

# Benefits for People That are United in Purpose

2026 Benefits Guide



## Enrolling Online is Easy

Go to [www.katybenefits.org](http://www.katybenefits.org) between **November 12** and **November 21**.

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

## Don't Miss the Deadline!

Online enrollment ends at **11 p.m. CT** and phone enrollment ends at **5 p.m. CT** on **Friday, November 21**.

If you need help enrolling, call the benefits helpline at **866-222-KISD (5473)**. English- and Spanish-speaking representatives are available Monday through Friday, 8 a.m. to 5 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 you both may have Supplemental Life and AD&D.

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**Benefits run on a different schedule than the school calendar.** If you enroll during Open Enrollment, your 2026 coverage begins **January 1** and ends **December 31**.

# 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 12/31/2025. You must enroll during Open Enrollment in order to have benefits on 1/1/2026.**





## Contactless Healthcare

### RediMD

RediMD lets you speak with a medical professional through your computer, tablet, smartphone or over the phone, day or night. It's free of charge for medical plan participants. Call 888-RediMD5 to get your code to register online at [redimd.com](http://redimd.com).

### 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's 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 plans cover 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 call our benefits helpline at 866-222-KISD (5473). English- and Spanish-speaking representatives are available Monday through Friday, 8 a.m. to 5 p.m. CT, except holidays. You can also visit [www.katybenefits.org](http://www.katybenefits.org) or scan the QR code below to find helpful information and resources.



## What's New for 2026?

### Prescription Drug Coverage

All prescriptions will be obtained through the H-E-B Pharmacy system.



## What's Staying the Same for 2026?

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

### Aetna Still Administers Our Three Health Plans

The medical plan will still be administered by Aetna. Coverage remains the same except for some premium and deductible changes. For more information, see pages 10 – 13.

### RediMD is Free and Ready to Help

Telemedicine service is still available through RediMD for those who have enrolled in one of the medical plans. See page 14 for more information.

### The EAP Continues to be Here for You

The EAP services will also still be available through RediMD for all employees. The disability plan remains with The Hartford.

## Compare Your Options...



Prices for our medical plans have changed, so we strongly recommend that you review the details of these plans before enrolling.

## ...and Make a Choice

If you don't enroll during Open Enrollment in November, you will only have Basic Life and EAP coverage effective January 1, 2026. **Your choices from 2025 will not automatically renew for 2026.**





## Three Ways to See Your 2025 Coverage

If you want to review your 2025 coverage before making decisions about 2026, 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, and 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 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 the benefits helpline 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. Don't hesitate to call our benefits helpline at **866-222-KISD (5473)** if you have any questions.

**Memorial Hermann ACO:** If you're 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:** Our Choice POS 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](http://www.katybenefits.org), click on **Quick Links**, and then click **Find a Network Provider**.



# Medical Plan Comparison Chart

		Memorial Hermann ACO	HDHP (High Deductible Health Plan)	Choice POS
<b>RATES ARE PER PAY PERIOD, based on 24 paychecks per year</b>				
Employee Only		\$63.50	\$42.50	\$127.50
Employee + Spouse		\$520.00	\$448.50	\$702.50
Employee + Child(ren)		\$235.50	\$197.50	\$397.00
Employee + Family		\$482.00	\$418.00	\$843.00
<b>PLAN LIMITS</b>				
Annual in-network deductible	Individual	\$1,950	\$5,350	\$5,000
	Family	\$3,775	\$10,600	\$8,000
Annual out-of-network deductible	Individual	no benefits	\$10,000	\$5,500
	Family	no benefits	\$20,000	\$10,000
Annual out-of-pocket max (includes all medical and pharmacy deductibles, copays, and coinsurance)	Individual	\$4,700	\$10,000	\$11,000
	Family	\$9,200	\$20,000	\$22,000
<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
<b>YOUR COST FOR IN-NETWORK COVERED SERVICES (continued)</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

See plan documents at [katybenefits.org](http://katybenefits.org) for information about out-of-network benefits.

<b>PRESCRIPTION</b>				
Annual prescription deductibles <sup>1</sup>	Generic	\$0	Shared deductible (medical and prescription) \$5,350 Individual / \$10,600 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 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 These 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 Connect 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. Refills for maintenance medications can be obtained by visiting RediMD.

Automatic prescription refills are available through RediMD.

**RediMD** visits are available from work or home 24/7 by phone at 866-989-CURE (2873), option 2 for RediMD.

**Diabetes Management** — Call 888-733-4635 or 888-REDIMD5.

## Your prescription drug benefits

Every one of our medical plans include prescription drug benefits through H-E-B. Coverage is available at participating pharmacies.



Scan the QR code to easily transfer your prescription to H-E-B pharmacy. For questions regarding prescription drug coverage, you may call **H-E-B RxTRA Advantage at 1-877-432-6315** or visit **www.rxtraadvantage.com**



## How to Fill Your Prescriptions

**If you're enrolled in either the Memorial Hermann ACO or Choice POS 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 at a local H-E-B pharmacy.

**The High Deductible Health Plan (HDHP) has different prescription drug coverages.** This plan has no copays. The cost of the prescriptions are combined with medical plan costs to create one annual deductible of \$5,350 (individually)/\$10,600 (family). Until the employee has met the \$5,350 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 \$5,350/\$10,600, all charges are then paid at 100%. This includes all medical as well as prescription costs.

## Pay \$0 for Prescriptions

As long as you are enrolled in either of the three medical plans (Memorial Hermann ACO Plan, High Deductible Health Plan or Choice POS Plan ), generic drugs for high blood pressure, high cholesterol, asthma, or diabetes (including injectable insulin) are available at no cost to you. You'll need to purchase 90-day supplies at an H-E-B retail pharmacy.



## Save on specialty drugs

For specialty drugs, use H-E-B RxTRA Advantage specialty program. This program 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 H-E-B RxTRA Advantage at 1-877-432-6315 to get started.

## 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 2026, the IRS will allow you to contribute up to \$3,200 to a healthcare FSA and \$7,500 to a dependent day care FSA.

**Have questions?** Call WEX at 866-451-3399.

**Health Savings Accounts (HSAs):** Every pay period, a small portion of your check will be deposited pre-tax into an interest-bearing HSA. You'll 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. This year, you can contribute up to \$4,400 to your HSA.

**Have questions?** Call Gulf Coast Educators 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. These plans have both in-and out-of-network coverages. Also, both plans have a maximum yearly benefit of \$1,000.

### High Plan

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. Remember, you have a maximum yearly benefit of \$1,000.

### Low Plan

There are no copays on this plan. You'll pay a deductible for both basic and major services. Both of these services are then covered at a percentage of the cost. **There is no coverage for orthodontia on this plan.** You can visit any dentist you choose, but using an in-network dentist can save you money. Remember, you have a maximum yearly benefit of \$1,000.

	High Plan	Low Plan
Employee Only	\$25.78	\$7.46
Employee + Spouse	\$52.30	\$13.98
Employee + Child(ren)	\$46.91	\$10.61
Employee + Family	\$66.10	\$18.24

**Have questions?** Call Aflac at 877-675-7277. Group number AFCA2255069.

## 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	\$4.32
Employee + 1	\$7.26
Employee + Family	\$10.92

**Have questions?** Call Aflac at 800-999-5431.

## 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 Katy ISD Risk Management at 281-396-2241.

## Spouse Life

### Rate based on employee age on 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



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



## Permanent Life

This coverage is available to be purchased by employees under the age of 71. The premium is based upon the employee's age at the time the policy is issued. The employee's spouse may also be enrolled for a benefit of 50% of the employee's benefit. The premiums for spouse coverage are based on the spouse's age at the time the policy is issued. There are premiums for both tobacco users and non-tobacco users. The benefits reduce at age 70 or after 10 years of coverage, whichever is later. This coverage is portable, so you're able to continue this policy after you leave the District.

## Tobacco Premiums

		Non-Tobacco – Life									
		18 – 25	26 – 30	31 – 35	36 – 40	41 – 45	46 – 50	51 – 55	56 – 60	61 – 65	66 – 70
Employee Only	\$25,000	\$5.84	\$6.79	\$8.03	\$10.06	\$12.99	\$16.94	\$23.43	\$34.48	\$44.51	\$68.25
	\$50,000	\$11.69	\$13.58	\$16.06	\$20.13	\$25.98	\$33.88	\$46.85	\$68.96	\$89.02	\$136.50
	\$75,000	\$17.53	\$20.38	\$24.09	\$30.19	\$38.97	\$50.81	\$70.28	\$103.44	\$133.53	\$204.75
	\$100,000	\$23.38	\$27.17	\$32.13	\$40.25	\$51.96	\$67.75	\$93.71	\$137.92	\$178.04	\$273.00
	\$125,000	\$29.22	\$33.96	\$40.16	\$50.31	\$64.95	\$84.69	\$117.14	\$172.40	\$222.55	\$341.25
	\$150,000	\$35.06	\$40.75	\$48.19	\$60.38	\$77.94	\$101.63	\$140.56	\$206.88	\$267.06	\$409.50
Spouse	\$12,500	\$3.26	\$3.79	\$4.48	\$5.61	\$7.20	\$9.23	\$12.38	\$17.41	\$25.63	\$38.94
	\$25,000	\$6.51	\$7.58	\$8.97	\$11.23	\$14.41	\$18.46	\$24.76	\$34.82	\$51.25	\$77.89
	\$37,500	\$9.77	\$11.38	\$13.45	\$16.84	\$21.61	\$27.69	\$37.14	\$52.23	\$76.88	\$116.83
	\$50,000	\$13.02	\$15.17	\$17.94	\$22.46	\$28.81	\$36.92	\$49.52	\$69.65	\$102.50	\$155.77

		Tobacco – Life									
		18 – 25	26 – 30	31 – 35	36 – 40	41 – 45	46 – 50	51 – 55	56 – 60	61 – 65	66 – 70
Employee Only	\$25,000	\$7.60	\$9.16	\$11.52	\$14.51	\$18.61	\$24.65	\$33.58	\$49.80	\$69.72	\$103.61
	\$50,000	\$15.21	\$18.31	\$23.04	\$29.02	\$37.23	\$49.29	\$67.17	\$99.60	\$139.44	\$207.23
	\$75,000	\$22.81	\$27.47	\$34.56	\$43.53	\$55.84	\$73.94	\$100.75	\$149.41	\$209.16	\$310.84
	\$100,000	\$30.42	\$36.63	\$46.08	\$58.04	\$74.46	\$98.58	\$134.33	\$199.21	\$278.88	\$414.46
	\$125,000	\$38.02	\$45.78	\$57.60	\$72.55	\$93.07	\$123.23	\$167.92	\$249.01	\$348.59	\$518.07
	\$150,000	\$45.63	\$54.94	\$69.13	\$87.06	\$111.69	\$147.88	\$201.50	\$298.81	\$418.31	\$621.69
Spouse	\$12,500	\$4.30	\$5.19	\$6.55	\$8.23	\$10.51	\$13.75	\$18.32	\$26.34	\$40.20	\$59.17
	\$25,000	\$8.60	\$10.39	\$13.09	\$16.47	\$21.01	\$27.50	\$36.65	\$52.69	\$80.40	\$118.33
	\$37,500	\$12.91	\$15.58	\$19.64	\$24.70	\$31.52	\$41.25	\$54.97	\$79.03	\$120.59	\$177.50
	\$50,000	\$17.21	\$20.77	\$26.19	\$32.94	\$42.02	\$55.00	\$73.29	\$105.38	\$160.79	\$236.67

## Child permanent life

Benefit Level	Rate
\$25,000	\$5.21

Have questions? Call Aflac at 800-433-3036.

## 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)	\$0.554 per \$10 covered benefit
LTD (90 day waiting period)	\$0.446 per \$100 frozen* salary

If you enroll in both plans, you'll 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.

When enrolling in a disability coverage for the first time, you must be actively at work before the coverage will be effective.

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

## Legal Protection Plan



This plan provides a comprehensive legal solution to the employee and all eligible dependents through a dedicated provider law firm to help you with a wide range of personal legal matters. Covered services include guidance and support on everyday personal legal and financial matters, including, but not limited to, family law, will and estate planning, home, motor vehicle and much more! This coverage is portable, so you're able to continue your coverage after you leave the District.

Employee + Family	\$8.75 per paycheck
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Have questions? Visit [www.shieldbenefits.com/katy](http://www.shieldbenefits.com/katy)



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

## 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
Employee + Family	\$6.97

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

## Emergency Transport



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

	Emergent Plus	Emergent Premier	Platinum
Employee + Family	\$7.00	\$9.50	\$19.50

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

## Accident Insurance



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

Employee Only	\$6.07
Employee + Spouse	\$10.34
Employee + Child(ren)	\$10.84
Employee + Family	\$15.11

**Have questions?** Call Aflac at 800-433-3036.



**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	\$12.35
Employee + Spouse	\$21.68
Employee + Child(ren)	\$19.35
Employee + Family	\$28.68

**Have questions?** Call Aflac at 800-433-3036.

## 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					
		18 – 29	30 – 39	40 – 49	50 – 59	60 – 69	70+
Employee Only	\$5,000	\$1.19	\$1.90	\$3.05	\$6.02	\$13.29	\$17.83
	\$10,000	\$2.39	\$3.81	\$6.10	\$12.05	\$26.58	\$35.67
	\$15,000	\$3.58	\$5.71	\$9.15	\$18.07	\$39.87	\$53.50
	\$20,000	\$4.77	\$7.61	\$12.20	\$24.09	\$53.15	\$71.33
	\$25,000	\$5.96	\$9.51	\$15.25	\$30.12	\$66.44	\$89.17
	\$30,000	\$7.16	\$11.42	\$18.30	\$36.14	\$79.73	\$107.00
Spouse	\$5,000	\$1.19	\$1.90	\$3.05	\$6.02	\$13.29	\$17.83
	\$7,500	\$1.79	\$2.85	\$4.58	\$9.04	\$19.93	\$26.75
	\$10,000	\$2.39	\$3.81	\$6.10	\$12.05	\$26.58	\$35.67
	\$12,500	\$2.98	\$4.76	\$7.63	\$15.06	\$33.22	\$44.58
	\$15,000	\$3.58	\$5.71	\$9.15	\$18.07	\$39.87	\$53.50

**Have questions?** Call Aflac at 800-433-3036.

## 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/Email
<b>BENEFIT</b>			
24/7 Nurse Line	Aetna	800-556-1555	
Accident Insurance	Aflac	800-433-3036	aflacgroupinsurance.com
Benefits/enrollment resources	Benefits Administrator	866-222-KISD (5473)	katybenefits.org
COBRA	WEX	866-451-3399	cobralogin.wexhealth.com
Critical Illness	Aflac	800-433-3036	aflacgroupinsurance.com
Dental	Aflac	877-675-7277	aflacgroupinsurance.com
Direct Bill	WEX	866-451-3399	customerservice@wexhealth.com
Disability	The Hartford	888-301-5615	thehartford.com/employee-benefits/employees
Emergency Transport	MASA	800-423-3226	masamts.com
Employee assistance program (EAP)	RediMD	888-733-4635	www.redimd.com
Flexible Spending Account (FSA)	WEX	866-451-3399	customerservice@wexhealth.com
Health Savings Account (HSA)	Gulf Coast Educators	281-436-5499	katyisdhsa.com
Hospital Indemnity	Aflac	800-433-3036	aflacgroupinsurance.com
Identity Theft Protection	Allstate <sup>SM</sup> Identity Protection	800-789-2720	www.myaip.com/katyisd
Legal Plan	LegalShield	888-807-0407	www.shieldbenefits.com/katy
Life and AD&D	OneAmerica <sup>®</sup>	281-396-2241	
Medical	Aetna	877-224-6857	www.aetna.com
Prescriptions	H-E-B RxTRA Advantage	1-877-432-6315	www.rxtraadvantage.com
Telemedicine	RediMD	866-989-CURE (2873)	www.redimd.com
Vision	Aflac	800-999-5431	aflacgroupinsurance.com



### 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 2026 plan year. Please share these materials with your covered family members.



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