

2019

# TAKE CHARGE WITH THE SELECT PLAN

The affordable Select Plan is for eligible employees who make \$25,000 or less a year. It has all of the important coverage options of HISD's other medical plans, including free preventive care, plus some exciting additional features.

It deserves a closer look.

And it's only \$5 a month  
for employee-only coverage.





# HERE'S HOW THE SELECT PLAN WORKS

## Cigna LocalPlus network

With the Select Plan, you can see any primary care physician in the LocalPlus network. And you won't need a referral to see a specialist as long as you stay in network.

## Free medical care at HISD Employee Health & Wellness Centers

You and your dependents age 5 and up who are enrolled in the Select Plan pay nothing for your care at HISD Employee Health & Wellness Centers located at Hattie Mae White Educational Support Center and Attucks Middle School. The centers provide non-emergency services, including routine immunizations and care for minor illnesses. NOTE: No Worker's Compensation injuries are treated at the clinics.

## Special low-cost medical care For Select Plan members and your covered dependents only:

### Platinum Physician Associates

Platinum Physicians offers you and your family discounted medical services within the Platinum Physician Associates network. You pay \$50 to see a doctor and Medicare rates when you need to see a specialist.

### Healthcare flexible spending account (FSA)

You can set aside pre-tax money from your paycheck in a healthcare FSA to help pay for eligible medical expenses, including dental and vision. For details, visit [HISDbenefits.org](http://HISDbenefits.org).

## When you need to see a specialist

With the Cigna LocalPlus network, you're no longer limited to seeing physicians with Memorial Hermann admitting privileges. Now, as long as your doctor is in the network, you're covered. What's more, you can see an in-network specialist without a referral. Just use the "Find a Doctor" tool on [Cigna.com](http://Cigna.com) to search for a doctor in the LocalPlus network who meets your needs.

## Save the ER for emergencies only

Your copay for a trip to the ER is \$300 + 30% after meeting your deductible. Save money by using urgent care, walk-in retail clinics, or the HISD Employee Health & Wellness Centers for minor medical issues to avoid the \$300 copay and much more (especially if you go out of network).

## Affordable Care Act accountability

For tax purposes, the IRS requires us—and you—to verify and report your medical plan eligibility, coverage selection, and covered dependents' tax ID numbers. You should receive your 2018 Form 1095-C with this information in early 2019.

## How to enroll in the Select Plan

If you're currently enrolled in the Select plan and want to continue, you don't have to do a thing. Your coverage will automatically roll over for 2019. If you're enrolled in another HISD plan or have no coverage and are eligible for or want to enroll in the Select Plan, you must enroll by November 15, 2018.

## Express Scripts prescription drug benefits

- The Select Plan includes generics and, when a generic isn't available, some brand-name drug benefits on Express Scripts' High Performance Formulary. These are available through mail order or at Express Scripts' retail pharmacy partners, including Costco, HEB, Kroger, Sam's Club, Randalls, and Walmart.
- The prescription plan features generic prescriptions for \$20 or less.
- You pay \$0 for generics to treat high blood pressure, high cholesterol, and diabetes with a 90 day supply.
- You can get long-term maintenance medications through mail order or by going to any Express Scripts retail partner. No matter which option you choose, your copay remains the same. You can get two 30-day supplies of newly prescribed maintenance medications at any network pharmacy. After that, you can save money by ordering a 90-day supply through Express Scripts, delivered either by mail or to one of their retail partner locations. Be sure to ask for a 90-day prescription from your physician to qualify for the lower cost.
- When a generic isn't available, brand-name drugs on the High Performance Formulary may be covered.
- There's no separate deductible for prescriptions.
- Prior authorizations, quantity limits, and step therapy may apply.

**FOR MORE INFORMATION, CALL  
EXPRESS SCRIPTS AT 855-712-0331.**

## Enrolling in the Select Plan is easy.



### Online

Log in to myHISD.

Click the benefits heart icon.  
This takes you to HISDbenefits.org.

Click the **QUICK LINKS** button.  
Then **ENROLL IN 2019 BENEFITS**.

Online enrollment ends

November 15 at 11 p.m. CT.



### Or by phone

Call the HISD Benefits Service Center at  
877-780-HISD (4473).  
Follow the prompts to complete your enrollment.

Phone enrollment ends November 15 at 7 p.m. CT.



**2019 HISD ENROLLMENT DATES:**

**NOVEMBER 1-15**

## SELECT PLAN RATES

PER PAY PERIOD, BASED ON 24 PAYCHECKS PER YEAR



EMPLOYEE ONLY

**\$2.50**



EMPLOYEE + SPOUSE

**\$95.28**



EMPLOYEE + CHILD(REN)

**\$91.66**



EMPLOYEE + FAMILY

**\$164.79**

### ANNUAL DEDUCTIBLE:

This is the amount you're responsible for paying before the plan begins to pay a percentage of covered expenses.

### COINSURANCE:

This is the percentage of covered medical expenses that you pay after you've met your annual deductible.

### OUT-OF-POCKET MAXIMUM:

Once you reach your out-of-pocket maximum, which includes your deductible and coinsurance and prescription drug copays, you no longer have to pay for either medical services or prescriptions.

For information about the other plans HISD offers, including rates, please see the 2019 Benefits Guide.

**MEDICAL PLAN COMPARISON**

	Select Plan Earn \$25,000 or less	Basic Limited	Basic Choice		Plus Limited	Plus Choice		Open Access
	LocalPlus Network	LocalPlus Network	Tier I LocalPlus HTX	Tier II OAP	LocalPlus Network	Tier I LocalPlus HTX	Tier II OAP	OAP

**RATES**

Based on 24 pay periods	Employee only	\$2.50	\$24.41	\$30.54	\$49.19	\$61.48	\$249.16
	Employee + spouse	\$95.28	\$127.04	\$158.80	\$163.87	\$204.84	\$524.51
	Employee + child(ren)	\$91.66	\$122.20	\$152.77	\$158.16	\$197.70	\$512.51
	Employee + family	\$164.79	\$219.71	\$274.65	\$265.77	\$332.21	\$754.42

Annual deductible	Individual	\$500	\$2,500	\$2,500	\$2,750	\$1,750	\$1,750	\$2,000	N/A
	Family	\$1,000	\$5,000	\$5,000	\$5,250	\$3,500	\$3,500	\$4,000	N/A
Annual out-of-pocket max (includes all medical and pharmacy deductibles, copays, and coinsurance)	Individual	\$4,900	\$6,900	\$6,900	\$7,150	\$5,150	\$5,150	\$5,400	\$3,400
	Family	\$9,800	\$13,800	\$13,800	\$14,300	\$10,300	\$10,300	\$10,800	\$6,800

Preventive care exams		Free	Free	Free	Free	Free	Free	Free	
Office visits	Primary care (PCP)	30%	25%	25%	45%	20%	20%	35%	\$20 copay
	Specialists	30%	25%	25%	45%	20%	20%	35%	\$40 / \$50 copay <sup>1</sup>
	HISD clinics <sup>2</sup>	Free	Free	Free	Free	Free	Free	Free	Free
	Platinum care	\$50 office visit copay + 50% labs	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Inpatient—hospital <sup>3</sup>		30% + \$100 copay per day (max copay \$300/stay)	25%	25%	20%	20%	15%		
Outpatient—hospital <sup>3</sup>		30%	25%	25%	20%	20%	15%		
Outpatient—freestanding and surgical center <sup>3</sup>		30%	25%	25%	20%	20%	15%		
Emergency care		30% + \$300 copay (Copay waived if admitted)	25% + \$300 copay (Copay waived if admitted)	25% + \$300 copay (Copay waived if admitted)	20% + \$300 copay (Copay waived if admitted)	20% + \$300 copay (Copay waived if admitted)	15%		
Telehealth	Copay Amwell/ MD Live	\$49/\$45	\$49/\$45	\$49/\$45	\$49/\$45	\$49/\$45	\$15		
	Plan pays after deductible is met	70%	75%	75%	80%	80%	100% <sup>4</sup>		
Urgent care facility		30%	25%	25%	20%	20%	15%		
Lab, X-ray, diagnostic mammogram		30%	25%	25%	20%	20%	15%		
Diagnostic scans (MRI, MRA, CAT, PET)		30% + \$100 copay	25%	25%	20%	20%	15%		
Maternity—delivery		30%	25%	25%	20%	20%	15%		
Mental health and substance abuse—inpatient		30% + \$100 copay per day (max copay \$300/stay)	25%	25%	20%	20%	15%		
Mental health and substance abuse—outpatient		30%	25%	25%	20%	20%	\$20 copay		

**PRESCRIPTION**

Annual pharmacy deductible		N/A	\$50 per person	\$50 per person	\$50 per person	\$50 per person	N/A
Prescription drugs (30-day retail) <sup>*</sup>	Generic	\$20	\$20	\$20	\$15	\$15	\$20
	Preferred brand	\$50 high performance formulary	\$50	\$50	\$40	\$40	\$30
	Non-preferred brand generic	\$70 high performance formulary	\$70	\$70	\$60	\$60	\$60
Prescription drugs (90-day mail or retail) <sup>5</sup>	Generic	\$50	\$50	\$50	\$37.50	\$37.50	\$40
	Preferred brand	\$125 high performance formulary	\$125	\$125	\$100	\$100	\$60
	Non-preferred brand generic	\$175 high performance formulary	\$175	\$175	\$150	\$150	\$120
Specialty (30-day supply) <sup>5</sup>		\$150	\$150	\$150	\$100	\$100	\$100

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  
 3. Pre-certification may be required  
 4. After calendar year out-of-pocket max is met  
 5. Copay applies after pharmacy deductible has been met  
 \* LocalPlus Houston covers Houston and surrounding counties.