2019 BENEFIT GUIDE

FBISD LiveWell for a healthy life!

FORT BEND INDEPENDENT SCHOOL DISTRICT

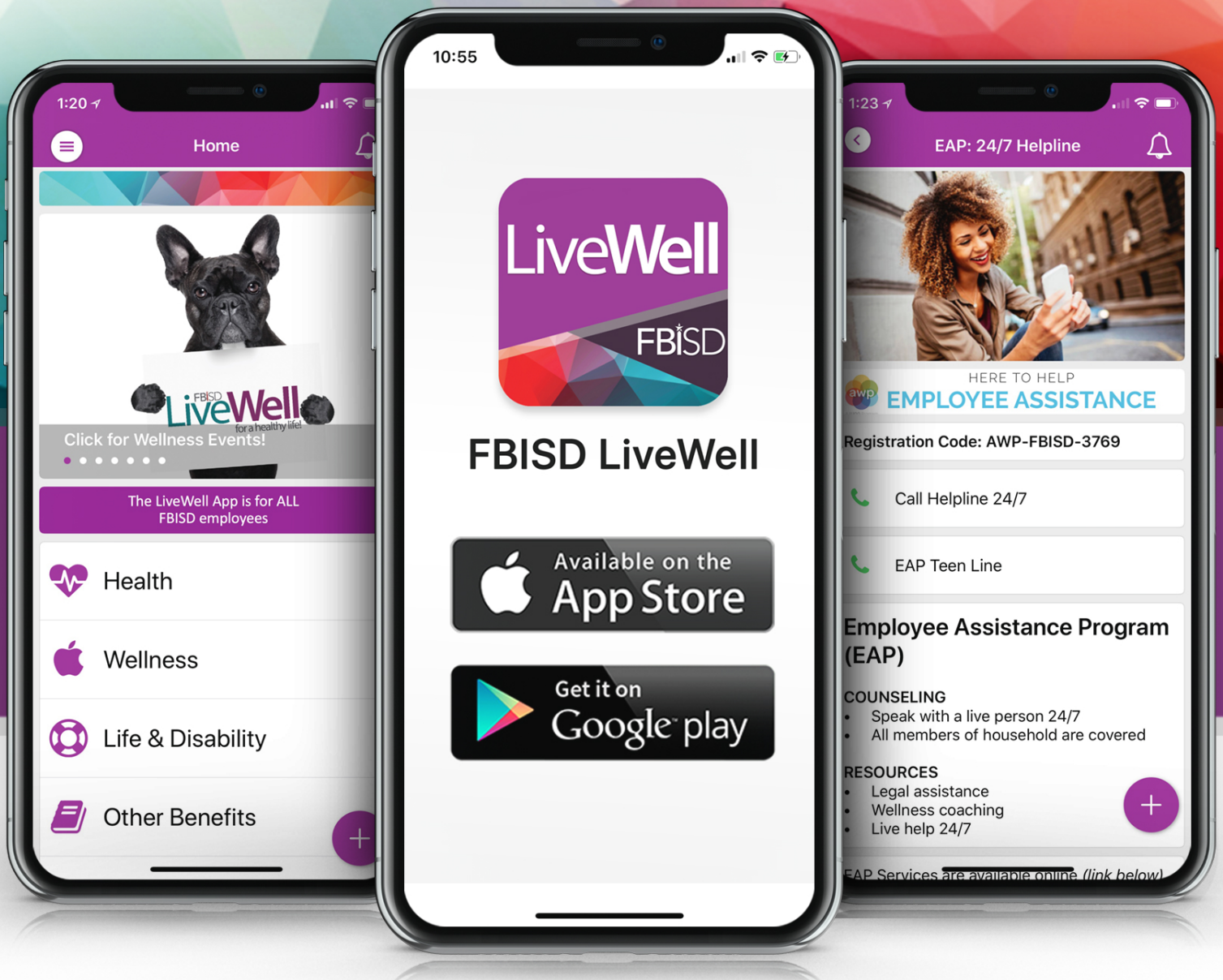
What's Inside

Fort Bend ISD is pleased to offer a comprehensive benefit program for you and your family. The decisions you make as a new hire or during the annual open enrollment remain in effect until the next open enrollment period, unless you experience a qualifying event (additional information on page 6 and 7 of this guide).

FBISD LiveWell for a healthy life!

Download Your FBISD LiveWell App Today!

Available to ALL FBISD Employees



Everything you need in ONE PLACE!

Now available on your smartphone!

- ✓ *Access Your Resources 24/7*
- ✓ *Health Benefits*
- ✓ *Community*
- ✓ *EAP Helpline*
- ✓ *Fitness*
- ✓ *... and more!*

Employee Wellness
LiveWell!

VISION To create a wellness culture that empowers employees to lead healthier and well-balanced lives.

MISSION To improve employee health, well-being and quality of life by providing health and wellness education, a diverse selection of wellness programs, and an atmosphere that is conducive to health improvements.

GOAL All employees make strides towards a healthier tomorrow.

Working Together

FBISD's LiveWell Employee Wellness Program integrates Employee Benefits, Employee Assistance Program (EAP), community events, social networking, and UnitedHealthcare (UHC) resources and programs. Together we can transform the lives and well-being of our employees.

Offerings

FBISD LiveWell Employee Wellness Program offers a broad range of wellness services, programs, and events.

ANNUAL PROGRAMS
- Marathon Of The Month
- Million-Mile Month

FITNESS CLASSES & DISCOUNTS
- Onsite Bootcamp, Zumba, Yoga & Open Swim
- Discounts to Local Gyms & Healthclubs

EDUCATIONAL CLASSES & PROGRAMS
- Diabetes Education Seminars
- Mindfulness / Stress-Reduction Campaign
- Strength & Conditioning Seminar

ONSITE ACTIVITIES
- Flu shots
- Mammograms

Get Started!

Make your health and wellbeing the best it can be by connecting with what fits your needs and interests. Personal wellbeing is essential to happiness, and to the excellence of our organization!

Get involved with YOUR Wellness!

https://www.fortbendisd.com/Page/761

When You Need Them

LiveWell Contacts

Whether you need assistance with a claim or simply have a benefit question, you may use the email address below or call a Fort Bend ISD representative directly. In certain situations, it will be necessary for the representative to contact a provider or insurance carrier on your behalf. If your issue cannot be resolved in one email or phone call, you will always be informed of the status until resolution has been reached.

Medical

UnitedHealthcare
Group #902915
(888) 651-7319
www.myuhc.com

Virtual Visits

Doctor on Demand
(800) 997-6196
www.myuhc.com

Muscle & Joint Pain

Airrosti
(800) 404- 6050
www.airrosti.com

Planned Surgery

Surgery Plus
(855) 200-9513
www.mysurgeryplus.com

Prescription Drugs

RxBenefits/Express Scripts
(800) 334-8134, Customer Service
www.express-scripts.com

Flexible Spending Account

UnitedHealthcare
(877) 311-7849
www.myuhc.com

Dental

Guardian, Group #00470637
(800) 541-7846 – PPO
(888) 618-2016 - DHMO
www.guardiananytime.com

Vision

VSP through Guardian
Group #00470637
(800) 877-7195
www.guardiananytime.com

Life and Disability

GuardianGroup # 530311
(800) 525-4542 | Life
(800) 268-2525 | STD
(800) 538-4583 | LTD
www.guardiananytime.com

COBRA

Discovery Benefits
(866) 451-3399
www.discoverybenefits.com

EAP

Alliance Work Partners
(800) 343-3822
www.awpnow.com

403(b) & 457 Plans

TCG Administrators (formerly JEM)
(800) 943-9179
www.tcgservices.com

Legal & Identity Theft Service

Legal Shield
(800) 654-7757 General Info
(800) 458-6982 Legal Service
www.legalshield.com

Supplemental Insurance

AFLAC
(713) 444-2208
www.aflac.com/fortbendisd
lisa_bates@us.aflac.com

Teacher Retirement System of Texas

(800) 223-8778
www.trs.state.tx.us

FBISD Benefits Department

(281) 634-1418
benefits@fortbendisd.com

FBISD LiveWell App

App Technical Support
support@enspire.me

LiveWell Contacts, continued

FBISD Benefits Department

(281) 634-1418
benefits@fortbendisd.com

Benefit Specialists

for enrollment assistance / benefit changes:

A-ED: Cindy Mucka, (281) 634-2810
Cindy.Mucka@fortbendisd.com
fax (281) 327-2810

EE-LAM: Gail Barnes-Maxwell, (281) 634-1214
Gail.Barnesmaxwell@fortbendisd.com
fax (281) 327-1214

LAN-REY: Janet Singleton, (281) 634-1208
Janet.Singleton@fortbendisd.com
fax (281) 327-1208

REZ-Z: Kimberly Brown, (281) 634-1241
Kimberly.Brown@fortbendisd.com
fax (281) 327-1241

Benefit Coordinators

to discuss benefit options:

East Zone: Alton Nash, (281) 509-2237
Alton.Nash@fortbendisd.com

West Zone: Rachel Robinson, (281) 901-2659
Rachel.Robinson@fortbendisd.com

Central Zone: LaShonda Walls, (281) 634-1184
Lashonda.Walls@fortbendisd.com

Benefits and Payroll Director

Sonja Curtis, (281) 634-1219
Sonja.Curtis@fortbendisd.com

Who, When, and How
Eligibility

WHO *IS ELIGIBLE*

All active, full-time employees are eligible for benefits through Fort Bend ISD. For all employees, benefits will be effective on the first of the month following your start date. For life and disability coverage, if you are not actively at work on the effective date, your coverage will be delayed until you return to active employment.

WHEN *TO ENROLL ONLINE**

Online enrollment must be completed in My Self-Serve within 30 days of your start date, a qualifying life event, or during open enrollment.

WHO *ARE ELIGIBLE DEPENDENTS*

You may enroll your eligible dependents in the Medical, Dental, Vision, and Voluntary Life and Accidental Death & Dismemberment (AD&D) Plans. Your eligible dependents include your legal spouse, natural child, adopted child, or a child placed with you for adoption. Your eligible dependents may be enrolled in benefits up to age 26.

HOW *TO CONTINUE COVERAGE IF EMPLOYMENT TERMINATES*

All of your plans end at the end of the month in which your employment ends. You may continue your life plans by applying within 31 days of your last day of employment. You may continue your medical, dental, vision, and medical FSA plan for a limited period of time after termination through Federal COBRA continuation.

WHEN *TO CHANGE YOUR BENEFITS**

The benefit choices you make upon initial enrollment and during our annual enrollment period will remain in place until the next open enrollment, or when you experience a qualifying life event. Your benefit change must be consistent with your change in family status.

These changes include:

- Marriage, divorce, or legal separation
- Gain or loss of an eligible dependent for reasons such as birth, adoption, court order, disability, death, reaching the dependent age limit
- Termination of your or your Dependent's Medicaid or Children's Health Insurance Program (CHIP) coverage as a result of loss of eligibility (you must contact the FBISD Benefits Department within 60 days of termination)
- You or your Dependent become eligible for a premium assistance subsidy under Medicaid or CHIP (you must contact the FBISD Benefits Department within 60 days of determination of subsidy eligibility)
- Significant changes in employment or employer-sponsored benefit coverage that affect you or your spouse's benefit eligibility
- Loss of other insurance coverage (**Note**: An employee who begins COBRA benefits and then voluntarily drops the COBRA coverage cannot come on to the FBISD benefit plans mid-year. You must wait until the FBISD open enrollment period to add benefits.)

It is your responsibility to contact the FBISD Benefits Department **within 30 days** of the qualifying event to request a change to your benefits. You must provide the Benefits Department with documentation that states the qualifying event and the date this event has or will occur.

* HOW *TO ENROLL IN YOUR BENEFITS ONLINE THROUGH* MY SELF SERVE

GO TO www.FortBendISD.com, and click on the "Staff" tab.
LOG IN Office 365 by clicking on your name and entering your password.
note: **If your account does not appear,** CLICK the "+ Use another account", enter your FBISD email address to log in.
If you need to reset your password, call the FBISD Customer Service Center at (281) 634-1300.
CLICK "Staff Links" > "My Self Serve" > Sign In to PeopleSoft (your User ID is firstname.lastname)
CLICK Main Menu > "Self Service" > "Benefits" > "Benefits Enrollment" > "Select" (next to your job title).
TO MAKE BENEFIT ELECTIONS, CLICK "Edit" > "Update and Continue".
TO CONFIRM BENEFIT ELECTIONS, CLICK "Update Elections".
TO FINISH ENROLLMENT, CLICK "Submit" on BOTH the Benefit Elections Page and the Submit Benefit Choices Page.
PRINT XML for a Benefits Summary for your records. Disable your pop-up blocker to allow the PDF to appear.

Required Proof
Documents

To enroll your dependents in the benefit plans, you must submit proof of eligibility documents by email or fax to your benefits specialist **within 14 days**. You should NOT submit original documents or certified copies (which would have a raised seal). Make sure the official seal is visible on all copies. Original documents cannot be returned.

Legal Marriage

If you are legally married, you must submit a COPY of:

-Marriage Certificate

Biological Child

To verify the eligibility of a biological child, you must submit a COPY of:

-Birth Certificate of Biological Child; OR
-Documentation on hospital letterhead indicating the birth date of the child or children under 6 months old

Adopted Child

To verify the eligibility of an adopted child or a child placed with you for adoption, you must submit a COPY of the following documents. The documents you submit will depend on the current stage of the adoption.

-Official court or agency placement/guardianship papers for a child placed with you for adoption (initial stage); OR
-Official Court Adoption Agreement for an Adopted Child (mid-stage); OR
-Birth Certificate (final stage)

Grandchild

To verify the eligibility of your grandchild, you must submit a COPY of:
-Most Recent Federal Tax Return; AND
-Official court papers establishing legal guardianship

Common Law Marriage

If you are in a common law marriage, you must submit a COPY of:

-County Certificate from the County where the marriage was recognized or recorded; OR
-If the County does not issue certificates, you can submit a Common Law Marriage Affidavit, plus the supporting documents listed on the affidavit; AND
-Most Recent Federal Tax Return

Stepchild

To verify the eligibility of your stepchild, you must submit a COPY of:

-Child's Birth Certificate showing the child's parent is the employee's spouse; AND
-Marriage Certificate showing legal marriage between the employee and the child's parent; AND
-Most Recent Federal Tax Return (if applicable)

Other Child
for whom you are the legal guardian

To verify the eligibility of any other type of child for whom you are the legal guardian, you must submit a COPY of:

-Most Recent Federal Tax Return; AND
-Court papers demonstrating legal guardianship, including the person named as the legal guardian

ABOUT *SUBMITTING TAX RETURNS* Make sure to submit the pages that display all tax dependents, your tax filing status, your address, your signature (and your spouse's, if appropriate), and the filing date. Submit either one joint return or the returns of both spouses, if you filed as "Married, Filing Separately". This is required even if you filed electronically. Make sure to black out your financial information. For audit verification, your personal income data is not required. If you have not filed your most recent tax return, submit your prior year's return.

2019 Medical Plans

Changes & Updates

FBISD is a self-funded medical plan, which means our contributions pay for our own medical bills. We have been able to keep our medical costs lower than most ISD's in our area for 5+ years. We continue this effort to keep premiums low. 2019 updates include:

Replacement of Choice Plan with the New Nexus ACO

- **Effective 1/1/2019 the Choice Plan will be ELIMINATED.**
- FBISD now offers three great newtworks of care: Kelsy Sybold - St. Luke's, Choice Premium Tier - Methodist, and Nexus - Memorial Herman.
- Enrollees on the NEW Nexus plan should select a PCP within **60 days of enrollment** in the Memorial Herman Hospital System, or one will be assigned.
- While **referrals are not required** in this model, there is an opportunity for greater coordination of the member's care with specialists, nurses, hospitals, and the advocacy team.
- Every member of your family will receive their own ID card which will include their selected PCP.

PREMIUMS will Remain the Same with Minimal Change to the Out of Pocket Cost

- Implementation of minor changes to the deductible, out of pocket, and physician office visit benefits on the Choice Premium Plan AND a $50 increase to the emergency care copay on the Kelsey and Choice Premiums Plans.

NEW Laboratory Change

- Effective 1/1/2019 **BOTH** Quest and LabCorp are in-network for UnitedHealthCare.

Smart Steps

Avoid A Medical Surcharge

2 STEPS TO AVOID A MEDICAL SURCHARGE

When you enroll in a FBISD medical plan for the first time, you have **60 days** from the date your medical insurance goes into effect to complete steps 1 and 2 of the wellness requirements in order to avoid a $25 per pay period medical surcharge.

1. **Biometric Screening (Biometric Surcharge)**
   Register and download the physician form at https://my.questforhealth.com; use member ID from your UHC medical card, and registration key. *Note: Coming soon! Updated registration key will be provided for the 2019 requirement.*
2. **Rally Health Survey**
   Register for a myuhc.com account; login with your user ID and password; select "Rally Health Survey" icon on the home page.

NOTE: If you enroll your spouse on a FBISD medical plan, your spouse MUST also complete these steps.

If at any time you or your spouse are contacted for Nurse Coaching / Disease Management (NCP), you MUST accept the phone call and participate in the program to avoid the surchrge.

Choose Your
In-Network Doctor

CALL **UNITEDHEALTHCARE** at **(888) 651-7319** FOR ALL MEDICAL PLANS

to find In-Network providers, Urgent Care or Convenience Care location

FIND AN IN-NETWORK DOCTOR for KELSEY UHC CHARTER PLAN

VISIT www.kelsey-seybold.com/providers
(the website provides all In-Network options)

FIND AN IN-NETWORK DOCTOR | HOSPITAL for CHOICE HRA, CHOICE PREMIUM TIER, and CHOICE HIGH DEDUCTIBLE PLAN

VISIT www.myuhc.com
(Select the Choice Network of Providers)

REMEMBER: When selecing a provider for CHOICE PREMIUM TIER

Choose a Tier 1 provider ("Premium Care Physician") to pay a lower out of pocket expense compared to the Tier 2 providers.

UnitedHealthcare Premium Specialties (Tier 1)

Allergy • Cardiology • ENT • Endocrinology • Family Medicine • Gastroenterology • General Surgery • Internal Medicine • Nephrology • Neurology • Neurosurgery, Orthopedics & Spine • Obstetrics & Gynecology • Pediatrics • Pulmonology • Rheumatology • Urology

FIND AN IN-NETWORK DOCTOR | HOSPITAL for Nexus ACO OA

VISIT www.myuhc.com
(Select the Nexus ACO + Nexus ACO OA Network of Providers)

UNREGISTERED MEMBERS

1. Visit www.myuhc.com
2. Select "Find a Doctor" in the middle
3. Select Nexus ACO OA Network
4. On the next screen, enter a doctor name, facility name, specialty or condition; search by distance, gender, etc.

REGISTERED MEMBERS

1. Visit MyUHC.com and click "Register Now".
To set-up a HealthSafe ID you'll be asked to...
2. Identify yourself
Enter your name, birthdate, ZIP Code, Member ID and group number.
3. Create a username and password
The website will guide you through password requirements.
4. Set-up account recovery preferences
In case you misplace your username or password.
5. Agree to Terms of Use, Privacy Policy, and the Consumer Communications Notice
Which you may review on the website.
6. Confirm your contact information.
You'll be guided through steps to verify your email address and phone number.

MEDICAL PLAN OPTIONS

Comparison

In-Network Benefits ONLY

PLAN NAME	KELSEY UHC CHARTER	NEXUS		CHOICE PREMIUM TIER		CHOICE HRA	CHOICE HIGH DEDUCTIBLE
Network	Kelsey Seybold	Nexus ACO	OA	Choice		Choice	Choice
Deductible		Tier 1	Tier 2	Tier 1	Tier 2		
Individual /	$750 /	$1,500 /	$2,000 /	$1,500 /	$2,000 /	$2,500 /	$6,500 /
Family	$1,500	$3,000	$4,000	$3,000	$4,000	$5,000	$13,000
Out of Pocket Max.							
Individual /	$3,750 /	$5,000 /	$6,000 /	$5,000 /	$6,000 /	$6,000 /	$6,500 /
Family	$7,500	$10,000	$12,000	$10,000	$12,000	$12,000	$13,000
Physician Office Visit							
Primary Care	$25 copay	$25 copay	$50 copay	$30 copay	$.50 copay	30% after deductible	0% after deductible
Specialist	$35 copay	$40 copay	$75 copay	$45 copay	$75 copay	30% after deductible	0% after deductible
Virtual Visit*	$25 / visit	$25 / visit	$25 / visit	$25 / visit	$25 / visit	$40 / visit	$40 / visit
Preventive Services Deductible waived	Plan pays 100%	Plan pays 100%		Plan pays 100%		Plan pays 100%	Plan pays 100%
Routine Labs, X-Rays	20% after deductible	20% after deductible		20% after deductible		30% after deductible	0% after deductible
Airrosti Muscle/Joint*	$35 copay	$40 copay		$45 copay		30% eligible expenses after deductible	0% after deductible
Surgery Plus**	covered at 100%	covered at 100%		covered at 100%		covered at 100%	covered at 100%
Inpatient Hospital	20% after deductible	20% after deductible		20% after deductible		30% after deductible	0% after deductible
Urgent Care	$75 copay	$75 copay		$75 copay		30% after deductible	0% after deductible
Advanced Imaging (CT scan, MRI, PET)	20% after deductible	20% after deductible		20% after deductible		30% after deductible	0% after deductible
Emergency Room (true emergency)	$300 copay*** then 20% after deductible	$300 copay then 20% after deductible		$300 copay then 20% after deductible		30% after deductible	0% after deductible
Inpatient Mental Health / Substance Abuse	20% after deductible	20% after deductible		20% after deductible		30% after deductible	0% after deductible
Prescription							
Retail Rx Drugs (30 days)	30%/40%/50%/45%	30%/40%/50%/45%		30%/40%/50%/45%		30%/40%/50%/45%	0% after deductible
Mail Order Rx (90 days)	25%/35%/45%/45%	25%/35%/45%/45%		25%/35%/45%/45%		25%/35%/45%/45%	0% after medical deductible
		Tier 1 hospital: Memorial Herman Hospital Tier 2 hospitals: any within UHC Network		Tier 1 hospital: Methodist Hospital Tier 2 hospitals: any within UHC Network		FBISD HRA contribution: $500 Individual / $1,000 Family	Plan meets ACA Affordability requirements
Rates by Plan****	pay periods	pay periods		pay periods		pay periods	pay periods
	24 19	24	19	24	19	24 19	24 19
Employee Only	$80.23 $101.34	$88.67	$112.00	$88.67	$112.00	$52.92 $66.85	$31.05 $39.22
Employee + Spouse	$248.39 $313.76	$287.61	$363.30	$287.61	$363.30	$194.16 $245.25	N/A N/A
Employee + Children	$221.67 $280.00	$245.00	$309.47	$245.00	$309.47	$136.08 $171.89	$122.73 $155.03
Employee + Family	$328.59 $415.06	$380.47	$480.59	$380.47	$480.59	$247.78 $312.99	N/A N/A

* Subject to change

** These benefits are separate from UHC, and made available in your medical plan at *no additional cost to your premium*

*** The copay is waived if admitted for the Kelsey, Choice Premium and Nexus.

**** There are 19 pay period contributions for hourly employees (24 for all others) and do not include medical surcharge (see page 10 for more information).

Where to Access Care Fast

KNOW YOUR OPTIONS BEFORE THERE'S AN EMERGENCY

KNOW YOUR OPTIONS BEFORE THERE'S AN EMERGENCY The emergency room is always there when you need it for a serious or life-threatening condition. Before you have an emergency... Do you know your options to avoid the ER? If you need care and it's not an emergency, that's the time to pause, and remember that there are alternatives to the emergency room that can save you money. You can avoid the ER by driving instead to Urgent Care or a Convenience Clinic. You can avoid the trip altogether with the convenience of your phone with Virtual Visits!

CALL **UNITEDHEALTHCARE** FOR ALL MEDICAL PLANS

to find an In-Network Urgent Care or Convenience Care location

(888) 651-7319

Urgent Care Centers

Urgent Care Centers save you thousands and give you immediate access to a doctor. They specialize in treating injuries or illnesses before they become life-threatening. Some conditions they can treat are:

- Sprains & Strains
- Cuts that may need stitches
- Minor burns
- Minor infections
- Minor broken bones

Convenience Care Clinic

They're located in retail stores and are staffed by nurses, practitioners and physician assistants. They can help with:

- Common infections
- Minor Skin Conditions
- Cuts & Burns
- Flu Shots

Virtual Visits

Talk with a doctor anytime, 24/7. Some of the conditions that you can treat using Virtual Visits from the comfort of your own home are:

- Bladder infections and Urinary Tract Infections (UTIs)
- Bronchitis
- Cold or the Flu
- Fevers
- Pink eye
- Stomach pain

Note: there are additional options beyond those covered here.
If you think you may have a medical emergency, call your doctor, go to the emergency room or call 911 immediately.

MEDICAL PLAN

Kelsey UHC Charter

The Kelsey UHC Charter Plan is a partnership between UHC and Kelsey-Seybold and utilizes ONLY **Kelsey-Seybold** physicians and affiliates. This is an in-network only plan. If you are out of the area and have an emergency, you may seek emergency care. If you have a dependent that is outside the Kelsey-Seybold network area, they will have access to the **Choice Network** for care with authorization from UHC. Please call 877-805-1970 to receive the authorization before seeking care.

In-Network ONLY, Kelsey Seybold Network Providers

Benefit	Out-of-Pocket Expense
Deductible Individual/Family	$750 / $1,500
Maximum Out-of-Pocket *(incl. deductible, medical, and RX coinsurance)* Individual/Family	$3,750 / $7,500
Office Visit PCP / Specialist / Virtual Visit	$25 copay / $35 copay / $25 per visit
Preventative Services	Covered at 100% (deductible and copays **do not** apply)
Routine Lab & X-ray In-Office Visit / Outpatient Basis	20% after deductible
Urgent Care	$75 copay
Advanced Imaging (MRI, CAT, PET, etc.)	20% after deductible
Emergency Room	$300 copay (waived if admitted); deductible & coinsurance apply
Inpatient Mental Health / Substance Abuse	20% after deductible
Inpatient Hospital	20% after deductible (with referral from PCP)

Additional Programs Included In Your Medical Premium: Virtual Visits, Airrosti, Surgery Plus, Healthy Pregnancy, Real Appeal (see pages 32-36)

Note: For a complete description of benefits, see the Summary of Benefits & Coverage or Summary Plan Description.

https://www.fortbendisd.com/page/75664

PLAN RATES*	24 PAY PERIOD CONTRIBUTIONS	19 PAY PERIOD CONTRIBUTIONS
Employee Only	$80.23	$101.34
Employee + Spouse	$248.39	$313.76
Employee + Child(ren)	$221.67	$280.00
Employee + Family	$328.59	$415.06

*Per pay period contributions without medical surcharge (see page 10 for more information).

MEDICAL PLAN
Nexus

The **Nexus** Plan is offered through UHC and utilizes the **Nexus ACO OA** network. Benefits are ONLY for In-Network providers. If you are out of the area and have an emergency, you may seek emergency care. When you choose a Tier 1 provider, you are choosing providers in the Memorial Herman Hosptial System.

TIER 1 (In-Network ONLY) Memorial Herman Hospital System

TIER 2 (In-Network ONLY) All UHC In-Network Choice Providers and Hospitals

Benefit	Tier 1	Tier 2
Deductible Individual/Family	$1,500 / $3,000	$2,000 / $4,000
Maximum Out-of-Pocket *(incl. deductible, medical, and RX coinsurance)* Individual/Family	$5,000 / $10,000	$6,000 / $12,000
Office Visit PCP / Specialist / Virtual Visit	$25 copay / $40 copay / $25 per visit	$50 copay / $75 copay / $25 per visit
Preventative Services	Covered at 100% (deductible and copays **do not** apply)	Covered at 100% (deductible and copays **do not** apply)
Routine Lab & X-ray In-Office Visit / Outpatient Basis	20% after deductible	20% after deductible
Urgent Care	$75 copay	$75 copay
Advanced Imaging (MRI, CAT, PET, etc.)	20% after deductible	20% after deductible
Emergency Room	$300 copay (waived if admitted); deductible & coinsurance apply	$300 copay (waived if admitted); deductible & coinsurance apply
Inpatient Mental Health / Substance Abuse	20% after deductible	20% after deductible
Inpatient Hospital	20% after deductible	20% after deductible

Additional Programs Included In Your Medical Premium: Virtual Visits, Airrosti, Surgery Plus, Healthy Pregnancy, Real Appeal (see pages 32-36)

Note: For a complete description of benefits, see the Summary of Benefits & Coverage or Summary Plan Description.
https://www.fortbendisd.com/page/75662

PLAN RATES*	24 PAY PERIOD CONTRIBUTIONS	19 PAY PERIOD CONTRIBUTIONS
Employee Only	$88.67	$112.00
Employee + Spouse	$287.61	$363.30
Employee + Child(ren)	$245.00	$309.47
Employee + Family	$380.47	$480.59

*Per pay period contributions without medical surcharge (see page 10 for more information).

MEDICAL PLAN

Choice Premium Tier

The **Choice Premium Tier Plan** is offered through UHC and utilizes the **Choice** network. Benefits are ONLY for In-Network providers. If you are out of the area and have an emergency, you may seek emergency care. When you choose a Tier 1 provider (Premium Care Physician), you are choosing providers who meet high quality and cost efficiency guidelines.

TIER 1 (In-Network ONLY) Premium Care Physician, Methodist Hospital System

TIER 2 (In-Network ONLY) Choice Network Providers, All UHC In-Network Hospitals

Benefit	Tier 1	Tier 2
Deductible Individual/Family	$1,500 / $3,000	$2,000 / $4,000
Maximum Out-of-Pocket *(incl. deductible, medical, and RX coinsurance)* Individual/Family	$5,000 / $10,000	$6,000 / $12,000
Office Visit PCP / Specialist / Virtual Visit	$30 copay / $45 copay / $25 per visit	$50 copay / $75 copay / $25 per visit
Preventative Services	Covered at 100% (deductible and copays **do not** apply)	Covered at 100% (deductible and copays **do not** apply)
Routine Lab & X-ray In-Office Visit / Outpatient Basis	20% after deductible	20% after deductible
Urgent Care	$75 copay	$75 copay
Advanced Imaging (MRI, CAT, PET, etc.)	20% after deductible	20% after deductible
Emergency Room	$300 copay (waived if admitted); deductible & coinsurance apply	$300 copay (waived if admitted); deductible & coinsurance apply
Inpatient Mental Health / Substance Abuse	20% after deductible	20% after deductible
Inpatient Hospital	20% after deductible	20% after deductible

Additional Programs Included In Your Medical Premium: Virtual Visits, Airrosti, Surgery Plus, Healthy Pregnancy, Real Appeal (see pages 32-36)

Note: For a complete description of benefits, see the Summary of Benefits & Coverage or Summary Plan Description.

https://www.fortbendisd.com/page/75663

PLAN RATES*	24 PAY PERIOD CONTRIBUTIONS	19 PAY PERIOD CONTRIBUTIONS
Employee Only	$88.67	$112.00
Employee + Spouse	$287.61	$363.30
Employee + Child(ren)	$245.00	$309.47
Employee + Family	$380.47	$480.59

*Per pay period contributions without medical surcharge (see page 10 for more information).

MEDICAL PLAN
Choice HRA

The **Choice HRA Plan** is offered through UHC and utilizes the **Choice** network. Benefits are ONLY for In-Network providers. If you are out of the area and have an emergency, you may seek emergency care.

In-Network ONLY, Choice Network Providers

Benefit	Out-of-Pocket Expense
Health Reimbursement Account (HRA) Individual/Family	Amount District contributes to your account: $500 / $1,000
Deductible Individual/Family	$2,500 / $5,000
Maximum Out-of-Pocket *(incl. deductible, medical, and RX coinsurance)* Individual/Family	$6,000 / $12,000
Office Visit PCP / Specialist / Virtual Visit	30% after deductible
Preventative Services	Plan pays 100% (deductible and copays **do not** apply)
Routine Lab & X-ray In-Office Visit / Outpatient Basis	30% after deductible
Urgent Care	30% after deductible
Advanced Imaging (MRI, CAT, PET, etc.)	30% after deductible
Emergency Room	30% after deductible
Inpatient Mental Health / Substance Abuse	30% after deductible
Inpatient Hospital	30% after deductible

Additional Programs Included In Your Medical Premium: Virtual Visits, Airrosti, Surgery Plus, Healthy Pregnancy, Real Appeal (see pages 32-36)

Note: For a complete description of benefits, see the Summary of Benefits & Coverage or Summary Plan Description.

https://www.fortbendisd.com/page/75665

PLAN RATES*	24 PAY PERIOD CONTRIBUTIONS	19 PAY PERIOD CONTRIBUTIONS
Employee Only	$52.92	$66.85
Employee + Spouse	$194.16	$245.25
Employee + Child(ren)	$136.08	$171.89
Employee + Family	$247.78	$312.99

*Per pay period contributions without medical surcharge (see page 10 for more information).

IMPORTANT NOTE If you are enrolled in the Choice HRA plan, you must exhaust the funds in your Health Reimbursement Account (HRA) before you can use your Flexible Spending Account (FSA) funds for medical expenses. You will not be able to use your FSA debit card for medical expenses if you are enrolled in the Choice HRA plan. However, you will be able use the FSA debit card to fill prescriptions. You must pay out-of-pocket for medical expenses and seek reimbursement from the FSA by submitting a claim form and your receipts.

MEDICAL PLAN

Choice High Deductible

The **Choice High Deductible Plan** is offered through UHC and utilizes the **Choice** network. Benefits are ONLY for In-Network providers. If you are out of the area and have an emergency, you may seek emergency care. This plan meets "affordability" under the Affordable Care Act (ACA).

In-Network ONLY, Choice Network Providers

Benefit	Out-of-Pocket Expense
Deductible Individual/Family	$6,500 / $13,000
Maximum Out-of-Pocket *(incl. deductible, medical, and RX coinsurance)* Individual/Family	$6,500 / $13,000
Office Visit PCP / Specialist / Virtual Visit	0% after ded / 0% after ded
Preventative Services	Covered at 100% (deductible and copays **do not** apply)
Routine Lab & X-ray In-Office Visit / Outpatient Basis	0% after deductible
Urgent Care	0% after deductible
Advanced Imaging (MRI, CAT, PET, etc.)	0% after deductible
Emergency Room	0% after deductible
Inpatient Mental Health / Substance Abuse	0% after deductible
Inpatient Hospital	0% after deductible
Prescription Drug Plan	0% after deductible
	The amount you pay prior to meeting your deductible is based on the discounts ESI has negotiated with the pharmacy.

Additional Programs Included In Your Medical Premium: Virtual Visits, Airrosti, Healthy, Pregnancy, Real Appeal (see pages 32-36)

Note: For a complete description of benefits, see the Summary of Benefits & Coverage or Summary Plan Description.

https://www.fortbendisd.com/page/75674

PLAN RATES*	24 PAY PERIOD CONTRIBUTIONS	19 PAY PERIOD CONTRIBUTIONS
Employee Only	$31.05	$39.22
Employee + Spouse	Not offered	Not offered
Employee + Child(ren)	$122.73	$155.03
Employee + Family	Not offered	Not offered

*Per pay period contributions without medical surcharge (see page 10 for more information).

Prescription Drug Plan

Rx Benefits | Express Scripts

The Prescription Drug plan is offered through Express Scripts (ESI), administered by RxBenefits. RxBenefits is a Pharmacy Benefits Administrator that provides experts to help you navigate issues related to purchasing prescription medicine. **You are automatically enrolled in the prescription drug program when you enroll in one of the Fort Bend ISD medical plans.** Below is a table showing the applicable coinsurance by tier for a 31 day supply (except for Choice High Deductible Plan):

RETAIL BENEFITS You can obtain up to a 31-day supply at any ESI Network pharmacy.

PARTICIPATING PHARMACIES INCLUDE
Walmart • Target • CVS • Walgreen's • Rite-Aid • Duane Reade • Medicine Shoppe • Ralphs's • Kroger • Meijer • H-E-B • Sam's Club • Shopko • Randall's • And Many More

MAIL ORDER BENEFITS In addition to local retail access, your employer offers the additional benefit of Mail Order. Maintenance drugs can be ordered through ESI's mail order pharmacy and delivered to your home. Maintenance medications are those that you take for ongoing medical conditions like diabetes, high blood pressure and asthma. Mail Order allows you to enjoy benefits such as home delivery with free standard shipping for up to a 90-day supply of medication, and you can conveniently order refills by internet or by phone, anytime.

SPECIALTY MEDICATIONS are those that are used to treat complex, chronic conditions like cancer, rheumatoid arthritis and MS, and often require special handling and administration. Specialty medications require prior authorization and quantity limits may apply.

myDrugCosts TOOL Now available to help you shop and compare prices for your prescription medications. You can access myDrugCosts in your FBISD LiveWell App or online at myDrugCosts.com.

NOTE

The pharmacy plan has a Mandatory Generic Drug Policy in place.

If you choose a brand-name medication when a generic medication is available, you will be responsible for paying the difference in cost between the brand-name and the generic medication, plus the applicable coinsurance.

EXPRESS SCRIPTS®

RETAIL (% of drug cost)	MAIL ORDER* (% of drug cost)
Tier 1 - 30%	Tier 1 - 25%
Tier 2 - 40%	Tier 2 - 35%
Tier 3 - 50%	Tier 3 - 45%

**Mail order prescriptions have a maximum per 90-day supply of $150.*

SPECIALTY MEDICATIONS

Limited to 30-day at home delivery, at 45% coinsurance with a maximum of $75.

myDrugCosts

Shop for best prices for your medications in your FBISD LiveWell app.
fortbendisd.myDrugCosts.com

Prescription Drug Plan

Step Therapy

Step Therapy is a program designed especially for people who take prescription drugs regularly to treat ongoing medical conditions. Step Therapy simply means making sure you get safe and proven-effective medicine for your condition – at the lowest possible cost to you. In other words, it's how you can avoid paying more for the medicine you need.

How Step Therapy Works

A panel of independent licensed physicians, pharmacists and other medical experts work with ESI to recommend medicines for the step therapy program. Together, they review the most current research on thousands of prescription medicines tested and approved by the Food and Drug Administration (FDA). Then they determine the most appropriate medicines to include in the program. Medicines are then grouped in categories, or "steps."

Front-line Drugs – Step 1 – These are the first step and are typically generic and lower-cost brand-name medicines. They are proven to be safe and effective, as well as affordable. In most cases, they provide the same health benefit as more expensive medicines, but at a lower cost.

Backup Drugs – Step 2 and Step 3 drugs – are typically brand-name medicines. They are best suited for the few patients who don't respond to first-line medicines. They're also the most expensive options.

How do you find out if a first-line medicine is right for you?

Only your doctor can make that decision. Log in to your account at express-scripts.com or call the number on your member ID card to find out if step therapy applies to the medicine your doctor prescribed. If it does, you can see a list of first-line alternatives. You can give that list to your doctor to choose the medicine your plan covers that best treats your condition.

What happens if your doctor gives you a prescription that's not on the first-line list for your plan?

The first time you try to fill the prescription, your pharmacist should explain that step therapy requires you to try a first-line medicine before a second-line medicine is covered. Since only your doctor can change your current prescription, either you or your pharmacist need to speak with your doctor to request a first-line medicine that's covered by your plan. If you need your prescription right away, you may ask your pharmacist to fill a small supply until you can consult your doctor. NOTE: You might have to pay full price for this small supply.

How to start step therapy

The next time your doctor writes you a prescription, or if your current medicine qualifies, ask if a first-line generic medicine is right for you. Often, generic medicines have the same chemical makeup as their brand-name counterparts, and the same effect on the body, so the only real difference is cost.

Plans often cover second-line (more expensive) medicines if:
- You've tried the first-line medicine covered by your step therapy program, and you and your doctor feel that the medicine doesn't treat your condition effectively, OR
- You can't take a first-line medicine (for example, because of an allergy), OR
- Your doctor decides that you need a second-line medicine for medical reasons

If you have questions about step therapy, or anything else regarding your prescription plan, RxBenefits is available to assist. Just call the Member Service phone number on the back of your member ID card. You can also log in to ***express-scripts*** or download the Express Scripts mobile app to learn more about your pharmacy plan. With the Express Scripts mobile app, managing your medication is a snap! You can view orders, access your ID card, check drug interactions or even find the closest retail pharmacy in seconds.

Value Plan & Network Access Plan

GUARDIAN®

Dental Plan

VALUE PLAN **Your dental coverage is provided through Guardian.** With the Value Plan DPPO, you must see an In-Network dentist. You have lower out-of-pocket costs for Basic and Major dental services than you would with the NAP Plan option. If you already see an In-Network dentist or if you are willing to change to an In-Network dentist, the Value Plan may be a good option to save money on dental expenses. If you go to an out of network dentist on the value plan, the dentist payments are based on the discounted fee schedules agreed upon by network dentist and you will pay more for the visit than on the NAP Plan.

NETWORK ACCESS PLAN With the Network Access Plan (NAP) DPPO, you may see any dentist that you choose. However, In-Network dentists have agreed to accept reduced fees for the services they provide. They have also agreed not to charge you any amount that exceeds the allowable amount, aside from deductibles, coinsurance and services that are limited or not covered under the plan. This will reduce your out-of-pocket expenses. If your dentist is an out-of-network provider, dental benefits will be based on reasonable and customary charges.

Locate In-Network Providers

www.guardiananytime.com

click *Find a Provider*
then *Find a Dentist...*
under *Select a Plan*, choose *PPO*

Or CALL CUSTOMER SERVICE at 1-800-541-7846

In-Network Benefit	Value Plan	Network Access Plan
Calendar Year Maximum Per Person	$2,000	$2,000
Annual Deductible Individual / Family	$50 / $150	$50 / $150
Frequency Cleanings (Preventive Only)	Twice per calendar year (Jan. 1 – Dec. 31)	Twice per calendar year (Jan. 1 – Dec. 31)
Class A - Preventive and Diagnostic Care Prophylaxis, Oral exam, Sealants, Diagnostic Casts, Radiographs	0% no deductible applies	0% no deductible applies
Class B - Basic Services Endodontic, Periodontal, Space Maintainers, Surgical Extractions	0%	20%
Class C - Major Services Crown, Inlay, Dentures, Bridge	40%	50%
Class D – Orthodontia* Child (Under 19 Years Old)	50%	50%

Rates by Plan**	24 PAY PERIOD CONTRIBUTIONS	19 PAY PERIOD CONTRIBUTIONS
Employee Only	$20.65	$26.08
Employee + 1	$41.29	$52.16
Employee + Family	$61.93	$78.23

*Lifetime Payment Limit of $2,000 for orthodontic treatment.

Pre-treatment review is available on a voluntary basis when dental work in excess of $300 is proposed.

DENTAL HMO

Dental Plan

Your dental coverage is provided through Guardian. With your DHMO plan, you enjoy negotiated discounts from In-Network dentists. Out-of-network visits are not covered. You must designate and use a participating provider. You pay a fixed copay for each covered service. There are no deductibles or plan maximums. Under the DHMO Dental Plan, should your treatment plan require the services of a specialist, you will be referred to one. **Please note that there is no coverage available outside of Texas.**

Locate In-Network Providers

www.guardiananytime.com

click *Find a Provider*
then *Find a Dentist...*
under *Select a Plan,* choose *Managed Dental Care*

Or CALL CUSTOMER SERVICE at 1-888-618-2016

DHMO Benefits

When using a participating dentist, the amount you will be responsible for paying is the applicable copay associated with the type of service you receive. See the certificate of coverage for a list of copay amounts located on the benefits webpage (http://www.fortbendisd.com/Page/78016).

Cleaning Frequency: Twice per calendar year (Jan. 1 – Dec. 31)
Orthodontra: Available for both children and adults

Rates by Plan*	24 PAY PERIOD CONTRIBUTIONS	19 PAY PERIOD CONTRIBUTIONS
Employee Only	$4.90	$6.19
Employee + 1	$8.15	$10.29
Employee + Family	$15.17	$19.16

See Guardian DHMO Plan Copay Schedule
https://www.fortbendisd.com/Page/78016

GUARDIAN®

Vision Plan

Your Vision coverage is provided through Guardian using Vision Service Plan's (VSP) network of providers. Guardian offers benefits through a national network of eye specialists and national and regional optical chains. You may receive care and services from providers outside of the VSP Choice network, but at a reduced level of benefit.

Locate In-Network Providers

www.guardiananytime.com

click *Find a Provider*
then *Find a Vision Provider...*
under *Select Your Vision Plan, choose VSP*

Or CALL CUSTOMER SERVICE at 1-800-541-7846

Benefit	In-Network	Out-of-Network
Exam	$20 copay	reimbursed up to $39
Materials	$20 copay	*varies (see below)*
Exam Frequency	1 / calendar year	1 / calendar year
Frame Frequency	1 / calendar year	1 / calendar year
Contact Lens Exam Frequency (in lieu of lenses & frames)	1 / calendar year	1 / calendar year
Lenses		Member Reimbursed:
Single Vision	100% after copay*	Up to $23
Bifocal	100% after copay*	Up to $37
Trifocal	100% after copay*	Up to $49
Frames		
Frame Allowance	$150 allowance + 20% off	Up to $46
Contact Lenses		
Medically Necessary	100%*	Up to $210
Elective	$150 allowance*	Up to $100

*These benefits are subject to copay, if any.

Vision Rates**	24 PAY PERIOD CONTRIBUTIONS	19 PAY PERIOD CONTRIBUTIONS
Employee Only	$4.99	$6.30
Employee + 1	$7.99	$10.09
Employee + Children	$8.64	$10.91
Employee + Family	$13.14	$16.60

If you enroll in the vision plan, you will receive an ID card from Guardian for vision.

Health
Flexible Spending Account

UnitedHealthcare

submit receipts at
www.myuhc.com

Fort Bend ISD's Flexible Spending Account is administered by UHC. Your FSA contributions, deducted on a pre-tax basis, may be used to pay for qualified health care expenses.

For the 2019 plan year, you may elect up to $2,650 for your Health FSA.

For more information, please visit the IRS website at:
https://www.irs.gov/pub/irs-pdf/p503.pdf

A **Health FSA** allows you to set aside tax-free dollars into an account that will reimburse you for out-of-pocket qualified medical expenses "incurred" during the plan year (1/1/19 – 12/31/19). The term "incurred" means that the service must be performed during the plan year. **Eligible expenses may be incurred by you, your spouse, or your eligible dependent child(ren).** Reimbursements received from your Health FSA are tax-free. In addition, you can use your debit card to pay for qualified expenses directly from your reimbursement account.

Examples of eligible expenses include deductibles, copays, Lasik eye surgery, prescription drugs, and orthodontia. Over-the-counter medications, with the exception of insulin, will require a prescription to be considered a qualified medical expense for reimbursement from your FSA.

See IRS Code Section 213(d) or 502 for a list of eligible expenses. The expenses must be for "medical care" and be for the diagnosis, care, mitigation, treatment or prevention of a disease, or for the purpose of affecting any structure or function of the body.

Use-it-or-lose-it and Filing Deadline If you have unused contributions in your Health FSA at the end of the current plan year you can continue to incur expenses during the first 2.5 months immediately following the end of the plan year, and receive reimbursement for these expenses until such unused funds are depleted. All requests for reimbursement will be accepted and processed through March 31. After March 31, funds remaining in your account for current plan year will be forfeited.

Health FSA - Claims must be received by UHC's FSA department within 90 days of the end of the plan year. If your employment terminates during the year your claims must be incurred prior to the end of the month in which your termination occurs, your request for reimbursement must be received by UHC's FSA department within 90 days of the end of the plan year.

Debit Card Your FSA debit card allows you to quickly and conveniently access funds in your FSA for health care expenses. You may use it to pay for eligible expenses at the time of service and at locations that accept it.

> **IMPORTANT NOTE** If you are enrolled in the Choice HRA plan, you must exhaust the funds in your Health Reimbursement Account (HRA) before you can use your FSA funds for medical expenses. You will not be able to use your FSA debit card for medical expenses if you are enrolled in the Choice HRA plan. You must pay out-of-pocket for medical expenses and seek reimbursement from the FSA by submitting a claim form and your receipts. However, you will be able use the FSA debit card for filling prescriptions.

You are NOT eligible for the Health FSA if you or your spouse currently contribute to an HSA.

KEEP COPIES of ALL of your receipts and explanation of benefits worksheets for eligible transactions. UHC will most likely ask you for this documentation. The only reason UHC will not ask for documentation is if the amount swiped on your debit card is equal to a copay or deductible in Fort Bend ISD's medical plans. You are required to provide receipts during an IRS audit.

Dependent Care

Flexible Spending Account

UnitedHealthcare®

Fort Bend ISD's Flexible Spending Account is administered by UHC. Your FSA contributions, deducted on a pre-tax basis, may be used to pay for qualified dependent care expenses.

For the 2019 plan year, you may elect up to $5,000 for your Dependent FSA.

The **Dependent Care FSA** allows you to save taxes on up to $5,000 in "qualified" day care expenses every year. **Dependent Care FSAs reimburse only up to the account balance on the date your claim is received.** Claims exceeding the balance are reimbursed when there is enough in the account to cover them.

Under Code Section 21(b)(1) "qualifying individual" means a dependent of the taxpayer as defined in Code Section 152(a)(1) (i.e., a qualifying child) who has not attained age 13; a dependent of the taxpayer who is physically or mentally incapable of caring for himself or herself and has the same principal abode as the taxpayer for more than half of the year.

Qualified day care expenses include:

- Care provided while both parents are working or looking for work
- Care that has been provided during the plan year (1/1/19 – 12/31/19)
- Actual day care expenses (separate fees for services such as transportation, meals, classes, lessons, trips or supplies are not reimbursable unless the charges are included as part of your base fee – not itemized)
- Day camps, including those that focus on specific activities, such as sports and arts (overnight camps are excluded even if the camp apportions the day camp and overnight charges)
- Day care providers tax ID or individual's social security number must be provided

Sample of ineligible expenses include:

- Child care provided by your tax dependent or your child under age 19
- Overnight camps and tuition for kindergarten
- Childcare when one parent is not working or looking for work

Use-it-or-lose-it and Filing Deadline If you have unused contributions in your Dependent Care FSA at the end of the current plan year you can continue to incur expenses during the first 2.5 months immediately following the end of the plan year, and receive reimbursement for these expenses until such unused funds are depleted. All requests for reimbursement will be accepted and processed through March 31. After March 31, funds remaining in your account for current plan year will be forfeited.

Dependent Care FSA - Claims must be **received** by UHC's FSA department within 90 days of the end of the plan year.

Debit Card Your FSA debit card allows you to quickly and conveniently access funds in your FSA for dependent care expenses. You may use it to pay for eligible dependent care expenses at the time of service and at locations that accept it.

Keep copies of ALL of your receipts and explanation of benefits worksheets for eligible transactions. UHC may ask you for this documentation. You are required to provide receipts during an IRS audit.

If your childcare provider does not accept payment by debit card, you can pay the provider directly and then request reimbursement from UHC directly to your checking or savings account.

Important Difference between FSA accounts

There is a difference in when you can use the funds in your FSA accounts:

- Health FSA – the full amount you elect is available the first day your benefits are effective
- Dependent Care FSA – only the amount which has been taken from your paycheck is available for use

FSA Example

HOW AN FSA CAN SAVE YOU MONEY

Bob and Jane's combined gross income is $30,000. They have two children and file their income taxes jointly. Since Bob and Jane expect to spend $2,000 in adult orthodontia and $3,300 for day care next plan year, they decide to elect a total of $5,300 into their FSAs.

	Without FSAs	With FSAs
Gross income:	$30,000	$30,000
FSA contributions:	0	-5,300
Gross income:	30,000	24,700
Federal Taxes*	4,500*	3,705*
FICA Taxes*	-2,295	-1,890
After-tax earnings:	23,205	19,105
Medical & dependent care expenses:	-5,300	0
Remaining spendable income:	$17,905	$19,105
Spendable income increase:		$1,200

*Assumes 15% Federal Income Tax and 7.65% FICA. The example above is for illustrative purposes only. Every situation varies and we recommend that you consult a tax advisor for all tax advice.

FBISD

GUARDIAN®

Basic Life & AD&D
Voluntary Life & AD&D

Fort Bend ISD provides each eligible employee with Basic Life and Accidental Death & Dismemberment (AD&D) insurance through Guardian. Basic Life & AD&D is paid 100% by Fort Bend ISD and so there is no cost to you.

Basic Life Insurance / AD&D	
Benefit Amount	$25,000
Age Reduction	50% at age 70
Accelerated Death Benefit	75% of benefit amount

Voluntary Life Insurance and AD&D

You have the option to purchase Voluntary Life and AD&D coverage for yourself and your dependents through Guardian. You must elect this for yourself in order to purchase Life Isurance on your eligible dependents. **Voluntary Life and AD&D is combined and is not offered separately**. As a new hire, any amount selected over the guarantee issue amount will require a completed Evidence of Insurability Form. **When you retire or leave FBISD, you have 31 days to continue your coverage; call Guardian for additional information. You pay the full cost of this benefit.**

Benefit Amount Maximum (could be subject to medical questions; see Guarantee issue below for new hires and certificate of coverage for plan provisions)	Employee	$10,000 increments, up to $500,000
	Spouse	$10,000 increments to 100% of Employee Amount, not exceeding $250,000
	Child(ren)	Dependent child age 1 - 14 days $100; 14 days - 26 years $10,000
Guarantee Issue	Employee*	$250,000
	Spouse	$30,000
	Child(ren)	$10,000
Age Reduction	50% at age 70	
Accelerated Death Benefit	75% of benefit amount up to $250,000	
Late Entrant Penalty	All amounts will require an Evident of Insurability (EOI) form to be completed. Coverage will become effective once approved by Guardian.	

* If you are currently enrolled in Voluntary Life, you can increase your amount by $50,000 each Open Enrollment without EOI, up to the *Guarantee Issue* amount (for Employee Coverage only).

Monthly Voluntary Life Insurance and AD&D Rates (per $1,000)		
Age	Employee Rate	Spouse Rate**
25	$0.063	$0.120
25-29	$0.066	$0.107
30-34	$0.071	$0.109
35-39	$0.092	$0.129
40-44	$0.121	$0.173
45-49	$0.178	$0.257
50-54	$0.258	$0.387
55-59	$0.378	$0.581
60-64	$0.524	$1.003
65-69	$0.867	$1.681
70-74	$1.518	$3.069
75+	$3.058	$5.928

**spouse rate based on employee age
child rate: $0.305 per $1,000

CALCULATION EXAMPLE

FOR A FAMILY

Employee: 38 years old electing $250,000 in Life and AD&D insurance:
Life and AD&D: 250,000 ÷ 1,000 x $0.092 = $23.00
Spouse: 45 years old electing $30,000 in Life and AD&D insurance:
Life and AD&D: 30,000 ÷ 1,000 x $0.257 = $7.71
Child(ren): electing $10,000 in Life and AD&D Insurance (the rate covers all children under 26 in a family):
Life and AD&D: 10,000 ÷ 1,000 x $0.305 = $3.05

Total Monthly Rate: $33.76

GUARDIAN®

Voluntary Disability

Fort Bend ISD provides each eligible employee the option to select a voluntary disability plan through Guardian. Disability insurance is designed to help supplement your income when you are unable to work because of maternity, an accident, or illness that is not work related. You are responsible for the cost of this coverage. When you leave FBISD, you have 31 days to continue your coverage; call Guardian for additional information.

Voluntary Disability Benefit

Definition of Disability	Prevented from performing one or more of the Main Duties of: 1) Your Occupation during the Elimination Period 2) Any Gainful Occupation, following the Elimination Period.
Elimination Period	**Option 1:** 14 days injury or sickness **Option 2:** 90 days injury or sickness
Base Benefit	66.67% of covered earnings* per $100 of salary Your salary will be determined as of January 1.

This means that after 14 or 90 days of disability, Guardian will pay you 66.67% of covered earnings (per $100 of salary) up to the maximum shown below.

Maximum Weekly Benefit (before week 26)	$1,730 per week (weekly benefit: annual salary divided by 52 weeks)
Maximum Monthy Benefit (after week 26)	$7,500 per month (monthly benefit: annual salary divided by 12 months)
Limitations	
Pre-Existing Condtions	3/12 (any condition that was diagnosed or treated within the last 3 months prior to eligibility under the policy will not be covered for 12 months under this disability plan)
Mental Illness, Substance Abuse & Self-Reported	Up to 24 months of coverage, combined

Voluntary Disability Monthly Rates (per $100)

Option 1-14 day Elimination Period	$1.034
Option 2-90 day Elimination Period	$0.960

Age at Disability	Maximum Benefit Duration
<60	to age 65, but not less than 60 months
60	60 months
61	48 months
62	42 months
63	36 months
64	30 months
65	24 months
66	21 months
67	18 months
68	15 months
69 and over	12 months

Your disability benefit may be reduced by other income benefits. See Certificate of Coverage for details. https://www.fortbendisd.com/Page/75851

Supplemental Plans

Aflac

TO ENROLL

www.aflac.com/fortbendisd
lisa_bates@us.aflac.com
713-444-2208

Think you are completely covered by your major medical plan?

You don't have all the Aflacts.

Aflac is different from health insurance: it's insurance for daily living. Major medical pays for doctors, hospitals, and prescriptions. Aflac is insurance for daily living. It pays cash benefits directly to you, unless otherwise assigned, to help with daily expenses due to an illness or accident.

Aflac is an extra measure of financial protection. When you're sick or hurt, Aflac pays cash benefits directly to you to help you and your family with unexpected expenses. The benefits are predetermined and paid regardless of any other insurance you have.

Aflac pays you cash benefits to use as you see fit. You can use your Aflac benefits check to help pay for groceries, child care, rent... It's totally up to you.

Aflac benefits help with unexpected expenses. Your Aflac benefits check helps you pay for the many out-of-pocket expenses you incur when you are sick or hurt - such as the cost of transportation to and from medical facilities, parking, and additional child care expenses.

Aflac belongs to you, not your company. When you have an Aflac policy - it's yours. You own it. Even if you change jobs or retire, you can take your Aflac policy with you, no increase in premiums.

Aflac is affordable. We have a range of products that can fit most budgets. Aflac can help provide you and your family with coverage and security to help maintain your everyday life in case of illness or injury. And, Aflac rates don't go up, even when you file a claim.

Aflac processes claims quickly - usualy within four days.* Aflac provides prompt service and fast payment of approved claims to help you pay your bills. While you're focusing on your health we focus on getting you cash as quickly as possible.

Aflac claims are easy to file. When you're sick or hurt, the last thing you need is a complicated form to fill out. Aflac benefits are easy to understand, and our forms are easy to complete.

Aflac pays you benefits even when you're healthy. We want you to be healthy - that's why we promote preventative care. Get a routine physical, a mammogram, or an eye exam, and we'll pay you. ** It's that Simple.

* For Continental American Insurance Company, the average is five days.
** Benefits may not be available in all states.

• ACCIDENT

While Aflac cannot prevent accidents from happening, we can help prepare for those unexpected expenses associated with an accident. Our promise is that when the unexpected happens, Aflac is there. And in today's world, it's comforting to know Aflac will be there to help provide peace of mind that's backed by a brand that people know and trust.

• SICKNESS AND HOSPITAL INDEMNITY

Whether a person is hospitalized for a few days or a few weeks, major medical health insurance typically has a deductible that must be met before benefits begin. Aflac provides cash benefits that can help policyholders recoup their deductibles faster, therefore reducing out-of-pocket expenses.

• CANCER

Aflac is a pioneer in the cancer insurance industry – we sold our first cancer policy back in 1958. Since then, we've paid billions in cancer claims. And when you pay billions in cancer claims, you learn a thing or two about the disease, such as about how patients are treated and the cost of care. More than 50 years of experience gives Aflac an advantage over many of our competitors. In addition, we stay informed about advances in cancer treatment so that our policy holders continue to have the most up-to-date policy benefits.

• CRITICAL ILLNESS

There has never been a better time to offer critical illness coverage. People are living longer and the likelihood of experiencing a critical illness, such as heart attacks, strokes, comas, paralysis, end-stage renal failure, coronary artery bypass surgery, major human organ transplants, and more, has increased. Helping employees protect themselves against income loss is vital to helping them recover from the medical and non-medical impact of a critical illness.

For illustrative purposes only: Aflac policies have limitations and exclusions that may affect eligibility for coverage and benefits payable. See the policy and outline of coverage for complete details, definitions, limitations, and exclusions.

Legal Advice & ID Protection

Legal Shield

With a LegalShield legal plan you will have access to law firms on a variety of personal or family legal needs with no out of pocket expense other than your monthly premium! Below is a brief sampling of the areas that are covered. For detailed plan description please see your member contract. This plan covers you, your spouse or domestic partner, and dependents.*

In some legal situations, you may be referred outside of LegalShield; you will receive a 25% discount on these services.

- Home: Residential Loan Document Assistance, Refinance, Foreclosure
- Unlimited: Consultations on any personal or family questions
- Financial: Collections, Warranties, Guarantees, Contract review, IRS audit
- Family Matters: Adoption, Name Change Representation,Uncontested Divorce, Separation
- Estate Issues: Wills, Living Wills, Health Care Power of Attorney
- Auto: Moving Violations, Accidents, 24/7 Emergency hotline

IDSHIELD

LegalShield identity theft plan provides identity monitoring as well as top-of-the-line identity theft restoration from Kroll Advisory Solutions. The identity theft plan covers you and your spouse or domestic partner and up to 8 dependents.

- Credit Report: Secure web access to your up-to-date credit report and detailed score analysis.
- Privacy Monitoring / Activity Alerts: Monitoring of Name, DOB, Driver's License, Passports, Email, Medical ID, Credit Cards, Bank Accounts etc.
- Identity Restoration Services: Kroll, the experts in identity theft restoration, will step in and take over the restoration process for you, should you face an identity theft issue.**
- 5 Million Dollar Service Guarantee: Restores ID back to pre-theft status.

*Covers never married dependent children that live at home or full-time college students up to age 18 for ongoing monitoring and up to age 26 for IDshield and Legal plans.

**Restoration assistance requires the member sign a limited power of attorney to allow Kroll to do the necessary work.

	Legal Services Only		Identity Theft Services Only		Both Services Combined	
Pay Periods	24 PP	19 PP	24 PP	19 PP	24 PP	19 PP
Employee Only	$7.48	$9.45	$4.23	$5.34	$11.70	$14.78
Employee + Family	$7.98	$10.08	$7.98	$10.08	$14.45	$18.25

FOR MORE INFORMATION, CONTACT YOUR INDEPENDENT ASSOCIATE:

Jason Lavender
512.740.3322
jlavender@legalshieldassociate.com

HERE TO HELP

EMPLOYEE ASSISTANCE

A awp Program

Fort Bend ISD provides ALL employees and their family household access to an employee assistance program through Alliance Work Partners. This program is paid for by Fort Bend ISD and many of the services such as the face to face counseling sessions and phone consultations for legal and financial will not cost you anything.

Teen line 800-334-8336

email EAP@alliancewp.com

online services www.awpnow.com.com

registration code AWP-FBISD-3769

24-HR HELP & CRISIS HOTLINE

800-343-3822

6	+
Counseling Sessions	Additional Services

WHAT is an EAP?

An EAP offers confidential services to YOU AND YOUR FAMILY at NO COST TO YOU. Everyone in your household is covered under this plan.

Counseling Sessions Offered At No Cost To You

Up to 6 face to face counseling sessions per problem per year. This service can successfully help you manage life's challenges. Some of the issues that can be addressed through an EAP are stress management, depression, family issues, workplace issues, alcohol & drug abuse.

Additional Services

Legal Services • Financial Services • Work life Services

Program Materials

See the Alliance Work Partners brochure or obtain additional materials at www.awpnow.com

Doctors Online, Anytime

Virtual Visits

Available to FBISD Employees

DOCTOR ON DEMAND Fort Bend ISD is providing you and your eligible dependents with an affordable, convenient option for treating many medical conditions. Virtual Visits allows you to talk to a doctor anytime, anywhere by phone. You are responsible for the Primary Care Copay on your medical plan per consultation (HRA and High deductible members will pay $40* which will be applied toward your deductible). The average cost for non-UHC enrollees is up to $79.

If you are not on a Fort Bend ISD medical plan, you can still utilize this service!

VISIT: www.doctorondemand.com
COST: $79 per visit*

*** subject to change**

LEARN MORE!

Log in to **myuhc.com**

FBISD LiveWell App

> Health > Talk to a Doctor

Top Treatable Conditions

- Cold & Flu • Sore Throat • Skin Rashes
- Bladder Infections • Allergies • Pink Eye
- Bronchitis • Fevers

Kelsey UHC Charter	$25/visit
Nexus	$25/visit
Choice Premium Tier	$25/visit
Choice HRA	30% after deductible
Choice High Deductible	0% after deductible

UHC Program

Healthy Pregnancy

Available to Employees Enrolled in All Medical Plans

Fort Bend ISD has partnered with UHC to help ensure you or your spouse have a smooth pregnancy, delivery, and a healthy baby. When you regularly see your doctor during your pregnancy and enroll in the UHC Healthy Pregnancy Program, you will receive built-in support through every stage of your pregnancy.

The Healthy Pregnancy Program is FREE!

Enroll in your FIRST TRIMESTER and receive $150 upon completion of the program! Enroll AFTER your first trimester and receive $75 upon completion of the program!

ENROLL

call 888-246-7389

M-F 8 A.M. to 8 P.M. (CST)

for more info, visit

www.healthy-pregnancy.com

When you enroll you will receive these benefits:

01 Identify Individual Risks & Needs

02 24-7 Access to Experienced Nurses (888) 246-7389

03 Online Access to Healthy Pregnancy Owner's Manual

04 Pregnancy & Child-birth education materials & resources

Planned Surgery

Surgery Plus+

Available to Employees Enrolled in All Medical Plans

SurgeryPlus can save you thousands of dollars and provides access to top surgeons! FBISD is proud to offer SurgeryPlus to help you plan and pay for non-emergency surgeries. Surgery plus is 100% covered (*100% after deductible for HDHP Plan*) and automatically available to ALL participants enrolled in FBISD medical plans.

COVERED SURGERIES

FBISD offers SurgeryPlus as a way to help you PLAN and PAY for a number of different types of surgical procedures, including but not limited to:

- Knee, Hip or Shoulder
- Spine
- Bladder Repair
- Hysterectomy
- Hernia Repair
- Rotator Cuff Repair
- ACL, MCL or PCL Repair
- Pacemaker Implant or Replacement
- Bunionectomy

PLAN and SAVE

Call BEFORE Surgery

(855) 200-9513

SurgeryPlus

By EmployerDirect Healthcare

HOW IT WORKS

- If your doctor recommends surgery, you call **SurgeryPlus** at 855.200.9513.
- Your SurgeryPlus Care Coordinator helps you find a top-quality, board certified surgeon in **their network** and sets up your initial consultation. Your Care Coordinator will walk you through each step of the planning process.
- SurgeryPlus negotiates all costs BEFORE surgery, and

  FBISD picks up 100% of the cost. You pay nothing!

  NOTE: For the HDHP Plan, 100% of costs are covered *after you've met the deductible*.

HOW DO I SIGN UP?

You already have access!

SurgeryPlus is automatically available to you through your FBISD medical plan.

Injury - Muscle & Joints

Airrosti

Available to Employees Enrolled in All Medical Plans

Fort Bend ISD is continuing our partnership with Airrosti to provide highly effective and efficient care for back pain and other musculoskeletal conditions.
When you visit an Airrosti provider, you receive a full hour assessment, diagnosis, treatment, and education designed to restore the function and eliminate the pain associated with many common conditions.

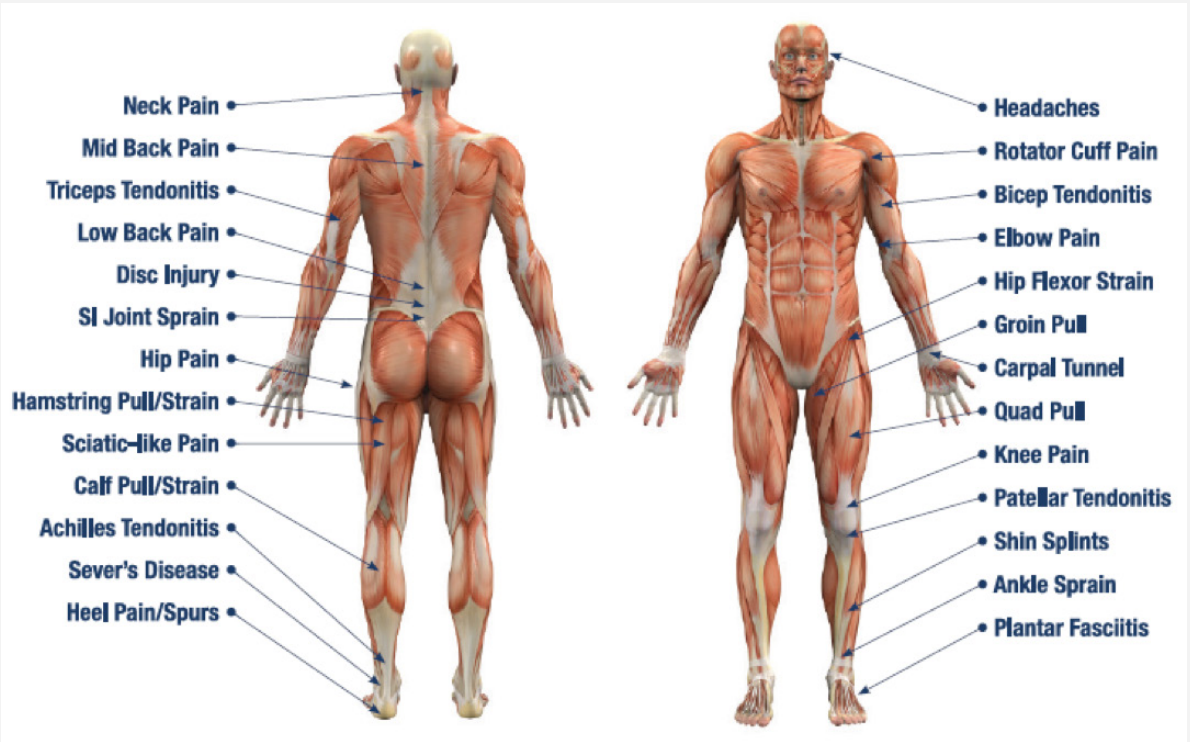
Most patients see resolution of their issue within 3 visits!

Treat BACK PAIN & MUSCULOSKELETAL Conditions

FULL HOUR

+ Assessment
+ Diagnosis
+ Treatment

If you have PAIN in ANY of these locations, call Airrosti today:



Schedule via phone, online
(800) 404-6050 | Airrosti.com

Lasting Weight Loss

Real Appeal

Real Appeal is a unique, proven program helping people lose weight and keep it off. You'll feel better, look great and get the things you really want in life — extra energy, confidence, better sleep, less stress — the good stuff that comes with weight loss. When you join, you receive the Real Appeal Success Kit, complete with step-by-step program guides, workout DVDs, recipes, healthy cooking tools - even your own personal blender to get you on the road to results. This is a wonderful opportunity to improve the health of you and your family.

Also, your **Transformation Coach** personalizes the program to your schedule, your needs and your goals. You get live, face-to-face coaching through the website or mobile app for an entire year – so you always have the support and motivation you need to be successful.

*Real Appeal is offered at no cost to you as part of your benefit plan.

Plus, your very own transformation coach!

We give you all the tools you need to succeed.

Enroll using a smartphone, tablet or personal computer at

fortbendisd.realappeal.com

Available at no cost to eligible employees and spouses with our UnitedHealthcare insurance and a body mass index (BMI) of 23 of higher.

Retirement

www.trs.state.tx.us (800) 223-8778

The TRS retirement plan serves a vital role to nearly 1.2 million active and retired state educators and their families by providing service and disability retirement benefits, and death benefits. TRS is one of the largest retirement systems in the nation. The system's core mission is to deliver retirement and related member benefits authorized by the Texas Legislature and to manage the trust fund that finances those benefits. As an employee of FBISD you are automatically enrolled into this Retirement Plan. As a member you will contribute 7.7% of eligible wages to your account each pay period and the State will contribute 6% for retirement benefits. The member's contribution is made on a pre-tax basis.

www.TCGservices.com (800) 943-9179

TCG Administrators (formally JEM Resources)

403(b) Tax-Deferred Annuities (TDA) is a deferred tax arrangement, which is specifically allowed by Section 403(b) of the Internal Revenue Code. Contribution amounts are not taxable income to the employees until the amounts are withdrawn by or distributed to them.

EMPLOYEE SAVINGS PLAN 457 As an employee of Fort Bend ISD you are immediately eligible to participate in this plan. The Fort Bend ISD Employee Savings Plan is an effective and flexible method of saving, and is available to help you meet your personal retirement planning objectives.

To set up or make changes to these accounts, you can contact TCG Administrators directly.

403(b) AND 457 PLAN ADVANTAGES

- Contributions through salary reduction agreements are made on a tax-deferred basis. These amounts are not subject to federal income taxation until distributed.
- Any interest earnings and/or gains are also tax-deferred.
- Saving for future needs is easier when your contribution is made directly from your paycheck.
- This is income in addition to your TRS retirement plan income.

2019

Employee Contributions

	2019 Employee Premiums	
Medical **Kelsey UHC Charter**	24 PAY-PERIODS	19 PAY-PERIODS
Employee Only	$80.23	$101.34
Employee + Spouse	$248.39	$313.76
Employee + Child(ren)	$221.67	$280.00
Employee + Family	$328.59	$415.06
Medical **Nexus (NEW for 2019)**		
Employee Only	$88.67	$112.00
Employee + Spouse	$287.61	$363.30
Employee + Child(ren)	$245.00	$309.47
Employee + Family	$380.47	$480.59
Medical **Choice Premium Tier**		
Employee Only	$88.67	$112.00
Employee + Spouse	$287.61	$363.30
Employee + Child(ren)	$245.00	$309.47
Employee + Family	$380.47	$480.59
Medical **Choice HRA**		
Employee Only	$52.92	$66.85
Employee + Spouse	$194.16	$245.25
Employee + Child(ren)	$136.08	$171.89
Employee + Family	$247.78	$312.99
Medical **Choice High Deductible Plan**		
Employee Only	$31.05	$39.22
Employee + Spouse	N/A	N/A
Employee + Child(ren)	$122.73	$155.03
Employee + Family	N/A	N/A
Dental **PPO Network Access Plan & Value Plan**		
Employee Only	$20.65	$26.08
Employee + 1	$41.29	$52.16
Employee + Family	$61.93	$78.23
Dental **HMO**		
Employee Only	$4.90	$6.19
Employee + 1	$8.15	$10.29
Employee + Family	$15.17	$19.16
Vision		
Employee Only	$4.99	$6.30
Employee + 1	$7.99	$10.09
Employee + Children	$8.64	$10.91
Employee + Family	$13.14	$16.60

	Legal Services Only		Identity Theft Services Only		Both Services Combined	
	24 Pay Periods	19 Pay Periods	24 Pay Periods	19 Pay Periods	24 Pay Periods	19 Pay Periods
Employee Only	$7.48	$9.45	$4.23	$5.23	$11.70	$14.78
Employee + Family	$7.98	$10.08	$7.98	$10.08	$14.45	$18.25

*Actual cost may vary due to rounding. Medical premium amounts assume timely completion of employee and spouse biometric screenings, health risk assessments, and participate with a nurse coach, should you be called. All premium amounts are subject to change.

Benefits

Terms to Know

Coinsurance

The money that an individual is required to pay for services, after a deductible has been paid. It is often a specified percentage of the charges. For example, the employee pays 20 percent of the contracted rate while the health plan pays 80 percent.

Copayments

An arrangement where an individual pays a specified amount for various health care services and the health plan pays the remainder. The individual must usually pay his or her share when services are rendered. The concept is similar to coinsurance, except that copayments are usually a set dollar amount (such as $20 per office visit), rather than a percentage of the charges.

Deductible

The annual amount of medical expenses that an individual is responsible to pay for certain services. Deductibles are reset on an annual basis.

Out-of-Pocket Maximum

The maximum amount a member can pay each year for the deductible and coinsurance, and medical copays. After reaching the out-of-pocket maximum, the plan pays 100% of the allowable charges for covered services during the remainder of the calendar year.

Elimination Period

The period of time you must be disabled, due to a covered disability, before this plan's benefits are payable.

Flexible Spending Account

This is an account in an employee's name that can reimburse the employee for qualified health care or dependent care expenses. It essentially allows an employee to pre-fund those qualified expenses with pre-tax dollars deducted from the employee's paychecks. The employee can receive cash reimbursement for covered expenses, up to the total value of the account, but majority of funds are only usable during the benefit plan year.

In-Network

Refers to physicians, hospitals, or other health care providers who contract with the insurance plan to provide services to its members. Except in the case of an emergency, your medical plans provide for In-Network coverage only, no out-of-network coverage, including labs and x-ray facilities.

Out-of-Network

Refers to physicians, hospitals, or other health care providers who **do not** contract with the insurance plan to provide services to its members. Services provided by out-of-network providers through the medical plan may not be covered.

1095-C Form

As a reporting requirement of the Affordable Care Act, Fort Bend ISD provides this form to any member who was offered and/or enrolled in medical coverage through FBISD during 2017. Keep the form for your records. As allowed by the IRS rules, the distribution of this form may occur after the filing of your personal federal income tax return. Since the information may impact tax filings for you, your spouse and your dependents, you should retain a copy of the Form. For information about how your medical coverage may impact your personal taxes, we recommend that you speak with your personal tax advisor.

FBISD LiveWell for a healthy life!

The information in this Benefits Guide is intended for illustrative and informational purposes only. The information contained herein was taken from various summary plan descriptions, certificates of coverage and benefit information. While every effort was taken to accurately report your benefits, discrepancies and errors are always possible. It is not intended to alter or expand rights or liabilities set forth in the official plan documents or contracts. It is not an offer to contract, nor are there any expressed or implied guarantees. In the case of a discrepancy between this information and the actual plan documents, the actual plan documents will prevail. If you have questions about this summary, please contact our Benefits Department.