

2018

Benefits Guide

A quick reference guide



Welcome to your 2018 Katy ISD benefits

Annual Enrollment is
November 1-15, 2017.

It's 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're 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're happy with what you have now, you must enroll in 2018 benefits. Your 2017 benefits don't automatically roll over to 2018.

Benefits run on a different schedule.

If you enroll during annual enrollment, **your 2018 coverage begins January 1 and ends December 31.** It's one of the few things that don't follow the school calendar.

What's new for 2018

Some changes to voluntary benefits

The premiums for our dental HMO plan have increased by 2% for 2018. Also, our legal plan will now be through LegalGUARDSM and will cover bankruptcy, identity theft, traffic tickets and more.

See a doctor anytime, anywhere

Introduced **September 1, 2017: If you're enrolled in a KISD medical plan, you can use Teladoc[®]** to see a doctor at a time and place that's 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.

New weekend hours for Benefits Outlook

Benefits Outlook is now available on Saturdays from 7 a.m. to 4 p.m. Contact us at **866-222-KISD (5473)** for help with all of your benefits questions.

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 \$2,600. That means you can set aside even more money for medical expenses without paying income tax on it.

Changes to Aetna Evidence of Insurability (EOI)

Beginning in 2018, new hires may elect up to \$200K in supplemental life insurance without providing EOI. During annual enrollment, current employees may still increase their election by 1 x annual salary up to \$200K without EOI. However, anyone not currently enrolled will be required to provide EOI.

What's staying the same

Unchanged copays and medical plan designs

This year we're 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 2018. It's 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're ready, this is also where you complete your online enrollment, or you can enroll by phone if you prefer.

Remember, your benefits don't roll over to 2018 automatically. You have to enroll every year even if you want to keep the same options. If you don't enroll, you won't be covered starting January 1, 2018.

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 2017 Form 1095-C with this information in early 2018.

A step-by-step guide to choosing the benefits that work for you

1

Choose the provider network that's the right fit

Katy ISD offers several options for your health plan. Be clear on what's important to you and what restrictions you're 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's 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're ready to enroll

Log on to katybenefits.org to get started. **Make sure you enroll by November 15, 2017.** If you don't make an active choice, you won't have health coverage for 2018.

5

Make the most of your benefits

Your benefits come with special features, like Teladoc and free wellness 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 don't. It's up to you. Here's help making your selection.

Quick tip:

Plans that use the Limited network are less expensive. If you don't mind being limited to Memorial Hermann, these plans are a good way to save money.



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're "limited" to Memorial Hermann hospitals and facilities for inpatient or outpatient hospital 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're free to choose any physicians in the Aetna network.

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're 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're free to choose any physicians in the Aetna network.

Consumer plan designated specialties*

- ▶ Cardiology
- ▶ Cardiothoracic surgery
- ▶ Gastroenterology
- ▶ General surgery
- ▶ Neurology
- ▶ Neurosurgery
- ▶ Obstetrics & 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.

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.

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



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



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.

We get you started with a HealthFund

The district contributes annually to a HealthFund for all employees enrolled in a medical plan. You use this money to pay for covered medical expenses like office visits, lab work, tests and to help you meet your deductible. The contributions are prorated, depending on when you sign up for coverage. Any unused funds roll over to the next year, so you can build a nest egg for future health care expenses as long as you stay enrolled in a Katy ISD Consumer option.

If you're enrolled in a health care flexible spending account (FSA), your HealthFund pays for eligible medical expenses first. When your HealthFund is exhausted, you can use your health care FSA for remaining medical expenses. Dental and vision expenses are the exceptions: you can use your health care FSA for those, regardless of the status of your HealthFund.

Have questions?

Call Aetna at **877-224-6857** to get started.

2018 Medical plan comparison

		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	\$46	\$56		\$63	\$81	
	Employee + spouse	\$244	\$271		\$271	\$338	
	Employee + child(ren)	\$164	\$183		\$185	\$232	
	Employee + family	\$326	\$365		\$361	\$451	
HEALTHFUND							
	Employee only	\$400	\$400		\$650	\$650	
	Employee + spouse	\$650	\$650		\$900	\$900	
	Employee + child(ren)	\$650	\$650		\$900	\$900	
	Employee + family	\$900	\$900		\$1,150	\$1,150	
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 care exams		Free	Free		Free	Free	
Office visit	Primary care (PCP)	25%	25% (all PCPs are Tier I)		20%	20% (all PCPs are Tier I)	
	Non-designated specialists (NDS) ¹	25%	25% (all NDSs are Tier I)		20%	20% (all NDSs 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%	
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	Generic		\$0				
	Brand		\$200				
Prescription drug 30-day retail	Generic		\$20				
	Preferred brand		\$40				
	Non-preferred brand		\$80				
Prescription drug 90-day mail or retail	Generic		\$40				
	Preferred brand		\$100				
	Non-preferred brand		\$200				

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.

Introducing Teladoc[®]

The new way to visit your doctor,
anytime, anywhere.

Introduced September 1, 2017

Katy ISD employees who are enrolled in a district medical plan and their covered dependents can see a board-certified physician via videoconference, 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.



Visit [Teladoc.com/Aetna](https://www.teladoc.com/Aetna) for details or call **1-855-Teladoc (835-2362)**.

Quick tip:

When should you consider Teladoc?

- ▶ Too sick or busy to go to the doctor's office
- ▶ Traveling
- ▶ Doctor's office is closed

This new benefit gives you a convenient and cost effective way to treat common conditions, refill 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, Sam's Club 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're 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.

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.

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 2018, the IRS will allow you to contribute up to \$2,600 to a health care FSA and \$5,000 to a dependent day care FSA.

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 Dental HMO at **800-232-0990**.

Call 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	\$4.11
Employee + 1	\$7.18
Employee + 2 or more	\$10.29

Have questions?

Call Davis Vision at **800-999-5431**.



Life and accidental death and dismemberment (AD&D)

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.

Supplemental Life and AD&D (Rates are per \$10,000)

Your age January 1 of plan year	< 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 Company at **800-523-5065**.



Disability

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

Have questions? Call Unum at **800-858-6843**.

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



Personal legal plan

The LegalGUARDSM 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**.

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**.

Viverae

Take advantage of personalized wellness resources through the MyViverae website, including health challenges, activity tracking, webinars and special programs. If you're enrolled in a medical plan, you also have access to personal health coaches and disease management coaches.

Have questions?

Call Viverae at **888-848-3723**.

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're ready to enroll

Online enrollment, made easy.

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

Here's how it works:

- ▶ **Go to katybenefits.org** and click the QUICK LINKS button in the top right-hand corner.
- ▶ **Click ENROLL IN 2018 BENEFITS** and follow the prompts. If asked to log in, use your Katy ISD login and 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 November 1-15, 2017.

Don't miss the deadline.

Online enrollment ends at 11 p.m. CT and phone enrollment ends at 7 p.m. CT on Wednesday, November 15.

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.



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.