



2021

# BENEFITS GUIDE

BEING WELL | LIVING HEALTHY



**HISD** | Benefits Office  
BRINGING BENEFITS TO LIFE



# EVERYTHING YOU NEED TO KNOW ABOUT YOUR 2021 BENEFITS

Cover artwork and drawings throughout the guide are by Kristi Nelson and were created to honor our frontline heroes during the coronavirus pandemic. See more about Ms. Nelson on page 75.

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**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 2020 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 2020. 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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# WHAT'S NEW AND NOTABLE IN BENEFITS FOR 2021



## THINGS TO CONSIDER

- No medical plan rate increases
- Enhanced voluntary benefits
- ANNUAL ENROLLMENT: November 2 – 20, 2020
- New Aetna onsite representatives to help you work through issues, find providers, and discuss your healthcare plans and options
- Convenient connections to your best health!

Imagine the road to your very best health without the speed bumps, roadblocks, and detours, and with a support system that's right in your neighborhood or a click or call away. We are here to help you get there. Whether you are trying to get back up to speed or looking for ways to stay healthier, you can get the support, tools, and programs you need to finally achieve these goals.

Aetna remains our medical provider for 2021. We will be providing helpful information so you can understand your medical benefits and how they work. We have two new medical plan Aetna onsite representatives who can assist you with questions and concerns about your medical plan.

Jeanne' Johnson is your day-to-day Aetna onsite representative. She will be able to answer your questions about how your medical plan works. She can also help you find a provider or determine if your current provider is in your network and provide other valuable resources through Aetna

Sonja Whaley is our new Aetna onsite clinical consultant. She specializes in assisting you with complex treatment issues, planning a procedure, wellness resources, and other questions.

You may reach the Aetna Onsite Representative, Jeanne' Johnson, at 281-627-7489 or by email at [JohnsonJ11@aetna.com](mailto:JohnsonJ11@aetna.com). For your convenience, you may schedule a virtual appointment with the Aetna Onsite Representative.

You may reach the Onsite Clinical Consultant, Sonja Whaley, at 832-920-3776 or by email at [WhaleyS@aetna.com](mailto:WhaleyS@aetna.com).



## **BENEFICIARIES**

Please ensure you have appropriately elected beneficiaries where plans such as life insurance and Aflac require them. If you want your beneficiaries changed immediately, you may do so at any time online or by calling the Benefits Service Center. If you elect/change beneficiaries during annual enrollment, these will not be effective until Jan. 1, 2021.

## **CIGNA DENTAL INSURANCE ENHANCEMENTS**

There are new Cigna options to choose from: The PPO now has a buyup option where you can add more to the maximum amount you can spend each year. This plan allows for a \$2,000 maximum and removes the deductible for preventive. We also have the same plan that we currently offer for PPO members. The rates are changing so please review the new rates.

For the DHMO plan, members still have one option, but the fee schedule has been enhanced to include a few more codes for treatment for participants. Remember for the DHMO plan, you only need to pay the copay listed on the fee schedule for each covered service.

## **CIGNA DISCOUNT DENTAL**

Beginning January 1, 2021, Cigna will be the new provider for the discount dental plan. There are two coverage levels – employee only or employee plus family. Employee only will be \$2.50 per pay period, and employee plus family will be \$5 per pay period. To see what this plan provides, what fees for services will be, who the providers are, and additional benefits this program offers, visit [www.CignaPlusSavings.com](http://www.CignaPlusSavings.com) or call 1-877-521-0244. You cannot logon to Cigna.com for this program. All current members will be mapped to the new plan to ensure that dental coverage is in place for 2021. If you do not want this plan, please go online or call the Benefits Service Center to make your changes during the annual enrollment period.

## **EYEMED VISION**

New vision plans this year cover basic and plus options. The plan even covers retinal imaging if you prefer that to the usual dilation process. Your allowances should provide you with enough dollars and buying power to get what you need for your vision care. Please review plan options carefully.

# WHAT'S NEW AND NOTABLE IN BENEFITS FOR 2021

## **ACCIDENT, CANCER, CRITICAL ILLNESS, AND HOSPITAL INDEMNITY**

All four of these plans have been enhanced to include more benefits. These enhancements are listed below by plan. And the best part is there are no price increases for these benefits. Also, you now have wellness benefits in all four plans, which means if you get your annual checkup each year, you can earn money based on the benefits in which you are enrolled. The following are some of the enhancements:

### **Critical Illness:**

- Additional covered illnesses
- Complete guaranteed issue for all employees on both the high and low options, and no reduction in benefits due to age.

### **Accident**

- Removed pre-existing exclusion
- Removed termination of age restrictions

### **Increased benefits for Hospital Indemnity**

- All employees, newly eligible and late enrollees, are guaranteed issue
- Removed pre-existing condition exclusion, including pregnancy
- Removed termination at age 70

### **Cancer (no changes to existing plan design)**

- All guaranteed issue with no evidence of insurability required





## KEEP YOUR HEALTH IN CHECK

### Preventive care coverage at no extra cost

Get many checkups, screenings, vaccines, prenatal care services, contraceptives and more with no out-of-pocket costs.

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Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company and its affiliates (Aetna).

[aetna.com](https://aetna.com)

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# YOU'RE COVERED

Preventive care services\* are covered at no extra cost through your health benefits and insurance plan when you see a physician or provider in your plan's network.

## We've got you covered with no cost share\*\*

**Coverage includes routine screenings and checkups, as well as some counseling to prevent illness, disease and other health problems.**

Many of these services are covered as part of physical exams. You won't have to pay out of pocket for these preventive visits when they are provided in network. They include:



**Regular checkups  
for adults**



**Routine gynecological  
exams for women**



**Wellness exams  
for children**

These services are generally not preventive if you get them as part of your visit to diagnose, monitor or treat an illness or injury. In these cases, copays, coinsurance and deductibles may apply.

Aetna follows preventive recommendations as determined by the U.S. Preventive Services Task Force, Centers for Disease Control and Prevention and other advisory committees. Screenings, services and other covered preventive services can vary by age, gender and other factors. Be sure to talk with your doctor about which services are right for you.

\*Employers with grandfathered plans may choose not to cover some of these preventive services or to include cost share (deductible, copay or coinsurance) for preventive care services. Certain religious employers and organizations may choose not to cover contraceptive services as part of the group health coverage.

\*\*Preventive care at no cost share covered in accordance with the Affordable Care Act.



## Covered preventive services for adults commonly include:

### Screenings for:

- Abdominal aortic aneurysm (one-time screening for men of specified ages who have ever smoked)
- Alcohol misuse
- Cholesterol (for adults of certain ages or at higher risk)
- Colorectal cancer\*
- Depression
- Diabetes
- Hepatitis B surface antigen
- High blood pressure
- Human immunodeficiency virus (HIV)
- Lung cancer\* (for adults with a history of smoking)
- Obesity
- Prostate cancer\*
- Syphilis (for all adults at higher risk)
- Tobacco use
- Tuberculosis (TB) testing



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- Tobacco use
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**Medicine and supplements**

Doses, recommended ages and recommended populations vary.

- Aspirin for women at risk of preeclampsia and adults ages 50 – 69 with certain heart risk factors\*
- Bowel preparation medication (for preventive colorectal cancer screening)
- Low-dosage statins: dependent on cardiovascular disease (CVD) and risk factors
- Tobacco-cessation medicine approved by the U.S. Food and Drug Administration (FDA), including over-the-counter medicine when prescribed by a health care provider and filled at a participating pharmacy

**Counseling for:**

- Alcohol misuse
- Domestic violence
- Nutrition (for adults with cardiovascular and diet-related chronic disease)
- Obesity
- Sexually transmitted infection (STI) prevention (for adults at higher risk)
- Tobacco use (including programs to help you stop using tobacco)

**Immunizations**

Doses, recommended ages and recommended populations vary.

- Hepatitis A and B
- Herpes zoster
- Human papillomavirus (HPV)
- Influenza (flu)
- Measles, mumps, rubella (MMR)
- Meningococcal (meningitis)
- Pneumococcal (pneumonia)
- Tetanus, diphtheria, pertussis (Tdap)
- Varicella (chickenpox)

\*Subject to age restrictions.



## Covered preventive services for women commonly include:

**Screenings and counseling for:**

- Breast cancer chemoprevention if you're at a higher risk
- Breast cancer (BRCA) gene counseling and genetic testing if you're at high risk with no personal history of breast and/or ovarian cancer
- Breast cancer mammography\*
- Cervical cancer\*
- Chlamydia infection\*
- Gonorrhea
- Interpersonal or domestic violence
- Osteoporosis\* (depending on risk factors)

**Medicine and supplements:**

- Folic acid supplements (for women of childbearing ages)
- Risk-reducing medicine, such as tamoxifen and raloxifene, for women with an increased risk for breast cancer\*

**Counseling and services\*\*:**

- Prescribed FDA-approved over-the-counter or generic female contraceptives\*\*\* when filled at a network pharmacy
- Two visits a year for patient education and counseling on contraceptives
- Voluntary sterilization services

### Covered preventive services for pregnant women:

- Anemia screenings
- Bacteriuria, urinary tract or other infection screenings
- Breastfeeding interventions to support and promote breastfeeding after delivery, including up to six visits with a lactation consultant<sup>†</sup>
- Diabetes screenings
- Expanded counseling on tobacco use
- Hepatitis B counseling (at the first prenatal visit)
- Maternal depression screening
- Rh incompatibility screening, with follow-up testing for women at higher risk
- Routine prenatal visits (you pay your normal cost share for delivery, postpartum care, ultrasounds, or other maternity procedures, specialist visits and certain lab tests)

### Covered preventive supplies for pregnant women:

- Breast pump supplies if you get pregnant again before you are eligible for a new pump
- Certain standard electric breastfeeding pumps (nonhospital grade) anytime during pregnancy or while you are breastfeeding, once every three years
- Manual breast pump anytime during pregnancy or after delivery for the duration of breastfeeding

\*Subject to age restrictions.

\*\*Certain eligible religious employers and organizations may choose not to cover contraceptive services as part of the group health coverage.

\*\*\*Brand-name contraceptive drugs, methods or devices are only covered with no member cost sharing under certain limited circumstances, including when required by your doctor due to medical necessity.

<sup>†</sup>Limits may vary depending upon state requirements and applicability.



## Covered preventive services for children commonly include:

### Screening and assessments\* for:

- Adolescent depression screening
- Alcohol and drug use
- Anemia
- Attention deficit disorder (ADD)
- Autism
- Behavioral and psychological issues
- Congenital hypothyroidism
- Development
- Hearing
- Height, weight and body mass index
- Hematocrit or hemoglobin
- Hemoglobinopathies or sickle cell
- Hepatitis B
- HIV
- Lead (for children at risk for exposure)
- Lipid disorders (dyslipidemia screening for children at higher risk)
- Medical history
- Newborn blood screenings
- Obesity
- Oral health (risk assessment)
- STIs
- TB testing
- Vision

### Medicine and supplements:

- Gonorrhea preventive medicine for the eyes of all newborns
- Oral fluoride for children\* (prescription supplements for children without fluoride in their water source)
- Topical application of fluoride varnish by primary care providers

### Counseling for:

- Obesity
- STI prevention (for adolescents at higher risk)

### Immunizations

From birth to age 18 — doses, recommended ages and recommended populations vary.

- *Haemophilus influenzae* type B
- Hepatitis A and B
- HPV
- Inactivated poliovirus
- Influenza
- Meningococcal (meningitis)
- MMR
- Pneumococcal (pneumonia)
- Rotavirus
- Tdap/diphtheria, tetanus, pertussis (DTaP)
- Varicella (chickenpox)

# 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. HISD also provides an excellent selection of voluntary benefits such as Accident, Cancer and Specified Diseases, Critical Illness, and Hospital Indemnity, as well as Disability and additional life insurance and legal plans. Many of these plans provide additional benefits, including cash payouts that are paid in addition to other benefits such as your medical plan benefits. Please review these carefully

## 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.

## TRIBUTE TO HEROES

### Myrna Matthews

“I’m a cardiac nurse. I’ve been a nurse for 17 years. I became a nurse to help others when they can’t help themselves. I believe that I can’t save anyone’s life myself. I can only do what God gives me the power to do. I’m the hands and feet of Jesus; if I go to work everyday and make my patients and their families feel safe and loved, I have done my job. At the end of the day, it’s my patients and their families that are a blessing to me. I get to see love, compassion, and forgiveness in the most raw forms and in that I’m given hope for my next shift.”—Myrna

Thank you for all that you do, Myrna!





# ARE YOU READY TO GET HEALTHY OR MAINTAIN YOUR HEALTH?

## HERE ARE THE STEPS YOU CAN TAKE TOWARD A HEALTHY YOU (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, 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](https://www.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.

### 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

Just think of it as a confidential, mini survey of your health history and habits with instant results and advice that you can take with you forever.

#### You can:

- Learn about your health risks and how to lower them
- Gain real-life tips for better well-being
- Share results with your doctor and more

# IMPORTANT REMINDERS

## ANNUAL ENROLLMENT IS NOVEMBER 2–20, 2020



Take advantage of the tools on  
[HISDbenefits.org](https://HISDbenefits.org) to get started.

### 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 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

# 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

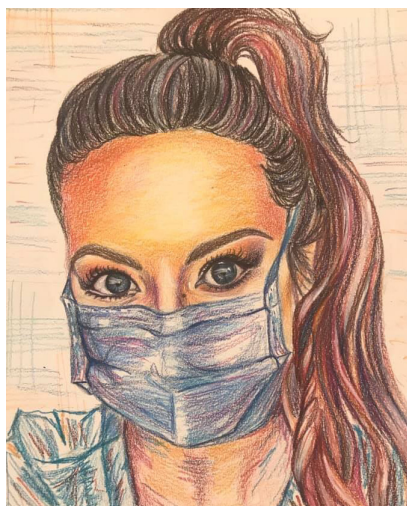
Log on to myHISD to get started.

## TRIBUTE TO HEROES

### Silvia Wise

This is Silvia Wise. She is a true hero.

"I work as a medical/surgical nurse but our unit was moved to care for only COVID-19 patients. So since this started, I've been working on a COVID-19 unit trying to help these patients recover and helping them do face-time calls with their family members. I have two boys at home and my husband, who have been great supporters. I love working as a nurse and want to thank everyone for all of their support!"





**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 options being offered for 2021, it's especially important to:**

- **Know how the plans work.** This section has descriptions of your 2021 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.
- **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 2021 plan options offer different coverage levels and premium rates, they have features in common.**

Effective January 1, 2017, HISD no longer contributes to the Healthcare Reimbursement Account (HRA). The HRA is an HISD-funded account for those who were previously enrolled in one of the legacy Consumer or Select plan options that may be used to pay for covered services under the medical and pharmacy plan, up to plan limits. Members may continue to use any funds left over from previous years to pay for eligible expenses, as long as they are currently enrolled in an HISD medical plan. HRA balances are forfeited when an employee is no longer enrolled in an HISD medical plan or is no longer employed with HISD.

For members that had existing healthcare flexible spending accounts, their HRA rollover amounts were added to their FSA debit cards through PayFlex in April 2020. For members who did not have existing healthcare flexible spending accounts, new PayFlex debit cards were issued in April 2020 for their HRA rollover balance amounts. For all members with an existing HRA balance, the HRA will pay first and the FSA will pay last. Members may use the PayFlex debit cards to pay for eligible medical and pharmacy claims. HRA dollars can be used to help meet deductible and coinsurance amounts.

**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 higher percentage of your covered expenses cost more in premiums than those that pay a lower percentage.
- If there is money in your HRA, you may swipe your payflex debit card to pay for eligible 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.



**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 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 2021 MEDICAL PLAN OPTIONS

You will have a choice of Accountable Care Organization (ACO) plans for 2021. 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](https://www.aetna.com)
- Click (bottom, right side) 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

**NOTE:** If you have an out of area dependant, please contact the HISD benefits dept at [benefitoffice@houstonids.org](mailto:benefitoffice@houstonids.org).



# MEMORIAL HERMANN ACO PLANS

## THERE ARE TWO MEMORIAL HERMANN PLAN OPTIONS

**THE BASIC PLAN** offers lower premiums each month but has higher deductible and co-insurance 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 co-insurance 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 <sup>6</sup>		Free	Free
Office visits	Primary care (PCP)	25%	20%
	Specialists	25%	20%
	HISD clinics <sup>2</sup>	Free	Free
Inpatient—hospital <sup>1</sup>		25%	20%
Outpatient—hospital <sup>1</sup>		25%	20%
Outpatient—freestanding and surgical center <sup>3</sup>		25%	20%
Emergency care		25% + \$300 copay (Copay waived if admitted)	20% + \$300 copay (Copay waived if admitted)
Virtual Health/Telemedicine	Kelsey Telemedicine	Free	Free
		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 PLANS

## 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, your Kelsey-Seybold doctor will determine the most appropriate hospital for your care.**

Kelsey has onsite pharmacies located at 15 of their clinics. Kelsey is also approved by Express Scripts as a Smart 90 pharmacy, so you can even get your 90-day maintenance medications filled at a Kelsey-Seybold pharmacy.



		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 <sup>6</sup>		Free	Free
Office visits	Primary care (PCP)	\$30 copay <sup>1,7</sup>	\$30 copay <sup>1,7</sup>
	Specialists	\$65 copay <sup>1,7</sup>	\$65 copay <sup>1,7</sup>
	HISD clinics <sup>2</sup>	Free	Free
Inpatient—hospital <sup>3</sup>		25%	20%
Outpatient—hospital <sup>3</sup>		25%	20%
Outpatient—freestanding and surgical center <sup>3</sup>		25%	20%
Emergency care		25% + \$300 copay (Copay waived if admitted)	20% + \$300 copay (Copay waived if admitted)
Virtual Health/Telemedicine	Kelsey Telemedicine	N/A	N/A
		\$20 PCP/\$55 Specialist <sup>1</sup>	\$20 PCP/\$55 Specialist <sup>1</sup>
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 <sup>1</sup>	\$65 Copay <sup>1</sup>

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. OB/GYN 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 PLANS

## THERE ARE TWO TEXAS MEDICAL NEIGHBORHOOD 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 most Aetna contracted providers in Houston and the surrounding areas.

There are 20 specialist categories that are tiered. Those that are listed as “Maximum Savings” are considered Tier 1 providers, which means the plan will pay a higher coinsurance amount for these providers once the deductible is met. Those that are listed as “Standard Savings” are considered Tier 2 providers, which means the plan will pay a lower coinsurance amount for those providers once the deductible is met.

		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 <sup>6</sup>		Free	Free
Office visits	Primary care (PCP)	25%	20%
	Specialists	25%/45%	20%/40%
	HISD clinics <sup>2</sup>	Free	Free
Inpatient—hospital <sup>3</sup>		25%	20%
Outpatient—hospital <sup>3</sup>		25%	20%
Outpatient—freestanding and surgical center <sup>3</sup>		25%	20%
Emergency care		25% + \$300 copay (Copay waived if admitted)	20% + \$300 copay (Copay waived if admitted)
Virtual Health/Telemedicine	Kelsey Telemedicine	Free	Free
		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% <sup>4</sup>	20%/40% <sup>4</sup>
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 deductible, 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%.

## **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, Kelsey-Seybold Kroger, Randall's, and Walmart or through mail order. Refer to [www.Express-Scripts.com](http://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.

## 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.



# YOUR PRESCRIPTION BENEFITS

## 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, 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.

## THINGS TO CONSIDER ABOUT YOUR PHARMACY PLAN

**Express Scripts prior authorization drives plan savings** by monitoring the dispensing of high-cost medications and those with the potential for misuse. Our program ensures drug coverage consistent with the client's intent for the prescription benefit, while maintaining member and physician satisfaction. Twenty-four hours a day, personnel specially trained on our PA program's diseases, drugs, and coverage criteria provide review services, giving physicians and pharmacists quick, easy access to information and ensuring effective treatment by monitoring patient response to therapy.

**The Step Therapy program** applies edits to drugs in specific therapeutic classes at the point of sale. Coverage for back-up therapies (second/third step) is determined at the patient level based on the presence or absence of front-line drugs or other automated factors in the patient's claims history. Our systems' capability supports automatic concurrent review of patients' claims profile for use of front-line alternatives. Only claims for patients whose histories do not show use of first-step products are rejected for payment at the point of sale.

**The Drug Quantity Management program** manages prescription costs by ensuring that the quantity of units supplied for each copayment are consistent with clinical dosing guidelines. The program is designed to support safe, effective, and economic use of drugs while giving patients access to quality care. Express Scripts clinicians maintain a list of quantity limit drugs, which is based upon manufacturer-recommended guidelines and medical literature. Online edits help make sure optimal quantities of medication are dispensed per copayment and per days' supply.



## Print and Virtual Member ID Cards

You can print your member ID card from [express-scripts.com](http://express-scripts.com) or view your virtual member ID card on your smartphone using the **Express Scripts mobile app**

### Print a member ID card

Log in to [express-scripts.com](http://express-scripts.com). If you are a first-time visitor, take a moment to register using your member ID number or social security number (SSN).

1. From the home page, select **Print & Request Forms & Cards** from the menu under **Health & Benefits Information**
2. Scroll to 'Print a member ID card' and click 'print a member ID card'
3. An image of your member ID card will appear. Click 'print card' and follow your printer's prompts, if needed.

EXPRESS SCRIPTS®

Home Manage Prescriptions Health & Benefits Information My Account

Recent orders

Proair Hfa Inh 8.5gm  
100mcg, brand  
View details >

Simvastatin 20 mg tablet  
20 mg, generic  
View details >

Print & Request Forms & Cards

Use your mobile device to display your virtual member ID card at the pharmacy!  
Download the Express Scripts mobile app and never be without your member ID card!

Print a member ID card

You can view and print a member ID card that will display in your browser and can be printed on any printer.

Forms & cards

Print a member ID card

Print a member ID card, which you can take to a retail pharmacy:

Benefit provided by Express Scripts

Refill:	324323
Exp:	EYED
ID No.:	34545435
Name:	CHRIS BELL

To print this card, you need the Adobe® Reader® plug-in. If you do not have this plug-in, you will need to download a free copy first.

print card

### View a virtual member ID card



Log in to the **Express Scripts mobile app**\*. If you have never registered via the app or [express-scripts.com](http://express-scripts.com), take a moment to register using your member ID number or social security number (SSN). Touch ID login available on some iOS devices.

1. Tap the **menu** in the upper left-hand corner.
2. Tap **Prescription ID card** and
3. Your virtual card will appear.

\* The app is compatible with most iPhone®, iPad®, Android®, Windows Phone®, Amazon™ and BlackBerry® mobile devices. Search for "Express Scripts" in your app store and download the app for free.

# 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<sup>6</sup>

Free

Free

Office visits

Primary care (PCP)

\$30 copay<sup>1,7</sup>

25%

Specialists

\$65 copay<sup>1,7</sup>

25%

HISD clinics<sup>2</sup>

Free

Free

Inpatient—hospital<sup>3</sup>

25%

25%

Outpatient—hospital<sup>3</sup>

25%

25%

Outpatient—freestanding and surgical center<sup>3</sup>

25%

25%

Emergency care

25% + \$300 copay  
(Copay waived if admitted)

25% + \$300 copay  
(Copay waived if admitted)

Virtual Health/Telemedicine

Kelsey Telemedicine

\$20 PCP/\$55 Specialist<sup>1</sup>

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<sup>1</sup>

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

Memorial Hermann	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 <sup>1,7</sup>	20%	20%
	25%/45%	\$65 copay <sup>1,7</sup>	20%	20%/40%
	Free	Free	Free	Free
	25%	20%	20%	20%
	25%	20%	20%	20%
	25%	20%	20%	20%
(admitted)	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)
	N/A	\$20 PCP/\$55 Specialist <sup>1</sup>	N/A	N/A
	25%	20%	20%	20%
	25%	20%	20%	20%
	25%	20%	20%	20%
	25%/45% <sup>4</sup>	20%	20%	20%/40% <sup>4</sup>
	25%	20%	20%	20%
	25%	\$65 Copay <sup>1</sup>	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

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

5. Copay applies after pharmacy deductible has been met

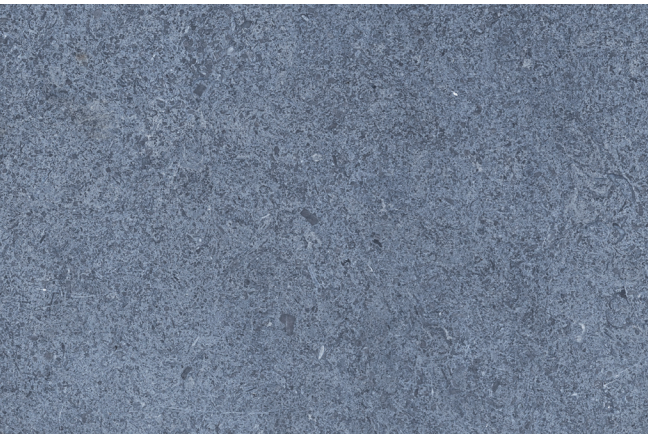


## BE CAREFUL

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.



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



# 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.

## **PAYFLEX DEBIT CARD**

If you already have your PayFlex debit card and decide to enroll in the Healthcare Flexible Spending Account (FSA) for 2021, you will be able to use the same card, which is already active and ready to go. Please retain this debit card for use as you continue to enroll each year in the healthcare flexible spending account. Take note of the expiration date – you will be issued a new debit card based on this date.

## PLEASE NOTE

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

If you join HISD after January 1, 2021, 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.
- 2021 FSA contribution limits will be posted after the IRS releases the information in late November 2020.
- The full amount you set aside is available to you on January 1, 2021, even though it is deducted from your paycheck over 24 pay periods.
- You have a 2½-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 – CIGNA'S ACCESS PLUS NETWORK



- Coverage includes dental implants and teeth whitening.
- You must choose a network general dentist (NGD) and use only providers in this Cigna DHMO network. The cutoff for choosing or changing your NGD is the 15th of each month in order to be effective the first of the following month.
- You must be referred for specialty services through your NGD before specialty services can be rendered. For more information visit [HISDBenefits.org](https://www.HISDBenefits.org).
- 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.
- Orthodontia is included.
- No annual limits.

## 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 to \$1,650 per person in the PPO or \$2,000 for the buyup option.
- 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.
- The PPO buyup plan does not have a deductible for preventive.

**See charts for more details on this plan.**

# PPO BUYUP DENTAL PLAN

Cigna Healthcare Financial Exhibit for:  
**Houston ISD CYM 1350 - Wellness Plus**



**Effective Date: January 01, 2021**

This is a summary of benefits for your dental plan.  
 All deductibles, plan maximums, and service specific maximums (dollar and occurrence) cross accumulate between in and out of network.  
 Your DPPO\*\* plan allows you to see any licensed dentist, but using an in-network dentist may minimize your out-of-pocket expenses.

Plan Design	Total Cigna DPPO Network**	Out-of-Network
<b>Calendar Year Maximum</b> (Class I, II, III, IX Expenses)	<b>Progressive Plan</b>	
	Class I applies Year 1: \$1350, Year 2: \$1450 Year 3: \$1550, Year 4: \$1650	Class I applies Year 1: \$1350, Year 2: \$1450 Year 3: \$1550, Year 4: \$1650
<b>Calendar Year Deductible</b>		
Per Individual	\$50	\$50
Per Family	\$150	\$150
<b>Class I Expenses - Preventive &amp; Diagnostic Care</b>		
Oral Exams Cleanings Routine X-rays Fluoride Application Sealants Space Maintainers (limited to non-orthodontic treatment) Non-Routine X-rays	100%, After Deductible	100%, After Deductible
<b>Class II Expenses - Basic Restorative Care</b>		
Emergency Care to Relieve Pain Fillings Oral Surgery - Simple Extractions Oral Surgery - All Except Simple Extraction Surgical Extraction of Impacted Teeth Anesthetics Minor Periodontics Major Periodontics Root Canal Therapy / Endodontics	80%, After Deductible	80%, After Deductible
<b>Class III Expenses - Major Restorative Care</b>		
Relines, Rebases, and Adjustments Repairs - Bridges, Crowns, and Inlays Repairs - Dentures Crowns/Inlays/Onlays Stainless Steel/Resin Crowns Dentures Bridges Brush Biopsy	50%, After Deductible	50%, After Deductible
<b>Class IV Expenses - Orthodontia</b>		
Coverage for Eligible Children and Adults Lifetime Maximum	50%, No Ortho Deductible \$2000	50%, No Ortho Deductible \$2000
<b>Class IX Expenses - Implants</b>		
Plan Calendar Year Max	50%, After Deductible \$1350	50%, After Deductible \$1350
<b>Dental Plan Reimbursement Levels</b>	Based on Contracted Fees	80th Percentile of Submitted Charges***
<b>Additional Member Responsibility in excess of Coinsurance</b>	None	Yes, the difference between the member's dentist's billed charges and the dental plan reimbursement level***
<b>Student/Dependent Age</b>	26/26	
<b>Progression</b>	Members progress to the next level by utilizing Class I services in the prior year.	



# PPO BUYUP DENTAL PLAN

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## ***Cigna Dental Choice / Indemnity Exclusions and Limitations:***

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<b>Procedure</b>	<b>Exclusions &amp; Limitations</b>
Exams	Two per calendar year
Prophylaxis (cleanings)	Two per calendar year
Fluoride	1 per calendar year for people under 19
X-Rays (routine)	Bitewings: 2 per calendar year
X-Rays (non-routine)	Full mouth: 1 every 3 calendar years. Panorax: 1 every 3 calendar years
Model	Payable only when in conjunction with Ortho workup
Minor Perio (non-surgical)	Various limitations depending on the service
Perio Surgery	Various limitations depending on the service
Crowns	Replacement every 5 years
Prosthesis over Implants	1 per every 5 years if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth colored material on molar crowns or bridges
Bridges	Replacement every 5 years.
Dentures and Partials	Replacement every 5 years.
Relines, Rebases	Covered if more than 6 months after installation
Adjustments	Covered if more than 6 months after installation
Repairs - Bridges	Reviewed if more than once
Repairs - Dentures	Reviewed if more than once
Sealants	Limited to posterior tooth. One treatment per tooth every three years up to age 14
Space Maintainers	Limited to non-Orthodontic treatment. No frequency limit for participants under age 19.
Alternate Benefit	When more than one covered Dental Service could provide suitable treatment based on common dental standards, Cigna HealthCare will determine the covered Dental Service on which payment will be based and the expenses that will be included as Covered Expenses.
Missing Tooth Provision	The amount payable is 50% of the amount otherwise payable until insured for a specified time period; thereafter, considered a Class III expense
Late Entrant Limit	50% coverage on Class III, IV (if applicable), and IX for 12 months
Pre-Treatment Review	Available on a voluntary basis when extensive work in excess of \$200 is proposed

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## ***Benefit Exclusions:***

- \* Services performed primarily for cosmetic reasons;
- \* Replacement of a lost or stolen appliance;
- \* Replacement of a bridge or denture within five years following the date of its original installation;
- \* Replacement of a bridge or denture which can be made useable according to accepted dental standards;
- \* Procedures, appliances or restorations, other than full dentures, whose main purpose is to change vertical dimension, diagnose or treat conditions of TMJ, stabilize periodontally involved teeth, or restore occlusion;
- \* Veneers of porcelain or acrylic materials on crowns or pontics on or replacing the upper and lower first, second and third molars;
- \* Bite registrations; precision or semi-precision attachments; splinting;
- \* Instruction for plaque control, oral hygiene and diet;
- \* Dental services that do not meet common dental standards;
- \* Services that are deemed to be medical services;
- \* Services and supplies received from a hospital;
- \* Charges which the person is not legally required to pay;
- \* Charges made by a hospital which performs services for the U.S. Government if the charges are directly related to a condition connected to a military service;
- \* Experimental or investigational procedures and treatments;
- \* Any injury resulting from, or in the course of, any employment for wage or profit;
- \* Any sickness covered under any workers' compensation or similar law;
- \* Charges in excess of the reasonable and customary allowances;
- \* To the extent that payment is unlawful where the person resides when the expenses are incurred;
- \* Procedures performed by a Dentist who is a member of the covered person's family (covered person's family is limited to a spouse, siblings, parents, children, grandparents, and the spouse's siblings and parents);
- \* For charges which would not have been made if the person had no insurance; For charges for unnecessary care, treatment or surgery;
- \* To the extent that you or any of your Dependents is in any way paid or entitled to payment for those expenses by or through a public program, other than Medicaid;
- \* To the extent that benefits are paid or payable for those expenses under the mandatory part of any auto insurance policy written to comply with a "no-fault" insurance law or an uninsured motorist insurance law. Cigna HealthCare will take into account any adjustment option chosen under such part by you or any one of your Dependents.
- \* In addition, these benefits will be reduced so that the total payment will not be more than 100% of the charge made for the Dental Service if benefits are provided for that service under this plan and any medical expense plan or prepaid treatment program sponsored or made available by your Employer.

*\*\* In Texas, the insured dental product offered by CGLIC and CHLIC is referred to as the Cigna Dental Choice Plan, and this plan utilizes the national Cigna Dental PPO network.*

*\*\*\*Charges are based upon an independent third party organization that is the industry standard. Percentile data is based upon the third party organization's aggregated industry-wide claims data*

*This benefit summary highlights some of the benefits available under the proposed plan. A complete description regarding the terms of coverage, exclusions and limitations, including legislated benefits, will be provided in your insurance certificate or plan description.*

*Benefits are insured and/or administered by Cigna HealthCare.*

*Did you know that all of Cigna's dental plans include the Cigna Dental Oral Health Integration Program? This program was designed to address research that supports the association of oral health to overall health and provides 100% reimbursement of copays or coinsurance for customers with qualifying medical conditions for program eligible procedures. Additionally, registered program members can access articles on behavioral conditions that impact oral health.*

Cigna is a registered service mark, and the "Tree of Life" logo is a service mark, of Cigna Intellectual Property, Inc., licensed for use by Cigna Corporation and its operating subsidiaries. All products and services are provided by or through such operating subsidiaries and not by Cigna Corporation. Such operating subsidiaries include Connecticut General Life Insurance Company, Cigna Health and Life Insurance Company, Cigna HealthCare of Connecticut, Inc., and Cigna Dental Health, Inc. and its subsidiaries.

This is a summary of benefits for your dental plan.

All deductibles, plan maximums, and service specific maximums (dollar and occurrence) cross accumulate between in and out of network.

Plan Design	Total Cigna DPPO Network**	Out-of-Network
<b>Calendar Year Maximum</b>		
(Class I, II, III Expenses)	\$2000, Class I Applies	\$2000, Class I Applies
<b>Calendar Year Deductible</b>		
Per Individual	\$50	\$50
Per Family	\$150	\$150
<b>Class I Expenses</b>		
Oral Evaluations	100%, No Deductible	100%, No Deductible
Routine Cleaning		
Routine X-rays		
Fluoride Application		
Sealants		
Space Maintainers (limited to non-orthodontic treatment)		
Non-Routine X-rays		
Emergency Care to Relieve Pain		
Perio Cleaning/Maintenance		
<b>Class II Expenses</b>		
Fillings	80%, After Deductible	80%, After Deductible
Oral Surgery - Simple Extractions		
Oral Surgery - All Except Simple Extraction		
Surgical Extraction of Impacted Teeth		
Anesthetics		
Periodontal Scaling and Root Planing		
Minor/Non-Surgical Periodontal		
Osseous Surgery		
Major/Surgical Periodontal		
Anterior/Bicuspid Root Canal		
Molar Root Canal		
Minor Endodontics		
Major Endodontics		
Relines, Rebases, and Adjustments		
Repairs - Bridges, Crowns, and Inlays		
Repairs - Dentures		
<b>Class III Expenses</b>		
Inlays	50%, After Deductible	50%, After Deductible
Onlays		
Crowns		
Stainless Steel/Resin Crowns		
Dentures		
Bridges		
Brush Biopsy		
<b>Class IV Expenses - Orthodontia</b>		
Coverage for Eligible Children and Adults	50%, No Ortho Deductible	50%, No Ortho Deductible
Lifetime Maximum	\$2000	\$2000
<b>Class IX Expenses - Implants</b>		
Plan Calendar Year Max	50%, After Deductible \$2000	50%, After Deductible \$2000
<b>Dental Plan Reimbursement Levels</b>	Based on Contracted Fees	80th Percentile
<b>Additional Member Responsibility in excess of Coinsurance</b>	None	Yes, the difference between Billed Charges and the plan reimbursement
<b>Student/Dependent Age</b>	26/26	

## CIGNA DISCOUNT DENTAL

- Website: [www.CignaPlusSavings.com](http://www.CignaPlusSavings.com)
- Customer service: 1-877-521-0244
- You pay set fees for selected services and receive a discount for other services.
- You agree to use Cigna 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 Basic and Plus 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](http://Glasses.com) and [ContactsDirect.com](http://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 Basic and \$10 for Plus.
- Vision Basic covers new frames every 24 months; Vision Plus covers new frames every 12 months.

**See charts for more details on this plan.**

# EYE MED BASIC OPTION

Vision Care Services	Member Cost In-Network	Out-of-Network Reimbursement*
Exam with Dilation as Necessary	\$10 Copay	\$40
Retinal Imaging Benefit	Up to \$39	N/A
Exam Options: Standard Contact Lens Fit and Follow-Up: Premium Contact Lens Fit and Follow-Up:	Up to \$40 10% off Retail Price	N/A N/A
Frames: Any available frame at provider location	\$0 Copay; \$150 Allowance, 20% off balance over \$150	\$45
Standard Plastic Lenses Single Vision Bifocal Trifocal Lenticular Standard Progressive Lens Premium Progressive Lens	\$20 Copay \$20 Copay \$20 Copay \$20 Copay \$85 Copay See attached Fixed Premium Progressive price list	\$40 \$60 \$80 \$80 \$60 \$60
Lens Options: UV Treatment Tint (Solid and Gradient) Standard Plastic Scratch Coating Standard Polycarbonate - Adults Standard Polycarbonate - Kids under 19 Standard Anti-Reflective Coating Polarized Photocromatic / Transitions Plastic Premium Anti-Reflective Other Add-Ons	\$15 \$15 \$0 Copay \$40 \$40 \$45 20% off Retail Price \$75 See attached Fixed Premium Anti-Reflective Coating list 20% off Retail Price	N/A N/A \$8 N/A N/A N/A N/A N/A N/A N/A
Contact Lenses (Contact lens allowance includes materials only) Conventional Disposable Medically Necessary Laser Vision Correction Laski or PRK from U.S. Laser Network	\$0 Copay; \$125 allowance, 15% off balance over \$125 \$0 Copay; \$125 allowance, plus balance over \$125 \$0 Copay, Paid-in-Full 15% off Retail Price or 5% off promotional price	\$125 \$125 \$210 N/A
Amplifon Hearing Health Care	Hearing Health Care from Amplifon Hearing Health Care Network Members receive a 40% discount off hearing exams and a low price guarantee on discounted hearing aids.	N/A
Additional Pairs Benefit:	Members also receive a 40% discount off complete pair eyeglass purchases and a 15% discount off conventional contact lenses once the funded benefit has been used.	N/A
Frequency: Examination Lenses or Contact Lenses Frame	Once every 12 months Once every 12 months Once every 24 months	
Monthly Rate Subscriber Subscriber + Spouse Subscriber + Child(ren) Subscriber + Family	\$3.46 \$6.91 \$7.23 \$13.51	

All plans are based on a 48-month contract term and 48-month rate guarantee.

Premium is subject to adjustment even during a rate guarantee period in the event of any of the following events: changes in benefits, employee contributions, the number of eligible employees, or the imposition of any new taxes, fees or assessments by Federal or State regulatory agencies

\* Member Reimbursement Out-of-Network will be the lesser of the listed amount or the member's actual cost from the out-of-network provider. In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see EyeMed's online provider locator to determine which participating providers have agreed to the discounted rate

#### Additional Discounts:

Member receives a 20% discount on items not covered by the plan at network Providers. Discount does not apply to EyeMed Provider's professional services, or contact lenses. Plan discounts cannot be combined with any other discounts or promotional offers. Services or materials provided by any other group benefit plan providing vision care may not be covered.

Members also receive 15% off retail price or 5% off promotional price for Laski or PRK from the US Laser Network, owned and operated by LCA Vision.

After initial purchase, replacement contact lenses may be obtained via the Internet at substantial savings and mailed directly to the member. Details are available at [www.eyemedvisioncare.com](http://www.eyemedvisioncare.com).

The contact lens benefit allowance is not applicable to this service.

Benefit Allowances provide no remaining balance for future use within the same Benefit Frequency.

Certain brand name Vision Materials in which the manufacturer imposes a no-discount practice.

Rates are valid only when the quoted plan is the sole stand-alone vision plan offered by the group

Rates are valid for groups domiciled in the State of TX.

Fees quoted will be valid until the 1/1/2021 plan implementation date. Date quoted: 2/21/2020.

Rates assume Employer contribution of 20% or less for employees and dependents

Insured Plans are underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri, except in New York

Policy number VC-19/VC-20, form number M-9083

#### Plan Exclusions:

1) Orthoptic or vision training, subnormal vision aids and any associated supplemental testing; 2) Medical and/or surgical treatment of the eye, eyes or supporting structures;

3) Any eye or Vision Examination, or any corrective eyewear required by a Policyholder as a condition of employment; Safety eyewear

4) Services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof;

5) Plano (non-prescription) lenses and/or contact lenses; 6) Non-prescription sunglasses; 7) Two pair of glasses in lieu of bifocals;

8) Services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order; 9) Services or materials provided by any other group benefit plan providing vision care;

10) Lost or broken lenses, frames, glasses, or contact lenses will not be replaced except in the next Benefit Frequency when Vision Materials would next become available.

# EYE MED BASIC OPTION

Progressive Price List*	Member Cost In-Network (Includes Lens Copay)
<b>Standard Progressive</b>	\$85 Copay
<b>Premium Progressives as Follows:</b>	
Tier 1	\$105 Copay
Tier 2	\$115 Copay
Tier 3	\$130 Copay
Tier 4	\$85 Copay, 80% of charge less \$120 allowance
Anti-Reflective Coating Price List*	Member Cost In-Network
<b>Standard Anti-Reflective Coating</b>	\$45
<b>Premium Anti-Reflective Coatings as Follows:</b>	
Tier 1	\$57
Tier 2	\$68
Tier 3	80% of charge
Other Add-ons Price List	Member Cost In-Network
<b>Photochromic (Plastic)</b>	\$75
<b>Polarized</b>	80% of charge
EyeMed Vision Care reserves the right to make changes to the products on each tier and the member out-of-pocket costs.	
*Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels.	

## TRIBUTE TO HEROES

### Stuart Harman

Stuart is an orthopedic nurse practitioner. He is married with two children, including a two-month-old baby. His wife and children went to live with her parents for a while to stay safe. Stuart puts on his invisible cape each day and helps his patients fight disease. Thank you, Stuart, for being a super hero!





# EYE MED PLUS OPTION

Vision Care Services	Member Cost In-Network	Out-of-Network Reimbursement*
Exam with Dilatation as Necessary	\$10 Copay	\$40
Retinal Imaging Benefit	Up to \$39	N/A
Exam Options: Standard Contact Lens Fit and Follow-Up: Premium Contact Lens Fit and Follow-Up:	Up to \$40 10% off Retail Price	N/A N/A
Frames: Any available frame at provider location	\$0 Copay; \$150 Allowance, 20% off balance over \$150	\$45
Standard Plastic Lenses Single Vision Bifocal Trifocal Lenticular Standard Progressive Lens Premium Progressive Lens	\$10 Copay \$10 Copay \$10 Copay \$10 Copay \$75 Copay See attached Fixed Premium Progressive price list	\$40 \$60 \$80 \$80 \$60 \$60
Lens Options: UV Treatment Tint (Solid and Gradient) Standard Plastic Scratch Coating Standard Polycarbonate - Adults Standard Polycarbonate - Kids under 19 Standard Anti-Reflective Coating Polarized Photocromatic / Transitions Plastic Premium Anti-Reflective Other Add-Ons	\$15 \$15 \$0 Copay \$40 \$40 \$45 20% off Retail Price \$75 See attached Fixed Premium Anti-Reflective Coating list 20% off Retail Price	N/A N/A \$8 N/A N/A N/A N/A N/A N/A N/A
Contact Lenses (Contact lens allowance includes materials only) Conventional Disposable Medically Necessary Laser Vision Correction Lasik or PRK from U.S. Laser Network	\$0 Copay; \$125 allowance, 15% off balance over \$125 \$0 Copay; \$125 allowance, plus balance over \$125 \$0 Copay, Paid-in-Full 15% off Retail Price or 5% off promotional price	\$125 \$125 \$210 N/A
Amplifon Hearing Health Care	Hearing Health Care from Amplifon Hearing Health Care Network Members receive a 40% discount off hearing exams and a low price guarantee on discounted hearing aids.	N/A
Additional Pairs Benefit:	Members also receive a 40% discount off complete pair eyeglasses purchases and a 15% discount off conventional contact lenses once the funded benefit has been used.	N/A
Frequency: Examination Lenses or Contact Lenses Frame	Once every 12 months Once every 12 months Once every 12 months	
Monthly Rate Subscriber Subscriber + Spouse Subscriber + Child(ren) Subscriber + Family	\$5.71 \$11.33 \$11.89 \$18.24	

All plans are based on a 48-month contract term and 48-month rate guarantee.

Premium is subject to adjustment even during a rate guarantee period in the event of any of the following events: changes in benefits, employee contributions, the number of eligible employees, or the imposition of any new taxes, fees or assessments by Federal or State regulatory agencies

\* Member Reimbursement Out-of-Network will be the lesser of the listed amount or the member's actual cost from the out-of-network provider. In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see EyeMed's online provider locator to determine which participating providers have agreed to the discounted rate

#### Additional Discounts:

Member receives a 20% discount on items not covered by the plan at network Providers. Discount does not apply to EyeMed Provider's professional services, or contact lenses. Plan discounts cannot be combined with any other discounts or promotional offers. Services or materials provided by any other group benefit plan providing vision care may not be covered.

Members also receive 15% off retail price or 5% off promotional price for Lasik or PRK from the US Laser Network, owned and operated by LCA Vision.

After Initial purchase, replacement contact lenses may be obtained via the Internet at substantial savings and mailed directly to the member. Details are available at [www.eyemedvisioncare.com](http://www.eyemedvisioncare.com).

The contact lens benefit allowance is not applicable to this service.  
Benefit Allowances provide no remaining balance for future use within the same Benefit Frequency.

Certain brand name Vision Materials in which the manufacturer imposes a no-discount practice.

Rates are valid only when the quoted plan is the sole stand-alone vision plan offered by the group

Rates are valid for groups domiciled in the State of TX.

Fees quoted will be valid until the 1/1/2021 plan implementation date. Date quoted: 2/21/2020.

Rates assume Employer contribution of 20% or less for employees and dependents

Insured Plans are underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri, except in New York

Policy number VC-19/VC-20, form number M-9083

#### Plan Exclusions:

1) Orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; 2) Medical and/or surgical treatment of the eye, eyes or supporting structures;

3) Any eye or Vision Examination, or any corrective eyewear required by a Policyholder as a condition of employment; Safety eyewear

4) Services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof;

5) Plano (non-prescription) lenses and/or contact lenses; 6) Non-prescription sunglasses; 7) Two pair of glasses in lieu of bifocals;

8) Services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered,

and the services rendered to the Insured Person are within 31 days from the date of such order; 9) Services or materials provided by any other group benefit plan providing vision care;

10) Lost or broken lenses, frames, glasses, or contact lenses will not be replaced except in the next Benefit Frequency when Vision Materials would next become available.

# EYE MED PLUS OPTION

Progressive Price List*	Member Cost In-Network (Includes Lens Copay)
<b>Standard Progressive</b>	\$75 Copay
<b>Premium Progressives as Follows:</b>	
Tier 1	\$95 Copay
Tier 2	\$105 Copay
Tier 3	\$120 Copay
Tier 4	\$75 Copay, 80% of charge less \$120 allowance
Anti-Reflective Coating Price List*	Member Cost In-Network
<b>Standard Anti-Reflective Coating</b>	\$45
<b>Premium Anti-Reflective Coatings as Follows:</b>	
Tier 1	\$57
Tier 2	\$68
Tier 3	80% of charge
Other Add-ons Price List	Member Cost In-Network
<b>Photochromic (Plastic)</b>	\$75
<b>Polarized</b>	80% of charge
EyeMed Vision Care reserves the right to make changes to the products on each tier and the member out-of-pocket costs.	
*Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels.	

## TRIBUTE TO HEROES

### Maria Gonzalez

Maria is a radiologist in Houston. She does check-ups on COVID-19 patients and monitors the fluid in their lungs. She is a loving mother and a modern-day super hero. Thank you, Maria!



# 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).



During 2021 annual enrollment only, employees are eligible for a one-time enhancement to their life insurance program. They are able to enroll or increase their life insurance benefit two times their annual salary with no evidence of insurability up five times their annual salary or \$600,000, whichever comes first. A micro-site will be available to answer questions and guide you through the process.

### 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.

# CONSIDER YOUR VOLUNTARY OPTIONS

## 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

<b>Employee</b>	1x, 2x, 3x, 4x, 5x, 6x, 7x, 8x annual base salary up to \$1 million
<b>Spouse</b>	1x, 2x, 3x your annual base salary up to amount of employee supplemental life or \$250,000, whichever is less
<b>Child(ren)</b>	\$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.



## **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.
- The cancer and specified diseases plan offers low or high coverage options.



# CONSIDER YOUR VOLUNTARY OPTIONS



## CRITICAL ILLNESS

This plan pays you a 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.

- 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.



## **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.

- 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.

- 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.

# CONSIDER YOUR VOLUNTARY OPTIONS



## 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.

# COVID-19 AND YOUR AFLAC BENEFITS

## **PLEASE REVIEW THE FAQs BELOW FOR ANSWERS TO YOUR QUESTIONS CONCERNING YOUR AFLAC BENEFITS AND COVID-19.**

**Q:** I was diagnosed with COVID-19. Will Aflac pay benefits for the period of time I am unable to work? Will I have to pay premiums during that time?

**A:** You will need to look to your Disability coverage for help during this time period. Aflac's plans offered at HISD do not specifically address time off from work.

**Q:** I am in the hospital with COVID-19. Will Aflac cover that?

**A:** Aflac will pay benefits under those circumstances if you have Aflac's hospital plan.

**Q:** I have tested positive for COVID-19. My local hospital is at full capacity. They have created an alternative care site, and that is where I'm receiving my treatment. Will Aflac cover that?

**A:** Alternative care sites are occurring in many states, and we treat them like standard hospitals if they provide hospital-level care and care in a hospital was not available.

**Q:** I need to be tested for COVID-19. Will Aflac cover that?

**A:** Your test would be covered under the wellness benefits provided by the Accident, Hospital, Cancer, and Critical Illness plans.

**Q:** What if I am unable to see a doctor in person, so I use telemedicine? Will Aflac still cover me?

**A:** Aflac considers a telemedicine visit the same as an in-person visit to the doctor.

**Q:** I haven't tested positive for COVID-19. However, I possibly have been exposed to the virus. My doctor thinks it is best that I remain in self-isolation or the government has put me under quarantine. Will Aflac pay benefits while I'm staying home?

**A:** Not under these specific plans.

# AFLAC GROUP INSURANCE PLANS

## CANCER AND SPECIFIED DISEASES HOSPITAL INDEMNITY CRITICAL ILLNESS ACCIDENT

Even a small trip to the hospital can have a major impact on your finances. Here's a way to help make your visit a little more affordable.

### AFLAC GROUP CANCER PLAN

#### BENEFITS OVERVIEW

	OPTION 1	OPTION 2
<b>HOSPITAL CONFINEMENT</b> (first continuous 30 days) We will pay the amount shown for Hospital Confinement for the first continuous 30 days of hospital confinement due to Internal Cancer. Benefit: Per Day / No Lifetime Limit	\$200	\$300
<b>HOSPITAL CONFINEMENT</b> (31st day and thereafter) We will pay the amount shown after the 31st day for hospital confinement due to Internal Cancer. Benefit: Per Day / No Lifetime Limit	\$400	\$600
<b>SURGICAL BENEFIT</b> We will pay the amount shown in the Surgical Schedule section of the plan for surgery performed on an insured for a diagnosed cancer. Benefits are payable for in or out of hospital surgery in accordance with the Surgical Schedule. Benefit: Per Procedure / No Lifetime Limit on Number of Operations	\$95 – \$3,000	\$100 – \$5,000
<b>SECOND SURGICAL OPINION</b> We will pay up to the amount shown for a second surgical opinion by a licensed physician, not a relative, concerning cancer surgery for each positively diagnosed cancer. This benefit is payable once for each malignant condition. Not payable for reconstructive surgery or skin cancer. Benefit: Per Malignant Condition / No Lifetime Limit	\$200	\$250
<b>FIRST OCCURRENCE BENEFIT</b> We will pay this benefit the first time the insured is diagnosed as having internal (not skin) cancer. This benefit is payable only once for each insured and will be paid in addition to any other benefit in the plan. Internal cancer includes melanomas classified as Clark's Level III and higher. In addition to the pathological or clinical diagnosis required by the plan, we may require additional information from the attending physician and hospital.	\$1,500	\$5,000
<b>CANCER SCREENING/ WELLNESS BENEFIT</b> For each insured, we will pay the actual incurred charges up to the amount shown for: • Bone Marrow Testing • Biopsy • Breast Ultrasound • CA 125 (blood test for ovarian cancer) • CA 15-3 (blood test for breast cancer) • CEA (blood test for colon cancer) • Chest X-Ray • Colonoscopy • Flexible Sigmoidoscopy • Hemocult Stool Analysis • Mammography • Pap Smear • PSA (blood test for prostate cancer) • Serum Protein Electrophoresis (blood test for myeloma) • Thermography No Lifetime Limit	\$50	\$100
<b>RADIATION AND CHEMOTHERAPY</b> We will pay up to the amount shown for each day the insured receives radioactive or chemical treatments prescribed by a doctor for the destruction of abnormal tissue during the treatment of Cancer. For oral chemotherapy not requiring the administration by medical personnel, we will pay the amount shown for each prescription not to exceed \$800 a month for Option I and \$1,200 a month for Options II and III. Benefit: Per Day / No Lifetime Limit	\$200	\$300
<b>EXPERIMENTAL TREATMENT</b> We will pay the charges incurred, up to the amount shown, per day for an insured who receives experimental cancer treatment for the purpose of modification or destruction of abnormal tissue. The treatments must be consistent with one or more National Cancer Institute sponsored protocols. This benefit does not pay for laboratory tests, diagnostic X-rays, immunoglobulins, immunotherapy, colony-stimulating factors, and therapeutic devices or other procedures related to these therapy treatments. Benefit: Per Day / No Lifetime Limit	\$200	\$300

	OPTION 1	OPTION 2
<b>SKIN CANCER SURGERY</b> We will pay the amount shown in the Surgical Schedule section of the Plan for surgery performed on an insured for a diagnosed cancer. Benefits are payable for in or out of hospital surgery in accordance with the Surgical Schedule. Benefit: Per Malignant Condition / No Lifetime Limit	\$100	\$600
<b>OUTPATIENT BLOOD AND PLASMA</b> We will pay up to the amount shown for each day an insured receives blood or plasma as an outpatient in a doctor's office, clinic, hospital, or ambulatory surgical center due to cancer. Benefit: Per Day / No Lifetime Limit	\$200	\$250
<b>PROSTHESIS/ARTIFICIAL LIMB</b> We will pay the amount shown for each prosthetic device or artificial limb surgically implanted which is prescribed as a result of surgery for cancer treatment. Lifetime limit is benefit shown for each option per insured. We will pay up to \$200 for the charges incurred for prosthetic devices prescribed as a direct result of cancer treatment that does not require surgical implantation. Lifetime limit \$200 per insured. Benefit: Per Device	Incurred charges up to: \$2,500	Incurred charges up to: \$3,000
<b>TRANSPORTATION BENEFIT</b> We will pay the amount shown for the insured's transportation to and from a hospital located outside a 100 mile radius of their legal residence. The insured must require special treatment for internal cancer which has been prescribed by the local attending physician and which cannot be obtained locally. This benefit will be paid only for the insured person for whom this special treatment is prescribed, unless the treatment is for a dependent child, then the child's parent or legal guardian who travels with the dependent child will also receive this benefit (only one person will be paid to travel with such dependent child). No Lifetime Limit	Automobile: \$0.40 per mile up to \$1,200 Airfare or other commercial travel: up to \$1,200 round trip	Automobile: \$0.50 per mile up to \$1,500 Airfare or other commercial travel: up to \$1,500 round trip
<b>FAMILY MEMBER LODGING BENEFIT</b> We will pay the amount shown per day for each night's lodging in a motel/hotel room for the insured or any one family member when an insured person is confined to a hospital for internal cancer treatment. The hospital and motel/hotel room must be more than 100 miles from the insured's residence. The special cancer treatment must be prescribed by a local physician. Benefit: Per Day / Lifetime limit 60 days per covered person	\$50	\$60
<b>IN-HOSPITAL BLOOD AND PLASMA</b> We will pay the amount shown for each day an insured receives blood or plasma during a covered hospital confinement. Benefit: Per Day / No Lifetime Limit	\$50	\$100
<b>BOTH PLANS</b>		
<b>NATIONAL CANCER CONSULTATION</b> We will pay up to the amount shown when consultation at an NCI-sponsored cancer center as a result of receiving a prior diagnosis of internal cancer. The purpose of the evaluation/consultation must be to determine the appropriate course of cancer treatment. We will pay \$250 for the transportation and lodging of the covered person receiving the evaluation/consultation. The NCI-sponsored cancer center must be more than 100 miles from the covered person's residence for the transportation and lodging portion of this benefit to be payable. This benefit is payable once per insured. No Lifetime Limit		\$500
<b>ANESTHESIA</b> We will pay 25% of the amount shown in the Surgical Schedule opposite the appropriate surgical procedure if the insured receives anesthesia administered by an anesthesiologist or anesthetist during a surgical procedure which is performed for the treatment of cancer. This benefit is not payable for reconstructive surgery. Benefit: Per Procedure / No Lifetime Limit		25% of surgery
<b>ANTI-NAUSEA MEDICATION</b> We will pay up to the amount shown for anti-nausea medication as a result of radiation/chemotherapy treatments and as prescribed by a Physician. We will pay this benefit for no more than the number of days the insured receives treatment for radiation/chemotherapy. Benefit: Per Month / No Lifetime Limit		\$100



# AFLAC

## GROUP INSURANCE PLANS

BOTH PLANS	
<b>HOSPICE CARE</b> We will pay the amount shown for care provided by a hospice. The insured must be diagnosed with cancer and therapeutic intervention directed toward the cure of the disease is medically determined to be no longer appropriate, and if medical prognosis indicates a life expectancy of six months or less as a direct result of cancer. Benefit: Per Day / Lifetime limit of \$12,000 per insured	\$100 per day/first 60 days \$50 per day thereafter
<b>HOME HEALTH CARE</b> We will pay charges incurred up to \$50.00 per day for visits by a home health care agency. This benefit is limited to 30 visits per calendar year.	Incurred charges up to \$50 per day
<b>EXTENDED CARE FACILITY</b> We will pay \$100 per day when the insured person is confined to a section of the hospital used as an Extended Care Facility, a Skilled Nurses Facility, or any bed designated as a swing bed. Confinement must follow hospitalization and the insured must be receiving benefit under the Hospital Confinement Benefit. Limited to the same number of days the insured received Hospital Confinement Benefits. Benefit: Per Day / Lifetime limit of 365 days per insured	\$100
<b>NURSING SERVICES</b> We will pay the amount shown per day for full-time nursing services (not performed by a relative) while hospitalized. Benefit: Per Day / No Lifetime Limit	\$100
<b>AMBULANCE</b> We will pay the amount shown if an insured requires transportation to a hospital, within 100 miles of the insured person's residence, for overnight confinement for cancer treatment. This benefit is limited to two (2) trips per confinement. This ambulance service must be performed by a licensed professional ambulance company. Benefit: Per Trip / No Lifetime Limit	Incurred Charges
<b>BONE MARROW TRANSPLANT</b> We will pay the charges incurred up to \$10,000 for the harvesting and reinfusion of bone marrow if the insured requires a bone marrow transplantation during a covered hospital confinement. We will pay the charges incurred up to \$5,000 for the harvesting and reinfusion of bone marrow performed on an outpatient basis. We will pay an indemnity of \$1,000 to the bone marrow donor for his or her expenses incurred as a result of the transplantation procedure. Benefit: Per Procedure / No Lifetime Limit	Incurred charges up to: \$10,000 in-hospital \$5,000 outpatient \$1,000 donor indemnity
<b>STEM CELL TRANSPLANTATION</b> We will pay the charges incurred up to \$2,500 if an insured receives a peripheral stem cell transplantation for the treatment of cancer. This benefit is payable once per insured. This benefit is not payable in conjunction with the payment of the Bone Marrow Transplantation Benefit. Lifetime Maximum of \$2,500 per insured	Incurred charges up to: \$2,500
<b>WAIVER OF PREMIUM</b> If the insured, due to having internal cancer, is completely unable to do all of the usual and customary duties of your occupation for a period of 90 continuous days, we will waive, from month to month, any premiums falling due during your continued inability. For premiums to be waived, we will require an employer's statement (if applicable) and a physician's statement of the insured's inability to perform said duties or activities, and may each month thereafter require a physician's statement that total inability continues.	
<b>SPECIFIED DISEASE BENEFIT</b> We will pay \$200 per day for the first 30 days and \$500 per day thereafter for hospital confinement when such confinement is due to the treatment of a specified disease if: 1. the insured receives treatment for a specified disease beginning while the Certificate is in force; and 2. it is not excluded by name or specific description. Benefits will be paid from the first day of hospital confinement due to a specified disease. We will pay the daily amount regardless of whether the insured is charged by the hospital for such confinement. If more than one specified disease is diagnosed at the same time then we will only pay the amount shown for one disease but not both. Covered Diseases Include: Addison's disease, Amyotrophic Lateral Sclerosis (ALS), Cerebral palsy, Cerebrospinal Meningitis, Cystic fibrosis, Diphtheria, Encephalitis, Huntington's chorea, Legionnaires' disease, Malaria, Meningitis (bacterial), Multiple sclerosis, Muscular dystrophy, Myasthenia gravis, Necrotizing fasciitis, Osteomyelitis, Polio, Rabies, Scleroderma, Sickle cell anemia, Systemic lupus, Tetanus, Tuberculosis. The lifetime maximum benefit payable under this benefit is \$100,000 per insured.	
<b>OPTIONAL INTENSIVE CARE BENEFIT / \$600 A DAY IN HOSPITAL</b> Benefits will be paid if the insured is confined in a Hospital Intensive Care Unit (ICU). This benefit is limited to 30 days per period of confinement.	

## AFLAC GROUP HOSPITAL INDEMNITY INSURANCE

### BENEFITS OVERVIEW

	HIGH	LOW
<b>HOSPITAL ADMISSION BENEFIT</b> (once per confinement) This benefit is paid when you are admitted to a hospital and confined as a resident bed patient because of injuries received in a covered accident or because of a covered sickness. We will pay this benefit once for each covered accident or covered sickness. Confinement must be within 6 months of a covered accident.	\$500 per confinement	\$300 per confinement
<b>HOSPITAL CONFINEMENT BENEFIT</b> (up to 365 days per confinement) The amount indicated is paid for overnight hospital confinement. This benefit begins with the first day of confinement and lasts up to 365 days. Confinement must be within 6 months of a covered accident.	\$150 per day	\$75 per day
<b>HOSPITAL INTENSIVE CARE BENEFIT</b> (365-day maximum for any one period of confinement) The amount indicated is paid for overnight hospital intensive care unit confinement. The benefit begins the first day of confinement and lasts up to 365 days. *Total daily benefit if confined to an Intensive Care Unit.	\$300 per day	\$150 per day
<b>WAIVER OF PREMIUM</b> We will waive an insured's premium after he or she is continuously confined to a hospital for 14 days. We will waive premium until he or she is discharged from the hospital or for 12 months, whichever comes first. This benefit applies only to the insured employee, not spouse or children.		
<b>GROUP PREMIUM</b> Once enrolled in the program premiums will not increase because of age.		
<b>WELLNESS BENEFIT</b> We will pay the amount shown when a covered person visits a doctor and the covered person is neither injured nor sick. This benefit is payable once per calendar year per covered person.	\$50 per calendar year	\$50 per calendar year

## AFLAC GROUP CRITICAL ILLNESS INSURANCE

<b>CANCER</b> (Internal or Invasive)	100%
<b>HEART ATTACK</b> (Myocardial Infarction)	100%
<b>STROKE</b> (Apoplexy or Cerebral Vascular Accident)	100%
<b>MAJOR ORGAN TRANSPLANT</b>	100%
<b>END-STAGE RENAL FAILURE</b>	100%
<b>CARCINOMA IN SITU</b>	25%
<b>CORONARY ARTERY BYPASS SURGERY</b>	25%
<b>FIRST OCCURRENCE BENEFIT</b> Lump Sum Benefits payable upon initial diagnosis of a covered illness or condition. High Option: Employee \$25,000 / Spouse \$12,500      Low Option: Employee \$10,000 / Spouse \$5,000	
<b>ADDITIONAL OCCURRENCE BENEFIT</b> If an insured collects full benefits for a Critical Illness under the plan and later has one of the remaining covered illnesses/procedures, then we will pay the full benefit amount for each additional illness. Occurrences must be separated by at least 6 months.	
<b>REOCCURRENCE BENEFIT</b> If you collect full benefits for a covered condition and are later diagnosed with the same condition, we will pay the full benefit again. The two dates of diagnosis must be separated by at least 12 months (12 months treatment free for cancer).	
<b>CHILD COVERAGE AT NO ADDITIONAL COST</b> Each dependent child is covered at 50 percent of the primary insured's benefit amount at no additional charge.	
<b>WAIVER OF PREMIUM</b> If a covered critical illness causes an insured to be totally disabled for 90 days, we will waive the premium payments for this coverage for the first 90 days of total disability and for each following day until the earliest of the following: the insured is no longer totally disabled; we have waived premiums for a total of 24 months of total disability; the insured reaches age 65 or is 2 years from the date of total disability, whichever occurs last; or coverage ends according to the termination of coverage provision. At the end of the waiver period, the insured must resume paying premiums to keep the coverage in force. Premiums waived include those for the employee and those for currently covered dependents or riders that are in force. For premiums to be waived, the insured must provide satisfactory proof of total disability at least once every 12 months.	

# AFLAC GROUP INSURANCE PLANS

## HEALTH SCREENING BENEFIT (Employee and Spouse only)

You may receive a maximum of \$50 for any one covered health screening test per calendar year. We will pay this benefit regardless of the results of the test. Payment of this benefit will not reduce the critical illness benefit payable under the plan. There is no limit to the number of years you can receive the Health Screening Benefit; it will be payable as long as coverage remains in force. This benefit is only payable for health screening tests performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations. This benefit is payable for the covered employee and spouse. This benefit is not paid for dependent children.

## ADDITIONAL COVERED SPECIFIED DISEASES:

Addison's disease, Cerebral palsy, Cystic fibrosis, Diphtheria, Encephalitis, Huntington's chorea, Legionnaires' disease, Malaria, Meningitis (bacterial), Muscular dystrophy, Myasthenia gravis, Necrotizing fasciitis, Osteomyelitis, Polio, Rabies, Scleroderma, Sickle cell anemia, Systemic lupus, Tetanus, Tuberculosis, Lou Gehrig's disease, and Multiple sclerosis

25%

## AFLAC GROUP ACCIDENT ADVANTAGE PLUS INSURANCE GROUP ACCIDENTAL INJURY INSURANCE - 24-HOUR PLAN

### FEATURES

- 24-Hour Coverage.
- No limit on the number of claims.
- Supplements and pays regardless of any other insurance programs.
- Benefits available for spouse and/or dependent children.
- Benefits for both inpatient and outpatient treatment of covered accidents.
- Guaranteed Issue - No underwriting required to qualify for coverage.
- Waiver of Premium

### BENEFITS OVERVIEW

#### ACCIDENTAL DEATH AND DISMEMBERMENT

	HIGH	LOW
Accidental Common Carrier Death (Plane, Train, Boat or Ship)	\$100,000	\$50,000
Accidental Death	\$50,000	\$25,000
Catastrophic Accident	\$100,000	\$50,000
Loss of hand, foot, or sight-single loss	\$6,250	\$3,125
Loss of hand, foot, or sight-double loss	\$25,000	\$12,500
Loss of one or more fingers or toes	\$1,250	\$625
Partial Amputation of finger(s) or toe(s) including at least one joint	\$100	\$100

#### HOSPITAL BENEFITS

	HIGH	LOW
Paralysis	\$5,000-\$10,000	\$2,500-\$5,000
Hospital Admission	\$1,500	\$750
Hospital Intensive Care (per day)	\$600	\$300
Hospital Confinement (per day)	\$300	\$150
Medical Fees	\$250	\$125

#### SPECIFIC INJURIES

	HIGH	LOW
Burns	\$180-\$18,000	\$180-\$18,000
Lacerations	\$25-\$200	\$25-\$100
Ruptured Disc	\$100-\$400	\$100-\$400
Tendons/Ligaments	\$400-\$600	\$400-\$600
Torn Knee Cartilage	\$100-\$400	\$100-\$400
Eye Injuries	\$250	\$125
Coma	\$10,000	\$5,000
Concussion	\$200	\$100
Emergency Dental Work	\$50-\$150	\$25-\$100

## BENEFITS OVERVIEW

ADDITIONAL BENEFITS	HIGH	LOW
Ambulance	\$500	\$250
Air Ambulance	\$1,500	\$750
Internal Injuries	\$1,000	\$500
Prosthesis	\$500	\$250
Transportation	\$300	\$150
Exploratory Surgery	\$250	\$125
Major Diagnostic Exam / Blood / Plasma	\$200	\$100
Rehabilitation Unit	\$150/ PERDAY	\$75/ DAY
Appliances	\$100	\$50
Family Lodging Benefit	\$100/ PERNIGHT	\$50/ PERNIGHT
Physical Therapy	\$50	\$25
Accident Follow-up Treatment	\$35	\$25
MAJOR INJURIES / FRACTURES / OPEN REDUCTION	HIGH	LOW
Hip/Thigh	\$6,750	\$3,750
Vertebrae (except processes)	\$6,075	\$3,375
Pelvis	\$5,400	\$3,000
Skull (depressed)	\$5,063	\$2,813
Leg	\$4,050	\$2,250
Forearm / Hand / Wrist / Foot / Ankle / Knee cap	\$3,375	\$1,875
Shoulder blade / Collar bone / Lower Jaw (Mandible)	\$2,700	\$1,500
Skull (Simple) / Upper Arm / Upper Jaw	\$2,363	\$1,313
Facial bones (except teeth)	\$2,050	\$1,125
Vertebral Processes	\$1,350	\$750
Coccyx/Rib/Finger/Toe	\$540	\$300
MAJOR INJURIES / DISLOCATIONS / OPEN REDUCTION	HIGH	LOW
Hip	\$4,050	\$2,025
Knee (not knee cap)	\$2,925	\$1,462.50
Shoulder	\$2,250	\$1,125
Foot/Ankle	\$1,800	\$900
Hand	\$1,575	\$787.50
Lower Jaw	\$1,350	\$675
Wrist	\$1,125	\$562.50
Elbow	\$900	\$450
Finger/Toe	\$360	\$180
	HIGH	LOW
WELLNESS BENEFIT (per 12-month period) While coverage is in force, we will pay this benefit for preventivetesting once each 12-month period.	\$50	\$50

# 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  
2-20, 2020**

**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 20, 2020.

## 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.

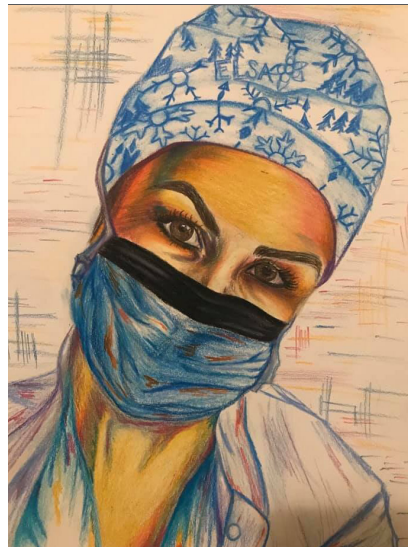
## DEPENDENT VERIFICATION

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](https://HISDBenefits.org).

## TRIBUTE TO HEROES

### Sonia Danieli

Sonia is a C.A.T. at Ben Taub Hospital in Houston. Sonia is an amazing woman with a heart of gold. She is always there for her patients and coworkers. Sonia has put in long hours helping patients with COVID-19 and has lost two friends to the virus. She continues to work with dedication and a smile that lights up the room. Thank you so much for all you do, Sonia!





# 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 select 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 \$65 per visit plus any applicable lab fees.

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.**

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.

## **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 for 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](https://www.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](https://www.questdiagnostics.com) or [LabCorp.com](https://www.labcorp.com).

# WELLNESS RESOURCES

## YOUR SECURE MEMBER WEBSITE AT AETNA.COM

Your secure member website your 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](https://www.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 2021 medical plan also includes 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, dietitians, 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** are offered by many doctors in an effort to provide clinical health care at a distance. It helps eliminate distance barriers and can improve access to medical services from the convenience of your home by using a number of methods such as Zoom, Teams, Skype, or even your iPhone or Android phone. Check with your physician to see if telemedicine is available. Your physician's office will be able to assist you in setting this up or provide you with a link to log in when it's time for your appointment. If you need help, please feel free to check with Aetna at 1-877-224-6857. All connections with these medical professionals are secure. Just make sure you understand the guidelines for using telemedicine. Telemedicine visits are subject to your plan's copay/coinsurance and/or deductible provisions, so please verify your benefit prior to seeking services.

**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.

**Able To** 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.



## GET IT TOGETHER

It can be hard to figure out how all the pieces of your life fit together. Your GuidanceResources program can help. The program is provided free of charge and offers someone to talk to and resources to consult whenever and wherever you need them. Call us anytime, 24 hours a day, seven days a week, for confidential help.

## WE HAVE THE SOLUTIONS YOU NEED.

Call: 833.812.5181

TTY: 800.697.0353

Online: [guidanceresources.com](https://guidanceresources.com)

App: GuidanceNow<sup>SM</sup>

Web ID: HISD

**AVAILABLE 24/7**



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# EMPLOYEE ASSISTANCE PROGRAM

As a reminder, you have access to free benefits available through our Employee Assistance Program (EAP). Our EAP provider is ComPsych, and their GuidanceResources® program is a network of services that can help you improve your mental, physical and financial health, achieve more at work and home, and handle many personal or professional challenges you face. The program is an award-winning, comprehensive, interactive service that provides unique tools to assist you in every aspect of your life.

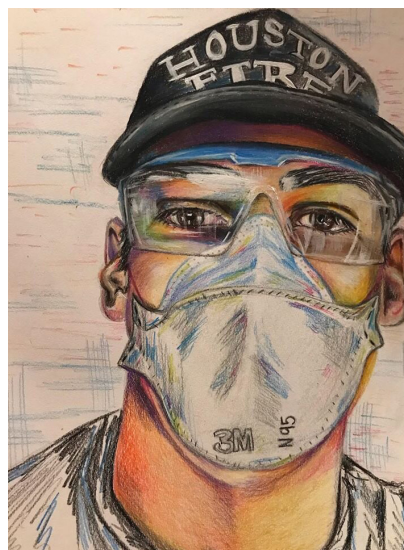
ComPsych's GuidanceResources® are provided free of charge and offer someone to talk to when you need them, as well as resources to consult for a variety of expert content. These services are strictly confidential, and they are available to you and your household members 24 hours a day, seven days a week, either by phone or online.

ComPsych's GuidanceResources® EAP now offers scheduled chat sessions and 24/7 counselor texting capabilities alongside existing video and telephonic modalities.

## TRIBUTE TO HEROES

### Joaquin Saldivar

Joaquin has been a part of my extended family for my entire life. He is my brother's lifelong best friend and just an all around awesome guy. He is an army veteran who joined in 2001 and was deployed quickly upon entry due to the 9/11 attacks. Our family has sent many prayers up for him and care packages. He is currently a fire fighter for the Houston Fire Department. I am honored to know him and am so proud of him. He is brave and courageous, and the front lines are lucky to have him fighting. Thank you, Joaquin!





# EMPLOYEE ASSISTANCE PROGRAM

During the intake process, the Guidance Consultant (GC) administers a comprehensive assessment and determines the level of risk or presenting issue. If the GC determines that digital counseling may be appropriate based on the presenting issue, the GC will gauge the member's comfort level with that technology and provide a referral. The member will receive a chat counseling invite via email which will take them to the chat platform to schedule their appointment at a time/date of their preference.

Take advantage of these valuable resources, which include:

- Confidential emotional support with eight free counseling sessions per member, per issue, per year
- Financial resources
- Legal guidance
- Unlimited work-life solutions
- Online support

## TRIBUTE TO HEROES

### Alyssa Guerra

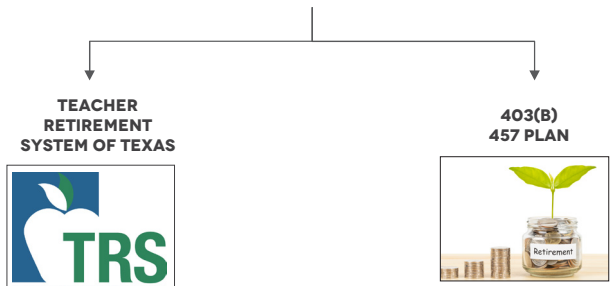
Alyssa is an ICU nurse and this is her second year in the field. I am truly astounded by her bravery to face each day and work 15-16 hour shifts, treating patients she is risking her life to save. When drawing Alyssa's portrait, I chose many different purple hues. The color purple is associated with bravery. I hope when you look back at this, you will see yourself as the incredibly brave young woman that you are. Thank you, Alyssa, you are a true superhero and it was my honor to draw you. You have touched my heart.



# A WORD ABOUT RETIREMENT

# RETIREMENT

## RETIREMENT STOREFRONT



TRS is a governmental, tax-exempt benefit retirement plan. This pension trust fund provides service and disability retirement, as well as death and survivor benefits, to eligible Texas public education employees and their beneficiaries.

### Eligible HISD employees are automatically enrolled

Mandatory Contribution: 8.35% from each paycheck

Before Tax: 7.7% is applied to your membership account (tax deferred; refundable upon resignation)

After Tax: 0.65% is applied to a general insurance fund (non-refundable)

Manage your  
TRS account  
online at  
[TRS.Texas.gov](https://TRS.Texas.gov)

## Your Responsibilities as a TRS Member

1. Keep your mailing address current: Annual statement of account, newsletters, election ballots, information brochures, and other important communications are mailed.
2. Notify TRS of name changes: Written notification is required.
3. Keep your Beneficiary Designation current: Your beneficiary designation instructs TRS on how to distribute your benefits upon your death. Review your beneficiary designation when significant life events occur such as marriage, divorce, birth of a child, death of a spouse or designated beneficiary, or if the beneficiary becomes eligible for Medicaid or other "needs-based" assistance programs.

## IT IS NEVER TOO LATE TO START SAVING!

Some retirement savings is better than no retirement savings. Choose a provider and open an account today.

### HAVE QUESTIONS?

Attend the Retirement Storefront Choice Session to learn more.  
Contact HISD Benefits Support  
Ph: 713-695-5561  
Fax: 713-695-5723

## VOLUNTARY RETIREMENT SAVINGS PLANS: 403(B) AND 457

### VISIT THE HISD RETIREMENT STOREFRONT WEBSITE

For a list of providers, enrollment details, and voluntary retirement plan information.

#### How to visit the website

1. Log into myHISD
2. Scroll down to Employee Resources
3. Click on the “403(b)/457 Plan administration” link

#### What is a 403(b) or 457 retirement plan?

All active HISD employees are eligible to voluntarily participate in the 403(b) and 457 retirement plans sponsored by the district, which are like a 401(k). Both type of plans allows for tax deferred growth, meaning more money can accumulate without paying taxes on the interest or growth each year.

#### How does a 403(b) and 457 Plan work?

HISD employees voluntarily elect to set aside pre-tax money from their paychecks to save for retirement. HISD sends the money directly to the employee's chosen financial institution. Each employee chooses the account type that's right for them, including interest bearing or equity (stock market) accounts. The money grows without paying taxes (tax-deferred) until withdrawal, preferably after retirement.

#### Who may contribute to the 403(b) and 457 Plan?

You may choose to contribute to the 403(b) or 457 plan or both. Voluntary retirement plans are funded by employee contributions only. No contributions are made by the district.

#### How do I choose a provider?

Each provider and each product is different so it's important to understand how the 403(b)/457 contract works. Know the costs to get 'in and out' of the contract. Ask questions to understand multiple options (not just the one sold by the representative). You should receive clear answers to your questions and know what's happening with your money.

### HOW TO OPEN A 403(B) OR 457 PLAN IN 3 STEPS

#### STEP 1

##### Contact a provider

Contact a 403(b) or 457 provider of your choice from the HISD Active Providers List. Request enrollment forms to open your retirement account.

#### STEP 2

##### Create a login for the

Retirement Manager website  
Go to  
MyRetirementManager.com.  
The Retirement Manager website allows HISD employees 24-hour access to change 403(b) and 457 plan contributions and select a retirement services company.

#### STEP 3

##### Choose your contribution amount

Log in to Retirement Manager then choose your contribution amount per payday and select

### WHICH IS BETTER – A 403(B) OR A 457 PLAN?

Speak with your provider(s) for details on which plan best suits your personal financial goals and circumstances. Plan features provided here may not be offered by all provider contracts.

# RETIREMENT

## HISD VOLUNTARY RETIREMENT PLAN COMPARISON TABLE 2020

	403(b)	457
Plan Eligibility	All Employees	All Employees
Number of Providers	33	3
Pre-Tax Contribution	Yes	Yes
Tax Deferred Interest and Earnings	Yes	Yes
After-Tax Roth Contributions*	Yes	No
Minimum Contribution Requirement	No	No
Contribution Limit: Under Age 50	\$19,500	\$19,500
Contribution Limit: Age 50 and Over	\$26,000	\$26,000 (Special 3-year Catch-Up - \$39,000)
Loan Availability	Yes	Yes
In-Service Hardship Distribution Availability**	1. Funeral/Burial Expenses 2. Post-Secondary Education 3. Prevent Eviction or Foreclosure 4. Purchase Principal Residence 5. Uninsured Home Repairs Due to Peril 6. Unreimbursed Medical	Unforeseeable emergency causing severe financial hardship
IRS 10% Excise Tax (Early Withdrawal Penalty) ***	Yes	No
Unrestricted In-Service Distribution Age (For withdrawal by active employees)	59 ½	70 ½

\*The after-tax Roth feature is offered in the HISD 403(b) but not in the 457. Contributions to a Roth 403(b) are after-tax, and the interest & investment returns are tax free upon withdrawal when two conditions are met:

- Participant is at least age 59 ½
- Roth 403(b) has been open at least 5 years

\*\*If employed at HISD and under age 59 ½, withdrawals are called "hardship distributions".

\*\*\*Withdrawals from the 403(b) by separated employees under age 59 ½ may be subject to an IRS 10% early withdrawal penalty. Please contact a financial advisor for more information or visit the HISD Benefits portal.

### How do I access my 403(b) or 457 retirement money?

Active employees under age 59 ½ have limited access to 403(b)/457 plan money. Taking a retirement plan loan is usually the first option to access the funds. Many providers offer loans, some do not.

Active employees may not withdraw funds from a 457 plan until age 70 ½. Instead, active employees may access funds through loans and unforeseeable emergency withdrawals based on IRS rules.

Penalty-free distributions from a 403(b) may occur under certain circumstances. Please see a financial advisor or visit the HISD Benefits portal.

**Special provisions have been made for distributions related to COVID-19, according to section 2202 of the CARES ACT.**

# 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	PPO BUYUP	Discount Dental
Employee only	\$6.90	\$18.68	\$20.71	\$2.50
Employee + spouse	\$13.13	\$37.01	\$41.03	\$5.00
Employee + child(ren)	\$13.13	\$36.92	\$40.93	\$5.00
Employee + family	\$16.87	\$57.75	\$64.02	\$5.00



## VISION PLANS

	Basic	Plus
Employee only	\$1.83	\$2.86
Employee + spouse	\$3.46	\$5.67
Employee + child(ren)	\$3.62	\$5.95
Employee + family	\$6.76	\$9.12

**\*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%	$\$0.2185 \times \text{annual salary} \div 1200$
	50%	$\$0.2805 \times \text{annual salary} \div 1200$
	67.67%	$\$0.7550 \times \text{annual salary} \div 1200$
60 days	40%	$\$0.1615 \times \text{annual salary} \div 1200$
	50%	$\$0.2420 \times \text{annual salary} \div 1200$
	66.67%	$\$0.4750 \times \text{annual salary} \div 1200$
90 days	40%	$\$0.1470 \times \text{annual salary} \div 1200$
	50%	$\$0.1995 \times \text{annual salary} \div 1200$
	67.67%	$\$0.3845 \times \text{annual salary} \div 1200$
180 days	40%	$\$0.0760 \times \text{annual salary} \div 1200$
	50%	$\$0.0950 \times \text{annual salary} \div 1200$
	67.67%	$\$0.2230 \times \text{annual salary} \div 1200$



## 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

## **Benefits Service Center**

1-877-780-4473

## **Cancer and specified diseases, critical illness, hospital indemnity, accident plans**

### **AFLAC**

AFLACgroupinsurance.com

800-433-3036

## **Dental HMO/PPO**

### **Cigna Dental**

Cigna.com

1-800-244-6224

## **Discount Dental**

### **Cigna Dental**

Cigna*Plus*Savings.com

1-877-521-0244

## **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

# TRIBUTE TO HEROES

My name is Kristi Nelson. I am an artist from Houston, and a wife and mother to three beautiful children. I graduated from the University of Houston with a BA in studio arts and a minor in art history. I taught art at Waller High School for five years.

When the COVID-19 pandemic hit, and our family and friends on the frontlines were affected, I felt a need to do something to show my support for what they were all risking as well as experiencing.

After receiving selfies from my sister-in-law and next-door neighbor in their masks, I felt inspired to draw a nurse wearing a mask on our sidewalk with chalk pastel.

Her face was composed of vivid colors to represent a wide array of emotion and she wore a mask. I chose to make the eyes the center of attention by adding the most detail to them. I believe that the eyes are the windows to one's soul and my hope is for frontline heroes to see themselves in the way that so many others do, brave and beautiful.

Above the nurse I added a message that simply stated, "Thankful for these superheroes."

That afternoon I drew a portrait of my neighbor Melissa as a gift to her. She had just started her journey working on a COVID-19 unit and I was eager to pay tribute to her in this way. I drew my sister-in-law Melanie who is a L&D nurse, then my friend Sonia who is a C.A.T.

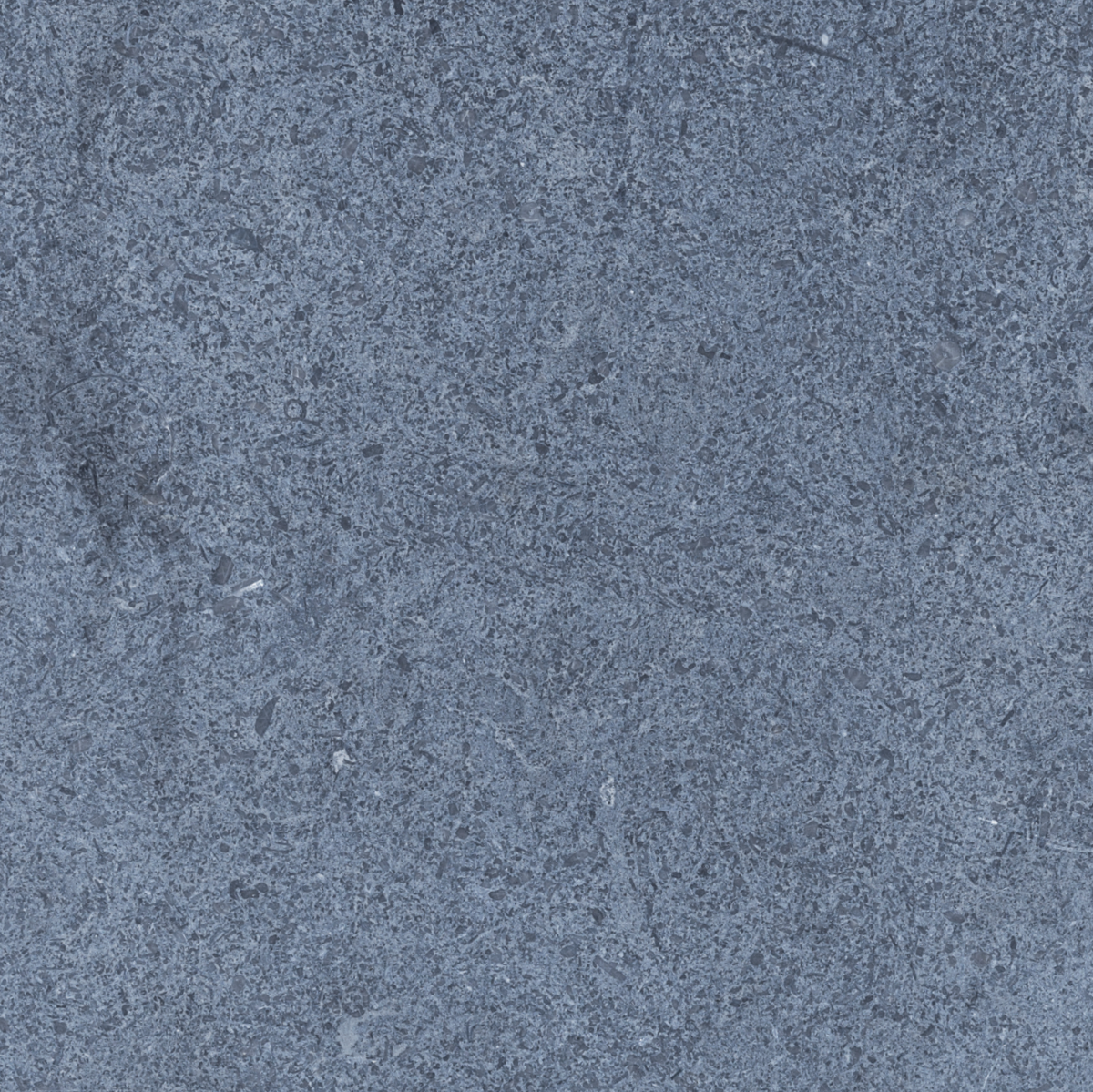
I explored the details of the eyes of my subjects by using colored pencils. I ventured out to pastel sticks along with heavy bodied acrylic paint. I mix my mediums in every piece depending on the feelings I am presented with during the artistic process.

Soon requests started to come in from all over. I have been on this journey ever since. I do not see an end in sight as there are so many frontline workers who deserve to be recognized and thanked for all they do. This tribute is a small token of appreciation.



**[www.tributetoheroes.net](http://www.tributetoheroes.net)**





[WWW.HISDBENEFITS.ORG](http://WWW.HISDBENEFITS.ORG)



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