

2023

# BENEFITS GUIDE

Open Enrollment  
November 8 – 18



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## ENROLLING ONLINE IS EASY

Go to [www.katybenefits.org](http://www.katybenefits.org) between **November 8** and **November 18**.

- + Use the QUICK LINKS button in the upper right corner.
- + Click on the link ENROLL IN BENEFITS.
- + Look for a personalized confirmation statement in your mail in early December and report any changes or corrections to Benefits Outlook (866-222-KISD [5473]).
- + Check the numbers and verify that your deductions are correct on your first pay stub in January.

## DO NOT MISS THE DEADLINE!

Online enrollment ends at **11 p.m. CT** and phone enrollment ends at **7 p.m. CT** on **Friday, November 18**.

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, except holidays.

### Are you and your spouse both Katy ISD employees?

If you and your spouse are both Katy ISD employees and qualify for benefits, you need to know a few things about enrolling:

- + Each of you may have coverage, but you'll need to 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.

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**Benefits run on a different schedule.** If you enroll during open enrollment, your 2023 coverage begins **January 1** and ends **December 31**. Benefits are one of the few things that do not follow the school calendar.

# Welcome.

You have a lot of great benefits to consider, so make sure you take the time to determine which options are best for you and your family. By choosing your options carefully, you and your family can get the coverage that fits your needs—and the support to use your benefits to your advantage.

All current benefits end on 12/31/2022. You must enroll during Annual Enrollment in order to have benefits on 1/1/2023. If you do not enroll you will only have the District provided Basic Life and the Employee Assistance Program (EAP).





## CONTACTLESS HEALTHCARE

### RediMD

RediMD lets you speak with a medical professional through your computer, tablet, smartphone or over the phone, day or night. It is free of charge for medical plan participants.

### 24/7 Nurse Line

The Nurse Line is your direct connection to a registered nurse who can help you find the health answers you need. It is available free of charge to medical plan participants.

## MENTAL HEALTHCARE

### EAP

Your employee assistance program (EAP) helps you resolve common personal issues before they take their toll on you. The EAP is available to all employees, dependents, family members and household members, whether or not you participate in a Katy ISD medical plan.

### Mental Health Coverage

Our medical plan covers visits to mental health providers at the same rates that you'll pay to see other medical doctors.

## QUICK, CLEAR ANSWERS ABOUT YOUR BENEFITS

When you have a question about using your benefits, we want to help you find an answer. 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, except holidays. And you can always find information on our website, [www.katybenefits.org](http://www.katybenefits.org).



## WHAT'S NEW FOR 2023?

Disability coverage will now be provided by The Hartford. You have a choice of Short Term (STD) or Long Term (LTD) coverages. If you choose STD you will only have coverage for 90 days which will include a 14 day waiting period. If you want coverage beyond 90 days, you will need to enroll in the LTD also.

## WHAT'S STAYING THE SAME

Dependent Verification is now required for all dependents covered on medical, dental, vision, and spouse life. When you enroll your dependent you will be notified that verification is required in order to cover that dependent on one of our plans. You will receive a letter telling you what is acceptable documentation and where to send those documents. Once a dependent has been verified, it is not necessary to verify that person again. However, do not ignore any notification you might receive regarding dependent verification. For questions regarding dependent verification, you may contact our benefits administrator at 866-222-KISD (5473).

### **Aetna still administers our three health plans**

We are still partnering with Aetna to provide your medical benefits. Learn more about these plans on page 9.

### **RediMD is free and remains ready to help**

When you enroll in a Katy ISD medical plan, RediMD lets you see a doctor anytime, anywhere, and it won't even cost you a copay. See how to sign up and use RediMD on page 14.

### **The EAP continues to be here for you**

When you're facing stress, depression or hardship, the EAP can be a great first step toward feeling better.

## COMPARE YOUR OPTIONS...



Even though our medical plans have not changed, we strongly recommend that you review the details of these plans before enrolling.

## ...AND MAKE A CHOICE

If you do not enroll by November 18, you will only have Basic Life and EAP coverage effective January 1, 2023. **Your choices for 2022 will not be automatically renewed for 2023.**



## THREE WAYS TO SEE YOUR 2022 COVERAGE

If you want to review your 2022 coverage before making decisions about 2023, you have three ways to do so:

- 1 Go to [www.katybenefits.org](http://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 personal benefits screen. Look for the View Your Benefits tile, then click on CURRENT BENEFITS.
- 2 On **MyKaty Cloud**, under Staff, click on the Benefits tile, then five new tiles will appear. Click on the Enroll tile, which takes you to your benefits screen. Look for the View Your Benefits tile, then click on CURRENT BENEFITS.
- 3 Call Benefits Outlook at **866-222-KISD (5473)** and a representative can assist you.



## DIFFERENT MEDICAL PLANS FOR DIFFERENT NEEDS



Katy ISD is offering the same three plans this year, each with different features. To make sure you're selecting the right plan for your needs, read the following pages closely. Do not hesitate to call Benefits Outlook at **866-222-KISD (5473)** if you have any questions.

**Memorial Hermann ACO.** If you are interested in seeing only Memorial Hermann doctors, this plan will give you just what you need. The network is made up of ONLY Memorial Hermann doctors and facilities. **Take note that NOT ALL Memorial Hermann doctors are in this network. Just because they are Memorial Hermann doctors does not mean they are part of the ACO network.** Check to see if your doctor is on the Memorial Hermann ACO network before making your choice of medical plans.

**HDHP (High Deductible Health Plan).** Our HDHP plan offers a trade-off: You'll pay lower premiums every month, but you'll have a higher deductible to meet before the plan begins paying for medical and prescription services. If you want to be able to manage your medical spending more closely, this could be the plan for you. Under this plan, you are eligible to enroll in a HSA.

**Choice POS II.** Our Choice POS II plan offers a broad network. If you love your doctors but can only find coverage for them in this network, this is the plan for you.

## MAKE SURE YOUR DOCTOR IS IN-NETWORK



Seeing an out-of-network doctor is almost always going to cost you more than seeing an in-network doctor. To see what doctors are available with these medical plans, visit [www.katybenefits.org/find-a-network-provider](http://www.katybenefits.org/find-a-network-provider).

# MEDICAL PLAN COMPARISON CHART

		Memorial Hermann ACO	HDHP (High Deductible Health Plan)	Choice POS II
<b>RATES ARE PER PAY PERIOD, based on 24 paychecks per year</b>				
Employee Only		\$51.50	\$36.00	\$88.50
Employee + Spouse		\$409.50	\$367.50	\$488.00
Employee + Child(ren)		\$194.00	\$163.00	\$275.00
Employee + Family		\$396.00	\$345.00	\$585.00
<b>PLAN LIMITS</b>				
Annual in-network deductible	Individual	\$1,750	\$5,000	\$2,500
	Family	\$3,500	\$10,000	\$5,000
Annual out-of-pocket max (includes all medical and pharmacy deductibles, copays and coinsurance)	Individual	\$4,500	\$5,000	\$6,000
	Family	\$9,000	\$10,000	\$11,500
<b>YOUR COST FOR IN-NETWORK COVERED SERVICES</b>				
Preventive		Free	Free	Free
Office visit	PCP	20% after deductible	0% after deductible	30% after deductible
	Specialists	25% after deductible	0% after deductible	30% after deductible
Inpatient – hospital (pre-certification required)		20% after deductible	0% after deductible	30% after deductible
Outpatient – hospital (pre-certification required)		20% after deductible	0% after deductible	30% after deductible
Outpatient – freestanding and surgical center (pre-certification required)		20% after deductible	0% after deductible	30% after deductible

Premiums are all per paycheck amounts.



# MEDICAL PLAN COMPARISON CHART

		Memorial Hermann ACO	HDHP (High Deductible Health Plan)	Choice POS II
<b>YOUR COST FOR IN-NETWORK COVERED SERVICES (Cont'd)</b>				
Emergency care		50% after \$250 copay; after deductible; waived if admitted	0% after deductible	50% after \$750 copay; after deductible; waived if admitted
Urgent care facility		20% after deductible	0% after deductible	30% after deductible
Lab, X-Ray, diagnostic mammogram, diagnostic scans (MRI, MRA, CAT, PET)	Outpatient hospital	20% after deductible	0% after deductible	30% after deductible
	Freestanding facility, independent lab	20% after deductible	0% after deductible	30% after deductible
Maternity – delivery		20% after deductible	0% after deductible	30% after deductible
Mental health and substance abuse (inpatient and outpatient)		20% after deductible	0% after deductible	25% after deductible
<b>PRESCRIPTION</b>				
Annual prescription deductibles <sup>1</sup>	Generic	\$0	Shared deductible (medical and prescription) \$5,000 Individual / \$10,000 Family	\$0
	Brand	\$200		\$200
Prescription drug (30-day retail)	Generic	\$20		\$20
	Preferred brand	\$40		\$40
	Nonpreferred brand	\$80		\$80
Prescription drug (90-day mail or retail)	Generic	\$40		\$40
	Preferred brand	\$100		\$100
	Nonpreferred brand	\$200		\$200

<sup>1</sup>The deductible applies once per year per person and a copay may also be requested.



## FREE RESOURCES

### TAKE ADVANTAGE OF GREAT, FREE RESOURCES.

#### FREE TO ALL EMPLOYEES

- + **EAP (employee assistance program)** — Available to all employees and their families. For free and confidential 24 hour support for all kinds of personal challenges, call 888-733-4635 or 888-REDIMD5.

#### FREE TO MEDICAL PLAN MEMBERS

- + **24/7 Nurse Line** — For help from a registered nurse day or night, call 800-556-1555.
- + **Aetna Find Care & Pricing Feature** — Go to Benefits Outlook and click the Aetna Navigator quick link to use the Find Care & Pricing feature once in your Aetna home page. 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.
- + **RediMD Telemedicine** — Katy ISD employees and their covered dependents who are enrolled in a Katy ISD medical plan 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 are available from work or home 24/7 by phone at 866-989-CURE (2873), option 2. **Diabetes Management** — Call 888-733-4635 or 888-REDIMD5

## YOUR PRESCRIPTION DRUG BENEFITS



Every one of our medical plans include prescription drug benefits through Express Scripts. Coverage is available at participating pharmacies and through mail order.

## HOW TO FILL YOUR PRESCRIPTIONS

**If you are enrolled in either Memorial Hermann ACO or Choice POS II plans**, you pay a \$20 copay with no deductible for short-term prescription generic drugs. 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. You can 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.

#### **The High Deductible Health Plan (HDHP) has different prescription drug coverages.**

This plan has no copays nor does it include any no-cost prescriptions. The cost of the prescriptions are combined with medical plan costs to create one annual deductible of \$5,000 (individual)/\$10,000(family). Until the employee has met the \$5,000 deductible (combining both medical and prescription charges), the employee must pay 100% of the cost of the prescription drugs as well as any medical charges. Once the employee has reached the deductible of \$5,000/\$10,000, all charges are then paid at 100%. That includes all medical as well as prescription costs.

## PAY \$0 FOR PRESCRIPTIONS

As long as you are enrolled in the Memorial Hermann ACO and Choice POS II medical plans, generic drugs for high blood pressure, high cholesterol, asthma or diabetes (including injectable insulin) remain available at no cost to you. You will need to purchase 90-day supplies through Express Scripts or at an Express Scripts retail pharmacy partner.



## SAVE ON SPECIALTY DRUGS

For specialty drugs, which are available only in a 30-day supply, use the Express Scripts specialty mail program or Accredo. SaveonSP is a program that covers certain specialty medications and ensures that, once you are enrolled and eligibility is confirmed, you have lesser financial responsibility for those medications.

**Have questions?** Call Express Scripts at 855-712-0333 to get started.

## PetRx

Inside Rx Pets is a pet medication prescription savings program designed to combat the high cost of human medications prescribed for pets. The program delivers average savings of 75% off generics and up to 15% off brand medications. The program protects pet parents when they're prescribed common medications such as insulin, antibiotics and anti-inflammatory drugs, as well as for seizure and glaucoma.

## SET ASIDE MONEY TO HELP PAY FOR YOUR HEALTHCARE EXPENSES



**Flexible Spending Accounts (FSAs)** allow you to set money aside pre-tax to pay for eligible medical or dependent day care expenses. You decide ahead of time how much you want to set aside, but any unspent funds will be lost. For 2023, the IRS will allow you to contribute up to \$2,750 to a healthcare FSA and \$5,000 to a dependent day care FSA.

**Have questions?** Call First Financial Administrators, Inc. at 866-853-3539.

**Health Savings Accounts (HSAs).** Every pay period, a small portion of your check will be deposited pre-tax into an interest-bearing HSA. You will receive a debit card so that you can use your saved funds on out-of-pocket medical expenses, such as your deductible, co-payments for medical care and prescription drugs, or vision and dental care bills.

**Have questions?** Call Gulf Coast Educators Credit Union at 281-436-5499.





## DENTAL PLANS



Katy ISD offers two dental plans. While both pay 100% of the cost for preventive care, the plans differ in coverages depending on the services you need and the dentist you see.

### Dental HMO

You'll select a primary care dentist to provide your dental care. Only in-network services are offered. Copays are specified, so costs will be more predictable.

### Dental PPO

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

	Dental HMO	Dental PPO
Employee Only	\$7.64	\$26.40
Employee + Spouse	\$14.31	\$53.59
Employee + Child(ren)	\$10.88	\$48.06
Employee + Family	\$18.69	\$67.73

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

## VISION PLAN



Katy ISD offers one vision coverage plan that 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.

## LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT COVERAGE



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

### 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

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



**NOTE:** Rates for all plans shown on pages 18–23 are per pay period based on 24 paychecks per year.



## SPOUSE LIFE

		Spouse age January 1 of plan year									
		<30	30 – 34	35 – 39	40 – 44	45 – 49	50 – 54	55 – 59	60 – 64	65 – 69	70+
Benefit level	\$10,000	\$0.20	\$0.25	\$0.30	\$0.35	\$0.55	\$0.80	\$1.20	\$1.90	\$2.85	\$4.55
	\$20,000	\$0.40	\$0.50	\$0.60	\$0.70	\$1.10	\$1.60	\$2.40	\$3.80	\$5.70	\$9.10
	\$35,000	\$0.70	\$0.88	\$1.05	\$1.23	\$1.93	\$2.80	\$4.20	\$6.65	\$9.98	\$15.93

## CHILD LIFE

Benefit Level	Rates
\$5,000	\$0.20
\$10,000	\$0.40

## DISABILITY COVERAGE

This coverage 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. If you elect the STD coverage, you will only have coverage for the first 90 days of a disability. In order to have coverage beyond the 90 days, you will need to elect the LTD also.



STD (14-day waiting period)	\$0.589 per \$10 covered benefit
LTD (90 day waiting period)	\$0.475 per \$100 frozen* salary

If you enroll in both plans, you will be charged a combination of both premiums. \*Annual salary is frozen every October of the previous plan year. This is the amount your premiums are based on.

**Have questions?** Call The Hartford at 888-301-5615.



**NOTE:** Rates for all plans shown on pages 18–23 are per pay period based on 24 paychecks per year.



## LEGAL PROTECTION PLAN

This plan provides a comprehensive legal solution to the employee and all eligible dependents 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	\$7.25
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**Have questions?** Call LegalShield at 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 is compromised.



Employee Only	\$3.97
Family	\$6.97

**Have questions?** Call Allstate<sup>SM</sup> Identity Protection at 800-789-2720.



## 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 Plus	Platinum
Employee + Family	\$7.00	\$19.50

**Have questions?** Call MASA at 800-423-3226.



**NOTE:** Rates for all plans shown on pages 18–23 are per pay period based on 24 paychecks per year.

## 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 benefits.

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

**Have questions?** Call Guardian at 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
	\$20,000	\$6.30	\$8.90	\$16.60	\$29.50	\$44.80	\$87.00
	\$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
	\$10,000	\$3.10	\$4.45	\$8.30	\$14.75	\$22.40	\$43.45
	\$15,000	\$4.65	\$6.68	\$12.45	\$22.13	\$33.60	\$65.18

**Have questions?** Call Guardian at 800-268-2525.

## CONTACT INFORMATION

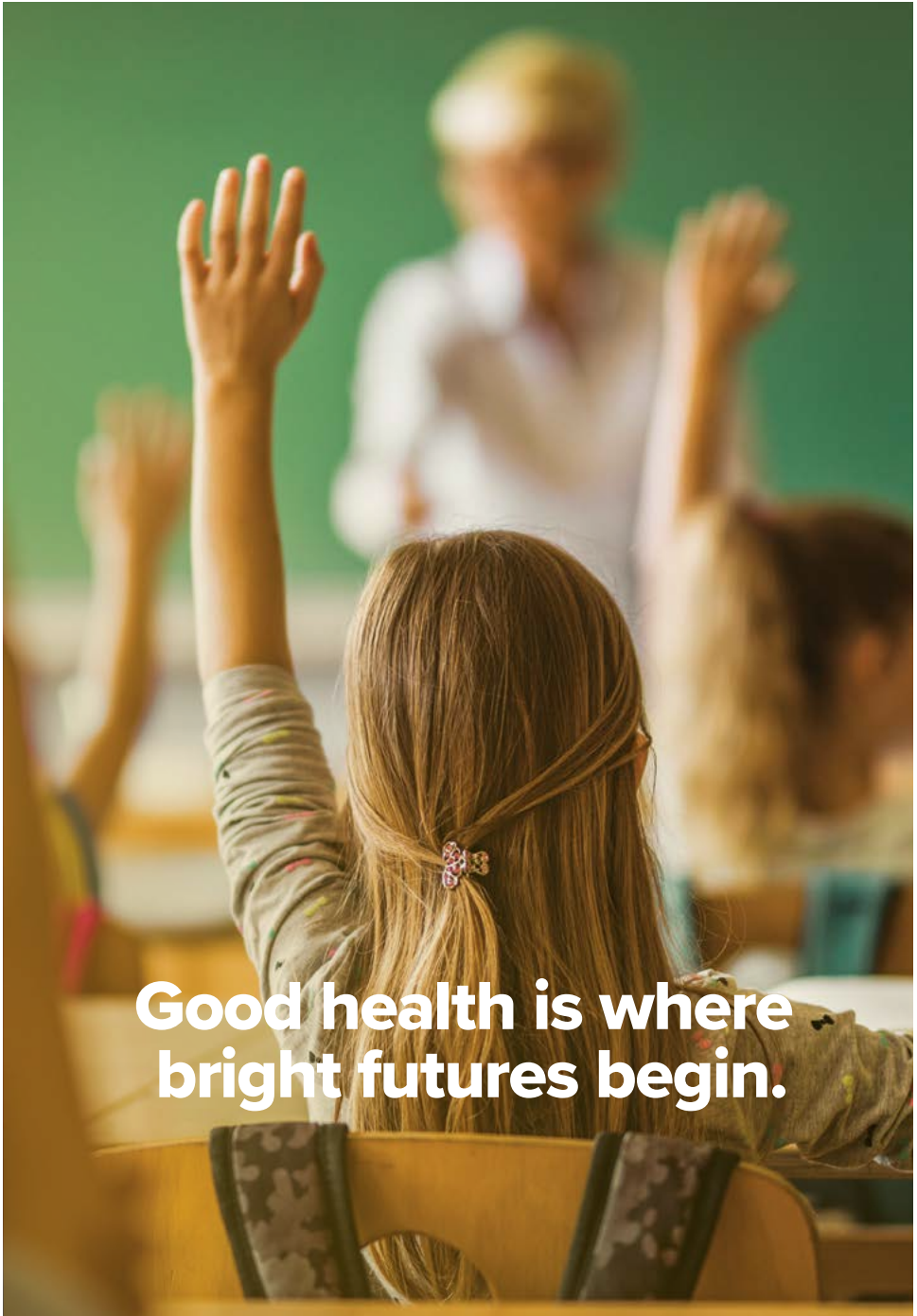
If you have specific questions about a benefit plan, please contact the administrator listed below. For additional benefit questions, call the Risk Management Department at 281-396-2241.

	Administrator	Phone	Website
<b>BENEFITS</b>			
24/7 Nurse Line	Aetna	800-556-1555	
Accident Insurance	Chubb	866-445-8874	<a href="http://www.chubbworkplacebenefits.com">www.chubbworkplacebenefits.com</a>
COBRA	WageWorks/ Health Equity	855-556-5737	<a href="http://mybenefits.wageworks.com">mybenefits.wageworks.com</a>
Critical Illness	Guardian	800-268-2525	<a href="http://www.guardiananytime.com">www.guardiananytime.com</a>
Dental HMO	Guardian	800-273-3330	<a href="http://www.guardiananytime.com">www.guardiananytime.com</a>
Dental PPO	Guardian	800-541-7846	<a href="http://www.guardiananytime.com">www.guardiananytime.com</a>
Direct Bill	Payflex	855-899-5049	<a href="http://adpdirectbill.payflex.com">adpdirectbill.payflex.com</a>
Disability	Hartford	888-301-5615	<a href="http://thehartford.com/employee-benefits/employees">thehartford.com/employee-benefits/employees</a>
Emergency Transport	MASA	800-423-3226	<a href="http://www.masamts.com">www.masamts.com</a>
Employee Assistance Program (EAP)	RediMD	888-733-4635	<a href="http://www.redimd.com">www.redimd.com</a>
Flexible Spending Accounts	First Financial Administrators	866-853-3539	<a href="http://ffa.wealthcareportal.com">ffa.wealthcareportal.com</a>
Health Savings Accounts	Gulf Coast Educators	281-436-5499	<a href="http://www.katyisdhsa.com">www.katyisdhsa.com</a>
Hospital Indemnity	Guardian	800-268-2525	<a href="http://www.guardiananytime.com">www.guardiananytime.com</a>
Identity Theft Protection	Allstate <sup>SM</sup> Identity Protection	800-789-2720	<a href="http://www.myaip.com/katyisd">www.myaip.com/katyisd</a>
Legal Plan	LegalShield	888-807-0407	<a href="https://benefits.legalshield.com/katy">https://benefits.legalshield.com/katy</a>
Life and AD&D	Risk Management Department	281-396-2241	
Medical	Aetna	877-224-6857	<a href="http://www.aetna.com">www.aetna.com</a>
PetRx	Inside Rx Pets by Express Scripts	800-722-8979	<a href="http://www.insiderxpets.com">www.insiderxpets.com</a>
Prescription	Express Scripts	855-712-0333	<a href="http://www.express-scripts.com">www.express-scripts.com</a>
Telemedicine	RediMD	866-989-CURE (2873)	<a href="http://www.redimd.com">www.redimd.com</a>
Vision	Avesis	800-828-9341	<a href="http://www.avesis.com">www.avesis.com</a>



### 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 2023 plan year. Please share these materials with your covered family members.



**Good health is where  
bright futures begin.**