



## **Benefits Information Booklet**

### **Plan Year**

**September 1, 2014 – August 31, 2015**

#### **New Hire Benefits Meeting Information**

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Location:** \_\_\_\_\_

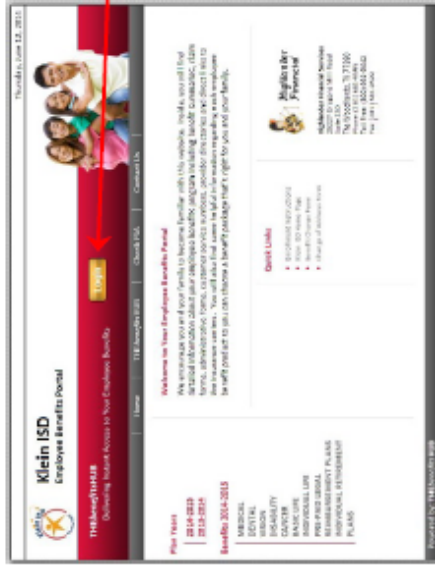
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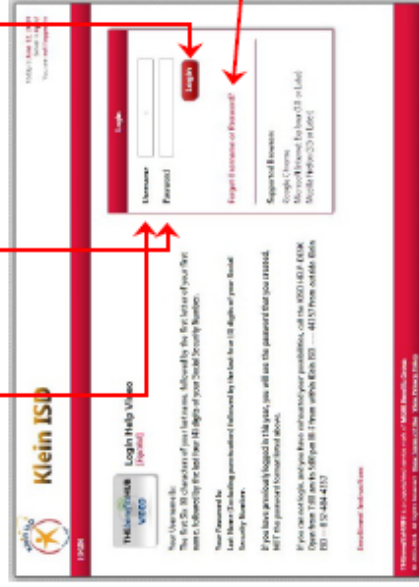
**While information in this Benefit Booklet is believed to be correct at the time of printing, this information is for education and reference purposes only. This material is in summary form. The provisions in each plan are governed by the Summary Plan Description, or the Certificate of Coverage, or the Group/Individual contract of that plan.**

1. Go to:  
<http://www.mybenefitshub.com/kleinisd/2014-2015/Home>.



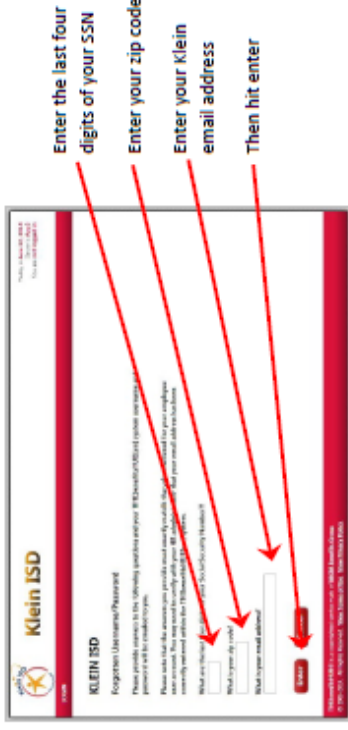
Click the Login button.

2. Enter your username and password, then click Login.



If you have forgotten your recently reset password, click **Forgot Username or Password?**

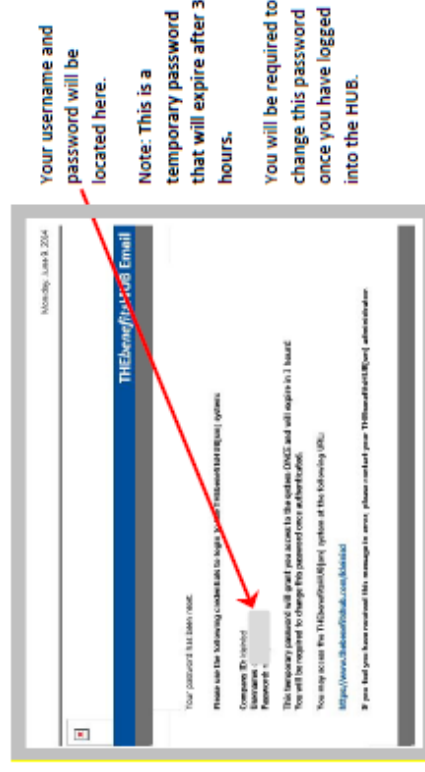
3. Clicking on **Forgot Username or Password?** will take you to this screen.



4. Within a few minutes, you will get an email from the *benefitsHub*. The email will look like this in your Inbox:



5. When you open the email it will look like this:



## ENTERING A BENEFIT'S REQUEST IN EDUPHORIA

Please complete a Helpdesk request in Eduphoria for assistance with your access to THEbenefitsHUB. The Helpdesk can provide password resets and/or account unlocks. The Helpdesk will be in contact with you within 24 hours of your request submission. All other issues will be forwarded to the Benefits Department.

1. Go to <https://eduphoria.kleinisd.net/> and log in using your Klein username and password.

2. Click on helpdesk.



3. Select the Benefits Enrollment icon



4. Complete the request with your information and describe the nature of your request in Detailed Request:

5. Click Submit Request in the lower right-hand corner of the page.



6. You will receive confirmation that your request was submitted.



**NOTE:** If you have requested a password reset, your password will be sent to you in a separate email. The email will have *KISD: benefitsHUB / Password Reset* as the subject of the email.

## Eligibility

TRS ActiveCare Medical plans – To be eligible for TRS-Active Care, you must be an active, contributing TRS member or a regular part-time employee. Retirees eligible for TRS-Care are NOT eligible for TRS ActiveCare. Spouses and children up to age 26 are eligible to be enrolled as dependents.

### 2014 - 2015 Employee Monthly Rates (Effective September 1, 2014)

TRS-ActiveCare Medical Plan Funding	Employee Rates Per Month	District * Contribution	TRS Total
----------------------------------------	-----------------------------	----------------------------	--------------

#### TRS-ActiveCare 1 HD

Employee Only	\$35.00	\$290.00	\$325.00
Employee & Children	\$236.00	\$336.00	\$572.00
Employee & Spouse	\$393.00	\$457.00	\$850.00
Employee & Family	\$638.00	\$507.00	\$1,145.00

#### TRS Select Aetna ACO

Employee Only	\$130.00	\$320.00	\$450.00
Employee & Children	\$359.00	\$350.00	\$709.00
Employee & Spouse	\$594.00	\$450.00	\$1,044.00
Employee & Family	\$758.00	\$480.00	\$1,238.00

#### TRS-ActiveCare - 2

Employee Only	\$208.00	\$347.00	\$555.00
Employee & Children	\$515.00	\$360.00	\$875.00
Employee & Spouse	\$807.00	\$480.00	\$1,287.00
Employee & Family	\$875.00	\$448.00	\$1,323.00

The Scott & White HMO is available if you live in a zip code area they service.  
If you are interested in the Scott & White HMO, call 800-321-7947 to make sure you are eligible.

[www.sw.org](http://www.sw.org)

**\*(Split/Pooled Premiums – The district contribution will be at the  
“Employee Only” level per eligible employee for the plan elected.)**

The TRS ActiveCare medical plan is administered by Aetna. A separate enrollment guide is available. For additional information or to find a provider, visit the TRS-ActiveCare website at [www.tractivecareetna.com](http://www.tractivecareetna.com) or from a link on the Kleinet or Kleinisd.net.

Part-time employees are eligible to enroll in a TRS-ActiveCare medical plan; however, part-time employees are NOT eligible for the district contribution and will be required to pay the entire premium set by TRS. Part-time employees are NOT eligible to participate in any other benefits described in this booklet, except the individual retirement plans, 403B and 457.

Retirees that are rehired and working more than 20 hours per week are considered full-time, and therefore, eligible for all benefits, except TRS ActiveCare medical coverage.

## 2014 - 2015 Employee Benefits Monthly Rates

(Effective September 1, 2014)

	Employee Only	Employee / Children	Employee / Spouse	Employee / Family
<b>UHC Dental DHMO</b>	\$11.60	\$22.72	\$21.14	\$31.98
<b>UHC Dental PPO</b>	\$30.32	\$73.90	\$59.50	\$102.66
<b>UHC Vision</b>	\$6.32	\$10.14	\$9.04	\$17.18

**NOTE:** Rates will be deducted equally between two paychecks each month. Rates reflect a monthly cost for employees receiving 24 paychecks a year; employees who receive 20 to 21 paychecks will pay an additional amount beginning September 1, 2014, to pay for the summer.

All other benefits refer to other sections in this booklet or online at

<http://www.mybenefitshub.com/kleinisdor> or <http://www.kleinisd.net/> -Departments – Benefits

- **I.D. CARDS:**

- **If you continue your Medical or elect it for the first time your will receive a new Medical ID card from Aetna**
- **Everyone covered under medical or new enrollee will also receive a pharmacy ID card from CVS - CareMark**

- **Only if you make a change will you get New ID cards**

- **Dental** – UnitedHealthcare Dental

- **DHMO** – You will not receive a card until you select a DHMO Dentist

- **Vision** – VSP – No Card Issued

- **Flexible Spending** – My **Benny Card** administered thorough Boon Chapman (see expiration date on card) you keep the same card, your new contribution and District's contribution is loaded on the existing card the first week of September. **KEEP YOUR CURRENT CARD**

- Mailing address and phone numbers on file with Klein ISD

- If you need to make a correction, go online at knet employee access center or complete the Change of Address form on knet and forward to Human Resources department for processing.

➤ [www.kleinisd.net](http://www.kleinisd.net) under employee access center

## DEDUCTION GLOSSARY

### WHAT YOU WILL SEE ON YOUR 2014 CHECK

	Type of Coverage	Coverage Level	Tax Election
<u>Examples</u>	<u>1</u>	<u>2</u>	<u>3</u>
Description	HDTRS-1	EF	B
On Paycheck	VISION	EC	A
	FC DEN	EO	B

#### 1. Type of Coverage

	<u>Coverage</u>
BASICLIFE	Basic Life Insurance \$10,000 (District Paid)
CANCERAS	Cancer Insured by Allstate
DHMO	Dental DHMO Insured by UnitedHealthcare DHMO
DISABIL	Disability Insured by Hartford Life
FC DEN	Dental Indemnity Insured by United Healthcare PPO
FLEX DEP	Flex Dependent Care Reimbursement Account
FLEX MED	Flex Medical/Dental Reimbursement Account
LEGAL STD	Group Legal Plan Standard
LEGALS IDA	Group Legal Plan Standard with Identity Theft
TMLIFE E	Supplemental Term Life Employee Coverage by Aetna
TMLIFE S	Supplemental Term Life Spouse Coverage by Aetna
TMLIFE C	Supplemental Term Life Child Coverage by Aetna
HDTRS-1	TRS ActiveCare – 1HD Plan
ACSLCT	TRS ActiveCare – Select Aetna ACO
TRSAC-2	TRS ActiveCare – 2 Plan
WHLIFE E	Whole Life Insurance Employee Coverage by Hartford
WHLIFE S	Whole Life Insurance Spouse Coverage by Hartford
WHLIFE C	Whole Life Insurance Child Coverage by Hartford
VISION	VSP Vision Plan
457 RSPLAN	Klein 457 Retirement Savings Plan
403B PLAN	Klein 403B Retirement Savings Plan

#### 2. Coverage Level

	<u>Description</u>
EO	Employee Only is covered
EC	Employee and Child(ren) are covered
ES	Employee and Spouse are covered
EF	Employee and Family are covered

#### 3. Tax Election

B	Before Tax or Cafeteria
A	After Tax or Non-Cafeteria

**Note: Review your paycheck to make sure your deductions are correct.**

<https://eac.spihost.net/kle/eac5/Login.aspx> or <http://knet/> - Quick Links → Employee Access Center

## Section 125 Cafeteria Plan

The Internal Revenue Service (IRS) approved cafeteria plan allows you to pay premiums for the following benefits on a pre-tax basis. By choosing to use before-tax dollars, an employee can reduce federal income taxes by reducing taxable income by the amount of the insurance premiums paid.

Medical Insurance

Dental Insurance

Vision Insurance

Cancer Insurance

Flexible Spending Account

### Guidelines for Change of Election

Other than during Annual Enrollment, you cannot make any changes to any benefits during the plan year, unless you experience a qualifying event. The IRS has strict rules governing the Section 125 Cafeteria plan. The Klein ISD benefits program adheres to these rules for all employees regardless of elections, with the exception that an after-tax benefit may be dropped during the plan year, if not participating in the Section 125 Cafeteria Plan.

### Changes in Status:

#### **Dropping coverage during a spouse's open enrollment Does Not Qualify as a Change in Status.**

1. **Legal Marital Status:** Includes marriage, death of a spouse, divorce, legal separation or annulment.
2. **Number of Dependents:** Any change in number of dependents including birth, adoption, placement for adoption or death.
3. **Employment Status:** Termination or commencement of employment by the employee, spouse or dependent.
4. **Work Schedule:** Reduction or increase in hours of employment by the employee, spouse or dependent, which is a result of a switch between part-time and full-time, a strike or lockout, or commencement or return from an unpaid leave of absence.
5. **Dependent ceases to satisfy requirement for dependent status:** Dependent ceases to satisfy requirements for coverage due to attainment of age limit.
6. **Residence or Work Site:** Change in place of residence or work of the employee, spouse or dependent.
7. **Health Coverage:** A significant change in employee or spousal health coverage attributable to spouse's employment.
8. **An employee or dependent loses coverage in Medicaid or Children's Health Insurance Program (CHIP).**
9. **An employee or dependent becomes eligible for a Medicaid or CHIP premium assistance subsidy.**

### Consistency Requirement

If you have a change in status and want to make a change to your benefits, the requested change must be related and consistent to the status change.

### Documentation and Deadline for Enrollment Changes

Employees must be prepared to provide verifiable documentation of their change such as a letter from the previous employer for spouse job loss, a letter from new employer for spouse new job, divorce decree, marriage certificate or death certificate. The change in status must be made and documentation submitted to the Benefits office within **31** days from the date of the event. It is the responsibility of the employee to complete and submit the requested change enrollment documentation in a timely manner.

## Dental Insurance

There are two dental plans from which to choose: UnitedHealthcare Dental DHMO plan and United Healthcare Dental PPO plan. Persons eligible for coverage include: employees eligible to contribute to TRS and full-time retirees; spouses and dependent children up to age 26.

### UHC PPO Plan

The UHC Dental PPO plan allows you to visit any dentist, nationwide.

Although you may go to any dentist under this plan, employees are encouraged to use dentists in the UHC Dental **PPO** network.

If the dentist you choose participates in the UHC Dental **PPO** network, your payment will be based on negotiated fees and your out-of-pocket cost will generally be lower than with a non-participating dentist.

However, whether or not your dentist is in the UHC Directory, your benefit percentages will be the same. Dentists in the UHC Dental network can be found on-line by going to [www.myuhcdental.com](http://www.myuhcdental.com).

Newly enrolled employees or employees who make a change will receive a dental identification card from UHC PPO Dental plan. Call Customer Service at 1-877-816-3596 for additional cards or to obtain further information.

See the next page for the PPO plan.

Customer Service: 877-816-3596 www.myuhcdental.com		NON-ORTHODONTICS		ORTHODONTICS	
		NETWORK	NON-NETWORK	NETWORK	NON-NETWORK
Individual Annual Calendar Year Deductible	\$50	\$50	\$0	\$0	
Family Annual Calendar Year Deductible	\$150	\$150	\$0	\$0	
Maximum (the sum of all Network and Non-Network benefits will not exceed annual maximum)	\$1000 per person per Calendar Year	\$1000 per person per Calendar Year	\$1000 per person per Lifetime	\$1000 per person per Lifetime	
New enrollee's waiting period:	Network: No		Non Network: NO		
Annual deductible applies to preventive and diagnostic services			No (In Network) No (Out Network)		
Annual deductible applies to orthodontic services			No		
Orthodontic eligibility requirement			Child		
COVERED SERVICES*		NETWORK PLAN PAYS**	NON-NETWORK PLAN PAYS***	BENEFIT GUIDELINES	
DIAGNOSTIC SERVICES					
Periodic Oral Evaluation	80%	80%	Covered as a separate benefit only if no other service was done during the visit other than X-rays. Limited to 2 times per calendar year.		
Radiographs	80%	80%	Bite-wing: Limited to 1 series of films per Calendar Year. Complete/Panorex: Limited to 1 time per consecutive 36 months.		
Lab and Other Diagnostic Tests	80%	80%			
PREVENTIVE SERVICES					
Prophylaxis (Cleanings)	80%	80%	Limited to 2 times per calendar year.		
Fluoride Treatment (Preventive)	80%	80%	Limited to Covered Persons under the age of 16 years, and limited 2 times per calendar year. Treatment should be done in conjunction with dental prophylaxis.		
Sealants	80%	80%	Limited to Covered Persons under the age of 16 years and once per first or second permanent molar every 3 years.		
BASIC SERVICES					
Space Maintainers	80%	80%	For Covered Persons under the age of 16 years, limited to once per lifetime. Benefit includes all adjustment within 6 months of installation		
Restorations (Amalgams or Composite)	80%	80%	Multiple restorations on one surface will be treated as a single filling.		
Emergency Treatment / General Services	80%	80%	Palliative Treatment: Covered as a separate benefit only if no other service was done during the visit other than X-rays. General Anesthesia: When clinically necessary.		
Periodontics	80%	80%	Root Planing: Limited to 1 time per quadrant per 24 months. Perio Surgery: Limited to 1 time per consecutive 36 months.		
MAJOR SERVICES					
Simple Extractions	50%	50%	Limited to 1 time per tooth per lifetime.		
Oral Surgery (includes surgical extractions)	50%	50%			
Endodontics	50%	50%			
Inlays/Onlays/Crowns	50%	50%	Limited 1 time per consecutive 60 months. Covered only when silver fillings cannot restore the tooth.		
Dentures and other Removable Prosthetics	50%	50%	Once every 60 months. No additional allowances for over-dentures or customized dentures.		
Fixed Partial Dentures (Bridges)	50%	50%	Bridges: Limited 1 time per consecutive 60 months Covered only when a filling cannot restore the tooth. (alternate benefits for a partial denture may be applied Partial dentures: Once every 60 months. No additional allowances for precision or semi precision attachments.		
ORTHODONTIC SERVICES					
Diagnose or correct misalignment of the teeth or bite	50%	50%	Course of treatment is typically 24 months, with the initial payment at banding of 20% and remaining payment spread over the course of the treatment		

\* Your dental plan provides that where two or more professionally acceptable dental treatments for a dental condition exist, your plan bases reimbursement on the least costly treatment alternative. If you and your dentist agreed on a treatment which is more costly than the treatment on which the plan benefit is based, you will be responsible for the difference between the fee for service rendered and the fee covered by the plan. In addition, a pre-treatment estimate is recommended for any service estimated to cost over \$500; please consult your dentist.

\*\*The network percentage of benefits is based on the discounted fees negotiated with the provider.

\*\*\*The non-network percentage of benefits is based on the usual and customary fees in the geographic areas in which the expenses are incurred.

The material contained in the above table is for informational purposes only and is not an offer of coverage. Please note that the above table provides only a brief, general description of coverage and does not constitute a contract. For a complete listing of your coverage, including exclusions and limitations relating to your coverage, please refer to your Certificate of Coverage or contact your benefits administrator. If differences exist between this Summary of Benefits and your Certificate of Coverage/benefits administrator, the certificate/benefits administrator will govern. All terms and conditions of coverage are subject to applicable state and federal laws. State mandates regarding benefit levels and age limitations may supersede plan design features.

UnitedHealthcare Dental Options PPO Plan is either underwritten or provided by: United HealthCare Insurance Company, Hartford, Connecticut; United HealthCare Insurance Company of New York, Hauppauge, New York; Unimerica Insurance Company, Milwaukee, Wisconsin; Unimerica Life Insurance Company of New York, New York, New York or United HealthCare Services, Inc.

04/08 ©2008-2009 United HealthCare Services, Inc.

## General Limitations

**PERIODIC ORAL EVALUATION** Limited to 2 times per calendar year.

**COMPLETE SERIES OR PANOREX RADIOGRAPHS** Limited to one time per consecutive 36 months. Exception to this limit will be made for Paronex Radiograph if taken for diagnosis of molars, Cysts or neoplasms

**BITEWING RADIOGRAPHS** Limited to 1 series of films per Calendar Year

**EXTRAORAL RADIOGRAPHS** Limited to 2 films per Calendar Year

**DENTAL PROPHYLAXIS** Limited to 2 times per calendar year.

**FLUORIDE TREATMENTS** Limited to covered persons under the age of 16 years and limited to 2 times per calendar year.

**SEALANTS** Limited to covered persons under the age of 16 years and once per first and or second permanent molar every consecutive 36 months.

**SPACE MAINTAINERS** Limited to Covered Persons under the age of 16 years. Limited to once per lifetime. Benefit includes all adjustment within 6 months of installation

**RESTORATIONS** Multiple restorations on 1 surface will be treated as a single filling.

**PIN RETENTION** Limited to 2 pins per tooth; not covered in addition to cast restoration.

**INLAYS AND ONLAYS** Limited 1 time per consecutive 60 months. Covered only when a silver filling cannot restore the tooth.

**CROWNS** Limited 1 time per consecutive 60 months. Covered only when a silver filling cannot restore the tooth.

**POST AND CORES** Covered only for teeth that have had root canal therapy.

**SEDATIVE FILLINGS** Covered as a separate benefit only if no other service, other than x-rays and exam were performed on the same tooth during the visit.

**SCALING AND ROOT PLANING** Limited to 1 time per quadrant per consecutive 24 months.

**PERIODONTAL MAINTENANCE** Limited to 2 times per consecutive 12 months following active or adjunctive periodontal therapy, exclusive of gross debridement.

**FULL DENTURES** Limited to 1 time every consecutive 60 months. No additional allowances for over-dentures or customized dentures.

**PARTIAL DENTURES** Limited to 1 time every consecutive 60 months. No additional allowances for precision or semi-precision attachments.

**RELINING AND REBASING DENTURES** Limited to relining/rebasing performed more than 6 months after the initial insertion. Limited to 1 time per calendar year.

**REPAIRS TO FULL DENTURES, PARTIAL DENTURES, BRIDGES** Limited to repairs or adjustments performed within 12 months after the initial insertion.

**PALLIATIVE TREATMENT** Covered as a separate benefit only if no other service, other than exam and radiographs, were performed on the same tooth during the visit.

**OCCUSAL GUARDS** Limited to 1 guard every consecutive 36 months and only if prescribe to control habitual grinding.

**FULL MOUTH DEBRIDEMENT** Limited to 1 time every consecutive 36 months.

**GENERAL ANESTHESIA** Covered only when clinically necessary.

**OSSEOUS GRAFTS** Limited to 1 per quadrant or site per consecutive 36 months.

**PERIODONTAL SURGERY** Hard tissue and soft tissue periodontal surgery are limited to 1 per quadrant or site per consecutive 36 months per surgical area

## General Exclusions

The following are not covered:

1. Dental Services that are not necessary.
  2. Hospitalization or other facility charges.
  3. Any dental procedure performed solely for cosmetic/aesthetic reasons. (Cosmetic procedures are those procedures that improve physical appearance.)
  4. Reconstructive Surgery regardless of whether or not the surgery which is incidental to a dental disease, injury, or Congenital Anomaly when the primary purpose is to improve physiological functioning of the involved part of the body.
  5. Any dental procedure not directly associated with dental disease.
  6. Any procedure not performed in a dental setting.
  7. Procedures that are considered to be Experimental, Investigational or Unproven. This includes pharmacological regimens not accepted by the American Dental Association (ADA) Council on Dental Therapeutics. The fact that an Experimental, Investigational or Unproven Service, treatment, device or pharmacological regimen is the only available treatment for a particular condition will not result in Coverage if the procedure is considered to be Experimental, Investigational or Unproven in the treatment of that particular condition.
  8. Services for injuries or conditions covered by Worker's Compensation or employer liability laws, and services that are provided without cost to the Covered Person by any municipality, county, or other political subdivision. This exclusion does not apply to any services covered by Medicaid or Medicare.
  9. Expenses for dental procedures begun prior to the covered person becoming enrolled under the policy.
  10. Dental Services otherwise Covered under the Policy, but rendered after the date individual Coverage under the Policy terminates, including Dental Services for dental conditions arising prior to the date individual Coverage under the Policy terminates.
  11. Services rendered by a provider with the same legal residence as a Covered Person or who is a member of a Covered Person's family, including spouse, brother, sister, parent or child.
  12. Foreign services are not covered unless required as an Emergency.
  13. Replacement of crowns, bridges, and fixed or removable prosthetic appliances inserted prior to plan coverage unless the patient has been eligible under the plan for 12 continuous months. If loss of a tooth requires the addition of a clasp, pontic, and/or abutment(s) within this 12 month period, the plan is responsible only for the procedures associated with the addition.
  14. Replacement of missing natural teeth lost prior to the onset of plan coverage until the patient has been covered under the policy for 12 continuous months.
  15. Replacement of complete dentures, fixed and removable partial dentures or crowns if damage or breakage was directly related to provider error. This type of replacement is the responsibility of the Dentist. If replacement is necessary because of patient non-compliance, the patient is liable for the cost of replacement.
  16. Fixed or removable prosthodontic restoration procedures for complete oral rehabilitation or reconstruction.
  17. Attachments to conventional removable prostheses or fixed bridgework. This includes semi-precision or precision attachments associated with partial dentures, crown or bridge abutments, full or partial overdentures, any internal attachment associated with an implant prosthesis and any elective endodontic procedure related to a tooth or root involved in the construction of a prosthesis of this nature.
  18. Procedures related to the reconstruction of a patient's correct vertical dimension of occlusion (VDO).
  19. Placement of dental implants, implants-supported abutments and prostheses. (Not applicable for plans with implants)
  20. Placement of fixed partial dentures solely for the purpose of achieving periodontal stability.
  21. Treatment of benign neoplasms, cysts or other pathology involving benign lesions, except excisional removal. Treatment of malignant neoplasms or Congenital Anomalies of hard or soft tissue, including excision.
  22. Setting of facial bony fractures and any treatment associated with the dislocation of facial skeletal hard tissue
  23. Services related to the temporomandibular joint (TMJ), either bilateral or unilateral. Upper and lower jawbone surgery (including that related to the temporomandibular joint). No coverage is provided for orthognathic surgery, jaw alignment or treatment for the temporomandibular joint. (Not Applicable for Plans with TMJ).
  24. Acupuncture; acupressure and other forms of alternative treatment, whether or not used as anesthesia
  25. Drugs/medications, obtainable with or without a prescription, unless they are dispensed and utilized in the dental office during the patient visit.
  26. Charges for failure to keep a scheduled appointment without giving the dental office 24 hours notice.
  27. Occlusal guard used as safety items or to affect performance primarily in sports-related activities
  28. Dental Services received as a result of war or any act of war, whether declared or undeclared or caused during service in the armed forces of any country.
- Orthodontic coverage does not include the installation of a space maintainer, any treatment related to treatment of the temporomandibular joint, any surgical procedure to correct a malocclusion, replacement of lost or broken retainers and/or habit appliances, and any fixed or removable interceptive orthodontic appliances previously submitted for payment under the plan.

## **UHC DHMO Plan**

Under this plan, you must choose a primary care dentist from the UHC DHMO – Houston, TX network. A list of participating DHMO primary care dentists can be found at [www.myuhcdental.com](http://www.myuhcdental.com). Under plan name, click on Dental and select DHMO-Houston, Texas. Your primary care dentist coordinates all of your dental care and must obtain authorization for you or your covered dependent to be able to see a specialist, such as an oral surgeon or orthodontist. Your primary care dentist or any dentist who has been authorized to provide treatment will handle all claim submissions. **Newly enrolled employees or employees who make a change** will receive a dental identification card from UHC Dental DHMO plan **only after selecting your Dentist**. Contact customer service at 1-800-232-0990 to change dentists or for additional dental ID cards. Please refer to the benefits HUB for a schedule of benefits, limitations and exclusions.

## **Vision Insurance**

The Klein ISD vision care program is administered by VSP. Those eligible for coverage include: employees eligible and contributing to TRS and full-time retirees, spouses and dependent children up to age 26.

By contract, the deduction for vision will be pre-tax. Benefits include co-pays for an annual exam and materials (i.e. contacts or lens/frames). The frame benefit is a bi-annual benefit; one new set of frames every 24 months. No ID cards are necessary.

### **For more information:**

Visit the VSP website at [www.vsp.com](http://www.vsp.com);

Member Services 1-800-877-7195, Monday through Friday 7 am - 10 pm, Saturday 8 am - 7 pm central time, Hearing impaired may call 1-800-428-4833.



## Your VSP Vision Benefits Summary

Why enroll in a VSP® Vision Care plan? We'll help keep you and your eyes healthy. Plus, you'll get a great value on your eyecare and eyewear.

You'll like what you see with VSP.

**Value and Savings.** You'll get great benefits on your exam and eyewear at an affordable price.

**Personalized Care.** You'll get quality care that focuses on your eyes and overall wellness with a WellVision Exam® from a VSP doctor. They'll look for vision problems and signs of other health conditions.

When you see a VSP doctor, you'll get the most out of your benefit and have lower out-of-pocket costs. Plus, you'll be 100% happy with your eyecare and eyewear from a VSP doctor or we'll make it right.

**Eyewear.** Choose the eyewear that's right for you and your budget. From classic styles to the latest designer fashions, you'll find hundreds of options for you and your family.

**Choice of Providers.** With open access to see any eyecare provider, you can see the one who's right for you. Choose a VSP doctor or any other provider. To find a VSP doctor, visit [vsp.com](http://vsp.com) or call 800.877.7195.

Enroll today. You'll be glad you did.

Once your plan is effective, register on [vsp.com](http://vsp.com) to view a complete description of your benefits. To use your vision coverage, simply tell your eyecare provider that you have VSP. No ID card is necessary.

Contact us. [vsp.com](http://vsp.com) | 800.877.7195



CAT#00610 JOB#3755CM 6/10

Klein Independent School District and VSP provide you with an affordable eyecare plan. Sign up for VSP today.

Doctor Network.....VSP Choice

### Your Coverage with a VSP Doctor or Affiliate Provider

**WellVision Exam®** focuses on your eye health and overall wellness

- **\$15 copay** ..... every 12 months

#### Prescription Glasses

- **\$30 copay**

Lenses ..... every 12 months

- **Single vision, lined bifocal, and lined trifocal lenses**
- **Polycarbonate lenses for dependent children**
- **Standard Anti-Scratch Coating**

Frame ..... every 24 months

- **\$150 allowance for a wide selection of frames**
- **20% off the amount over your allowance**

~OR~

**Contacts (instead of glasses)** ..... every 12 months

- Up to \$60 copay for your contact lens exam (fitting and evaluation)
- **\$150 allowance for contacts**

### Extra Discounts and Savings

#### Glasses and Sunglasses

- **Average 20% savings on all non-covered lens options**
- **20% off additional glasses and sunglasses, including lens options, from the same VSP doctor on the same day as your WellVision Exam.**

#### Contacts

- **15% off cost of contact lens exam (fitting and evaluation)**

#### Laser Vision Correction

- **Average 15% off the regular price or 5% off the promotional price. Discounts only available from contracted facilities.**
- **After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor**

### Your Contribution

Employee Only .....	\$6.32
Employee + Spouse.....	\$9.04
Employee + Child(ren).....	\$10.14
Employee + Family.....	\$17.18

### Your Coverage with Other Providers

Visit [vsp.com](http://vsp.com) for details, if you plan to see a provider other than a VSP doctor.

Exam .....	Up to \$45
Single vision lenses .....	Up to \$30
Lined bifocal lenses.....	Up to \$50
Lined trifocal lenses and progressives.....	Up to \$65
Frame .....	Up to \$100
Contacts.....	Up to \$105

VSP guarantees service from VSP doctors only. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail.

## Flexible Spending and Dependent Care Accounts

The Flexible Spending program is administered by Boon-Chapman. Persons eligible to enroll in the Flexible Spending Accounts (FSAs) are employees eligible and contributing to TRS and retirees that are considered full-time. There are two types of Flexible Spending Accounts available; flex spending and dependent daycare. Flexible spending accounts help employees save income tax dollars by allowing you to use pre-tax dollars for certain eligible health and dependent daycare expenses. By setting aside money from each paycheck, you pay less in taxes and have money available when you need it to pay for covered services.

**NEW – Change in Federal Law allows up to \$500 roll over to the next plan year - Medical only.  
This change is effective September 1, 2014. The roll over will take place September 1, 2015.**

**YOU MUST BE ENROLLED IN A MEDICAL PLAN SEPTEMBER 1 TO BE ELIGIBLE FOR THE DISTRICT CONTRIBUTION TO THE MEDICAL FLEXIBLE SPENDING ACCOUNT.**

- The Health Care FSA is for reimbursement of eligible health care expenses, including certain medical, dental, and vision expenses for you, your spouse, your dependent children, and any other dependents you claim on your federal tax return. There is a \$300 yearly minimum limit and a \$2,500 yearly maximum limit.
- The Dependent (Day) Care FSA is to reimburse expenses related to day care expenses for eligible dependents. There is a \$300 yearly minimum limit and a \$5,000 yearly maximum limit.

As of January 1, 2011, over-the-counter (OTC) medicines are paid from the Flexible Spending Account (FSA) only if a physician provides a prescription for the medication; debit cards cannot be used. To receive reimbursement from the FSA account for an over-the-counter medication, you must submit an FSA claim form, the prescription for the OTC medication from the physician and the receipt.

### Frequently Asked Questions

1. **How does contributing to an FSA reduce my taxes?** Contributions to the FSA are deducted from your paycheck before taxes are calculated. This means you do not pay federal income taxes or social security taxes on the portion of your paycheck you contribute to the FSA.
2. **If there's unused money in my FSA at the end of the plan year, do I get to keep it?** A change to the IRS's rule will now allow a rollover of up to \$500.00 in the 2015-2016 plan year. If you do not use all the money in your FSA for expenses incurred during the plan year, up to \$500.00 of the unused balance will roll over to the 2015-2016 plan year.
3. **Can I request FSA reimbursement for services I received before the plan year begins if I am not billed until after the plan year starts?** No. According to the IRS guidelines, a qualified expense is "incurred" at the time the service is provided, not when you are billed or when you actually pay for this service. Therefore, you can only file claims for eligible expenses incurred during the same plan year.
4. **Where can I find a list of eligible expenses for reimbursement?** The Summary Plan Description in its entirety can be found on the kleinet under Departments - Human Resources - Benefits.
5. **If I participate in the FSA Plan, will I receive a debit/credit card to pay for expenses eligible for reimbursement?** Yes. If you are participating for the first time, you will receive a card from Boon-Chapman which can be used quickly and conveniently to pay for eligible expenses. A brochure will be provided with your card which will explain how and when you may use your card.

## **KLEINWELL Healthy Living Wellness Program**

Kleinwell is a wellness program designed to help Klein employees lower their risk of disease and improve their overall health. Kleinwell is available to all Klein employees whether insured through the district medical plan or not. The four primary goals of Kleinwell are:

- Help employees identify individual health risks and provide ways for improvement.
- Provide motivation and support to lead employees to make healthy choices.
- Control health care costs through disease prevention.
- Improve and prolong lives of Klein employees.

The Kleinwell committee is composed of ten Klein employees representing different departments and campuses throughout the district. Their primary responsibility is planning and implementing group and individual activities to help employees adopt healthier behaviors. In addition, each campus has a Wellness Ambassador who will keep employees informed of upcoming Kleinwell activities and the cash incentives and prizes.

The Kleinwell challenges/activities are designed to encourage employees to exercise more, eat healthier and improve their overall health and well-being. Below are some of the challenges/activities that have been held in the past year.

### **Commit to Kleinwell Program Challenge**

- Walktober Challenge
- Flu Shot Program
- Maintain Don't Gain Holiday Challenge
- Kleinwell Sponsored Seminars
- Tips on increasing your Energy By 300%
- Dining Lean in Houston
- Spring Health Screening Challenge
- Health Risk Assessment Challenge
- Dental Check-up
- Smoking Cessation Program
- Physician Check-up

There is nothing more important than your health. Because Klein ISD cares the health of its employees, we encourage all employees to participate in the Kleinwell program. For up-to-date information on the Kleinwell program, go to the link under Departments/Human Resources/Benefits and click on the Kleinwell website.

## **Supplemental Term Life**

You may elect additional term life insurance for you and your family, which includes an additional equal volume of AD&PL. Coverage is available in increments of \$10,000. **New hires may elect up to \$300,000 or 5 times annual employee compensation with guarantee issue.** Maximum coverage is \$500,000 or 7 times salary (Maximum coverage requires medical underwriting). Elections for spouses and children may not exceed the amount elected by the employee. **New Hires may elect up to \$30,000 for their spouse without medical questions.**

**During Annual Enrollment, a currently covered employee or an employee spouse's coverage may be increased by \$10,000.00 with no medical questions up to the guaranteed limits. (guaranteed limits are for employee: 5 X Salary or \$300,000; for a spouse \$30,000)**

## **Age/Rate Information for Employee Term Life**

<b>Employee Age/Rates</b>	<b>Start Age</b>	<b>End Age</b>	<b>Member's Gender</b>	<b>Minimum Coverage</b>	<b>Maximum Coverage</b>	<b>Rate Per \$1,000</b>
	18	29	Both	\$10,000.00	\$500,000.00	\$0.047
	30	34	Both	\$10,000.00	\$500,000.00	\$0.057
	35	39	Both	\$10,000.00	\$500,000.00	\$0.066
	40	44	Both	\$10,000.00	\$500,000.00	\$0.085
	45	49	Both	\$10,000.00	\$500,000.00	\$0.123
	50	54	Both	\$10,000.00	\$500,000.00	\$0.179
	55	59	Both	\$10,000.00	\$500,000.00	\$0.255
	60	64	Both	\$10,000.00	\$500,000.00	\$0.312
	65	69	Both	\$10,000.00	\$500,000.00	\$0.444
	70	74	Both	\$10,000.00	\$500,000.00	\$0.916
	75	120	Both	\$10,000.00	\$500,000.00	\$1.888

### **Cost Calculation:**

Use Employees Age at Plan Effective Date - September 1, 2014  
Elected Coverage-Divided by \$1,000.00-Multiplied by Rate as Determined by Age

### **Sample:**

Age as of 9-1-14 = 47  
Elected coverage = \$140,000  
\$140,000 elected coverage divided by 1,000 = 140 X \$0.123 = \$17.22 Monthly cost

## Spouse Term Life (Cannot be more than the employee's elected coverage)

### Age/Rate Information

Spouse Age/Rates	Start Age	End Age	Member's Gender	Minimum Coverage	Maximum Coverage	Rate Per \$1,000	Rate Per \$1,000	T
	18	29	Both	\$10,000.00	\$500,000.00	\$0.047	\$0.049	\$
	30	34	Both	\$10,000.00	\$500,000.00	\$0.057	\$0.059	\$
	35	39	Both	\$10,000.00	\$500,000.00	\$0.066	\$0.069	\$
	40	44	Both	\$10,000.00	\$500,000.00	\$0.085	\$0.089	\$
	45	49	Both	\$10,000.00	\$500,000.00	\$0.123	\$0.129	\$
	50	54	Both	\$10,000.00	\$500,000.00	\$0.179	\$0.189	\$
	55	59	Both	\$10,000.00	\$500,000.00	\$0.255	\$0.269	\$
	60	64	Both	\$10,000.00	\$500,000.00	\$0.312	\$0.329	\$
	65	69	Both	\$10,000.00	\$500,000.00	\$0.444	\$0.469	\$
	70	74	Both	\$10,000.00	\$500,000.00	\$0.916	\$0.969	\$
	75	120	Both	\$10,000.00	\$500,000.00	\$1.888	\$1.999	\$

### Cost Calculation:

Use Spouse's Age at Plan Effective Date - September 1, 2014

Elected Coverage-Divided by \$1,000.00-Multiplied by Rate as Determined by Age

### Sample:

Age as of 9-1-14 = 47

Elected coverage - \$140,000

140,000 divided by 1,000 = 140 X \$0.123 = \$17.22 Monthly cost

### Reduction Schedule Applies to Employee (Supplemental) and Spouse (Supplemental)

Base Age for Reduction Schedule on			Age of Employee or Spouse at Plan Effective Date	
Age	Percent of Reduction	Minimum Coverage	Maximum Coverage	Reduction Basis
65	65%	\$10,000.00	\$500,000.00	Originally elected benefit
70	50%	\$10,000.00	\$500,000.00	Originally elected benefit

## Dependent (Child) Term Life (Cannot be more than the employee's elected coverage)

Choice of coverage amount per child: \$ 5,000 Cost = \$0.88 per month

(All children listed in the supplement system  
will have the elected coverage)

\$10,000 Cost = \$1.76 per month

(Both benefits are guaranteed issue)

All the Supplemental Life policies include, but are not limited to, the following plan design features:

- **Accelerated Death Benefit:** In the event of a terminal illness, this provides for the early payment of up to 75% of the employee's coverage amount. The maximum benefit payable is \$500,000 and the minimum benefit payable is \$5,000 with the balance payable upon death. Life expectancy is defined as no longer than twenty-four months. This applies to Basic and Supplemental Life coverages.
- **Enhanced AD&PL:** Additional accidental death benefits are payable for such things as passenger restraint and airbag, common accident, common carrier, childcare and education. This applies to Basic and Supplemental Life coverages.
- **Portability:** Upon termination as a full-time employee, you and/or your spouse may continue the elected life insurance. Premiums are paid directly to the carrier. Rates are age-banded. Portability is available to anyone who leaves the District, including retirement.



## Klein Independent School District Voluntary Benefits

### VOLUNTARY WHOLE LIFE

<b>Coverage Options:</b>	Employee Spouse Child/Grandchild
<b>Benefit:</b>	Based on your age at issue, the minimum benefit amount is \$10,000. Coverage is in increments of \$5,000.
Employee	Maximum benefit is \$150,000 (ages 15 – 50); and \$75,000 (ages 51 – 80).
Spouse	Maximum benefit \$75,000, regardless of age.
Child/Grandchild	Minimum benefit is \$10,000, and the maximum benefit is \$50,000.
<b>Guarantee Issue:</b>	<b>For Newly Eligible Employees</b>
Employee	Age 15 – 50: \$125,000 Age 51 – 80: \$60,000
Spouse (Conditional GI)	Age 15 – 80: \$25,000
Child/Grandchild	Live Birth to age 26: \$25,000
	<b>Any amounts above the Guarantee Issue for Employee, Spouse and Child/Grandchild will require Evidence of Insurability.</b>
	<b>Child/Grandchild coverage up to the Guarantee Issue limits does not require Evidence of Insurability at any time.</b>
<b>Premiums:</b>	Guaranteed level based on insured's age at policy issue and will not increase due to age.  Policy is paid up at age 120 for Employee and Spouse; Policy is paid up at age 70 for Child/Grandchild.

Guarantee Issue is the amount of coverage that you may elect without answering medical questions.

This plan highlight is a summary provided to help you understand your insurance coverage from Unum. Please refer to your policy for your complete plan description. If the terms of this plan highlight summary or your certificate differ from your policy, the policy will govern.



## Disability Insurance

### Benefit Highlights

#### **Klein Independent School District**

<b>What is disability?</b>	Disability is defined in The Hartford's contract with your employer. Typically, disability means that you cannot perform one or more of the essential duties of your occupation due to injury, sickness, pregnancy or other medical condition covered by the insurance, and as a result, your current monthly earnings are 80% or less than of your pre-disability earnings. Once you have been disabled for 24 months, you must be prevented from performing one or more of the essential duties of any occupation and as a result, your current monthly earnings are 66 2/3% or less than of your pre-disability earnings.
<b>Am I eligible?</b>	You are eligible if you are an active full time employee who works at least 20 hours per week on a regularly scheduled basis.
<b>How much coverage would I have?</b>	You may purchase coverage that will pay you a monthly flat dollar benefit in \$100 increments between \$200 and \$7,500 that cannot exceed 66 2/3% of your current monthly earnings. Your plan includes a minimum benefit of 25% of your elected benefit. Earnings are defined as in The Hartford's contract with your employer.
<b>When can I enroll?</b>	You can enroll during your scheduled enrollment period, within 31 days of the date you have a change in family status, or within 31 days of the completion of your eligibility waiting period as stated in your group policy. Electing or changing coverage outside of scheduled annual enrollment periods or qualified family status change periods is not permitted.
<b>How long do I have to wait before I can receive my benefit?</b>	You must be disabled for at least the number of days indicated by the elimination period that you select before you can receive a long term disability benefit payment. For those employees electing an elimination period of 30 days or less, if you are confined to a hospital for 24 hours or more due to a disability, the elimination period will be waived, and benefits will be payable from the first day of disability. The elimination period that you select consists of two numbers. The first number shows the number of days you must be disabled by an injury before your benefits can begin. The second number indicates the number of days you must be disabled by a sickness before your benefits can begin.
<b>How long will my disability payments continue?</b>	Premium Option: For the Premium benefit option – the table below applies to disabilities resulting from sickness or injury: <b>Age Disabled Benefits Payable</b> Prior to Age 63 To Normal Retirement Age or 48 months, if greater Age 63 To Normal Retirement Age or 42 months, if greater Age 64 36 months Age 65 30 months Age 66 27 months Age 67 24 months Age 68 21 months Age 69 and over 18 months

**Important Details**

The following is an overview of your voluntary long term disability insurance. Once a group policy is issued to your employer, a certificate of insurance will be available to explain your coverage in detail.

**Exclusions:**

You cannot receive voluntary long term disability insurance benefit payments for disabilities that are caused or contributed to by:

- ☐ war or act of war (declared or not)
- ☐ the commission of, or attempt to commit a felony
- ☐ an intentionally self-inflicted injury
- ☐ any case where your being engaged in an illegal occupation was a contributing cause to your disability

You must be under the regular care of a physician to receive benefits.

**Mental Illness, Alcoholism and Substance Abuse:**

- ☐ You can receive benefit payments for long-term disabilities resulting from mental illness, alcoholism and substance abuse for a total of 24 months for all disability periods during your lifetime. ☐ Any period of time that you are confined in a hospital or other facility licensed to provide medical care for mental illness, alcoholism and substance abuse does not count toward the 24 months lifetime limit.

**Pre-existing Conditions:**

Your insurance limits the benefits you can receive for pre-existing conditions. In general, if you were diagnosed or received care for a condition before the effective date of your policy, you will be covered for a disability due to that condition only if: ☐ you have not received treatment for your condition for the length of time specified in the contract before the effective date of your insurance, or ☐ you have been insured under this coverage for the length of time specified in the contract prior to your disability commencing, so you can receive benefits even if you're receiving treatment, or ☐ you have already satisfied the pre-existing condition requirement of your previous insurer.

Your benefit payments will be reduced by other income you receive or are eligible to receive due to your disability, such as:

- ☐ Social Security disability insurance (please see next section for exceptions)
- ☐ workers' compensation
- ☐ other employer-based insurance coverage you may have
- ☐ unemployment benefits
- ☐ settlements or judgments for income loss
- ☐ retirement benefits that your employer fully or partially pays for (such as a pension plan)

Your benefit payments will not be reduced by certain kinds of other income, such as:

- ☐ retirement benefits if you were already receiving them before you became disabled
- ☐ retirement benefits that are funded by your after-tax contributions
- ☐ your personal savings, investments, IRAs or Keoghs
- ☐ profit-sharing
- ☐ most personal disability policies
- ☐ Social Security increases

This benefit highlights sheet is an overview of the voluntary long term disability insurance being offered and is provided for illustrative purposes only and is not a contract. It in no way changes or affects the policy as actually issued. Only the insurance policy issued to the policyholder (your employer) can fully describe all of the provisions, terms, conditions, limitations and exclusions of your insurance coverage. In the event of any difference between the benefit highlights sheet and the insurance policy, the terms of the insurance policy apply.

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including issuing companies Hartford Life Insurance Company and Hartford Life and Accident Insurance Company. Policies sold in New York are underwritten by Hartford Life Insurance Company. Home Office of both companies is Simsbury, CT.

Klein Independent School District LTD BHS Creation

Date: 06/27/2014

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**Klein ISD -**

**Premium Option – Monthly Premium Cost (based on 12 payments per year)**

Annual Salary	Monthly Benefit	Sickness / Accident Elimination Period in Days				
		*14 / 14*	*30 / 30 *	60 / 60	90 / 90	180 / 180
\$3,600.00	\$200	\$6.46	\$5.32	\$3.64	\$3.14	\$2.42
\$5,400.00	\$300	\$9.69	\$7.98	\$5.46	\$4.71	\$3.63
\$7,200.00	\$400	\$12.92	\$10.64	\$7.28	\$6.28	\$4.84
\$9,000.00	\$500	\$16.15	\$13.30	\$9.10	\$7.85	\$6.05
\$10,800.00	\$600	\$19.38	\$15.96	\$10.92	\$9.42	\$7.26
\$12,600.00	\$700	\$22.61	\$18.62	\$12.74	\$10.99	\$8.47
\$14,400.00	\$800	\$25.84	\$21.28	\$14.56	\$12.56	\$9.68
\$16,200.00	\$900	\$29.07	\$23.94	\$16.38	\$14.13	\$10.89
\$18,000.00	\$1,000	\$32.30	\$26.60	\$18.20	\$15.70	\$12.10
\$19,800.00	\$1,100	\$35.53	\$29.26	\$20.02	\$17.27	\$13.31
\$21,600.00	\$1,200	\$38.76	\$31.92	\$21.84	\$18.84	\$14.52
\$23,400.00	\$1,300	\$41.99	\$34.58	\$23.66	\$20.41	\$15.73
\$25,200.00	\$1,400	\$45.22	\$37.24	\$25.48	\$21.98	\$16.94
\$27,000.00	\$1,500	\$48.45	\$39.90	\$27.30	\$23.55	\$18.15
\$28,800.00	\$1,600	\$51.68	\$42.56	\$29.12	\$25.12	\$19.36
\$30,600.00	\$1,700	\$54.91	\$45.22	\$30.94	\$26.69	\$20.57
\$32,400.00	\$1,800	\$58.14	\$47.88	\$32.76	\$28.26	\$21.78
\$34,200.00	\$1,900	\$61.37	\$50.54	\$34.58	\$29.83	\$22.99
\$36,000.00	\$2,000	\$64.60	\$53.20	\$36.40	\$31.40	\$24.20
\$37,800.00	\$2,100	\$67.83	\$55.86	\$38.22	\$32.97	\$25.41
\$39,600.00	\$2,200	\$71.06	\$58.52	\$40.04	\$34.54	\$26.62
\$41,400.00	\$2,300	\$74.29	\$61.18	\$41.86	\$36.11	\$27.83
\$43,200.00	\$2,400	\$77.52	\$63.84	\$43.68	\$37.68	\$29.04
\$45,000.00	\$2,500	\$80.75	\$66.50	\$45.50	\$39.25	\$30.25
\$46,800.00	\$2,600	\$83.98	\$69.16	\$47.32	\$40.82	\$31.46
\$48,600.00	\$2,700	\$87.21	\$71.82	\$49.14	\$42.39	\$32.67
\$50,400.00	\$2,800	\$90.44	\$74.48	\$50.96	\$43.96	\$33.88
\$52,200.00	\$2,900	\$93.67	\$77.14	\$52.78	\$45.53	\$35.09
\$54,000.00	\$3,000	\$96.90	\$79.80	\$54.60	\$47.10	\$36.30
\$55,800.00	\$3,100	\$100.13	\$82.46	\$56.42	\$48.67	\$37.51
\$57,600.00	\$3,200	\$103.36	\$85.12	\$58.24	\$50.24	\$38.72
\$59,400.00	\$3,300	\$106.59	\$87.78	\$60.06	\$51.81	\$39.93
\$61,200.00	\$3,400	\$109.82	\$90.44	\$61.88	\$53.38	\$41.14
\$63,000.00	\$3,500	\$113.05	\$93.10	\$63.70	\$54.95	\$42.35
\$64,800.00	\$3,600	\$116.28	\$95.76	\$65.52	\$56.52	\$43.56
\$66,600.00	\$3,700	\$119.51	\$98.42	\$67.34	\$58.09	\$44.77
\$68,400.00	\$3,800	\$122.74	\$101.08	\$69.16	\$59.66	\$45.98
\$70,200.00	\$3,900	\$125.97	\$103.74	\$70.98	\$61.23	\$47.19
\$72,000.00	\$4,000	\$129.20	\$106.40	\$72.80	\$62.80	\$48.40
\$73,800.00	\$4,100	\$132.43	\$109.06	\$74.62	\$64.37	\$49.61
\$75,600.00	\$4,200	\$135.66	\$111.72	\$76.44	\$65.94	\$50.82
\$77,400.00	\$4,300	\$138.89	\$114.38	\$78.26	\$67.51	\$52.03
\$79,200.00	\$4,400	\$142.12	\$117.04	\$80.08	\$69.08	\$53.24
\$81,000.00	\$4,500	\$145.35	\$119.70	\$81.90	\$70.65	\$54.45
\$82,800.00	\$4,600	\$148.58	\$122.36	\$83.72	\$72.22	\$55.66
\$84,600.00	\$4,700	\$151.81	\$125.02	\$85.54	\$73.79	\$56.87
\$86,400.00	\$4,800	\$155.04	\$127.68	\$87.36	\$75.36	\$58.08
\$88,200.00	\$4,900	\$158.27	\$130.34	\$89.18	\$76.93	\$59.29
\$90,000.00	\$5,000	\$161.50	\$133.00	\$91.00	\$78.50	\$60.50
\$91,800.00	\$5,100	\$164.73	\$135.66	\$92.82	\$80.07	\$61.71
\$93,600.00	\$5,200	\$167.96	\$138.32	\$94.64	\$81.64	\$62.92

**If you are confined in a hospital for 24 hours and continue under a doctor's care for the same incident it qualifies as a request to utilize the elimination periods of 14/14 or 30/30. \***

Maximum monthly benefit not to exceed 7,500.00; call the benefits office if you qualify.

## Cancer & Specified Disease Insurance

The cancer plan is available through Allstate Insurance Company. This coverage is an individual supplemental plan that pays benefits directly to you. Cancer patients often incur substantial out-of-pocket expenses in addition to what is covered by their major medical plan, such as extended cancer treatment, parking expenses, travel, lost wages, etc. Cancer insurance can help reduce those costs. There are two plans available with low premiums and no medical questions. Upon initial enrollment as a new hire, the policy is guaranteed issue. There is a pre-existing clause for any treatment within the last 12 months.

Allstate Cancer & Specified Disease	Low Plan	High Plan
<b>Hospital Daily Benefit</b>	\$100	\$300
<b>Radiation/Chemotherapy</b>	\$10,000	\$30,000
<b>Blood/Blood components</b>	\$10,000	\$10,000
<b>Surgery &amp; Related Benefits</b>	\$3,000	\$6,000
<b>Wellness</b>	\$100	\$100
<b>Cancer Initial Diagnosis</b>	\$2,000	\$5,000
<b>Intensive Care</b>	\$300	\$800
<b>Employee Only Cost per Month</b>	<b>\$23.56</b>	<b>\$57.52</b>
<b>Employee &amp; Family Cost per Month</b>	<b>\$40.08</b>	<b>\$97.58</b>

## Comprehensive Group Legal Plan

A pre-paid legal plan membership gives you access to quality legal advice when you need it. Pre-Paid Legal Services, Inc., now known as Legal Shield is available to employees eligible for TRS and who currently contribute to TRS and retirees that are considered full-time. Eligible dependents are spouses and dependent children up to the age of 21, as long as they are still living at home and never been married, or up to the age of 23 as long as they are a full-time student and never been married. Dependent children are not covered by the Identity Theft Shield. With Legal Shield, you know who to call when you have a legal need. You are empowered by knowing your legal rights. If you don't know your rights, you don't have any.

### Identity Theft Protection Benefit

You can also have the option to buy the standard plan that includes Identity Theft Protection. Identity Theft Shield will cover you and your spouse by continuously monitoring your credit. If your identity is stolen, the experts will take the necessary steps to restore your good name and credit for you.

Plan	Rates
Legal Service Only	\$15.76
Legal Service & Identity Theft	\$25.70

## Long Term Care Insurance

Long term care (LTC) is insurance that will pay benefits when an individual requires regular assistance with day-to-day functions like bathing, eating, dressing, or supervision due to a cognitive impairment. LTC insurance helps pay for care at home, in an adult day care center, assisted living facility or nursing home.

Texas Retirement Systems of Texas (TRS) offers long term care insurance which is underwritten by Genworth Life Insurance Company. As a TRS member you are eligible to enroll in LTC. For information or to request an enrollment packet, call Genworth at 1-866-659-1970 or go to [www.genworth.com/groupltc](http://www.genworth.com/groupltc)

Use Group ID: TRS and Access Code: groupltc.

## Retirement Investment Programs

You can start, stop, or change your contributions at any time. Each plan has an administrator who handles enrollment, changes and signature authorization. The law allows you to participate in one or both.

### **Klein ISD 457 Plan:** Administered by **Great West Retirement Services**

- On-Line paperless enrollment and changes [www.gwrs.com](http://www.gwrs.com)
- Low cost, self-directed investment options range from no-risk to high-risk
- No 10% federal tax penalty for early withdrawal prior to age 59 ½.
- Toll Free Help Line – Trained Retirement Specialist 1-800-701-8255.

### **Klein ISD 403(b) 403(b)(7) Plan:** Administered by **JEM Resource Partners, Inc.**

- Due to a new Federal 403(b) law, all starts, stops and changes will be done on-line through JEM Resource Partners (JEM) at [www.region10rams.org](http://www.region10rams.org)
- Federal Tax penalty of 10% for early withdrawal prior to age 59 ½.
- Toll Free Help Line 1-800-943-9179.

**KLEIN ISD RETIREMENT PLANS COMPARISON CHART**

	<b>457 (B)</b>	<b>403 (B)</b>
Third Party Administrator	Administered by Great West Retirement Services	Administered by JEM Resource Partners
Customer Service Number	1-800-701-8255	1-800-943-9179
Enrollment process	Call Great West Retirement Services or go on line at <a href="http://www.GWRS.com">www.GWRS.com</a> .	Go on line at <a href="http://www.region10rams.org">www.region10rams.org</a>
When can I enroll?	You can start, stop, or change your contributions at any time.	You can start, stop, or change your contributions at any time.
2014 Contribution Limit	\$17,500	\$17,500
2014 Age 50+ Catch-up Limit	\$5,500	\$5,500
Contributions Pre-taxed	Yes	Yes
Tax-Deferred Earnings	Yes	Yes
Hardship Withdrawals	Yes	Yes
10% IRS Penalty Fee for Early Withdrawal of Funds	No	Yes
Types of Investment products	No load and load-waived mutual funds	Qualified investments approved by TRS including fixed annuity, variable annuity, and mutual fund.
Fees	No Administration fees. Only fund management fees.	Due to the wide variety of 403(b) products there are many variations of fees being charged.

## Retention and Sick Leave Program

Person eligible for this program are employees in a permanent status that are regularly scheduled to work a minimum of 20 hours per week. Enrollment is automatic. The District will contribute funds to a 401(a) tax deferred trust account each year an employee meets the criteria for the retention and sick leave program. This annual program begins each September 1<sup>st</sup>, and ends the following August 31<sup>st</sup>.

Under this program, Klein ISD will make a contribution if you:

1. Were employed by KISD on September 1<sup>st</sup>, and
2. Were absent 3 or fewer sick or personal days during that contract, and
3. Are employed by KISD on the following September 1<sup>st</sup>.

### **AND**

4. Have contributed a minimum of \$200 to your own retirement plan that you set up, either the Klein 457 or 403(b) program. All contributions to these plans must occur by salary deduction by your last paycheck prior to August 31<sup>st</sup>. (August 20<sup>th</sup> paycheck for 24 pays, July 5<sup>th</sup> paycheck for 21 pays and June 20<sup>th</sup> for 20 pays)

then you qualify to receive the following from KISD:

Teachers and other professionals:               \$300 each year you qualify

All other employees:                               \$150 each year qualify

**PLEASE NOTE: ALL 4 OF THE ABOVE CRITERIA MUST BE MET IN ORDER TO RECEIVE A CONTRIBUTION FROM THIS RETENTION & SICK LEAVE PROGRAM.**

This money will be funded the following September for the previous school year and placed into a 401(a) retirement plan in your name. Each year you qualify, the District contribution becomes vested according to the following schedule: AFTER 1 year – 30%; AFTER 2 years – 60%; AFTER 3 year – 100%.

If you retire, become disabled or die after you have received this benefit, you become 100% vested with all contributions in your account at that time.

## **Accumulated Retiree Leave Reimbursement Plan**

Upon retirement from Klein ISD, an “eligible employee”, as described below, shall be entitled to reimbursement for an unlimited amount of unused state personal, state sick leave, or local sick leave days.

For this benefit an “eligible employee” means an employee who has a minimum of ten years of consecutive service in Klein ISD immediately preceding retirement is eligible for retirement and begins receiving benefits under TRS on an unreduced pension/annuity immediately upon separation from the District. The rate of reimbursement shall be based on the daily rate of substitute pay effective at the time of the employee’s retirement.

1. Eligible employees who are classified as exempt under the Fair Labor Standards Act (see DEA (LOCAL)) shall receive one-half of long term certified substitute teacher daily rate of pay. (Effective December 3, 2013 the rate would be \$80.00 per day as substitute pay was \$160.00 per day).

2. Eligible employees who are classified as non-exempt under the Fair Labor Standards Act (see DEA (LOCAL)) shall receive one-half of non-degreed substitute teacher daily rate of pay. (Effective December 3, 2013 the rate would be \$40.00 per day as substitute pay was \$80.00 per day).

Any payment due under this policy shall be made as a contribution to the employee’s account under the District’s 401(a) plan. The District will process this benefit in October, February, May and July. A letter will go to the retiree that will explain the benefit and also provide a contact with our administrator. The options available to the retiree will also be explained.

# LEGAL NOTICES

## NOTICE OF PRIVACY PRACTICES

A detailed description of your privacy rights is available on the knet under Departments - Human Resources – Benefits - Legal Notices.

## NOTICE OF RIGHTS FOR EMPLOYEES AND DEPENDENTS

### CONTINUATION COVERAGE UNDER COBRA

On April 7, 1986, a federal law was enacted (Public Law 99-272, Title X) requiring that most employers sponsoring group health plans offer employees and their families the opportunity for a temporary extension of health coverage (called “continuation coverage”) at group rates in certain instances where coverage under the plan would otherwise end. “Health” coverage is defined by the law as medical, dental and vision. This notice is intended to inform you, in a summary fashion, of your rights and obligations under the continuation coverage provisions of the law.

**Employee:** If you are an employee of Klein ISD covered by a Klein ISD plan you have a right to choose this continuation coverage if you lose your group health coverage because of a reduction in your hours of employment or the termination of your employment (for reasons other than gross misconduct on your part).

**Spouse:** If you are the spouse of an employee covered by group health insurance, you have the right to choose continuation coverage for yourself if you lose group health coverage for any of the following reasons;

1. The death of your spouse;
2. Termination of your spouse's employment (for reasons other than gross misconduct) or reduction in your spouse's hours of employment with Klein ISD;
3. Divorce or legal separation from your spouse; or
4. Your spouse becomes entitled to Medicare.

**Dependent:** In the case of a dependent child of an employee who is covered by the Klein ISD health plan; he or she has the right to continuation coverage if group health coverage is lost for any of the following reasons;

1. The death of the employee;
2. Termination of the employee's employment (for reasons other than gross misconduct) or reduction in the employee's hours of employment with Klein ISD;
3. The employee's divorce or legal separation;
4. The employee becomes entitled to Medicare, or
5. The dependent child ceases to be a "dependent child" under the Klein ISD plan.

**Employee’s Duties:** Under the law, the employee or a family member has the responsibility to inform the Klein ISD Benefits Office of a divorce, legal separation or a child losing dependent status within 60 days of the date of the event.

**Employer’s Duties:** When the Klein ISD Benefits Office is notified that one of these events has occurred, Klein ISD will notify you that you have the right to choose continuation coverage. Under the law, you have 60 days from the date you would lose coverage or 60 days from the date on the enrollment to select continuation coverage.

**Electing Coverage:** If you do not choose continuation coverage by the due date stated in your enrollment letter, your group health insurance coverage will end. Coverage will last a maximum of 18 months beginning on the date of your termination or reduction in hours of employment. This period may be extended to 36 months if another qualifying event (such as death, divorce, legal separation or Medicare entitlement) occurs during the original 18-month period. If you or your dependent is determined to be disabled (as defined by Social Security) at any time during the first 60 days of COBRA coverage, the 18-month period is extended to 29 months for all individual(s) covered under COBRA. This extension applies only if you notify the Klein ISD Benefits Office within 60 days of a disability determination. The affected individual must also notify the Klein ISD Benefits office within 30 days of any final determination that the individual is no longer disabled. If your dependent elects to continue coverage separately for themselves, it will last as long as 36 months, beginning on the date they would otherwise lose coverage.

A child who is born to or placed for adoption with the covered employee during a period of COBRA coverage will be eligible to become a qualified beneficiary. In accordance with the terms of the Klein ISD group health plan and the requirements of federal law, these qualified beneficiaries can be added to COBRA coverage upon proper notification

**Coverage Could End Sooner:** The law also provides that continuation coverage may be shortened for any of the following reasons.

1. Klein ISD no longer provides group health coverage to any of its employees;
2. The premium for continuation coverage is not paid on time;
3. The qualified beneficiary becomes covered, after the date he or she elects COBRA coverage, under another group health plan, that does not contain any exclusion or limitation for any pre-existing condition, or does not apply to you by reason of HIPAA's restrictions on pre-existing clauses;
4. The qualified beneficiary becomes covered by Medicare after the date he or she elects COBRA coverage;
5. The qualified beneficiary extends coverage for up to 29 months due to disability and there has been a final determination that the individual is no longer disabled.

The Klein ISD has exercised its privilege as a non-federal governmental plan to opt-out of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Certificates of coverage will be provided to allow proper credit for prior creditable coverage of those conditions toward satisfying any pre-existing limitation that are imposed by your new plan.

You do not have to show that you are insurable to choose continuation coverage. However, continuation coverage under COBRA is provided subject to your eligibility for coverage; the Klein ISD group health plan reserves the right to terminate your COBRA coverage retroactively if you are determined to be ineligible.

Under the law, you may have to pay all or part of the premium for your continuation coverage. There is a grace period of 30 days for payment of the regularly scheduled premium. At the end of the 18-month, 29-month, or 36-month continuation coverage period, qualified beneficiaries may be allowed to enroll in an individual conversion health plan depending on the medical plan in which you are enrolled.

If you have any questions about COBRA, please contact Klein ISD Benefits Office, 7200 Spring Cypress Road, Klein, Texas 77379. Also, if you have changed marital status, or you or your spouse have changed addresses; please notify the Klein ISD Benefits Office at the above address.

## **Notice to Employees: Requirements of the Affordable Care Act**

As of January 1, 2014, the Affordable Care Act (ACA) requires you to have health insurance for yourself and your dependents. Some people are exempt from this requirement. To learn how to apply for an exemption see *Questions and Answers on the Individual Shared Responsibility Provision*, [www.irs.gov/uac/Questions-and-Answers-on-the-Individual-Shared-Responsibility-Provision](http://www.irs.gov/uac/Questions-and-Answers-on-the-Individual-Shared-Responsibility-Provision). If you do not have health insurance and you are not exempt, you may be subject to a penalty (see [www.healthcare.gov/what-if-someone-doesnt-have-health-coverage-in-2014](http://www.healthcare.gov/what-if-someone-doesnt-have-health-coverage-in-2014)).

### **The penalty takes effect on the first day of the 2014 plan year (September 1, 2014).**

As an employee of KISD, you will not be subject to the penalty until September 1, 2014 because our plan year ends August 31<sup>st</sup>. This is called transition relief by the ACA.

**Enrollment in TRS-ActiveCare satisfies the requirement to have health insurance. You must decide whether to enroll in ActiveCare during August 2014 open enrollment to avoid the individual mandated penalty.** If you decide not to enroll in ActiveCare in August, you will not be able to enroll again until the 2015–16 plan year unless you experience a special enrollment event. On the other hand, if you decide to enroll in ActiveCare in August 2014, the district's section 125 plan (cafeteria plan) does not permit you to drop insurance before the end of the plan year.

The TRS-ActiveCare Enrollment Guide explains who is eligible to enroll in ActiveCare.

Enrollment in another plan, such as through a spouse, parent, or association, also satisfies the requirement to have health insurance if the plan provides minimum essential coverage.

### **Health Insurance Marketplace:**

#### **Enrollment**

In Texas, the Marketplace is a federal government program that will offer “one-stop shopping” to find and compare private health insurance options. If you did not sign up for the Health Insurance Marketplace by the deadline, your only alternative is the Klein TRS ActiveCare plan effective September 1, 2014. The Health Insurance Marketplace may have enrollment again next fall.

#### **Assistance**

You may be eligible for a premium tax credit or other assistance toward insurance obtained through the Marketplace, depending on your household income. More information on the premium tax credit and other cost sharing provisions is available at [www.healthcare.gov](http://www.healthcare.gov). Please note that the district will not contribute to premium costs if you enroll in insurance through the Marketplace. Also, you will lose the benefit of paying the premium with pre-tax income if you purchase insurance through the Marketplace.

**Additional information.** If you have questions or concerns about the health insurance offered through the district, please contact: the Klein ISD Benefits Department. Questions about the Marketplace and how the Affordable Care Act impacts you as an individual should be addressed to [www.healthcare.gov](http://www.healthcare.gov) or your personal attorney.

## Basic Information About Health Care Offered By The District

*(to be completed by the district)*

If you decide to shop for coverage in the Marketplace, below is the employer information you will enter at HealthCare.gov to find out if you are eligible for a premium tax credit.

This information is numbered to correspond to the Marketplace application.

3. Employer name Klein Independent School District		4. Employer Identification Number (EIN) 74-6002337	
5. Employer Address 7200 Spring Cypress Road		6. Employer phone number 832-249-3491	
7. City Klein	8. State TX	9. Zip code 77379-3215	
10. Who can we contact about employee health coverage at this job? Benefits			
11. Phone number (if different from above)		12. Email address cparker4@kleinisd.net	

**Based on the rules/requirements, the employer plan (Klein ISD) does offer a plan that meets both the minimum value and is affordable. Therefore, all fulltime employees are eligible for the TRS-ActiveCare and consequently may not be eligible for premium assistance.**

However, since the employer's responsibility is only concerned with the "affordability" of the employee cost, the District is unaware if there is other "family or premium assistance available".

The district offers health coverage through TRS-ActiveCare to all eligible employees and their eligible dependents. Eligibility is described in the TRS-ActiveCare Enrollment Guide. The coverage offered by TRS-ActiveCare meets the minimum value standard and the cost of this coverage to you is intended to be affordable.

## Reference Sources

### **Medical Plans**

TRS ActiveCare - Aetna [www.trsactivecareaetna.com](http://www.trsactivecareaetna.com)  
(Group no. [REDACTED]) 1-800-222-9205

### **Prescription/Pharmacy Plan**

Caremark (Rx Bin [REDACTED]) [www.trsactivecareaetna.com](http://www.trsactivecareaetna.com)  
1-800-222-9205

### **Dental Plans**

UHC DHMO (Group no. 0708764) [www.myuhcdental.com](http://www.myuhcdental.com)  
1-800-232-0990

UHC PPO (Group no. 0708764) 1-877-816-3596

### **Vision Plan**

VSP (Group No. 30039963) [www.vsp.com](http://www.vsp.com)  
1-800-877-7195

### **Flexible Spending Plan**

Boon-Chapman [www.boonchapman.com](http://www.boonchapman.com)  
1-800-252-9653, option 6

### **Cobra (Continuation of Coverage)**

Medical – TRS ActiveCare Aetna 1-866-355-5999  
Dental, Vision & Flex – Boon Chapman 1-800-252-9653, option 5

### **Supplemental Products**

Cancer & Specified Disease - Highlander Financial 281-681-9595 or 1-800-992-9642

Disability Insurance

Hartford– Highlander Financial (Group no.395330) 281-681-9595 or 1-800-992-9642

Life & AD&D Insurance

Aetna (Group no. 813279) 1-800-826-7448

Whole Life Insurance by UNUM (Group [REDACTED]) 281-681-9595 or 1-800-826-7448

Long Term Care

Genworth/TRS (Use Group ID: TRS Access Code: groupltc) 1-866-659-1970

Group Legal Services with Legal Shield - Highlander Financial 281-681-9595 or 1-800-992-9642

### **Retirement Investment Programs**

Klein ISD 403(b) (7) Plans [www.jemtpa.com](http://www.jemtpa.com)

JEM Resource Partners 1-800-943-9179

Klein ISD 457 Plan (Group no. 350202-01) [www.gwrs.com](http://www.gwrs.com)

Great West Retirement Services 1-800-701-8255

### **Benefits Office:**

Rick Stockton, Director 832-249-4690 [rstockton@kleinisd.net](mailto:rstockton@kleinisd.net)

Winni Attaway, Wellness Coordinator 832-249-4162 [wattaway@kleinisd.net](mailto:wattaway@kleinisd.net)

Kaye Parker, Benefits Supervisor 832-249-4691 [cparker4@kleinisd.net](mailto:cparker4@kleinisd.net)

Julie Huff, Benefits Specialist 832-249-4673 [jhuff2@kleinisd.net](mailto:jhuff2@kleinisd.net)

Fran Bearden, Benefits Specialist 832-249-4674 [fbearden@kleinisd.net](mailto:fbearden@kleinisd.net)