



2014
BENEFITS It's all about choices.
HIGHLIGHTS And you.

What's new for 2014

Katy ISD's 2014 annual enrollment is almost here. This means it's a good time to begin learning about your options as you prepare to choose your benefits for next year. Use this quick guide to get started, and look for more benefits information coming your way soon.

THE AFFORDABLE CARE ACT

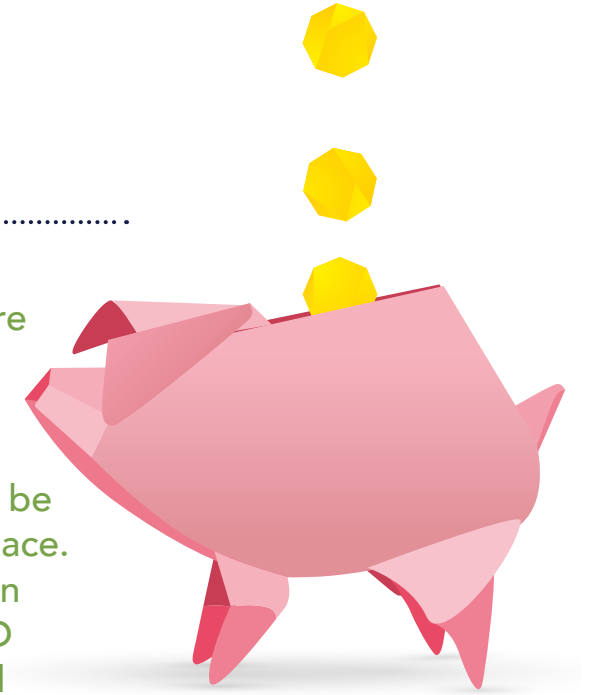
Effective January 2014, you must have health care coverage that meets the minimum guidelines of the Affordable Care Act for affordability and value. If you don't, you may have to pay a fee on your federal tax return.

You can purchase qualified health insurance

- Through Katy ISD
- Through your spouse's employer's plan
- Through a government plan such as Medicare, Medicaid or military retirement (or CHIP for your covered dependents)
- Directly from an insurance company
- Through the new federal Health Insurance Marketplace, also known as the exchange

All Katy ISD health plans meet the new guidelines for value, and the Consumer Basic Limited plan is intended to qualify as affordable. So, if you're eligible for benefits, simply enroll in any Katy ISD health insurance plan to obtain qualified coverage, avoid the federal fee and enjoy the generous premium contributions Katy ISD makes on your behalf.

IMPORTANT: Please be aware that under the new law, if you're eligible for Katy ISD's qualified plans, it's likely you won't be eligible for any of the federal subsidies that might otherwise be available through the Marketplace. If you decide to purchase a plan from the Marketplace, Katy ISD makes no contributions toward your monthly premium.



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

PREMIUM AND DEDUCTIBLE CHANGES FOR SOME MEDICAL PLAN OPTIONS

new As health care costs continue to rise, Katy ISD is working hard to keep the plans we offer affordable while still providing a wide range of coverage options. We've increased the amount the district contributes to the plan to keep the average overall premium increase for 2014 under 7%. To be specific, the Consumer Basic Choice plan sees a 6% premium increase. Rates for the Consumer Plus Choice plan are going up 10%. And the POS Premium plan rates are going up 3%. Premiums for the Limited network options aren't changing at all, which gives you a money-saving option. Finally, the Tier II deductible for the Consumer Choice network is \$500 higher than in 2013.



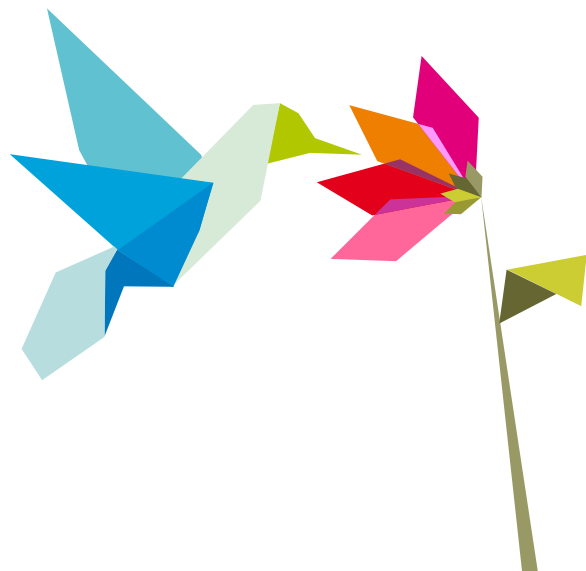
EARN MONEY FOR YOUR HEALTHFUND

HealthFund credits are \$100 less in 2014 than they are this year. But you can easily earn \$100 toward your HealthFund by completing a confidential online Health Assessment at RedBrick Health. It's that easy, and it's that important.

PRESCRIPTION DRUG PLAN CHANGES

You've always been able to get a 90-day supply of your maintenance medications through CVS mail order. This year, you can also buy your maintenance medications at a CVS pharmacy. If you choose to buy them someplace else, you'll pay considerably more. For more information, see page 8.

When you choose a non-preferred-brand prescription drug, your copay is increasing to \$80 (from \$70). And there are other new provisions, including step therapy and pre-authorization requirements on some medications. See the Summary of Benefits and Coverage on Benefits Outlook for more information.



NO CHANGES FOR THE VOLUNTARY PLANS

All of the rates for the voluntary plans, such as dental, vision and disability, remain exactly the same, as do the plan benefits.

ONE-ON-ONE ASSISTANCE FROM REDBRICK HEALTH

RedBrick Health keeps getting better at helping you improve your state of wellness. When you complete your Health Assessment, now you can follow it up with a call to one of RedBrick Health's advisors who can help you understand your results. This one-time call is free and only available after taking the Health Assessment. And if you have a specific health issue you need to address, take advantage of RedBrick Health's disease management programs and personal health coaching.



Take a good look at provider networks



PAY A LITTLE MORE TO HAVE MORE OPTIONS, OR VICE VERSA



Consumer plan network options

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

Limited network basics

- Choose any primary care physician in the 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 will arrange for hospital procedures at a Memorial Hermann hospital.
- Outside the designated specialties, you're free to choose any physician in the Aetna network.

Choice network basics

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



THE 12 DESIGNATED SPECIALTIES

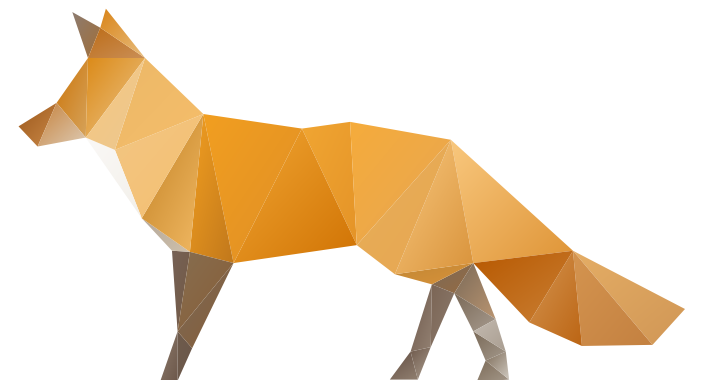
- | | |
|--------------------------|---------------------------|
| ① cardiology | ⑦ obstetrics & gynecology |
| ② cardiothoracic surgery | ⑧ orthopedics |
| ③ gastroenterology | ⑨ otolaryngology/ENT |
| ④ general surgery | ⑩ plastic surgery |
| ⑤ neurology | ⑪ urology |
| ⑥ neurosurgery | ⑫ vascular surgery |

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



Network options for the POS Premium plan

This higher-cost option allows unlimited provider choice, both inside and outside the Aetna network. You pay less when you use an in-network provider.



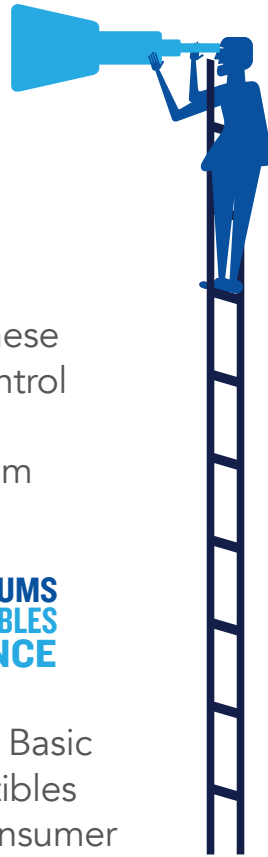
Compare Consumer plan networks



For the most current and complete list of providers in both networks, go to Benefits Outlook and click on Find a Doctor.

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• St. Luke’s• 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. <i>The amount you pay out-of-pocket for your care (in deductibles, coinsurance and copays) depends upon which tier your provider is in.</i>	
	Freestanding outpatient facilities: Check DocFind or contact Aetna.		
	There is no out-of-network care, except in the case of an emergency.		
PHYSICIANS	For physicians in the 12 designated specialties (see list), 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 (see list) in Tier I.	Your out-of-pocket costs are greater if you see a specialist in the 12 designated specialties (see list) in Tier II.
	Members must consider oncologists and hematologists that 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 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.	
	Outside the designated specialties, you may see any specialist in the larger Aetna network.	Outside the 12 designated specialties, you may see any specialist in the larger Aetna network and your visit will be covered as Tier I.	

Find the plan that works best for you



CONSUMER BASIC AND PLUS

You have two Consumer 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.



**LOWER PREMIUMS
HIGHER DEDUCTIBLES
COINSURANCE**



**HIGHER PREMIUMS
LOWER DEDUCTIBLES
COINSURANCE**

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










POS PREMIUM

The POS Premium option works differently than the Consumer options. There's no in-network annual deductible. Instead, you have a fixed copay for each in-network doctor's visit and pay 20% coinsurance for most other in-network 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 nearly six times higher premiums for POS Premium than the Consumer Plus 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.

Coverage costs




MEDICAL PLAN — per pay period cost (based on 24 pay periods per year)

	Consumer Basic LIMITED 	Consumer Basic CHOICE 	Consumer Plus LIMITED 	Consumer Plus CHOICE 	POS Premium 
 Employee only	\$45	\$51	\$58	\$68	\$342
 Employee + spouse	\$215	\$239	\$237	\$276	\$834
 Employee + child(ren)	\$151	\$169	\$170	\$199	\$688
 Employee + family	\$288	\$321	\$315	\$368	\$1,176

Compare coverage options

See how your medical plan choices affect your bottom line.



PLAN FEATURES		CONSUMER BASIC LIMITED NETWORK	CONSUMER BASIC CHOICE NETWORK		CONSUMER PLUS LIMITED NETWORK	CONSUMER PLUS CHOICE NETWORK		POS PREMIUM	
		MEMORIAL HERMANN PROVIDERS	TIER I	TIER II	MEMORIAL HERMANN PROVIDERS	TIER I	TIER II	IN-NETWORK	OUT-OF-NETWORK¹
HealthFund (\$100 added if you complete a Health Assessment before 4/30/2014)		\$400 employee only \$650 employee + spouse \$650 employee + child(ren) \$900 employee + family			\$650 employee only \$900 employee + spouse \$900 employee + child(ren) \$1,150 employee + family			N/A	
YOU PAY²,³									
Annual deductible³ 		\$2,250 individual \$4,500 family	\$2,250 individual \$4,500 family	\$2,750 individual \$5,000 family	\$1,750 individual \$3,500 family	\$1,750 individual \$3,500 family	\$2,250 individual \$4,000 family	None	\$500 individual \$1,500 family
Annual coinsurance maximum (excludes deductible & includes medical copays)²,³ 		\$2,250 individual \$4,500 family	\$2,250 individual \$4,500 family	\$3,250 individual \$5,500 family	\$1,750 individual \$3,500 family	\$1,750 individual \$3,500 family	\$2,750 individual \$4,500 family	\$2,000 individual	\$7,000 individual
Total out-of-pocket max (includes all above)³ 		\$4,500 individual \$9,000 family	\$4,500 individual \$9,000 family	\$6,000 individual \$10,500 family	\$3,500 individual \$7,000 family	3,500 individual \$7,000 family	\$5,000 individual \$8,500 family	\$2,000 Individual \$12,700 family	\$7,500 individual \$15,000 family
Office visit	Primary care (PCP)	25%	25% (all PCPs are Tier I)		20%	20% (all PCPs are Tier I)		\$25 copay	40%
	Non-designated specialists⁴ (NDS)	25%	25% (all NDSs are Tier I)		20%	20% (all NDSs are Tier I)		\$40 copay	40%
	Designated specialists	25%	25%	45%	20%	20%	35%	N/A	N/A
Preventive care (routine physicals, well care, immunizations)		Free of charge with no annual limit			Free of charge with no annual limit			Free of charge with no annual limit	40%
Inpatient – hospital (pre-certification required)		25%	25%	45% + \$500 copay per admission⁵	20%	20%	35% + \$500 copay per admission⁵	20% + \$150 copay per day⁶	40% + \$150 copay per day⁶
Outpatient – hospital (pre-certification required)		25%	25%	45%	20%	20%	35%	20% + \$100 copay	40% + \$100 copay
Outpatient – freestanding and surgical center (pre-certification required)		25%	25%	Paid as Tier I	20%	20%	Paid as Tier I	20% + \$100 copay	40% + \$100 copay
Emergency care		25% + \$150 copay (waived if admitted)			20% + \$150 copay (waived if admitted)			20% + \$100 copay (waived if admitted)	
Urgent care facility		25%	25%		20%	20%		20% + \$100 copay	
Lab, x-ray, diagnostic mammogram, diagnostic scans (MRI, MRA, CAT, PET) – outpatient hospital		25%	25%	45%	20%	20%	35%	20%	40%
Lab, x-ray, diagnostic mammogram, diagnostic scans (MRI, MRA, CAT, PET) – freestanding facility, independent lab		25%	25%	Paid as Tier I	20%	20%	Paid as Tier I	\$25 I \$40 office visit copay or 20% in a facility	40%
Maternity – delivery		25%	25%	45%	20%	20%	35%	20%	40%
Mental health – inpatient		25%	25%	Paid as Tier I	20%	20%	Paid as Tier I	20% + \$150 copay per day	40% + \$150 copay per day
Mental health – outpatient		25%	25%	Paid as Tier I	20%	20%	Paid as Tier I	\$25 copay	\$25 copay
Substance abuse – inpatient		25%	25%	Paid as Tier I	20%	20%	Paid as Tier I	20% + \$150 copay per day	40% + \$150 copay per day
Substance abuse – outpatient		25%	25%	Paid as Tier I	20%	20%	Paid as Tier I	\$25 copay	\$25 copay

1 Plus any amount above UCR limits or the out-of-network fee schedule. Out-of-network facility charges exceeding the limited fee schedule amount are not covered and will not be applied to the deductible or coinsurance maximum. Employee is responsible for paying the difference between the covered amount and the amount the facility charges.

2 Coinsurance amounts are paid after the annual deductible is met. Medical deductible does not apply to the annual coinsurance maximum.

3 Prescription drug deductible and copays do not apply to the annual deductible, coinsurance or total out-of-pocket maximums.

4 These are in-network specialists who are not in the designated specialty areas.

5 Limited to two \$500 copays per plan year.

6 \$750 maximum copay per admission; \$2,250 maximum copay per plan year.

Review your prescription drug benefits

All medical plan options include prescription drug benefits through CVS Caremark, available at any participating network pharmacy and through mail order.

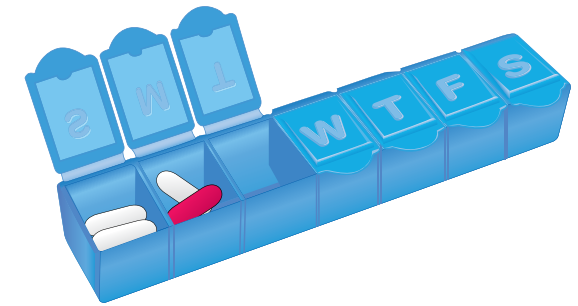
FILLING YOUR PRESCRIPTIONS

Short-term prescriptions

Take your prescription and Aetna ID card to a participating pharmacy. After you meet your annual \$75 per-person prescription drug deductible, you pay the lesser of the actual drug cost or a copay for each prescription, up to a 30-day supply.

Specialty drug prescriptions

For specialty drugs, which are only available in a 30-day supply, use the CVS Caremark specialty mail program.








Maintenance medications

Purchase 90-day supplies of your maintenance medications through the CVS Caremark mail service or at a CVS pharmacy. You can also fill your maintenance medications at participating pharmacies other than CVS, but you pay considerably more for less: you will pay 2 1/2 times the retail copay for a 30-day supply. For more information, please see page 13 of the 2014 benefits guide or go to Benefits Outlook.

No-cost prescriptions

Generic drugs for high blood pressure, high cholesterol, asthma or diabetes (including injectable insulin) remain available at no cost to you, as long as you're enrolled in a Katy ISD medical plan and purchase 90-day supplies through CVS Caremark or at a CVS pharmacy.

<div></div> <div>Consumer Basic LIMITED</div> <div>Memorial Hermann network only</div>		<div></div> <div>Consumer Basic CHOICE</div> <div>Tier I</div> <div>Tier II</div>		<div></div> <div>Consumer Plus LIMITED</div> <div>Memorial Hermann network only</div>		<div></div> <div>Choice Plus CHOICE</div> <div>Tier I</div> <div>Tier II</div>		<div></div> <div>POS Premium</div> <div>In-network</div> <div>Out-of-network</div>	
Rx deductible ¹				\$75 individual		\$75 individual		\$75 individual	N/A
Prescription drugs – retail									
Generic		\$10				\$10		\$10	N/A
Preferred brand		\$40				\$40		\$40	N/A
Non-preferred brand		\$80				\$80		\$80	N/A
Prescription drugs – mail									
Generic		\$25				\$25		\$25	N/A
Preferred brand		\$100				\$100		\$100	N/A
Non-preferred brand		\$200				\$200		\$200	N/A

¹ The deductible only applies once per year per person and a copay may also be requested.

Personalize your plan

ADD ON THE EXTRAS THAT MAKE SENSE FOR YOUR FAMILY

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 (FSAs)

Set aside pre-tax dollars to pay for eligible medical expenses or day care expenses. You decide ahead of time how much you anticipate spending for the entire calendar year, and that amount is available to you tax-free.



HEALTH CARE FLEXIBLE SPENDING ACCOUNT (FSA)

Minimum contribution	\$500 per year
Maximum contribution	\$2,500 per year



DEPENDENT DAY CARE FLEXIBLE SPENDING ACCOUNT (FSA)

Minimum contribution	\$500 per year
Maximum contribution	\$5,000 per year

DISABILITY

You are covered at 66.67% of your annual base salary and can choose from two waiting periods (14 or 90 days).



DISABILITY PLAN

Per pay period cost, based on 24 pay periods per year

Rate (% of monthly salary)

14-day waiting period (STD & LTD)	1.26%
90-day waiting period (LTD)	.60%

No evidence of insurability is required. A pre-existing condition exclusion applies to any condition that was treated or medically advised in the 3 months prior to the effective date of coverage and will not be covered for the first 12 months of coverage.

DENTAL PLANS

Both dental plans pay preventive care at 100%.

DENTAL INDEMNITY

You pay a deductible for basic, major and orthodontic care. You may visit any dentist you choose, but using an in-network dentist can save you money.

DENTAL HMO

You select a primary care dentist who directs your dental care. Only in-network services are offered.



DENTAL PLAN

Per pay period cost, based on 24 pay periods per year

	MetLife Dental Indemnity	UHC Dental HMO
Employee only	\$23.23	\$5.86
Employee + spouse	\$47.15	\$10.98
Employee + child(ren)	\$42.28	\$8.34
Employee + family	\$59.60	\$14.35

VISION PLAN

This plan provides in- or out-of-network coverage for an eye exam and pair of corrective lenses once per calendar year.




VISION PLAN

Per pay period cost, based on 24 pay periods per year

	Davis Vision
Employee only	\$3.82
Employee + one	\$6.68
Employee + two or more	\$9.57

CANCER CARE PLAN

This plan provides lump sum payment at the first diagnosis of cancer and has options available for an intensive care benefit. Evidence of insurability is required.

		CANCER CARE PLAN						
		Per pay period cost, based on 24 pay periods per year						
		Basic \$10,000	Basic \$20,000	Basic \$30,000	Basic \$40,000	Basic \$50,000	Low Option, \$20,000 + ICU \$300/day	High Option, \$50,000 + ICU \$600/day
Employee only		\$4.25	\$8.50	\$12.75	\$17.00	\$21.25	\$9.63	\$23.50
Employee + child(ren)		\$5.00	\$10.00	\$15.00	\$20.00	\$25.00	\$11.63	\$28.25
Employee + family		\$7.75	\$15.50	\$23.25	\$31.00	\$38.75	\$18.25	\$44.25

PERSONAL LEGAL PLAN

This plan provides personal legal guidance on a variety of issues and services such as will preparation, name change, real estate closing and uncontested adoption.


		PERSONAL LEGAL PLAN	
		Per pay period cost, based on 24 pay periods per year	
Employee only			\$6.89
Employee + family			\$8.11

LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D)


Life insurance is paid to your beneficiaries if you die while covered by the plan. AD&D benefits are paid to you or your beneficiary if you have a covered loss that is the direct result of an accident. Katy ISD provides a basic level of coverage for all benefits-eligible employees (\$20,000 each for both life and AD&D for most employees). There’s no cost to employees for this coverage.

		SUPPLEMENTAL LIFE AND AD&D INSURANCE									
		The maximum benefit is \$300,000. Benefits are reduced to 65% at age 70, to 40% at age 75 and to 25% at age 80. The maximum coverage amount for AD&D is \$200,000.									
Rate mode		per \$10,000									
Your age January 1 of plan year		>30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-89
Per 24 pay period cost		\$0.30	\$0.35	\$0.40	\$0.45	\$0.65	\$0.90	\$1.30	\$2.00	\$2.95	\$4.65

If your spouse also works for the district, you may each have Supplemental Life but not Spouse Life. Only one employee should elect Child Life, if appropriate.

		SPOUSE LIFE AND AD&D INSURANCE		
Benefit level		Option 1: \$10,000	Option 2: \$20,000	Option 3: \$35,000
Pay period rate		\$0.70	\$1.40	\$2.45

You may cover your spouse to age 65. Your combined Basic and Supplemental coverage must be greater than or equal to two times the spousal benefit.

		CHILD LIFE INSURANCE	
Benefit level		Option 1: \$5,000	Option 2: \$10,000
Pay period rate		\$0.20	\$0.40

Enjoy special features at no cost

**READY TO TAKE CHARGE OF YOUR HEALTH?
YOU HAVE PLENTY OF OPPORTUNITY.**



RedBrick Health®

Free, personalized tools and resources
to help you and your family improve your health



Disease management programs

Confidential education, consultation and support,
available through RedBrick Health, to help manage
chronic medical conditions



DiabetesAmerica®

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



Employee assistance program

Free and confidential 24-hour support
for all kinds of personal life challenges
Call 877-694-9281



24/7 Nurse Line

Help from a registered nurse, day or night
Call 866-222-KISD (5473)



Member Payment Estimator

Go to Benefits Outlook, log on to Redbrick Health and
click Aetna Navigator to compare cost estimates for more
than 550 common services and procedures, from office
visits and lab tests to high-tech scans, surgeries and more

Enroll online – it's easy

LET'S MAKE IT OFFICIAL

As always, you can complete your 2014 enrollment
online through Benefits Outlook.

Here's how you get there:



Go to **katybenefits.org**
and log on to RedBrick Health.



Click on Enroll and follow
the instructions to enter
your benefits elections.



Check the personalized
confirmation statement you
receive in the mail in early December.



**If you need help enrolling, call Benefits Outlook
at 866-222-KISD (5473).**

English- and Spanish-speaking representatives are available
Monday through Friday between 7 a.m. and 7 p.m., except holidays.

Katy ISD annual enrollment is November 5-19, 2013

