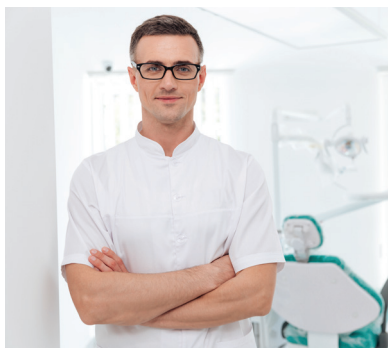


2019 Benefits

A QUICK REFERENCE GUIDE



Welcome to your 2019 Katy ISD Benefits!

Annual Enrollment is October 31st through November 14th.

It is that time of year again —time to choose your annual benefits. This guide is your resource for all the benefits we offer.

Look it over, read about your options, and consider what you need.

As always, we are here to help.

If you have any questions, just give a Benefits Outlook specialist a call at 866.222.KISD (5473). English- and Spanish-speaking representatives are available Monday through Friday, 7 a.m. to 7 p.m. CT, and Saturday, 7 a.m. to 4 p.m., except holidays. Once you decide what would work best for you and your family, enroll over the phone or at katybenefits.org.



IMPORTANT

Remember, even if you are happy with what you have now, you must enroll in 2019 benefits. Your 2018 benefits do not automatically roll over to 2019.

Benefits run on a different schedule.

If you enroll during annual enrollment, your 2019 coverage begins January 1 and ends December 31. It is one of the few things that do not follow the school calendar.





What is New for 2019?

Lower medical premiums

The District is implementing the Premium Support Program for all staff participating in our health plan starting 2019. This means a decrease in our medical premiums, allowing employees to set aside funds saved from those premium reductions to pay for medical expenses that may occur in the future.

Some changes to voluntary benefits

The premiums for our vision plan have increased slightly for 2019.

Greater savings on health care expenses

This year, the IRS has increased the maximum amount that you can contribute to a health care flexible spending account (FSA) to \$2,650. That means you can set aside even more money for medical expenses without paying income tax on it.

New benefit available

Katy ISD is now offering an identity theft protection service. iLOCK360 is a comprehensive identity theft monitoring, credit monitoring and restoration service that helps maintain control over personal information.

Affordable Care Act (ACA)

Please be aware that during your employment with Katy ISD you may have met the requirements of the Affordable Care Act (ACA) definition of “full-time.” When that determination was made, you become eligible for benefits for a period of 12 months regardless of your position. This is known as the ACA stability period.

If you are rehired by Katy ISD within 31 days of the date your benefits terminated, AND you are still within your ACA stability period (defined above), your benefits will be automatically reinstated with no lapse in coverage and you will be responsible for paying the premiums, regardless of your position.

If you are rehired by Katy ISD after 31 days, you will have the opportunity to enroll in benefits for the remaining ACA stability period, regardless of your position. If you are rehired into a benefits eligible position under TRS rules (i.e. eligible to participate in TRS), your eligibility for benefits may be extended.

Important changes to the Health Reimbursement Account (HRA)

The District has made the decision to stop contributing into the HealthFund (HRA) beginning in 2019. In place of the HealthFund (HRA), the District is implementing the Premium Support Program. This program will assist in the lowering of monthly premiums for all staff participating in the 2019 Health Plan. Individuals who have a remaining HealthFund balance will be allowed access to those balances until they are exhausted.



What is staying the same?

See a doctor anytime, anywhere

If you enrolled in a KISD medical plan, you can use Teladoc® to see a doctor at a time and place that is convenient for you—over your computer, tablet, or phone. For just a \$40 copay, board-certified doctors are available 24 hours a day, seven days a week, to diagnose and treat common conditions, refill medications and more.

Diabetes management program through Livongo

A health benefit that combines advanced technology with coaching and support for your diabetes. This program is offered at no cost to you with coverage through the Katy ISD medical plan.

Unchanged copays and medical plan designs

This year we are offering the same medical plans that we did last year, at the same cost to you. That means your plan options, as well as the associated copays, premiums, and deductibles, will be staying the same.

Enrollment options

Be sure to check out the Benefits Outlook website at katybenefits.org as you consider your coverage for 2019. It is a great place to find friendly, helpful answers and information about all of your Katy ISD benefits, along with tips and tools for staying healthy. When you are ready, this is also where you complete your online enrollment, or you can enroll by phone if you prefer.

Remember, your benefits do not roll over to 2019 automatically. You have to enroll every year even if you want to keep the same options. If you do not enroll, you will not be covered starting January 1, 2019.

Sign up for benefits-related text messages.

Text KISD to 313131 to sign up for text alerts with important Katy ISD benefits information—things like special benefits programs, updates, deadlines and more.

Affordable Care Act accountability

For tax purposes, the IRS requires us, and you, to verify and report your medical plan eligibility, coverage selection and covered dependents' tax ID numbers (also known as social security numbers) and legal names.

For this reason, you must provide tax ID numbers for each of your dependents when enrolling them. You should receive your 2018 Form 1095-C with this information in early 2019.

A step-by-step guide to choosing the benefit that works for you.

- 1. Choose the provider network that is the right fit**
Katy ISD offers several options for your health plan. Be clear on what is important to you and what restrictions you are willing to live with.
- 2. Compare your plan options**
You can expect to pay more in premiums when you choose a network with greater flexibility in the doctors you use—or a health plan that requires you to pay less when you use your health care. It is a tradeoff that may not always be worth it. Think about how you use care and gauge your comfort level to find the right balance.
- 3. Consider your voluntary options**
Add on the extras that make sense for your family.
- 4. Now you are ready to enroll**
Log on to katybenefits.org to get started. Make sure you enroll by November 14, 2018. If you do not make an active choice, you will not have health coverage for 2019.
- 5. Make the most of your benefits**
Your benefits come with special features, like Teladoc and diabetes management programs, designed to make your health plan easier and more effective. Use them.



Choose the right provider network.

Pay a little more to have more options. Or do not. It is up to you. Here is help making your selection.

Consumer plan provider network options

The Consumer plans have two provider networks to choose from:

Limited network highlights

- » Choose any primary care physician in the Aetna network.
- » You are “limited” to Memorial Hermann hospitals and facilities for inpatient or outpatient care.
- » You must choose from specialists in 12 designated categories plus oncologists and hematologists who have admitting privileges and can arrange for hospital procedures at a Memorial Hermann hospital.
- » Outside of these designated specialties, you are free to choose any physicians in the Aetna network.

Consumer plan designated specialties*

- » Cardiology
- » Cardiothoracic surgery
- » Gastroenterology
- » General surgery
- » Neurology
- » Neurosurgery
- » Obstetrics and gynecology
- » Orthopedics
- » Otolaryngology
- » Plastic surgery
- » Urology
- » Vascular surgery

*Limited network members must also choose oncologists and hematologists who have admitting privileges and can arrange for hospital procedures at a Memorial Hermann Hospital.

Choice network highlights

- » Choose any primary care physician in the Aetna network.
- » Choose from two tiers of hospitals and specialists in 12 designated categories.
- » Tier I hospitals and specialists cost you less because they are designated as the most efficient providers based on quality of service and cost of care.
- » Choose between Tier I and Tier II when you receive care, not when you enroll.
- » Outside of these designated specialties, you are free to choose any physicians in the Aetna network.

QUICK TIP:

Plans that use the Limited network are less expensive. If you do not mind being limited on a way to save money!

Benefits run on a different schedule.

If you enroll during annual enrollment, your 2019 coverage begins January 1 and ends December 31. It is one of the few things that do not follow the school calendar.

Find the plan that works best for you.

You have two Consumer plan options to choose from. These options give you great flexibility, allowing you to control how you spend your health care dollars.

Consumer Basic

If you choose a Consumer Basic option, your premiums (what comes out of your paycheck) are lower, but your annual deductibles and coinsurance percentages are higher.

Consumer Plus

With a Consumer Plus option, you pay slightly higher premiums, but your annual deductibles and coinsurance percentages are lower.

The main differences between the two options are the premium rates and your potential out-of-pocket costs. It is a trade-off, basically.

Important Notice about the HealthFund

The District will discontinue HealthFund contributions in 2019. However, for those of you with a remaining balance, you can continue to use the Fund until your balance runs out.

Have questions?

Call Aetna at 877.224.6857 to get started.



IMPORTANT

In each plan, you have a choice between the two network options: Limited and Choice

2019 Medical Plan Comparison

Administered By Aetna

	Consumer Basic Limited	Consumer Basic Choice		Consumer Plus Limited	Consumer Plus Choice	
	Memorial Hermann network only	Tier I	Tier II	Memorial Hermann network only	Tier I	Tier II
RATES						
Based on 24 Pay Periods						
Employee Only	\$32	\$43		\$46	\$67	
Employee + Spouse	\$235	\$250		\$262	\$325	
Employee + Child(ren)	\$145	\$165		\$168	\$213	
Employee + Family	\$303	\$344		\$348	\$433	
PLAN LIMITS						
Annual deductible						
Individual	\$2,250	\$2,250	\$2,750	\$1,750	\$1,750	\$2,250
Family	\$4,500	\$4,500	\$5,000	\$3,500	\$3,500	\$4,000
Annual out-of-pocket max (includes all medical and pharmacy deductibles, copays and coinsurance)						
Individual	\$5,500	\$5,500	\$6,850	\$4,500	\$4,500	\$6,000
Family	\$11,000	\$11,000	\$12,500	\$9,000	\$9,000	\$10,500
YOUR COST FOR COVERED SERVICES						
Preventive	Free	Free		Free	Free	
Office Visit						
PCP	25%	25% (all PCPs are Tier I)		20%	20% (all PCPs are Tier I)	
Non-designated specialists (NDS) ¹	25%	25% all (NDS ¹ are Tier I)		20%	20% all (NDS ¹ are Tier I)	
Designated specialists	25%	25%	45%	20%	20%	35%
Inpatient – hospital (pre-certification required)	25%	25%	45% + \$500 copay per admission ²	20%	20%	35% + \$500 copay per admission ²
Outpatient- hospital (pre-certification required)	25%	25%	45%	20%	20%	35%
Outpatient – freestanding and surgical center (pre-certification required)	25%	25%		20%	20%	

	Consumer Basic Limited	Consumer Basic Choice		Consumer Plus Limited	Consumer Plus Choice	
	Memorial Hermann network only	Tier I	Tier II	Memorial Hermann network only	Tier I	Tier II
Emergency Care	35% + \$250 copay (waived if admitted)	35% + \$250 copay (waived if admitted)		30% + \$250 copay (waived if admitted)	30% + \$250 copay (waived if admitted)	
Urgent Care Facility	25%	25%		20%	20%	
Lab, X-Ray, diagnostic mammogram, diagnostic scans (MRI, MRA, CAT, PET) Outpatient hospital	25%	25%	45%	20%	20%	35%
Lab, X-Ray, diagnostic mammogram, diagnostic scans (MRI, MRA, CAT, PET) Freestanding facility, independent lab	25%	25%		20%	20%	
Maternity – delivery	25%	25%	45%	20%	20%	35%
Mental health and substance abuse (inpatient and outpatient)	25%	25%		20%	20%	
PRESCRIPTION						
Annual prescription deductibles ³	\$0 Generic					
	\$200 Brand					
Prescription drug 30-day retail	\$20 Generic					
	\$40 Preferred brand					
	\$80 Nonpreferred brand					
Prescription drug 90-day mail or retail	\$40 Generic					
	\$100 Preferred brand					
	\$200 Nonpreferred brand					

1 These are in-network specialists who are not in the designated specialty areas.

2 Limited to two \$500 copays per plan year.

3 The deductible applies once per year per person and a copay may also be requested.

Teladoc®

Another way to visit your doctor, anytime, anywhere.



Visit Teladoc.com/Aetna for details or call 1.855.Teladoc (835.2362).



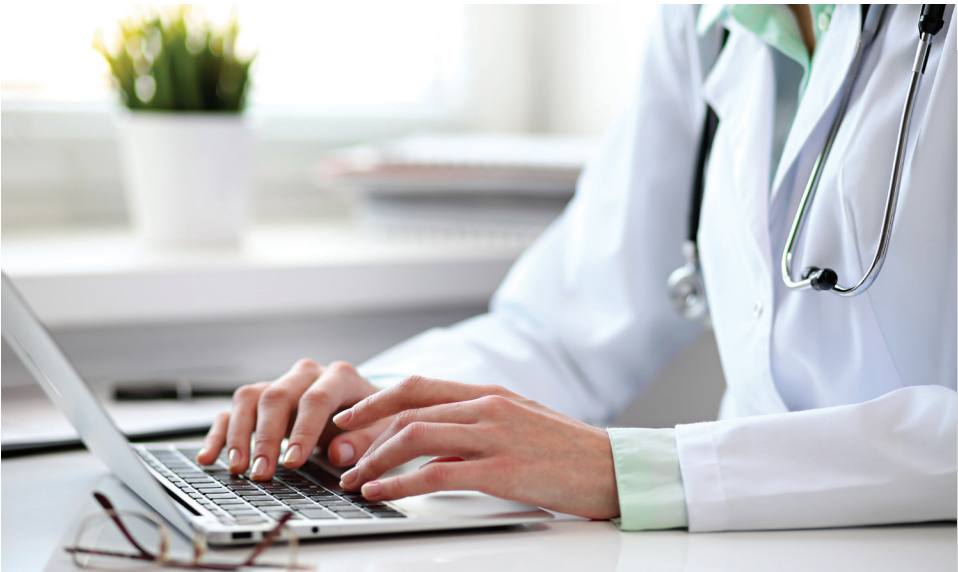
REMINDER!

Katy ISD employees who are enrolled in a district medical plan and their covered dependents can see a board-certified physician via video conference, over the phone, or online.

For just a \$40 copay, you can avoid the inconvenience and expense of an emergency room or urgent care clinic.

When should you consider Teladoc?

- » Too sick or busy to go to the doctor's office
- » Traveling
- » Doctor's office is closed
- » This benefit gives you a convenient and cost effective way to treat common conditions, refill your prescriptions, and more.



Review your prescription drug benefits.

Short-term prescriptions

For short-term prescriptions, take your prescription and your ID card to a participating pharmacy. For generic drugs, you pay a \$20 copay with no deductible. For brand-name drugs, you have an annual \$200 per-person prescription drug deductible. After you meet this deductible, you pay the lesser of the actual drug cost or a copay for each prescription.

Mail or retail partner pharmacies for maintenance medications

Save money by purchasing 90-day supplies of your maintenance medications through the Express Scripts mail service or at a local retail partner.

These include Kroger, Costco, HEB, Randalls, and Walmart. (Please note: CVS and Walgreens are not 90-day retailers.) You can place your order online, by phone or by mail. Ask your physician for a 30-day prescription for your initial fill(s) and a second prescription for a 90-day supply and refills for up to one year, if appropriate, so you can take advantage of these savings

No-cost prescriptions for high blood pressure, high cholesterol, asthma and diabetes

Generic drugs for high blood pressure, high cholesterol, asthma or diabetes (including injectable insulin) remain available at no cost to you, as long as you are enrolled in a Katy ISD medical plan and purchase 90-day supplies through Express Scripts or at an Express Scripts retail pharmacy partner.

Specialty drug prescriptions

For specialty drugs, which are available only in a 30-day supply, use the Express Scripts specialty mail program or Accredo.

Prescription drug plan highlights

All medical plan options include prescription drug benefits through Express Scripts, available at any participating pharmacy and through mail order.

SaveonSP

SaveonSP is a program covering certain specialty medications and ensures that, once you are enrolled and eligibility is confirmed, you have no financial responsibility for those medications.

Have questions?

Call Express Scripts at 855.712.0333 to get started.

QUICK TIP:

Always ask your doctor if there is a generic version of a medication that you can take. This can save you as much as \$60 for a one month supply. Also ask your doctor for a 90-day supply for maintenance medication.

This will help you save more money!

Make your benefits work harder.

Take advantage of voluntary extra coverage options for you and your family.



Flexible Spending Accounts (FSAs)

Set money aside pre-tax to pay for eligible medical or dependent day care expenses. You decide ahead of time how much you anticipate spending for the entire calendar year, and that amount is available to you tax-free. For 2019, the IRS will allow you to contribute up to \$2,650 to a health care FSA and \$5,000 to a dependent day care.

Have questions?

Call First Financial Administrators, Inc. at 866.853.3539.



IMPORTANT: USE IT OR LOSE IT.

Be careful when estimating your FSA contribution. Any money left in the account at the end of the year is lost to you.



Dental Plans

Both dental plans pay preventive care at 100%

Dental HMO

You select a primary care dentist who directs your dental care. Only in-network services are offered.

Dental PPO

You pay a deductible for basic, major and orthodontic care. You may visit any dentist you choose, but using an in-network dentist can save you money.

	Dental HMO	Dental PPO
Employee Only	\$6.93	\$22.86
Employee + Spouse	\$12.97	\$46.39
Employee + Child(ren)	\$9.85	\$41.60
Employee + Family	\$16.95	\$58.63

Have Questions? Call UnitedHealthcare DHMO at 800.232.0900 or MetLife Dental PPO at 800.942.0854



Vision Plan

This plan provides in- or out-of-network coverage for an eye exam and pair of corrective lenses once per calendar year.

Employee Only	\$5.06
Employee + 1	\$8.83
Employee +2 or more	\$12.66

Have Questions? Call Davis Vision at 800.999.5431

NOTE: Rates shown are per pay period, based on 24 checks per year.



Life and Accidental Death and Dismemberment

Life insurance is paid to your beneficiaries if you die while covered by the plan. AD&D benefits are paid to you or your beneficiary if you have a covered loss that is the direct result of an accident. Katy ISD provides a basic level of coverage for all benefits-eligible employees (\$20,000 each for both life and AD&D for most employees) at no charge. You can purchase additional coverage for yourself, your spouse and your children.

Your age January 1 of plan year	Supplemental Life and AD&D (rates are per \$10,000)									
	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
	\$0.30	\$0.35	\$0.40	\$0.45	\$0.65	\$0.90	\$1.30	\$2.00	\$2.95	\$4.65

Benefit Level	Spouse Life			Child Life	
	\$10,000	\$20,000	\$35,000	\$5,000	\$10,000
	\$0.70	\$1.40	\$2.45	\$0.20	\$0.40

Have questions? Call Aetna Life Insurance at 800.523.5065



Disability

Pays a benefit of 66.67% of your annual salary if your doctor says you cannot work due to an injury, illness or pregnancy. You can choose a waiting period of 14 or 90 days.

14-day waiting period	1.26% of salary
90-day waiting period	0.60% of salary

Have questions? Call UNUM at 800.858.6843



Personal Legal Plan

The LegalGUARD plan provides personal legal guidance on a variety of issues and services, including will preparation, name change, real estate closing and uncontested adoption. Starting this year, you can receive help on a much wider range of issues, from identity theft to traffic tickets.

Employee Only	\$6.45
Family	\$8.34

Have questions? Call LegalEase at 888.416.4313



Identity Theft Protection

iLOCK360 is a comprehensive identity theft and credit monitoring service that helps maintain control over personal information.

Employee Only	\$3.00
Family	\$6.50

Have questions? Call iLOCK360 at 855.287.8888



Take advantage of great, free resources.

Free to all employees

24/7 Nurse Line

For help from a registered nurse day or night, call 866.222.KISD (5473).

Beacon Health employee assistance program

Available to all employees and their families. For free and confidential 24-hour support for all kinds of personal challenges, call 877.694.9281.

Free to medical plan members

Aetna Member Payment Estimator

Go to Benefits Outlook and click the Aetna Navigator quick link to use the Member Payment Estimator to compare cost estimates for more than 550 common services and procedures, from office visits and lab tests to high-tech scans, surgeries and more.

Now you are ready to enroll!!

Online enrollment, made easy.

Once you have studied your options and made your selections, it is time to let us know about them. Enrollment is simple at katybenefits.org.

Go to www.katybenefits.org

- » Use the “**Quick Links**” button in the upper right corner
- » Click on the link to “**Enroll in 2019 Benefits**”
- » If employee is logged in to the Katy network (either at work or at home) they will be taken directly to the enrollment site
- » If employee is not logged in to the Katy network, they will be prompted for their Katy ISD ID (letter followed by 7 numbers) and their Katy ISD network password.
- » Look for a personalized confirmation statement in your mail in early December and report any changes or corrections to Benefits Outlook.
- » Check the numbers and verify that your deductions are correct on your first pay stub in January.



IMPORTANT

Annual Enrollment is October 31 through November 14, 2018

Do not miss the deadline!

Online enrollment ends at 11p.m. CT and phone enrollment ends at 7 P.M CT on Wednesday, November 14.

If you need help enrolling, call a Benefits Outlook specialist at 866.222.KISD (5473). English- and Spanish-speaking representatives are available Monday through Friday, 7 a.m. to 7 p.m. CT, and Saturday, 7 a.m. to 4 p.m., except holidays.



Contact Information

If you have specific questions about a benefit plan, please contact the administrator listed below, or your local human resources department.

Benefit	Administrator	Phone	Website/Email
Medical	Aetna	877.224.6857	www.aetna.com
Pharmacy	Express Scripts	855.712.0333	www.express-scripts.com
Telemedicine	Teladoc	855.835.2362	www.Teladoc.com/Aetna
Flexible Spending Accounts	First Financial Administrators	866.853.3539	www.ffga.com
Dental HMO	UnitedHealthcare	800.232.0990	www.myuhcdental.com
Dental PPO	MetLife	800.942.0854	www.mybenefits.metlife.com
Vision	Davis Vision	800.999.5431	www.davisvision.com
Life and Accidental Death & Dismemberment	Aetna Life Insurance Company	281.396.2241	
Disability	Unum	800.858.6843	www.unum.com
Legal Plan	LegalEase	888.416.4313	www.legalease.com
Identity Theft Protection	iLOCK360	855.287.8888	www.ilock360.com
Employee Assistance Program (EAP)	Beacon Health	877.694.9281	www.achievesolutions.net
24/7 Nurse Line	Aetna	866.222.5473	
Risk Management Department		281.396.2241	



Notes



Notes



Notes

DISCLAIMER: This guide provides an overview of your benefits options. The complete provisions of the plans, including legislated benefits, exclusions and limitations, are set forth in the plan documents or insurance contracts. The insurance contracts are available for your review in the Katy ISD Benefits Office. If the information in this guide is not consistent with the plan documents or insurance contracts or state and federal regulations, the plan documents, insurance contracts and state and federal regulations will prevail. This guide is not intended as a contract of employment or a guarantee of current or future employment. This enrollment guide constitutes a summary of material changes for the 2018 plan year. Please share these materials with your covered family members.



This benefit summary prepared by



Gallagher

Insurance | Risk Management | Consulting