



ANNUAL
ENROLLMENT
2016

A quick reference guide

Hi there.

Meet Ben 101,

your fun and friendly benefits
tour guide. Check it out at
aldinebenefits.org.



Let's break this down.
Let's make this easy.

Choosing benefits is important. That doesn't mean it has to be hard. Use this guide and Ben 101 to help discover which health care plan makes sense for you and your family. To refresh your memory about your current coverage, log on to the Aldine ISD ePortal, then go to **More Resources**, then **Benefits** to access RedBrick Health. If you're happy with what you have now and don't have or want a flexible spending account for 2016, you don't need to do anything. Your coverage automatically rolls over.

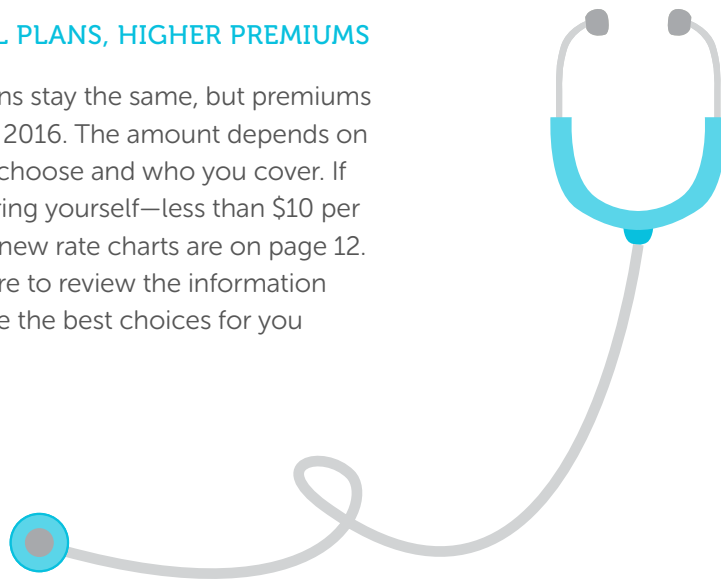
If you want to keep your current plan, but want to continue with a flexible spending account or add one for 2016, you must enroll in that. Those don't automatically roll over.



A LOOK AT WHAT'S NEW FOR 2016

SAME MEDICAL PLANS, HIGHER PREMIUMS

Our medical plans stay the same, but premiums are going up for 2016. The amount depends on which plan you choose and who you cover. If you're just covering yourself—less than \$10 per pay period. The new rate charts are on page 12. As always, be sure to review the information carefully to make the best choices for you and your family.



NEW PHARMACY PROVIDER

For 2016, we're changing pharmacy providers from CVS/caremark to Express Scripts, which has hundreds of participating retail pharmacies all over town, including CVS/caremark. The big advantage with Express Scripts is that while CVS is no longer an option for 90-day prescriptions, you can now pick them up locally at places like Kroger, HEB, Costco, Randalls, Sam's and Wal-Mart or through Express Scripts mail order. Express Scripts has its own specialty mail-order pharmacy, Accredo, which handles all specialty prescriptions now. There are more details on page 14 of this guide. And more information is coming directly from Express Scripts to help make the transition easier.

NEW PROVIDERS FOR DENTAL AND VISION, PLUS ENHANCED FEATURES

Meet Cigna Dental and EyeMed Vision, new providers offering added coverage and features. The new dental HMO Basic plan now includes coverage for teeth whitening. The HMO Plus plan includes coverage for dental implants and teeth whitening. The new PPO plan adds dental implants and extends orthodontia for adults. The new dental rates are all within a few dollars up or down of 2015 rates.

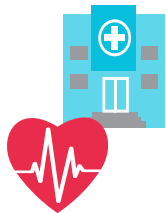
The new vision rates are virtually the same, but the plan now includes coverage for specialty lenses, and the retail allowance for frames has increased to \$150.





VOLUNTARY PLAN HIGHLIGHTS

There are a few changes to our voluntary plans, mostly eliminating restrictions and adding coverage. Here are a few more highlights:



Hospital indemnity and critical illness

Evidence of good health is not required for either plan. There are no more 12-month pre-existing-condition restrictions, although these two plans do have rate changes. The critical illness plan also covers more conditions now, and rates change as you reach different age groups.



Cancer plan

Evidence of good health is no longer required. The medium options are going away. If you're currently enrolled in one, you'll automatically move to the low option, but you can change that if you like.



Life and AD&D

Now you can choose child life at levels of \$5,000, \$10,000, \$15,000 or \$20,000, and there's no longer a reduction in benefits due to age.

FUNNY NAME, GREAT NEW WELLNESS PROGRAM

Replacing RedBrick in 2016, our new wellness partner, Viverae (pronounced vuh-**vair**-ee), offers personalized resources that make it fun and easy to stay in shape and enjoy life—all free to medical plan participants. Through the MyViverae website, you can set personal goals, participate in health challenges and track your progress on your mobile device—it works with over 100 of the most popular apps and trackers, including Fitbit, Jawbone, Misfit and Garmin. And don't worry. You can still earn an extra \$400 for your HealthFund by taking a Health Assessment through RedBrick Health by December 14, 2015.

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.

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

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

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

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

Aldine ISD medical plan option	Metal level
Consumer Basic Choice	Silver
Consumer Plus Limited and Choice	Silver
Select Low	Bronze



AFFORDABLE CARE ACT ACCOUNTABILITY

For tax purposes, the IRS requires us—and you—to verify and report your medical plan eligibility, coverage selection and covered dependents' tax ID numbers. You should receive your Form 1095-C with this information in early 2016.

Benefits experts, health screenings, testing.

Did we mention popcorn and door prizes?

ATTEND THE HEALTH AND WELLNESS FAIR

Aldine ISD's annual Health and Wellness Fair is a great place to find answers to your benefits questions. You can learn how to enroll, ask questions about plan specifics and get one-on-one assistance from a wide array of benefits specialists.

As an Aldine ISD employee, you can also take advantage of free flu shots, health screenings and bone-density testing. There are low-cost flu shots for your dependents, and you can enter to win door prizes.



Friday, November 6

9:00 a.m. to 6:00 p.m.

Saturday, November 7

9:00 a.m. to 1:00 p.m.

**M.O. Campbell
Educational Center**
1865 Aldine Bender Road
Houston, Texas 77032

WE GET YOU STARTED WITH A HEALTHFUND



The district contributes annually to a HealthFund for all employees enrolled in a Consumer option. Use this money to pay for covered medical expenses like office visits, lab work and tests, and to help meet your deductible. The contributions are prorated depending on when you sign up for coverage. You can earn an extra \$400 for your HealthFund by taking an online health assessment through RedBrick Health by December 14, 2015.

Any unused funds roll over to the next year, so you can build a nest egg for future health care expenses, as long as you stay enrolled in an Aldine ISD Consumer option.

If you're enrolled in a health care flexible spending account (FSA), your HealthFund pays for eligible medical expenses first. When your HealthFund is exhausted, your health care FSA funds kick in. Dental and vision expenses are the exceptions; you can use your health care FSA for those regardless of the status of your HealthFund.

2016 HealthFund contributions

Complete an online health assessment through RedBrick Health by December 14, 2015	No health assessment
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\$600		\$200
\$850		\$450
\$850		\$450
\$1,100		\$700

 employee only
 employee + spouse
 employee + child(ren)
 employee + family

TAKE A CLOSER LOOK AT PROVIDER NETWORKS

Pay a little more to have more options. Or don't. It's 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 and Choice.

Limited network highlights

- 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 can arrange for hospital procedures at a Memorial Hermann hospital.
- Outside of these designated specialties, you're free to choose any physicians in the Aetna network.

Choice network highlights

- 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're designated as the most efficient providers based on quality of service and cost of care.
- Outside of these designated specialties, you're free to choose any physicians in the Aetna network.



SELECT LOW



This is a catastrophic coverage plan that offers coverage for in-network providers only, except in the case of an emergency.

THE 12 DESIGNATED SPECIALTIES

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

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

For a complete list of network hospitals in Tier I and Tier II, please go to aldinebenefits.org/networks.

FIND THE PLAN THAT WORKS BEST FOR YOU

Consumer Basic ✓

- ✓ Lower per-paycheck cost, higher deductible
- ✓ One provider network: Choice
- ✓ Specialists divided into two tiers in the Choice network, with Tier II specialists costing more*

Consumer Plus +

- + Higher per-paycheck cost, lower deductible
- + Two provider networks: Limited or Choice
- + Limited network is Memorial Hermann only
- + Specialists divided into two tiers in the Choice network, with Tier II specialists costing more*

HealthFund¹

\$600	per employee only
\$850	for employee + spouse or employee + child(ren)
\$1,100	for employee + family

HealthFund¹

\$600	per employee only
\$850	for employee + spouse or employee + child(ren)
\$1,100	for employee + family

When you get care in-network, you pay²






Annual deductible	
\$2,750 individual	\$5,000 family

Doctor visits	
Free preventive care	25% primary care and specialist

Out-of-pocket max	
\$5,750 individual	\$12,450 family

From each paycheck, you pay

Choice network only

	\$62. ⁶⁶
	\$322. ⁹¹
	\$228. ³⁹
	\$300. ⁴²
	\$578. ³⁴

Based on 24 paychecks per year

When you get care in-network, you pay²






Annual deductible	
\$2,000 individual	\$3,750 family

Doctor visits	
Free preventive care	20% primary care and specialist

Out-of-pocket max	
\$5,000 individual	\$9,500 family

From each paycheck, you pay

if you select the Limited network if you select the Choice network

\$65. ⁶⁴		\$99. ⁶²
\$338. ²⁹		\$421. ²⁹
\$239. ²⁷		\$300. ⁸⁸
\$314. ⁷²		\$390. ¹¹
\$605. ⁸⁸		\$742. ³⁸

Select Low

The Select Low option is in-network only, catastrophic coverage. That means it provides "safety net" coverage for people who rarely use medical services, but want to be covered in case of major medical expenses.

HealthFund¹

None

For in-network care only, you pay






Annual deductible	
\$4,000 individual	\$8,000 family

Doctor visits	
Free preventive care	Free for the first \$225, then 30% primary care and specialists

Out-of-pocket max	
\$6,600 individual	\$13,200 family

From each paycheck, you pay

Select Low network only

	\$35. ³⁵
	\$202. ⁴²
	\$136. ⁰²
	\$185. ⁵⁵
	\$341. ⁹²

To see more details about your plan options, including out-of-network and Choice network Tier II costs, visit aldinebenefits.org/compare. Prescription coverage is similar for all Consumer plans. See page 14.



Based on 24 paychecks per year

 employee only

 employee + spouse

 employee + one child

 employee + two or more children

 employee + family

¹ Assumes completion of health assessment by 12/14/2015 to earn \$400

² Tier 1 providers

REVIEW YOUR PRESCRIPTION DRUG BENEFITS

Express Scripts is our new pharmacy provider for 2016.

Retail prescriptions

For short-term prescriptions or the first two months of a newly prescribed maintenance medication, take your prescription and your ID card to a participating pharmacy. After you meet your annual prescription drug deductible, if applicable, you pay the lesser of the actual drug cost or a copay for each prescription, up to a 30-day supply.

For specialty drug prescriptions, which are only available in a 30-day supply, you must use the Express Scripts specialty mail-order pharmacy, Accredo.

Mail or retail partner pharmacies for maintenance medications

For long-term maintenance medications, the Smart90 program lets you receive a 90-day supply of your medications in two ways, either by mail through Express Scripts or at one of Express Scripts' retail partner pharmacies including Walmart, Rite Aid, Costco, HEB, Randalls and Sam's Club. CVS/ caremark and Walgreens are not included for 90-day supplies.

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, Express Scripts' mail service pharmacy automatically sends your refills and requests a new prescription from your doctor when a maintenance prescription is about to expire or the last refill has been used.

Annual prescription deductible

- Consumer plan members pay \$75 per covered person per year.
- Select Low members pay \$250 for an individual or \$500 for a family.
- A prescription deductible is separate from your medical plan deductible, though both count toward your out-of-pocket maximum.
- You may also be asked to pay a copay.

New formulary

There's a new formulary (drug list) for 2016, which could affect you if you take certain medications.

Specialty tiers

Specialty tiers are typically biotech drugs that are injectable, in pill form or are administered by your doctor. Our plan covers two tiers of specialty drugs. Tier II are generics and/or preferred drugs. Tier III are non-preferred brand drugs, which have higher copays.

For more information about prescription coverage, call Express Scripts customer service or log on to express-scripts.com.

	Consumer Basic Choice	Consumer Plus Limited	Consumer Plus Choice	Select Low
Annual deductible		\$75 individual		\$250 individual \$500 family
Prescription drugs—30-day retail				
Generic	\$15	\$15	\$15	30%
Preferred brand	\$35	\$35	\$35	
Non-preferred	\$60	\$55	\$55	
Specialty Tier II (Generic/preferred)	\$75	\$75	\$75	
Specialty Tier III (Non-preferred)	\$150	\$150	\$150	
Prescription drugs—90-day mail or retail				
Generic	\$37 ⁵⁰	\$37 ⁵⁰	\$37 ⁵⁰	30%
Preferred brand	\$87 ⁵⁰	\$87 ⁵⁰	\$87 ⁵⁰	
Non-preferred	\$150	\$137 ⁵⁰	\$137 ⁵⁰	
Specialty Tier II (Generic/preferred)	\$75	\$75	\$75	
Specialty Tier III (Non-preferred)	\$150	\$150	\$150	



MAKE YOUR PLAN YOURS WITH VOLUNTARY OPTIONS.

Add on the extras that make sense for you and your family.

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



Flexible spending accounts (FSA)



Cigna Dental plans



EyeMed Vision plans



Minnesota Life life and accidental death and dismemberment (AD&D)



The Standard disability



Aflac cancer and specified diseases



Aflac critical illness



Aflac hospital indemnity



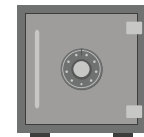
Aflac accident plan



Hyatt personal legal plan



Health clubs



Savings plans

THESE GREAT RESOURCES ARE YOURS FOR FREE.

Take charge of your health.



VIVERAE

Free personalized wellness resources through the MyViverae website, including health challenges, activity tracking, disease management, health coaching, and special programs like Healthy Mom Healthy Baby



BEST DOCTORS

Provides free, personal access to the best medical minds in the country for diagnostic and treatment second-opinion consultations



DIABETESAMERICA

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



AETNA BEGINNING RIGHT MATERNITY MANAGEMENT

Free educational materials and support throughout your pregnancy to help give your baby a healthy start to life

NOW YOU'RE READY TO ENROLL.

Online enrollment, made easy.

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

Once you've studied your options and made your selections, it's time to let us know about them.

Log on to **ADP and follow the prompts.**

If you need help enrolling, call a Benefits Outlook specialist at 866-284-AISD (2473).

ALDINE ISD ANNUAL ENROLLMENT

November 6–17, 2015

Benefits run on a different schedule.

If you enroll during annual enrollment, your 2016 coverage begins January 1 and ends December 31. It's one of the few things that don't start and stop with the school year.



BENEFITS OUTLOOK



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 Aldine ISD Benefits 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. This enrollment guide constitutes a Summary of Material Modifications (SMM) to the Aldine ISD 2015 Summary Plan Description (SPD). It is meant to supplement and/or replace certain information in the SPD, so retain it for future reference along with your SPD. Please share these materials with your covered family members.