

2018

Benefits Guide

A quick reference guide



ALDINEISD

Choose the benefits that fit your budget and life

It has never been easier.

You have a lot of great benefits to consider for 2018. Try the 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 how your benefits work.

This year, we're offering three new medical plans, so make sure you take the time to determine which one is best for you and your family. If you don't actively enroll, you could get put into a plan that doesn't meet your needs.

To see your current coverage, **go to aldinebenefits.org**, **click the QUICK LINKS** button in the top right-hand corner, and then **click ENROLL IN 2018 BENEFITS**. Use registration code **ALDISD-BenefitsOffice**.

Rising health care costs are affecting everyone.

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.

We must work together to control costs.

There is good news. The district has carefully chosen this year's plan offerings to give you a range of cost and coverage options. Consider your options and decide which plan is best for you.



Important

Annual Enrollment is
November 3-15, 2017

A look at what's new for 2018

Medical plan changes

We're offering three new plans, with three different networks. Each of these plans can cover any medical issue, so it's just a question of determining which balance of cost and coverage best meets your needs.

Voluntary plan changes

There are no changes to our voluntary plans for 2018. Detailed information about each of these can be found at aldinebenefits.org.

Changes to free services

The following free services we've offered in the past are being discontinued:

- Viverae
- Best Doctors
- Diabetes America

Be sure to check aldinebenefits.org for an up-to-date listing of all our offerings.

HealthFund update

Aldine ISD will no longer be making contributions to HealthFund accounts in 2018. Depending on which medical plan you choose, you may still have access to any money still left in your account. If it's important to you to save money for medical expenses, consider adding a flexible spending account (FSA) to your benefits this year.

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.

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

Aldine ISD medical plan option	Level
Memorial Hermann ACO	Silver
Open Access Select	Bronze
KelseyCare HMO	Gold



Important

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 (also known as social security numbers). You should receive your 2017 Form 1095-C with this information in early 2018.

Please include your dependents' tax ID numbers when you enroll them for coverage.

Take a good look at provider networks

Do you know what network your doctor is in?



Each of our three new medical plans is associated with a different network of doctors and hospitals. If you see a doctor that's not in the network, you may be stuck with a hefty bill.

So if there's a doctor that you really want to be able to see, it's important to check their network status before choosing a plan. A little research now can save you a big expense later. Go to [aetna.com/docfind](https://www.aetna.com/docfind) to see which doctors are in each network.

Memorial Hermann ACO

This plan offers you predictable costs for common medical expenses.

- Limited to Memorial Hermann providers and facilities
- Set copays for common medical expenses
Primary care: \$50 **Specialists: \$100**
- Access to remaining HealthFund balances to cover any medical expenses EXCEPT copays
- If you are enrolled in a Consumer Plus Choice or a Consumer Plus Limited plan for 2017 and you do not choose another plan option for 2018, you will be automatically enrolled here.

Who is this plan for?

This plan may be the best fit for most people, as long as they don't prefer a physician outside the Memorial Hermann network.

Open Access Select

In this plan, the low monthly premium is balanced out by the high annual deductible and out-of-pocket maximum.

- Access to a broad network of providers and facilities
- Access to remaining HealthFund balances to cover any medical expenses
- If you are enrolled in the Select Low or Consumer Basic Choice plan for 2017 and you do not choose another plan option for 2018, you will be automatically enrolled here.

Be careful

The low monthly costs can make this plan very appealing to people with few medical needs, but if you suddenly have unexpected health problems—a car wreck, for example—you might regret choosing that deductible.

Who is this plan for?

If you don't think you'll use your health plan much and are willing to risk a high deductible, this may be the plan for you.

KelseyCare HMO

This plan also offers you predictable costs for common medical expenses. However, the high monthly premiums add up.

- Limited to Kelsey Seybold providers and facilities
- Set copays for common medical expenses
Primary care: \$30 **Specialists: \$60**
- NO access to remaining HealthFund balances
- You are required to have a Primary Care Physician with this plan.

Please note: this plan is available only to employees living in certain ZIP codes. If you aren't eligible for this plan, it won't appear in your options when you enroll.

Be careful

The most expensive plan isn't necessarily the best one. The slightly lower copays, deductible and out-of-pocket maximum for this plan won't make up for the difference in premiums with the Memorial Hermann ACO for most people. An individual employee would have to see three specialists each month to make up the cost.

Who is this plan for?

If you have a chronic condition that regularly requires you to see specialists, this may be the plan for you.



Quick plan comparisons

		Memorial Hermann ACO	Open Access Select	KelseyCare HMO
		From each paycheck, you pay		
Employee only		\$93.26	\$48.00	\$152.67
Employee + spouse		\$429.82	\$312.07	\$566.86
Employee + child		\$307.56	\$205.08	\$416.43
Employee + children		\$400.72	\$266.24	\$531.06
Employee + family		\$760.21	\$484.30	\$973.37
		When you get in-network care, you pay		
Annual deductible	Individual	\$2,500	\$4,500	\$2,000
	Family	\$5,000	\$9,000	\$5,500
Out-of-pocket max	Individual	\$6,500	\$7,100	\$6,400
	Family	\$13,000	\$14,200	\$12,800
Doctor visits	Preventive care	Free	Free	Free
	Primary care	\$50	0% for the first \$225, then 30%	\$30
	Specialist	\$100		\$60

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

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.)**

Annual prescription deductible

- Memorial Hermann ACO and KelseyCare HMO members pay \$75 per covered person per year.
- Open Access Select 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 specialty drug coverage, contact Accredo (Express Scripts specialty mail order pharmacy) or visit accredo.com.

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.



Prescription drug plan highlights

	Memorial Hermann ACO	Open Access Select	KelseyCare HMO
Annual deductible	\$75 individual	\$250 individual \$500 family	\$75 individual
Annual out-of-pocket maximum	Included with medical	Included with medical	\$750 individual \$1,500 family
Prescription drugs, 30-day retail			
Generic	\$15	30%	\$15
Preferred brand	\$35		\$35
Non-preferred	\$55		\$55
Specialty Tier II (Generic/preferred)	\$75		\$75
Specialty Tier III (Non-preferred)	\$150		\$150
Prescription drugs, 90-day mail or retail			
Generic	\$37.50	30%	\$37.50
Preferred brand	\$87.50		\$87.50
Non-preferred	\$137.50		\$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 and accidental death and dismemberment (AD&D)



Health clubs



Aflac cancer and specified diseases



Savings plans



Aflac accident plan



Aflac critical illness



Hyatt personal legal plan



The Standard disability



Aflac hospital indemnity

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)**.

Aetna Beginning Right maternity management

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



Important

Visit **aldinebenefits.org** for more information about your voluntary benefit options.

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:

- ▶ Go to aldinebenefits.org.
- ▶ Click the **QUICK LINKS** button in the top right-hand corner.
- ▶ Click **ENROLL IN 2018 BENEFITS**.
- ▶ Log in using registration code **ALDISD-BenefitsOffice** if this is your first visit.

Benefits run on a different schedule.

If you enroll during Annual Enrollment, your 2018 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.



Important

Aldine ISD Annual Enrollment November 3-15, 2017

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 Wednesday, November 15.

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 3

9 a.m. to 6 p.m.

Saturday, November 4

9 a.m. to 1 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 2017 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.