

2017

Annual Enrollment

November 3–17

HISD
Benefits
Office
BRINGING
BENEFITS TO LIFE





Here are your 2017 benefits.

Rising health care costs have caught up with us.

For many years, HISD has offered medical plan options that have allowed us to keep employee premiums steady. For the 2014 plan year, we reduced employee contributions by 20% and have kept them there since then. Unfortunately, we must make changes to our 2017 rates and plan benefits to cover our claims. The reason is simple. The money we pay in claims each year exceeds the amount we collect in premiums.

HISD will continue to offer the same wide range of medical plan options through Aetna, and we're increasing our contribution toward your premiums. For employee-only coverage, the district's monthly contribution is \$382.48, and for employees covering dependents, it's \$414.78 per month. In fact, we began making this higher contribution this past July.

DISCLAIMER: This guide provides an overview of your benefits 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. This enrollment guide constitutes a Summary of Material Modifications (SMM) to the HISD 2016 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.



Here's what's changing:

- HISD will not make additional HealthFund contributions in 2017. However, if you have money left over in your account from a previous year, you won't lose it. You may continue to use it to pay for eligible medical expenses as long as you're enrolled in an HISD Consumer medical plan.
- Medical plan rates are increasing by \$4 or less per pay period for employee-only coverage and by less than \$30 per pay period for employee and dependent coverage depending on your plan and tier. The new rates are shown on [page 24](#).
- The out-of-pocket maximums are going up by \$900 for employee-only options and \$1,800 for family options.
- Our medical plans no longer include Advance Medical expert opinion service.
- HISD will continue the Viverae wellness program and Member Health Assessment, but will not provide an incentive for participating in 2017.

Things to think about for 2017

- Consider opening a health care flexible spending account (FSA) to help cover eligible medical expenses. You can set aside the amount you expect to need and have it deducted from each paycheck before taxes, which saves you money in the end. See [page 29](#) for more details.
- Take a closer look at all of the medical plan options. This might be the year to change things up as you consider your family's health and budget. See [page 24](#) for plan comparisons.
- Consider adding voluntary benefits such as dental, vision, disability, critical illness and personal legal. They can provide extra help when you need it most. See [page 30](#).
- Our HISD Employee Health & Wellness Centers continue to offer free medical care to our plan members.
- Remember, the benefits we offer do more than cover you when you get sick. They can also help you get healthy and stay that way. Take advantage of the special features that come with your plan, like free preventive care, the Aetna 24/7 Nurse Line and Viverae wellness programs.

Don't forget to enroll between November 3 and November 17, 2016.

It's easier than ever to enroll and manage your plan online. We've completely redesigned our benefits website. Try out the new Price Your Plan tool and look for an updated Ben 101 video tour to help explain your options and help make your choices easier.



A look at what's new for 2017

Wellness incentive changes

HISD is continuing to provide online tools like the Viverae Member Health Risk Assessment to help you understand your health risks as well as mentoring and resources to help you stay healthy. However, there will not be wellness incentives for 2017.

Viverae is introducing a points-based Healthy Challenge program for 2017, along with a new website and mobile app to make it even more worthwhile to join in and get healthy.

Voluntary benefits plan changes

There are no changes in the way most of our voluntary plans work, and very few changes in rates. Here are the highlights:

Life insurance

For 2017, you may be able to purchase higher amounts of coverage for yourself and your spouse, potentially up to \$1 million and \$250,000 respectively. Depending on your final election, some of the additional coverage may be subject to evidence of insurability. See page 33 for more details. The premiums for your voluntary coverage are going up a bit, but there are no changes in rates for spouse or child coverage.

Disability

Our disability plan helps replace a portion of your income if you're unable to work due to an injury, illness or pregnancy. For 2017, the rates for this plan are going down slightly.

Legal

The rates for our personal legal plan are going up slightly, but the 2017 plan offers many enhanced benefits, shown on page 37.

There are more details about all of these plans in section five of this guide, which starts on page 28.

Save the ER for emergencies only

Unnecessary visits to the ER are a major expense for the district each year. These ER costs affect all of us. As a result, the ER copay for 2017 remains at a hefty \$300. **And, since we don't have out-of-network benefits, you may have to pay a large portion of the bill if you go to an out-of-network emergency room.** There are exceptions, of course, in the case of a true emergency, but please get familiar with what your plan offers to avoid unnecessary charges.

Plan ahead

Find out now where clinics and other facilities are so you know where to go in case an illness or injury happens at an inconvenient time. And don't forget the HISD Employee Health & Wellness Centers. They're open some evenings and Saturday mornings.

Make sure you understand who's considered an eligible dependent

There can be serious consequences if you cover someone who doesn't meet eligibility guidelines, including loss of coverage and more. If you haven't already provided verification, you need to do that before you can add dependents to your plan. The complete list of documents that verify eligibility is on hisdbenefits.org. It includes birth certificates, adoption certificates and current federal tax returns.



The Affordable Care Act

The Affordable Care Act requires everyone to have health care coverage that meets minimum guidelines for affordability and value. If you don't, you may have to pay a fee on your federal tax return.

HISD offers health plans that meet the guidelines for value and affordability. If you're eligible for benefits, you can simply enroll or continue in any HISD health care plan to avoid the fee and enjoy the generous contributions HISD makes on your behalf. Keep in mind that if you're eligible for HISD health plans, it's likely you won't be eligible for any of the subsidies otherwise available in the federal Health Insurance Marketplace.

For complete details about the Affordable Care Act and how it affects you, go to healthcare.gov.

The Affordable Care Act rates health plans based on their actuarial value (the percentage of expenses paid for by the plan). Plans are distinguished by metal levels, from bronze to platinum.

This chart shows how HISD's coverage options are rated.

| HISD medical plan option | Metal level |
|---|-------------|
| Consumer Basic Limited and Choice | Silver |
| Consumer Plus Limited and Choice | Silver |
| Open Access | Platinum |
| Select | Gold |

New enrollment tools on the new hisdbenefits.org

Be sure to check out the new HISD Benefits website as you consider your coverage for 2017. The site is designed to make it easy to find friendly, helpful answers and information about all of your HISD benefits, along with tips and tools for staying healthy. This year, we've added a Price Your Plan tool that gives you a quick look at costs while you consider your options. We've updated our online benefits tour guide, Ben 101, too, to help you understand your options and find out what works best for you.

When you're ready, you can complete your 2017 enrollment online or by phone. See page 38 for instructions. If you like your current coverage and have no changes for 2017, you don't have to do anything unless you have a flexible spending account (FSA). FSA enrollment isn't automatic. You must re-enroll every year to continue enjoying that benefit. To enroll by phone, call 877-780-HISD (4473).

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 2016 Form 1095-C with this information in early 2017. Please include your dependents' tax ID numbers when you enroll them for coverage, and double-check to be sure they're correct.

Don't miss the deadline.

Online enrollment ends at 11 p.m. CT and phone enrollment ends at 7 p.m. CT on Thursday, November 17, 2016.



Staying healthy feels better, and costs less.

HISD provides a wide array of great benefits, from health insurance to life insurance, and from dental plans to wellness programs. Take your time. Study your options. Everyone has different needs, health issues, budgets and goals. By choosing your options carefully, you and your family can get the coverage you need, and maybe even transform your health.

A step-by-step guide to personalized benefits

- 1 See how HISD helps keep care affordable**
HISD Employee Health & Wellness Centers are free to plan members.
- 2 Take a good look at provider networks**
Pay a little more to have more options.
- 3 Find the plan that works best for you**
You have several choices. Compare and save.
- 4 Compare coverage options**
See how your choices affect your bottom line.
- 5 Consider your voluntary options**
Add on the extras that make sense for your family.
- 6 Now you're ready to enroll**
Log on to myHISD to get started.
- 7 Make the most of your benefits**
Your plan comes with special features. Use them.



1

See how HISD helps keep care affordable.

HISD Employee Health & Wellness Centers are free to plan members.



Free preventive care

As a medical plan member, your annual physical and certain preventive screenings are covered at 100%, so they cost you nothing. The same goes for your covered dependents. Take advantage of this great opportunity to stay on top of your health and identify potential health issues before they become serious.

Office visit prices

| | |
|--|------|
| Medical plan members and covered dependents age 5+ | FREE |
| Employees who are eligible for benefits but not enrolled in an HISD medical plan | \$65 |



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: Workers' comp (on-the-job injuries) are not covered.

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

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

Locations

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 and 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.



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Take a good look at provider networks.

Pay a little more to have more options.

Consumer plan network options

If you enroll in a Consumer medical plan option, you have two provider networks to choose from: Limited and Choice.

Limited network highlights

- Choose any primary care physician in the custom Aetna network.
- You're "limited" to Memorial Hermann hospitals and facilities for inpatient or outpatient hospital care.
- You must choose from select specialists in the 12 designated categories, plus oncologists and hematologists who have admitting privileges and can arrange for hospital procedures at a Memorial Hermann hospital.
- Outside of these designated specialties, you're free to choose any physicians in the custom Aetna network.

Choice network highlights

- Choose any primary care physician in the custom Aetna network.
- Choose from two tiers of hospitals and specialists in the 12 designated categories.
- Tier I hospitals and specialists cost you less because they're designated as the most efficient providers based on quality of service and cost of care.
- Outside of these designated specialties, you're free to choose any physicians in the custom Aetna network.

The designated specialties

Consumer and Select plans only

- | | |
|--------------------------|---------------------------|
| ▶ Cardiology | ▶ Obstetrics & gynecology |
| ▶ Cardiothoracic surgery | ▶ Orthopedics |
| ▶ Gastroenterology | ▶ Otolaryngology |
| ▶ General surgery | ▶ Plastic surgery |
| ▶ Neurology | ▶ Urology |
| ▶ Neurosurgery | ▶ Vascular surgery |

Limited network and Select plan members must also choose oncologists and hematologists who have admitting privileges and can arrange for hospital procedures at a Memorial Hermann hospital.

Open Access members

If you enroll in Open Access, you have just one network. This plan is all about keeping things simple. Just remember, you pay a much higher price tag for this.

Open Access highlights

Choose any primary care physician, hospital or specialist in the plan's specific Aetna network.

Put DocFind to work for you.

HISD has a custom Aetna network. To be sure you find the right providers and facilities in-network, it's important to use the custom Aetna DocFind online tool available through hisdbenefits.org to search for network doctors, labs or facilities, including X-ray and scanning locations. If you have providers already, you can check Aetna Navigator before you enroll to be certain you have access to them with the plan you choose.



You're smart to stay in-network

Simply put, you're not covered for out-of-network services. The only exception is a true emergency when an out-of-network hospital emergency room is the nearest facility. In this case, your stay is covered only until the doctor decides you are stable enough to go home or be moved to an in-network hospital.

Out-of-network emergency-room care for non-emergency medical attention can quickly get very expensive, and the district doesn't cover those costs. So, only go to an ER when you have a true emergency. The costs don't only affect you. They affect everyone in the district.

Aetna Navigator is a great tool for knowing which urgent care and walk-in clinics are near your home in case you need quick medical care.

Remember to use Memorial Hermann facilities if you're enrolled in the Limited network, or you won't be covered.

Be sure your specialist is in-network.

The specialists in our network change from time to time. To make sure your provider is still in-network, check Aetna Navigator through hisdbenefits.org or call Aetna at 877-224-6857.

Avoid surprises. Estimate your costs before you get care.

Go to Aetna Navigator through hisdbenefits.org and use the Member Payment Estimator to compare cost estimates for more than 550 common services and procedures, from office visits, high-tech scans and lab tests to surgeries and more.

What's an emergency?

Emergencies are typically life-threatening events, like heavy bleeding, large open wounds, chest pain, sudden weakness or difficulty breathing, spinal or head injuries, major burns or broken bones. Call 911 or head to an ER for any of those. An ER typically isn't your best choice for non-life-threatening things like sore throats, fevers, sinus infections or muscle sprains.



Custom provider networks

Pay a little more to have more options.

| | Limited network | Choice network | |
|---|--|--|--|
| | Memorial Hermann | Tier I | Tier II |
| Facilities | You must use Memorial Hermann hospitals exclusively for your inpatient and outpatient hospital care. | To pay the lowest out of pocket, use one of these hospitals for your care: <ul style="list-style-type: none">• Memorial Hermann• CHI St. Luke's Health• Christus• St. Joseph's• Tenet• Texas Children's | You pay more when you choose one of these hospitals: <ul style="list-style-type: none">• Methodist• MD Anderson• HCA |
| | | You can choose from a wider range of hospitals that are divided into two tiers. The amount you pay out-of-pocket for your care (in deductibles, coinsurance and copays) depends upon which tier your provider is in. | |
| | Freestanding outpatient facilities. Check DocFind or contact Aetna. | | |
| There are no out-of-network benefits, except in the case of an emergency. | | | |
| Physicians | For physicians in the 12 designated specialties, you must choose from a list of select physicians who have admitting privileges to Memorial Hermann facilities. | You pay less to see a specialist from the 12 designated specialties in Tier I. | Your out-of-pocket costs are greater if you see a specialist in the 12 designated specialties in Tier II. |
| | Members must choose oncologists and hematologists who have admission privileges or can make arrangements for hospital procedures at a Memorial Hermann hospital. | | |
| | You still have access to any primary care physician in the larger custom Aetna network. | You still have access to any primary care physician in the larger custom Aetna network. All primary care physicians are considered Tier I providers. | |
| | Outside the designated specialties, you may see any specialist in the larger custom Aetna network. | Outside the 12 designated specialties, you may see any specialist in the larger custom Aetna network and your visit will be covered as Tier I. | |



3

Find the plan that works best for you.

You have several choices.
Compare and save.

Common ground makes some choices easier.

All HISD medical plan options feature:

- Preventive care covered at 100%, so no charge to you
- Freedom to choose any doctor in your plan's custom network, with no referral needed
- Prescription drug benefits through Express Scripts, available at local retail pharmacies and by mail order
- \$0 copay for 90-day supply of generic maintenance medications for high blood pressure, diabetes (including injectable insulin) and high cholesterol through mail order or at any participating retail pharmacy, including Kroger, Costco, HEB, Randalls, Sam's Club and Walmart

\$0 copay = free for you

Consumer Basic and Plus options in more detail

Now that you've chosen your network, you have two Consumer plan options to choose from. These options give you great flexibility, allowing you to control how you spend your health care dollars. The main differences between the two options are the premium rates and your potential out-of-pocket costs.

It's a tradeoff, basically. If you choose a Consumer Basic option, your rates are lower, but your annual deductibles and coinsurance percentages are higher. With a Consumer Plus option, you pay slightly higher premiums, but your annual deductibles and coinsurance percentages are lower.

Consumer Basic

- ✓ Lower premiums
- ^ Higher deductibles and coinsurance



Consumer Plus

- ^ Higher premiums
- ✓ Lower deductibles and coinsurance





Both Consumer options have:

An annual deductible

- This is the amount you're responsible for paying before the plan begins to pay a percentage of covered expenses.
- Any money remaining in your HealthFund and/or any money you choose to contribute to an FSA can help you meet part or all of your deductible.
- If you've previously been enrolled in a Consumer option, you may have saved enough money in your HealthFund to cover your deductible.

Coinsurance for major medical coverage

- This is the percentage of covered medical expenses that you pay, after you've met your annual deductible.
- You can use money from your health care FSA to help pay coinsurance.
- Once you reach your coinsurance maximum, which includes your annual deductible, the plan pays 100% of your remaining covered expenses for the rest of the calendar year.

Please note

Effective January 1, 2017, HISD will no longer contribute to the HealthFund. If you have money left over in your HealthFund from previous years, you don't lose it. You may use it to pay for eligible medical expenses as long as you're a member of an HISD Consumer or Select medical plan.

Open Access in more detail

The Open Access option works differently than the Consumer options. There's no annual deductible. Instead, you have a fixed copay for each in-network doctor's visit and pay 15% coinsurance for most other services. This means your costs are more predictable. However, this option has much higher premiums than the Consumer options. An individual employee, for example, would pay about 10 times higher premiums for the Open Access than the Consumer Limited option.

In most cases, despite the temptation of lower office visit copays, you may spend less money overall by choosing one of the Consumer options.

Select plan

The Select plan is a low-cost medical plan option for qualified employees. You must be eligible for benefits and earn \$25,000 or less per year to qualify for this plan. With the Select option, you have access to free medical care at HISD Employee Health & Wellness Centers and through Central Care Community Centers. You can also use the Platinum network of physicians for a discounted fee. See the Select plan brochure for details. You use Memorial Hermann hospitals and facilities from Aetna's Limited network and pay a deductible and coinsurance for services. Prescription drug benefits are available through Express Scripts, but are limited to generic medications and some brand names when a generic is not available.



Prescription drug benefits

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

Specialty drug prescriptions

For all specialty drugs, which are only available in up to a 30-day supply, use the Express Scripts specialty mail-order pharmacy, Accredo.

Retail prescriptions

For short-term prescriptions or the first two months of a newly prescribed maintenance medication, take your prescription and your Express Scripts ID card to any participating pharmacy. After you meet your annual per-person prescription drug deductible (Consumer plans only), you pay the lesser of the actual drug cost or a copay for each prescription.

Mail or retail partner pharmacies for maintenance medications

Save money by purchasing 90-day supplies of your maintenance medications through the Express Scripts mail service or at a local retail partner. These include Kroger, Costco, HEB, Costco, Randalls, Sam's Club and Walmart. You can place your order online, by phone or by mail. Ask your physician for a 30- or 60-day prescription for your initial fill(s) and a second prescription for a 90-day supply and refills for up to one year, if appropriate, so you can take advantage of these savings. **Please note:** CVS/caremark and Walgreens are not an option for 90-day prescriptions.

To fill a prescription using the mail service, complete a prescription drug order form, available through the Express Scripts link at hisdbenefits.org, and mail to the address on the form.

Automatic maintenance prescription refills and renewals

For added convenience, if you sign up for the automatic prescription refill program, Express Scripts' mail service pharmacy automatically sends your refills and requests a new prescription from your doctor when a maintenance prescription is about to expire or the last refill has been used.

Prior authorization for certain medications

The prescription drug plan doesn't cover certain medicines without prior authorization for medical necessity. If you don't get authorization from your doctor, you may have to pay the full cost of your medication. If you choose a generic or brand formulary alternative from the Express Scripts standard formulary list, you don't have to get prior authorization.

You can find a link to a list of drugs requiring prior authorization for medical necessity along with their standard formulary alternatives on hisdbenefits.org.

Annual prescription deductible

- Consumer plan members pay \$50 per person per year
- This is separate from your medical plan deductible
- You may also be asked to pay a copay after you meet your deductible

Annual prescription out-of-pocket maximum

Your out-of-pocket prescription drug expenses go toward your total annual medical plan out-of-pocket maximum. Once you've reached your total out-of-pocket maximum, you no longer have to pay any of the costs for medical or pharmacy for the rest of the plan 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 at 100%, as well as those that have no generic available.

For details, visit hisdbenefits.org or contact your provider directly.



4

Compare coverage options

Compare coverage options

| | | Consumer Basic Limited | Consumer Basic Choice | | Consumer Plus Limited | Consumer Plus Choice | | Open Access |
|--|---|--|--|---------------------------------|--|--|---------------------------------|--------------------------------|
| | | Memorial Hermann network only | Tier I | Tier II | Memorial Hermann network only | Tier I | Tier II | In-network only |
| RATES | | | | | | | | |
| Based on 24 pay periods | 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 |
| PLAN LIMITS | | | | | | | | |
| Annual deductible | Individual | \$2,500 | \$2,500 | \$2,750 | \$1,750 | \$1,750 | \$2,000 | N/A |
| | Family | \$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 | \$6,900 | \$6,900 | \$7,150 | \$5,150 | \$5,150 | \$5,400 | \$3,400 |
| | Family | \$13,800 | \$13,800 | \$14,300 | \$10,300 | \$10,300 | \$10,800 | \$6,800 |
| YOUR COST FOR COVERED SERVICES | | | | | | | | |
| Preventive care exams | | Free | Free | | Free | Free | | Free |
| Office visit | Primary care (PCP) | 25% | 25% (all PCPs are Tier I) | | 20% | 20% (all PCPs are Tier I) | | \$20 copay |
| | Non-designated specialists (NDS) ¹ | 25% | 25% (all NDSs are Tier I) | | 20% | 20% (all NDSs are Tier I) | | \$40 copay |
| | Designated specialists | 25% ² | 25% | 45% | 20% ² | 20% | 35% | \$40 \$50 copay ⁶ |
| | HISD clinics | Free | Free | | Free | Free | | Free |
| | Platinum physician | N/A | N/A | | N/A | N/A | | N/A |
| Inpatient—hospital ³ | | 25% ⁴ | 25% | 45% + \$500 copay per admission | 20% ⁴ | 20% | 35% + \$500 copay per admission | 15% 25% ⁶ |
| Outpatient—hospital ³ | | 25% ⁴ | 25% | 45% | 20% ⁴ | 20% | 35% | 15% 25% ⁶ |
| Outpatient—freestanding and surgical center ³ | | 25% | 25% | | 20% | 20% | | 15% 25% ⁶ |
| Emergency care | | 25% + \$300 copay (waived if admitted) | 25% + \$300 copay (waived if admitted) | | 20% + \$300 copay (waived if admitted) | 20% + \$300 copay (waived if admitted) | | 15% |
| Non-emergency care in an emergency room | | Not covered | Not covered | | Not covered | Not covered | | Not covered |
| Urgent care facility | | 25% | 25% | | 20% | 20% | | 15% |
| Lab, X-ray, diagnostic mammogram | | 25% | 25% | 45% | 20% | 20% | 35% ⁵ | 15% |
| Diagnostic scans (MRI, MRA, CAT, PET) | | 25% | 25% | 45% ⁵ | 20% | 20% | 35% ⁵ | 15% |
| Maternity—delivery | | 25% | 25% | 45% | 20% | 20% | 35% | 15% |
| Mental health and substance abuse—inpatient | | 25% | 25% (no Tier II facilities) | | 20% | 20% (no Tier II facilities) | | 15% |
| Mental health and substance abuse—outpatient | | 25% | 25% (no Tier II facilities) | | 20% | 20% (no Tier II facilities) | | \$20 copay |

¹ If you are enrolled in a Consumer plan, you pay this amount when you see an in-network specialist outside of the designated specialty areas.

² Specialist must be within the Memorial Hermann network in designated specialties.

³ Pre-certification may be required.

⁴ Must exclusively use Memorial Hermann facilities.

⁵ Only applies to outpatient hospital services. All in-network freestanding and surgical centers are Tier I facilities.

⁶ Higher copays and coinsurance apply if you use an in-network specialist within the 12 specialties who is not a designated specialist.



Prescription drug comparisons by plan

| | | Consumer Basic Limited | Consumer Basic Choice | | Consumer Plus Limited | Consumer Plus Choice | | Open Access |
|--|-----------------------------|-------------------------------|-----------------------|---------|-------------------------------|----------------------|---------|-----------------|
| | | Memorial Hermann network only | Tier I | Tier II | Memorial Hermann network only | Tier I | Tier II | In-network only |
| PRESCRIPTION | | | | | | | | |
| Annual pharmacy deductible | | \$50 per person | \$50 per person | | \$50 per person | \$50 per person | | N/A |
| Prescription drugs (30-day retail) | Generic | \$20 | \$20 | | \$15 | \$15 | | \$20 |
| | Preferred brand | \$50 | \$50 | | \$40 | \$40 | | \$30 |
| | Non-preferred brand generic | \$70 | \$70 | | \$60 | \$60 | | \$60 |
| Prescription drugs (90-day mail or retail) | Generic | \$50 | \$50 | | \$37.50 | \$37.50 | | \$40 |
| | Preferred brand | \$125 | \$125 | | \$100 | \$100 | | \$60 |
| | Non-preferred brand generic | \$175 | \$175 | | \$150 | \$150 | | \$120 |
| Specialty (30-day supply) | | \$150 | \$150 | | \$100 | \$100 | | \$100 |

The deductible only applies once per year, per person, and a copay may be requested, all subject to out-of-pocket maximums.
All prescription deductibles and copays count toward your out-of-pocket maximum.

Be careful.

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



5

Consider your voluntary options.

Add on the extras that make sense for your family.

Here's where you personalize your plan.

There are lots of ways you can customize your plan with voluntary options for added financial protection to meet your individual needs.

- ▶ Flexible spending accounts (FSA)
- ▶ Dental plans
- ▶ Vision plans
- ▶ Life and accidental death and dismemberment (AD&D)
- ▶ Disability
- ▶ Cancer and specified diseases
- ▶ Critical illness
- ▶ Hospital indemnity
- ▶ Accident plan
- ▶ Personal legal plan
- ▶ Long-term care insurance

This guide provides a brief overview. To compare rates, see page 44.



Flexible spending accounts (FSA)

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

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

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

For more information, visit the IRS website at irs.gov/publications for a full list of eligible expenses.

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

If you join HISD after January 1, 2017, your deductions are allocated over the remaining pay periods for the calendar year to reach your annual goal amount.

Health care FSA

- You can set aside up to \$2,600, pre-tax, to pay for eligible medical expenses that are not reimbursable from any other source.
- You can use your FSA for all eligible health care costs for you and your dependents, including vision and dental, even if your dependents are not covered under an HISD medical plan.
- You may use your 2017 health care FSA for expenses incurred through March 15, 2018, as long as you submit documentation of those expenses by May 15, 2018.
- The full amount you set aside is available to you on January 1, 2018, even though it is deducted from your paycheck over 24 benefit pay periods.

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 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.**

Be careful.

Estimate the amount you expect to spend carefully. You lose any funds you don't use.

Important:

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



Cigna Dental HMO

- Coverage includes dental implants and teeth whitening.
- Cigna's Oral Health Integration Program provides extra cleanings and services for chronic medical conditions.
- You must choose a primary care dentist (PCD) and use only providers in the Cigna DHMO network. The cutoff for choosing or changing your PCD is the 20th of each month in order to be effective the first of the following month.
- You must be referred for specialty services through your PCD before specialty services can be rendered. For more information, refer to the Specialty Process guidelines, available at hisdbenefits.org.
- You agree to use the specialty care provider assigned to you.
- You pay the set copays when you receive covered services, but you don't pay deductibles or have to file claim forms.
- Services outside the network are covered only in emergencies and require prior approval from Cigna Dental.

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 \$1,250 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 \$1550) 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% 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.



EyeMed Vision

- You may choose between Low and High options.
- Both options have a retail frame allowance of \$150.
- With both, you receive 40% off a second pair of glasses at most participating in-network providers.
- Both give you access to online ordering tools, including [glasses.com](https://www.glasses.com) and [contactsdirect.com](https://www.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 issues shown.

Supplemental life and matching AD&D for yourself

Coverage is available for up to 8 times your annual base salary, up to a maximum of \$1,000,000. Guaranteed issue (no EOI required): up to 5 times your annual salary or \$600,000, whichever is less.

Supplemental life and matching AD&D for your spouse

- Coverage is available at 1 to 3 times your salary, equal to your coverage amount or \$250,000, whichever is less. Guaranteed issue (no EOI required): up to 3 times your salary or \$100,000, 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 of \$5000, 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 37](#) for definitions.

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

- If you or your spouse enroll as a new employee or within 31 days of becoming eligible.
- When you or your spouse increase coverage by one multiple of your salary (i.e., 1x to 2x or 2x to 3x).
- When you increase coverage by one multiple of your salary (i.e., 1x to 2x or 2x to 3x) due to a family status change, such as marriage, or to add dependent child coverage.

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 life or \$250,000, whichever is less |
| Child(ren) | \$5,000, \$10,000, \$15,000 or \$20,000 per child up to age 26 |



Disability

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

- You have a choice of elimination periods (30, 60, 90 or 180 days) before benefits begin, and you select the percentage of annual base salary (40%, 50% or 66.67%) that you want to replace each month.
- No evidence of insurability is required to enroll or increase coverage.
- 3/12 pre-existing-condition and actively-at-work provisions apply. See [page 37](#) 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 must be under age 70 to enroll.
- The cancer and specified diseases plan offers low or high coverage options.
- 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 37](#) for definitions.



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.
- If you choose spouse coverage, the spouse benefit is 50% 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% of your employee benefit.
- You have a choice of low or high options.
- 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 37](#) for definitions.
- Additional covered illnesses payable at 25% 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.
- There's no pre-existing conditions exclusion.
- There's no reduction in benefits due to age.



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.
- 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 37](#) 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.
- 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 37](#) 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. Enhancements for 2017 include:

- Contested adoption/legitimation
- Contested divorce/annulment/separation (20 hours)
- LifeStages ID management services—including fraud monitoring tied to ID breach
- Personal property protection
- Small claims assistance
- Revocable trusts
- Irrevocable trusts
- Eviction/tenant problems (primary residence—tenant only)
- Security deposit assistance (primary residence—tenant only)
- Restoration of driving privileges



Long-term care insurance

Offered through Teachers Retirement System of Texas, 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 Financial 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.



6

Now you're ready to enroll.

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 on to **myHISD**.
- 2 Click the **Benefits** heart icon.
- 3 This takes to you **hisdbenefits.org**.
- 4 Click the **Quick Links** button, then
- 5 **Enroll in 2017 benefits** and follow the prompts.

Enrollment dates

November 3–17, 2016

Don't miss the deadline.

Online enrollment ends at 11 p.m. CT and phone enrollment ends at 7 p.m. CT on Thursday, November 17, 2016.

For new employees

If you're a new employee, look for your benefits confirmation email on the Friday following the date that you submit your benefits elections on the benefits website. Please don't put off your enrollment. Unless you enroll when you're first eligible, you have to provide evidence of insurability for life insurance.

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 until the next enrollment period or in the case of a life event. For more information about dependent eligibility, see our benefits website.

Be sure to check your statement for accuracy.

Your confirmation statement is available online. If your confirmation statement is incorrect, call the HISD Benefits Office at 877-780-HISD (4473) immediately. You can't make corrections after December 30, 2016.



7

Make the most of your benefits.

Your plan comes with special features. Use them.

Viverae

Free MyViverae personalized tools and resources to help you improve your health, including special online educational programs.

Aetna Resources for Living

Administers our employee assistance program, which offers free and confidential 24-hour support for all kinds of personal life challenges, along with a wide range of health and wellness resources.

DiabetesAmerica®

Provides complete, personalized diabetes care, from doctor visits, diagnostic testing and lab work to treatment and education, all under one roof.

Aetna Beginning Right® maternity management

Helps give your baby a healthy start in life by offering educational materials and support services for moms- and dads-to-be, in English and Spanish.

Aetna 24/7 Nurse Line

Help from a registered nurse, day or night.

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.

Ready to take charge of your health? You have plenty of opportunities.

HISD wants you and the entire HISD team to be as healthy and strong as possible. We give you lots of resources to help you reach your personal best.



Viverae

Viverae offers a comprehensive wellness program offering district employees enrolled in an HISD medical plan the chance to improve their health through personalized challenges, online classes and activity tracking. Through the new MyViverae website and new mobile app, you can set personal health goals, even challenge your coworkers to join in, and then track your activities and progress. MyViverae easily syncs with more than 100 apps and tracking devices. Take advantage of this great resource, free to all employees who are enrolled in the HISD medical plan.

Look for details coming soon about the new points-based Healthy Challenge program.



Take an online health assessment.

The Viverae Member Health Assessment is an interesting and interactive series of online questions to show you the current state of your overall health. It only takes a few minutes, and it can be a real life changer. It's also free to HISD medical plan members.



Personal health dashboard

This handy tool helps you keep track of your health and fitness goals through the MyViverae website. Make a habit of using it, and you may soon find yourself in the best shape of your life.

For details, visit hisdbenefits.org or contact your provider directly.

DiabetesAmerica

DiabetesAmerica, free to employees enrolled in an HISD medical plan and their covered adult dependents, provides specialized treatment and support so that people with diabetes can more easily manage their day-to-day needs. Convenient Houston care centers provide all diabetes services under one roof, from doctor's visits and labs to education, including lifestyle and nutrition coaching at no charge. Your generic diabetes medications are free, too.

Aetna Beginning Right maternity management

From the start of your pregnancy until your baby is born, Beginning Right maternity management provides expectant mothers with educational materials and access to nurse case managers. For more information call 800-CRADLE1 (272-3531).

Aetna 24/7 Nurse Line

The Nurse Line is your direct, toll-free connection to a registered nurse, any time of the day or night. Aetna Informed Health 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 eligible for benefits at 877-780-HISD (4473) and follow the prompts.

Aetna Resources for Living employee assistance program (EAP)

If you're facing a crisis or need to talk to someone about challenges in your life, the EAP hotline, another confidential resource, is available 24 hours a day at no cost. The EAP helps you and your family with personal problems such as marital and family stress, alcohol and drug abuse and emotional difficulties by offering up to four sessions with a professional counselor per person, per issue, per year.

The hotline also provides a 30-minute consultation with an attorney or financial expert and a referral, if necessary, to an experienced attorney in your area. The EAP's work-life resources can provide helpful tips to find elder or child care, plan large family events, adopt or foster a child, move or continue your education. Simply call 855-574-HISD (4473) and follow the prompts.



Coverage costs



Medical plans

| | Consumer Basic Limited | Consumer Basic Choice (Tier I & II) | Consumer Plus Limited | Consumer Plus Choice (Tier I & II) | 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 |

Rates shown are per paycheck, based on 24 pay periods.



Dental plans

| | HMO Plus | PPO | Discount Dental |
|-----------------------|----------|---------|--------------------|
| Employee only | \$5.74 | \$15.39 | \$0 |
| Employee + spouse | \$10.91 | \$30.49 | \$4 |
| Employee + child(ren) | \$10.91 | \$30.42 | \$4 |
| Employee + family | \$14.03 | \$47.58 | \$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

Rates are per \$1,000

| 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.

Dependent Life and AD&D

| Benefit level | \$5,000 | \$10,000 | \$15,000 | \$20,000 |
|---------------|----------|----------|----------|----------|
| Rate | \$0.2725 | \$0.545 | \$0.8175 | \$1.09 |

Rates shown are per paycheck, based on 24 pay periods.

Spouse Life and AD&D

Rates are per \$1,000

| 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.



Disability

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



Cancer and specified diseases

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

Rates shown are per paycheck, based on 24 pay periods.



Critical illness: low

Rates are per \$1,000

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

Critical illness: high

Rates are per \$1,000

| 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)

Aetna Member Services

Medical plan types

aetnanavigator.com

877-224-6857

Affordable Care Act/ health reform information

healthcare.gov

Beginning Right maternity management

800-CRADLE1 (272-3531)

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

AFLAC

caicworksites.com

800-433-3036

COBRA

ADP COBRA

benedirect.adp.com

800-526-2720

Dental HMO/PPO

Cigna Dental

mycigna.com

800-244-6224

DiabetesAmerica

diabetesamerica.com

888-877-8427

Disability

Unum

unum.com

800-858-6843

Employee assistance program

Aetna Resources for Living

mylifevalues.com

855-574-HISD (4473)

Flexible spending accounts

Health care FSA

Dependent day care FSA

Aetna/PayFlex FSA

Customer service: 888-678-8242

Claims fax: 888-238-3539

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

Minnesota Life

securian.com

Medical underwriting: 800-872-2214

Claims: 888-658-0193

Discount dental

QCD of America

qcdofamerica.com

800-229-0304

Personal legal

Hyatt Legal

legalplans.com

800-821-6400

Passwords for login:

3720010 (family coverage)

3730010 (single coverage)

Platinum Physician Associates

platinumipa.com

888-499-7310

Prescription drug benefits

Express Scripts

express-scripts.com

855-712-0331

Accredo Specialty Pharmacy

accredo.com

877-222-7336

Vision

EyeMed

eyemed.com

844-409-3402

Wellness

Viverae

viverae.com

888-827-4434

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

Special online resources

To see HISD-specific benefits
information starting at myHISD, click
on the Benefits heart icon. This takes
you to hisdbenefits.org. Look for the
Quick Links button in the main
navigation, which takes you to these
helpful resources:

Aetna Navigator

- Click **Aetna Navigator**

Aetna Member Payment Estimator

- Click **Aetna Navigator**
- Click Use Member Payment
Estimator under Cost of Care

DocFind

- Click **Find a Network Provider/
Aetna Medical**
- Click **Doc Find**
- Enroll
- Click **Enroll in 2017 benefits** and
follow the prompts

Viverae

- Click **Viverae** and follow
the prompts

