2027

# Employee Benefits Guide

Katy ISD

Katy Independent School District





# 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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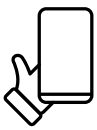


*Text "**benefits**" to 866-222-5473 to access the benefits site.
*Text "**guide**" to 866-222-5473 to access the benefits guide on your phone.

# 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<br>Legal documentation of adoption | No additional documentation required |
| Birth | Birth Certificate<br>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<br>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<br>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**.)*

# aetna Medical

## 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**.



# aetna Medical

| | HDHP (High Deductible Health Plan) | Memorial Hermann ACO (New Changes!) | Kelsey-Seybold (New Plan!) | PPO (Choice POS II) |
|---|---|---|---|---|
| **Plan Limits** | | | | |
| Annual In-Network Deductible | Individual: $5,350<br>Family: $10,600 | Individual: $1,950<br>Family: $3,775 | Individual: $1,950<br>Family: $3,775 | Individual: $5,000<br>Family: $8,000 |
| Annual Out-of-Network Deductible | Individual: $10,000<br>Family: $20,000 | Individual: No Benefits<br>Family: No Benefits | Individual: No Benefits<br>Family: No Benefits | Individual: $5,500<br>Family: $10,000 |
| Annual In-Network Out-of-Pocket Maximum | Individual: $5,350<br>Family: $10,600 | Individual: $4,700<br>Family: $9,200 | Individual: $4,700<br>Family: $9,200 | Individual: $8,000<br>Family: $14,000 |
| Annual Out-of-Network Out-of-Pocket Maximum[1] | Individual: $10,000<br>Family: $20,000 | Individual: No Benefits<br>Family: No Benefits | Individual: No Benefits<br>Family: No Benefits | Individual: $11,000<br>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

| | HDHP (High Deductible Health Plan) | Memorial Hermann ACO (New Changes!) | Kelsey-Seybold (New Plan!) | PPO (Choice POS II) |
|---|---|---|---|---|
| **Prescriptions** | | | | |
| Annual Prescription Deductibles | Shared Deductible (Medical and Prescription) $5,350 Individual $10,600 Family | Generic: $0 Brand: $200 | Generic: $0 Brand: $200 | Generic: $0 Brand: $200 |
| Prescription Drug (30-Day Retail) | | 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 |

**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.



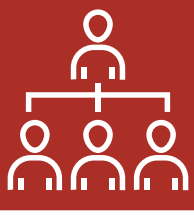
## Health Savings Account (HSA)

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)

wex

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.

## 2027 Maximum Annual Election

**Healthcare FSA - $3,500**
**Dependent Care FSA - $7,500**

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

### 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)

Gulf Coast Educators FEDERAL CREDIT UNION

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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

# Humana Dental

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 (New Plan!) | Mid PPO Plan (New 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%<br>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)

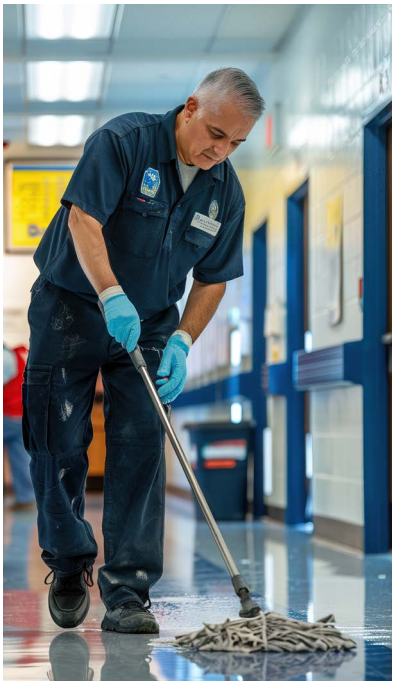
## Major Services

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

# VSP Vision

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

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

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%

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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.<br>Will reduce by 60% at age 75.<br>Will reduce by 75% at age 80. |

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

| 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:<br>$10,000 benefit: | $0.20 or<br>$0.40 |

[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

OneAmerica® Financial

# 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<br>Sickness: 14 days |
| **Maximum Benefit Period** | 11 Weeks |
| **Pre-Existing Condition Exclusion** | None |
| **Cost per pay period** | $0.263 per $10 covered benefit |

## 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 |

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

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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 |

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# 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.



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# 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<br>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<br>3rd Degree: Up to $15,000 |
| **Emergency Dental Work** | Repair with Crown: $450<br>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.



# Accident

The Hartford

| 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<br>Spouse: Up to $80,000<br>Child: Up to $20,000 |
| **Common Carrier Death** | Employee: Up to $150,000<br>Spouse: Up to $150,000<br>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 |

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

## 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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# The Hartford 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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# 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**<br>Minor (endovascular repair)<br>Major (open repair) | <br>10%<br>100% | <br>100%<br>100% |
| **Major Organ Failure** | 100% | 100% |
| **Bone Marrow Failure** | 100% | None |
| **End Stage Renal Disease (ESRD)** | 100% | None |
| **Stroke**<br>Without Impairment (including TIA<br>Mild/Moderate/Severe | <br>25%<br>100% | <br>100%<br>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**<br>Early Diagnosis<br>Advanced Diagnosis | <br>25%<br>100% | <br>None<br>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 | |

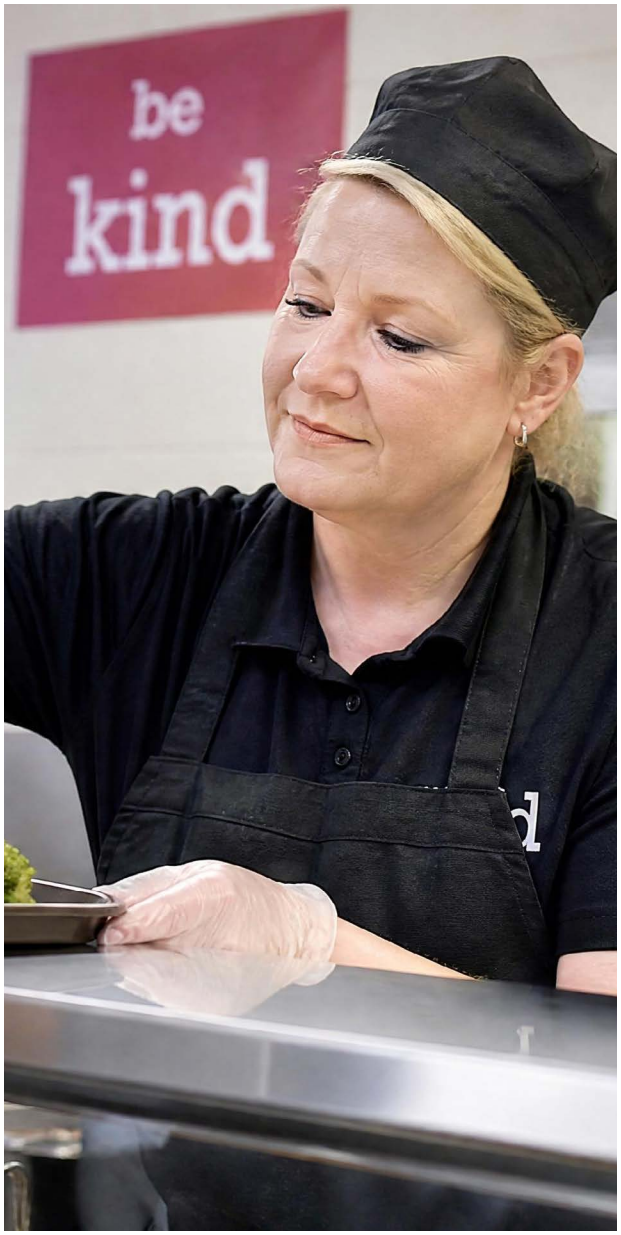
| Childhood Conditions Rider | | |
|---|---|---|
| **See plan details for listed conditions** | 100% | None |
| **Autism Spectrum Disorder** | 50% | None |
| **Progressive Diseases Rider** | | |
| **Advanced Dementia (includes Alzheimer's Disease)** | 100% | None |
| **Advanced Parkinson's Disease** | 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.




**Scan or Click for More Info**

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?

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

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

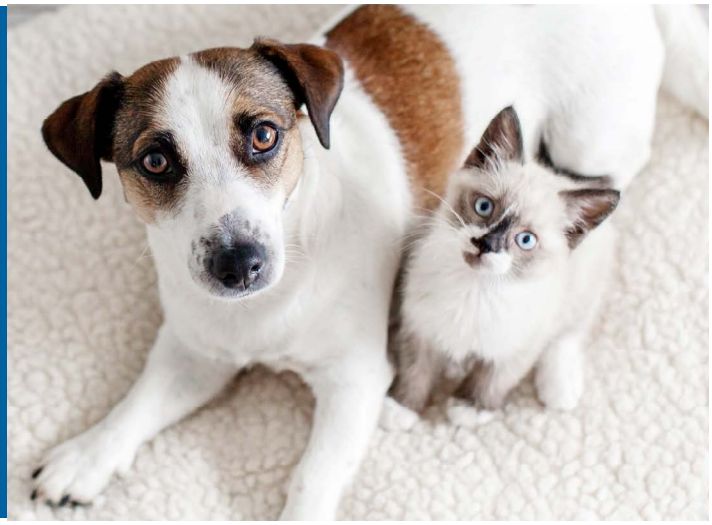
MetLife

# Pet Insurance

*This is a SELF-PAY benefit.*

## It's easy to help protect your pets with MetLife Pet Insurance.

**Get a free quote today!**

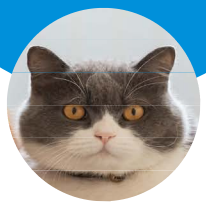


**Getting a quote is as simple as 1-2-3! Here's how it works:**

**1**
**Visit**
metlife.com/getpetquote56
or simply scan this 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.**

# Notes

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<br>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<br>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<br>wexhealthinc.my.site.com/WEXbenefitscontactus/s/<br>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<br>Provider: 800-833-2223 | www.humana.com<br>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<br>DI Claim: 855-517-6365 | www.oneamerica.com<br>EBContactCenter@oneamerica.com<br>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<br>Critical Illness<br>Hospital Indemnity | The Hartford (715205) | 866-547-4205 | app.pasito.ai/katyindependentschooldistrict<br>File a claim: myhealthhub.app/thehartford<br>thehartford.com/employee-benefits/employees |
| Emergency Transport | EVACU (KatyISD) | 866-751-1160 | www.evacu.com<br>File claim: myportal.evacu.com |
| Aura Identity Theft Protection<br>Family Legal Plan<br>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**

KATY
Katy Independent School District

**1-866-222-KISD (5473)**
**www.katybenefits.org**
Monday - Friday: 8:00am-5:00pm CST