

2027

Employee Benefits Guide

Katy ISD





**Let
Katy
ISD help
protect
what
is most
important
to you.**



If you need help enrolling, call the Benefits Helpline at

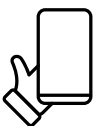
1-866-222-KISD (5473)

www.katybenefits.org

English- and Spanish-speaking representatives are available
Monday through Friday, 8 a.m. to 5 p.m. CT, except holidays.

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*Text "**benefits**" to 866-222-5473 to access the benefits site.

*Text "**guide**" to 866-222-5473 to access the benefits guide on your phone.



Welcome.



Katy ISD has worked hard to put together a benefits package that will help you thrive and will support your medical needs.

Each year, Katy ISD strives to offer a comprehensive and competitive package that provides a variety and selection of choices. In the employee benefits guide you will learn more about the benefits offered for the 2027 Plan Year and how to use them to your benefit.

This Benefits Guide describes the highlights of the Katy ISD benefits program in non-technical language. Your specific rights to benefits under the plan are governed solely, and in every respect, by the official plan documents, and not the information in this Benefits Guide. If there is any discrepancy between the description of the program elements as contained in this benefits guide and the official plan documents, the language in the official plan documents shall prevail as accurate. Please refer to the plan-specific documents published by each of the respective carriers for detailed plan information. You should be aware that any and all elements of Katy ISD benefits program may be modified in the future, at any time, to meet Internal Revenue Service rules, or otherwise as decided by Katy ISD.



Plan Year

January 1st, 2027 -
December 31st, 2027

Enroll in Your Benefits



Open Enrollment
October 19th, 2026 -
November 2nd, 2026



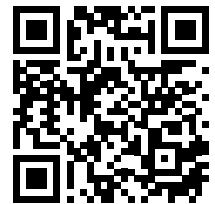
Benefits run on a different schedule than the school calendar. If you enroll during Open Enrollment, your 2027 coverage begins **January 1** and ends **December 31**.

Choose an enrollment method:



Enroll In-Person

Scan or click the QR code to the right to sign up to enroll in-person with a Licensed Benefits Counselor at Katy ISD locations.



Enroll Over the Phone

Call our Benefits Helpline and enroll with a Licensed Benefits Counselor over the phone, Monday through Friday, 8am to 5pm CST. English- and Spanish-speaking representatives are available.

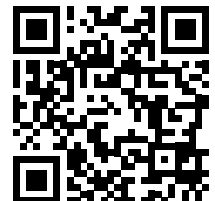
1-866-222-KISD (5473)



Self-Enroll Online

Go to **www.katybenefits.org** or scan/click QR code on the right.

- Use the **Quick Links** button in the upper-right corner.
- Click on the **Enroll In Benefits** link.



All current benefits end on 12/31/2026. You must enroll during Open Enrollment in order to have benefits on 1/1/2027.



Getting Started

With Your Employee Benefits



Scan this QR code to save the Katy ISD Benefits Helpline number to your contacts!



iPhone Users: When contact info comes up, press "Create New Contact".



Android Users: When contact info comes up, press "Add To Contacts".



What's New for 2027?



Medical -

- A new plan provided through Kelsey-Seybold. This plan offers predictable copays
- Memorial Hermann ACO plan now offers predictable copays for common services

Carrier Change of Following Plans -

- Dental changed from Aflac to Humana and added two new plans, Mid Plan and DHMO.
- Vision changed from Aflac to VSP and added a new High Plan.
- Short Term Disability and Long-Term Disability changed from The Hartford to One America.
- Accident, Critical Illness, and Hospital Indemnity changed from Aflac to The Hartford.
- Identity Theft Protection changed from Allstate to SafetyNets plus.
- Legal Plan changed from LegalShield to SafetyNets plus.
- Emergency Transport changed from MASA to EVACU.
- Roadside Assistance is being provided as part of the SafetyNets plus bundle.



For more information about what's new for 2027 scan the QR code.

What's Staying the Same for 2027?

Dependent verification will continue to be required for all dependents covered on medical, dental, vision, and spouse life. When you enroll a dependent, you'll be notified that verification is required in order to cover that dependent on one of our plans. You'll receive a letter telling you what is acceptable documentation and where to send those documents.

Dependent verification must be completed within 60 days. Once a dependent has been verified, it's not necessary to verify that person again. However, don't ignore any notification you might receive regarding dependent verification. For questions regarding dependent verification, contact our benefits helpline at 866-222-KISD (5473).



Aetna Still Administers Our Health Plans

The medical plan will still be administered by Aetna. Coverage remains the same except for some premium and deductible changes. For more information, see pages 12-15.



RediMD is Free and Ready to Help

Telemedicine service is still available through RediMD for those who have enrolled in one of the medical plans. See page 11 for more information.



The EAP Continues to Be Here for You

The EAP services will also be available through RediMD for all employees.



Prescription Drug Coverage

All prescriptions will be obtained through the H-E-B Pharmacy system.

Eligibility

Katy ISD encourages the health and financial wellbeing of its employees by providing access to quality and affordable healthcare. The group insurance coverage described in this benefits guide is available if;

- You're a regular employee, either active or on a paid leave approved by the district.
- You're an active, contributing member of the Teachers Retirement System (TRS) or, if retired from TRS, you're rehired into a position that makes you eligible for benefits.
- According to the Affordable Care Act guidelines, you are also eligible for benefits if you work for Katy ISD 30 hours or more per week. Please contact Benefits Helpline at 866-222-KISD (5473) if you feel you are eligible under these guidelines and have not been given the opportunity to enroll.

The insurance Plan Year is from January 1st - December 31st. Once your open enrollment window has closed, you may not make any changes to your elections unless you experience a Qualifying Life Event (QLE).



Dependent Verification

Dependent Verification is now required for all dependents covered on medical, dental, vision, and spouse life. When you enroll your dependent you will be notified that verification is required in order to cover that dependent on one of our plans (60-day window). You will receive a letter telling you what is acceptable documentation and where to send those documents. For questions regarding dependent verification, you may contact our benefits administrator at 866-222-KISD (5473).



Dependent Eligibility

If you apply for coverage for yourself, you may also elect coverage for any of your eligible dependents. Eligible Dependents include one or more of the following:

- Your legal spouse
- A child through the age of 26. You can only make changes to the specific plans where dependents will be affected
- A child is defined as your natural child, legally adopted child, stepchild, a grandchild who is a Dependent of the Participant for federal income tax purposes and resides full time with Participant, and any child for whom you are the court-appointed guardian
- A child of any age who is medically certified as disabled and dependent on the parent for support and maintenance



Are you and your spouse both Katy ISD employees?

If you and your spouse are both Katy ISD employees and qualify for benefits, you need to know a few things about enrolling:

- Each of you may have coverage, but you'll need to decide who will cover your qualified dependents.
- Neither of you can enroll for spouse life coverage, but you both may have Supplemental Life and AD&D.



Making Changes:

Qualifying Life Events

Generally, benefit changes are limited to open enrollment.

If you experience a Qualifying Life Event (for instance: getting married or having a baby), please contact the Benefits Helpline at 1-866-222-KISD (5473); proof of the Qualifying Life Event must be submitted within 31 calendar days in order to change current benefit election.

- Benefit Elections must be consistent with the event
- You can only make changes to the specific plans where dependents will be affected
- Benefits are effective the date of the event however, rates are effective the first of the month following the event date for birth, adoptions, marriage, divorce, and death; or the day after benefits end, when the event is loss of coverage
- The event date must be consistent with the information in the Supporting Documentation



Qualifying Event	Supporting Documentation	Dependent Documentation
Marriage	Marriage Certificate	Birth Certificates are required if adding spouse's children
Death	Death Certificate	No additional documentation required
Divorce	Certified copy of Divorce Decree	Birth Certificates are required if adding children not currently enrolled in benefits
Adoption	Placement for adoption paperwork Legal documentation of adoption	No additional documentation required
Birth	Birth Certificate Verification of Birth Facts issued by hospital	No additional documentation required
Loss or Gain of Coverage	Proof of enrollment or termination of benefit coverage from spouse's employer. Proof must contain effective or termination dates of coverage, type of coverage (medical, dental, vision, etc.) and the names of dependents affected	Adding Spouse - Marriage Certificate Adding Children - Birth Certificate
Gain of Medicare or Medicaid	Proof of enrollment of benefit coverage. Proof must contain effective or termination dates of coverage, type of coverage (medical, dental, vision, etc.), and the names of the dependents affected (has 60-day window)	Adding Spouse - Marriage Certificate Adding Children - Birth Certificate



Did You Know

What benefit code do I use to register for RediMD?

katyisd

Must I always participate in Open Enrollment?

Yes. Everyone must participate to make certain your beneficiaries are correct even if you do not elect any coverages.

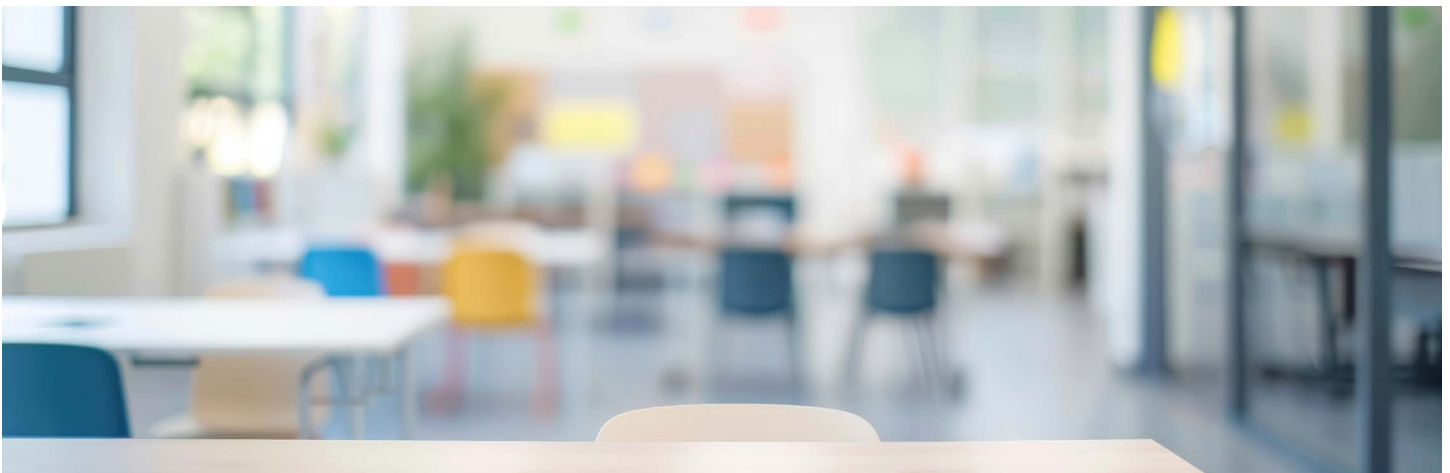
If you elect to provide coverages for your dependents they must be verified through the dependent verification program.

- Employees have 60 days to provide evidence their dependent may be enrolled.
- Coverages do not automatically roll over to the next year. You must enroll each Plan Year.

Who administers the daily operation of the plan?

- AETNA provides all day to day plan operation for the four (4) existing health plans.
- The Benefits Helpline (866-222-5473) is available for you to enroll or simply ask questions about the existing plans the District offers.
- If you enroll in any of the Hartford work-site products (Accident/Critical Illness/Hospital Indemnity there is a wellness benefit of \$100 per participant.
- Road side assistance is available through SafetyNets plus.
- Flexible Spending Accounts for Plan Year 2027 must have claims submitted by February 28, 2028.
- For FMLA questions contact Human Resources as they are better equipped to answer your questions.

NEW! – If you enroll in any of the One America disability or life products those are portable. This means you can take them with you if you decide to leave the District.



Section 125 Plan

A **Section 125 Plan** provides a tax-saving way to pay for eligible medical or dependent care expenses. The funds are automatically deducted from your paycheck on a pre-tax basis.

How Does it Work?

A Section 125 Plan reduces your taxes and increases your spendable income by allowing you to deduct the cost of eligible benefits from your earnings before tax. If you enroll in any of our medical, dental, or vision plans, your premiums will be deducted before taxes are applied to your paycheck.

Is It Right for Me?

The savings you may experience with a Section 125 Plan are outlined in the example below. For instance, you could potentially take home about \$70 more each month if you enroll in your employer's plan. That's a savings of \$840 a year!

You cannot change your benefit elections unless you experience a qualifying life event. That life event must be reported within 31 days of the date of the event. The life event may be reported online at katybenefits.org, click on Quick Links, then Enroll, then Add a Life Event. Then choose the proper event from the drop-down menu. If the employee has problems reporting the event online, they may call the Benefits Helpline at 1-866-222-5473 for assistance.

IRS specified changes in family status include:

- Change in legal marital status
- Change in number of dependents
- Termination or commencement of employment
- Dependent satisfies or ceases to satisfy dependent eligibility requirements
- Change in residence or worksite that affects eligibility for coverage

Section 125 Plan Sample Paycheck

	Without Section 125 Plan	With Section 125 Plan
Monthly Salary	\$2,000	\$2,000
Less Medical Deductions	-N/A	- \$250
Tax Gross Income	\$2,000	\$1,750
Less Taxes (Fed/State at 20%)	- \$400	- \$350
Less Estimated FICA (7.65%)	- \$153	- \$133
Less Medical Deductions	- \$250	- N/A
Take Home Pay	\$1,197	\$1,267

You could save \$70 per month in taxes by paying for your benefits on a pre-tax basis!

Note: The figures in the sample paycheck above are for illustrative purposes only.



Contactless Healthcare

RediMD lets you speak with a medical professional through your computer, tablet, smartphone or over the phone, day or night. It's free of charge for medical plan participants.

Questions? Call 866-989-CURE (2873)

*To register your account for visits, invoices, refills, and pharmacy shipping, go to redimd.com. The registration code is **katyisd**.*

24/7 Nurse Line

The Nurse Line is your direct connection to a Registered Nurse who can help you find the health answers you need. It's available free of charge to medical plan participants.

Mental Healthcare

Employee Assistance Program

Your employee assistance program (EAP) helps you resolve common personal issues before they take their toll on you. The EAP is available to all employees, dependents, family members, and household members, whether or not you participate in a Katy ISD medical plan. We encourage you to call your EAP today for free, confidential counseling and work/life referrals for you and your family. Let us help you regain your balance. Call 888.RediMD5 or visit website at RediMD.com

Mental Health Coverage

Our medical plans cover visits to mental health providers at the same rates that you'll pay to see other medical doctors.

Weight Management Program - NEW! (Available to All Employees)

An online telehealth program offering medical weight loss support. It provides access to prescription treatments like Tirzepatide and Semaglutide, doctor consultations, and refill management starting at \$75 or \$115 per month with no hidden membership fees.

Program Features

- **Medication Access:** Prescriptions for active ingredients like Tirzepatide and Semaglutide, if you qualify.
- **Medical Support:** Virtual doctor consultations and ongoing refill management.
- **Pricing Model:** Transparent, pay-if-approved structure with no separate membership costs. Pricing is all listed on redimdwm.com.
- There is no contract, no auto-ship or commitment.
- Orders come in a 30-day, 60-day or 90-day supply.

Questions? Call 866-989-CURE (2873) or e-mail startyourjourney@redimd.com

To register your account for visits, invoices, refills, and pharmacy shipping, go to redimdwm.com

*(Same login credentials as RediMD.com. The registration code is **katyisd**.)*



Different Medical Plans for Different Needs

Katy ISD is offering four plans this year, each with different features. To make sure you're selecting the right plan for your needs, read the following pages closely. Don't hesitate to call our benefits helpline at **866-222-KISD (5473)** if you have any questions.

Memorial Hermann ACO: If you're interested in seeing only Memorial Hermann doctors, this plan will give you just what you need. The network is made up of **ONLY** Memorial Hermann doctors and facilities. **New for the 2027 plan year**, this plan offers predictable copays for common services, including a \$10 copay for primary care visits, a \$50 copay for specialist visits, a \$75 copay for urgent care, and a \$500 copay for emergency room visits. Take note that **NOT ALL** Memorial Hermann doctors are in this network. Just because they are Memorial Hermann doctors does not mean they are part of the ACO network. Check to see if your doctor is on the Memorial Hermann ACO network before making your choice of medical plans.

HDHP (High Deductible Health Plan): Our HDHP plan offers a trade-off: You'll pay lower premiums every month, but you'll have a higher deductible to meet before the plan begins paying for medical and prescription services. If you want to be able to manage your medical spending more closely, this could be the plan for you. Under this plan, you are eligible to enroll in a HSA.

PPO (Choice POS II): Our Choice POS plan offers a broad network. If you love your doctors but can only find coverage for them in this network, this is the plan for you.

Kelsey-Seybold: The KelseyCare Plan combines predictable copays and coordinated care from more than 1,100 providers including specialties. No referrals are required to see a Kelsey-Seybold specialist, making it easier to get the care you need. **New for the 2027 plan year**, this plan also offers predictable copays, including a \$10 copay for primary care visits, a \$50 copay for specialist visits, a \$75 copay for urgent care, and a \$500 copay for emergency room visits. Members also enjoy same-day and next-day primary care appointments, plus an After-Hours Nurse Hotline with round-the-clock access to Kelsey-Seybold registered nurses. With 45+ locations throughout Greater Houston, you'll have the care you need close to home, work, or school.

Make Sure Your Doctor is In-Network

Seeing an out-of-network doctor is almost always going to cost you more than seeing an in-network doctor. To see what doctors are available with these medical plans, visit **www.katybenefits.org**, click on **Carrier Contact Information**, and then under the Medical contact click **Find a Network Provider**.





New
Changes!

New
Plan!

	HDHP (High Deductible Health Plan)	Memorial Hermann ACO	Kelsey-Seybold	PPO (Choice POS II)
Plan Limits				
Annual In-Network Deductible	Individual: \$5,350 Family: \$10,600	Individual: \$1,950 Family: \$3,775	Individual: \$1,950 Family: \$3,775	Individual: \$5,000 Family: \$8,000
Annual Out-of-Network Deductible	Individual: \$10,000 Family: \$20,000	Individual: No Benefits Family: No Benefits	Individual: No Benefits Family: No Benefits	Individual: \$5,500 Family: \$10,000
Annual In-Network Out-of-Pocket Maximum	Individual: \$5,350 Family: \$10,600	Individual: \$4,700 Family: \$9,200	Individual: \$4,700 Family: \$9,200	Individual: \$8,000 Family: \$14,000
Annual Out-of-Network Out-of-Pocket Maximum ¹	Individual: \$10,000 Family: \$20,000	Individual: No Benefits Family: No Benefits	Individual: No Benefits Family: No Benefits	Individual: \$11,000 Family: \$22,000
Your Cost for In-Network Covered Services				
Preventive	Free	Free	Free	Free
Primary Care Office Visit	0% after deductible	\$10 copay	\$10 copay	30% after deductible
Specialist Office Visit	0% after deductible	\$50 copay	\$50 copay	30% after deductible
Inpatient - Hospital	0% after deductible	20% after deductible	20% after deductible	30% after deductible
Outpatient - Hospital	0% after deductible	20% after deductible	20% after deductible	30% after deductible
Outpatient - Freestanding and Surgical Center	0% after deductible	20% after deductible	20% after deductible	30% after deductible
Emergency Care ²	0% after deductible	\$500 copay; waived if admitted	\$500 copay; waived if admitted	50% after \$750 copay; after deductible; waived if admitted
Urgent Care Facility ²	0% after deductible	\$75 copay	\$75 copay	30% after deductible
Lab, X-Ray	0% after deductible	20% after deductible	Covered at 100%	30% after deductible
Diagnostic Complex Imaging	0% after deductible	20% after deductible	\$500 copay	30% after deductible
Maternity - Delivery	0% after deductible	20% after deductible	20% after deductible	30% after deductible
Mental Health and Substance Abuse	0% after deductible	20% after deductible	20% after deductible	25% after deductible

¹ When using out-of-network (OON) providers, you may be responsible for balance-billed charges in addition to the amounts shown above. Balance-billed charges are not subject to the plan maximums listed above.

² Non-Emergency not covered.



Scan or Click
for More Info





♥aetna

Medical

New
Changes!

New
Plan!

	HDHP (High Deductible Health Plan)	Memorial Hermann ACO	Kelsey-Seybold	PPO (Choice POS II)
Prescriptions				
Annual Prescription Deductibles		Generic: \$0 Brand: \$200	Generic: \$0 Brand: \$200	Generic: \$0 Brand: \$200
Prescription Drug (30-Day Retail)	Shared Deductible (Medical and Prescription)	Generic: \$20 Preferred Brand: \$40 Nonpreferred Brand: \$80	Generic: \$20 Preferred Brand: \$40 Nonpreferred Brand: \$80	Generic: \$20 Preferred Brand: \$40 Nonpreferred Brand: \$80
Prescription Drug (90-Day Retail)		Generic: \$40 Preferred Brand: \$100 ³ Nonpreferred Brand: \$200	Generic: \$40 Preferred Brand: \$100 ³ Nonpreferred Brand: \$200	Generic: \$40 Preferred Brand: \$100 ³ Nonpreferred Brand: \$200
	\$5,350 Individual \$10,600 Family			
Cost Per Pay Period (based on 24 paychecks a year)				
	HDHP (High Deductible Health Plan)	Memorial Herman ACO	Kelsey-Seybold	PPO (Choice POS II)
Employee Only	\$45.50	\$67.50	\$77.50	\$147.50
Employee + Spouse	\$448.50	\$520.00	\$600.00	\$811.50
Employee + Child(ren)	\$210.50	\$251.00	\$264.00	\$458.50
Employee + Family	\$445.00	\$513.50	\$618.00	\$973.50

³ \$200 deductible must be met on brand medications before copays apply.





Prescription Drugs

Every one of our medical plans include prescription drug benefits through H-E-B RxTRA Advantage powered by MedImpact.



Scan the QR Code to Transfer Your Prescription to H-E-B Pharmacy!

For questions regarding prescription drug coverage, you may call **H-E-B RxTRA Advantage at 1-877-432-6315** or visit www.rxtraadvantage.com



How to Fill Your Prescriptions

If you're enrolled in either the Memorial Hermann ACO, Choice POS plans or Kelsey-Seybold, you pay a \$20 copay with no deductible for short-term prescription generic drugs. For brand-name drugs, you have an annual \$200 per-person prescription drug deductible. After you meet this deductible, you pay the lesser of the actual drug cost or a copay for each prescription. You can save money by purchasing 90-day supplies of your maintenance medications at a local H-E-B pharmacy.

The High Deductible Health Plan (HDHP) has different prescription drug coverages. This plan has no copays. The cost of the prescriptions is combined with medical plan costs to create one annual deductible of \$5,350 (individually)/\$10,600 (family). Until the employee has met the \$5,350 deductible (combining both medical and prescription charges), the employee must pay 100% of the cost of the prescription drugs as well as any medical charges. Once the employee has reached the deductible of \$5,350/\$10,600, all charges are then paid at 100%. This includes all medical as well as prescription costs.

Pay \$0 for Prescriptions

As long as you are enrolled in either of the four medical plans (Memorial Hermann ACO Plan, High Deductible Health Plan, Choice POS Plan or Kelsey-Seybold), generic drugs for high blood pressure, high cholesterol, asthma, or diabetes (including injectable insulin) are available at no cost to you. You'll need to purchase 90-day supplies through an H-E-B retail pharmacy.

Save on Specialty Drugs

For specialty drugs, use H-E-B RxTRA Advantage MedAssist Specialty program. This program covers certain specialty medications and ensures that once you are enrolled and eligibility is confirmed, you have lesser financial responsibility for those medications. If you have a question regarding specialty medications, please contact MedImpact at 877-391-1103.



Pharmacy Network

Where can I fill my prescriptions?

In order to receive benefits, prescriptions must be filled at **H-E-B pharmacies or participating in network pharmacies**. Employees can locate an H-E-B or participating network pharmacy by visiting the H-E-B RxTRA Advantage/MedImpact Pharmacy Portal (www.rxtraadvantage.com) and creating an account using your Aetna ID number.

What if I do not live near an H-E-B pharmacy?

If there are no H-E-B Pharmacies in your area, an alternative Network of preferred pharmacy Providers is available. There are no benefits available if you use a pharmacy other than H-E-B, unless there is a necessity while you are traveling outside of or use a non-H-E-B Pharmacy more than **10 miles from the closest H-E-B Pharmacy**.

Employees who live **more than 10 miles from an H-E-B pharmacy** may access an alternative network of preferred pharmacies. Please contact H-E-B RxTRA Advantage at 1-877-432-6315 or visit the H-E-B RxTRA Advantage/MedImpact Pharmacy Portal (www.rxtraadvantage.com) to find eligible network pharmacies by zip code and driving directions.

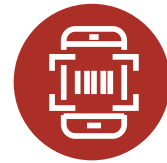
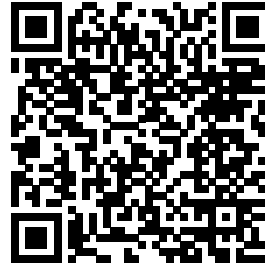
If an H-E-B Pharmacy opens in your area and is within 10 miles from your previous non-H-E-B Pharmacy, you will be notified to move your prescriptions to the new H-E-B Pharmacy ahead of its opening date.

**EVACU**

Emergency Transport

You Shouldn't Have to Pay To Access Life-Saving Medical Care

EVACU eliminates your out-of-pocket costs, including deductibles and copays, for ground and air ambulance costs – no matter where you are or who picks you up.



**Scan or Click
for More Info**

	Complete Plus ¹	Global Plus ²
Coverage		
Coverage Area	United States & Canada	Worldwide
Benefits		
Emergency Ground Ambulance	✓	✓
Emergency Air Ambulance	✓	✓
Non-Emergency Ground Ambulance	✓	✓
Non-Emergency Air Ambulance	✓	✓
Local Recovery Transfer	✓	✓
Commercial Home Return	✓	✓
Visitor Transportation	✓	✓
Vehicle & Trailer Return	✓	✓
Pet & Livestock Return	✓	✓
Organ Retrieval & Recipient Transfer	✓	✓
Mortal Remains Return	✓	✓
Cost Per Pay Period		
Employee + Family	\$7.00 ³	\$10.00

¹ All Complete Plus plan benefits are available anywhere in the United States and Canada, with no network and/or provider limitations or restrictions.

² All Global Plus plan benefits are available anywhere around the globe, unless prohibited by federal law and/or travel advisories.

³ Family coverage includes the named Member, the Member's spouse, and any dependent children, under the age of twenty-six (26).

HSA vs FSA vs DCFSA

Let's Compare:

Medical expenses can be unexpected and expensive. Going to the doctor and paying for medication if you have a chronic condition can get expensive quick, and accidents that require medical attention can happen when you least expect it. Health Savings Accounts (HSA), and Flexible Spending Account (FSA) give you the opportunity to put money aside pre-tax to use to cover you and your dependent's qualified medical expenses.

These two options come with different qualifications and different incentives, but the goal is the same; to provide you with peace of mind.

The FSA also has a Dependent Care option. This allows you to put money aside pre-tax for dependent care so that you can get reimbursed for that care. The Dependent Care FSA is **not** for your dependent's medical expenses.



Health Savings Account (HSA)

If you are enrolled in the HDHP you can enroll in the HSA. Your HSA can be used for qualified expenses for you, your spouse, and/or tax dependents, even if they are not covered by your medical plan. An HSA is like a 401(k) for healthcare. It's yours for life, regardless of your employment or health plan. Unlike an FSA, there is no "use it or lose it" rule. With more tax advantages than any other savings vehicle, an HSA is one of the most efficient ways to manage healthcare costs.



Healthcare Flexible Spending Account (FSA)

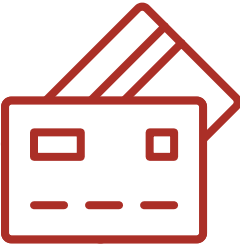
An FSA is a great way to pay for medical expenses with pre-tax dollars. You will be able to enjoy significant tax savings with pre-tax contributions and tax-free reimbursements for qualified plan expenses. This gives you more flexibility to spend your FSA money when you need it.



Dependent Care Flex Spending Account (DCFSA)

In addition to the healthcare FSA, you may opt to participate in the Dependent Care FSA. Set aside pre-tax funds into a DCFSA for expenses associated with caring for elderly or child dependents. The Dependent Care FSA is not for medical expenses for your dependents. Unlike the healthcare FSA, reimbursement from your DCFSA is limited to the total amount that is currently deposited in your account. You can set aside up to \$7,500 to pay for child or elder care expenses.

Flexible Spending Account (FSA)



Scan or Click
for More Info



Paying for health care can be stressful. That's why we offer you the option of an employer-sponsored Flexible Spending Account (FSA).

There are a variety of different benefits of using an FSA, including the following:

- **It saves money.** Allows you to put aside money tax-free that can be used for qualified medical expenses.
- **It's a tax-saver.** Since your taxable income is decreased by your contributions, you'll pay less in taxes.
- **It is flexible.** You can use your FSA funds at any time, even if it's the beginning of the year.

You cannot stockpile money in your FSA. **If you do not use it, you lose it.** You should only contribute the amount of money you expect to pay out-of-pocket that year.

What's
Changing

FSA Grace Period Change: The grace period is changing from 75 days to 60 days. For the 2027 plan year, eligible expenses may be incurred through February 29, 2028. The runout period runs through March 30, 2028, allowing employees additional time to submit receipts; no new expenses may be incurred during the runout period.



2026 Maximum Annual Election*

Healthcare FSA - \$3,400
Dependent Care FSA - \$7,500

(or \$3,750 if married and filing separate income tax returns)

*2027 IRS maximums have not yet been released; this information will be updated once available.

Rules & Restrictions

- You can't change the amount you contribute until the next Plan Year, unless you have a qualified life event.
- You can't transfer money from this account to another FSA or HSA account.
- To be reimbursed, you must be enrolled in the FSA when you incur expenses.
- You need to keep all of your records to substantiate all claims.
- The IRS requires re-enrollment for participation every year. If you don't re-enroll each fall, you can't participate the following year.
- What is the difference between a **Grace Period** and a **Run-Out Period**? Grace Period allows an extended period of time to spend your leftover funds on new medical care, while a run-out period only allows you to file **paper claim** expenses within the plan year that ended on **December 2027**.



Qualified Medical Expenses Include:

- Co-pays, deductibles, co-insurance
- Dental expenses
- Eyeglasses, laser surgery, contact lenses
- Prescription drugs
- Over-the-counter medicine and supplies
- Chiropractic care



Qualified Dependent Care Expenses Include:

- Daycare
- Babysitting
- Before & after school care
- Pre-K
- Summer day camps
- Care for older dependents in need of assistance

Health Savings Account (HSA)



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A Health Savings Account (HSA) lets you put money away for future healthcare costs while saving on taxes.

HSA's are never taxed at a federal income tax level when used for qualified medical expenses. Contributions can come straight out of your paycheck, and your HSA can grow tax-free too!

Important features include:

- No 'use-it-or-lose-it', keep your HSA forever!
- Create a healthcare emergency safety net
- Invest your HSA tax-free, like a 401(k)



You must be enrolled in the
high deductible Medical
Plan to be eligible.

HSA 2027



Individual



Family

Annual Max Contribution

\$4,500

\$9,000



Additional \$1,000 catch-up contribution if age 55 or older.



Qualified Medical Expenses Include:

- Pain relievers
- Eyeglasses/contacts
- Doctor visits
- Cold/cough medicine
- Dental cleaning
- Chiropractic care
- Sleep aids
- Insulin testing supplies

Rules & Restrictions

- Tax-free withdrawals: Money withdrawn is completely tax-free if used for IRS-qualified medical expenses (such as doctor visits, prescriptions, dental, and vision care).
- To contribute to an HSA you must:
 - Not be enrolled in a health plan that is not an HSA-eligible plan, nor can you have a general-purpose health care flexible spending account (FSA)
 - Not be enrolled in Medicare
 - Not be claimed as a dependent on someone else's tax return



Katy ISD offers three dental plans. While all pay 100% of the cost for preventive care, the plans differ in coverages depending on the services you need and the dentist you see. These plans have both in-and out-of-network coverages.



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	DHMO Plan 	Mid PPO Plan 	High PPO Plan
Plan Limits			
Deductible	\$0	\$50 (Max 3 people)	\$50 (Max 3 people)
Benefit Year Maximum	Unlimited	\$1,000	\$1,000
Coverage for Dental Services			
Preventive Services	You pay 0%	You pay 0%	You pay 0%
Basic Services	Follow Fee Schedule	You pay 30%	You pay 20%
Major Services	Follow Fee Schedule	You pay 70%	You pay 50%
Orthodontics & Implants	Follow Fee Schedule	Not Covered	You pay 50% Lifetime Max: \$1,000
Cost Per Pay Period			
Employee Only	\$7.30	\$15.14	\$25.77
Employee + Spouse	\$13.68	\$28.36	\$52.30
Employee + Child(ren)	\$10.39	\$21.54	\$46.91
Employee + Family	\$17.87	\$37.04	\$66.10



Preventive Services

- Exams
- Cleanings
- Sealants (High Plan)
- Fluoride
- X-Rays (High Plan)
- Emergency Palliative Treatment (High Plan)



Basic Services

- Space Maintainers
- Sealants (Low Plan)
- Fillings
- X-Rays (Low Plan)
- Emergency Palliative Treatment (Low Plan)
- Periodontal Maintenance (High Plan)



Major Services

- Crowns
- Bridges
- Dentures
- Implants (High Plan)
- Inlays/Onlays
- Extractions
- Endodontics
- Oral Surgery
- Periodontal Maintenance (Low Plan)

New Plan!

	Low Plan	High Plan
Copays		
Eye Exam	\$0 copay	\$0 copay
Eyeglass Lenses	\$0 copay	\$0 copay
Prescription Lens Coverage		
Single Vision Lenses	Covered in full	Covered in full
Lined Bifocal Lenses	Covered in full	Covered in full
Lined Trifocal Lenses	Covered in full	Covered in full
Lenticular Lenses	Covered in full	Covered in full
Covered Lens Enhancements	Covered in full: Polycarbonate lenses for children, Standard Progressive, Scratch-resistant coating, Tints	Covered in full*: Polycarbonate lenses for children & adults, Standard Progressive, Scratch-resistant coating, Tints, UV Protection
Frames		
Retail Frame Allowance	Up to \$130 OR Up to \$180 at Visionworks Locations (Includes 20% coverage discount)	Up to \$200 OR Up to \$250 at Visionworks Locations (Includes 20% coverage discount)
Walmart/Sam's Club Frame Allowance	\$130 allowance	\$200 allowance
Costco Frame Allowance	\$70 allowance	\$110 allowance
Contact Lenses (in lieu of glasses)		
Fitting, Evaluation and Follow-Up	15% discount	15% discount
Elective Contact Lenses	\$130 allowance	\$200 allowance
Medically Necessary Contacts	\$0 copay	\$0 copay
Frequency		
Eye Exam	Once every 12 months	Once every 12 months
Eyeglass Lenses	Once every 12 months	Once every 12 months
Frame	Once every 12 months	Once every 12 months
Contact Lens Evaluation, Fitting and Follow-Up (in lieu of glasses)	Once every 12 months	Once every 12 months
Cost Per Pay Period		
Employee Only	\$4.06	\$6.74
Employee + 1	\$6.82	\$11.32
Employee + Family	\$10.26	\$17.03



*Anti-reflective coating covered after \$40 copay; Premium/Custom Progressives covered after \$55 copay



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OneAmerica[®]
Financial

Life and AD&D



Basic Term Life and AD&D

Katy ISD provides **\$20,000** of Basic Life Insurance and Accidental Death and Dismemberment (AD&D) insurance through OneAmerica **at no cost to you**.

The AD&D insurance provides a monetary benefit to an employee or beneficiary when the employee experiences certain bodily injuries or death resulting from a covered accident while insured. The company provides a guaranteed issue amount equal to the basic life insurance amount.

Employee Benefit: \$20,000

Employee AD&D: \$20,000

Your Contribution: 0%

Basic Term Life and AD&D is provided at no cost to you by the district!



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Voluntary Life and AD&D

Katy ISD gives you the opportunity to elect additional life insurance through OneAmerica. Voluntary Life and AD&D coverage is portable/convertible upon separation of service.

This benefit is paid for by you.

Voluntary Life and AD&D Benefit Summary	
Employee Life Amount	Up to \$300,000 in increments of \$10,000
New Hire Employee Guaranteed Issue	\$300,000
Employee AD&D Amount	Matches Life Amount
Spouse Life Amount ¹	\$10,000, \$20,000, \$35,000 up to 50% of the employee's combined employer paid basic and voluntary life amount
Spouse Guaranteed Issue	Up to \$35,000
Dependent Child Life Benefit ¹	Up to \$10,000 in increments of \$5,000
Age Reduction of Coverage	Will reduce by 35% at age 70. Will reduce by 60% at age 75. Will reduce by 75% at age 80.

Cost Per Pay Period (rates are per \$10,000)		
Employee Age	Employee Rate per \$10,000	Spouse Rate per \$10,000 ²
<30	\$0.30	\$0.20
30-34	\$0.35	\$0.25
35-39	\$0.40	\$0.30
40-44	\$0.45	\$0.35
45-49	\$0.65	\$0.55
50-54	\$0.90	\$0.80
55-59	\$1.30	\$1.20
60-64	\$2.00	\$1.90
65-69	\$2.95	\$2.85
70+	\$4.65	\$4.55
Child Rate	\$5,000 benefit:	\$0.20 or
	\$10,000 benefit:	\$0.40

¹ AD&D coverage does not apply to Spouse or Child.

² Rate based on employee age on January 1 of Plan Year.



Aflac

Permanent Life Insurance

Katy ISD offers term life insurance through Aflac, providing a life coverage option that is simple and affordable. This benefit is available to help keep your loved ones financially secure, even if you can no longer provide for them. While we all know that life insurance helps protect our loved ones for the long term, sometimes we don't consider that there are other benefits of a whole life insurance plan as well. Aflac's permanent life offers guaranteed-issue living and death benefits, with the predictability of a whole-life plan, at rates that won't increase, allowing you to help prepare your family for a financially secure future. The premiums for spouse coverage are based on the spouse's age at the time the policy is issued.

Permanent Life

Benefit Details	
Employee	Up to \$150,000 in increments of \$25,000
Spouse	Lesser of \$50,000 or 50% of employee benefit election
Children	\$25,000
Guaranteed Issue	For New Hires
What riders are attached?	Child Term Life Insurance Rider, Accidental Death Benefit Rider, Waiver of Premium Benefit Rider, Accelerated Benefit Rider
Benefit Reductions	50% at Age 70 or 10 years from Certificate Issuance
Do employees have to have a policy in order for dependents to take one?	Yes

Cost Per Pay Period for Non-Tobacco Users)

Ages	18-25	26-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	66-70
Employee Only - \$25,000 Benefit	\$5.85	\$6.79	\$8.03	\$10.06	\$12.99	\$16.94	\$23.43	\$34.48	\$44.51	\$68.25
Spouse - \$12,500 Benefit	\$3.26	\$3.79	\$4.48	\$5.61	\$7.20	\$9.23	\$12.38	\$17.41	\$25.63	\$38.94

Cost Per Pay Period for \$25,000 Child Permanent Life

Child	\$5.21
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Voluntary Benefits

Voluntary benefits provide additional financial protection to help you prepare for the unexpected. Disability, Accident, Hospital Indemnity, and Critical Illness insurance can provide cash benefits directly to you when you experience a covered event. These benefits can help with out-of-pocket medical expenses and other everyday costs, giving you added financial support when you may need it most.



Disability Plan Highlights

- Replaces a portion of your weekly/monthly income if you are unable to work due to a covered illness or injury
- Benefits begin after an elimination period
- Include coverage for pregnancy and childbirth, subject to plan provisions
- Certain disabilities related to a pre-existing condition may be subject to coverage limitations. Refer to the plan documents for details.



Accident Insurance Plan Highlights

- Coverage for on- and off-the-job accidents
- Emergency room and urgent care benefits
- Benefits for fractures, dislocations, burns, and other covered injuries
- Follow-up treatment and physical therapy benefits
- Annual wellness/screening benefit, if included
- Coverage available for eligible family members



Hospital Indemnity Plan Highlights

- Hospital admission benefit
- Daily hospital confinement benefit
- ICU confinement benefit
- No coordination with medical plan benefits
- Benefits paid directly to the insured
- Coverage available for eligible family members
- Annual health screening/wellness benefit



Critical Illness Plan Highlights

- Lump-sum benefit for covered conditions
- Coverage for heart attack, stroke, and certain cancers
- Benefit amount options
- Recurrence/additional occurrence benefits, if applicable
- Annual health screening/wellness benefit
- Coverage available for eligible family members

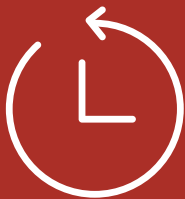


Disability Coverage

This coverage pays a weekly or monthly benefit (after a set elimination period) if you are disabled or unable to work due to an injury, illness, or pregnancy. If you elect the STD coverage, you will only have coverage for 11 weeks of a disability. In order to have coverage beyond the 11 weeks, you will need to elect the LTD also.

If you enroll in both plans, you'll be charged a combination of both premiums. Annual salary is frozen every October of the previous Plan Year. This is the amount your premiums are based on. When enrolling in a disability coverage for the first time, you must be actively at work before the coverage will be effective.

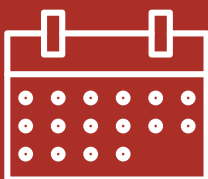
Short-Term Disability



Your Benefit	66.67% of your weekly earnings up to \$1,154
Elimination Period	Injury: 14 days Sickness: 14 days
Maximum Benefit Period	11 Weeks
Pre-Existing Condition Exclusion	None
Cost per pay period	\$0.263 per \$10 covered benefit

To file a claim call 855-517-6365 or email Disability.Claims@OneAmerica.com.

Long-Term Disability



Your Benefit	66.67% of your monthly earnings up to \$9,000
Elimination Period	90 days
Maximum Benefit Period	See information listed below.
Pre-Existing Condition Exclusion	6/12
Cost per pay period	\$0.212 per \$100 frozen salary



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If a disability begins at **age 60 or later**, LTD benefits are paid for a shorter duration. The closer you are to **Social Security Normal Retirement Age (SSNRA)** at onset, the shorter the payout period (e.g., a disability starting at age 65 pays for only **2 years**).

Age Total Disability Begins	Max Duration	Age Total Disability Begins	Max Duration
60	5 Years	65	2 Years
61	4 Years	66	21 Months
62	3.5 Years	67	18 Months
63	3 Years	68	15 Months
64	2.5 Years	69 and over	12 Months

Wellness Benefits

Get Rewarded for Taking Care of Your Health

Your worksite benefits are designed to provide financial support when the unexpected happens—but they also **provide benefits for taking proactive steps to protect your health.**

Your Accident, Critical Illness, and Hospital Indemnity plans include a **Health Screening Benefit that provides a cash benefit when you or an eligible covered family member completes a qualifying preventive health screening or wellness test.**

Routine screenings can play an important role in early detection and prevention. If you're enrolled in one or more of these plans, reviewing the available Health Screening Benefits can help ensure you're taking full advantage of your coverage.

Explore the information below to learn more about eligible screenings and benefit amounts.



Accident Insurance
Health Screening /Accident
Prevention Benefits

\$100



Hospital Indemnity
Health Screening Benefits

\$100



Critical Illness
Health Screening Benefits

\$100

Examples of eligible wellness screenings:

- Annual physical/ Wellness Exams
- Aneurysm Ultrasound
- Blood Glucose Test
- Mammogram
- Cholesterol Screening
- Blood Glucose Screening
- Breast Ultrasound
- Immunization
- Colonoscopy
- Cancer Screening/ Blood Test
- Pap Smear
- Bone Density Screening
- Bone Marrow Testing
- Chest X-Ray
- ECG/ EKG
- Stress Test
- Ultrasound Screening
- Cancer Screening Test

Health Screening Benefit Claim Form

If needed, file your Health Screening Benefit claim online through the Supplemental Insurance Claims Portal at myhealthhub.app/thehartford, then log in and select "Complete Your Claim Form Online" under Quick Links. You may also call 866-547-4205 Monday–Friday, 8:00 a.m.–6:00 p.m. EST, to file by phone.



Accident Insurance

Nobody plans to have an accident - and most people don't budget for one, either. Accident insurance pays benefits directly to you for treatment you receive due to an accident. It helps cover your out-of-pocket costs like medical deductibles and co-pays.

Plan Name	Accident Plan
Additional Coverage Riders	
Health Screening	\$100 once per year
Accident Prevention	\$100 once per year
Organized Amateur Sports Injury	Additional 25% of benefit amount up to \$2,000
Initial Accident Treatment	
Urgent Care	\$200
Emergency Room	\$300
X-Ray	\$150
Initial Accident	\$200
Initial Doctor's Office	\$200
Ambulance	Ground: \$1,100 Air: \$2,200
Diagnostic Exam	\$400
Hospital Observation/Short Stay	\$400
Pain Management	\$100
Blood/Plasma/Platelets	\$350
Concussion	\$200 up to 3/policy year
Burns	2nd Degree: Up to \$1,500 3rd Degree: Up to \$15,000
Emergency Dental Work	Repair with Crown: \$450 Extraction: \$150
Eye Object Removal	\$350
Eye Surgical Repair	\$350
Dislocations	Up to \$2,500
Lacerations	Up to \$600
Fracture	Up to \$2,500
Outpatient Surgery	Up to \$400
Inpatient Surgery	Up to \$1,700
General Anesthesia	\$100

To file a claim call 866-547-4205 or visit myhealthhub.app/thehartford.



Plan Name	Accident Plan
Hospitalization	
Hospital Admission	\$3,000
Hospital Confinement	\$250/day up to 360 days
ICU Admission	\$3,000
ICU Confinement	\$850/day up to 30 days
Continuous Care Facility Confinement	\$150/day up to 90 days
Companion Lodging	\$200/day up to 30 days
After Care	
Medical Appliances	Up to \$500
Follow-Up Treatment	\$100
Therapy	\$50 up to 10 visits
Chiropractic or Alternative Therapy	\$25 up to 10 visits
Life Changing Events	
Basic Death	Employee: Up to \$80,000 Spouse: Up to \$80,000 Child: Up to \$20,000
Common Carrier Death	Employee: Up to \$150,000 Spouse: Up to \$150,000 Child: Up to \$60,000
Dismemberment	Up to \$80,000
Paralysis	Up to \$80,000
Prosthesis Device	Up to \$5,000
Coma	\$15,000
Cost Per Pay Period	
Employee Only	\$4.55
Employee + Spouse	\$7.75
Employee + Child(ren)	\$8.13
Employee + Family	\$11.33



Did you know?

The Accident Plan includes a special rider for Organized Amateur Sports Injury. This benefit provides an additional 25% of the listed benefit amount for an accident or injury that occurs while participating in organized sports/athletics.

For example, if your covered dependent child fractures their collar bone playing youth sports, and you have the Accident Plan, the normal benefit would be \$2,000. With this rider, you would receive an additional \$500, bringing the total benefit amount to \$2,500.



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Tables are an overview of benefits covered, for full coverage details please view the plans' benefits summary.

Hospital Indemnity

Hospital Indemnity coverage pays you cash benefits directly if you are admitted to the Hospital or an Intensive Care Unit (ICU) for a covered stay. You can use the benefits to help pay for your medical expenses such as deductible and Co-pays, travel costs, food and lodging, or everyday expenses such as groceries and utilities.

Plan Name	Hospital Indemnity Plan
Hospitalization Benefits	
Health Screening (once per year)	\$100
First Day Hospital (once per year)	\$1,200
Daily Hospital Confinement (up to 15 days/year)	\$200
Daily ICU Confinement (up to 15 days/year)	\$700
Newborn Routine Hospital Care (once per year)	\$200 live birth
Mental/Nervous Confinement (up to 30 days/year)	\$200
Substance Abuse Confinement (up to 30 days/year)	\$200
Treatment Benefits	
Continuous Care Confinement (up to 30 days/ year) Rehab, Skilled Nursing & Hospice	\$200
Cost Per Pay Period	
Employee Only	\$9.26
Employee + Spouse	\$16.26
Employee + Child(ren)	\$14.51
Employee + Family	\$21.51



Did you know?

If you elect coverage for your children/family, the hospital admission benefit will pay for a newborn's admission to a Hospital Intensive Care Unit if, following their birth, they are confined as an inpatient as a result of a covered accidental injury or covered sickness (including congenital defects, birth abnormalities, and/or premature birth).

To file a claim call 866-547-4205 or visit myhealthhub.app/thehartford.

Table is an overview of benefits covered, for full coverage details please view the plans' benefits summary.



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The Hartford Critical Illness

A major illness can blindside anyone, even an employee with medical insurance. Copays, deductibles, alternative treatments and other out-of-pocket expenses can add up quickly. Critical Illness insurance pays cash benefits directly to you to help reduce the financial burden that can come with a serious illness.

Plan Provisions		
Benefit Amounts	\$5,000, \$10,000, \$15,000, \$20,000, \$25,000, or \$30,000	
Spouse Coverage	Up to 100% of the face amount elected by the employee in increments of \$5,000	
Child Coverage	50% of the face amount elected by the employee	
Health Screening Benefit	\$100 once per policy year	
Base Benefits	Initial Occurrence	Reoccurrence
Heart Attack (Myocardial Infarction, STEMI)	100%	100%
Sudden Cardiac Arrest	100%	None
Coronary Artery Bypass Surgery		
Minor (endovascular repair)	10%	100%
Major (open repair)	100%	100%
Major Organ Failure	100%	100%
Bone Marrow Failure	100%	None
End Stage Renal Disease (ESRD)	100%	None
Stroke		
Without Impairment (including TIA)	25%	100%
Mild/Moderate/Severe	100%	100%
Type 1 Diabetes	100%	None
Coma	100%	100%
Loss of Hearing/Sight/Speech	100%	None
Permanent Paralysis	100%	None
Benign Brain or Spinal Cord Tumor		
Early Diagnosis	25%	None
Advanced Diagnosis	100%	None
Severe Infectious Disease (Major Diagnosis)	25%	None
Cancer Benefits		
Cancer (Invasive)	100%	100%
Carcinoma in Situ (Non-Invasive)	100%	100%
Skin Cancer	\$1,000 annually	

Childhood Conditions Rider		
See plan details for listed conditions	100%	None
Autism Spectrum Disorder	50%	None
Progressive Diseases Rider		
Advanced Dementia (includes Alzheimer's Disease)	100%	None
Advanced Parkinson's Disease	100%	None
Amyotrophic Lateral Sclerosis (ALS or Lou Gehrig's)	100%	None
Advanced Multiple Sclerosis (MS)	100%	None
Chronic and Progressive Conditions (Advance Diagnosis)	25%	none

Cost Per Pay Period		
Age Band*	Employee Rate per \$1,000	Spouse Rate per \$1,000
<30	\$0.18	\$0.18
30-39	\$0.28	\$0.28
40-49	\$0.46	\$0.46
50-59	\$0.90	\$0.90
60-69	\$1.99	\$1.99
70 - 79	\$2.67	\$2.67
80+	\$2.67	\$2.67

*Your age January 1 of Plan Year:
Employee rate calculated on employee age.
Spouse rate calculated on spouse age.

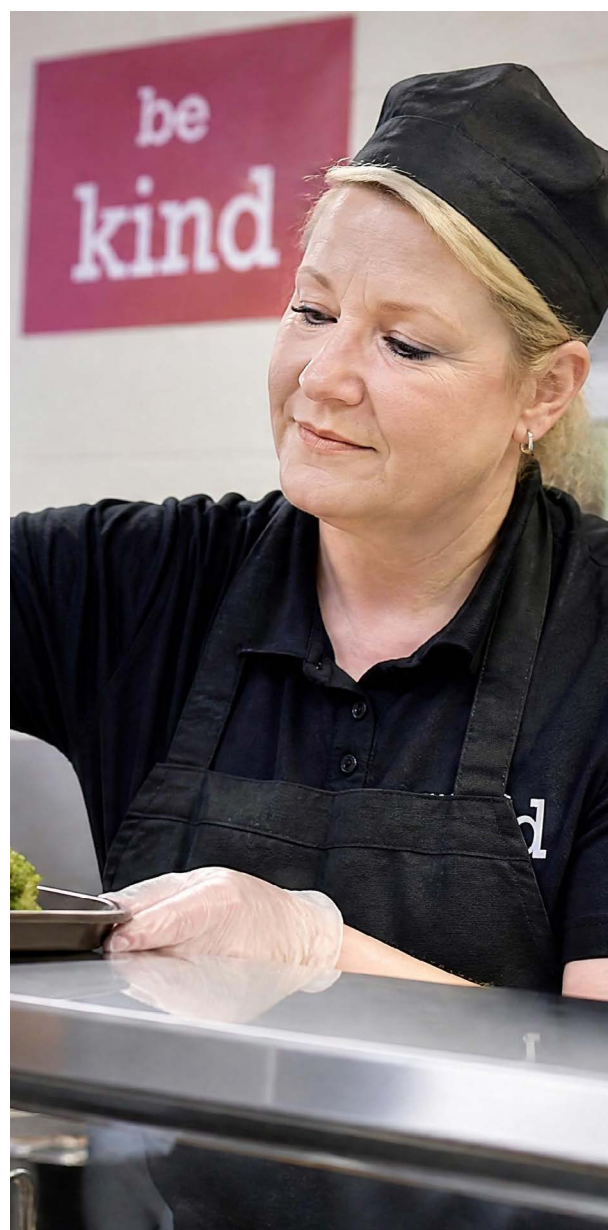
To file a claim call 866-547-4205 or visit myhealthhub.app/thehartford.



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Tables are an overview of benefits covered, for full coverage details please view the plans' benefits summary.





SafetyNets plus

Katy ISD knows that there are important aspects of your life that need protection and aren't covered by traditional insurance products. SafetyNets plus provides a benefit

that gives you identity theft protection, family legal protection plans, and roadside assistance all in one convenient package.

Total Package Benefits:

Employee + Family: \$7.97 per pay period



Legal Protection Plan

Members have access to face-to-face or phone consultations with licensed network attorneys and so much more.

Including:

- No caps or limitations to how many times you can utilize plan
- Free Simple Will & Annual Updates
- Attorneys Matched Specific to You
- Document Review (6 page max per new legal matter)
- Face-to-Face or Phone Consultations
- Dispute Resolution to attempt to resolve legal disputes



AURA Identity Theft Protection

Early detection is one of the most important factors in preventing identity theft.

Monitor → Alert → Recover → Insure

Including:

- Near Real-Time Alerts
- Dark Web Monitoring
- Stolen Fund Reimbursement
- Credit Score Tracker
- Security Freeze Assistance
- Monitoring of Financial Account Openings



Roadside Assistance

Emergencies happen, be prepared. Help when you need it, take comfort knowing you have 24/7, dependable roadside and tow services, 365 days a year.

Members must remain with the vehicle until the responder arrives. Limit one service within 72 hours and max of 5 services per year.

Including:

- Towing assistance (up to 15 miles per occurrence)
- Flat tire assistance (replace with your spare)
- Fuel, oil, fluid & water delivery services (members pay for fuel /fluids)
- Lock-out assistance
- Battery Assistance (jumpstart a dead battery, tighten/clean cables)

Want more info?

Note:

Employees who elect SafetyNets coverage will have access to portal beginning 1/1/2027.

Please Call: 1-800-787-3988 Ext. 201
or visit snpid.net/katyisd.

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QR code.



2

Provide

some basic information
about your pet.
Type, gender, age, zip code



3

Choose

the plan that's right for
you and your BFF.
Select your annual benefit, deductible,
reimbursement rate and wellness
option



Once you've chosen your coverage, we'll walk you through the last few steps.

Add another pet, discounts and your contact and billing information

For a telephonic quote or policy on your exotic pet, please call **855-972-7660**.



Connect with us through our chat
feature or by calling 855-972-7660.



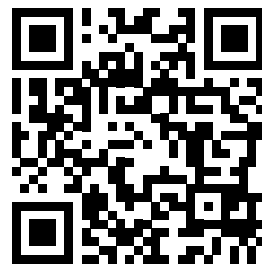
Want to learn more?
[Watch our video here.](#)

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Have a Question?

Contact Information

Benefit	Administrator	Phone	Website/Email
Benefit Enrollment and Help	Katy ISD Benefits Helpline	866-222-KISD (5473)	www.katybenefits.org
24/7 Nurse Line	Aetna	800-556-1555	
Medical	Aetna (724976)	833-821-9911	www.aetna.com Find a Network Provider - katybenefits.org
Prescriptions	H-E-B RxTRA Advantage (refer to Katybenefits.org)	877-432-6315	www.rxtraadvantage.com
24/7 Telemedicine Employee Assistance Program (EAP)	RediMD (KatyISD)	866-989-CURE (2873), Option 2 888-733-4635	www.redimd.com
Weight Management	RediMD (katyisd)	866-989-2873	RediMDWM.com
COBRA Direct Bill	WEX (49379)	866-451-3399	cobralogin.wexhealth.com wexhealthinc.my.site.com/WEXbenefitscontactus/s/ Forms: cobraforms@wexhealth.com
Flexible Spending Account (FSA)	WEX (49379)	866-451-3399	wexhealthinc.my.site.com/WEXbenefitscontactus/s/
Health Savings Account (HSA)	Gulf Coast Educators (KatyISD)	281-436-5499	texaseducatorshsa.com/partner/katy-isd/
Dental	Humana (428035)	Member: 800-233-4013 Provider: 800-833-2223	www.humana.com humana.com/dental-insurance/find-a-dentist
Vision	VSP (40168622)	800-877-7195	www.vsp.com
Disability	OneAmerica (00624223-0000-000)	Service: 800-553-5318 DI Claim: 855-517-6365	www.oneamerica.com EBContactCenter@oneamerica.com Disability.Claims@OneAmerica.com
Life Claims	OneAmerica (00624223-0000-000)	281-396-2899	
Permanent Life	Aflac (AGC0001925964)	800-433-3036	www.aflacgroupinsurance.com
Accident Insurance Critical Illness Hospital Indemnity	The Hartford (715205)	866-547-4205	app.pasito.ai/katyindependentschooldistrict File a claim: myhealthhub.app/thehartford thehartford.com/employee-benefits/employees
Emergency Transport	EVACU (KatyISD)	866-751-1160	www.evacu.com File claim: myportal.evacu.com
Aura Identity Theft Protection Family Legal Plan Roadside Assistance	SafetyNets plus	800-787-3988 Ext. 201	snpid.net/katyisd
Pet Insurance	MetLife (KatyISD)	877-591-1021	metlife.com/getpetquote54



Scan or Click
to visit your
benefits website



Contact Us

If you have any questions about your
benefits, please reach out to speak to
a dedicated benefits counselor

1-866-222-KISD (5473)
www.katybenefits.org

Monday - Friday: 8:00am-5:00pm CST