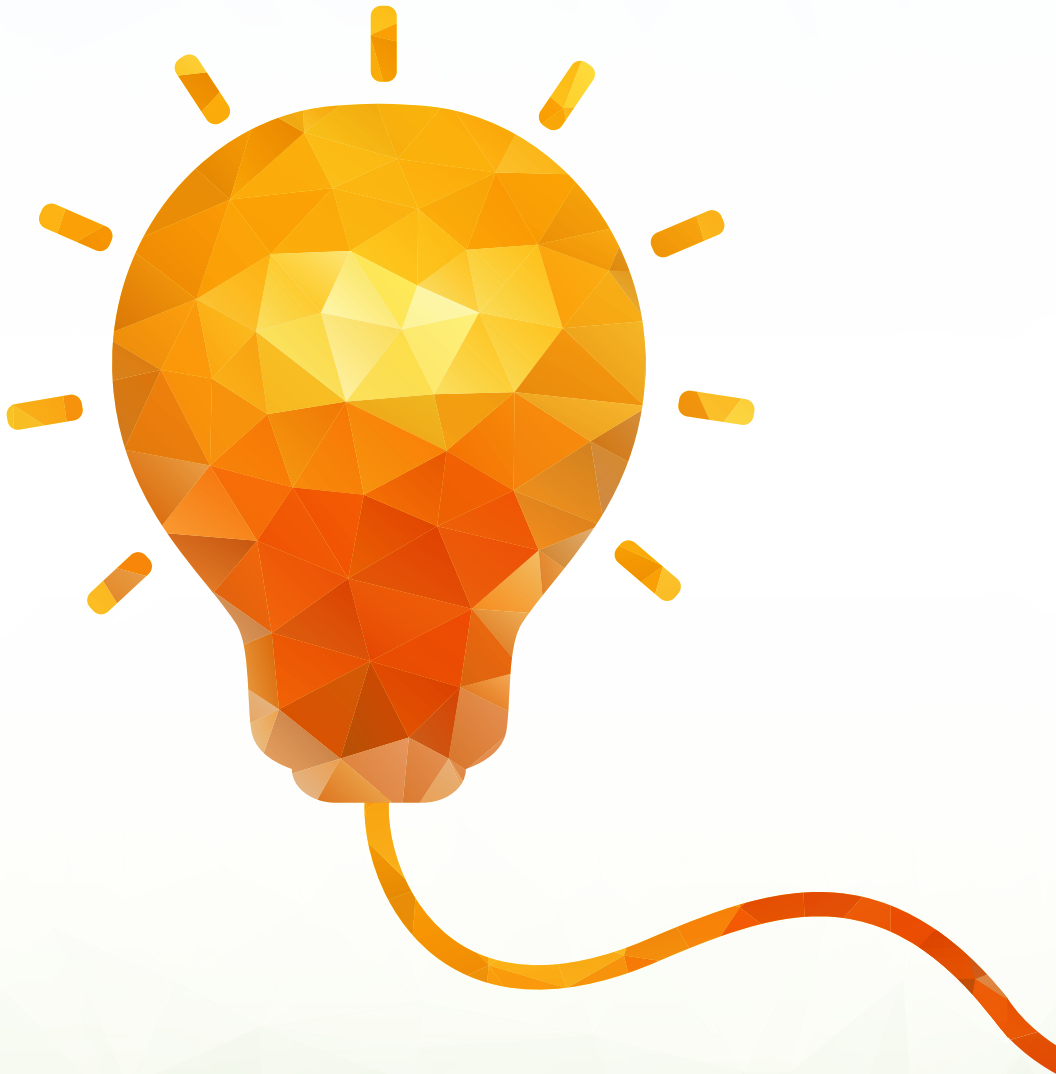


2015
ANNUAL ENROLLMENT
DISCOVER THE POSSIBILITIES



Say hello to your 2015 benefits guide.

It's brimming with information about the great health and wellness options available in the coming year.

Your coverage options for 2015 are going to look very familiar. There are only a few changes to discuss, including some unavoidable, yet fairly modest, premium increases. As health care costs rise, we are committed to making contributions to help share the load with you. The increase for most plans is just 3%.

The benefits we offer are about more than covering you when you get sick. They're also about helping you get healthy and stay that way. That's why it's important to take advantage of the special features that come with your medical plan, things like RedBrick Health, free preventive care and the 24/7 Nurse Line. And don't forget about the money you can earn for your HealthFund when you take your online Health Assessment.

Be in control of your benefits—and your health—by following the steps outlined in this guide. Whether your goal is to lose weight, lower your blood pressure, relieve stress, start an exercise program or just generally feel better, your possibilities are endless. And so are your resources.

Let's get started.



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 Risk Management office. 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.



A look at what's new for 2015

MEDICAL PLAN PREMIUM AND OUT-OF-POCKET MAXIMUM CHANGES

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 are committed to sharing rising costs with you, and as a result, the average premium increases are under 5%. To be specific, Consumer Basic Limited, Consumer Basic Choice, Consumer Plus Limited and POS Premium rates are going up 3%. Rates for Consumer Plus Choice are going up 10%.

Your out-of-pocket maximums are going up, too. For most plans, the individual maximums are going up \$500 and family maximums are going up \$1,000, but this year, your prescription deductible and all copays count toward these maximums.

DIABETES TECHNOLOGY PILOT PROGRAM

We're excited to tell you about a special pilot program in the works for 2015. It's a free diabetes management program that uses smartphone technology to help employees with diabetes get more personalized care, coaching and resources, from the comfort of their home. Watch for more details this spring.

VOLUNTARY PLAN HIGHLIGHTS

Good news for our voluntary plans. There are no changes to the way the plans work, and only two have a rate increase. Dental indemnity rates are increasing 3%, while Dental HMO rates are going up 8%.



NEW PRESCRIPTION DRUG LIST

For 2015, the prescription drug plan includes CVS Caremark's standard formulary. A formulary is a list of generic and brand name drugs that are preferred by your health plan. If you choose drugs that aren't on the list, you may be responsible for the full cost, which can be significantly higher.

To avoid this issue, please print the [formulary list](#) to review with your doctor when deciding on your medications.

NO NEW CANCER CARE POLICIES

Our cancer plan provider, United Teacher Associates Insurance Company, is no longer issuing new policies due to a recent change in ownership. This means the cancer plan is not available in 2015 unless you are a current enrollee in the plan.

We apologize for this late change to our 2015 benefits. If you have questions or concerns about your existing cancer plan policy, please contact TCG Benefits at 281-286-3570 or 888-724-0525.

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.

All Katy ISD health plans meet the guidelines for value, and the Consumer Basic Limited plan is intended to qualify as affordable. If you're eligible for benefits, you can simply enroll or continue in any Katy ISD health insurance plan to avoid the fee and enjoy the generous contributions Katy ISD makes on your behalf.



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

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

Here's how Katy ISD's coverage options are rated.

KATY ISD MEDICAL PLAN OPTION	METAL LEVEL
Consumer Basic—Limited and Choice	SILVER
Consumer Plus—Limited and Choice	GOLD
POS Premium	GOLD

ENROLLMENT OPTIONS

Be sure to check out the Benefits Outlook website as you consider your coverage for 2015. The site was designed to make it easy to find friendly, helpful answers and information about all your Katy ISD benefits, along with tips and tools for staying healthy.

Then, when you're ready, you can complete your 2015 enrollment online or by phone. Just go to katybenefits.org to get started.

Remember, nothing rolls over automatically. You have to enroll every year even if you want to keep the same options.

SIGN UP FOR BENEFITS-RELATED TEXT MESSAGES

Text KISD to 313131 to sign up for text alerts with important Katy ISD benefits information—things like advance notice of enrollment meetings, walk-in clinics near your home and much more.

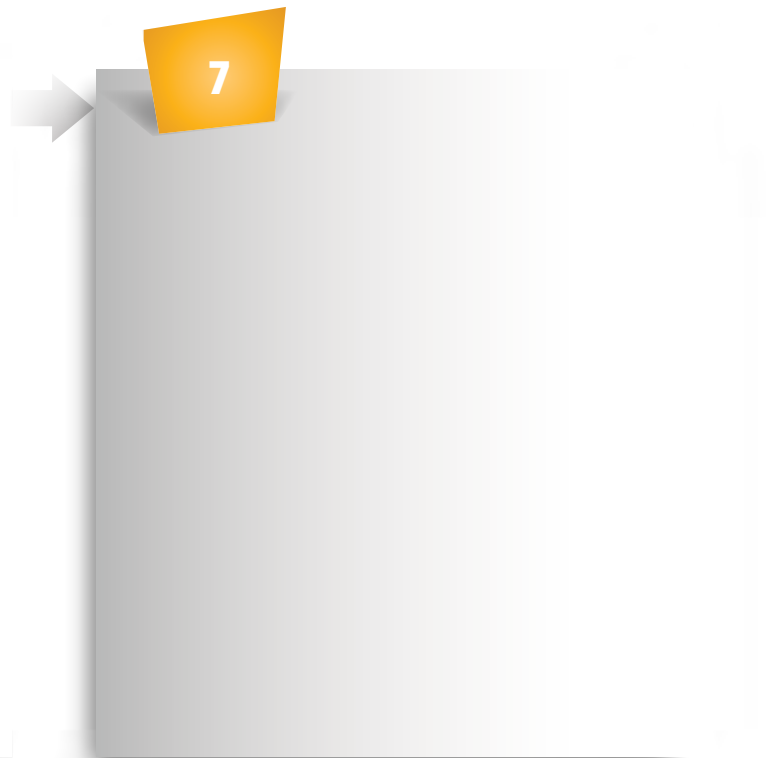
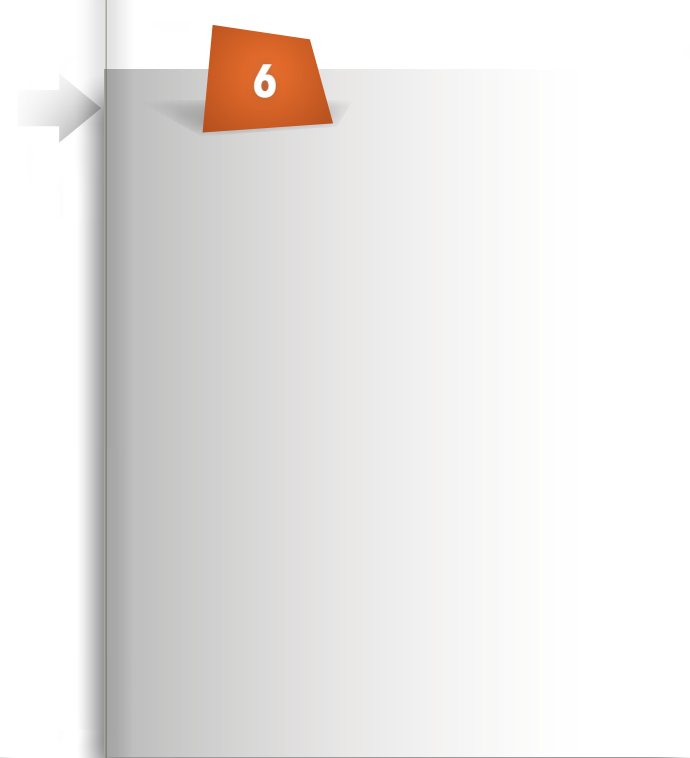
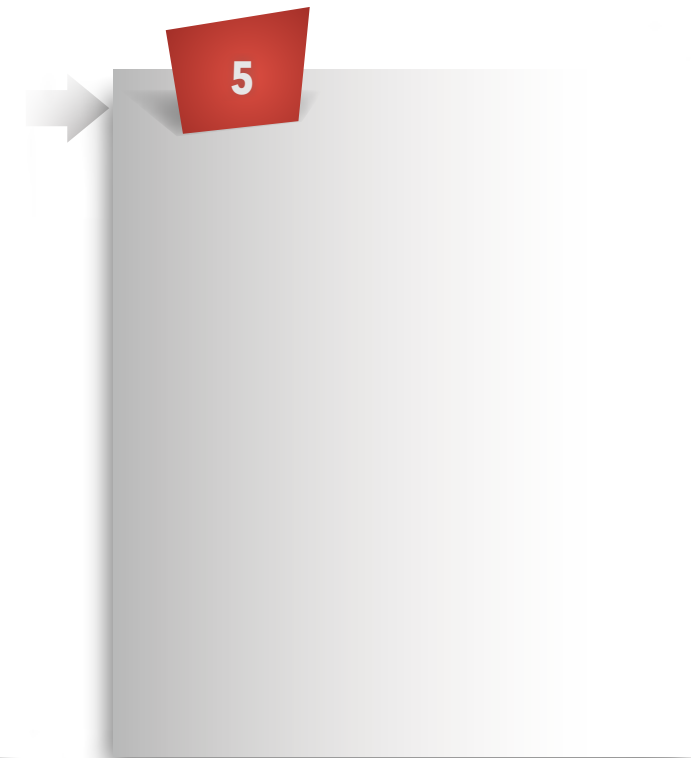
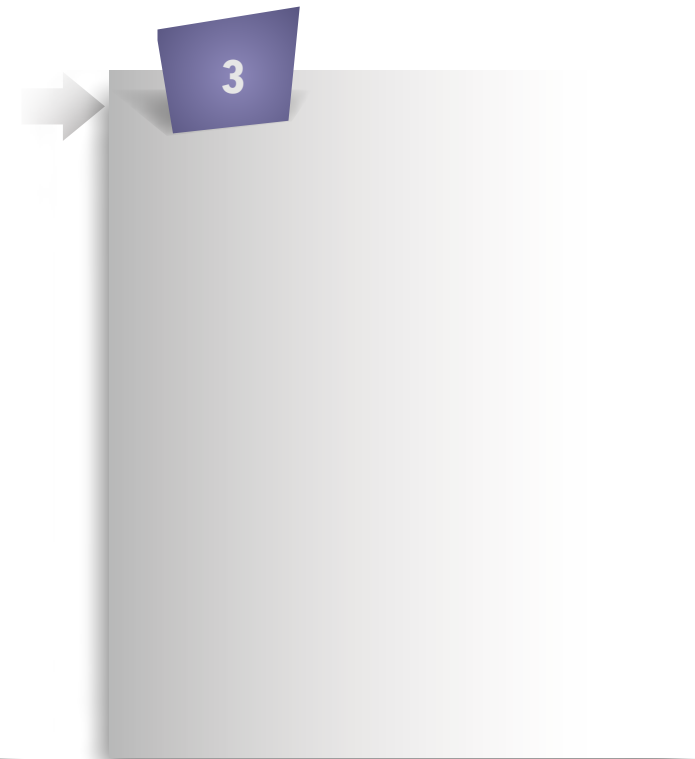
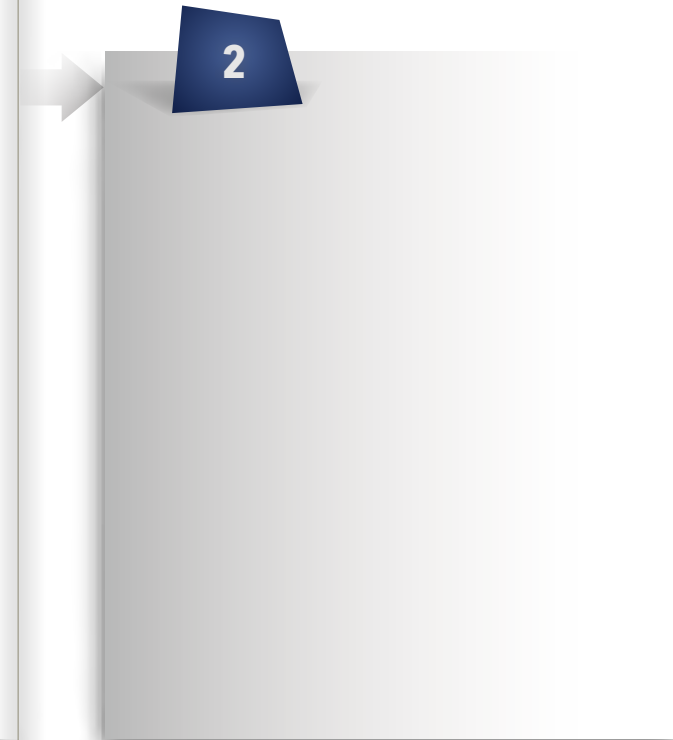
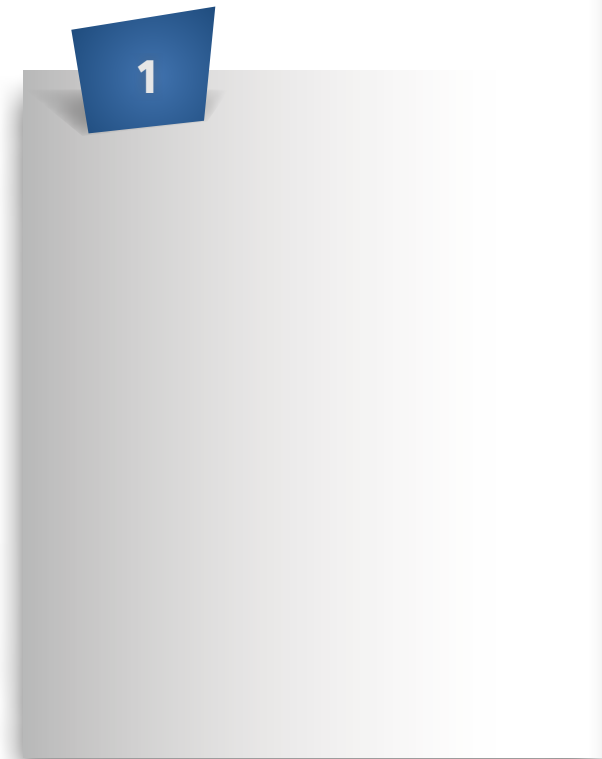


THIS IS YOUR OPPORTUNITY TO SEE A NEW, HEALTHIER YOU UNFOLD

Katy ISD 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



See how Katy ISD helps you pay for the basics

HealthFund contributions are just the beginning.





FREE FROM KATY ISD, YOUR OWN PERSONAL HEALTHFUND

How it works:

- If you're enrolled in a Consumer option, you have a HealthFund.
- Katy ISD contributes money annually into your HealthFund.
- You use this money to pay for covered medical expenses, like office visits, lab work and tests.
- Any unused funds roll over to the next year, building a nest egg for future health care expenses, as long as you stay enrolled in a Katy ISD Consumer option.
- If you're enrolled in a health care flexible spending account (FSA), your HealthFund is used first to pay for eligible medical expenses. Your health care FSA funds aren't available for covered medical expenses until your HealthFund has been exhausted.
- You can use your health care FSA for dental and vision expenses, regardless of the status of your HealthFund.
- HealthFund contributions are prorated, depending on when you sign up for coverage.



2015 HEALTHFUND CONTRIBUTIONS

	If you complete an online Health Assessment by 4/30/2015		No Health Assessment	
	Consumer Basic	Consumer Plus	Consumer Basic	Consumer Plus
 Employee only	\$500	\$750	\$400	\$650
 Employee + spouse	\$750	\$1,000	\$650	\$900
 Employee + child(ren)	\$750	\$1,000	\$650	\$900
 Employee + family	\$1,000	\$1,250	\$900	\$1,150

Raise the amount of your HealthFund account by \$100 simply by completing a confidential online Health Assessment at RedBrick Health by April 30, 2015.

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. For information about dependent eligibility, see [page 48](#) or visit [Benefits Outlook](#).

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.

Take a good look at provider networks

Pay a little more to have more options, or vice versa.

It's all up to you. Here's help making your selection.

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 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 these designated specialties, you're free to choose any physicians 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 the 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.



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.



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.



CONSUMER PLAN NETWORKS COMPARISON

For the most current and complete list of providers in both networks, log on to RedBrick Health, click Aetna Navigator and then click DocFind.

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. <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 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 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.	



DOCFIND MAKES CHOOSING PROVIDERS EASY

You can use Aetna's online DocFind tool, available through [Benefits Outlook](#), to search for network doctors, labs or facilities, including X-ray and scanning locations. If you have providers already, you can check DocFind before you enroll to be certain you have access to them with the plan you choose.

STAY INSIDE YOUR NETWORK

- You are not covered for out-of-network services unless you enroll in the POS Premium option. The only other exception is a life-threatening 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-life-threatening medical attention can result in excessive charges that increase health care costs for everyone.
- Know which urgent care and walk-in clinics are near your home in case you need quick medical care. Aetna Navigator is a great tool for that.
- If you're enrolled in the Limited network, remember to use Memorial Hermann facilities for inpatient or outpatient care, or you won't be covered. For diagnostic services such as an MRI, X-ray, mammogram, colonoscopy or CT scan, you can also use any in-network freestanding facilities, whether you're in the Limited or Choice network.

AVOID SURPRISES. ESTIMATE YOUR COSTS BEFORE YOU GET CARE. Go to [Benefits Outlook](#), log on to RedBrick Health and click Aetna Navigator to use the Member Payment Estimator 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.

BE SURE YOUR SPECIALIST IS IN-NETWORK.

Some of the specialists in our network may have changed. To make sure your provider is still in-network, check Aetna Navigator through [Benefits Outlook](#) or call Aetna at 877-224-6857.

Find the plan that works best for you

You have several choices. Compare and save.

COMMON GROUND MAKES SOME CHOICES EASIER

All Katy ISD medical plan options feature:

- Preventive care covered at 100%—no charge to you
- Freedom to choose any doctor in your plan's network, with no referral needed
- Prescription drug benefits through CVS Caremark, available at CVS and many other participating pharmacies and through mail order

\$0 COPAY = FREE FOR YOU

- \$0 copay for generic maintenance drugs for high blood pressure, high cholesterol, asthma and diabetes (including injectable insulin)
- DiabetesAmerica, free to covered employees, a program that provides treatment and support for people with diabetes, all under one roof



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 premiums (what comes out of your paycheck) are lower, but your annual deductibles and coinsurance percentages are higher. With a Consumer Plus option, you pay a little higher premiums, but your annual deductibles and coinsurance percentages are lower.



LOWER PREMIUMS
HIGHER DEDUCTIBLES
HIGHER COINSURANCE



HIGHER PREMIUMS
LOWER DEDUCTIBLES
LOWER COINSURANCE



BOTH CONSUMER OPTIONS HAVE:



A HealthFund

- This is money Katy ISD contributes each year to medical plan members to help cover your medical expenses. For details, see [page 10](#).
- This money is used for covered medical expenses before your health care flexible spending account (FSA), if you have one.



An annual deductible

- This is the amount you're responsible for paying before the plan begins to pay a percentage of covered expenses.
- The money in your HealthFund and/or health care 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 HealthFund and/or health care FSA to help pay coinsurance.



Out-of-pocket maximum

- Your annual out-of-pocket maximum is the most you have to pay each year out of your own pocket to cover expenses, including your medical and prescription deductibles, copays and coinsurance.
- Once you reach your out-of-pocket maximum, the plan pays 100% of your remaining covered medical and prescription drug expenses.



POS PREMIUM IN MORE DETAIL

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.





PRESCRIPTION DRUG BENEFITS

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

Short-term prescriptions

For short-term prescriptions, take your prescription and your 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.

.....
BE CAREFUL: If you 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. The non-preferred-brand prescription drug copay is \$80.

Automatic maintenance prescription refills and renewals

Here's an easy way to handle maintenance drug prescriptions. When you sign up for the automatic prescription refill program, CVS Caremark's 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.

No-cost prescriptions for high blood pressure, high cholesterol, asthma and diabetes

If you take medications for high blood pressure, high cholesterol, asthma or diabetes (including injectable insulin), it's important to take them as your doctor prescribes, and on time.

That's why Katy ISD makes generic drugs for these conditions available at no cost to you, as long as you're enrolled in a Katy ISD medical plan. Just be sure to order a 90-day supply from the CVS Caremark mail service or any local CVS retail pharmacy.

Brand preferred drugs to treat asthma and diabetes can be obtained for the generic copay.

Katy ISD plans also cover women's generic contraceptives at 100%, as well as those that have no generic available.

Annual prescription deductible

- \$75 per covered person per year
- This is separate from your medical plan deductible
- You may also be asked to pay a copay

MAIL OR CVS PHARMACY FOR MAINTENANCE MEDICATIONS

The first two times you purchase a 30-day supply of a prescribed maintenance medication at a participating retail pharmacy, you pay your annual pharmacy deductible, if not already met, and your normal retail copay.



After that, you can save money by purchasing 90-day supplies of your maintenance medications through the CVS Caremark mail service or at a local CVS pharmacy. You can place your order online, by phone or by mail. You can also fill your maintenance medication prescriptions at participating pharmacies other than CVS, but you pay considerably more for less: you will pay 2 ½ times the retail copay for a 30-day supply.

Be sure to 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.

Did you know there are nine CVS pharmacies in the Katy area? In fact, 95% of Katy medical plan participants live within five miles of a CVS.

New prescription drug list

For 2015, the prescription drug plan includes CVS Caremark’s standard formulary. A formulary is a list of generic and brand name drugs that are preferred by your health plan. If you choose drugs that aren’t on the list, you may be responsible for the full cost, which can be significantly higher.

To avoid this issue, please print the [formulary list](#) to review with your doctor when deciding on your medications.

FILLING YOUR MAINTENANCE PRESCRIPTION

If you would like to:	Then:
Continue with mail service	You don’t have to do anything <ul style="list-style-type: none">We’ll continue to send your medications to your location of choice.
Sign up for mail service for the first time	You can do it online or by phone <ul style="list-style-type: none">Go to Benefits Outlook, log in to RedBrick Health and click on CVS Caremark to register or start a prescription.Call FastStart® toll-free at 800-875-0867, and we’ll handle contacting your physician to get your current prescription transferred to CVS Caremark for mail or 90 days at retail pick up at a CVS pharmacy.To fill a prescription using the mail service, complete a prescription drug order form (available through the CVS Caremark link at Redbrick Health) and mail to the address on the form.
Pick up long-term maintenance medications at a CVS pharmacy	Please let us know by one of the three ways below <ul style="list-style-type: none">To register, go to Caremark.com. Then select a CVS pharmacy location for pick up.Bring a new 90-day/longer prescription to your local CVS pharmacy and talk to the pharmacist.Call the CVS Caremark toll-free number on your medical ID card and we’ll handle the rest.
Learn more	Call CVS Caremark using the toll-free number on the back of your medical ID card.

For details, visit [Benefits Outlook](#) or contact your provider directly.



Compare coverage options

See how your medical plan choices affect your bottom line.

HealthFund (\$100 added if you complete a Health Assessment before 4/30/2015)



YOU PAY²

Annual deductible			\$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 out-of-pocket maximum (includes all medical and pharmacy deductibles, copays and coinsurance)			\$5,000 individual \$10,000 family	\$5,000 individual \$10,000 family	\$6,500 individual \$11,500 family	\$4,000 individual \$8,000 family	\$4,000 individual \$8,000 family	\$5,500 individual \$9,500 family	\$2,500 individual \$13,200 family	\$8,000 individual \$16,000 family
Office visit/Physician services	Primary care (PCP)		25%	25% (all PCPs are Tier I)		20%	20% (all PCPs are Tier I)		\$25 copay	40%
	Non-designated specialists (NDS) ³		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 exams (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% plus \$500 copay per admission ⁴	20%	20%	35% plus \$500 copay per admission ⁴	20% + \$150 copay per day ⁵	40% + \$150 copay per day ⁵
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% plus \$150 copay (waived if admitted)			20% plus \$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/\$40 office visit copay or 20% in a facility	40%
Maternity—delivery			25%	25%	45%	20%	20%	35%	20%	40%
Mental health & substance abuse—inpatient			25%	25%	Paid as Tier I	20%	20%	Paid as Tier I	20% + \$150 copay per day ⁵	40% + \$150 copay per day ⁵
Mental health & 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 out-of-pocket 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.

³ These are in-network specialists who are not in the designated specialty areas, subject to out-of-pocket maximums.

⁴ Limited to two \$500 copays per plan year, subject to out-of-pocket maximums.








⁵ \$750 maximum copay per admission; \$2,250 maximum copay per plan year, subject to out-of-pocket maximums.



PER PAY PERIOD COSTS

To compare the premium rates for these options, go to [page 51](#).

Prescription drug coverage

	<div>Consumer Basic LIMITED</div> <div></div>	<div>Consumer Basic CHOICE</div> <div></div>	<div>Consumer Plus LIMITED</div> <div></div>	<div>Consumer Plus CHOICE</div> <div></div>	<div>POS Premium</div> <div></div>			
	Memorial Hermann network only	Tier I	Tier II	Memorial Hermann network only	Tier I	Tier II	In-network	Out-of-network
Prescription drugs – retail								
Rx deductible ¹ 	\$75 individual			\$75 individual			\$75 individual	N/A
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, all subject to out-of-pocket maximums. All prescription deductibles and copays apply toward your annual out-of-pocket maximum.

PER PAY PERIOD COSTS

To compare the premium rates for these options, go to [page 51](#).

Consider your voluntary options

Add on the extras that make sense for your family.



HERE'S WHERE YOU PERSONALIZE YOUR PLAN

Katy ISD provides, at no cost to employees, basic life insurance and accidental death and dismemberment coverage to all employees who are eligible for benefits.

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

This guide provides a brief overview. To compare rates, see [page 51](#). For details, visit Benefits Outlook at katybenefits.org or contact your provider directly. See [page 59](#) for provider contact list.



FLEXIBLE SPENDING ACCOUNTS (FSAs)

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. Keep in mind that you cannot change the amount that you contribute to your FSA account(s) until the next plan year unless you have a qualifying life event or change in family status. Transfers from one FSA account to another aren't allowed.

BE CAREFUL: Estimate the amount you expect to spend carefully. You can seek reimbursement from your 2015 FSA(s) for expenses incurred from January 1, 2015 through March 15, 2016, as long as you submit your claims by May 15, 2016. You lose any funds you don't use.

For a full list of eligible expenses, visit the IRS website for information about [health care FSA](#) or [dependent day care FSA](#) expenses. Katy ISD FSAs are administered by JEM Resource Partners.

PLEASE NOTE:

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

If you join Katy ISD after January 1, 2015, your FSA deductions are allocated over the remaining pay periods for the year to reach your annual goal amount.



Health care FSA

- You can set aside a minimum of \$500 and up to \$2,500, pre-tax, to pay for eligible expenses that are not reimbursable from any other source.
- You can use your health care FSA for all eligible health care costs for you and your dependents, including vision and dental.
- The full amount you set aside is available to you on January 1, 2015, even though it is deducted from your paycheck over 24 pay periods.
- Eligible health expenses include certain over-the-counter supplies; LASIK or other vision correction surgery; hearing aids; individual psychiatric and psychological counseling; and deductibles, coinsurance and copays under your medical, dental and vision plans.

IMPORTANT: If you participate in one of the Consumer options, your eligible medical claims will be reimbursed from your HealthFund first. Only after your HealthFund has been depleted will you be able to access your health care FSA for covered medical expenses.

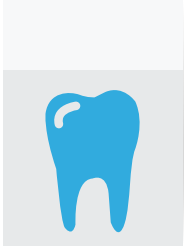


Dependent day care FSA

- You and your spouse can set up a combined total of \$500 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 use funds from a dependent care FSA 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.

IMPORTANT: To set aside money for dependent health care expenses, be sure to elect the health care FSA, not the dependent day care FSA.

For details, visit [Benefits Outlook](#) or contact your provider directly.



DENTAL INDEMNITY

- The plan, offered through MetLife, pays preventive care at 100%.
- You pay a deductible for basic, major and orthodontic care.
- This plan allows you to visit any dentist you choose.
- Using an in-network dentist can save you money, even for non-covered services.

DENTAL HMO

- You select a primary care dentist who directs all your dental care.
- Only in-network services are covered.
- The plan pays preventive care and dental wellness screenings at 100%.
- A complete list of copays and providers is available at the UnitedHealthcare Dental link on Benefits Outlook.
- The DHMO plan is provided by UnitedHealthcare Dental (UHC), underwritten by National Pacific Dental, Inc.

	METLIFE DENTAL INDEMNITY	UHC DENTAL HMO
Deductible	\$50 individual \$150 family (waived for preventive care)	\$0
Annual maximum benefit	\$1,000 per individual	Unlimited
COVERED SERVICES	DEPENDING ON THE SERVICES, YOU PAY:	
Preventive & diagnostic care	\$0 with no annual deductible	\$0 – \$5
Basic care	20% of covered expenses after annual deductible	\$10 – \$80
Major care	50% of covered expenses after annual deductible	\$12 – \$300
Orthodontia	24-month course of treatment: 50% of covered expenses after deductible up to a lifetime maximum benefit of \$1,000/person	24-month course of treatment: \$2,100 child \$2,200 adult

For details, visit [Benefits Outlook](#) or contact your provider directly.



VISION

- This plan, provided by Davis Vision, offers both in- and out-of-network benefits.
- The plan includes one eye exam and one pair of corrective lenses (glasses or contacts) per calendar year.
- In-network services and selected frames are paid at 100%, with non-selected frames or contacts offered at a discount.
- Out-of-network coverage is paid on a set reimbursement schedule. You must file a claim for reimbursement.
- A complete list of copays and providers is available at the Davis Vision link on [Benefits Outlook](#).



LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D)

Coverage for both Life and AD&D insurance is available through Aetna Life Insurance Company. Life insurance is paid to your designated beneficiaries if you die while covered by the plan. AD&D benefits are paid to you or your designated beneficiary if you have a covered loss that is the direct result of an accident.

BASIC LIFE

- Katy ISD provides a basic level of coverage for all benefits-eligible employees (\$20,000 each in both life and AD&D for most employees).
- There is no cost to employees for this coverage.

SUPPLEMENTAL LIFE

- Available in increments of \$10,000, the maximum coverage level is \$300,000 for life insurance and \$200,000 for AD&D insurance.
- During annual enrollment (if you were previously enrolled), you may increase your coverage to an amount equal to your base salary without providing evidence of insurability (EOI). Additional coverage may be added pending EOI approval.
- New hires may elect up to three times their base salary without providing EOI.
- Any amount over \$200,000 requires EOI.

SPOUSE LIFE

- 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.
- Increasing or adding new coverage requires evidence of insurability.

Option 1	\$10,000
Option 2	\$20,000
Option 3	\$35,000

CHILD LIFE

- You may cover your children up to age 26.
- No evidence of insurability is required.

Option 1	\$5,000
Option 2	\$10,000

For details, visit [Benefits Outlook](#) or contact your provider directly.



DISABILITY

The disability plan, available through Unum, pays a weekly or monthly benefit (after a set waiting period) if you are disabled and unable to work due to an injury, illness or pregnancy.

- Coverage is available at 66.67% of your annual base salary, up to \$1,154 per week for STD and \$9,000 per month for LTD.
- Choose from two waiting period options: 14 or 90 days.
- Benefits may be reduced by other sources of income such as Workers Compensation, TRS, Social Security and other wage continuation (i.e., sick days).
- Benefits are non-taxable since the premiums are deducted after tax.
- No evidence of insurability is required to enroll in disability during annual enrollment. However, if you did not enroll in the disability plan last year, a pre-existing condition provision will be applied to long-term disability claims (i.e., those lasting greater than 90 days if enrolled in the 14-day waiting period or any claim if enrolled in the 90-day waiting period).

YOU HAVE A PRE-EXISTING CONDITION IF:

- You received medical treatment, consultation, care or services, including diagnostic measures, or took prescribed drugs or medicines in the three months prior to your effective date of coverage and;
- The disability begins in the first 12 months after your effective date of coverage.

If you become disabled, submit the Disability Claim Form available under Forms on [Benefits Outlook](#).



PERSONAL LEGAL PLAN

The LegalEASE Group attorney network makes hundreds of free and low-cost services available to members. The plan offers unlimited initial consultations, up to one hour per calendar quarter, over the phone or in person with plan attorneys.

- The plan covers a wide range of legal documents, including deeds, leases, affidavits and others.
- A plan attorney will prepare a simple will, living will and power of attorney each plan year.
- The plan also covers issues such as name change, real estate closing, divorce, consumer disputes, uncontested adoptions and much more.

Call LegalEASE before you contact an attorney.

For details, visit [Benefits Outlook](#) or contact your provider directly.

Now you're ready to enroll

Go to Benefits Outlook 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:

01

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

02

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

03

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



If you need help enrolling, call a Benefits Outlook specialist at 866-222-KISD (5473). English- and Spanish-speaking representatives are available Monday through Friday, 7 a.m. to 7 p.m. CT, except holidays.

ENROLLMENT DATES

November 4–18, 2014

FOR NEW EMPLOYEES

If you're a new employee, you will receive a confirmation statement in the mail within two weeks of the date you submit your benefits elections via Benefits Outlook.

Be sure to check your statement for accuracy. If your confirmation statement is incorrect, call Benefits Outlook at 866-222-KISD (5473) immediately. Any corrections you make after you receive your confirmation statement may not be reflected on your paycheck for four to six weeks from the time you notify Benefits Outlook of the change.

Make the most of your benefits

Your plan comes with special features. Use them.

**Free
preventive
care.
Do it.**

If you're covered by a Katy ISD 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 OPPORTUNITY.

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

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®

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

Diabetes support

Offers personalized diabetes management technology—watch for more information about a pioneering pilot program in 2015

Member Payment Estimator

Go to Benefits Outlook, log on to RedBrick Health and click Aetna Navigator to use the Member Payment Estimator 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

24/7 Nurse Line

For help from a registered nurse day or night, call 866-222-KISD (5473)

Employee assistance program

For free and confidential 24-hour support for all kinds of personal challenges, call 877-694-9281



BETTER HEALTH IS JUST A FEW CLICKS AWAY

RedBrick Health is a complete online resource designed to help you on your path to greater health and fitness.

RedBrick Health makes it easy and fun to see where you stand and get started making positive changes to improve your health and prevent future illness. It's free and valuable to any employee or dependent 18 or older who is covered by the Katy ISD medical plan.

How to make money getting healthy

If you enroll in a Consumer option, be sure to complete the easy, confidential online Health Assessment at RedBrick Health so you can earn \$100 for your HealthFund.

HEALTHMAP

Based on the results of your Health Assessment, your HealthMap charts a course to help you reach your health goals. RedBrick Health Journeys help you lower your stress level, lose weight, manage chronic conditions and more.

Share the fun, spread the health

Your covered family members age 18 and up can use RedBrick Health, too, by going to [Benefits Outlook](#) and clicking on RedBrick Health to set up their own personal access.

CONSUMER PLAN HEALTH ASSESSMENT INCENTIVES

COMPLETION DATE	EARN	HEALTHFUND DEPOSIT
November 4 – November 18, 2014	\$100	By January 1, 2015
November 19, 2014 – January 31, 2015	\$100	By March 1, 2015
February 1, 2015 – April 30, 2015	\$100	By June 1, 2015

For details, visit [Benefits Outlook](#) or contact your provider directly.



DiabetesAmerica, free to covered employees, provides specialized treatment and support so that people with diabetes can more easily manage their day-to-day needs. Convenient 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.



DISEASE MANAGEMENT PROGRAMS

If you, or a covered dependent, live with a chronic medical condition such as asthma, diabetes or high blood pressure, you may qualify to participate in RedBrick Health disease management programs. These free and confidential programs provide regular telephone assistance, educational materials, a personalized care plan and ongoing support.



DIABETES TECHNOLOGY PILOT PROGRAM

New in 2015 is a free diabetes management program that uses smartphone technology to help employees with diabetes get more personalized care, coaching and resources. Watch for details about this program in the spring.



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. Call 866-222-KISD.



EMPLOYEE ASSISTANCE PROGRAM (EAP)

If you're facing a crisis or need to talk to someone about challenges in your life, the Value Options 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 unlimited calls of online access and up to six sessions with a professional counselor per person, per issue, per year.

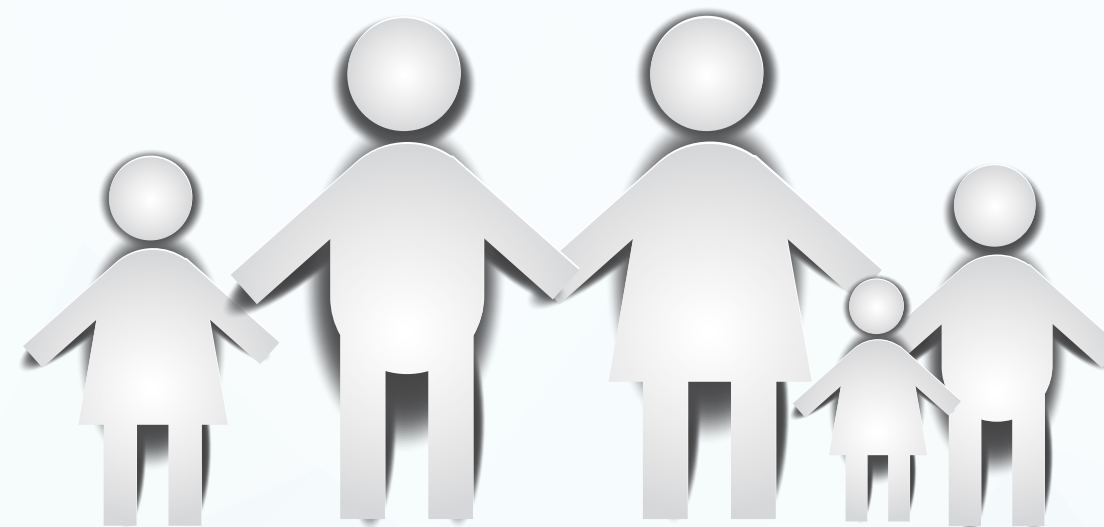
The hotline also provides a 30-minute consultation with an attorney or financial expert and a referral, if necessary, to an experienced attorney in your area. The EAP's work-life resources can provide helpful tips to find elder or child care, plan large family events, adopt or foster a child, move or continue your education. Call 877-694-9281.

Eligibility and coverage information

ELIGIBILITY

You can enroll in benefits if you're a regular employee (active or on approved paid leave) and are an active, contributing member of the Teacher Retirement System (TRS) of Texas or if you're retired from TRS and rehired by Katy ISD into a benefits-eligible position. Your eligible dependents may also participate in some of the Benefits Outlook programs

NOTE: According to the Affordable Care Act guidelines, you are also eligible for benefits if you work for Katy ISD 30 hours or more per week. Please contact Benefits Outlook at 866-222-KISD (5473) if you feel you are eligible under these guidelines and have not been given the opportunity to enroll. Katy ISD intends to include all eligible employees in our annual enrollment.



An eligible dependent includes:

- Legal spouse (unless legally separated)
- Child under age 26, single or married (your eligible child's spouse isn't covered), eligibility applies only to medical, dental, vision, child life and legal plan coverage
- Unmarried child of any age who is dependent on you for support due to a continuing physical or mental disability that began before age 26, provided the child was covered before age 26 and meets one of the following criteria:
 - you claim the child as a dependent on your federal income tax return
 - the child qualifies for Medicaid support
 - you have court-approved power of attorney for the child (and can provide verification of the incapacity and eligibility when requested)
- Child who qualifies as your dependent under the terms of a Qualified Medical Child Support Order (QMCSO)

COVERAGE

- New employees must enroll within 31 days of eligibility. Eligibility begins on the first day of the month following your date of hire (or the date you become benefits eligible). If your date of hire is the first day of the month, then your eligibility starts that day. Coverage will begin on your eligibility date.
- Coverage for current employees who enroll for 2015 benefits during the annual enrollment period (November 4–18, 2014) begins January 1, 2015.
- You must be actively at work before any new life, AD&D or disability coverage takes effect. If you are not actively at work when you enroll for or increase coverage, your coverage does not take effect until you complete your first full day of active work as an eligible member.



When can I change my options?

- During annual enrollment, which is November 4–18, 2014. Even if you're currently enrolled in the benefits program, you must re-enroll if you want benefits coverage in 2015—nothing rolls over to 2015. Otherwise, you have no benefits coverage other than Katy ISD-provided basic life and accidental death and dismemberment (AD&D) insurance.
- When you're first hired or first become eligible for benefits after January 1, 2015, you must enroll within 31 days of your eligibility. If you don't enroll within that period, you have no benefits coverage other than Katy ISD-provided basic life and accidental death and dismemberment (AD&D) insurance.
- If you experience a qualified life event (see below), you must contact Benefits Outlook within 31 days of the event to make any allowable changes.

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If your employment with Katy ISD ends, you may choose to continue some coverage. Contact Benefits Outlook for more information.

What is a qualified life event?

- Gaining a tax dependent through birth or adoption
- Marriage, divorce or annulment
- Spouse/dependent gaining or losing coverage due to a change in their employment
- Death of spouse or dependent child
- Employee/spouse/dependent becoming eligible or ineligible for Medicare or Medicaid
- Spouse adding or dropping coverage during a benefits enrollment period that is not concurrent with Katy ISD's annual enrollment period
- Court order (QMCSO)










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You must notify Benefits Outlook within 31 days of one of these events if you want to make changes to your Katy ISD-provided benefits. Otherwise, you must wait until annual enrollment for the next plan year.

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	\$46.50	\$52.50	\$59.50	\$75.00	\$352.50
 Employee + spouse	\$221.50	\$246.00	\$244.00	\$303.50	\$859.00
 Employee + child(ren)	\$155.50	\$174.00	\$175.00	\$219.00	\$708.50
 Employee + family	\$296.50	\$330.50	\$324.50	\$405.00	\$1,211.50




DENTAL PLAN

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

	MetLife Dental Indemnity	UHC Dental HMO
 Employee only	\$23.93	\$6.33
 Employee + spouse	\$48.57	\$11.86
 Employee + child(ren)	\$43.55	\$9.01
 Employee + family	\$61.39	\$15.49

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

HEALTH CARE FLEXIBLE SPENDING ACCOUNT (FSA)

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

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

DEPENDENT DAY CARE FLEXIBLE SPENDING ACCOUNT (FSA)

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

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

SUPPLEMENTAL LIFE AND AD&D INSURANCE

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

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.

					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+
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 INSURANCE



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

	Option 1	Option 2	Option 3
Benefit level	\$10,000	\$20,000	\$35,000
Per 24 pay period cost	\$0.70	\$1.40	\$2.45

CHILD LIFE INSURANCE

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

	Option 1	Option 2
Benefit level	\$5,000	\$10,000
Per 24 pay period cost	\$0.20	\$0.40

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

DISABILITY PLAN	
Rate based on percent of monthly salary	
	Rate (% of monthly salary)
14-day waiting period, 66.67% of base salary (STD & LTD)	1.26%
90-day waiting period, 66.67% of base salary (LTD)	.60%

No evidence of insurability is required. For disability claims greater than 90 days, a pre-existing condition exclusion applies to any condition that was treated or medically advised in the three months prior to the effective date of coverage and will not be covered for the first 12 months of coverage.

¡NOTICIAS IMPORTANTES SOBRE LA INSCRIPCIÓN!

Usted puede inscribirse o hacer cambios en su plan actual durante el período anual de inscripción cada año, o dentro de un período de 31 días si hay un evento o cambio significativo en su situación familiar durante el año. Sepa que no ha habido cambios significativos en el Plan de Beneficios 2015. Para informarse sobre los cambios, haga planes para asistir a una reunión de inscripción abierta (disponible en inglés y español) antes de inscribirse.

EMPLEADOS ACTUALES

Aún si usted ya está inscrito en el programa Benefits Outlook de Katy ISD para el año 2014, debe reinscribirse durante el período de inscripción (del 4 al 18 de noviembre del 2014) si quiere obtener beneficios para el año 2015. Sus beneficios de este año no se renuevan automáticamente. Si no se inscribe en el programa, no tendrá ningún tipo de cobertura en 2015, con la excepción del programa básico de seguro de vida por muerte o desmembración accidental que provee el Distrito sin ningún costo para el empleado.



NUEVOS EMPLEADOS Y EMPLEADOS QUE ACABAN RECIENTEMENTE DE CALIFICAR PARA LOS PROGRAMAS DE BENEFICIOS

Si usted es un nuevo empleado de Katy ISD o se ha vuelto recientemente elegible para participar en los programas de Benefits Outlook del Distrito, deberá elegir sus opciones antes de la fecha límite para asegurar su inscripción en el programa durante el año 2015.

Instrucciones para inscribirse

1. Visite katybenefits.org y haga clic en el portal de RedBrick Health para empezar su proceso de inscripción.
2. Haga clic en el botón Register Now y siga las instrucciones para crear su nombre de usuario, la contraseña y la pregunta de seguridad únicos.
3. Acepte los términos y condiciones y haga clic en Register.
4. Introduzca el nuevo nombre de usuario y la contraseña que acaba de crear e inicie la sesión.
5. Ahora está en el sistema. Mire alrededor y empiece a explorar el portal RedBrick Health y complete su Evaluación de Salud.

RedBrick Health también es accesible a todos los miembros de su familia de 18 años de edad o más quienes están cubiertos bajo el seguro de salud.

Verifique el informe de confirmación personalizado que recibirá por correo a principios de diciembre. Si su informe de confirmación está incorrecto, llame a Benefits Outlook inmediatamente. Es probable que su salario no refleje las correcciones que usted efectuó después de haber recibido su informe de confirmación durante cuatro a seis semanas a partir del momento en que usted notificó a Benefits Outlook de los cambios.

CAMBIOS DURANTE EL AÑO

No podrá hacer cambios en su programa de beneficios después del período anual de inscripción, a menos que exista un evento o cambio significativo en su vida, tal como el nacimiento o adopción de un niño, un matrimonio o divorcio, o en el caso de que su cónyuge cambie de trabajo en el transcurso del año.

Si está inscribiéndose o haciendo cambios en su programa de beneficios debido a un tal acontecimiento, debe hacerlo en un plazo de 31 días después de la fecha de dicho evento. Llame por favor a un representante de Benefits Outlook para efectuar sus cambios. Hay representantes hispanohablantes a su disposición.

SELECCIONE UN BENEFICIARIO

Asegúrese de seleccionar por lo menos un beneficiario en su póliza de seguro de vida por muerte o desmembración accidental. Esta designación también se aplica a su seguro de vida complementario, si está inscrito.

RECURSOS DISPONIBLES

Si necesita ayuda o información en español, llame a Benefits Outlook al 866-222-KISD (5473). Hay personal especializado disponible de lunes a viernes, de 7 a.m. a 7 p.m., excepto en los días feriados, para contestar sus preguntas, ayudarle a inscribirse o llenar los formularios. Visite katybenefits.org para inscribirse en los programas de beneficios y obtener información completa en inglés sobre dichos programas.

¿PREGUNTAS?

Llame a Benefits Outlook al 866-222-KISD (5473).

Provider contacts

For comprehensive benefits information and resources, including provider call-center hours, visit Benefits Outlook at katybenefits.org, or call 866-222-KISD (5473).

24/7 Nurse Line
866-222-5473

Aetna Member Services
Medical plan types
aetnavigators.com
877-224-6857

Affordable Care Act/Health care reform information
healthcare.gov

COBRA
Benefit Concepts (BCI)
avantserve.com
800-969-2009

Dental HMO
UnitedHealthcare
myuhcdental.com
800-232-0990

Dental indemnity
MetLife
metlife.com/mybenefits
800-942-0854

DiabetesAmerica
diabetesamerica.com
888-877-8427

Disability
Unum
unum.com
800-421-0344

Employee Assistance Program
Value Options
achievesolutions.net/tisdkaty
877-694-9281

Flexible spending accounts
Health care FSA
Dependent day care FSA
JEM Resource Partners
800-943-9179

IRS
irs.gov/publications
800-TAX-FORM
800-829-3676

Life and accidental death and dismemberment
Aetna Life Insurance
800-523-5065

Personal legal
LegalEASE
800-562-2929

Prescription drug benefits
CVS Caremark
caremark.com
800-378-8651

RedBrick Health
redbrickhealth.com/login
General assistance: 866-222-5473
Online registration help: 855-824-6442

Vision
Davis Vision
davisvision.com
800-999-5431
Client code: 2253



SPECIAL ONLINE RESOURCES

To see Katy ISD-specific benefits information, start at the Benefits Outlook website, log on to RedBrick Health and follow these steps to reach the following sites:

RedBrick Health

- For first-time visitors, click Register Now and follow the prompts.
- There's a free mobile app, too.

Aetna Navigator

- Click Aetna Navigator.

Aetna Member Payment Estimator

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

CVS Caremark automatic prescription refill program

- Click CVS Caremark.
- Click Manage automatic refills and renewals.

DocFind

- Click Aetna Navigator.
- Click DocFind.

Enroll

- Click Enroll and follow the prompts.

Contact the Nurse Line, available 24 hours/day, 7 days/week

- Call 866-222-5473.
- Choose option 3 after selecting language.

