2020

BENEFITS GUIDE

BEING WELL | LIVING HEALTHY

HISD | Benefits Office

BRINGING BENEFITS TO LIFE

EVERYTHING YOU NEED TO KNOW ABOUT YOUR 2020 BENEFITS

DISCLAIMER: This guide provides an overview of your benefit 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 Benefits Department. 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 or benefits. This enrollment guide constitutes a Summary of Material Modifications (SMM) to the HISD 2019 Summary Plan Description (SPD). It is meant to supplement and/or replace certain information in the SPD, so retain it for future reference along with your SPD. Please share these materials with your covered family members.

RESPONSABILIDADES: esta guía proporciona una descripción general de sus opciones de beneficios. Las disposiciones completas de los planes, sus beneficios, exclusiones y limitaciones legislados, se establecen en los documentos del plan o en los contratos de seguro. Los contratos de seguro están disponibles para su revisión en el Departamento de Beneficios. Si la información en esta guía no es consistente con los documentos del plan o contratos de seguro o regulaciones estatales y federales, prevalecerán los documentos del plan, los contratos de seguro y las regulaciones estatales y federales. Esta guía no pretende ser un contrato de empleo o una garantía de empleo o Beneficios actual o futuro. Esta guía de inscripción constituye un Resumen de Modificaciones Materiales (SMM) a la Descripción resumida del plan (SPD) de HISD 2019. El propósito de esta guía es complementar y / o reemplazar cierta información en el SPD, así que guárdelo para referencia futura junto con su SPD. Sientase con la libertad de compartir estos materiales con los miembros de su familia que están cubiertos bajo un plan.

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TIME TO ENROLL IN YOUR 2020 BENEFITS

WHAT'S NEW AND NOTABLE IN BENEFITS FOR 2020

- **A return to Aetna in 2020**
- **New medical plan options**
- **Annual enrollment period for 2020 benefits is November 1 – 22, 2019**

As of January 1, 2020, HISD will return to Aetna as our administrator for the District's medical plans and Flexible Spending Accounts. You will have a choice of medical plans, including two new Accountable Care Organization (ACO) plans and an Aetna broad network plan.

The plans differ in deductible and coinsurance amounts, as well as the premium you pay each pay period. Most importantly, you will find there is no increase in premium costs for 2020 and a premium reduction for some plans.

Our goal is to make sure this transition is as smooth and hassle-free for you as possible. We've provided some helpful Transition of Care information on page 5. You can also call Aetna Member Services at 1-877-224-6857 with any of your transition questions and concerns.

NEW MEDICAL PLANS FOR 2020

You will have a choice of three new medical plans. Two of the plans are Accountable Care Organization (ACO) plans—the Memorial Hermann Accountable Care Network Plan and the Kelsey-Seybold Accountable Care Network Plan. The names of these plans represent the provider networks available to you and your family.

With an ACO plan, you have a care team working together to coordinate services, provide quality care, and keep you healthy. They share information such as medical history, current medications, and test results. This means everyone is familiar with your treatment, needs, and goals, and gaps in care are easier to spot and address.

A third new option, the Texas Medical Neighborhood Network Plan, is a broad-access network plan. If you enroll in this plan, you will have a primary care doctor and access to a variety of healthcare providers and facilities in a large network. You will need to designate a Primary Care Physician for yourself and any covered family members. If a Primary Care Physician is not selected, one will be assigned to you based on your zip code.

AETNA IS AVAILABLE AND READY TO HELP

You may contact Aetna Member Services at 1-877-224-6857 with questions about plan benefits and features, coverage, costs, claims, and more. You will also find a wealth of information, tools, and plan resources on your Aetna member website.

The website gives you easy access to your specific medical information and helps you find doctors who belong to the network of the plan option you select. If you were previously an Aetna member and registered with the site, you may use the same username and password to access the site. If you are new to Aetna, you can register at Aetna.com once you have enrolled.

TRANSITION OF CARE BENEFITS

Are you receiving ongoing treatment from a provider who is not in the ACO network? You may qualify for transition of care benefits. If approved, you may continue seeing the provider and receive benefits from the plan. Some situations that may qualify for these benefits include:

- **Chemotherapy or radiation therapy**
- **Organ transplants**
- **Pregnancy**
- **Recent major surgery**
- **Terminal illness**

To learn more and apply, call Aetna Member Services at **1-877-224-6857** and ask for a Transition of care Request form. **You must apply for this benefit beginning January 1, 2020.**

VOLUNTARY BENEFITS

What is not changing
There will be no changes to your vision, pre-paid legal, disability, life insurance, and AD&D programs for 2020.

What is changing

- There will be a 7% increase in your dental DPPO and DHMO plan options. The coverage for these options will remain the same.

- The critical illness, accident, hospital, and cancer and specified diseases plans will ALL have a wellness benefit. Each plan will pay you for getting your routine exams each year. Be sure to read the information in this guide carefully so you will know what is included, and then file the appropriate claim to get your reimbursement. Don't leave this free benefit unclaimed!

NEW, MORE CONVENIENT WAYS TO TALK TO A NURSE OR DOCTOR

Through Aetna, you will have access to the Informed Health® Line, a 24/7 nurse line. The nurses can help guide you to care and answer your medical questions.

You will also be able to use CirrusMD to talk with a doctor by phone or video chat. The doctor can diagnose, treat, and prescribe when you are traveling or too busy to make it to the doctor's office. CirrusMD is available at no cost for the Memorial Hermann ACO and the Texas Medical Neighborhood Plans.

The Kelsey Plans also have telemedicine available for a flat fee dependent on if you want to speak with a Primary Care Physician or a specialist.

NEXT LEVEL URGENT CARE CENTERS

Next Level is now managing two onsite clinics located at HMW and Attucks Middle School. In addition to these onsite clinics, medical plan members and their covered dependents can visit any Next Level Urgent Care Center location for a flat fee of $20. Kelsey Select ACO Plan members and covered dependents can access these centers at no cost. This is another convenient way to obtain the medical care you and your family need at a low cost.

OTHER ITEMS TO NOTE

WORKING COUPLES

If you and your spouse both work for HISD, each of you may have coverage, but only one of you can cover your eligible dependents. In addition, only one employee can enroll in life insurance on their spouse.

ELIGIBLE DEPENDENTS COVERAGE

Every year it is important to review your eligible dependents, as they are the only dependents who can be covered under your plans. It is your responsibility to to change coverage levels if you have over age dependents (life, accident, hospital indemnity, critical illness, cancer, etc.).

If you have a dependent who no longer qualifies as an eligible dependent, you must notify the Benefits Service Center at **1-877-780-4473** immediately. If you fail to do so, we will make an adjustment to remove the dependent when we discover the ineligible dependent while auditing our plans, and there will be no refund of premiums paid.

EMPLOYER-PROVIDED LIFE AND AD&D INSURANCE

HISD provides $10,000 each of Life and AD&D insurance coverage at no cost to all employees who are eligible for health benefits. You also may purchase supplemental life with a matching AD&D benefit for you, your spouse, and your dependent children

ARE YOU UP TO DATE ON PREVENTIVE CARE?

Remember, it's free!
You may also visit the Benefits website at HISDBenefits.org to view information on preventive care for you and your dependents.

PREVENTIVE HEALTHCARE OPTIONS

WHY DO YOU NEED PREVENTIVE CARE?

Your healthcare plan covers specific preventive care services. Even when you're in the best shape of your life, a serious condition with no symptoms may put your health at risk. Using these services at the right time can help you stay healthier by:

- **Preventing certain illnesses and health conditions from happening**
- **Detecting health problems at early stages when they may be easier to treat**

TO MAKE SURE YOU GET THE CARE YOU NEED – WITHOUT ANY UNEXPECTED COSTS – IT'S IMPORTANT FOR YOU TO KNOW:

- **What is preventive care?**
- **Preventive-care services your plan covers**

WHAT IS PREVENTIVE CARE?

Following the American Medical Association's guidelines, preventive care services are provided when you don't have any symptoms and haven't been diagnosed with a health issue connected with the preventive service. They typically are provided during a wellness exam. You and your doctor will determine what tests and health screenings are right for you based on your:

- **Age**
- **Gender**
- **Personal health history**
- **Current health**

WHAT IS NOT PREVENTIVE CARE?

When your doctor determines that you have a health issue, the additional screenings and tests after this diagnosis are no longer considered preventive. These services are covered under your plan's medical benefits, not your preventive-care benefits.

WHAT IS YOUR SHARE OF THE COST?

Many plans cover preventive care services at 100 percent – no additional cost to you – when you go to a healthcare professional in your plan's network. Check your plan materials for details about your specific medical plan's coverage and the provider directory for a list of healthcare professionals and facilities in your plan's network.

Even when your appointment is for preventive care, you may receive other services during that exam that are not preventive. These other services are generally covered under your plan's medical benefits, not your preventive-care benefits. This means you may be responsible for paying a portion or all of the cost, depending on your plan's deductible, copay, and coinsurance amounts.

QUESTIONS?

Talk with your doctor or call Aetna at the toll-free number on the back of your ID card.

CHOOSE YOUR PLAN

KNOW YOUR OPTIONS

HISD provides a wide array of valuable benefits, from medical coverage to life insurance, and from dental plans to wellness programs.

TAKE YOUR TIME. STUDY YOUR OPTIONS.

Everyone has different needs, health challenges, budgets, and goals. 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.

A STEP-BY-STEP GUIDE TO CHOOSING THE BENEFITS THAT WORK FOR YOU

CHOOSE THE PLAN THAT'S THE RIGHT FIT

HISD offers several options for your medical plan. Be clear on what's important to you. Verify which network your doctors are in with Aetna. And this year, pay particular attention to your plan options to ensure you find the right fit for the things that are most important to you.

COMPARE YOUR COVERAGE OPTIONS

You can expect to pay more in premiums when you choose a medical plan with greater flexibility in the doctors you use—or one that requires you to pay less when you use your health care. It's a trade off that may not always be worth it. Think about how you use care, and gauge your comfort level to find the right balance.

CONSIDER YOUR VOLUNTARY OPTIONS

Add on the extras that make sense for your family.

NOW YOU'RE READY TO ENROLL

Log on to myHISD to get started.

MAKE THE MOST OF YOUR BENEFITS

Your medical benefits come with special features like Telemedicine and free wellness programs designed to make your medical plan easier and more effective. Use them.

CHOOSING YOUR 2020 MEDICAL PLAN

Everyone has different needs, health challenges, budgets, and goals. By carefully considering your medical plan options, you can choose the plan that works best for you and your family. With new options being offered for 2020, it's especially important to:

- **Know how the plans work.** This section has descriptions of your 2020 medical plan options. Be sure to read about each plan before you enroll for benefits during Annual Enrollment Check Medical Plan 101 below for definitions of common terms.
- **Check plan networks** for the doctors you use. **See how on page 14.**
- **Think about how you and your family use health care.** Do you use mostly preventive services during the year? Are you anticipating a hospital stay? Do you live with a chronic medical condition? The more health care you use, the more coverage you may need.
- **Consider your budget.** Check the plan charts in this section to see what you will pay in premiums for each option. Compare premiums to see how much you pay for care versus how much the plan pays. The more you pay of your own healthcare costs, the less you will pay in premiums and vice versa.

MEDICAL PLAN 101

While your 2020 plan options offer different coverage levels and premium rates, they have features in common.

- **A Health Reimbursement Account (HRA) funded by HISD**. As you incur covered expenses, they are paid automatically from the HRA, and these amounts are applied to your deductible (see below). Once the HRA is depleted, you meet the rest of the deductible out of your own pocket (if any deductible amount remains). This applies to employees who are carrying over an HRA fund balance.

If you have money left in your HRA at the end of the year, it is rolled over into the following year. This is a frozen benefit for all employees who had HRA balances in 2017. Balances at Aetna will be transferred from Cigna. More details to come.

- You must meet a **deductible** each year. The annual deductible is the amount you pay each year before the plan starts to pay a percentage of covered services. As long as there is money in your HRA, it will be used toward your deductible (see above).

If you choose a plan with a low deductible, the plan will start to pay sooner, but you will pay more in premiums. A plan with a higher deductible will cost less in premiums, but you will pay more of your own expenses before the plan starts to pay.

- Once you meet the deductible, the plan pays a percentage of covered services. You pay a percentage as well. This is called your coinsurance. For example, if the plan covers a service at 80%, your coinsurance is 20% once you've met the deductible. Plans that pay a higer percentage of your covered expenses cost more in premiums than those that pay a lower percentage.

- If there is money in your HRA, it will be used to pay toward your out-of-pocket expenses. If not, and you elect a Health Care Flexible Spending Account (FSA) during Annual Enrollment, you can use your FSA to pay toward your out-of-pocket expenses.

Important: All medical plan options pay benefits ONLY when you receive care from network providers. If you seek care outside the network, you will pay the full cost of care out of your own pocket.

- For some types of expenses such as some medical or prescription drug expenses, you pay a flat fee or **copay**. If not, and you elect a Health Care Flexible FSA during Annual Enrollment, you can use your FSA to pay copays.

- Once the total amount you pay in deductible and coinsurance (via your HRA and/or out of your own pocket) reaches the **out-of-pocket maximum**, the plan pays covered expenses at 100% for the rest of the year.

- Each time your network doctor or other care provider files a claim with Aetna, an **Explanation of Benefits (EOB) statement** is generated. It shows the service provided, how the claim was processed, any amounts paid, and how much you may owe. It also shows your progress toward meeting the plan's deductible and out-of-pocket maximum.

You'll be able to view EOB statements on your member website at **Aetna.com**.

The charts in this guide show each plan's deductible, coinsurance, copay, and out-of-pocket maximum amounts.

YOUR 2020 MEDICAL PLAN OPTIONS

You will have a choice of Accountable Care Organization (ACO) plans for 2020. When you enroll in an ACO plan, you'll have access to primary care doctors, specialists, hospitals, and other providers in one of two ACO networks: the Memorial Hermann Accountable Care Network and the Kelsey-Seybold Accountable Care Network. There is a third broad-access network plan called the Texas Medical Neighborhood Network.

If you enroll in an ACO plan, you will have a care team of doctors, nurses, and other providers who belong to the ACO network. They are dedicated to your good health and work to:

- Help you get and stay healthy
- Achieve better outcomes when you need care
- Share information and coordinate services
- Spot potential problems
- Encourage you to play an active role in your health and health care

Are your doctors in the network? You can find out by...

- **Go to Aetna.com**
- **Click (at the top) on Find A Doctor**
- **Under Guests, Select Plan from an employer**
- **Under continue as a guest, enter your zip code, or City (you can also select number of miles to look within)**
- **Click Search (this takes you to the Networks)**
- **There are three networks:**
  - Texas Medical Neighborhood
  - KelseyCare ACO
  - Memorial Hermann ACO
- **To search the Texas Medical Neighborhood, go to the category, State Based Plans**
  - Select Tx Medical Neighborhood – Houston Aetna Select
- **To search the Kelsey-Seybold ACO**
  - Select (under State Based Plans) TX KelseyCare – HMO
- **To search the Memorial Hermann ACO**
  - Go to Aetna Whole health Plans (this is the very first group)
  - Select TX Aetna Whole Health – Memorial Hermann Accountable Care Network – Elect Choice/Aetna Select

ARE YOU READY TO GET HEALTHY OR MAINTAIN YOUR HEALTH?

Here are the steps you can take toward a healthy you (and dependents covered under the medical plan can also take these steps).

REGISTER ON AETNA.COM

This will allow you to access all your benefits for medical, dental, HRA, FSA, and claims. Most importantly, you can access your ID cards immediately.

SELECT A PRIMARY CARE PHYSICIAN (PCP)

If you don't have a regular doctor with whom you have established a relationship, now is the time to find one using **aetna.com.** Selecting a Primary Care Physician will help you build a relationship with your own selected medical professional who will gather and keep up with your medical history, as well as help coordinate your care. A PCP can be a doctor who practices general medicine, family medicine, internal medicine or a pediatrician for your children. A PCP can also determine if you need referrals to specialists.

KNOW YOUR BENEFITS

Read your Explanation of Benefits (EOB) each time you visit a healthcare professional and they file a claim. Be sure you understand the terms and how claims are paid. This will help to ensure your personal benefits are administered correctly.

COMPLETE YOUR HEALTH RISK ASSESSMENT ON AETNA.COM

There will be prize drawings for anyone who has completed their Health Risk Assessment.

IMPORTANT REMINDER

ANNUAL ENROLLMENT IS NOVEMBER 1–22, 2019.

Take advantage of the tools on **HISDbenefits.org** to get started.

VISIT **HISDBENEFITS.ORG** TO LEARN MORE.

COMMON GROUND

UNDERSTANDING WHICH PLAN TO CHOOSE REQUIRES THAT YOU UNDERSTAND SOME COMMON HEALTH INSURANCE LANGUAGE:

ANNUAL DEDUCTIBLE

The amount you pay each year before your medical plan begins to pay a percentage of the cost for covered health services.

If you have a balance in your Health Fund, that money can be used to cover the deductible cost when you use your Aetna Healthcare Debit card. You may also decide to save money tax-free in a Healthcare Flexible Spending Account (HCFSA). You can use this money to help pay your deductible and other medical expenses not covered by your medical plan.

COINSURANCE

When you have paid or "met" your deductible, your plan begins to pay a percentage of your medical expenses. You pay a percentage as well. The percentage that you pay is referred to as your "coinsurance."

ANNUAL OUT OF POCKET MAXIMUM

The amount of money you pay in both deductible and coinsurance before your plan begins to pay all your covered medical expenses for the remainder of the year.

MEMORIAL HERMANN ACO PLANS

THERE ARE TWO MEMORIAL HERMANN PLAN OPTIONS

THE BASIC PLAN offers lower premiums each month but has higher deductible and coinsurance amounts. This means you will pay more when you need health care. If you don't visit the doctor often and use the plan mostly for preventive care, the Basic option may be right for you.

THE PLUS PLAN has higher premiums than the Basic plan, but the deductible and coinsurance amounts are lower. This means more of your expenses will be covered when you need care. If you think you will visit the doctor often and need more care, the Plus option may be right for you.

Important: The Memorial Hermann ACO plan pays benefits ONLY when you receive care from the Memorial Hermann ACO network providers. If you seek care outside the network, you will pay the full cost of care out of your own pocket.

Both plan options include prescription drug benefits administered by Express Scripts. You meet a separate prescription drug deductible each year and then pay the appropriate copay for your prescriptions.

THE MEMORIAL HERMANN ACO NETWORK

The Memorial Hermann ACO network is a healthcare system with:

- More than 700 primary care doctors
- More than 3,000 specialists
- 12 acute care hospitals
- 62 walk-in clinics
- 86 urgent care centers

Memorial Hermann physician groups and hospitals are located in and around Houston and surrounding areas.

		Memorial Hermann Basic ACO	Memorial Hermann Plus ACO
RATES			
Based on 24 pay periods	Employee only	$19.25	$38.79
	Employee + spouse	$100.19	$135.25
	Employee + child(ren)	$96.37	$130.10
	Employee + family	$173.27	$233.91
PLAN LIMITS			
Annual deductible	Individual	$2,500	$1,750
	Family	$5,000	$3,500
Annual out-of-pocket max (includes all medical and pharmacy deductibles, copays, and coinsurance)	Individual	$6,900	$5,150
	Family	$13,800	$10,300
COST FOR COVERED SERVICES AFTER YOUR DEDUCTIBLE HAS BEEN MET			
Preventive care exams[6]		Free	Free
Office visits	Primary care (PCP)	25%	20%
	Specialists	25%	20%
	HISD clinics[2]	Free	Free
Inpatient—hospital[3]		25%	20%
Outpatient—hospital[3]		25%	20%
Outpatient—freestanding and surgical center[3]		25%	20%
Emergency care		25% + $300 copay (Copay waived if admitted)	20% + $300 copay (Copay waived if admitted)
Virtual Health/Telemedicine	Cirrus MD	Free	Free
	Kelsey Telemedicine	N/A	N/A
Urgent care facility		25%	20%
Lab, X-ray, diagnostic mammogram		25%	20%
Diagnostic scans (MRI, MRA, CAT, PET)		25%	20%
Maternity—delivery		25%	20%
Mental health and substance abuse—inpatient		25%	20%
Mental health and substance abuse—outpatient		25%	20%

1. Kelsey ACO PCP and specialist copays do not count toward the annual deductible but do apply toward the annual out-of-pocket maximum
2. Free if you are enrolled in an HISD medical plan
3. Pre-certification may be required
4. OBGYN Specialists are tiered.
5. Copay applies after pharmacy deductible has been met
6. Preventive services are not subject to the deductible
7. The copays in the Kelsey plans are not subject to the deductible

If footnote is not shown on this chart it does not apply to this plan option

KELSEY ACO PLAN

THERE ARE THREE KELSEY ACO PLAN OPTIONS

THE BASIC PLAN offers lower premiums than Plus options but has higher deductible and coinsurance amounts. This means you will pay more when you need health care. If you don't visit the doctor often and use the plan mostly for preventive care, the Basic option may be right for you.

THE PLUS PLAN has higher premiums than the Basic plan, and the deductible and coinsurance amounts are lower. This means more of your expenses will be covered when you need care. If you think you will visit the doctor often and need more care, the Plus option may be right for you.

THE SELECT PLAN has the lowest deductible and out-of-pocket maximum, but this option is only available to employees who make $29,120 or less in annual base salary.

Important: the Kelsey-Seybold ACO plan pays benefits ONLY when you receive care from Kelsey Seybold ACO network providers. If you seek care outside the network, you will pay the full cost of care out of your own pocket.

All plan options include prescription drug benefits administered by Express Scripts. You must meet a separate prescription drug deductible each year and then pay the appropriate copay for your prescriptions.

THE KELSEY–SEYBOLD ACO NETWORK

The Kelsey-Seybold ACO network is a provider group that includes:

- More than 400 doctors at 20 Houston-area Kelsey-Seybold Clinic locations:
- More than 150 primary care doctors and 180 specialists
- 2 accredited ambulatory surgery centers
- 2 cancer center locations
- 1 sleep center

If you need hospital care, you will generally be referred to a St. Luke's hospital (a Kelsey partner).

		Kelsey Basic ACO	Kelsey Plus ACO
RATES			
Based on 24 pay periods	Employee only	$17.50	$35.26
	Employee + spouse	$91.08	$122.95
	Employee + child(ren)	$87.61	$118.27
	Employee + family	$157.51	$212.64
PLAN LIMITS			
Annual deductible	Individual	$2,500	$1,750
	Family	$5,000	$3,500
Annual out-of-pocket max (includes all medical and pharmacy deductibles, copays, and coinsurance)	Individual	$6,900	$5,150
	Family	$13,800	$10,300
COST FOR COVERED SERVICES AFTER YOUR DEDUCTIBLE HAS BEEN MET			
Preventive care exams[6]		Free	Free
Office visits	Primary care (PCP)	$30 copay [1,7]	$30 copay [1,7]
	Specialists	$65 copay [1,7]	$65 copay [1,7]
	HISD clinics[2]	Free	Free
Inpatient—hospital[3]		25%	20%
Outpatient—hospital[3]		25%	20%
Outpatient—freestanding and surgical center[3]		25%	20%
Emergency care		25% + $300 copay (Copay waived if admitted)	20% + $300 copay (Copay waived if admitted)
Virtual Health/Telemedicine	Cirrus MD	N/A	N/A
	Kelsey Telemedicine	$20 PCP/$55 Specialist[1]	$20 PCP/$55 Specialist[1]
Urgent care facility		25%	20%
Lab, X-ray, diagnostic mammogram		25%	20%
Diagnostic scans (MRI, MRA, CAT, PET)		25%	20%
Maternity—delivery		25%	20%
Mental health and substance abuse—inpatient		25%	20%
Mental health and substance abuse—outpatient		$65 Copay[1]	$65 Copay[1]

1. Kelsey ACO PCP and specialist copays do not count toward the annual deductible but do apply toward the annual out-of-pocket maximum
2. Free if you are enrolled in an HISD medical plan
3. Pre-certification may be required
4. OBGYN Specialists are tiered.
5. Copay applies after pharmacy deductible has been met
6. Preventive services are not subject to the deductible
7. The copays in the Kelsey plans are not subject to the deductible

If footnote is not shown on this chart it does not apply to this plan option

TEXAS MEDICAL NEIGHBORHOOD NETWORK PLANS

THERE ARE TWO TEXAS MEDICAL NEIGHBORHOOD NETWORK PLAN OPTIONS

THE BASIC PLAN offers lower premiums than the Plus option but has higher deductible and coinsurance amounts. This means you will pay more when you need health care. If you do not visit the doctor often and use the plan mostly for preventive care, the Basic option may be right for you.

THE PLUS PLAN has higher premiums than the Basic plan, and the deductible and coinsurance amounts are lower. This means more of your expenses will be covered when you need care. If you think you will visit the doctor often and need more care, the Plus option may be right for you.

When you enroll in the plan, you are required to select a Primary Care Physician from the Texas Medical Neighborhood Network. If you do not select a Primary Care Physician, one will be assigned to you based on your zip code. Your primary care doctor will provide routine and preventive care, and help you find the right network specialists when you need one. However, specialist referrals are not necessary if you want to see a specialist.

Important: The Texas Medical Neighborhood Network plan pays benefits ONLY when you receive care from network providers. If you seek care outside the network, you will pay the full cost of care out of your own pocket.

Both plans include prescription drug benefits administered by Express Scripts. You must meet a separate prescription drug deductible each year and then pay the appropriate copay for your prescriptions.

THE TEXAS MEDICAL NEIGHBORHOOD NETWORK

The Texas Medical Neighborhood Network is a broad network that includes all Aetna contracted providers in Houston and the surrounding areas. The network has:

- 4,803 primary care doctors
- 20,286 specialists
- 104 hospitals

		TX Medical Neighborhood Basic	TX Medical Neighborhood Plus
RATES			
Based on 24 pay periods	Employee only	$30.54	$61.48
	Employee + spouse	$158.80	$204.84
	Employee + child(ren)	$152.77	$197.70
	Employee + family	$274.65	$332.21
PLAN LIMITS			
Annual deductible	Individual	$2,500	$1,750
	Family	$5,000	$3,500
Annual out-of-pocket max (includes all medical and pharmacy deductibles, copays, and coinsurance)	Individual	$6,900	$5,150
	Family	$13,800	$10,300
COST FOR COVERED SERVICES AFTER YOUR DEDUCTIBLE HAS BEEN MET			
Preventive care exams[6]		Free	Free
Office visits	Primary care (PCP)	25%	20%
	Specialists	25%/45%	20%/40%
	HISD clinics[2]	Free	Free
Inpatient—hospital[3]		25%	20%
Outpatient—hospital[3]		25%	20%
Outpatient—freestanding and surgical center[3]		25%	20%
Emergency care		25% + $300 copay (Copay waived if admitted)	20% + $300 copay (Copay waived if admitted)
Virtual Health/Telemedicine	Cirrus MD	Free	Free
	Kelsey Telemedicine	N/A	N/A
Urgent care facility		25%	20%
Lab, X-ray, diagnostic mammogram		25%	20%
Diagnostic scans (MRI, MRA, CAT, PET)		25%	20%
Maternity—delivery		25%/45%[4]	20%/40%[4]
Mental health and substance abuse—inpatient		25%	20%
Mental health and substance abuse—outpatient		25%	20%

1. Kelsey ACO PCP and specialist copays do not count toward the annual deductible but do apply toward the annual out-of-pocket maximum
2. Free if you are enrolled in an HISD medical plan
3. Pre-certification may be required
4. OBGYN Specialists are tiered.
5. Copay applies after pharmacy deductible has been met
6. Preventive services are not subject to the deductible
7. The copays in the Kelsey plans are not subject to the deductible

If footnote is not shown on this chart it does not apply to this plan option

YOUR PRESCRIPTION BENEFITS

All medical plan options include prescription drug benefits through Express Scripts available at any participating pharmacy and through mail order. Here's how the plan works:

- You pay a separate prescription drug deductible each year before the plan starts to pay its share of your prescription drug costs.
- Once you have met your deductible, you pay a copay for your prescriptions.
- The money you pay out of pocket for drugs, either in copays or in meeting your deducible, is applied toward meeting your medical plan's annual out-of-pocket maximum except for the specialty drug copays, which are eligible for the SaveonSP Manufacturer Copay Assistance Program.
- When your medical annual out-of-pocket maximum is met, your prescription drugs will be covered at no cost to you for the remainder of the calendar year.

NO-COST PRESCRIPTIONS FOR HIGH BLOOD PRESSURE, HIGH CHOLESTEROL, AND DIABETES

Generic drugs for high blood pressure, high cholesterol, and diabetes (including injectable insulin) remain available at no cost to you, as long as you are enrolled in an HISD medical plan and purchase 90-day supplies through Express Scripts or at an Express Scripts retail Smart90 pharmacy partner.

HISD plans also cover women's generic contraceptives (as well as those that have no generic available) at 100%.

NO MATTER WHICH PLAN YOU CHOOSE, YOU'LL HAVE:

- Free preventive care
- Freedom to see any network doctor without a referral
- Prescription drug benefits through Express Scripts

FILLING PRESCRIPTIONS AT RETAIL PHARMACIES

With Express Scripts, HISD's pharmacy benefits management company, you have a choice of participating pharmacies. If you need a short-term prescription like an antibiotic or pain medication, take the prescription and your Express Scripts member ID card to any of these participating pharmacies.

For long-term and maintenance medications, the **Smart90 Program** allows you to receive a 90-day supply of your medication in two ways—either through the Express Scripts' Mail Service Pharmacy (online, by phone or through mail) or at a **Smart90** retail pharmacy near you. No matter which option you choose, your copay remains the same. You must obtain a 90-day prescription from your physician, and you can pick up your 90-day maintenance prescription locally at Costco, HEB, Kroger, Randall's, and Walmart or through mail order. Refer to www.Express-Scripts.com or call Express Scripts at **1-855-712-0331** for the most current network information.

For new long-term drug prescriptions, you can get two 30-day supplies of your medication at any network retail pharmacy for the retail copay, but after that you will need to use the Smart 90 Program described above or you will have to pay the mail copay to receive a 30-day supply at any network retail pharmacy. Ordering a 90-day supply through Express Scripts Mail Service Pharmacy or a Smart90 retail pharmacy (retail location or mail order) will result in substantial savings to you for long-term and maintenance medications.

FILLING PRESCRIPTIONS WITH THE MAIL ORDER SERVICE

The Express Scripts mail order service is a cost-effective and convenient choice for filling long-term prescriptions, including those for maintenance medications provided at no charge. To use the mail order service:

- Go to **HISDBenefits.org** and click on the prescription drug icon to access the mail order form.
- Complete the mail order form and mail to the address indicated.
- Once you've placed your order, you can sign up for the Express Scripts automatic refill program. Express Scripts will even request a new prescription from your doctor when your refills are up or your prescription has expired.

YOUR PRESCRIPTION BENEFITS

IF YOU NEED SPECIALTY DRUGS

When you have chronic or complex medical conditions such as multiple sclerosis or rheumatoid arthritis, your doctor may prescribe specialty drugs. These drugs typically require special handling, administration or monitoring. You can order specialty drugs through Accredo, the Express Scripts specialty mail order pharmacy.

You also may be able to take advantage of the **Express Scripts SaveonSP (Specialty Pharmacy) Manufacturer Copay Assistance Program.** This program is designed to help you save money on certain specialty medications. If you participate, certain specialty medications will be free of charge ($0). Your prescriptions will still be filled through Accredo, your existing specialty mail pharmacy.

Express Scripts will contact you if you are eligible to participate in the SaveonSP program. Enrollment in the program is voluntary. If you choose not to participate, you will be responsible for the applicable prescription copay. Keep in mind that the copay will not count toward your deductible or out-of-pocket maximums.

For more information about the SaveonSP Manufacturer Copay Assistance Program, please contact SaveonSP at **1-800-683-1074** Monday -Thursday 8:00 a.m.-8:00 p.m., and Friday 8:00 a.m.-6:00 p.m. Eastern Time.

BE AWARE

Some drugs require prior authorization, step therapy, and/or quantity limits before your plan pays for the drug. The list of drugs requiring prior authorization, step therapy, and/or quantity limitations can be found on the Express Scripts website. You can also find information on alternative drugs that do not require prior authorization on the site as well.

THE EXPRESS SCRIPTS DISCOUNT RX PROGRAM

If you waive HISD-sponsored medical coverage, you may enroll in the Express Scripts Discount Rx program. Eligible employees can enroll by:

- Signing up via the HISD portal
- Calling the HISD Benefits Service Center from 7:00 a.m.- 7 p.m., Monday-Friday, and 7:00 a.m.- 4:00 p.m. Saturday at **1-877-780-HISD (4473).**

You can enroll at initial eligibility, annual enrollment or during a qualifying life event change.

The program entitles you to a cash discount through Express Scripts participating pharmacies and mail service. The Discount Rx card is not insurance, and you do not have a copay amount. You are responsible for paying 100% of the discounted Express Scripts price and any dispensing fee. Express Scripts will provide you an ID card when you choose to enroll.

COMPARE YOUR COVERAGE OPTIONS

2020 MEDICAL PLAN COMPARISON

		Kelsey Basic ACO	Memorial Hermann Basic ACO
RATES			
Based on 24 pay periods	Employee only	$17.50	$19.25
	Employee + spouse	$91.08	$100.19
	Employee + child(ren)	$87.61	$96.37
	Employee + family	$157.51	$173.27
PLAN LIMITS			
Annual deductible	Individual	$2,500	$2,500
	Family	$5,000	$5,000
Annual out-of-pocket max (includes all medical and pharmacy deductibles, copays, and coinsurance)	Individual	$6,900	$6,900
	Family	$13,800	$13,800
COST FOR COVERED SERVICES AFTER YOUR DEDUCTIBLE HAS BEEN MET			
Preventive care exams[6]		Free	Free
Office visits	Primary care (PCP)	$30 copay [1,7]	25%
	Specialists	$65 copay [1,7]	25%
	HISD clinics[2]	Free	Free
Inpatient—hospital[3]		25%	25%
Outpatient—hospital[3]		25%	25%
Outpatient—freestanding and surgical center[3]		25%	25%
Emergency care		25% + $300 copay (Copay waived if admitted)	25% + $300 copay (Copay waived if admitted)
Virtual Health/Telemedicine	Cirrus MD	N/A	Free
	Kelsey Telemedicine	$20 PCP/$55 Specialist[1]	N/A
Urgent care facility		25%	25%
Lab, X-ray, diagnostic mammogram		25%	25%
Diagnostic scans (MRI, MRA, CAT, PET)		25%	25%
Maternity—delivery		25%	25%
Mental health and substance abuse—inpatient		25%	25%
Mental health and substance abuse—outpatient		$65 Copay[1]	25%

1. Kelsey ACO PCP and specialist copays do not count toward the annual deductible but do apply toward the annual out-of-pocket maximum
2. Free if you are enrolled in an HISD medical plan
3. Pre-certification may be required

ann	TX Medical Neighborhood Basic	Kelsey Plus ACO	Memorial Hermann Plus ACO	TX Medical Neighborhood Plus
	$30.54	$35.26	$38.79	$61.48
	$158.80	$122.95	$135.25	$204.84
	$152.77	$118.27	$130.10	$197.70
	$274.65	$212.64	$233.91	$332.21
	$2,500	$1,750	$1,750	$1,750
	$5,000	$3,500	$3,500	$3,500
	$6,900	$5,150	$5,150	$5,150
	$13,800	$10,300	$10,300	$10,300
	Free	Free	Free	Free
	25%	$30 copay [1,7]	20%	20%
	25%/45%	$65 copay [1,7]	20%	20%/40%
	Free	Free	Free	Free
	25%	20%	20%	20%
	25%	20%	20%	20%
	25%	20%	20%	20%
tted)	25% + $300 copay (Copay waived if admitted)	20% + $300 copay (Copay waived if admitted)	20% + $300 copay (Copay waived if admitted)	20% + $300 copay (Copay waived if admitted)
	Free	N/A	Free	Free
	N/A	$20 PCP/$55 Specialist[1]	N/A	N/A
	25%	20%	20%	20%
	25%	20%	20%	20%
	25%	20%	20%	20%
	25%/45%[4]	20%	20%	20%/40%[4]
	25%	20%	20%	20%
	25%	$65 Copay[1]	20%	20%

4. OBGYN Specialists are tiered.
5. Copay applies after pharmacy deductible has been met
6. Preventive services are not subject to the deductible
7. The copays in the Kelsey plans are not subject to the deductible

COMPARE YOUR COVERAGE OPTIONS

2020 PRESCRIPTION DRUG COMPARISON

PRESCRIPTION		Kelsey Basic ACO	Memorial Hermann Basic ACO
Annual pharmacy deductible		$50 per person	$50 per person
Prescription drugs (30-day retail)[5]	Generic	$20	$20
	Preferred brand	$50	$50
	Non-preferred brand generic	$70	$70
Prescription drugs (90-day mail or retail)[5]	Generic	$50	$50
	Preferred brand	$125	$125
	Non-preferred brand generic	$175	$175
Specialty (30-day supply)[5]		$150	$150

5. Copay applies after pharmacy deductible has been met

ann	TX Medical Neighborhood Basic	Kelsey Plus ACO	Memorial Hermann Plus ACO	TX Medical Neighborhood Plus
	$50 per person	$50 per person	$50 per person	$50 per person
	$20	$15	$15	$15
	$50	$40	$40	$40
	$70	$60	$60	$60
	$50	$37.50	$37.50	$37.50
	$125	$100	$100	$100
	$175	$150	$150	$150
	$150	$100	$100	$100

Be careful

If you or your physician request a brand-name drug when a generic drug is available, you pay the brand copay PLUS the difference in cost between the two drugs, along with any remaining prescription deductible.

CONSIDER YOUR VOLUNTARY OPTIONS

FLEXIBLE SPENDING ACCOUNTS (FSA)

Flexible spending accounts allow you to set aside money to pay for eligible health and dependent day-care expenses.

Your contributions are taken out of your paycheck before taxes, which means your money goes further because it's tax-free. That's why an FSA can be a smart choice for anyone who has regular predictable health or dependent day-care costs.

You decide the amount ahead of time based on your expected out-of-pocket expenses for the entire calendar year.

For more information, visit the IRS website at **IRS.Gov/Publications** for a full list of eligible expenses.

PLEASE NOTE:

You have to enroll in your FSA each year. There's no automatic enrollment.

If you join HISD after January 1, 2020, your deductions are allocated over the remaining pay periods for the calendar year to reach your annual goal amount.

Be careful

Estimate the amount you expect to spend carefully.

You lose any funds you don't use.

HEALTH CARE FSA

- You can set aside up to $2,750.00 pre-tax to pay for eligible healthcare expenses that are not reimbursable from any other source.
- You can use your FSA for all eligible healthcare costs for you and your dependents, including vision and dental, even if your dependents are not covered under an HISD medical plan.
- 2020 FSA contribution limits will be posted after the IRS releases the information in late November 2019.
- The full amount you set aside is available to you on January 1, 2020, even though it is deducted from your paycheck over 24 pay periods.
- 2 ½ month grace period to incur additional claims and until May 15th to file for reimbursement

DEPENDENT DAY-CARE FSA

- You and your spouse can set up a combined total of up to $5,000 pre-tax to pay for day-care and eldercare expenses for a qualified person so you can work or look for work.
- Unlike the health care FSA, you can only be reimbursed funds that have already been withheld from your paycheck.
- Eligible expenses include day care, nursery school, after-school care, and summer day camp. **You can't use this account to pay for dependent medical expenses.**

PLEASE NOTE

You will receive a healthcare debit card from Payflex (an Aetna partner) with your available funds.

IMPORTANT

If you have money in a previous year's Health Reimbursement Account, you must use this money first to pay for eligible medical expenses before using your FSA.

CONSIDER YOUR VOLUNTARY OPTIONS

CIGNA DENTAL HMO

- Coverage includes dental implants and teeth whitening.
- You must choose a primary care dentist (PCD) and use only providers in the Cigna DHMO network. The cutoff for choosing or changing your PCD is the 20th of each month in order to be effective the first of the following month.
- You must be referred for specialty services through your PCD before specialty services can be rendered. For more information, refer to the Specialty Process guidelines, available at **HISDBenefits.org.**
- You agree to use the specialty-care provider assigned to you.
- You pay the set copays when you receive covered services, but you don't pay deductibles or have to file claim forms.
- Services outside the network are covered only in emergencies and require prior approval from Cigna Dental.
- You must use the DHMO fee schedule to determine covered expenses and copays.
- Services or procedures not listed on the fee schedule are not covered, and you are 100 percent liable.

CIGNA DENTAL PPO

- Coverage includes dental implants and adult orthodontia.
- Cigna's Oral Health Integration Program provides extra cleanings and services for chronic medical conditions.
- You pay a deductible before the plan begins to pay its share of covered expenses.
- You may use any provider you choose, but keep in mind you generally save money by using an in-network provider. If you use an out-of-network provider, you are responsible for costs that may exceed the usual, customary, and reasonable guidelines; in this case, you must file a claim form.
- There is an annual maximum benefit of $1,350 per person.
- This plan includes a Wellness Plus feature. You and your covered dependents can increase your annual maximum by $100 in the following year (up to a total maximum of $1,650) by taking advantage of the plan's preventive care.

DISCOUNT DENTAL

- This option is provided free of charge for employee-only coverage.
- You pay set fees for selected services and receive a 20 percent discount for other services.
- You agree to use QCD network providers for your care.
- You don't pay deductibles, file claim forms or have restrictions for pre-existing conditions or number of visits.

VISION

- You may choose between Low and High options.
- Both options have a retail frame allowance of $150.
- With both, you receive a 40 percent discount off a second pair of glasses at most participating in-network providers.
- Both give you access to online ordering tools, including Glasses.com and ContactsDirect.com.
- Both options offer in- and out-of-network benefits.
- There's a copay, but both options offer added coverage for progressive lenses and lens options, including UV coating, tint, basic polycarbonate, and standard anti-reflective lenses.
- Both cover an annual in-network eye exam for a $10 copay.
- Both cover eyeglass lenses or contacts every 12 months after a set materials copay of $20 for Low and $10 for High.
- Vision Low covers new frames every 24 months; Vision High covers new frames every 12 months.

CONSIDER YOUR VOLUNTARY OPTIONS

LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D)

HISD provides $10,000 each of life and AD&D coverage at no cost to all employees who are eligible for benefits. You may purchase supplemental life and a matching AD&D benefit for yourself. If you do, you may also add supplemental coverage for your spouse and/or dependent child(ren).

PLEASE NOTE:

Evidence of insurability (EOI) is required for any supplemental coverage above the guaranteed issue.

SUPPLEMENTAL LIFE AND MATCHING AD&D FOR YOURSELF

Coverage is available for up to eight times your annual base salary, up to a maximum of $1,000,000. Guaranteed issue (no EOI required) up to five times your annual salary or $600,000, whichever is less.

SUPPLEMENTAL LIFE AND MATCHING AD&D FOR YOUR SPOUSE

- Coverage is available at one to three times your salary, equal to your total supplemental life coverage amount or $250,000, whichever is less. Guaranteed issue (no EOI required) or $100,000, or your total supplemental life coverage amount, whichever is less.
- If your spouse also works for HISD, only one of you can be covered by supplemental or spouse life and AD&D.

CHILD LIFE AND MATCHING AD&D WITH OPTIONS AVAILABLE AT $5,000, $10,000, $15,000 OR $20,000

- A child may not be covered by more than one employee.
- You must designate or update your beneficiary online, and the actively at-work provision applies to all.
- **For elections under the guaranteed issue*, no EOI is required:**
- If you or your spouse or your child enroll as a new employee or within 31 days of becoming eligible.
- When you or your spouse increase existing coverage by one multiple of your salary (i.e., 1x to 2x or 2x to 3x) during annual enrollment.
- When you or your spouse elect or increase coverage by one multiple of your salary within 31 days of a qualified status change (i.e., 1x to 2x or 2x to 3x).

PLAN MAXIMUMS

Employee	1x, 2x, 3x, 4x, 5x, 6x, 7x, 8x annual base salary up to $1 million
Spouse	1x, 2x, 3x your annual base salary up to amount of employee supplemental life or $250,000, whichever is less
Child(ren)	$5,000, $10,000, $15,000 or $20,000 According to the policy, all children are eligible from live birth to the attainment of age 26.

CONSIDER YOUR VOLUNTARY OPTIONS

DISABILITY

This plan pays up to a maximum monthly benefit of $8,000 after a set elimination period if you are disabled and unable to work due to an injury, illness or pregnancy.

- You have a choice of elimination periods (30, 60, 90 or 180 days) before benefits begin, and you select the percentage of annual base salary (40%, 50% or 66.67%) that you want to replace each month.
- No evidence of insurability is required to enroll or increase coverage.
- 3/12 pre-existing condition and actively at-work provisions apply.

CANCER AND SPECIFIED DISEASES

This plan includes a wellness benefit per calendar year for screening tests and provides a cash benefit for covered procedures and other care related to the diagnosis and treatment of cancer and other specified diseases. This plan pays you in addition to any other coverage you may have.

- You don't need to show evidence of good health to enroll in either option.
- 12-month pre-existing conditions exclusion and actively at-work provisions apply.
- You must be under age 70 to enroll or increase coverage.
- The cancer and specified diseases plan offers low or high coverage options.

CRITICAL ILLNESS

This plan pays you a $50 wellness screening benefit, along with a lump-sum cash benefit when you're first diagnosed with a covered critical illness. This plan pays you in addition to any other coverage you may have.

- You must be under age 70 to enroll or increase coverage.
- If you choose spouse coverage, the spouse benefit is 50 percent of your employee benefit. If you choose employee + child or employee + family coverage, your dependent children are automatically covered at no additional charge. The dependent children's benefit is 50 percent of your employee benefit.
- You have a choice of low or high options.
- There's no pre-existing conditions exclusion.
- There's no reduction in benefits due to age.
- No more frozen rates. Rates increase as an employee enters the next age band.
- You don't need to provide evidence of good health to enroll in either option.
- Actively at-work provisions apply.
- Additional covered illnesses payable at 25 percent of the selected benefit amount include: Addison's disease, Lou Gehrig's disease, cerebral palsy, cystic fibrosis, diphtheria, encephalitis, Huntington's chorea, Legionnaires' disease, malaria, bacterial meningitis, multiple sclerosis, muscular dystrophy, myasthenia gravis, necrotizing fasciitis, osteomyelitis, polio, rabies, scleroderma, sickle cell anemia, systemic lupus, tetanus, and tuberculosis.

CONSIDER YOUR VOLUNTARY OPTIONS

HOSPITAL INDEMNITY

This plan provides a cash payment to help you pay your portion of hospital expenses, including deductibles and coinsurance amounts.
This plan pays you in addition to any other coverage you may have.

- You must be under age 70 to enroll or increase coverage.
- Benefits are paid for hospital admission and hospital stays, including ICU, of up to 365 days.
- When you experience a hospital confinement, you submit a claim form, along with the receipts for services received, to receive your lump-sum payment as described in the policy.
- All employees pay the same rate regardless of age.
- You don't need to provide evidence of good health to enroll in either option.
- There's no pre-existing conditions exclusion, including for pregnancy.
- Actively at-work provisions apply.

ACCIDENT PLAN

This plan covers emergency treatment, hospital admissions, confinements, and diagnostic exams, as well as other expenses related to you or an insured family member injured in a covered accident. This plan pays you in addition to any other coverage you may have.

- You must be under age 70 to enroll or increase coverage.
- If you have a covered accident, you receive cash benefits for expenses that may not be fully covered by your medical plan.
- You don't need to provide evidence of good health to enroll.
- There's no pre-existing conditions exclusion.
- Actively at-work provisions apply.
- Rates and plan stays the same.

PERSONAL LEGAL PLAN

This plan provides personal legal guidance on a variety of issues and services such as will preparation, traffic ticket defense, and consumer matters. Issues related to your employment are excluded.

LONG TERM CARE

Offered through Teachers Retirement System of Texas (managed by Genworth Financial), this comprehensive, affordable coverage can help protect you and your family from the high costs of long term care. This plan covers long term care services in your home, your community or assisted-living facilities, including Alzheimer's facilities and nursing homes.

For plan and enrollment information, contact **Genworth Life Insurance** at **866-659-1970**.

IMPORTANT VOLUNTARY PLAN EXCLUSIONS

3/12 pre-existing condition
Disability coverage only

New or increased disability coverage is subject to a 3/12 pre-existing condition exclusion. This means that if you have a condition that was treated or medically advised in the three months before your coverage effective date, you are not covered for that condition for the first 12 months.

12-month pre-existing condition
Cancer and specified diseases coverage only

The plan doesn't cover pre-existing conditions. A pre-existing condition is any sickness or loss for which medical advice or treatment was received or recommended within 12 months prior to the effective date of coverage.

Actively at work
Life and AD&D, disability, cancer and specified diseases, critical illness, hospital indemnity, and accident coverage

If you are not actively at work when coverage is scheduled to become effective, your coverage does not take effect until you complete your first day at work.

ENROLL FOR COVERAGE

GO ONLINE AND MAKE IT OFFICIAL

ONLINE ENROLLMENT MADE EASY

Once you've studied your options and made your selections, it's time to let us know about them.

HERE'S HOW YOU GET THERE.

1. **Log** into **myHISD**.
2. **Click** the Benefits heart icon. This takes you to **HISDBenefits.org.**
3. **Click** Enrollment at the top of the page.
4. **Click** Enroll Now on the left-hand side and then follow the instructions.

REMINDER

Annual Enrollment Dates

NOVEMBER 1–22, 2019.

Don't miss the deadline.
Online enrollment ends at 11:00 p.m. CT and phone enrollment ends at 7:00 p.m. CT on November 22, 2019.

FOR NEW EMPLOYEES

If you're a new employee, look for your benefits enrollment email on the Friday following the date that you are entered in the HISD HR system. You must enroll within 30 days of your hire date or you will need to wait until the next Annual Enrollment period or until you experience a qualifying life event. After you successfully enroll, you will receive a confirmation notice.

DEPENDENT VERIFICATION

It's important you understand who can and can't be considered a dependent on your plan. Documentation is required to support the eligibility status of each of your dependents. If you don't provide it, your dependents will be removed from your coverage, regardless of their eligibility, and you won't be able to add them back on until the next enrollment period or in the case of a life event. For more information about dependent eligibility, see **HISDBenefits.org.**

Important

Be sure to check your benefits statement for accuracy. Your confirmation statement is available online.

If your confirmation statement is incorrect, call the **Benefits Service Center** at **877-780-HISD (4473)** immediately.

WELLNESS RESOURCES

Your HISD medical plan includes benefits, programs, and services that can help you and your family live healthier lives and save money. Get to know what's available and take advantage of them to reach your wellness goals.

PREVENTIVE CARE COVERED AT 100%

Routine preventive care is one of the keys to good health. Even if you are in the best shape of your life, a serious condition with no symptoms could put your health at risk. By getting preventive care, you and your doctor can catch problems early and prevent certain conditions altogether.

HISD follows the American Medical Association's guidelines for preventive care. They define preventive care as services provided when you do not have any symptoms and have not been diagnosed with a health issue connected with a preventive service. Examples are mammograms, prostate exams, and colonoscopies. **Preventive care that meets the AMA's guidelines is covered at 100%.**

If your doctor determines that you have a health issue, any additional screenings and tests after your diagnosis are not considered preventive. These services are covered at the appropriate coinsurance once you have met the deductible.

YOUR PRIMARY CARE DOCTOR: YOUR PARTNER IN GOOD HEALTH

Preventive care is typically provided during a wellness exam with your primary care doctor (PCP). He or she can tell you which routine preventive tests and screenings are right for you based on your age, gender, personal and family health history, and current health status.

If you enroll in the Texas Medical Neighborhood Network ACO plan, you will be required to select a network PCP, but you may change it at any time. The Memorial Hermann ACO Network plan and the Kelsey-Seybold ACO Network plan do not have this requirement, but we encourage you to have a PCP.

Why is this important? Your PCP is your first stop for care. He or she:

- Gets to know your goals and health history
- Provides preventive and basic care
- Can help you find a specialist when needed
- Can help coordinate services with other providers

FREE MEDICAL CARE AT HISD EMPLOYEE HEALTH & WELLNESS CENTERS OPERATED BY NEXT LEVEL URGENT CARE

If you are enrolled in a HISD medical plan, you and your covered dependents ages 5 and up pay nothing for your medical care at the HISD Employee Health & Wellness Centers. If you are eligible for benefits but not enrolled in an HISD medical plan, you can still use the centers for high-quality care at very affordable rates.

With two onsite locations, the centers provide a great alternative to high-cost emergency centers or urgent care facilities for low-cost, non-emergency services, including:

- Preventive care and limited chronic conditions
- Routine immunizations
- Acute and urgent care for infections, minor burns, and more

Please note: The centers do NOT treat workers' compensation injuries.

The centers offer convenient hours after work and on Saturday mornings. Next Level Urgent Care, a leading provider of workplace healthcare clinics, operates the HISD Employee Health & Wellness Centers to bring you professional medical services in complete confidentiality.

SAVINGS ON LAB WORK WITH QUEST AND LABCORP

You can save big on lab services with Quest Diagnostics and LabCorp, Aetna's preferred national labs. Here's how:

- If your doctor is collecting your sample in the office, ask that it be sent to a Quest or LabCorp lab.
- If your doctor is sending you to a lab for the testing, ask for a lab requisition, Quest or LabCorp lab.
- Please remember, if you are in the Kelsey plans, you cannot use Quest Labs, you must use the lab facility in the Kelsey clinics (LabCorp)

It's easy to find a lab near you. Just log in to Aetna.com and click "Find Care & Pricing" on the home page. Register first if you have not already. Or, you can call Aetna Member Services at **1-877-224-6857.** You can save on wait time and schedule an appointment ahead of time by visiting **QuestDiagnostics.com** or LabCorp.com.

WELLNESS RESOURCES

YOUR SECURE MEMBER WEBSITE AT AETNA.COM

Your secure member website is one stop for benefits and health information, tools, and wellness resources. Log in to check on a claim payment, find network providers, get started with your member discounts, and much more. You can also take a Health Assessment to learn more about your current state of health, any risk factors, and steps you can take to avoid health problems and live well.

If you are already registered with the site, you can use your current login. If you are not registered with the site and/or you are new to Aetna, you can register and create your log in once you're an enrolled member. Just visit Aetna.com and click Individuals>Login> Don't Have an Account?>Register.

You can also get the Aetna Health app to use the best features of the site wherever you go. Look for network providers, find an urgent care center, make a doctor's appointment, get cost estimates, and more. You can download the app at the App Store or Google Play.

HEALTH AND WELLNESS PROGRAMS AND SERVICES

Your 2020 medical plan will also include these no-cost programs and services:

The Aetna Community Care Program for personal help to reach health and wellness goals. This program connects you with healthcare providers in your community to help you make healthy changes, understand a medical condition, prepare for doctor visits, and make the most of your medical benefits. Depending on your needs, you can work with pharmacists, dieticians, social workers, community health educators, and others.

The Aetna Maternity Program for a healthier pregnancy and healthy baby. This program provides personal support from a trained OB/GYN nurse to help you make choices for a healthy pregnancy, lower your risk for early labor, cope with postpartum depression, and even stop smoking.

Telemedicine services that let you talk with a board-certified primary care doctor by phone or online chat. At CirrusMD*, you can get diagnosed, treated, and prescribed for non-emergency problems such as cold/flu, infections, allergies, rashes, and more. It's a convenient and cost-effective way to get care when and where you need it, without the travel time and waiting room. As an added bonus Cirrus MD will be at no cost.

***CirrusMD** will not be available to Kelsey-Seybold ACO Network plan members. The Informed Health® Line, a 24/7 service that puts you in touch with a nurse who can answer questions and provide information on a wide variety of health-related topics. Learn more about a medical diagnosis. Ask about the latest tests and treatments. Get help with a non-emergency problem until you can see a doctor. Get good questions to ask during your next medical appointment.

The Informed Health® Line is a 24/7 service that puts you in touch with a nurse who can answer questions and provide information on a wide variety of health-related topics. Learn more about a medical diagnosis. Ask about the latest tests and treatments. Get help with a non-emergency problem until you can see a doctor. Get good questions to ask during your next medical appointment.

AbleTo is a free and confidential program that lets you talk by phone with a therapist twice a week. The program is designed to provide help with issues such as grief and loss, depression and anxiety, caregiver stress, dealing with a new or continuing health condition, cancer recovery, and more.

Member discounts, saving you and your family money on health-related products and services. As an Aetna member, you will be able to take advantage of special rates on vision and hearing care, fitness memberships and equipment, health coaching, natural products and services, oral health products, and more.

STAYING HEALTHY FEELS BETTER AND COSTS LESS

COVERAGE COSTS

MEDICAL PLANS

	Kelsey Basic ACO	Memorial Hermann Basic ACO	T X Medical Neighborhood Basic	Kelsey Plus ACO	Memorial Hermann Plus ACO	T X Medical Neighborhood Plus
Employee only	$17.50	$19.25	$30.54	$35.26	$38.79	$61.48
Employee + spouse	$91.08	$100.19	$158.80	$122.95	$135.25	$204.84
Employee + child(ren)	$87.61	$96.37	$152.77	$118.27	$130.10	$197.70
Employee + family	$157.51	$173.27	$274.65	$212.64	$233.91	$332.21

DENTAL PLANS

	HMO Plus	PPO	Discount Dental
Employee only	$6.57	$17.63	$0
Employee + spouse	$12.50	$34.92	$4
Employee + child(ren)	$12.50	$34.84	$4
Employee + family	$16.06	$54.49	$6

VISION PLANS

	Low	High
Employee only	$1.83	$2.75
Employee + spouse	$3.46	$5.46
Employee + child(ren)	$3.62	$5.73
Employee + family	$6.76	$8.79

***RATES SHOWN ARE PER PAYCHECK BASED ON 24 PAY PERIODS.**

SUPPLEMENTAL LIFE AND AD&D

Your age (January 1 of plan year)	Rate
< 30	$0.0275
30 – 34	$0.0275
35 – 39	$0.0275
40 – 44	$0.0450
45 – 49	$0.0750
50 – 54	$0.1105
55 – 59	$0.1880
60 – 64	$0.2235
65 – 69	$0.3845
70+	$0.5805

AD&D rate of $0.0095 per $1,000 included in employee rates. If your spouse also works for the district, you may each have employee supplemental life and AD&D and the other have spouse life and AD&D, but not both.

SPOUSE LIFE AND AD&D

Your age (January 1 of plan year)	Rate
< 30	$0.0395
30 – 34	$0.0495
35 – 39	$0.0545
40 – 44	$0.0745
45 – 49	$0.1295
50 – 54	$0.1995
55 – 59	$0.3295
60 – 64	$0.3845
65 – 69	$0.6695
70+	$1.0395

AD&D rate of $0.0095 per $1,000 included in spouse rates. The benefit is based on your benefit level and salary, up to the maximum benefit—the lesser of employee supplemental life and AD&D coverage or $250,000.

DEPENDENT LIFE AND AD&D

Benefit level	$5,000	$10,000	$15,000	$20,000
Rate	$0.27	$0.55	$0.82	$1.09

***RATES SHOWN ARE PER PAYCHECK BASED ON 24 PAY PERIODS.**

DISABILITY

Elimination period	Option	Cost
30 days	40%	$0.2185 x annual salary ÷ 1200
	50%	$0.2805 x annual salary ÷ 1200
	67.67%	$0.7550 x annual salary ÷ 1200
60 days	40%	$0.1615 x annual salary ÷ 1200
	50%	$0.2420 x annual salary ÷ 1200
	66.67%	$0.4750 x annual salary ÷ 1200
90 days	40%	$0.1470 x annual salary ÷ 1200
	50%	$0.1995 x annual salary ÷ 1200
	67.67%	$0.3845 x annual salary ÷ 1200
180 days	40%	$0.0760 x annual salary ÷ 1200
	50%	$0.0950 x annual salary ÷ 1200
	67.67%	$0.2230 x annual salary ÷ 1200

CANCER AND SPECIFIED DISEASES

	Low	Low + ICU	High	High + ICU
Employee only	$5.18	$8.18	$9.42	$12.42
Employee + spouse	$8.64	$14.81	$17.10	$23.28
Employee + child(ren)	$6.63	$12.82	$12.48	$18.66
Employee + family	$8.64	$14.81	$17.10	$23.28

***RATES SHOWN ARE PER PAYCHECK BASED ON 24 PAY PERIODS.**

CRITICAL ILLNESS: **LOW**

Your age (January 1 of plan year)	Employee only	Employee + spouse	Employee + child(ren)	Employee + family
18 – 24	$1.21	$2.10	$1.21	$2.10
25 – 29	$1.57	$2.64	$1.57	$2.64
30 – 34	$1.73	$2.88	$1.73	$2.88
35 – 39	$2.53	$4.08	$2.53	$4.08
40 – 44	$3.41	$5.40	$3.41	$5.40
45 – 49	$4.93	$7.68	$4.93	$7.68
50 – 54	$5.41	$8.40	$5.41	$8.40
55 – 59	$10.21	$15.60	$10.21	$15.60
60+	$20.01	$30.30	$20.01	$30.30

CRITICAL ILLNESS: **HIGH**

Your age (January 1 of plan year)	Employee only	Employee + spouse	Employee + child(ren)	Employee + family
18 – 24	$2.17	$3.54	$2.17	$3.54
25 – 29	$3.07	$4.89	$3.07	$4.89
30 – 34	$3.47	$5.49	$3.47	$5.49
35 – 39	$5.47	$8.49	$5.47	$8.49
40 – 44	$7.67	$11.79	$7.67	$11.79
45 – 49	$11.47	$17.49	$11.47	$17.49
50 – 54	$12.67	$19.29	$12.67	$19.29
55 – 59	$24.67	$37.29	$24.67	$37.29
60+	$49.17	$74.04	$49.17	$74.04

***RATES SHOWN ARE PER PAYCHECK BASED ON 24 PAY PERIODS.**

HOSPITAL INDEMNITY

	Low	High
Employee only	$2.36	$4.48
Employee + spouse	$4.42	$8.40
Employee + child(ren)	$4.17	$7.79
Employee + family	$6.23	$11.71

ACCIDENT

	Low	High
Employee only	$3.08	$5.33
Employee + spouse	$4.95	$8.45
Employee + child(ren)	$5.99	$10.10
Employee + family	$7.86	$13.22

PERSONAL LEGAL

	Rate
Employee only	$4.77
Employee + family	$6.72

***RATES SHOWN ARE PER PAYCHECK BASED ON 24 PAY PERIODS.**

PROVIDER CONTACTS

24/7 Nurse Line
877-780-HISD (4473)

Affordable Care Act/ Health Reform Information
Healthcare.gov

Aetna Medical Plan
Aetna.com
877-224-6857

Cancer and specified diseases, critical illness, hospital indemnity, accident plans
AFLAC
AFLACgroupinsurance.com
800-433-3036

Dental HMO/PPO
Cigna Dental
myCigna.com
800-Cigna24 (244-6224)

Discount Dental
QCD of America
QCDofAmerica.com /HISD
800-229-0304

Disability
Unum
Unum.com
800-858-6843

Employee Assistance Program (EAP)
ComPsych
guidanceresources.com
To access website:
Click Register
Organization Web ID-HISD
833-812-5181

Flexible Spending Accounts
Healthcare FSA
Dependent day-care FSA
payflex.com
888-678-8242

HISD Employee Health & Wellness Centers
Hattie Mae White
Educational Support Center
4400 West 18th Street
Houston, Texas 77092
281-869-3630
Attucks Middle School
4330 Bellfort Street
Houston, Texas 77051
281-869-3630

IRS
IRS.Gov/publications/index.html
800-TAX-FORM (829-3676)

Life and Accidental Death and Dismemberment
Securian Financial
Securian.com
Medical underwriting: 800-872-2214
Claims: 888-658-0193

Personal Legal

Hyatt Legal
legalplans.com
800-821-6400
Passwords for login:
3720010 (family coverage)
3730010 (single coverage)

Prescription Drug Benefits

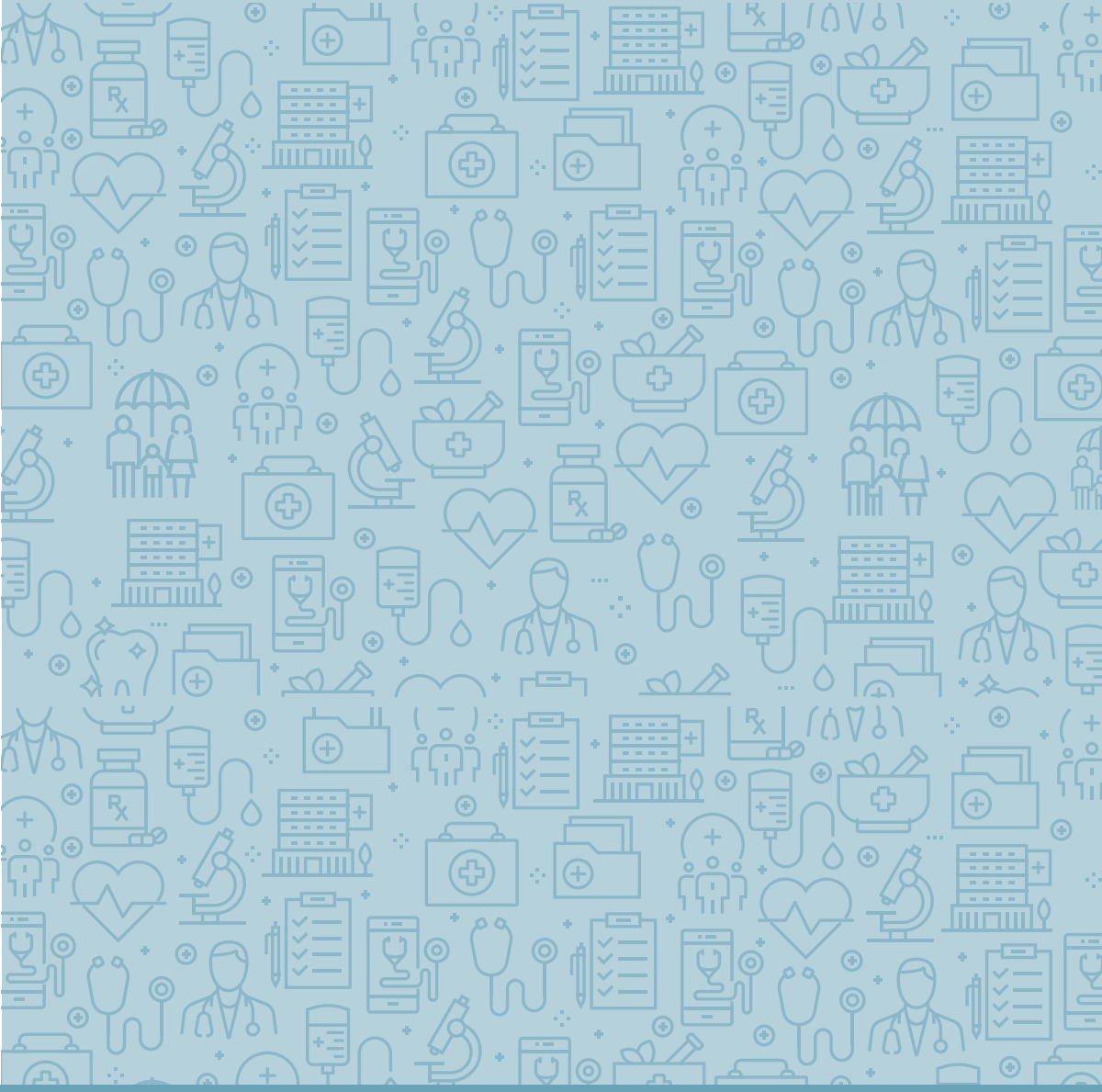
Express Scripts
Express-Scripts.com
855-712-0331
Accredo Specialty Pharmacy
Accredo.com
877-222-7336

Vision

EyeMed
EyeMed.com
844-409-3402

Use your Benefits Service Center

For comprehensive benefits information and resources, including provider call-center hours, visit **HISDBenefits.org** or call **877-780-HISD (4473).**



WWW.HISDBENEFITS.ORG

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