

2017

# Annual enrollment

A quick  
reference  
guide



**ALDINEISD**

# Choose the benefits that fit your budget and life.

## It's never been easier.

You have a lot of great benefits to consider for 2017 along with a completely redesigned Benefits Outlook website to help you do that. Try the new Price Your Plan tool for a quick look at your costs as you consider your choices. And check out the updated Ben 101 video tour for help understanding more about how your benefits work.

To see your current coverage, go to [aldinebenefits.org](http://aldinebenefits.org), click the **QUICK LINKS** button in the top right-hand corner, and then click **ENROLL IN 2017 BENEFITS**. Use registration code **ALDISD-ALDINE2016**. If you're happy with the coverage you have now and don't have or want a flexible spending account for 2017, you don't need to do anything. Your coverage automatically rolls over.

**However, if you want to keep your current plan and also continue with a flexible spending account or add one for 2017, you must actively enroll. Flexible spending accounts don't automatically roll over.**

## Rising health care costs have caught up with us.

Unfortunately, there is no getting around this difficult news. As health care costs continue to rise, Aldine ISD is forced to make some important plan changes for the coming year. The reason is simple. The money we pay in claims each year far exceeds the amount we collect in premiums. Although employee contributions are increasing for 2017, the district is absorbing more than \$4 million to cover claim expenses.

There is good news. The district is offering the same wide range of medical plan options you're used to and making a \$330 contribution toward your premiums each month.

### The facts behind the decision

Last year, Aldine ISD paid:



\$21,832,000  
in medical  
claims



\$8,450,000  
in pharmacy  
claims



= an average of  
\$82,964  
in claims  
per day

# A look at what's new for 2017

## Medical plan changes

Medical plan premiums are going up by \$5 to \$111 per pay period, depending on your plan and how many people you cover. Out-of-pocket maximums are also going up. For individuals, the increase is \$500; for families, it's \$1,000 higher.

## HealthFund updates

HealthFund contributions are changing. For 2017, the HealthFund is \$100 for employee-only coverage; \$225 for employee + spouse or employee + child(ren); and \$350 for employee + family. You can earn an extra \$200 for your HealthFund by taking an online Member Health Assessment through Viverae between November 4 and November 15, 2016.

## ER copay now \$250

Unnecessary trips to the emergency room cost the district millions of dollars each year. That's why it's so important not to use hospital or standalone ERs for minor illnesses and injuries, even after hours—especially when there are so many urgent care and walk-in retail clinics available.

These ER costs affect all of us. To compensate, the ER copays for 2017 are going up from \$150 to \$250.

## Mental health and substance abuse care

In 2017, there are no limits to the number of visits for help with mental health and substance abuse issues.

## Wellness incentive changes

Viverae is introducing a points-based program, along with a new website and mobile app to make it even more fun to join in and get healthy.

There are no cash incentives for the 2017 wellness program. Please don't let that keep you from getting your preventive care (it's free) and taking advantage of all the great Viverae wellness program resources (also free), including online health challenges and personal fitness tools and trackers.

## Health club program updates

Our health club rates remain the same for 2017, with the exception of those for YMCA. YMCA has changed its pricing tiers and expanded the range of membership options. Blast Fitness is no longer part of our health club discount program.

## Voluntary plan changes

There are no changes to our voluntary plans, with the exception of the personal legal plan. Next year, this plan offers enhanced benefits, including coverage in new areas such as small claims assistance, personal property protection, fraud monitoring, trusts and more. The rates for the personal legal plan are going up slightly, but rates for all other voluntary plans remain the same.

## 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](http://healthcare.gov).

## 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 2016 Form 1095-C with this information in early 2017. Please include your dependents' tax ID numbers when you enroll them for coverage.

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.

**This chart shows how Aldine ISD's coverage options are rated.**

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

# Take a good look at provider networks.

Pay a little more to have more options. Or don't. It's up to you.

## Consumer plan network options

The Consumer plans 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 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 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.
- You choose between Tier I and Tier II when you receive care, not when you enroll.
- Outside of these designated specialties, you're free to choose any physicians in the Aetna network.

## Consumer plan designated specialties

- ▶ Cardiology
- ▶ Cardiothoracic surgery
- ▶ Gastroenterology
- ▶ General surgery
- ▶ Neurology
- ▶ Neurosurgery
- ▶ Obstetrics & gynecology
- ▶ Orthopedics
- ▶ Otolaryngology
- ▶ Plastic surgery
- ▶ Urology
- ▶ 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](http://aldinebenefits.org).

## Select Low

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

# Find the plan that works best for you.

You have several choices.  
Compare and save.



## Consumer Basic

- ✓ Lower per-paycheck cost
- ^ Higher deductible

### One provider network: Choice

Specialists are 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

The Limited network includes Memorial Hermann providers only. In the Choice network, specialists are divided into two tiers, with Tier II specialists costing more.

## We get you started with a HealthFund.

- The district contributes to a HealthFund for all employees enrolled in a Consumer option.
- Use it to pay for covered medical expenses like office visits, lab work and tests.
- Contributions are pro-rated based on when you sign up for coverage.
- Unused funds roll over to the next year as long as you stay enrolled in an Aldine ISD Consumer option.
- Earn an extra \$200 for your HealthFund by taking an online health assessment through Viverae, November 4–15, 2016.

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, you can use your health care FSA funds to pay for any remaining eligible medical expenses. Dental and vision expenses are the exception. You can use your health care FSA for those regardless of the status of your HealthFund.

## 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.



## Quick plan comparisons

		Consumer Basic	Consumer Plus		Select Low
		Choice Tier I/Tier II	Limited	Choice Tier I/ Tier II	
<b>Healthfund<sup>1</sup></b>					
Employee only		\$300		\$300	N/A
Employee + spouse		\$425		\$425	
Employee + child(ren)		\$425		\$425	
Employee + family		\$550		\$550	
<b>From each paycheck, you pay</b>					
Employee only		\$72.06	\$75.48	\$114.57	\$40.65
Employee + spouse		\$371.34	\$389.03	\$484.49	\$232.79
Employee + child		\$262.65	\$275.16	\$346.01	\$156.42
Employee + children		\$345.48	\$361.93	\$448.62	\$213.39
Employee + family		\$665.09	\$696.76	\$853.74	\$393.20
<b>When you get in-network care, you pay</b>					
Annual deductible	Individual	\$2,750/\$3,250	\$2,000	\$2,000/\$2,500	\$4,000
	Family	\$5,000/\$6,000	\$3,750	\$3,750/\$4,750	\$8,000
Out-of-pocket max	Individual	\$6,250/\$7,100	\$5,500	\$5,500/\$6,500	\$7,100
	Family	\$13,450/\$14,200	\$10,500	\$10,500/\$12,500	\$14,200
Doctor visits	Preventive care	Free	Free		Free
	Primary care and non-designated specialist	25% <sup>2</sup>	20%	20% <sup>2</sup>	0% for the first \$225, then 30%
	Specialist	25%/45%	20%/35%		

**Rates shown are per pay period, based on 24 paychecks per year.**

<sup>1</sup>Assumes completion of health assessment Nov. 4 – Nov. 15, 2016 to earn \$200.

<sup>2</sup>All primary care physicians and non-designated specialists are Tier I.

# Review your prescription drug benefits.

All medical plan options include prescription drug benefits through Express Scripts.

## 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 you pay the lesser of the actual drug cost or a copay for each prescription.

## Mail or retail partner pharmacies

For long-term, maintenance medications, the Smart90 program lets you receive a 90-day supply of your medications 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 90-day retailers.)

## 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.

## 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](http://express-scripts.com).



## Prescription drug plan highlights

	Consumer Basic	Consumer Plus Limited & Choice	Select Low
<b>Annual deductible</b>	\$75 individual		\$250 individual \$500 family
<b>Prescription drugs, 30-day retail</b>			
Generic	\$15	\$15	30%
Preferred brand	\$35	\$35	
Non-preferred	\$60	\$55	
Specialty Tier II (Generic/preferred)	\$75	\$75	
Specialty Tier III (Non-preferred)	\$150	\$150	
<b>Prescription drugs, 90-day mail or retail</b>			
Generic	\$37.50	\$37.50	30%
Preferred brand	\$87.50	\$87.50	
Non-preferred	\$150	\$137.50	
Specialty Tier II (Generic/preferred)	\$75	\$75	
Specialty Tier III (Non-preferred)	\$150	\$150	

# Make your plan work harder.

Take advantage of extra coverage options for you and your family.

There are many ways to customize your plan with voluntary options that add financial protection to meet your individual needs.



**Flexible spending accounts (FSAs)**



**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 hospital indemnity**



**Aflac accident plan**



**Aflac critical illness**



**Hyatt personal legal plan**



**Health clubs**



**Savings plans**

# Take advantage of great, free resources.

## Aetna employee assistance program

Free to all employees and their families, with or without medical plan coverage, for confidential 24-hour support for all kinds of personal challenges at 844-317-AISD (2473).

## Best Doctors

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

## 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

## 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

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

Here's how you get there:

- 1 Go to [aldinebenefits.org](http://aldinebenefits.org).
- 2 Click the **QUICK LINKS** button in the top right-hand corner.
- 3 Click **ENROLL IN 2017 BENEFITS**.
- 4 Log in using registration code **ALDISD-ALDINE2016** if this is your first visit.

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

**Online enrollment ends at 11 p.m. CT and phone enrollment ends at 7 p.m. CT on Tuesday, November 15.**

## Benefits run on a different schedule.

If you enroll during annual enrollment, your 2017 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.

## Aldine ISD Annual Enrollment

November 4–15, 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 mammograms. There are low-cost flu shots for your dependents, and you can enter to win door prizes.

**Friday, November 4**  
9:00 a.m. to 6:00 p.m.

**Saturday, November 5**  
9:00 a.m. to 1:00 p.m.

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



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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 2016 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.