

—2019—

# BENEFITS GUIDE

BEING WELL | LIVING HEALTHY 



# EVERYTHING YOU NEED TO KNOW ABOUT YOUR 2019 BENEFITS

**DISCLAIMER:** This guide provides an overview of your benefit options. The complete provisions of the plans, including legislated benefits, exclusions, and limitations, are set forth in the plan documents or insurance contracts. The insurance contracts are available for your review in the Benefits Department. If the information in this guide is not consistent with the plan documents or insurance contracts or state and federal regulations, the plan documents, insurance contracts, and state and federal regulations will prevail. This guide is not intended as a contract of employment or a guarantee of current or future employment or benefits. This enrollment guide constitutes a Summary of Material Modifications (SMM) to the HISD 2018 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 2018. 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.

# LET'S GET STARTED

---

What's new and notable in 2019	4
Preventive healthcare options	8
Choose your plan	10
Find the right fit	14
Compare your coverage options	28
Consider your voluntary options	32
Enroll for coverage	42
Make the most of your benefits	46
Coverage costs	48
Provider contacts	54

# TIME TO ENROLL IN YOUR 2019 BENEFITS

## WHAT'S NEW AND NOTABLE IN BENEFITS FOR 2019

- Minor medical plan changes in 2019
- Annual enrollment period for 2019 Benefits is November 1-15, 2018

The good news for this coming year is that there are no major changes to your health care, life insurance, disability, and most of the other HISD benefit programs. And we are introducing new programs and services designed to encourage all district employees and their families to live happier healthier lives. However, the dental plan costs are going up 7 percent for each plan option (DHMO and DPPO).

## NEW PHARMACY PROGRAMS

Our prescription plan is always free if you are enrolled in a HISD medical plan, and generic drugs for high blood pressure, high cholesterol, diabetes, and some women's contraceptives are free as well with certain conditions. Find out more at **HISDBenefits.org** and **www.Express-Scripts.com**.

## EMPLOYEE ASSISTANCE PROGRAM

Employee Assistance Program: Always free to employees, our EAP program will be administered by ComPsych for 2019. In addition to offering up to eight free sessions with a professional counselor per person per issue per year, additional resources will be available on their website [www.guidanceresources.com](http://www.guidanceresources.com).

## NEW CIGNA WELLNESS WEBSITE

Coming soon! A new Cigna Wellness website with programs where you can earn points, prizes, and incentives as you improve your health.

## QCD DISCOUNT DENTAL PROGRAM

The QCD Discount Dental Program has a new website with additional benefits. See **www.QCDofAmerica.com/HISD** for complete details.

## PREVENTIVE CARE AND SCREENINGS

Preventive care is a smart and affordable way to stay healthy, discover any serious health conditions early, and limit financial risks associated with these conditions. See the new chart on **HISDBenefits.org** for general preventive care and screening guidelines and immunization recommendations for adults.

## WHAT'S NEW AND NOTABLE IN BENEFITS FOR 2019

### DENTAL PREMIUMS GOING UP

The premiums for our DHMO and DPPO plans are increasing by seven percent due to higher claims costs. Please review the new rates on page 49.

### CIGNA TELEHEALTH CONNECTION

Your 24/7 on-demand access to medical help for registered HISD employees and their dependents is going up slightly. Amwell is now \$49, and MDLive is \$45.

### CIGNA HEALTHCARE DEBIT CARD

All employees who enroll in a HISD medical plan will receive a Cigna healthcare debit card. Only employees who are enrolled in a Health Care FSA and/or have remaining funds from their Health Fund (money that HISD used to provide) can utilize the card.

### TOSS THOSE PAPER ID CARDS!

Register at myCigna.com for instant access to your medical, dental, FSA and HRA benefits, and electronic ID cards. For smart phone access, you can download the myCigna app from the App Store and Google Play. Your medical provider can simply scan your phone when you arrive at their office.

### 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 qualified dependents. In addition, only one employee can enroll in life insurance on their spouse. See [page 36](#) for more information on this topic.

## 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 remove ineligible dependents from all your *voluntary* insurance plans (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 Services 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 for ineligible dependents.

## FREE LIFE INSURANCE CONTINUES

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

## ALREADY ENROLLED AND MAKING NO CHANGES?

No need to do anything! However, if you participate in an FSA plan, you must re-enroll every year.



## Please Remember

We have a new benefits enrollment website  
and a new benefits website at [HISDBenefits.org](http://HISDBenefits.org)

# PREVENTIVE HEALTHCARE OPTIONS

## WHY DO YOU NEED PREVENTIVE CARE?

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

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

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

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

## WHAT IS PREVENTIVE CARE?

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

- Age
- Gender
- Personal health history
- Current health



## WHAT IS NOT PREVENTIVE CARE?

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

## WHAT IS YOUR SHARE OF THE COST?

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

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



## QUESTIONS?

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

# CHOOSE YOUR PLAN

## KNOW YOUR OPTIONS

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

### **TAKE YOUR TIME. STUDY YOUR OPTIONS.**

Everyone has different needs, health challenges, budgets, and goals. By choosing your options carefully, you and your family can get the coverage that fits your needs—and the support to use your benefits to your advantage.

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

---

1

## **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 Cigna. 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.

2

## **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.

3

## **CONSIDER YOUR VOLUNTARY OPTIONS**

Add on the extras that make sense for your family.

4

## **NOW YOU'RE READY TO ENROLL**

Log on to myHISD to get started.

5

## **MAKE THE MOST OF YOUR BENEFITS**

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

# YOU HAVE A LOT OF CHOICES. WE CAN HELP.

Your **Cigna One Guide** representative  
is waiting for your call.

Call **1-888-806-5042** to  
research doctors and choose  
the plan that's right for you.



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

---

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

1

## REGISTER ON MYCIGNA.COM

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

2

## 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 the Cigna One Guide or **myCigna.com**. Selecting a PCP will help you build a relationship with your own selected medical professional who will gather and keep up with your medical history, as well as help coordinate your care. A PCP can be a doctor who practices general medicine, family medicine, internal medicine or a pediatrician for your children. A PCP can also determine if you need referrals to specialists.

3

## 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.

4

## COMPLETE YOUR HEALTH RISK ASSESSMENT ON MYCIGNA.COM

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

# 1

## FIND THE RIGHT FIT

### RESOURCES YOU CAN USE

Cigna provides resources to help you understand your options and choose a plan that's right for you and your family.

#### CALL CIGNA ONE GUIDE BEFORE YOU ENROLL TO:

- Easily understand the basics of medical coverage
- Identify which available medical plans will best fit your lifestyle
- Check if your doctors are in network to help you choose the right plan and avoid unnecessary costs
- Get answers to your questions about the plans or provider networks available to you

#### NO MATTER WHICH PLAN YOU CHOOSE, YOU'LL BENEFIT FROM:

- Preventive care covered at 100 percent, which means no charge to you
- Freedom to choose any doctor in your plan's network without a referral
- Prescription drug benefits through Express Scripts, available at local retail pharmacies and by mail order
- A 90-day supply of generic maintenance medications for high blood pressure, diabetes (including injectable insulin), and high cholesterol at no cost to you when you participate in the Smart90 Program. See [page 25](#) for more details.

CIGNA ONE GUIDE 1-888-806-5042

**YOUR 2019 OPTIONS**

**LIMITED PLANS**

These plans offer the lowest premiums but require you to exclusively use providers, including both primary care doctors and specialists within the LocalPlus network.

You can choose “Basic” or “Plus” levels of coverage depending on the amount you want to pay in premiums and deductibles.

**CHOICE PLANS**

Choice plans give you the greatest flexibility in the doctors you use by giving you access to providers in both the LocalPlus Houston\* and OAP networks, but you'll pay more in premiums as a result.

"Basic" or "Plus" coverage options vary in the amount you pay in premiums and deductibles. Under a Choice plan, you can save the most by using "Tier 1" providers in the LocalPlus Houston network.

**OPEN ACCESS PLAN**

The Open Access plan has the highest premium—costs about 10 times higher than the Basic Limited option. This plan exclusively uses the OAP network of doctors.

If you want to save money on premiums and still have access to the OAP network, choose a Choice plan.

\* LocalPlus Houston covers Houston and surrounding counties.

## IMPORTANT REMINDER

---

**2019 ANNUAL  
ENROLLMENT IS  
NOVEMBER 1–15, 2018.**



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

---

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



## COMMON GROUND

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

### ANNUAL DEDUCTIBLE

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

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

### COINSURANCE

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

### ANNUAL OUT OF POCKET MAXIMUM

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

## LIMITED PLANS (LOCALPLUS NETWORK ONLY)

Limited plans are the lowest cost option. If you choose a Limited plan, you will benefit from a variety of physician groups from Cigna's LocalPlus network, including Kelsey-Seybold physicians. The doctors in this network must meet rigorous quality and cost standards in order to participate. (Remember, high quality does not always mean high cost in health care.) You won't be limited to a Memorial Hermann hospital, but you can choose to go there if you prefer.

### THERE ARE TWO LIMITED PLAN OPTIONS:



**Basic Limited** offers lower premiums each month, but the higher deductibles and coinsurance mean you will pay more money when you need healthcare. **If you don't plan to visit the doctor often and are okay using doctors available in the LimitedPlus network, this may be the plan for you.**



**Plus Limited** premiums are higher than Basic Limited, but the deductibles and coinsurance are lower, meaning more of your bill is paid when you need healthcare services. **If you anticipate that you will visit the doctor more frequently and don't mind using the doctors in the LocalPlus network, this could be the best fit for you.**

Both Limited plans have an additional prescription drug deductible, separate and apart from the medical deductible.

### IS THIS A GOOD FIT?

Limited plans are a good choice if you are comfortable using doctors in the LocalPlus network or if you want the most cost-efficient option to fit your personal budget.

		Basic Limited	Plus Limited
		Local Plus Network	Local Plus Network
RATES			
Based on 24 pay periods	Employee only	\$24.41	\$49.19
PLAN LIMITS			
Annual deductible	Individual	\$2,500	\$1,750
Annual out-of-pocket max (includes all medical and pharmacy deductibles, copays, and coinsurance)	Individual	\$6,900	\$5,150
YOUR COST FOR COVERED SERVICES			
Preventive Care exams		Free <sup>2</sup>	Free <sup>2</sup>
Office visit	Primary care (PCP)	25% *	20% *
	Specialists	25% *	20% *
Inpatient—hospital <sup>1</sup>		25% *	20% *
Outpatient—hospital <sup>1</sup>		25% *	20% *

1. Pre-certification may be required.

2. As defined by the Patient Protection and Affordable Care Act

\* After deductible has been satisfied.



## Know your network

To find out if your doctors are in network, call your  
**Cigna One Guide** representative at **1-888-806-5042**.

## CHOICE PLANS

### (LOCALPLUS HOUSTON\* AND OAP NETWORKS)

Choice plans include more in-network doctors than the Limited plans. With this option, you have two tiers of doctors to choose from—those in the LocalPlus Houston\* network (Tier 1), and those in the OAP network (Tier 2). You can choose to see any doctor within either of these two networks, with the option to pay less for your care when you use designated Tier 1 providers in the higher quality, more cost-effective LocalPlus Houston\* network.

#### AS WITH LIMITED PLANS, THERE ARE TWO CHOICE PLAN OPTIONS:



**Basic Choice** has lower monthly premiums, but higher deductibles and coinsurance levels, so you will pay more when you need health care. **If you don't anticipate many visits to the doctor but want access to the broadest network of doctors, this is the plan for you.**



**Plus Choice** has higher monthly premiums but also has lower deductibles and coinsurance, meaning your health care will cost less when you use it. **If you visit doctors more frequently to manage your health and want access to the broadest network of doctors, this plan might be the one for you.**

Like the Limited plan options, both Choice plans have an additional prescription drug deductible.

\* LocalPlus Houston covers Houston and surrounding counties.

## IS THIS A GOOD FIT?

A Choice plan might be right for you if your doctor is not included in the LocalPlus network and you are unwilling to change—or if having the ability to access doctors in the OAP network is important enough for you to pay a little more.

		Basic Choice		Plus Choice	
		Tier I LocalPlus HTX	Tier II OAP	Tier I LocalPlus HTX	Tier II OAP
RATES					
Based on 24 pay periods	Employee only	\$30.54		\$61.48	
PLAN LIMITS					
Annual deductible	Individual	\$2,500	\$2,750	\$1,750	\$2,000
Annual out-of-pocket max (includes all medical and pharmacy deductibles, copays, and coinsurance)	Individual	\$6,900	\$7,150	\$5,150	\$5,400
YOUR COST FOR COVERED SERVICES					
Preventive-care exams		Free <sup>2</sup>		Free <sup>2</sup>	
Office visit	Primary care (PCP)	Tier I 25% *	Tier II 45% *	Tier I 20% *	Tier II 35% *
	Specialists	25% *	45% *	20% *	35% *
Inpatient—hospital <sup>1</sup> (Facility)		25% *		20% *	
Outpatient—hospital <sup>1</sup> (Facility)		25% *		20% *	

1. Pre-certification may be required.

2. As defined by the Patient Protection and Affordable Care Act

\* After deductible has been satisfied

\* LocalPlus Houston covers Houston and surrounding counties.



## TAKE ADVANTAGE OF THE LOCALPLUS HOUSTON NETWORK TO SAVE MONEY

With the Choice plans, you can see any doctor in Cigna's OAP network, but choosing a doctor in the LocalPlus Houston network costs less.

## OPEN ACCESS PLAN

The Open Access plan works differently than other options. There's no annual deductible. Instead, you have a fixed copay for each in-network doctor's visit and pay 15 percent coinsurance for most other services.

This means your costs are more predictable when you need care. However, this option has a much higher premium than the Limited and Choice plans. An individual employee, for example, would pay about 10 times higher premiums for the Open Access plan than the Basic Limited option.

### IS THIS A GOOD FIT?

The Open Access plan generally offers more predictable costs—but it comes at a steep price.

If you want to access the OAP network of doctors, consider opting for a Choice plan that gives you access to the same doctors without the high premium costs you commit to with this plan.



### DESPITE THE TEMPTATION OF LOWER OFFICE VISIT COPAYS,

the higher premiums for this plan means you will spend more money overall.

# TAKE THE GUESSWORK OUT OF CHOOSING A DOCTOR WITH **CIGNA CARE DESIGNATION**

In the OAP network (available under the Choice and Open Access plans), you can use **Cigna Care Designation** as a decision-making tool to help you choose a doctor you can trust and afford.



Doctors awarded with the Cigna Care Designation have demonstrated that they provide quality, cost-effective care. To find a top-performing doctor, go to **myCigna.com**, select "Find a Doctor or Service," and look for the Cigna Care Designation symbol.



If you're looking for a top-rated in-network hospital, just look for the Centers of Excellence Designation symbol. Hospitals with this award have demonstrated consistently better health outcomes at lower costs to you.

## UNDERSTANDING YOUR PRESCRIPTION DRUG BENEFITS

All medical plan options include prescription drug benefits through Express Scripts available at any participating pharmacy and through mail order.

### LIMITED AND CHOICE PLANS:

- You pay an annual deductible of \$50 before the plan begins to pay its share of your prescription drug costs.
- It is important to note that this is a separate deductible from the medical plan deductible.
- 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 specialty drug copays, which are eligible for the SaveonSP Manufacturer Copay Assistance Program.
- When your 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 or diabetes (including injectable insulin) remain available at no cost to you, as long as you're enrolled in an HISD medical plan and purchase 90-day supplies through Express Scripts or at an Express Scripts retail pharmacy partner. HISD plans also cover women's generic contraceptives (as well as those that have no generic available) at 100 percent.



## USING RETAIL PHARMACIES

Express Scripts, HISD's pharmacy benefits management company, offers you a list 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; 90-day maintenance prescriptions can be picked up locally at Costco, HEB, 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 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.

## YOU MAY ALSO USE ONE OF SEVERAL RETAIL PHARMACIES TO FILL A 90-DAY SUPPLY OF MAINTENANCE MEDICATIONS, INCLUDING:



## USING MAIL ORDER PHARMACIES

Mail order pharmacies are a cost-effective and convenient choice for any medications you will take for a long time, including those maintenance medications provided at no charge.

### TO TAKE ADVANTAGE OF THE BENEFITS OF MAIL ORDER:

1. Go to **HISDBenefits.org** and click on the prescription drug icon to access the mail order form.
2. Complete the mail order form and mail to the address indicated.
3. Once your prescriptions are ordered, 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.

## GETTING 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. Should you require a specialty drug, use Express Scripts specialty mail order pharmacy, **Accredo**.



### BE AWARE

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

# EXPRESS SCRIPTS DISCOUNT RX PROGRAM

Employees who waive HISD-sponsored medical coverage may enroll in the Express Scripts Discount Rx program. Eligible employees can enroll in this benefit by (1) signing up via the HISD portal or (2) calling the HISD Benefits Service Center anytime from 7 a.m. - 7 p.m., Monday through Friday, and 7 a.m. - 4 p.m. Saturday at 877-780-HISD (4473). Eligible employees can do this 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 percent of the discounted Express Scripts price and any dispensing fee. It is simply a discount program. Express Scripts will provide you an ID card when you choose to enroll.

## **Express-Scripts' SaveonSP (Specialty Pharmacy) Manufacturer Copay Assistance Program**

Express-Scripts' SaveonSP Manufacturer Copay Assistance Program is designed to help you save money on certain specialty medications. If you participate in this program, certain specialty medications will be free of charge (\$0). Your prescriptions will still be filled through Accredo, your existing specialty mail pharmacy. If you are currently taking or will be taking a specialty medication, 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 copay. Keep in mind that the copay will not count toward your deductible or out-of-pocket maximums.

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

## 2

# COMPARE YOUR COVERAGE OPTIONS

2019

## MEDICAL PLAN COMPARISON

Basic Limited

LocalPlus Network

### RATES

Based on 24 pay periods	Employee only	\$24.41
	Employee + spouse	\$127.04
	Employee + child(ren)	\$122.20
	Employee + family	\$219.71

### PLAN LIMITS

Annual deductible	Individual	\$2,500
	Family	\$5,000
Annual out-of-pocket max (includes all medical and pharmacy deductibles, copays, and coinsurance)	Individual	\$6,900
	Family	\$13,800

### COST FOR COVERED SERVICES AFTER YOUR DEDUCTIBLE HAS BEEN MET

Preventive care exams		Free
Office visits	Primary care (PCP)	25%
	Specialists	25%
	HISD clinics <sup>2</sup>	Free
	Platinum care	N/A
Inpatient—hospital <sup>3</sup>		25%
Outpatient—hospital <sup>3</sup>		25%
Outpatient—freestanding and surgical center <sup>3</sup>		25%
Emergency care		25% + \$300 copay (Copay waived if admitted)
Telehealth	Fee Amwell/MDLive	\$49/\$45
	Plan pays after deductible is met	75%
Urgent care facility		25%
Lab, X-ray, diagnostic mammogram		25%
Diagnostic scans (MRI, MRA, CAT, PET)		25%
Maternity—delivery		25%
Mental health and substance abuse—inpatient		25%
Mental health and substance abuse—outpatient		25%

1. Higher copays apply if you use an in-network specialist within the 21 specialties who are not Cigna Care Designated (CCD).

2. Free if you are enrolled in an HISD medical plan.

Basic Choice		Plus Limited	Plus Choice		Open Access
Tier I LocalPlus-HTX	Tier II OAP	LocalPlus Network	Tier I LocalPlus-HTX	Tier II OAP	OAP
\$30.54		\$49.19	\$61.48		\$249.16
\$158.80		\$163.87	\$204.84		\$524.51
\$152.77		\$158.16	\$197.70		\$512.51
\$274.65		\$265.77	\$332.21		\$754.42
\$2,500	\$2,750	\$1,750	\$1,750	\$2,000	N/A
\$5,000	\$5,250	\$3,500	\$3,500	\$4,000	N/A
\$6,900	\$7,150	\$5,150	\$5,150	\$5,400	\$3,400
\$13,800	\$14,300	\$10,300	\$10,300	\$10,800	\$6,800
Free		Free	Free		Free
25%	45%	20%	20%	35%	\$20 copay
25%	45%	20%	20%	35%	\$40 / \$50 copay <sup>1</sup>
Free		Free	Free		Free
N/A		N/A	N/A		N/A
25%		20%	20%		15%
25%		20%	20%		15%
25%		20%	20%		15%
25% + \$300 copay (Copay waived if admitted)		20% + \$300 copay (Copay waived if admitted)	20% + \$300 copay (Copay waived if admitted)		15%
\$49/\$45		\$49/\$45	\$49/\$45		\$15
75%		80%	80%		100% <sup>4</sup>
25%		20%	20%		15%
25%		20%	20%		15%
25%		20%	20%		15%
25%		20%	20%		15%
25%		20%	20%		15%
25%		20%	20%		\$20 copay

3. Pre-certification may be required.

4. After calendar year out-of-pocket max is met.

\* LocalPlus Houston covers Houston and surrounding counties.

2019

## PRESCRIPTION DRUG COMPARISON

Basic Limited

## PRESCRIPTION

Annual pharmacy deductible		\$50 per person
Prescription drugs (30-day retail)*	Generic	\$20
	Preferred brand	\$50
	Non-preferred brand generic	\$70
Prescription drugs (90-day mail or retail)*	Generic	\$50
	Preferred brand	\$125
	Non-preferred brand generic	\$175
Specialty (30-day supply)*		\$150

\* Copay applies after pharmacy deductible has been met.



Be careful

Basic Choice	Plus Limited	Plus Choice	Open Access
\$50 per person	\$50 per person	\$50 per person	N/A
\$20	\$15	\$15	\$20
\$50	\$40	\$40	\$30
\$70	\$60	\$60	\$60
\$50	\$37.50	\$37.50	\$40
\$125	\$100	\$100	\$60
\$175	\$150	\$150	\$120
\$150	\$100	\$100	\$100

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.



## 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](https://www.irs.gov/publications) for a full list of eligible expenses.

### PLEASE NOTE:

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

If you join HISD after January 1, 2019, 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 \$2,650 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.
- 2019 FSA contribution limits will be posted after the IRS releases the information in late October 2018.
- The full amount you set aside is available to you on January 1, 2019, even though it is deducted from your paycheck over 24 pay periods.
- 2-1/2 month extension to utilize funds

## 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 Cigna 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.



## DENTAL

### CIGNA DENTAL HMO

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

### CIGNA DENTAL PPO

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

## DISCOUNT DENTAL

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



## VISION

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



## LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D)

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

### PLEASE NOTE:

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

### SUPPLEMENTAL LIFE AND MATCHING AD&D FOR YOURSELF

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

### SUPPLEMENTAL LIFE AND MATCHING AD&D FOR YOUR SPOUSE

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

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

- A child may not be covered by more than one employee.
- You must designate or update your beneficiary online, and the actively at-work provision applies to all. See [page 41](#) for definitions.

**For elections under the guaranteed issue\*, no EOI is required:**

- If you or your spouse or your child enroll as a new employee or within 31 days of becoming eligible.
- When you or your spouse increase existing coverage by one multiple of your salary (i.e., 1x to 2x or 2x to 3x) during annual enrollment.
- When you or your spouse elect or increase coverage by one multiple of your salary within 31 days of a qualified status change (i.e., 1x to 2x or 2x to 3x).

**PLAN MAXIMUMS**

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



## 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 (40percent, 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. See [page 41](#) for definitions.



## 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. See [page 41](#) for definitions.
- You must be under age 70 to enroll or increase coverage.
- The cancer and specified diseases plan offers low or high coverage options.



## CRITICAL ILLNESS

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

- You must be under age 70 to enroll or increase coverage.
- If you choose spouse coverage, the spouse benefit is 50 percent of your employee benefit. If you choose employee + child or employee + family coverage, your dependent children are automatically covered at no additional charge. The dependent children's benefit is 50 percent of your employee benefit.
- You have a choice of low or high options.
- There's no pre-existing conditions exclusion.
- There's no reduction in benefits due to age.
- No more frozen rates. Rates increase as an employee enters the next age band.
- You don't need to provide evidence of good health to enroll in either option.
- Actively at-work provisions apply. See [page 41](#) for definitions.
- 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.

- You must be under age 70 to enroll or increase coverage.
- Benefits are paid for hospital admission and hospital stays, including ICU, of up to 365 days.
- When you experience a hospital confinement, you submit a claim form, along with the receipts for services received, to receive your lump-sum payment as described in the policy.
- All employees pay the same rate regardless of age.
- You don't need to provide evidence of good health to enroll in either option.
- There's no pre-existing conditions exclusion, including for pregnancy.
- Actively at-work provisions apply. See [page 41](#) for definitions.



## ACCIDENT PLAN

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

- You must be under age 70 to enroll or increase coverage.
- If you have a covered accident, you receive cash benefits for expenses that may not be fully covered by your medical plan.
- You don't need to provide evidence of good health to enroll.
- There's no pre-existing conditions exclusion.
- Actively at-work provisions apply. See [page 41](#) for definitions.
- Rates and plan stays the same.





## PERSONAL LEGAL PLAN

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



## LONG TERM CARE

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

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

## IMPORTANT VOLUNTARY PLAN EXCLUSIONS

### 3/12 pre-existing condition

Disability coverage only

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

### 12-month pre-existing condition

Cancer and specified diseases coverage only

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

### Actively at work

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

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

# 4

## 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](https://HISDBenefits.org).
3. **Click** Enrollment at the top of the page.
4. **Click** Enroll Now on the left-hand side and then follow the instructions.

## REMINDER

Annual Enrollment Dates

**NOVEMBER  
1-15, 2018.**

**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 15, 2018.

## FOR NEW EMPLOYEES

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

## DEPENDENT VERIFICATION

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



## Important

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

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

## 5

# MAKE THE MOST OF YOUR BENEFITS

YOUR PLAN COMES WITH SPECIAL FEATURES.  
USE THEM.

- HEALTH & WELLNESS CENTERS
- CIGNA TELEHEALTH CONNECTION
- CIGNA HEALTHY PREGNANCIES,  
HEALTHY BABIES
- CIGNA 24/7 NURSE LINE

**PLEASE NOTE:**

REGISTER ON **MYCIGNA.COM**



## Important

Free preventive care. Do it.

If you're covered by an HISD medical plan, your annual preventive checkup costs you nothing.

**Be smart. Take advantage of that.**



## FREE MEDICAL CARE AT HISD EMPLOYEE HEALTH & WELLNESS CENTERS

Even better, if you're enrolled in one of our medical plans, you and your covered dependents age 5 and up pay nothing for your medical care at the HISD Employee Health & Wellness Centers. It's free. If you're eligible for benefits but not enrolled in an HISD medical plan, you can still use the centers for high-quality care at very affordable rates.

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

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

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

The centers offer convenient hours after work and on Saturday mornings.

Concentra, a leading provider of workplace healthcare clinics, operates the HISD Employee Health & Wellness Centers to bring you professional medical services in complete confidentiality.

### **HATTIE MAE WHITE EDUCATIONAL SUPPORT CENTER**

4400 West 18th Street  
Houston, Texas 77092  
713-957-3908

**Monday:** 7 a.m. to 4 p.m.

**Tuesday–Thursday:** 9 a.m. to 6 p.m.

**Friday:** 7 a.m. to 4 p.m.

**Saturday:** 8 a.m. to noon

### **ATTUCKS MIDDLE SCHOOL**

4330 Bellfort Street  
Houston, Texas 77051  
713-732-3532

**Monday:** 7 a.m. to 4 p.m.

**Tuesday–Wednesday:** 9 a.m. to 6 p.m.

**Thursday:** 9 a.m. to 1 p.m.

**Friday:** 7 a.m. to 4 p.m.

**BOTH CENTERS ARE CLOSED DAILY FROM 1 TO 2 P.M.**

## CIGNA TELEHEALTH CONNECTION

Telehealth provides 24/7 on-demand access to medical help to registered HISD employees and their dependents enrolled in the medical plan by phone or video conference at their convenience. Whether you're traveling away from home, looking for a short-term prescription refill or experiencing a non-emergency issue, you can use Telehealth as an affordable way to connect with qualified U.S. board-certified doctors for quality care. You may access telehealth services to treat minor medical conditions such as colds and flu, rashes, sore throats, headaches, stomachaches, fever, allergies, UTIs, and more. Connect with a board-certified doctor when, where, and how it works best for you. Visit the website or call **AmwellforCigna.com, 855-667-9722** or **MDLIVEforCigna.com, 888-726-3171**. You must register on **MyCigna.com** to use this service.

## CIGNA 24/7 NURSE LINE

The Nurse Line is your direct, toll-free connection to a registered nurse any time of the day or night. Cigna 24/7 Nurse Line nurses are specially trained to help you choose the appropriate level of care for any illness or injury. The Nurse Line is available to all employees who are enrolled in an HISD medical plan. Call 877-780-HISD (4473), and follow the prompts.

## CIGNA HEALTHY PREGNANCIES, HEALTHY BABIES

From the start of your pregnancy until your baby is born, Healthy Pregnancies, Healthy Babies maternity program provides expectant mothers covered under the plan with educational materials and access to nurse case managers. For more information call 1-800-615-2906.



## TAKE THE FIRST STEP

CALL 888-806-5042  
OR VISIT MYCIGNA.COM

## **CIGNA LIFESTYLE MANAGEMENT PROGRAMS**

Whether your goal is to lose weight, quit tobacco or lower your stress levels, you have the power to make it happen. Cigna Lifestyle Management Programs can help and all at no cost to you. Each program is easy to use and available where and when you need it. And you can use each program online or over the phone or both.

### **WEIGHT MANAGEMENT**

Reach your goal of maintaining a healthy weight all without fad diets. Create a personal healthy-living plan that will help you build your confidence, be more active, and eat healthier. And you'll get the support you need to stick with it.

### **TOBACCO**

Get the help you need to finally quit tobacco. Create a personal quit-plan with a realistic quit date. And get the support you need to kick the habit for good. You'll even get free over-the-counter nicotine replacement therapy (patch or gum).

### **STRESS MANAGEMENT**

Lower your stress levels and raise your happiness levels. Learn what causes you stress in your life and develop a personal stress-management plan. And get the support you need to help you cope with stressful situations, both on and off the job.

# **STAYING HEALTHY FEELS BETTER AND COSTS LESS**

COVERAGE COSTS





## MEDICAL PLANS

	Basic Limited	Basic Choice	Plus Limited	Plus Choice	Open Access
Employee only	\$24.41	\$30.54	\$49.19	\$61.48	\$249.16
Employee + spouse	\$127.04	\$158.80	\$163.87	\$204.84	\$524.51
Employee + child(ren)	\$122.20	\$152.77	\$158.16	\$197.70	\$512.51
Employee + family	\$219.71	\$274.65	\$265.77	\$332.21	\$754.42



## DENTAL PLANS

	HMO Plus	PPO	Discount Dental
Employee only	\$6.14	\$16.47	\$0
Employee + spouse	\$11.68	\$32.63	\$4
Employee + child(ren)	\$11.68	\$32.56	\$4
Employee + family	\$15.01	\$50.92	\$6



## VISION PLANS

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

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



### SUPPLEMENTAL LIFE AND AD&D

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

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

### SPOUSE LIFE AND AD&D

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

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

### DEPENDENT LIFE AND AD&D

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

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



## DISABILITY

Elimination period	Option	Cost
30 days	40%	$\$0.2185 \times \text{annual salary} \div 1200$
	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	<b>\$2.88</b>
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

## Cigna Medical

Medical plan types

myCigna.com

800-Cigna24 (244-6224)

## Cigna Healthy Pregnancies,

## Healthy Babies

800-615-2906

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

AFLAC

AFLACgroupinsurance.com

800-433-3036

## Dental HMO/PPO

Cigna Dental

myCigna.com

800-Cigna24 (244-6224)

## Discount Dental

QCD of America

QCDofAmerica.com

800-229-0304

## Disability

Unum

Unum.com

800-858-6843

## Employee Assistance Program (EAP)

ComPsych

guidanceresources.com

To access website:

Click Register

Organization Web ID-HISD

833-812-5181

## Flexible Spending Accounts

Healthcare FSA

Dependent day-care FSA

Customer service:

800-Cigna24 (244-6224)

Claims fax: 877-823-8953

## HISD Employee Health & Wellness Centers

Hattie Mae White

Educational Support Center

4400 West 18th Street

Houston, Texas 77092

713-957-3908

Attucks Middle School

4330 Bellfort Street

Houston, Texas 77051

713-732-3532

## 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

### Telehealth

AmwellforCigna.com

855-667-9722

MDLIVEforCigna.com

888-726-3171

### Vision

EyeMed

EyeMed.com

844-409-3402

For comprehensive benefits information and resources, including provider call-center hours, visit

**HISDBenefits.org** or call

**877-780-HISD (4473).**

## Cigna resources

Cigna offers robust online resources to help you take charge of your health care and use your benefits wisely.

Go to **myCigna.com** after you have enrolled to:

- Find a doctor in your network
- Compare costs of upcoming procedures
- Show details of what your plan will pay for your healthcare procedure

Go online or use the myCigna mobile app to be a smart healthcare shopper.

