2012 BENEFITS

FIELD GUIDE

BENEFITS
OUTLOOK
Health. Wellness. Life.

Here it is. Everything you need to know about your 2012 benefits program. If you were enrolled last year, you'll notice that the medical plan looks very familiar. The District worked hard to make that possible, and we're proud to be able to offer you the same high level of medical coverage with no increase in premiums.

There are changes to other parts of our plan that you'll want to consider, so please take the time to read all of the information presented here. And don't forget, there are lots of other free and easy-to-use tools available to help you feel confident that you're making the best choices for you and your family.

The *Benefits Outlook* website, powered by WebMD, is a great resource. Before you make any final decisions, check out the *Coverage Advisor* tool, which makes it easy to customize your plan to fit your needs.

Our goal, as always, is not only to provide the latest, greatest health care options at affordable rates, but also to encourage healthier habits that can go a long way in helping you avoid medical issues in the first place.

Here's to a healthy, happy 2012.

WHAT'S NEW FOR 2012

GOOD NEWS: IN 2012 HISD IS OFFERING THE SAME MEDICAL PLAN OPTIONS AND PROVIDER NETWORKS WITH NO INCREASE IN PREMIUMS

ENHANCEMENTS TO THE DISCOUNT BENEFITS + FSA PLAN

Individuals enrolled in the Discount Benefits + FSA plan will automatically be re-enrolled for 2012. A new program, Gateway to Care, will help enrolled individuals connect with helpful health resources, providing assistance with applications for care and finding a health home (a doctor or clinic where employees consistently receive health care), referrals to needed health care services and information that helps them stay healthy and well.

LOWER RATES FOR VOLUNTARY PLANS

We have made minor changes and, in some cases, achieved substantial premium reductions.

INCREASED EMPLOYEE LIFE INSURANCE

Minnesota Life will be the new carrier for life insurance and will offer substantial premium decreases ranging from 11 to 40 percent. Maximum benefits are increasing to five times an employee's annual base salary up to $600,000.

Same flexible medical plan
Same rates as last year

Going down: New, lower rates on vision, disability, legal and life insurance

Increase your life insurance coverage to five times your annual base salary, up to a maximum of $600,000

New *Gateway to Care* services for the Discount Benefits + FSA plan. Community health care resources at your fingertips

ENHANCED VISION BENEFITS

Both vision plans include richer benefits for contact lens users and a rate reduction of 19 percent.

NEW DISABILITY PROVIDER

Unum will be the new disability provider, with a rate reduction ranging from 25 to 29 percent, depending on the benefit chosen.

MEDICAL PLAN OPTIONS

Everyone's health needs are different. That's why the District offers a choice of health plan options that vary by premium, deductible and coinsurance so that you can decide which option is the best fit for you and your family.

YOU CAN CHOOSE FROM TWO DIFFERENT TYPES OF PLANS IN 2012:

See medical plan comparisons on pages 14 - 15 and coverage costs on page 28.

TIP: USE COVERAGE ADVISOR TO HELP YOU SELECT THE BEST MEDICAL PLAN OPTION FOR YOU AND YOUR FAMILY. YOU CAN ACCESS IT ON *BENEFITS OUTLOOK*, POWERED BY WEBMD.

ALL MEDICAL PLAN OPTIONS FEATURE:

- Prescription drug coverage through CVS Caremark, with money-saving mail service
- Direct access to specialists. You do not need a referral from a primary care physician to receive specialist care
- Health and wellness tools provided free of charge through the *My Health* program
- A very large group of local, in-network primary care physicians
- A large national network of providers, which is especially important if you travel often or have a dependent child attending school outside the local area

BENEFITS CLAIMS ADVOCATES HELP YOU NAVIGATE THE SYSTEM

Benefits Claims Advocacy is a free service through Carewise Health for you and your dependents. If you are a benefits-eligible employee, the advocates can help you understand how your benefits work and can help resolve problems with your claims. For assistance, call the *Benefits Outlook* toll-free number at 1-877-780-HISD (4473), select option 2 for Carewise Health and then option 4 to speak to an advocate.

ON-SITE CLINICS: HISD EMPLOYEE HEALTH AND WELLNESS CENTERS

EMPLOYEE HEALTH AND WELLNESS CENTER SERVICES INCLUDE:

- Preventive care
- Routine immunizations
- Free flu shots
- Allergy shots
- Acute care for infections, minor burns, sutures, etc.

The clinics, known as HISD Employee Health and Wellness Centers, are available to all benefits-eligible employees—even if you are not enrolled in the District medical plan. If your dependents age 5 and up are enrolled in the District medical plan, they can use the clinics too. These clinics serve as an alternative to a high-cost emergency room or urgent care provider by offering a range of low-cost services.

Walk-ins are welcome, but an appointment is suggested and may be made by calling the numbers listed below. Hours of operation for both locations are: Monday and Friday from 7:00 a.m. to 4:00 p.m., and Tuesday, Wednesday and Thursday from 9:00 a.m. to 6:00 p.m. The clinic is closed for lunch from 1:00 p.m. to 2:00 p.m. daily.

Hattie Mae White: 713-957-3908
Attucks: 713-732-3532

PRICING

Employees and dependents age 5 and older covered under the HISD health plan: Basic office visit - $0

Non-covered benefits eligible employees: Copay - $65

Additional fees for lab work and vaccinations (other than flu shots) apply.

HISD on-site clinics are staffed and operated by Concentra, a leading provider of workplace health care clinics with a stellar reputation for quality care across more than 250 locations in 40 states. Though these clinics offer new health care options and greater convenience, they are not intended to replace your primary care physician for ongoing care. Establishing a long-term relationship with a doctor who knows you, your risk factors and your personal medical history is a big step toward maintaining long-term health and wellness.

CONSUMER PLUS & BASIC

For individuals who like maximum control over the health care dollars they spend, HISD offers two Consumer options. This type of coverage offers you maximum flexibility and puts more decisions in your hands as a health care consumer—but you have to take responsibility for the choices you make. You can choose from two Consumer options: Plus and Basic. Each has varying coverage levels and premiums, but both options work the same way.

HOW IT WORKS

HEALTHFUND

- Every year, the District contributes money to your HealthFund account.
- These dollars are used to help pay for your covered medical expenses, like office visits, lab work and tests. (Be aware that if you are enrolled in a Health Care FSA, those funds will be used first to pay for your eligible medical expenses. HealthFund dollars may only be accessed after all FSA funds have been exhausted. It's an IRS rule. For more information, see page 18.)
- Unused HealthFund dollars roll over from year to year, as long as you stay enrolled in a Consumer option.

TIP: USE THE TREATMENT COST ADVISOR ON *BENEFITS OUTLOOK* TO HELP YOU ESTIMATE THE COST OF DIFFERENT MEDICAL PROCEDURES, TESTS AND VISITS.

ANNUAL DEDUCTIBLE

- You are responsible for paying an annual deductible before the plan begins to pay a percentage of covered expenses.
- The money in your HealthFund account will help you meet your deductible.
- If you have been enrolled in a Consumer option in prior years, you may have saved enough money in your HealthFund to cover your deductible.

MAJOR MEDICAL COVERAGE (COINSURANCE)

- After you meet your annual deductible, you pay a percentage of the cost of covered expenses, called coinsurance.
- If you still have money in your HealthFund after the deductible is met, it will be used to help pay your coinsurance expenses.
- Once you reach your annual coinsurance maximum, the plan pays 100 percent of any of your remaining covered expenses for the rest of the year (not including emergency room, hospital and prescription drug copays).

TIP: JUST BECAUSE YOUR DOCTOR IS IN-NETWORK, THE FACILITY IN WHICH YOU ARE TREATED OR TO WHICH YOU ARE REFERRED MIGHT NOT BE. LOG IN TO THE HISD EMPLOYEE PORTAL, GO TO *EMPLOYEE SERVICES*, THEN CLICK ON *BENEFITS OUTLOOK* AND SELECT *AETNA NAVIGATOR*. OR CALL AETNA TO CONFIRM THAT THE TREATMENT FACILITY IS IN-NETWORK. THIS IS ESPECIALLY IMPORTANT IF YOU ARE ENROLLED IN THE LIMITED PLAN.

PROS

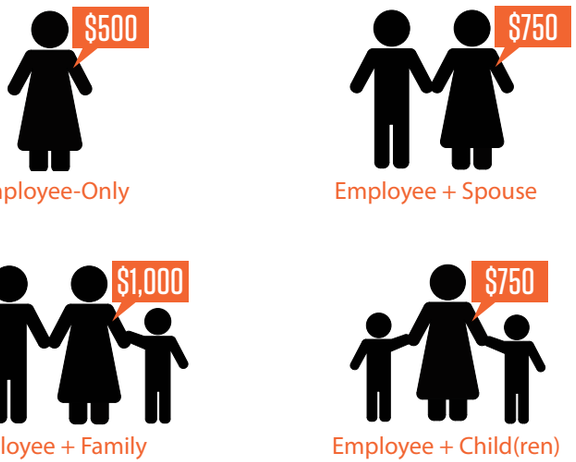
- These options have the lowest premiums.
- The District pays for a set amount of your covered health care expenses up-front through the HealthFund.
- Any unused balance in your HealthFund account rolls over, providing a health care nest egg for future medical expenses.

CONS

- If you become seriously ill or need a costly medical procedure and have spent all your HealthFund dollars, you will be responsible for paying the balance of your deductible and coinsurance, up to the out-of-pocket maximum. This doesn't necessarily mean that you will pay more overall, however, because the premiums for these options are significantly lower.

CONSUMER PLANS: SO EASY EVEN A CAVEMAN CAN DO IT

THE DISTRICT'S 2012 HEALTHFUND CONTRIBUTIONS



PROVIDER NETWORKS: HIGH PERFORMANCE, LOWER COST

Consumer plan provider networks are designed to increase access to high-performing and cost-effective hospitals and specialists.

If you enroll in either the Consumer Plus or Consumer Basic option, you'll have two network options, called Limited or Choice. Your per-paycheck premiums depend on the decision you make.

LIMITED NETWORK	CHOICE NETWORK	
When you need to use a hospital or certain types of specialists, you are limited to Memorial Hermann hospitals and doctors for your care.	With this option, you can choose from a wider range of hospitals and specialists 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.	
You still have access to any primary care physician in the larger Aetna network.	You still have access to any primary care physician in the larger Aetna network. All primary care physicians are considered Tier I providers.	
MEMORIAL HERMANN You must use Memorial Hermann hospitals exclusively for your inpatient and outpatient hospital care.	TIER I* To pay the lowest out-of-pocket, use one of these hospitals for your care: Memorial Hermann St. Luke's Christus St. Joseph's Tenet Texas Children's	TIER II* You pay more when you choose one of these hospitals: Methodist MD Anderson HCA
For providers in 12 designated specialties (see next page), **plus hematology and oncology**, you must choose from a list of select providers who have admitting privileges at Memorial Hermann facilities.	In this tier, specialists in 12 designated specialties (see next page) have received Aetna's highest ranking for performance and cost-effectiveness. You pay less to choose a provider from this list.	Your out-of-pocket costs are greater if you see a specialist in 12 designated specialties (see next page) in this tier.
Outside the designated specialties, you may see any specialist in the larger Aetna network. Plan covers inpatient and outpatient hospital services from **Memorial Hermann facilities only**.	Outside the 12 designated specialties, you may see any specialist in the larger Aetna network and will be charged at Tier I rates. Inpatient and outpatient hospital coverage is based on the facility tier above.	Outside the 12 designated specialties, you may see any specialist in the larger Aetna network and will be charged at Tier I rates. Inpatient and outpatient hospital coverage is based on the facility tier above.
There is no out-of-network care, except in the case of an emergency.	There is no out-of-network care, except in the case of an emergency.	
While this may limit your choices slightly, your per-paycheck premiums are the lowest if you select this option.	This option offers greater flexibility, but you'll pay more per-paycheck in premiums.	

* For the most current and complete list of providers in both networks, log in to the HISD employee portal, go to *Employee Services*, then click on *Benefits Outlook* and select *Aetna Navigator*.

The Limited and Choice networks have been custom-designed for HISD.

CHOICE NETWORK: THE DECISION IS UP TO YOU

The Choice network groups providers (in 12 designated specialties) and hospitals into two categories, called tiers. At the time you need care, you decide which hospital or specialist you want to use. You are rewarded with lower out-of-pocket costs when you select a Tier I provider.

If you want to use a Tier II specialist or hospital, that's fine too. But you'll have to pay higher out-of-pocket costs when you do. The choice is up to you.

AVOID SURPRISES. ESTIMATE YOUR COSTS BEFORE YOU GET CARE. DON'T WAIT UNTIL YOU HAVE AN EMERGENCY TO DETERMINE WHICH TIER YOUR FAVORITE PROVIDER IS IN. YOU CAN LOOK UP THAT INFORMATION NOW USING THE PROVIDER SELECTION TOOL ON HISDBENEFITS.ORG.

CHOICE NETWORK DESIGNATED SPECIALTIES →

CHOICE NETWORK 12 DESIGNATED SPECIALTIES

- CARDIOLOGY
- CARDIOTHORACIC SURGERY
- GASTROENTEROLOGY
- GENERAL SURGERY
- NEUROLOGY
- NEUROSURGERY
- OBSTETRICS & GYNECOLOGY
- ORTHOPEDICS
- OTOLARYNGOLOGY/ENT
- PLASTIC SURGERY
- UROLOGY
- VASCULAR SURGERY

For the Limited network only: Providers of the designated specialties **MUST USE** Memorial Hermann for inpatient and outpatient hospital services.

WHICH HOSPITAL SHOULD I CHOOSE?

To help you decide which hospital is the right hospital for you, take advantage of *Aetna's Online Cost Estimator* or the *Compare Hospitals Tool* before you make a decision.

Log in to the HISD employee portal, go to *Employee Services*, click on *Benefits Outlook* and select *Aetna Navigator*. → Select *Compare Costs at Facilities*. → Select *Cost of Care.*

OPEN ACCESS

The Open Access option offers care exclusively through in-network providers, except in the case of an emergency.

OPEN ACCESS HOW IT WORKS

- You pay a copay for doctors' visits and services performed during visits.
- You pay coinsurance for most other services, such as outpatient surgery, hospital care or specialized tests.
- Once you reach the annual coinsurance maximum, the plan pays 100 percent of any remaining covered expenses, excluding copays.

PROS

- There is no annual deductible.
- Many costs are predictable.

CONS

- Premiums are the highest of all the plan options.

REMEMBER: ALWAYS GO THROUGH THE HISD EMPLOYEE PORTAL TO ACCESS THE HISD CUSTOM NETWORK.

AETNA'S AEXCEL NETWORK: MAXIMIZE YOUR BENEFITS

With the Aexcel network, you pay the lowest available copays and coinsurance when you use an Aexcel-designated specialist for your health care. If you choose an in-network specialist who is not an Aexcel physician, the copays and coinsurance will be higher. An Aexcel designation is awarded to the most efficient providers, based on cost of care and quality of service.

AEXCEL PROVIDERS ARE AVAILABLE IN 12 CATEGORIES OF SPECIALTY CARE, INCLUDING:

- Cardiology
- Cardiothoracic surgery
- Gastroenterology
- General surgery
- Neurology
- Neurosurgery
- Obstetrics & Gynecology
- Orthopedics
- Otolaryngology/ENT
- Plastic surgery
- Urology
- Vascular surgery

BEST DOCTORS GIVES YOUR DIAGNOSIS A CHECK-UP

Founded in 1989 by Harvard Medical School physicians, Best Doctors is an expert medical consultation service that works with you to help improve your health care quality. Best Doctors provides you—and your covered family members—with access to world-class medical expertise to help you make better informed health care choices and ensure you are getting the right diagnosis and treatment when faced with an important medical decision. On average, more than 20 percent of cases reviewed by Best Doctors result in a change of diagnosis, and more than 60 percent result in a change of treatment.

HOW IT WORKS

- When you or a covered family member have questions about a medical diagnosis or treatment plan, contact Best Doctors at 1-866-904-0910 and ask them to complete a thorough examination of your case. An intake nurse will evaluate your call and determine if your situation warrants further investigation. The service is free to all HISD medical plan members.

- The Best Doctors medical team completes a comprehensive case analysis and compiles all necessary medical information, including records and tests—and then selects the nationally recognized medical expert best qualified for the case. The expert doctor then conducts an analysis of the patient's condition and treatment.

- The patient and/or his or her doctor receive an easy-to-understand report summarizing the expert's findings, letting them know if the diagnosis and treatment plan are on target. Best Doctors can work with you and your treating physician, and the service is always available for follow-up questions.

PLAN FEATURES		CONSUMER PLUS - LIMITED	CONSUMER PLUS - CHOICE		CONSUMER BASIC - LIMITED	CONSUMER BASIC - CHOICE		OPEN ACCESS
Receive Care		MEMORIAL HERMANN NETWORK ONLY	TIER I	TIER II	MEMORIAL HERMANN NETWORK ONLY	TIER I	TIER II	IN-NETWORK ONLY
Lifetime Maximum Benefit		Unlimited			Unlimited			Unlimited
HealthFund		$500 per Employee Only, per year $750 per Employee + Spouse or Employee + Child(ren), per year $1,000 per Employee + Family, per year			$500 per Employee Only, per year $750 per Employee + Spouse or Employee + Child(ren), per year $1,000 per Employee + Family, per year			N/A
You pay								
Annual Deductible[1] (will be reduced by HealthFund balance)		$1,750 Individual $3,500 Family	$1,750 Individual $3,500 Family	$2,000 Individual $4,000 Family	$2,500 Individual $5,000 Family	$2,500 Individual $5,000 Family	$2,750 Individual $5,250 Family	N/A
Annual Coinsurance Maximum (excludes deductible, copays and other costs not covered by the plan)		$2,500 Individual $5,000 Family	$2,500 Individual $5,000 Family	$2,500 Individual $5,000 Family	$3,500 Individual $7,000 Family	$3,500 Individual $7,000 Family	$3,500 Individual $7,250 Family	$2,500 Individual $5,000 Family
Office Visit/ Physician Services	Primary Care	20%	20% (no Tier II Primary Care physicians)		25%	25% (no Tier II Primary Care physicians)		$20 copay
	Specialist[2]	20%	20% (no Tier II Primary Care physicians)		25%	25% (no Tier II Primary Care physicians)		$40 copay
	Designated Specialties	20%[3]	20%	35%	25%[3]	25%	45%	$40/$50 copay[6]
Preventive Care					Free-of-charge with no annual limit			
Inpatient – Hospital (pre-certification required)		20%[4]	20%	35% plus $500 copay per admission	25%[4]	25%	45% plus $500 copay per admission	15% | 25%[6]
Outpatient – Hospital, Free Standing and Surgical Center (pre-certification required)		20%[4]	20%	35%[5]	25%[4]	25%	45%[5]	15% | 25%[6]
Emergency Care		20% plus $150 copay (waived if admitted)			25% plus $150 copay (waived if admitted)			15%
Non-Emergency Care in an Emergency Room		Not covered			Not covered			15%
Urgent Care Facility		20%	20%		25%	25%		15%
Lab, X-ray, Diagnostic Mammogram		20%	20%	35%[5]	25%	25%	45%[5]	15%
Diagnostic Scans (MRI, MRA, CAT, PET)		20%	20%	35%[5]	25%	25%	45%[5]	15%
Maternity – Prenatal		20%	20%	35%	25%	25%	45%	Specialist copay (initial visit only)[6]
Mental Health – Inpatient		20%	20% (no Tier II Inpatient facilities)		25%	25% (no Tier II Inpatient facilities)		15%
Mental Health – Outpatient		20%	20% (no Tier II Outpatient facilities)		25%	25% (no Tier II Outpatient facilities)		$20 copay
Substance Abuse – Inpatient		20%	20% (no Tier II Inpatient facilities)		25%	25% (no Tier II Inpatient facilities)		15%
Substance Abuse – Outpatient		20%	20% (no Tier II Outpatient facilities)		25%	25% (no Tier II Outpatient facilities)		$20 copay
Prescription Drug Benefits – Through CVS Caremark								
Deductible		$50 per person			$50 per person			N/A
Generic/ Formulary Brand/ Non-Formulary Brand	Retail 30-day supply	$15/$40/$60			$20/$50/$70			$20/$30/$60
	Mail order 90-day supply	$37.50/$100/$150			$50/$125/$175			$40/$60/$120

❶ Medical and prescription drug deductible and copays do not apply to the annual deductible or coinsurance maximum. ❷ If you are enrolled in a Consumer option, you pay this amount when you see an in-network specialist outside of the designated specialty areas. See page 11. ❸ Specialist must be within the Memorial Hermann network in designated specialties. See page 11.

❹ Must exclusively use Memorial Hermann facilities. ❺ Only applies to outpatient hospital services. All in-network freestanding and surgical centers are Tier I facilities. ❻ Higher copays and coinsurance apply if you use an in-network specialist within the 12 specialties who is not an Aexcel provider. An Aexcel designation is awarded to the most proficient providers, based on cost of care and quality of service.

PRESCRIPTION DRUG BENEFITS

All medical plan options include prescription drug benefits through CVS Caremark, available at participating pharmacies and through mail service.

RETAIL

HOW IT WORKS

For short-term prescriptions or the first two months of a newly prescribed maintenance medication, take your prescription and your CVS Caremark ID card to a participating pharmacy. You pay the lesser of the actual drug cost or a copay for each prescription, up to two 30-day supplies, after you meet your annual $50 prescription-drug deductible. Specialty drugs may be filled only through the CVS Caremark specialty mail program.

NOTE: PRESCRIPTIONS FILLED AT NON-PARTICIPATING PHARMACIES ARE NOT COVERED.

MAINTENANCE CHOICE

HOW IT WORKS

For long-term and maintenance medications, the Maintenance Choice program allows you to receive a 90-day supply of your medications in two ways—either through the CVS Caremark Mail Service Pharmacy (you can fill your prescriptions online, by phone or through the mail) or at a CVS pharmacy near you. No matter which option you choose, your copay remains the same. You can still get two 30-day supplies of your medications at any network retail pharmacy. But after that, ordering a 90-day supply through CVS Caremark (either by mail or at a local CVS pharmacy) will result in substantial savings—in some cases up to 66 percent. Be sure to obtain a 90-day prescription from your physician to qualify for the lower rates. To fill a prescription using the mail service, complete a prescription drug order form (available through the *CVS Caremark* link at **hisdbenefits.org**) and mail to the address on the form. Refills may be ordered online, by phone or by mail.

FOR MOST PLANS, THERE IS A $50 ANNUAL DEDUCTIBLE FOR PRESCRIPTION DRUGS THAT IS SEPARATE FROM YOUR MEDICAL PLAN DEDUCTIBLE. THE DEDUCTIBLE ONLY APPLIES ONCE PER YEAR, PER PERSON, AND A COPAY MAY ALSO BE REQUESTED.

QUESTIONS ABOUT YOUR PRESCRIPTION DRUG BENEFITS? CALL CVS CAREMARK AT 1-800-378-8651 OR LOG IN TO THE HISD EMPLOYEE PORTAL, GO TO *EMPLOYEE SERVICES*, CLICK ON *BENEFITS OUTLOOK*, THEN CLICK *CVS CAREMARK*.

KEEP FORGETTING TO REFILL OR RENEW YOUR PRESCRIPTIONS?

You can sign up for Automatic Prescription Refill and/or Automatic Prescription Renewal via the CVS Caremark ReadyFill at Mail solution. With AutoFill, CVS Caremark's mail service pharmacy will automatically send you refill prescriptions for your maintenance medications. When a maintenance prescription is about to expire or the last refill has been used, the AutoRenew service will proactively request a new prescription from your doctor. The cost will be billed automatically to your credit card. You can enroll online by following the instructions below or by calling CVS Caremark customer service at 1-800-378-8651.

AUTOMATICALLY REFILL YOUR PRESCRIPTIONS FROM THE HISD EMPLOYEE PORTAL
> *EMPLOYEE SERVICES*
> *BENEFITS OUTLOOK*
> *CVS CAREMARK*
> *ORDER PRESCRIPTION*

OR CALL 1-800-378-8651.

LIVING WITH HIGH BLOOD PRESSURE, HIGH CHOLESTEROL OR DIABETES?

The prescription drug deductible and copays for generic drugs for hypertension and hyperlipidemia (high cholesterol) are waived for 2012 (but you'll need to fill your prescriptions through mail order or at a CVS retail pharmacy). Waiving these copays makes it easier for you to follow your doctor's directions by taking prescribed medications and renewing them on time to manage your condition. Copays for generic diabetic drugs and injectable insulin are also waived when filled through mail order or at a CVS pharmacy.

GET FREE GENERIC PRESCRIPTIONS TO MANAGE YOUR CONDITION.

2012 BENEFITS ENROLLMENT

NOVEMBER 3 - 17

VOLUNTARY PLAN OPTIONS

If you would like supplemental or additional coverage not provided by your medical insurance—as well as added financial protection—consider adding a selection of voluntary plan options to your 2012 benefits package. Rates are available on pages 28-31.

FLEXIBLE SPENDING ACCOUNTS

Flexible Spending Accounts (FSA) allow you to set aside pre-tax dollars to pay for eligible health and dependent care expenses. The District offers separate FSA options to help benefits-eligible employees cover the cost of both health care and dependent care. With an FSA, you decide ahead of time how much money you anticipate spending on health care or dependent care for the entire year. That amount is deducted from your paycheck and available to you, tax-free, to pay for your eligible expenses. Visit the IRS website, **irs.gov/publications/index.html**, for the full list of eligible expenses (Publication 503: Dependent Care, Publication 502: Medical and Dental Expenses).

It's important to carefully estimate the amount you expect to spend because any unused funds are forfeited.

FULL-BENEFIT HEALTH CARE FSA

view FSA contribution options

- You can set aside up to $5,000 per year, pre-tax, to pay yourself back for eligible health care expenses, including vision and dental, that are not reimbursable from any other source.
- The full amount you allocate is deducted from your paycheck over 24 benefit pay periods, but is available to you when the plan year begins on January 1, 2012.
- If you are enrolled in a Consumer option, your FSA will be used first to pay for all eligible health care costs, including services under your medical plan. After your FSA is depleted, you may use your HealthFund to cover medical expenses and prescription drug costs.
- PLEASE NOTE: Beginning in 2013, the maximum Health Care FSA contribution will be reduced to $2,500 per year. If you are considering an expensive, eligible health care service (such as LASIK), you may want to have the procedure in 2012 while the maximum limit remains at $5,000.

DEPENDENT CARE FSA

- You can set aside pre-tax dollars for expenses to care for your child or other qualifying person so that you and your spouse can work or look for work.
- You and your spouse may contribute up to a combined total of $5,000 per year.
- Unlike the Health Care FSA, you can only access funds that have already been withheld from your check.
- You cannot use this account to pay for dependent medical expenses. Eligible expenses include day care, nursery school, after school care and summer day camp.

VISION AND DENTAL-ONLY HEALTH CARE FSA

view FSA contribution options

- You can set aside dollars, pre-tax, to pay for your vision and dental expenses.
- If you enroll in this option, you cannot participate in the Full-Benefit Health Care FSA, which allows you to use pre-tax dollars for medical, dental and vision expenses.

VISION

- New for 2012: Reduced rates and enhanced contact lens benefits.
- You may choose between Plus and Basic options.
- Both offer in- and out-of-network benefits.
- Both cover an annual in-network eye exam for a $10 copay.
- Both cover glasses and contact lenses every 12 months after a set materials copay.
- Vision Plus covers new frames every year; Vision Basic covers new frames every two years.

DENTAL HMO

- New for 2012: New DHMO fee schedule.
- You select a primary care dentist who directs your dental care.
- You pay the specified copay when you receive treatment.
- You may only use in-network providers.
- Go to **myuhcdental.com**, click *Dentist Locator* and select *DHMO-Texas*.

DENTAL PPO

- New for 2012: A new carryover feature that allows you to fund future dental expenses.
- You pay a deductible before the plan begins to pay its share of covered dental expenses.
- Dental PPO offers a nationwide network of providers.
- When you use a network provider, your out-of-pocket expense is lower.
- You may use any provider you choose and are responsible for costs that exceed the usual, reasonable and customary guidelines.
- If you use an in-network dentist, the provider will submit your claim for reimbursement on your behalf. If you use an out-of-network dentist, you pay the full cost when you receive treatment and must submit your receipts and claim form to receive reimbursement for the covered amount.
- If you have less than $500 in paid claims, you can carry over up to $250 to your maximum coverage amount in the next plan year. If you go to an in-network provider, you can earn an additional $100 to carry over.

MANAGED COST DENTAL

- This option is provided free of charge for employee-only coverage and is available for a benefits per-paycheck premium for all other coverage levels.
- You must use a network provider for your care. Go to **qdcofamerica.com** and follow instructions to find a provider.
- You pay set copays for selected services based on a schedule of fees or receive a 20 percent discount for other services.

LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D)

view life and AD&D coverage costs

- The District provides a basic level of coverage for all benefits eligible employees ($10,000 each for both Life and AD&D).
- New for 2012: Supplemental employee coverage is available for up to five times your annual base salary, up to $600,000.
- Spousal and dependent-child coverage is also available if enrolled in employee supplemental life. Child life options have expanded to $5,000, $10,000, $15,000 and $20,000.
- You must designate or update your beneficiary online.
- No Evidence of Insurability (EOI) is required if the increase in coverage is by one time (i.e. 1x to 2x or 2x to 3x).
- Only for 2012 Open Enrollment: Employees not currently enrolled in supplemental life insurance can elect 1x coverage with no EOI.

DISABILITY

view disability plan costs

- The plan pays a monthly benefit (after a set waiting period) if you are disabled and unable to work due to an injury, illness or pregnancy.
- You have a choice of waiting periods before benefits begin, and you select the percentage of annual base salary (40, 50 or 66.67 percent that you want to replace each month.
- New for 2012: No EOI is required to enroll or increase coverage. However, new or increased coverage will be subject to a 3/12 pre-existing condition exclusion (a condition that was treated or medically-advised in the three months before coverage will not be covered for the first twelve months).
- Your existing 2011 coverage will not be subject to the pre-existing condition exclusion.

PERSONAL LEGAL PLAN

view personal legal plan costs

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

LONG TERM CARE INSURANCE

- Offered through Teachers Retirement System of Texas (TRS), 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, assisted living facilities (including Alzheimer's facilities) and nursing homes. For more information contact TRS at 1-800-223-8778.

CANCER & SPECIFIED DISEASES PLAN

view cancer and disease plan costs

- This plan provides a cash benefit, including a wellness benefit, for procedures and other care related to the diagnosis and treatment of cancer and 36 other diseases.
- The Cancer and Specified Diseases Plan offers three plan options—High, Medium and Low.
- Requires EOI.

CRITICAL ILLNESS PLAN

view critical illness plan costs

- This plan pays you a lump-sum cash benefit upon first diagnosis of a covered critical illness.
- If elected, spousal coverage is 50 percent of the employee's coverage amount. Dependent children are covered automatically for 25 percent of the employee's coverage amount at no additional cost if you elect Employee + Child(ren) or Employee + Family coverage.
- Requires EOI.

HOSPITAL INDEMNITY PLAN

view hospital indemnity plan costs

- The plan provides a cash payment to help you pay your portion of hospital expenses, such as deductibles and coinsurance amounts.
- Benefits are paid for hospital admissions and hospital stays, including ICU, of up to 365 days.
- Requires EOI.

*Evidence of insurability required for High option only. No EOI for Low option.

Note: Under the Cancer and Specified Diseases, Critical Illness, Hospital Indemnity and Disability plans, benefits will not be paid for any sickness or loss related to a pre-existing condition (an injury or illness for which medical advice or treatment was received or recommended within 12 months prior to the effective date of coverage).

ACCIDENT PLAN

view accident plan costs

- This plan provides a cash benefit for emergency treatment, hospital admissions, confinements and diagnostic exams, as well as other expenses related to your accident, such as transportation and lodging needs.
- If you have a covered accident, you receive cash benefits for expenses that may not be fully covered by your medical option.

DISCOUNT BENEFITS PLAN

- This plan is not health insurance.
- The plan can save you 5 to 50 percent on health and wellness services, including doctor visits, hospital stays, prescription drugs and vision and dental care through more than 400,000 providers and locations nationwide.
- You and everyone in your household can use this plan; there are no health or age restrictions.
- Present your membership card and get immediate savings; there is no paperwork to submit.

DISCOUNT BENEFITS + FSA PLAN

- This plan is available only for benefits-eligible employees who earn less than $25,000 in annualized salary and are not enrolled in a District medical plan. If you qualify, you can participate at little or no cost. The plan includes a $500/year FSA to help pay for health costs you or your qualified tax-dependents incur through the plan or for other qualified medical expenses. Participants cannot be Medicare-eligible.
- Employees enrolled in the Discount Benefits + FSA option can access a money-saving program through Central Care Community Health Centers. Central Care currently operates two federally qualified health centers in central and south-central Houston, offering low-cost doctor visits ($30 copay), dental care ($50 copay) and discounts on other medical services.
- If your salary exceeds $25,000, you can participate in the Discount Benefits plan without the FSA.
- New for 2012: Gateway to Care is available and will help enrolled individuals connect with helpful health resources, providing assistance with applications for care and finding a health home, referrals to needed health care services and information that helps you stay healthy and well.

WHO IS ELIGIBLE FOR BENEFITS?

Generally, if you are a regular employee and an active, contributing member of the Teacher Retirement System, you and your eligible dependents can participate in the benefits plans.

Click here to learn more.

GET ENROLLED

Once you've reviewed your choices and determined your benefits plan options for 2012, you're ready to enroll. Follow these steps to enroll on *Benefits Outlook*, powered by WebMD.

1. LOG IN TO THE THE HISD EMPLOYEE PORTAL, SELECT *EMPLOYEE SERVICES* AND CLICK ON HISDBENEFITS.ORG.
   If this is your first visit to the site, follow the instructions on page 27 to register.

2. CLICK ON *DECISION TOOLS*, SELECT *ENROLL* AND FOLLOW THE INSTRUCTIONS TO ENTER YOUR BENEFITS ELECTIONS.

3. YOU WILL RECEIVE AN E-MAIL CONFIRMING YOUR BENEFITS ELECTIONS WITHIN A WEEK AFTER OPEN ENROLLMENT CLOSES ON NOVEMBER 17.
   Be sure to check the statement for accuracy. In December you will receive a printed confirmation of your elections via mail. If your confirmation statement is incorrect, call *Benefits Outlook* immediately at 1-877-780-HISD (4473).

Note: If you are a new employee, you will receive an e-mail confirming your benefits elections on the Friday following the date you submit your benefit elections via the *Benefits Outlook* website.

IF YOU NEED HELP ENROLLING, CALL A *BENEFITS OUTLOOK* REPRESENTATIVE AT 1-877-780-HISD (4473).

OPEN ENROLLMENT NOVEMBER 3-17, 2011

Even if you're currently enrolled in the District's medical plan, take the time to participate in open enrollment and choose your options for 2012. It's the only way to ensure that you have the health plan that best meets your needs. You MUST enroll if you want to:

- Add or drop a dependent
- Participate in a Flexible Spending Account during 2012
- Ensure that you have the health plan option and network you want for 2012
- Enroll in the Discount Benefits + FSA plan for the first time

GET FIT AND HEALTHY WITH THE *MY HEALTH* PROGRAM

During open enrollment, you're naturally focused on making the right choices to meet your health needs. But getting and staying healthy are goals you should think about every day.

Our benefits program includes resources to keep you focused on your physical well being and your positive frame of mind. These resources are available at no cost to employees. More details on each program are on *Benefits Outlook*, powered by WebMD.

24/7 NURSE LINE

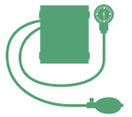
The Carewise Nurse Line gives you a direct, toll-free connection to a registered nurse anytime of the day or night. Carewise Health nurses are specially trained to help you choose the appropriate level of care for any illness or injury (especially important with ER copays). You can also get tips on nutrition, exercise, weight loss, immunizations, smoking cessation and finding a doctor.
CALL 1-877-780-HISD (4473), OPTION 2

PERSONAL HEALTH ASSESSMENT

The Carewise Personal Health Assessment begins with a brief confidential questionnaire, which takes an in-depth look at your family health history, personal history and lifestyle. Carewise Health conducts an instant analysis of your answers and rates your current health status and your potential future health problems. The Personal Health Assessment also provides you with a personalized plan for healthy living, explains the relationships between your behavior and your health and outlines the steps you can take to reduce your risks.
VISIT *BENEFITS OUTLOOK* (AVAILABLE AS A LINK FROM THE HISD EMPLOYEE PORTAL UNDER *EMPLOYEE SERVICES*), GO TO THE *HEALTH TOOLS* MENU AND SELECT *PERSONAL HEALTH ASSESSMENT*

EMPLOYEE ASSISTANCE PROGRAM (EAP)

If you are facing a crisis or need to talk to someone about life's challenges, the EAP hotline is a confidential resource available to you 24 hours a day at no cost. The EAP helps you and your family with personal problems such as marital/family stress, alcohol/drug problems and emotional difficulties, offering up to six 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 will provide you with helpful tips to find elder or child care, plan large family events, adopt or foster a child, move or continue your education.
VISIT *BENEFITS OUTLOOK*, GO TO *MY BENEFITS* AND SELECT *WELLNESS SUMMARY*
OR CALL 1-866-315-2276



DISEASE MANAGEMENT

Carewise Health offers free and confidential services designed to help you manage chronic health conditions that can have a significant impact on your life. If you or a covered dependent live with a chronic medical condition, you may qualify to participate in the program, and you may receive an outreach call. A disease management nurse will encourage you to take the Personal Health Assessment, review your care, discuss your medical concerns and develop a personalized care plan. Your disease management nurse will provide regular telephone assistance, free educational materials and ongoing support. If you decide not to participate, your total medical coverage cost will increase by 5 percent. This 5 percent non-compliance penalty will be automatically deducted from your paycheck in addition to the regular coverage amount and may continue for up to 3 months after compliance. Be aware that non-compliance is defined as failing to respond to Carewise's outreach efforts via phone and mail, as well as actively declining to participate in the program.
VISIT *BENEFITS OUTLOOK*, GO TO *MY BENEFITS* AND SELECT *WELLNESS SUMMARY*
OR CALL 1-877-780-HISD (4473) AND FOLLOW THE PROMPTS

BEGINNING RIGHT MATERNITY MANAGEMENT

Expectant mothers can get educational materials and access to nurse case managers so that they can get the assistance they need from the start of their pregnancy until their babies are born.
CALL 1-800-272-3531 (1-800-CRADLE-1)

HEALTH COACHING

Carewise offers support to help you make the necessary changes to live a healthier and happier life. Specially trained health care professionals use proven guidelines and well-established methods to help you cope with stress, stop smoking, eat healthier, manage your weight and control health risks like high blood pressure and obesity. Your health coach will assess your current situation, prioritize the changes you need to make, set goals and help you achieve those goals.
VISIT *BENEFITS OUTLOOK*, GO TO *MY BENEFITS* AND SELECT *WELLNESS SUMMARY*
OR CALL 1-877-780-HISD (4473) AND FOLLOW THE PROMPTS

DIABETES CARE THROUGH DIABETESAMERICA

DiabetesAmerica focuses exclusively on the needs of individuals with diabetes. Participants get coordinated care, education, nutrition information and medication management to take control of their diabetes. Patients have access to medical professionals specializing in diabetes. Each medical plan includes incentives for enrollees who continue to be compliant with the program. If your Personal Health Assessment determines that you have diabetic risk factors, you may be eligible to see a Care Team at DiabetesAmerica.
CALL 1-888-877-8427

TAKE ADVANTAGE OF *BENEFITS OUTLOOK,* POWERED BY WEBMD

Imagine having everything you need to know about your health status and how you can improve it—all located in one place that's easy to navigate, helpful, reliable, secure and confidential. *Benefits Outlook* is an online tool powered by WebMD, one of the most trusted sources of health and medical news and information.

WebMD has tools to keep you better informed about your health.

TAKE A MORE ORGANIZED APPROACH TO YOUR HEALTH

You have a single, secure and convenient place to track and view your Personal Health Record, including information such as immunization records, allergies, medication history and much more. The Personal Health Record will import information from your doctor visits, insurance provider, hospitals, labs and pharmacies, based on your personal settings. It also tracks your health trends over time. It puts your story in one place and is available to you 24/7.

FIND THE RIGHT PROVIDER FOR YOU

The *Aetna Navigator* makes it easier than ever to find a physician or hospital that meets your individual needs and preferences. These tools allow you to search by location, specialty and network eligibility.

KEEP TRACK OF YOUR PROGRESS

Health Trackers gives you the ability to chart your progress over time. With easy-to-use charts, you can track and monitor important health measurements such as blood pressure, cholesterol and weight. The tracking tools monitor vital health information and medical records in one secure location.

ELIMINATE THE ELEMENT OF SURPRISE WHEN IT COMES TO MEDICAL EXPENSES

The *Aetna Navigator* can help you evaluate and prepare for the expense of most common medical conditions, treatments, procedures, prescriptions and more. The data includes in-network and out-of-network comparisons.

FIND THE HOSPITAL THAT'S RIGHT FOR YOU

The *Hospital Advisor* is a tool that allows you to make informed decisions about where to seek the best in-network health care services. With *Hospital Advisor*, you'll be able to research hospital quality ratings based on location, network and areas of expertise.

GET THE NEWS YOU NEED TO KNOW RIGHT AWAY TO STAY HEALTHY

Health Alerts sends you secure, confidential messages when your health-related activities stray from evidence-based medicine guidelines. Working in conjunction with your WebMD *Personal Health Record*, *Health Alerts* notifies you of potentially dangerous medication interactions or gaps in your medical care. Each alert is clearly explained with specific information and recommendations about the next steps you should take.

READY TO GET STARTED?

Using *Benefits Outlook* couldn't be easier. If you haven't registered before, here's how to get started.

To LOG IN USING THE HISD EMPLOYEE PORTAL:

1. Click on *Employee Services* and then select **hisdbenefits.org**.
2. Click on the *Register Now* button.
3. Follow the instructions to register.
4. You're in. Take a look around and start enjoying *Benefits Outlook*, powered by WebMD.

To log in by going directly to **hisdbenefits.org**:

1. Click on the *Register Now* button.
2. Follow the instructions to register. Your Registration ID is your Employee ID number.
3. You're in. Take a look around and start enjoying *Benefits Outlook*, powered by WebMD.

   If you have trouble accessing your HISD e-mail account or the HISD employee portal, contact Technology Support at 713-892-7378.

Benefits Outlook is also accessible to your covered family members who are age 18 or older. They will need to log in directly to **hisdbenefits.org** and follow the registration steps.

MEDICAL PLAN – PAY PERIOD COST (BASED ON 24 PAY PERIODS PER YEAR)*

	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	EMPLOYEE + FAMILY
CONSUMER PLUS - LIMITED	$57.46	$186.56	$180.06	$302.56
CONSUMER PLUS - CHOICE	$71.83	$233.20	$225.08	$378.20
CONSUMER BASIC - LIMITED	$28.53	$144.63	$139.13	$250.13
CONSUMER BASIC - CHOICE	$35.67	$180.79	$173.92	$312.67
OPEN ACCESS	$291.08	$597.12	$583.46	$858.86

*If you or a covered family member are contacted about participating in a disease management program due to a qualifying condition and decides not to participate, your medical coverage cost will increase by 5 percent (5 percent is based on both the employee and employer premiums). This 5 percent non-compliance penalty will be deducted automatically from your paycheck in addition to the regular amount listed in this chart. (Please be aware that, once assessed, the non-compliance penalty may remain in effect for up to three months following your decision to participate.)

DENTAL PLAN – PAY PERIOD COST (BASED ON 24 PAY PERIODS PER YEAR)

	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	EMPLOYEE + FAMILY
DENTAL HMO	$5.19	$9.86	$9.86	$12.68
DENTAL PPO	$15.25	$30.22	$30.14	$47.15
MANAGED COST DENTAL	$0.00	$4.00	$4.00	$6.00

DISABILITY PLAN COST – (BASED ON 24 PAY PERIODS PER YEAR)*

WAIT PERIOD	COVERAGE OPTION	COST
30 day	40%	$0.2370 x Annual Base Salary ÷ 1,200
30 day	50%	$0.3040 x Annual Base Salary ÷ 1,200
30 day	66.67%	$0.8190 x Annual Base Salary ÷ 1,200
60 day	40%	$0.1750 x Annual Base Salary ÷ 1,200
60 day	50%	$0.2625 x Annual Base Salary ÷ 1,200
60 day	66.67%	$0.5150 x Annual Base Salary ÷ 1,200
90 day	40%	$0.1595 x Annual Base Salary ÷ 1,200
90 day	50%	$0.2165 x Annual Base Salary ÷ 1,200
90 day	66.67%	$0.4170 x Annual Base Salary ÷ 1,200
180 day	40%	$0.0825 x Annual Base Salary ÷ 1,200
180 day	50%	$0.1030 x Annual Base Salary ÷ 1,200
180 day	66.67%	$0.2420 x Annual Base Salary ÷ 1,200

*No EOI. 3/12 pre-existing exclusion applies.

VISION PLAN – PAY PERIOD COST (BASED ON 24 PAY PERIODS PER YEAR)

	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	EMPLOYEE + FAMILY
VISION PLUS	$3.03	$6.00	$6.31	$9.67
VISION BASIC	$2.07	$3.91	$4.09	$7.62

EMPLOYEE LIFE AND AD&D INSURANCE COVERAGE

BENEFIT LEVEL	AGE	RATE MODE	PER 24 PAY-PERIOD COST
1x, 2x, 3x, 4x or 5x annual base salary ($600,000 maximum)	<30	Per $1,000	$0.0245
	30-34	Per $1,000	$0.0245
	35-39	Per $1,000	$0.0245
	40-44	Per $1,000	$0.0395
	45-49	Per $1,000	$0.0645
	50-54	Per $1,000	$0.0945
	55-59	Per $1,000	$0.1595
	60-64	Per $1,000	$0.1895
	65-69	Per $1,000	$0.3245
	70+	Per $1,000	$0.4895

AD&D rate of $0.019 per $1,000 included in Employee rates above. May require EOI.

SPOUSE LIFE AND AD&D INSURANCE COVERAGE

BENEFIT LEVEL	AGE	RATE MODE	PER 24 PAY-PERIOD COST
1x, 2x, or 3x annual base salary ($100,000 maximum)	<30	Per $1,000	$0.0395
	30-34	Per $1,000	$0.0495
	35-39	Per $1,000	$0.0545
	40-44	Per $1,000	$0.745
	45-49	Per $1,000	$0.1295
	50-54	Per $1,000	$0.1995
	55-59	Per $1,000	$0.3295
	60-64	Per $1,000	$0.3845
	65-69	Per $1,000	$0.6695
	70+	Per $1,000	$1.0395

AD&D rate of $0.019 per $1,000 included in Spouse rates above. May require EOI.

CHILD LIFE AND AD&D INSURANCE COVERAGE

BENEFIT LEVEL	AGE	RATE MODE	PER 24 PAY-PERIOD COST
OPTION A: $5,000	N/A	Flat rate	$0.27
OPTION B: $10,000	N/A	Flat rate	$0.55
OPTION C: $15,000	N/A	Flat rate	$0.82
OPTION D: $20,000	N/A	Flat rate	$1.09

AD&D rate of $0.01 per $1,000 included in Child rates above.

HOSPITAL INDEMNITY PLAN COSTS – PAY PERIOD COST (BASED ON 24 PAY PERIODS PER YEAR)*

	AGE ON 01/01/12	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	EMPLOYEE + FAMILY
LOW OPTION	18-39	$2.41	$4.46	$4.51	$6.55
	40-49	$3.02	$5.74	$5.10	$7.83
	50-59	$4.32	$8.36	$6.40	$10.44
	60-69	$6.74	$13.06	$8.84	$15.15
HIGH OPTION	18-39	$4.46	$8.20	$8.25	$11.99
	40-49	$5.64	$10.70	$9.44	$14.49
	50-59	$8.13	$15.70	$11.92	$19.49
	60-69	$12.73	$24.63	$16.53	$28.42

*No EOI.

CRITICAL ILLNESS PLAN COSTS – PAY PERIOD COST (BASED ON 24 PAY PERIODS PER YEAR)*

	AGE ON 01/01/12	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	EMPLOYEE + FAMILY
LOW OPTION	18-34	$2.31	$3.74	$2.31	$3.74
	35-39	$3.92	$6.17	$3.92	$6.17
	40-44	$5.17	$8.05	$5.17	$8.05
	45-49	$7.92	$12.16	$7.92	$12.16
	50-54	$9.98	$15.25	$9.98	$15.25
	55-59	$11.55	$17.61	$11.55	$17.61
	60-64	$17.53	$26.58	$17.53	$26.58
	65-69	$17.53	$26.58	$17.53	$26.58
HIGH OPTION	18-34	$4.91	$7.65	$4.91	$7.65
	35-39	$8.94	$13.70	$8.94	$13.70
	40-44	$12.08	$18.41	$12.08	$18.41
	45-49	$18.94	$28.70	$18.94	$28.70
	50-54	$24.09	$36.41	$24.09	$36.41
	55-59	$28.03	$42.33	$28.03	$42.33
	60-64	$42.97	$64.73	$42.97	$64.73
	65-69	$42.97	$64.73	$42.97	$64.73

*Evidence of insurability required for High option only. No EOI for Low option.

CANCER AND SPECIFIED DISEASES PLAN - PAY PERIOD COST (BASED ON 24 PAY PERIODS PER YEAR)*

	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	EMPLOYEE + FAMILY
LOW OPTION AND SPECIFIED DISEASES	$5.76	$9.60	$7.38	$9.60
LOW OPTION AND SPECIFIED DISEASES + ICU RIDER	$8.76	$15.78	$13.56	$15.78
MEDIUM OPTION AND SPECIFIED DISEASES	$8.28	$14.28	$10.62	$14.28
MEDIUM OPTION AND SPECIFIED DISEASES + ICU RIDER	$11.28	$20.46	$16.80	$20.46
HIGH OPTION AND SPECIFIED DISEASES	$9.42	$17.10	$12.48	$17.10
HIGH OPTION AND SPECIFIED DISEASES + ICU RIDER	$12.42	$23.28	$18.66	$23.28

*EOI required.

PERSONAL LEGAL PLAN COSTS – PAY PERIOD COST (BASED ON 24 PAY PERIODS PER YEAR)

	EMPLOYEE ONLY	EMPLOYEE + FAMILY
PERSONAL LEGAL PLAN	$4.56	$6.21

ACCIDENT – PAY PERIOD COST (BASED ON 24 PAY PERIODS PER YEAR)

	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	EMPLOYEE + FAMILY
LOW OPTION	$3.86	$5.73	$7.47	$9.34
HIGH OPTION	$6.65	$9.77	$12.61	$15.73

FULL-BENEFIT OR VISION AND DENTAL ONLY HEALTH CARE FSA ACCOUNTS

MINIMUM CONTRIBUTION	MAXIMUM CONTRIBUTION
$48 per year or $2 per pay period	$5,000 per year or $208.33 per pay period

DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT (FSA)

MINIMUM CONTRIBUTION	MAXIMUM CONTRIBUTION
$48 per year or $2 per pay period	$5,000 per year or $208.33 per pay period

BENEFITS OUTLOOK POWERED BY WEBMD

Benefits information and resources
hisdbenefits.org
1-877-780-HISD (4473)

MEDICAL PLAN OPTIONS AETNA MEMBER SERVICES

aetnanavigator.com
1-877-224-6857
Weekdays, 8 a.m. to 6 p.m. CT,
except holidays

PRESCRIPTION DRUG BENEFITS

CVS Caremark
caremark.com
1-800-378-8651
24 hours/day, 7 days/week

CAREWISE HEALTH MANAGEMENT PROGRAMS

Personal Health Assessment
24/7 Nurse Line
Disease Management
Health Coaching
Benefits Claims Advocacy
hisdbenefits.org, click on *Health Tools* and select *Personal Health Assessment*
1-877-780-HISD (4473)

DIABETESAMERICA

diabetesamerica.com
1-888-877-8427

BEGINNING RIGHT MATERNITY MANAGEMENT

1-800-CRADLE-1 (1-800-272-3531)

EMPLOYEE ASSISTANCE PROGRAM

ValueOptions
valueoptions.com
1-866-315-2276
24 hours/day, 7 days/week

DENTAL PPO

UnitedHealthcare Dental
myuhcdental.com
1-877-816-3596

DENTAL HMO

National Pacific Dental
myuhcdental.com
1-800-232-0990

DENTAL DISCOUNT

QCD of America
qcdofamerica.com
1-800-229-0304

VISION

UnitedHealthcare Vision
myuhcvision.com
1-800-638-3120

LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT

Minnesota Life
securian.com
Medical Underwriting
1-800-872-2214
Claims
1-888-658-0193
Portability/Conversion
1-866-293-6047

DISABILITY

Unum
unum.com
1-866-679-3054

CANCER AND SPECIFIED DISEASES, CRITICAL ILLNESS, HOSPITAL INDEMNITY, ACCIDENT PLAN

Continental American Insurance Company
1-800-433-3036

PERSONAL LEGAL

Hyatt Legal
legalplans.com
1-800-821-6400
Family coverage password is 3720010
Single coverage password is 3730010

FLEXIBLE SPENDING ACCOUNTS

Full-benefit Health Care FSA
Dependent Care FSA
Vision and Dental FSA
Discount FSA
Aetna FSA Customer Services
1-888-238-6226
Claims
1-888-238-3539 FAX
IRS
irs.gov/publications/index.html
1-800-TAX-FORM (1-800-829-3676)

HISD EMPLOYEE HEALTH & WELLNESS CENTER

Hattie Mae White
4400 West 18th Street
Houston, Texas 77092
713-957-3908
Attucks
4330 Bellfort Street
Houston, Texas 77051
713-732-3532

DISCOUNT BENEFITS PLAN

MedChoice Plus
medchoice-plus.com
New Benefits Customer Service
1-800-800-7616

Central Care Community Health Center
centralcarechc.org
Main Location: 713-734-0199
Riverside Location: 713-831-9663

BEST DOCTORS

bestdoctors.com/us
1-866-904-0910

GATEWAY TO CARE

gatewaytocare.org
713-783-4616

COBRA

Benefit Concepts (BCI)
avantserve.com
1-800-969-2009
Weekdays, 7:30 a.m. to 7:30 p.m. CT,
except holidays

OPEN ENROLLMENT: NOVEMBER 3-17, 2011

BENEFITS
OUTLOOK
Health. Wellness. Life.