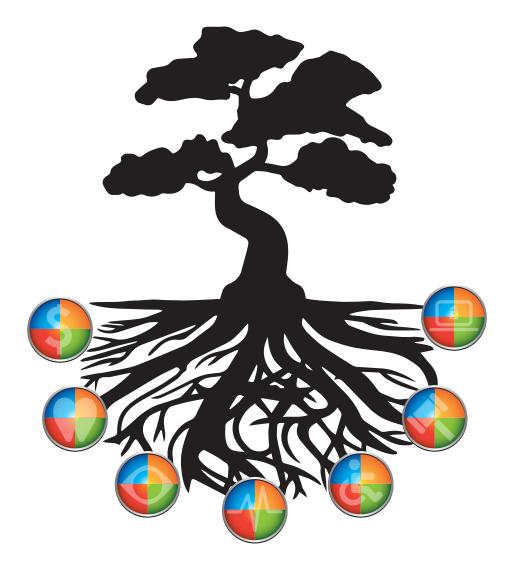


What's inside: Introducing NEW network options and NEW benefits. **Keep it handy, and have a healthy 2020!** 



# What's inside:

What's new	5
What's staying the same	6
Medical plans	7-9
Medical Plan Comparison Chart	10-11
Free resources including RediMD	12
Prescription benefit	13
Voluntary benefits	14-16
Enrollment information	17
Phone numbers and websites	18
Notes page	19

# Welcome to your 2020 Katy ISD Benefits!

#### Annual Enrollment is October 30 to November 13, 2019.

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 www.katybenefits.org.



#### IMPORTANT

Remember, even if you are happy with what you have now, you must enroll in 2020 benefits. Your 2019 benefits do not automatically roll over to 2020.

#### Benefits run on a different schedule.

If you enroll during annual enrollment, your 2020 coverage begins January 1 and ends December 31. Benefits are one of the few things that do not follow the school calendar.

## QUICK TIP:

Can't remember your 2019 coverage? Hint: It's not on Employee Self Service

Here are a few ways to access your current insurance coverage:

- 1. Go to www.katybenefits.org, click on QUICK LINKS on the upper right corner, then click on ENROLL IN BENEFITS. If you are logged in to the Katy ISD network, this should take you to your own benefits screen. Look for the Current Benefits tile, then click on VIEW BENEFITS.
- 2. On MyKaty Cloud, under Staff, click on the Benefits tile, then 5 new tiles will appear. Click on the Enroll tile which takes you to your benefits screen. Look for the Current Benefits tile, then click on VIEW BENEFITS.
- 3. Call Benefits Outlook at 866-222-KISD(5473) and a representative can assist you.

If you're not logged in to the Katy ISD network, you will be prompted for your Katy ISD ID (letter followed by 7 numbers) and your network password.

# What's New for 2020?

#### Greater savings on health care expenses

This year, the IRS has increased the maximum amount that you can contribute to your Health Care Flexible Spending Account (HCFSA) to **\$2,700**. That means you can set aside even more money for medical expenses without paying income tax on it.

#### New voluntary benefits!

Katy ISD now offers the following additional benefits which will take effect January 1, 2020.

- Hospital Indemnity
- Accident Insurance
- Emergency Transport
- Critical Illness

#### New insurance carriers

Some of our current benefits will be handled by a different insurance provider. **Make** sure your current providers are in network for these benefits.

- Both dental plans (DHMO and PPO) will be administered by Guardian
- Vision through Avesis
- Identity Theft Protection with InfoArmor
- Legal through LegalShield
- Disability with MetLife

#### QUICK TIP:

Are you and your spouse both Katy ISD employees? If your answer is **YES** and you **both qualify for benefits**, then here are a few things to remember:

- Each of you may have coverage, but decide who will cover your qualified dependents.
- Neither of you can enroll for spouse life coverage, but both of you may have Supplemental Life and AD&D.

# What's staying the same?

#### 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.

#### See a doctor anytime, anywhere

If you enrolled in a KISD medical plan, you can use RediMD to see a doctor at a time and place that is convenient for you. You may access RediMD by using your phone, computer or tablet. For a \$0 copay, board-certified doctors are available 24 hours a day, seven days a week, to diagnose and treat common conditions, refill medications and more.

#### **Enrollment options**

Be sure to check out the Benefits Outlook website at www.katybenefits.org as you consider your coverage for 2020. 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 2020 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, 2020.

#### Affordable Care Act accountability

For tax purposes, the IRS requires us, and you, to verify and report your medical plan eligibility, coverage selection, you and your 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 2019 Form 1095-C with this information in early 2020.

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.

# Lets get started!

# Find the medical 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.

#### Have questions?

Call Aetna at 877-224-6857.

#### **QUICK TIP:** OUT OF POCKET EXPENSES

- You are responsible for paying a specified amount (known as a deductible) before the plan begins to
  - pay a percentage of covered expenses.
- After you meet your annual deductible, you pay a percentage of the cost of covered expenses. This is called coinsurance.
- Once you reach your annual coinsurance maximum, the plan pays 100% of any of your remaining covered expenses for the rest of the year (not including copays).

# Choose the right provider network.

Pay a little more to have more options. Or don't. It's up to you. Here's help making your selection.

#### Consumer plan provider network options

The Consumer plans have two provider networks to choose from: Limited or Choice.

	LIMITED NETWORK	CHOICE NETWORK				
LITIES	MEMORIAL HERMANN You must use Memorial Hermann hospitals exclusively for your inpatient and outpatient hospital care.	Tier I* To pay the lowest out-of- pocket, use Tier I hospitals such as: Memorial Hermann St. Luke's Texas Children's	Tier II* You pay more when you choose Tier II hospitals such as: Methodist MD Anderson			
FACILITI		You can choose from a wi that are divided into two t out-of-pocket for your car coinsurance and copays) your provider is in.	iers. The amount you pay e (in deductibles, depends upon which tier			
	There is no out-ot-net	work care, except in the co	ase of an emergency.			
PROVIDERS	For providers in the 12 designated specialties (see list on next page), you must choose from a list of select providers who have admitting privileges to <b>Memorial</b> <b>Hermann</b> facilities. Members should also consider Oncologists and Hematologists that have admission privileges or can make arrangements for hospital procedures at a <b>Memorial Hermann</b> hospital.	You pay less to see a Tier I specialist.	Your out-of-pocket costs are greater if you see a Tier II specialist.			
	You still have access to any primary care physician in the larger Aetna network.		y primary care physician in imary care physicians are			
	Outside the 12 designated specialties, you may see any specialist in the larger Aetna network.	Outside the12 designated any specialist in the Choic	l specialties, you may see e Network.			

\*For the most current and complete list of providers in both networks, go to www.aetna.com through the Benefits Outlook website.

#### 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**.

## QUICK TIP:

- Avoid surprises, estimate your costs before you get care.
- Just because your doctor is in-network, the facility in which you are treated or to which you are referred to might not be. Call Aetna at 877-224-6857 to confirm that the services will be in-network.
- Plans that use the Limited network are less expensive if you don't mind being limited on a way to save money!



#### IMPORTANT

In each plan, you have two provider networks to choose from: Limited and Choice Call your Aetna representative to find out if your doctors are in network. The next 2 pages highlights each network.

# 2020 Medical Plan Comparison Chart

Administered By Aetna

	Consumer Basic Limited		Consumer Basic Choice		Consun Cho	ner Plus Dice			
	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	\$0	67			
Employee + Spouse	\$235	\$2	.50	\$262	\$3	25			
Employee + Child(ren)	\$145	\$1	65	\$168	\$2	13			
Employee + Family	\$303	\$3	44	\$348	\$4	33			
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 pha		es, copays (	and coinsure	ance)					
Individual	\$5,500	\$5,500	\$6 <i>,</i> 850	\$4,500	\$4,500	\$6,000			
Family	\$11,000	\$11,000	\$12,500	\$9,000	\$9,000	\$10,500			
YOUR COST FOR COVER	ED SERVICES	-			-				
Preventive	Free	Free		Free	Fr	е			
Office Visit									
PCP	25%		5% are Tier I)	20%		)% are Tier I)			
Non-designated specialists (NDS) <sup>1</sup>	25%		6 all ire Tier I)	20%	20% all (NDS' are Tier I)				
Designated specialists	25%	25%			20%	35%			
Inpatient – hospital (pre-certification required)	25%	25%	45% + \$500 copay per admission <sup>2</sup>	20%	20%	35% + \$500 copay per admission <sup>2</sup>			
Outpatient- hospital (pre-certification required)	25%	25%	45%	20%	20%	35%			
Outpatient – freestanding and surgical center (pre-certification required)	25%	25	5%	20%	20%				

	Consumer Basic Limited	Consumer Basic Choice		Consumer Plus Limited	Consun Cho	ner Plus Dice		
	Memorial Hermann network only	Tier I	Tier II	Memorial Hermann network only	Tier I	Tier II		
Emergency Care	35% + \$250 copay (waived if admitted)	y 35% + \$250 copay d if (waived if admitted)		30% + \$250 copay (waived if admitted)	30% + \$250 copay (waived if admitted			
Urgent Care Facility	25%	25	5%	20%	20	)%		
Lab, X-Ray, diagnostic mammogram, diagnostic scans (MRI, MRA, CAT, PET) Outpatient hospital	25%	5 25% 45% 20%		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%	5% 25%			20%			
PRESCRIPTION								
Annual prescription			\$0 Ge	eneric				
deductibles	\$200 Brand							
Prescription drug	\$20 Generic							
30-day retail			· ·	rred brand				
	\$80 Nonpreferred brand							
Prescription drug				eneric				
90-day mail or retail			-	erred 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.

# Take advantage of great, free resources.

#### Free to all employees

24/7 Nurse Line For help from a registered nurse day or night, call 800-556-1555.

#### 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. This is where you can compare cost estimates for more than 550 common services and procedures, from office visits and lab tests to high-tech scans, surgeries 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.

#### **RediMD**

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 a **\$0 copay**, you can avoid the inconvenience and expense of an emergency room or urgent care clinic.



RediMD visits available from work or home 7:00 a.m. – 10:00 p.m. CT Mon-Sun 24/7 by phone call 866-989-CURE(2873), option 2

### Review your prescription drug benefits.

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

#### 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 brandname 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.

#### 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 2020, the IRS will allow you to contribute up to \$2,700 to a health care FSA and \$5,000 to a dependent day care FSA. Have guestions? 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. Copays are specified so there will be no surprises.

#### **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	\$7.27	\$24.00
Employee + Spouse	\$13.62	\$48.71
Employee + Child(ren)	\$10.35	\$43.68
Employee + Family	\$17.79	\$61.56

Have Questions? Call Guardian at 800-273-3330 for DHMO or 800-541-7846 for PPO.



#### Vision Plan

Vision coverage provides a mix of independent and retail ophthalmologists, optometrists, and opticians for your eye care needs.

Employee Only	\$4.74
Employee + 1	\$7.97
Employee + Family	\$11.99

Have Questions? Call Avesis at 800-828-9341

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

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

Have questions or filing a claim? Call Risk Management Dept. at 281-396-2241.



#### Disability

Pays a weekly or monthly benefit (after a set elimination period) if you are disabled or unable to work due to an injury, illness or pregnancy. No Evidence of Insurability (EOI) is required to enroll or increase coverage.

14-day waiting peri	od
90-day waiting peri	od

\$1.19 per \$100 frozen\* salary \$0.53 per \$100 frozen\* salary

\$7.25

\*Annual salary is frozen every October of the preivous plan year. This is the amount our premiums are based on. Have questions? Call MetLife at 866-729-9201.



#### **Legal Protection Plan**

This plan provides a comprehensive legal solution to the employee and all eligible departments through their proprietary network of provider law firms. Covered services include advice and consultation, family and domestic-related services, finance, will and estate planning, motor vehicle, etc.

#### **Employee**

Have questions? Call LegalShield at 1-888-807-0407



#### **Identity Theft Protection**

This plan provides comprehensive identity theft monitoring, credit monitoring and restoration service that will save you time, money and stress if your identity has been compromised.

Employee Only	\$3.97
Family	\$6.97

Have questions? Call InfoArmor 1-800-789-2720

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

#### **Accident Insurance**



Accident insurance supplements your medical plan in case of an accidental injury.

Employee Only	\$6.80
Employee + Spouse	\$11.62
Employee + Child(ren)	\$12.22
Employee + Family	\$17.04

Have questions? Call Chubb at 866-445-8874



#### **Emergency Transport**

This benefit covers a portion of out-of-pocket expenses for both ground and air emergency transportation.

	Emergent	Emergent	
	Ground	Plus	Platinum
Employee + Family	\$4.50	\$7.00	\$19.50

Have questions? Call MASA at 800-423-3266



#### **Hospital Indemnity**

Hospital indemnity insurance supplements your medical plan. You receive cash benefits based on your covered sickness or injury, treatments and services. The benefits are paid directly to you, so you decide how to use your benefit.

Employee Only	\$12.36
Employee + Spouse	\$21.71
Employee + Child(ren)	\$19.35
Employee + Family	\$28.70

Have questions? Call Guardian at 1-800-268-2525



#### **Critical Illness**

Critical illness insurance complements your medical plan, no matter what type of coverage you have. You receive cash benefits based on each eligible diagnosis. The benefits are paid directly to you, so you decide how to use them.

Your age January 1 of plan year	<30	30-39	40-49	50-59	60-69	70+
Employee Only \$10,000	\$3.15	\$4.45	\$8.30	\$14.75	\$22.40	\$43.50
Employee Only \$20,000	\$6.30	\$8.90	\$16.60	\$29.50	\$44.80	\$87.00
Employee Only \$30,000	\$9.45	\$13.35	\$24.90	\$44.25	\$67.20	\$130.50
Spouse \$5,000	\$1.55	\$2.23	\$4.15	\$7.38	\$11.20	\$21.73
Spouse \$10,000	\$3.10	\$4.45	\$8.30	\$14.75	\$22.40	\$43.45
Spouse \$15,000	\$4.65	\$6.68	\$12.45	\$22.13	\$33.60	\$65.18

Have questions? Call Guardian at 1-800-268-2525

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

# 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!

#### Go to www.katybenefits.org

- Use the "Quick Links" button in the upper right corner
- Click on the link to "Enroll in 2020 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 30 through November 13, 2019.

#### Do not miss the deadline!

Online enrollment ends at 11p.m. CT and phone enrollment ends at 7 p.m. CT on Wednesday, November 13.

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. For additional benefit questions, call the Risk Managment Department.

Benefits	Administrator	Phone	Administrator
Medical	Aetna	877-224-6857	www.aetna.com
Prescription	Express Scripts	855-712-0333	www.express-scripts.com
Telemedicine	RediMD	866-989-CURE (2873)	www.redimd.com
Dental HMO	Guardian	800-273-3330	www.guardiananytime.com
Dental PPO	Guardian	800-541-7846	www.guardiananytime.com
Vision	Avesis	800-828-9341	www.avesis.com
Flexible Spending Accounts	First Financial Administrators	866-853-3539	www.ffga.com
Life and AD&D	Risk Management Dept.	281-396-2241	
Disability	MetLife	866-729-9201	www.mybenefits.metlife.com
Legal Plan	LegalShield	888-807-0407	benefits.legalshield.com/katy
Identity Theft Protection	InfoArmor	800-789-2720	www.infoarmor.com/katyisd
Accident Insurance	Chubb	866-445-8874	www.chubbworkplacebenefits.com
Hospital Indemnity	Guardian	800-268-2525	www.guardiananytime.com
Critical Illness	Guardian	800-268-2525	www.guardiananytime.com
Emergency Transport	MASA	800-423-3226	www.masamts.com
COBRA	WageWorks	800-526-2720	benedirect.wageworks.com
Employee Assistance Program (EAP)	Beacon Health	877-694-9281	www.achievesolutions.net/tisdkaty
24/7 Nurse Line	Aetna	800-556-1555	
Risk Management Department		281-396-2241	

# 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. 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 2020 plan year. Please share these materials with your covered family members.



