

Q: What are the major changes I need to be aware of for 2017?

A: Healthcare costs, as it's been widely reported, have risen steadily during the past few years. You may recall that HISD lowered employee premiums 20% in 2014 and has kept them at that level since. This year, the district has increased its contribution toward insurance premiums by about 12%. However, the district no longer can afford to keep employee rates the same due to rising costs and claims. In order to continue to provide quality coverage options, HISD must raise premiums up to \$4 (for employee-only) and up to \$30 (for employee and dependents) per pay period, depending on your plan. Additionally, out-of-pocket maximums are going up by \$900 for employee-only options and \$1,800 for family options. In addition, the district will no longer provide a HealthFund contribution for employees enrolled in a medical plan. However, any existing funds employees have in their current HealthFund can still be used for eligible expenses.

Q: I want to know exactly how much my premiums will cost before I choose a plan. Can I do that?

A: Yes, by using the new and improved "Price Your Plan" tool on www.hisdbenefits.org. The online tool allows you to see the exact cost for medical, voluntary, or a combination of both plans based on the coverage selections you want. Both tools can help you decide which plans meet your insurance needs and your budget so you're prepared to make your selections during annual enrollment.

Q: What's happening to the financial incentives offered through our wellness program?

A: HISD is continuing to provide online tools such as the Viverae Member Health Risk Assessment to help you understand your health risks, as well as resources to help you stay healthy. However, there will not be wellness incentives for 2017.

Q: Are there changes to the voluntary plans from which I can select?

A: Yes, there are some slight changes. Here are the highlights:

- The premiums for disability coverage (to help when you're unable to work due to an injury or long-term illness) are going down slightly
- Higher amounts of life and AD&D insurance coverage for employees and spouses, potentially up to \$1 million and \$250,000 respectively
- Life insurance premiums for employee coverage are going up a bit
- Rates for our personal legal plan are going up slightly, but the 2017 plan offers enhanced benefits
- Visit www.hisdbenefits.org to see what voluntary plans are available

Q: How does the Affordable Care Act (ACA) affect me and my health benefits decisions?

A: The Affordable Care Act requires everyone to have health insurance or you will be subject to a penalty on your tax return. Additionally, HISD's plans meet the ACA's requirements for affordability and coverage, which means the district's benefits-eligible employees are not eligible to receive a subsidy if they choose to purchase an insurance plan through the government Health Insurance Market Exchange.

Q: I don't make a lot of money. Do I have options for health insurance?

A: Yes. HISD offers the Select Plan for benefits-eligible employees who make less than \$25,000 a year. The plan, which meets ACA requirements, costs as little as \$5 per month for employee-only coverage and includes some free services at the district's Health & Wellness Clinics. In addition, employees covered under the Select Plan can get discounted services through Central Care and Platinum Physicians.

Q: When do I sign up for benefits for the 2017 calendar year?

A: HISD's annual enrollment period is Nov. 3-17, 2016. During this time, you have the opportunity to sign up for or change your current benefits elections. If you are currently enrolled in health benefits, and you do not wish to change your coverage, you will be automatically re-enrolled in the same or similar plans if there are any changes to what the district offers. However, if you wish to continue funding a Flexible Spending Account, you must re-enroll.

Q: Can I change my benefits elections after the Annual Enrollment period?

A: You can make changes to your benefits elections only if you have a qualified life event, such as the birth of a child or if you get married. Any changes that meet that requirement must be made within 31 days of the event.

Q: Will I have to verify my dependents again to maintain their benefits?

A: No, you only have to provide documentation for dependents who are being added to benefits for the first time or were previously dropped from coverage and are being added again. It will be necessary to provide documentation like a marriage license or birth certificate to show the dependent relationship with each person being added to coverage.