of-pocket until your medical plan begins to share in the cost of your covered expenses.

### Co-pay

The set amount you pay for a covered service when you receive it. The amount can vary depending on the type of service. Copays do not apply towards deductibles.

### Coinsurance

The percentage of your medical expenses you are responsible for after meeting the deductible.

### Out-of-pocket Maximum

The maximum amount you will pay each year for medical costs. Once the out-of-pocket maximum is met, all in-network services and prescriptions are covered 100% for the remainder of the year. Out-of-network services will be covered 100% up to the maximum reimbursable charge.

### Specialty Prescriptions/Drugs

High-cost prescription medications used to treat complex, chronic conditions such as cancer, rheumatoid arthritis, and multiple sclerosis.

|                                           | Standard Plan<br>(High Premium / Low Deductible) |                                                      | Mid-Tier Plan<br>(Mid Premium / Mid Deductible) |                                                        | High Deductible Health Plan<br>(Low Premium / High Deductible) |                           |
|-------------------------------------------|--------------------------------------------------|------------------------------------------------------|-------------------------------------------------|--------------------------------------------------------|----------------------------------------------------------------|---------------------------|
|                                           | In-Network                                       | Out-of-Network                                       | In-Network                                      | Out-of-Network                                         | In-Network                                                     | Out-of-Network            |
| Annual Deductible                         |                                                  |                                                      |                                                 |                                                        |                                                                |                           |
| Individual                                | \$250                                            | \$250                                                | \$500                                           | \$500                                                  | \$1,700                                                        | \$1,700                   |
| Family                                    | \$500                                            | \$500                                                | \$1,000                                         | \$1,000                                                | \$3,400                                                        | \$3,400                   |
| Annual Out-of-Pocket Max                  |                                                  |                                                      |                                                 |                                                        |                                                                |                           |
| Individual                                | \$3,000                                          | \$4,000                                              | \$3,000                                         | \$3,000                                                | \$3,300                                                        | \$3,300                   |
| Family                                    | \$6,000                                          | \$8,000                                              | \$9,000                                         | \$9,000                                                | \$9,000                                                        | \$9,000                   |
| Covered Services                          |                                                  |                                                      |                                                 |                                                        |                                                                |                           |
| Preventative Care                         | \$0 per visit                                    | Co-pay plus 20% coinsurance per visit                | \$0 per visit                                   | \$25 plus 30% coinsurance per visit                    | \$0 per visit                                                  | 30% coinsurance per visit |
| Office Visit                              | PCP: \$15<br>Specialist : \$25                   | PCP/Specialist co-pay plus 20% coinsurance per visit | PCP: \$25<br>Specialist : \$25                  | PCP / Specialist co-pay plus 30% coinsurance per visit | 10% coinsurance per visit                                      | 30% coinsurance per visit |
| Urgent Care/Emergency Room                | \$25 per visit / \$100 per visit                 | \$25 per visit / \$100 per visit                     | \$25 per visit / \$100 per visit                | \$25 per visit / \$100 per visit                       | 10% coinsurance per visit                                      | 10% coinsurance per visit |
| Diagnostic Lab / X-Ray                    | 0% per visit                                     | 20% coinsurance per visit                            | 0% per visit                                    | 30% coinsurance per visit                              | 10% coinsurance per visit                                      | 30% coinsurance per visit |
| High-End Radiology                        | 0% per visit                                     | 20% coinsurance per visit                            | 0% per visit                                    | 30% coinsurance per visit                              | 10% coinsurance per visit                                      | 30% coinsurance per visit |
| Outpatient Surgery                        | 0% per visit                                     | 20% coinsurance per visit                            | 10% coinsurance per visit                       | 30% coinsurance per visit                              | 10% coinsurance per visit                                      | 30% coinsurance per visit |
| Outpatient Mental Health                  | \$15 per visit                                   | Co-pay plus 20% coinsurance per visit                | \$25 per visit                                  | Co-pay plus 30% coinsurance per visit                  | 10% coinsurance per visit                                      | 30% coinsurance per visit |
| Inpatient Mental Health                   | 0%                                               | 20% coinsurance                                      | 10% coinsurance                                 | 30% coinsurance                                        | 10% coinsurance                                                | 30% coinsurance           |
| Inpatient Services                        | 0% per visit                                     | 20% coinsurance per visit                            | 10% coinsurance per visit                       | 30% coinsurance per visit                              | 10% coinsurance per visit                                      | 30% coinsurance per visit |
| Speech, Physical and Occupational Therapy | 20% coinsurance per visit                        | 20% coinsurance per visit                            | 10% coinsurance per visit                       | 30% coinsurance per visit                              | 10% coinsurance per visit                                      | 30% coinsurance per visit |
| Chiropractic                              | \$25 per visit                                   | Co-pay plus 20% coinsurance per visit                | \$25 per visit                                  | Co-pay plus 30% coinsurance per visit                  | 10% coinsurance per visit                                      | 30% coinsurance per visit |



# Prescription Coverage at a Glance



When you enroll in medical coverage, you will be automatically enrolled in the prescription drug program through **CVS Caremark**. Medications are grouped into tiers, and the tier that your medication falls into determines your portion of the drug cost.

Please note, when enrolled in the High Deductible Health Plan, you must meet your deductible before the plan begins sharing in the cost of your prescriptions. Additionally, the Standard Plan includes a \$100 prescription drug deductible that does not apply to Tier 1, low cost generic drugs.

|                                                                             | Standard Plan<br>(High Premium / Low Deductible)        |                          | Mid-Tier Plan<br>(Mid Premium / Mid Deductible) |                          | High Deductible Health Plan<br>(Low Premium / High Deductible) |                         |
|-----------------------------------------------------------------------------|---------------------------------------------------------|--------------------------|-------------------------------------------------|--------------------------|----------------------------------------------------------------|-------------------------|
| Prescription Tier                                                           | Retail 30-day Supply                                    | Mail-Order 90-Day Supply | Retail 30-day Supply                            | Mail-Order 90-Day Supply | Retail 30-day Supply                                           | Mail-Order 9-Day Supply |
| <u>Tier 1</u><br>Generally low cost generic drugs                           | \$7                                                     | \$17.50                  | \$7                                             | \$14                     | \$7                                                            | \$14                    |
| <u>Tier 2</u><br>Generally high cost generic and preferred brand name drugs | \$30                                                    | \$75                     | \$30                                            | \$60                     | \$30                                                           | \$60                    |
| <u>Tier Three</u><br>Non-preferred brand name drugs                         | \$50                                                    | \$125                    | \$50                                            | \$100                    | \$50                                                           | \$100                   |
| <u>Tier Four</u><br>Specialty Medications                                   | <u>See Specialty Pharmacy Co-pay Assistance Program</u> |                          |                                                 |                          |                                                                |                         |

As part of our prescription drug plan, RISD offers a co-pay assistance program through **PrudentRx**. This program reduces costs for you and RISD by leveraging co-pay assistance dollars provided by drug manufacturers. When you enroll in the program, you and your covered dependents receive low or no-cost specialty medications on the PrudentRx drug list. More information on the PrudentRx Program can be found [here](#) and in the following FAQ:

## How do I know if my medication is a specialty medication covered by the PrudentRx program?

PrudentRx will contact you directly and confidentially to confirm your eligibility. You may also call PrudentRx at 1-800-578-4403 with questions about your medications.

## How will I save money with PrudentRx?

When you enroll in the PrudentRx program, your co-pays for specialty drugs on the PrudentRx drug list will be low or \$0.

## How does the co-pay assistance program work?

If you and/or your dependent are taking a specialty medication eligible for co-pay assistance, PrudentRx will contact you directly and confidentially. They will assist you in enrolling in new co-pay card programs, converting your current co-pay cards, and managing card renewals.

## What if there is no co-pay card for my medication or the drug manufacturer discontinues their co-pay card?

If the manufacturer of the drug you are taking does not offer or discontinues a co-pay card, you will still be eligible for the same low or \$0 co-pay offered by PrudentRx as long as you opt into the program.

## Can I opt out of the PrudentRx program?

Enrollment with PrudentRx is not mandatory. However, if you opt not to participate, you will pay 30% coinsurance for your eligible specialty medications. You can opt in or out of the program at any time.

## How will my deductible be impacted?

Staff members on the High Deductible Health Plan must satisfy their deductible before the co-pay assistance becomes effective.

## What happens if my specialty medication is not on the PrudentRx drug list?

Most specialty medications are included on the PrudentRx drug list. Co-pays for specialty drugs not on the PrudentRx list will be \$75.



RISD shares the cost of health insurance premiums with you. The rate chart below provides information on your cost and RISD’s cost. Health plan rates for full-time employees are determined by your salary, the plan you elect, and which dependents you choose to cover.

Medical premium deductions are taken on a pre-tax basis.

|                       | > 30 hours per week / 1,560 per year             |          |            |            |                                                 |          |            |            |                                                                       |          |            |          |
|-----------------------|--------------------------------------------------|----------|------------|------------|-------------------------------------------------|----------|------------|------------|-----------------------------------------------------------------------|----------|------------|----------|
|                       | Standard Plan<br>(High Premium / Low Deductible) |          |            |            | Mid-Tier Plan<br>(Mid Premium / Mid Deductible) |          |            |            | High Deductible Health Plan (HDHP)<br>(Low Premium / High Deductible) |          |            |          |
|                       | Individual                                       |          | Family     |            | Individual                                      |          | Family     |            | Individual                                                            |          | Family     |          |
| Total Monthly Premium | \$1,083.69                                       |          | \$2,672.93 |            | \$998.12                                        |          | \$2,462.21 |            | \$771.20                                                              |          | \$1,904.44 |          |
| Salary Band           | RISD Pays                                        | You Pay  | RISD Pays  | You Pay    | RISD Pays                                       | You Pay  | RISD Pays  | You Pay    | RISD Pays                                                             | You Pay  | RISD Pays  | You Pay  |
| Up to \$29,999        | \$1,002.41                                       | \$81.28  | \$2,472.46 | \$200.47   | \$947.52                                        | \$50.60  | \$2,348.71 | \$113.50   | \$757.92                                                              | \$13.28  | \$1,848.68 | \$55.76  |
| \$30,000 - \$39,999   | \$975.32                                         | \$108.37 | \$2,405.64 | \$267.29   | \$920.17                                        | \$77.95  | \$2,287.17 | \$175.04   | \$751.29                                                              | \$19.91  | \$1,827.44 | \$77.00  |
| \$40,000 - \$49,999   | \$921.14                                         | \$162.55 | \$2,271.99 | \$400.94   | \$875.05                                        | \$123.07 | \$2,172.31 | \$289.90   | \$722.08                                                              | \$49.12  | \$1,750.43 | \$154.01 |
| \$50,000 - \$59,999   | \$866.95                                         | \$216.74 | \$2,138.34 | \$534.59   | \$842.23                                        | \$155.89 | \$2,057.44 | \$404.77   | \$694.20                                                              | \$77.00  | \$1,680.07 | \$224.37 |
| \$60,000 - \$74,999   | \$812.77                                         | \$270.92 | \$2,004.70 | \$668.23   | \$788.90                                        | \$209.22 | \$1,943.94 | \$518.27   | \$672.95                                                              | \$98.25  | \$1,601.74 | \$302.70 |
| \$75,000 - \$99,999   | \$758.58                                         | \$325.11 | \$1,871.05 | \$801.88   | \$734.20                                        | \$263.92 | \$1,812.66 | \$649.55   | \$651.71                                                              | \$119.49 | \$1,524.73 | \$379.71 |
| \$100,000 - \$124,999 | \$704.40                                         | \$379.29 | \$1,737.40 | \$935.53   | \$680.87                                        | \$317.25 | \$1,686.86 | \$775.35   | \$630.47                                                              | \$140.73 | \$1,446.40 | \$458.04 |
| \$125,000 - \$149,999 | \$650.21                                         | \$433.48 | \$1,603.76 | \$1,069.17 | \$628.90                                        | \$369.22 | \$1,556.95 | \$905.26   | \$602.59                                                              | \$168.61 | \$1,397.28 | \$507.16 |
| \$150,000 +           | \$596.03                                         | \$487.66 | \$1,470.11 | \$1,202.82 | \$576.94                                        | \$421.18 | \$1,424.30 | \$1,037.91 | \$560.10                                                              | \$211.10 | \$1,299.03 | \$605.41 |

RISD shares the cost of health insurance premiums with you. The rate chart below provides information on your cost and RISD’s cost. Health plan rates for full-time employees are determined by your salary, the plan you elect, and which dependents you choose to cover.

Medical premium deductions are taken on a pre-tax basis.

|                       | < 30 hours per week / 1,560 per year             |          |            |          |                                                 |          |            |          |                                                                       |         |            |          |
|-----------------------|--------------------------------------------------|----------|------------|----------|-------------------------------------------------|----------|------------|----------|-----------------------------------------------------------------------|---------|------------|----------|
|                       | Standard Plan<br>(High Premium / Low Deductible) |          |            |          | Mid-Tier Plan<br>(Mid Premium / Mid Deductible) |          |            |          | High Deductible Health Plan (HDHP)<br>(Low Premium / High Deductible) |         |            |          |
|                       | Individual                                       |          | Family     |          | Individual                                      |          | Family     |          | Individual                                                            |         | Family     |          |
| Total Monthly Premium | \$1,083.69                                       |          | \$2,672.93 |          | \$998.12                                        |          | \$2,462.21 |          | \$771.20                                                              |         | \$1,904.44 |          |
| Salary Band           | RISD Pays                                        | You Pay  | RISD Pays  | You Pay  | RISD Pays                                       | You Pay  | RISD Pays  | You Pay  | RISD Pays                                                             | You Pay | RISD Pays  | You Pay  |
| Up to \$29,999        | \$462.65                                         | \$37.51  | \$1,141.14 | \$92.52  | \$437.32                                        | \$23.35  | \$1,084.02 | \$52.38  | \$349.81                                                              | \$6.13  | \$853.24   | \$25.74  |
| \$30,000 - \$39,999   | \$450.15                                         | \$50.02  | \$1,110.30 | \$123.36 | \$424.69                                        | \$35.98  | \$1,055.62 | \$80.79  | \$346.75                                                              | \$9.19  | \$843.43   | \$35.54  |
| \$40,000 - \$49,999   | \$425.14                                         | \$75.02  | \$1,048.61 | \$185.05 | \$403.87                                        | \$56.80  | \$1,002.60 | \$133.80 | \$333.27                                                              | \$22.67 | \$807.89   | \$71.08  |
| \$50,000 - \$59,999   | \$400.13                                         | \$100.03 | \$986.93   | \$246.73 | \$388.72                                        | \$71.95  | \$949.59   | \$186.82 | \$320.40                                                              | \$35.54 | \$775.42   | \$103.56 |
| \$60,000 - \$74,999   | \$375.12                                         | \$125.04 | \$925.25   | \$308.41 | \$364.11                                        | \$96.56  | \$897.20   | \$239.20 | \$310.59                                                              | \$45.35 | \$739.26   | \$139.71 |
| \$75,000 - \$99,999   | \$350.11                                         | \$150.05 | \$863.56   | \$370.10 | \$338.86                                        | \$121.81 | \$836.61   | \$299.79 | \$300.79                                                              | \$55.15 | \$703.72   | \$175.25 |
| \$100,000 - \$124,999 | \$325.11                                         | \$175.06 | \$801.88   | \$431.78 | \$314.25                                        | \$146.42 | \$778.55   | \$357.85 | \$290.99                                                              | \$64.95 | \$667.57   | \$211.40 |
| \$125,000 - \$149,999 | \$300.10                                         | \$200.07 | \$740.20   | \$493.46 | \$290.26                                        | \$170.41 | \$718.59   | \$417.81 | \$278.12                                                              | \$77.82 | \$644.90   | \$234.07 |
| \$150,000 +           | \$275.09                                         | \$225.07 | \$678.51   | \$555.15 | \$266.28                                        | \$194.39 | \$657.37   | \$479.04 | \$258.51                                                              | \$97.43 | \$599.55   | \$279.42 |



# Health Plan Rates — Part-Time Staff



RISD shares the cost of health insurance premiums with you. The rate chart below provides information on your cost and RISD’s cost. Health plan rates for part-time employees are determined by your scheduled hours, the plan you elect, and which dependents you choose to cover.

Medical premium deductions are taken on a pre-tax basis.

|                                  | Standard Plan<br>(High Premium / Low Deductible) |          |            |            | Mid-Tier Plan<br>(Mid Premium / Mid Deductible) |          |            |            | High Deductible Health Plan (HDHP)<br>(Low Premium / High Deductible) |          |            |          |
|----------------------------------|--------------------------------------------------|----------|------------|------------|-------------------------------------------------|----------|------------|------------|-----------------------------------------------------------------------|----------|------------|----------|
|                                  | Individual                                       |          | Family     |            | Individual                                      |          | Family     |            | Individual                                                            |          | Family     |          |
| Total Monthly Premium            | \$ 1,083.69                                      |          | \$2,672.93 |            | \$998.12                                        |          | \$2,462.21 |            | \$771.20                                                              |          | \$1,904.44 |          |
| Monthly Paid                     |                                                  |          |            |            |                                                 |          |            |            |                                                                       |          |            |          |
| Scheduled Hours<br>(Week / Year) | RISD Pays                                        | You Pay  | RISD Pays  | You Pay    | RISD Pays                                       | You Pay  | RISD Pays  | You Pay    | RISD Pays                                                             | You Pay  | RISD Pays  | You Pay  |
| 24 to 29 / 1,248 to 1,559        | \$812.77                                         | \$270.92 | \$2,004.69 | \$668.23   | \$786.16                                        | \$211.96 | \$1943.34  | \$518.28   | \$659.68                                                              | \$111.52 | \$1,567.22 | \$337.22 |
| 17.5 to 23 / 910 to 1,247        | \$541.85                                         | \$541.85 | \$1,336.47 | \$1,336.47 | \$523.61                                        | \$474.51 | \$1,275.25 | \$1,186.97 | \$489.73                                                              | \$281.46 | \$1,158.31 | \$746.14 |
| Bi-Weekly Paid                   |                                                  |          |            |            |                                                 |          |            |            |                                                                       |          |            |          |
| Scheduled Hours<br>(Week / Year) | RISD Pays                                        | You Pay  | RISD Pays  | You Pay    | RISD Pays                                       | You Pay  | RISD Pays  | You Pay    | RISD Pays                                                             | You Pay  | RISD Pays  | You Pay  |
| 24 to 29 / 1,248 to 1,559        | \$375.12                                         | \$125.04 | \$925.24   | \$308.41   | \$362.84                                        | \$97.83  | \$897.20   | \$239.21   | \$304.47                                                              | \$51.47  | \$723.33   | \$155.64 |
| 17.5 to 23 / 910 to 1,247        | \$250.08                                         | \$250.08 | \$616.83   | \$616.83   | \$241.67                                        | \$219.00 | \$588.58   | \$547.83   | \$226.03                                                              | \$129.90 | \$534.60   | \$344.37 |

In addition to the benefits covered by your choice of health plan, Blue Cross Blue Shield of Rhode Island offers programming to help you and your family manage your care and enjoy healthy activities.

## Telehealth/Virtual Visits

You can consult with a board-certified physician by secure video with **Doctors Online**, anytime from anywhere.

Access Doctors Online by logging into [drs-online.com](https://drs-online.com). Create an account by setting up your username and password to see what you'll pay for virtual visits.

Some of the non-emergency conditions Doctors Online treats include:

- Cough, sore throat, fever
- Flu
- Ear or sinus pain
- Bumps, cuts, scrapes
- Eye swelling, irritation, or pain
- Nausea, vomiting, diarrhea
- Back pain
- Sprains
- Mild asthma

## Wellness

The BCBSRI wellness program, **Blue365**, rewards you for healthy behavior.

Participants have access to wellness tools, resources, and services, including an online assessment and learning community. Members can also access exclusive health and wellness deals from major brands through Blue365, including deep discounts on:

- Health products
- Health and fitness clubs
- Weight loss programs
- Healthy travel experiences
- Ongoing deals and weekly specials

Blue365 features ongoing deals, as well weekly specials. You can log into My Health Toolkit®, online or through the mobile app, to see what savings are currently available.

Visit [www.blue365deals.com/BCBSRI](https://www.blue365deals.com/BCBSRI) for more information.



RISD offers staff two options for dental insurance through **Delta Dental of Rhode Island**. Both the Premier Plan and the Premier Plus Plan cover exams, as well as other dental care and treatment, including orthodontia. With these plans, you can choose any licensed dentist; they don't need to be in-network. However, visiting an in-network dentist will result in lower rates. No referral is required for seeing specialists. Both plans include a carry-over feature. If your total yearly claims do not exceed \$1,500 (Premier Plan) or \$1,750 (Premier Plus Plan), \$250 will carry over into the next plan year. You can carry over an additional \$100 if you use exclusively in-network providers. Provider directories are available at [www.deltadentalri.com](http://www.deltadentalri.com).

Premium deductions are taken on a pre-tax basis, and RISD shares the cost of dental insurance premiums for full-time staff.

| Full-Time ( > 30 hours per week / 1,560 hours per year) |                       |           |                   |                       |           |                 |                       |           |                   |                       |           |                |
|---------------------------------------------------------|-----------------------|-----------|-------------------|-----------------------|-----------|-----------------|-----------------------|-----------|-------------------|-----------------------|-----------|----------------|
| Monthly Paid                                            |                       |           |                   |                       |           |                 | Bi-Weekly Paid        |           |                   |                       |           |                |
| Premier Plan                                            |                       |           | Premier Plus Plan |                       |           | Premier Plan    |                       |           | Premier Plus Plan |                       |           |                |
|                                                         | Total Monthly Premium | RISD Pays | You Pay           | Total Monthly Premium | RISD Pays | You Pay         | Total Monthly Premium | RISD Pays | You Pay           | Total Monthly Premium | RISD Pays | You Pay        |
| Individual                                              | \$29.70               | \$14.85   | <b>\$14.85</b>    | \$36.53               | \$14.85   | <b>\$21.68</b>  | \$29.70               | \$6.85    | <b>\$6.85</b>     | \$36.53               | \$6.85    | <b>\$10.01</b> |
| Family                                                  | \$94.43               | \$14.85   | <b>\$79.58</b>    | \$116.15              | \$14.85   | <b>\$101.30</b> | \$94.43               | \$6.85    | <b>\$36.73</b>    | \$116.15              | \$6.85    | <b>\$46.75</b> |

| Part-Time ( < 30 hours per week / 1,560 hours per year) |                       |                   |                       |                 |                       |                   |                       |                |
|---------------------------------------------------------|-----------------------|-------------------|-----------------------|-----------------|-----------------------|-------------------|-----------------------|----------------|
| Monthly Paid                                            |                       |                   |                       |                 | Bi-Weekly Paid        |                   |                       |                |
| Premier Plan                                            |                       | Premier Plus Plan |                       | Premier Plan    |                       | Premier Plus Plan |                       |                |
|                                                         | Total Monthly Premium | You Pay           | Total Monthly Premium | You Pay         | Total Monthly Premium | You Pay           | Total Monthly Premium | You Pay        |
| Individual                                              | \$29.70               | <b>\$29.70</b>    | \$36.53               | <b>\$36.53</b>  | \$29.70               | <b>\$13.71</b>    | \$36.53               | <b>\$16.86</b> |
| Family                                                  | \$94.43               | <b>\$94.43</b>    | \$116.15              | <b>\$116.15</b> | \$94.43               | <b>\$43.58</b>    | \$116.15              | <b>\$53.61</b> |



# Dental Coverage at a Glance



This chart summarizes in-network and out-of-network costs for each dental plan option. For more information, view the Summary of Benefits Coverage documents on [RISD's Benefits website](#).

| Benefit                                                                                                                                                               | Premier Plan                                                                                                                                                                                                                                                                                     | Premier Plus Plan |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| <b><i>In-Network</i></b>                                                                                                                                              |                                                                                                                                                                                                                                                                                                  |                   |
| <b>Annual Maximum</b><br>Diagnostic and preventive care do not count toward Annual Maximum                                                                            | \$1,750                                                                                                                                                                                                                                                                                          | \$2,000           |
| <b>Deductible</b>                                                                                                                                                     | \$0                                                                                                                                                                                                                                                                                              | \$0               |
| <b>Annual carry-over amount</b>                                                                                                                                       | \$250                                                                                                                                                                                                                                                                                            | \$250             |
| <b>Diagnostic and Preventive</b><br>(Exams, cleanings, X-rays, fluoride treatment)                                                                                    | 20% coinsurance                                                                                                                                                                                                                                                                                  | No cost           |
| <b>Basic Restorative</b><br>(Fillings, simple tooth extractions, denture repairs, endodontics [root canals], periodontics [gum treatment], oral surgery and sealants) | 20% coinsurance                                                                                                                                                                                                                                                                                  | 20% coinsurance   |
| <b>Major Restorative</b><br>(Crowns, inlays, onlays, and cast restorations)                                                                                           | 50% coinsurance                                                                                                                                                                                                                                                                                  | 50% coinsurance   |
| Orthodontic Lifetime Maximum                                                                                                                                          | \$1,500                                                                                                                                                                                                                                                                                          | \$2,000           |
| Orthodontic Care                                                                                                                                                      | 50% coinsurance                                                                                                                                                                                                                                                                                  | 50% coinsurance   |
| <b><i>Out-of-Network</i></b>                                                                                                                                          | You have the freedom to choose any dentist, but it is important to know that your out-of-pocket costs may be higher when you visit a dentist who does not participate in the Delta Dental network. Services from an out-of-network dentist may cost you more than benefits listed in this chart. |                   |

All of RISD’s health insurance options include an annual eye exam. Staff not enrolled in a RISD health plan, or who need additional coverage for eyewear, may enroll in vision insurance.

The plan, offered through **Davis Vision**, covers certain vision care expenses. Your benefits are higher when you receive care from an in-network provider. Visit [www.davisvision.com](http://www.davisvision.com) to find providers.

Premium deductions for the vision plan are the same for full-time and part-time employees, and are taken on a pre-tax basis.

Monthly and Bi-Weekly Vision Rates – All Staff

| Plan Type  | Monthly Employee Cost | Bi-Weekly Employee Cost |
|------------|-----------------------|-------------------------|
| Individual | \$5.89                | \$2.72                  |
| Family     | \$13.56               | \$6.26                  |

The following chart summarizes in-network and out-of-network costs for each vision plan option. For more information, view the Summary of Benefits Coverage documents on [RISD's Benefits website](#).

| Benefit                                                       | In-Network Coverage                 | Out-of-Network Reimbursements | Frequency       |
|---------------------------------------------------------------|-------------------------------------|-------------------------------|-----------------|
| Eye Exam                                                      | \$10 copay                          | Up to \$30                    | Every 12 months |
| Base Lenses (one pair per frequency)                          |                                     |                               |                 |
| Single Vision Lenses                                          | 100%                                | Up to \$25                    | Every 12 months |
| Lined Bifocal Vision Lenses                                   | 100%                                | Up to \$35                    | Every 12 months |
| Lined Trifocal Vision Lenses                                  | 100%                                | Up to \$45                    | Every 12 months |
| Lined Lenticular Vision Lenses                                | 100%                                | Up to \$60                    | Every 12 months |
| Frames (one per frequency)                                    |                                     |                               |                 |
| From Davis Vision’s Collection                                | \$10 copay, then covered in full    | Up to \$30                    | Every 24 months |
| Non-Davis Vision Collection Frames                            | Up to \$150 allowance, then 20% off |                               |                 |
| Contact Lenses (in lieu of lenses and/or frame per frequency) |                                     |                               |                 |
| Elective – From Davis Vision’s Collection contacts            | \$10 copay, then covered in full    | Up to \$75                    | Every 12 months |
| Elective – From Non-Davis Vision Collection contacts          | Up to \$150 allowance, then15% off  |                               |                 |
| Medically Necessary                                           | 0%                                  | Up to \$225                   | Every 12 months |



Staff members enrolled in the High Deductible Health Plan (HDHP) have the opportunity to enroll in a Health Savings Account (HSA) administered by **Sentinel Benefits**.

The HSA is a savings account owned by you that allows you to set aside pre-tax dollars to pay for eligible healthcare expenses for you and your eligible dependents. You can also save your balance to cover future expenses, including in retirement. Eligible expenses include medical, prescription, dental, vision, virtual care costs, and deductibles not covered by the plans.

HSAs offer many benefits:

- 1. There is a triple tax advantage - money is contributed tax-free, grows tax-free, and distributions used for eligible expenses are tax-free.
- 2. You can invest your funds.
- 3. Unused money rolls over from year to year and is yours to keep, even if you leave or retire from RISD.

Staff enrolled in an HSA account may not participate in a Health Care Flexible Spending Account, cannot be covered by other disqualifying health insurance, including Medicare, and cannot be claimed as a dependent on another individual’s tax return. For additional details regarding HSA eligibility requirements, see [www.irs.gov/publications/p969/](http://www.irs.gov/publications/p969/).

More information on Health Savings Accounts can be found on [RISD’s Benefits Website](#).

You can also contribute your own money on a pre-tax basis through payroll deductions. You are not required to contribute any funds to receive RISD’s contribution. You can start, stop, or change your HSA contributions at any time during the plan year. You will receive a debit card from Sentinel Benefits, which can be used to pay for eligible expenses, or you can submit claims to be reimbursed.

There is no “use it or lose it” rule for your HSA. The money in your HSA rolls over from year to year, and the account is portable, meaning you take it with you in the event you leave RISD.

**RISD will annually contribute \$1,000 for employee coverage and \$2,000 for family coverage to your HSA.**

| 2026 HSA - IRS Contribution Limits       |                 |             |
|------------------------------------------|-----------------|-------------|
| Contribution Category                    | Individual Plan | Family Plan |
| IRS Limit                                | \$4,300         | \$8,750     |
| RISD Contribution                        | \$1,000         | \$2,000     |
| Optional Maximum Employee Contribution   | \$3,300         | \$6,750     |
| Additional Over 55 Catch-up Contribution | \$1,000         | \$1,000     |

Administered through **Sentinel Benefits**, Flexible Spending Accounts (FSAs) are voluntary accounts that allow you to set aside pre-tax earnings to pay for eligible health and childcare expenses, reducing your taxable income.

## Health Care Flexible Spending Account

Health Care Flexible Spending Accounts can be used for eligible healthcare expenses for you and your eligible dependents, including:

- Medical expenses (e.g., deductibles, coinsurance, chiropractic services, diabetic supplies, durable medical equipment, physical therapy)
- Dental expenses (e.g., cleanings, fillings, braces)
- Vision expenses (e.g., eye exams, laser eye surgery, glasses, contacts)
- Acupuncture
- Prescriptions
- Over-the-counter products such as sunscreen, menstrual products and medications

In addition, if you subscribe to the Standard or the Mid-Tier health insurance plan, RISD will match your Health FSA contribution, dollar for dollar up to the first \$150.

## Dependent Care Flexible Spending Account

Dependent Care Flexible Spending Accounts can be used for eligible dependent care expenses for children ages 12 years and under, or dependents over age 12 who are physically or mentally unable to care for themselves and for whom you can claim as dependents as defined by Internal Revenue Code Section 152.

Eligible expenses include:

- The cost of child or adult dependent day care
- Summer day camp
- Nursery schools and preschools (excluding kindergarten)
- Before and after school care

Depending on your household income, it might be advantageous to claim dependent care expenses on your federal income tax return instead of electing a Dependent Care FSA. Consult your tax professional for additional guidance.

Visit [Sentinel Benefits](#) or [IRS publication 502](#) for a full list of FSA Eligible expenses.

## How Flexible Spending Accounts Work

During your enrollment period, you can select an annual contribution amount for your HCFSAs and/or your DCFSAs. Your per paycheck deduction will equal your annual contribution amount divided by the number of pay periods remaining in the calendar year.

You will receive an FSA debit card from Sentinel Benefits, which can be used to make point-of-sale purchases for eligible expenses. For those eligible expenses that don't allow a point-of-sale purchase, you may submit a claim for reimbursement through Sentinel Benefits.

**FSA ELECTIONS DO NOT AUTOMATICALLY RENEW**  
You must make new elections each year during Open Enrollment. Elections do not automatically carry over from year to year.

|                                                   | 2026 Flexible Spending Account Limits and Expense Dates                                                         |                                                                                  |
|---------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
|                                                   | Health Care FSA                                                                                                 | Dependent Care FSA                                                               |
| IRS Contribution Limit                            | Between \$100 and \$3,400 annually<br>(Inclusive of \$150 RISD contribution, if eligible)                       | Between \$100 and \$7,500 annually<br>(\$3,750 if married and filing separately) |
| When can I access my contribution amount?         | The full amount elected is available for use by the employee on the first day the benefit becomes effective     | Funds can be accessed as they are accrued each pay period                        |
| When can I incur expenses?                        | January 1, 2026 to March 15, 2027                                                                               |                                                                                  |
| What is the deadline to submit for reimbursement? | March 31, 2027                                                                                                  |                                                                                  |
| What happens to the money I don't use?            | Any balances in either the Health Care or Dependent Care FSA after March 15, 2027, are forfeited, per IRS rules |                                                                                  |



Life insurance offers peace of mind by providing financial protection to your loved ones in the event of your death. RISD provides life insurance benefits for staff and gives you the option to purchase additional coverage for you and your family. RISD’s life insurance plans are administered by **The Standard**.

## Basic Life Insurance

RISD automatically provides Basic Life Insurance coverage equal to 1x your base annual salary up to \$300,000 (or as indicated by union contract), with a minimum benefit of \$50,000, at no cost to you.

## Accidental Death & Dismemberment (AD&D)

RISD also automatically provides AD&D coverage equal to 200% of annual salary, up to \$300,000. Benefits are paid in the event of accidental death or injury.

Coverage for both Basic Life and AD&D insurance reduces to 50% at age 70.

## Optional Life Insurance

In addition to the Basic Life and AD&D Insurance provided by RISD, you can purchase Optional Life Insurance through The Standard. You may purchase coverage for yourself in increments from 1x to 5x your base annual salary, up to a maximum of \$750,000. Evidence of Insurability (EOI) is required for amounts more than 3x your base annual salary or \$300,000. RISD HR will notify you if you need to complete the EOI.

If you purchase optional life insurance for yourself, you can also elect coverage in the amount of \$25,000 for your spouse or domestic partner and \$5,000 for dependent children.

Premium payments for optional life insurance are made on an after-tax basis.

| Life Insurance Rates      |                                        |
|---------------------------|----------------------------------------|
| Employee Age              | Rate per Month per \$1,000 of coverage |
| Under age 25              | \$0.045                                |
| 25-29                     | \$0.055                                |
| 30-34                     | \$0.070                                |
| 35-39                     | \$0.080                                |
| 40-44                     | \$0.090                                |
| 45-49                     | \$0.135                                |
| 50-54                     | \$0.200                                |
| 55-59                     | \$0.390                                |
| 60-64                     | \$0.600                                |
| 65-69                     | \$1.170                                |
| 70+                       | \$1.900                                |
| Dependent Rates           |                                        |
| Spouse & Domestic Partner | \$0.260                                |
| Child(ren)                | \$0.020                                |

Disability insurance pays a portion of your salary when you are unable to work due to a non-work-related illness or injury, or pregnancy. Staff are eligible for disability benefits through the State of Rhode Island, and RISD offers additional disability plans administered by **Lincoln Financial**.

## Rhode Island Temporary Disability Insurance (TDI)

The State of Rhode Island offers Temporary Disability Insurance (TDI) to eligible employees (as defined by the state) who are out of work due to a non-work-related illness or injury for more than seven (7) consecutive days. TDI provides up to 30 weeks of benefits. Your benefit amount will be approximately 4.62% of your highest-earning quarter within the base period (the first four of the last five completed calendar quarters before the week you file your claim) up to a set weekly maximum.

## Short-Term Disability Insurance (STD)

RISD automatically provides Short-Term Disability (STD) insurance to staff at no cost. The plan is designed to supplement your TDI benefits to provide a total income replacement of up to 80% of your weekly base salary for up to 26-weeks.

## Long-Term Disability Insurance (LTD)

For protection beyond the end of STD benefits, RISD provides an optional Long-Term Disability (LTD) plan. If eligible, the plan provides a benefit equal to 60% of your annual earnings as of the last day worked before the date of disability, up to a \$10,000 monthly benefit. LTD benefits will generally continue until you are medically cleared to return to work or age 65.

The cost for LTD benefits is \$0.368 per \$100 monthly coverage; RISD subsidizes 50% of the LTD premium for employees. Premium payments for optional LTD are made on an after-tax basis.

LTD benefits are available to employees whose scheduled weekly hours are at least 30 and whose scheduled annual hours are at least 1,560.

### Coordination of Benefits

To take full advantage of the disability benefits available to you, you must apply through Lincoln Financial for the RISD benefits and the TDI portal for benefits paid through the State. Benefits approved through Lincoln Financial will be paid through your normal RISD payroll, and benefits approved through TDI will be paid through direct deposit or an electronic payment card set up through the State.

To initiate a TDI claim, please call 401-462-8420 or visit: <https://dlt.ri.gov/tdi>. To initiate a claim for STD or LTD through Lincoln Financial, please visit [www.MyLincolnPortal.com](http://www.MyLincolnPortal.com) and create an account using company code RISD-EE or call an Intake Specialist at 1-800-713-7384.



No matter how near or far retirement may seem, having a plan to save money for your future is critical. With RISD’s 403(b) Retirement Plan, administered by **TIAA**, contributions are allowed by RISD and employees, subject to annual IRS limits.

## Employee Contributions

All non-student employees can begin contributing pre-tax dollars to the 403(b) retirement plan on the first of the month after hire. Contributions can be made as a percentage of your paycheck or as a flat dollar amount and changed at any time. Changes must be made before the beginning of a pay period to become effective in the next paycheck.

RISD offers both a traditional and a Roth 403(b) savings plan. You can contribute to both plans at the same time; your combined contribution may not exceed the IRS limit for the plan year.

Under the Roth option, your contributions are made after-tax, but withdrawals are typically tax-free in retirement if you are at least 59 ½ years old and your account has been open for at least five years. Under the traditional option, contributions are pre-tax, but withdrawals are taxable in retirement.

Your financial advisor or a [TIAA Financial Consultant](#) can advise on how to align your contributions with your retirement strategies.

RISD also offers two opportunities for employees over the age of 50 to make catch-up contributions. Eligibility for catch-up contributions is based on your age as of December 31<sup>st</sup> of the plan year. For example, an employee who is aged 59 on January 1<sup>st</sup> but will turn 60 by December 31<sup>st</sup> is eligible for the age 60-63 catch-up for the entire plan year.

| 2025 403(b) Retirement Plan Contribution Limits                       |          |
|-----------------------------------------------------------------------|----------|
| Base Contribution<br>(Combined for Roth and Traditional 403(b) plans) | \$23,500 |
| Age 50-59, 64+ Catch-up Contribution                                  | \$7,500  |
| Age 60-63 Catch-up Contribution                                       | \$11,250 |

For more information on your 403(b) plan and investment options, please visit [www.tiaa.org](http://www.tiaa.org). Instructions on how to change your 403(b) contribution in Workday can be found [here](#).



## Employer Contributions

After two (2) years of service at RISD, with 1,000 hours worked in each year, you become eligible to receive RISD's retirement plan contribution, equal to 8% of your earnings. In addition, RISD contributes 13% of gross earnings above the social security (FICA) maximum, but not to exceed IRS compensation limits. Once eligible, you are immediately vested in any RISD contributions.

Years of full-time, continuous service at another institution of higher education may be counted towards the two (2) year waiting period to receive RISD contributions. You must provide a signed letter from your previous institution that includes your full-time, continuous service dates. Your previous service will be credited beginning on the first of the month following the receipt of your verification letter.

Verification letters can be sent to **[benefits@risd.edu](mailto:benefits@risd.edu)**.

## SAVI

RISD recognizes that student debt is a tremendous source of stress for many employees and can interfere with other financial goals, like owning a home and saving for the future. To help RISD employees understand, navigate, and pursue generous federal programs, such as reduced student loan payments and forgiveness, we have leveraged our relationship with TIAA to offer access to Savi services.

Savi empowers employees in two ways. First, through a self-directed and no-cost tool, employees can assess their personal situation and obtain information on options or opportunities that may exist to reduce student loan debt. Second, employees may voluntarily enroll in and purchase Savi's Essential Service. With the Essential Service, Savi will administer the program's ongoing paperwork requirements, including annual re-enrollment, employer certification, and filings.

More information on Savi services may be found by calling 1-833-604-1226 or online at [www.tiaa.org/risd/student](http://www.tiaa.org/risd/student).

## 529 College Savings Plan

CollegeBound Saver is a Section 529 education savings plan offered by the Office of the General Treasurer of Rhode Island. CollegeBound Saver is designed to help individuals and families save for higher education in a tax-advantaged way and offers valuable advantages including tax-deferred growth, generous contribution limits, attractive investment options, and professional investment management.

Earnings grow tax deferred and are free from federal income tax when used for qualified higher education expenses, including tuition, mandatory fees, books, supplies, computers, and equipment required for enrollment or attendance; certain room and board costs during any academic period the beneficiary is enrolled at least half-time; and certain expenses for a special-needs student.

All RISD employees are eligible to participate in this program.

For more information, visit [www.collegeboundsaver.com](http://www.collegeboundsaver.com) or call customer service at 877-615-4116.



# Employee Assistance Program



RISD recognizes the importance of mental health and well-being. We provide employees and their family members access to high-quality, reliable, and confidential services through an Employee Assistance Program (EAP), **Coastline EAP**.

The EAP is a workplace benefit designed to help employees manage personal or professional issues affecting their well-being or overall quality of life. It offers a range of confidential services and resources, including:

## **Counseling Services**

Professional support for personal issues like stress, anxiety, depression, relationship problems, or traumatic situations.

## **Work-Life Balance Resources**

Help with managing work-life balance, including referrals to childcare, eldercare, or legal and financial services.

## **Substance Abuse Support**

Assistance for issues related to alcohol or drug use, including counseling and referral to treatment programs.

## **Health and Wellness Resources**

Information and support for maintaining physical health and mental wellness, including workshops and webinars.

The EAP is available 24/7 and is free of charge. Employees and eligible family members may receive up to five (5) EAP sessions per issue, all covered in full.

Coastline EAP also offers a wide variety of online learning and support resources, including on-demand webinars, live wellness sessions, and personal and professional development courses.

To learn more, please visit [RISD's HR Website](#) or contact Coastline EAP at 1-800-445-1195 or [www.coastlineeap.com](http://www.coastlineeap.com).

User name: RISD  
Password: employee

### **The EAP and its services are confidential**

Information about your personal situation is protected by state and federal laws governing confidentiality and will never be shared with RISD.

## Family Medical Leave Act (FMLA) and Rhode Island Parental and Family Medical Leave Act (RIPFMLA)

The federal Family and Medical Leave Act (FMLA) provides eligible employees up to twelve (12) work weeks of unpaid, job-protected leave in a rolling twelve (12) month period for specific family and medical reasons, including the birth and/or placement of a child, to care for an employee's own serious health condition, to care for a family member with a serious health condition, and qualifying exigencies arising from a family member on covered active duty.

Additionally, the Rhode Island Parental and Family Medical Leave Act provides thirteen (13) weeks of unpaid, job-protected leave in any two calendar years, running concurrently with the federal FMLA.

To qualify for FMLA, employees must have worked for RISD for twelve (12) and at least 1,250 hours in the twelve (12) month period prior to the need to take leave.

More information on leaves of absence can be found in the [Human Resources](#) section of [policies.risd.edu](https://policies.risd.edu) or by contacting **[benefits@risd.edu](mailto:benefits@risd.edu)**.

## Paid Parental Leave (PPL)

Staff may be eligible for up to nine (9) weeks of paid time off to care for and bond with their newborn infant, adopted minor or fostered child within the first year of life or placement. Paid Parental Leave (PPL) is available to both the birth and non-birth parent.

PPL will be paid up to 100% of your regular base pay rate for your primary position and your regular scheduled weekly hours in Workday.

Eligibility for PPL begins after twelve (12) months of continuous service and must be taken within the twelve (12) months following the birth or placement of the child.

## Rhode Island Temporary Caregiver Insurance (TCI)

The State of Rhode Island offers eligible employees (as defined by the State) eight (8) weeks of Temporary Caregiver Insurance (TCI) and job-protected leave to care for a seriously sick family member or to bond with a newborn, adopted, or new foster care child. Your benefit amount will be approximately 4.62% of your highest-earning quarter within the base period (the first four of the last five completed calendar quarters before the week you file your claim) up to a set weekly maximum.

For more information on TCI or to initiate a claim, please call 401-462-8420 or visit: <https://dlt.ri.gov/tdi>.

RISD provides you with paid time off benefits to allow you time to rejuvenate, enjoy time with family and friends, and take care of personal needs. The following summaries are intended to provide an overview of the available benefits for staff in regular or term appointment positions who are scheduled to work a minimum of 17.5 hours per week and 910 hours per year. More information on Paid Time Off, including additional benefits and the approved policies surrounding eligibility and usage, can be found in the [Human Resources section of policies.risd.edu](https://policies.risd.edu).

## Vacation Time

Eligible staff will accrue up to four (4) weeks of vacation per fiscal year, prorated based on their regularly scheduled weekly hours. Vacation hours accrue each pay period, and you may borrow against your accrual up to your annual allotment. You may also carryover up to eight (8) days of accrual into the next fiscal year, prorated based on your regularly scheduled weekly hours.

Vacation time does not accrue in pay periods which staff are not paid. New hires will begin accruing time immediately but are generally not able to take vacation within the first three (3) months of employment to support a successful Orientation and Review (probationary) period. Unused vacation time will be cashed out upon the end of your employment at RISD.

## Personal Time

Eligible staff receive a balance of personal hours each year equivalent to two (2) days, prorated based on their scheduled hours as of July 1<sup>st</sup> of the fiscal year. You may carryover two (2) times your annual allotment of personal time into the new fiscal year. Staff hired between July 1<sup>st</sup> and December 31<sup>st</sup> will receive the full allocation of two (2) days, and staff hired between January 1<sup>st</sup> and June 30<sup>th</sup> will receive an allocation of one (1) day in their first year. Personal days may not be used in the first three (3) months of employment and are not cashable upon the end of your employment at RISD.

## Sick Time

Sick time is paid time off for illness for yourself or a family member, or a non-work-related injury, or reasons related to the impacts of domestic violence, sexual assault or stalking, and for certain closures due to a public health emergency.

Eligible staff will receive up to eight (8) days of sick time each fiscal year. Staff who hold positions scheduled for fewer than twelve (12) months per year are not credited with sick time for periods in which they do not work. You may carryover up to one year's allotment of sick time, prorated based on your regularly scheduled hours, into the next fiscal year.

Newly hired regular and term employees receive the sick time allotment immediately but are generally not able to take sick time in the first three (3) months of employment to support a successful Orientation and Review (probationary) period. Unused sick time is not cashed out upon the end of your employment at RISD.

## Tuition Remission

RISD will provide eligible full-time staff with tuition remission benefits for qualifying dependent child(ren) who are enrolled in a two (2) year or four (4) year, full-time undergraduate degree program at RISD or another accredited college or university for up to four (4) years or eight (8) semesters; for RISD's Architecture Program, tuition remission covers five (5) years or ten (10) semesters.

RISD staff members who have completed three (3) years of service in positions scheduled to work at least 30 hours per week and 1,560 hours per year are eligible for 100% tuition remission benefits for their dependent child(ren) to attend RISD.

Staff members who have completed at least three (3) years of service in a position scheduled at 30 hours per week and 1,560 hours per year are eligible to receive tuition remission benefits in an amount equal to 20% of RISD's annual tuition for the same academic year. Those who have completed at least seven (7) years of service are eligible to receive tuition remission benefits in an amount equal to 35% of RISD's annual tuition for the same academic year.

For more information on tuition remission benefits, including eligibility and application requirements, please read the Tuition Remission Benefits program guide on RISD's Benefits Website.

## Educational Assistance

Staff scheduled to work at least 30 hours per week and 1,560 hours per year, and who have completed one year of service by the course start date, are eligible for educational assistance up to \$2,500 per fiscal year.

Requests for educational assistance must be submitted through Workday and receive full approval from your supervisor, your department's Vice President, and Human Resources before the course(s) start. You will pay for any classes you take upfront and receive reimbursement upon providing documentation of successful course completion.

Instructions on how to apply to Education Assistance can be found [here](#).

## RISD Continuing Education

Staff scheduled to work at least 20 hours per week and 1,040 hours per year and who have completed the orientation and review period may take classes through RISD's Continuing Education program. Your family members, such as your spouse, domestic partner, and/or dependent children) may also take courses as part of this benefit program.

Courses are offered at reduced or no tuition. Reference the Continuing Education website for more information on how and when to register for classes and class registration limits. All fees/costs over and above tuition are the individual's responsibility.

Please visit the [Continuing Education](#) website for more information.

| Program                                                          | Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Personal Insurance Group Discounts                               | <u>Comparion</u> offers a comprehensive program that enables all RISD employees to purchase auto, home and other high-quality personal insurance products at low group rates through direct billing to home addresses.                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Parking and Transportation                                       | RISD provides several parking lots on campus. Spaces are available on a first-come, first-served basis. RISD employees may also use their ID as a RIPTA bus pass to commute to and from work. For other transportation benefits and discounts, please visit the <a href="#">RISD Transportation page</a> .                                                                                                                                                                                                                                                                                                                                       |
| RISD Store Discount                                              | Employees may receive a 10% discount on items purchased at risd:store with a valid RISD ID. Certain items may be excluded.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| RISD Museum                                                      | All employees receive free unlimited admission to the RISD Museum. Every employee is also allowed free admission for one guest per visit (RISD I.D. must be presented). Youth 18 and under are always free. Admission provides access to the museum's many collections, revolving exhibits, and programs. Visit <a href="http://risdmuseum.org">risdmuseum.org</a> for the current schedule of events.                                                                                                                                                                                                                                           |
| Athletic Facilities / Fitness Centers at RISD & Brown University | All RISD employees can use the fitness center in RISD's Catanzaro Student Center at no charge (note: these facilities are staffed by student employees and therefore are not available in the summer months). RISD employees and their dependents may also sign up for a recreational facility (gym) membership at <a href="#">Brown University</a> .                                                                                                                                                                                                                                                                                            |
| RISD Library                                                     | All RISD employees have borrowing access at Fleet Library. In addition to the library's world-class collections, this includes access to <a href="#">research databases</a> and campus subscriptions such as the <a href="#">New York Times</a> and <a href="#">Chronicle of Higher Education</a> . With a Fleet Library account in good standing, RISD employees are also permitted to visit and borrow from the <a href="#">Providence Athenaeum</a> and Brown University Libraries. Employee spouses/partners are also eligible for limited-access borrowing accounts. Learn more at <a href="http://library.risd.edu">library.risd.edu</a> . |
| Computer Loan Program                                            | Eligible full-time and part-time, regular employees are eligible to take out an interest-free computer loan, up to \$2,000, to purchase a computer, computer peripherals, and software. Information on this program can be found on the <a href="#">Controller's Office page of info.risd.edu</a> .                                                                                                                                                                                                                                                                                                                                              |
| Tickets at Work                                                  | Tickets at Work is a complimentary perk that gives you access to 20–60% off deals on movies, hotels, shows, concerts, sporting events and more at locations across the country. Go to <a href="http://ticketsatwork.com/tickets">ticketsatwork.com/tickets</a> or call Tickets at Work at 800 331–6483 for information and customer support. Company Code: RISDESIGN                                                                                                                                                                                                                                                                             |



# When Does My Benefits Coverage End?



| Benefit                                         | Coverage End Date                                                                                                                                                                                                                 | Continuance Options                                                       |
|-------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| Health Insurance                                | The last day of the month employment ends or the employee moves into a non-benefits eligible position<br>The date a dependent ceases to be a qualified dependent<br>The last day of the month in which a dependent child turns 26 | May be continued through COBRA                                            |
| Dental Insurance<br>Vision Insurance            | The last day of the month employment ends or the employee moves into a non-benefits eligible position<br>The date a dependent ceases to be a qualified dependent<br>The last day of the year in which a dependent child turns 26  | May be continued through COBRA                                            |
| Health Savings Account                          | An employee will no longer receive RISD's HSA contribution when their coverage in an HSA-eligible plan ends                                                                                                                       | HSAs are owned by you even after your employment ends                     |
| Dependent Care Flexible Spending Account        | Expenses may be submitted through the last date of employment or benefits eligibility                                                                                                                                             | Dependent Care FSAs are not eligible for continuation                     |
| Health Care Flexible Spending Account           | Expenses may be submitted through the last date of employment or benefits eligibility                                                                                                                                             | May be continued through COBRA                                            |
| Life Insurance, AD&D and Optional Life Coverage | The date employment ends or the employee moves into a non-benefits eligible position<br>The date a dependent ceases to be a qualified dependent                                                                                   | Can be converted into a personal policy within 31 days of coverage ending |
| Short-Term and Long-Term Disability             | The date employment ends or the employee moves into a non-benefits eligible position                                                                                                                                              | Disability benefits are not eligible for continuation                     |
| Education Assistance                            | The date employment or benefits eligibility ends                                                                                                                                                                                  | Education benefits are not eligible for continuation                      |
| Tuition Remission                               | The date employment ends or the employee moves from a 30 hours per week and 1,560 hours per year scheduled position                                                                                                               | Tuition benefits are not eligible for continuation                        |



General questions regarding benefits eligibility and enrollment may be directed to **benefits@risd.edu**.

| Benefit                          | Carrier                                | Phone                                                              | Web / Email                                                                              |
|----------------------------------|----------------------------------------|--------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| Health Insurance                 | Blue Cross Blue Shield of Rhode Island | 1-401-459-5000                                                     | <a href="http://www.myBCBSRI.com">www.myBCBSRI.com</a>                                   |
| Pharmacy                         | CVS Caremark                           | 1-800-237-2767                                                     | <a href="http://www.caremark.com">www.caremark.com</a>                                   |
| Dental Insurance                 | Delta Dental                           | 1-800-843-3582                                                     | <a href="http://www.deltadentalri.com">www.deltadentalri.com</a>                         |
| Vision Insurance                 | Davis Vision                           | 1-877-923-2847                                                     | <a href="http://www.davisvision.com">www.davisvision.com</a>                             |
| 403(b) Retirement Plan           | TIAA                                   | 1-800-842-2776                                                     | <a href="http://www.tiaa.org">www.tiaa.org</a>                                           |
| Life Insurance / AD&D            | The Standard                           | 1-800-253-9929                                                     | <a href="http://www.standard.com">www.standard.com</a>                                   |
| Disability                       | Lincoln Financial                      | (Claim Intake) 1-800-713-7384<br>(Customer Service) 1-800-210-0268 | <a href="http://www.MyLincolnPortal.com">www.MyLincolnPortal.com</a>                     |
| COBRA                            | Sentinel Benefits                      | 1-888-762-6088                                                     | <a href="http://www.sentinelgroup.com">www.sentinelgroup.com</a>                         |
| Flexible Spending Account Claims | Sentinel Benefits                      | 1-888-762-6088                                                     | <a href="http://www.sentinelgroup.com">www.sentinelgroup.com</a>                         |
| Health Savings Account           | Sentinel Benefits                      | 1-888-762-6088                                                     | <a href="http://www.sentinelgroup.com">www.sentinelgroup.com</a>                         |
| Employee Assistance Program      | Coastline EAP                          | 1-800-445-1195                                                     | <a href="http://www.coastlineeap.com">www.coastlineeap.com</a><br>Company Username: RISD |



*This Benefit Guide is designed to provide employees with an overview of the offerings currently available, as well as the eligibility requirements and current premiums for each offering. It is not intended to create a contract between RISD and its employees with respect to benefits. RISD reserves the right to amend or terminate any of the plans described at any time and for any reason. In cases where discrepancies occur, the subscriber agreements, applicable RISD policy, or collective bargaining agreement will prevail.*