



2013



benefits guide

**BENEFITS
OUTLOOK**
Health. Wellness. Life.



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This guide provides an overview of your benefits options. Benefits are subject to change without notice. The complete provisions of the plans, including legislated benefits, exclusions and limitations, are set forth in the plan documents and insurance contracts. The plan documents and insurance contracts are available for your review in the Benefits Department. If the information in this guide is not consistent with the plan documents and insurance contracts or state and federal regulations, the plan documents, insurance contracts and state and federal regulations will prevail. This guide is not intended as a contract of employment nor a guarantee of current or future employment.



LET YOUR NEW HEALTH CARE JOURNEY BEGIN.

Welcome to your 2013 benefits guide. As you'll see on the following pages, along with providing comprehensive medical coverage options, the District is focusing more than ever on helping employees find powerful new ways to get—and stay—healthy.

That's why we're pleased to introduce RedBrick Health, a new partner whose programs make it fun and easy to put yourself on the path to better health and wellness. (And you don't have to run a marathon or commit to exercising seven days a week, either.)

Throughout the guide, you'll see tips on simple ways to improve your overall health. Our goal is to help everyone at Aldine ISD find ways to avoid health issues through preventive care and a commitment to making better choices on a daily basis. The healthier we are, the lower our insurance costs and, more important, the more we get out of life.



each and every step. progress.

what's new for 2013

The next two pages provide an overview of changes to our health plan for 2013. You'll find more specific details throughout the rest of the guide, including the medical plan comparison chart on pages 20 and 21.

What's New for 2013

INTRODUCING REDBRICK HEALTH

The biggest news for 2013 is the introduction of RedBrick Health, which will replace Carewise and WebMD as your resource for confidential Health Assessments and Health Screenings, incentive tracking, disease management and more. *Benefits Outlook*, accessed via the Aldine ePortal, remains your home for benefits information and enrollment.

EARN \$100 TOWARD YOUR HEALTHFUND

If you enroll in a Consumer plan type for 2013, you'll notice that the contribution to your HealthFund account will be \$100 less than it was this past year. But there's good news: you'll be able to earn back that \$100 simply by completing your new RedBrick Health online Health Assessment during Annual Enrollment or by January 31, 2013.

VOLUNTARY PLAN CHANGES

Disability plan: The 14-day waiting period option is no longer available. If you're currently participating in the Disability Plan at this level, you will now be enrolled in the 30-day waiting period option at the same annual earnings percentage (*unless you change your election*).

FSA limit: Due to revisions to the health care laws, the maximum annual contribution you can make to your Health Care or Limited Flexible Spending Account (FSA) has been lowered to \$2,500. This change does not affect the Dependent Day Care FSA, which remains at \$5,000.

Cancer plan: All new elections will require Evidence of Insurability (EOI).

New health club: Bally Total Fitness is now Blast Fitness. If you'd like to continue your membership, you'll need to re-enroll for 2013.

INCREASED PRESCRIPTION DEDUCTIBLES AND COPAYS

If you're enrolled in a Consumer plan type or Choice POS II-High, your annual prescription deductible will increase to \$75. Prescription copays for the Consumer and Choice POS II-High plan type will be increasing as well—check the comparison chart on [pages 20 and 21](#) for more information.

SLIGHT PREMIUM INCREASES

Even though health care costs are increasing at three times the rate of inflation, Aldine ISD managed to keep premium increases as low as possible for 2013. The Consumer Plus-Limited and the Select Low plan options have no increase at all.

OTHER CHANGES TO THE PRESCRIPTION PLAN

- After the first two retail fills at any in-network retail pharmacy, maintenance medications must be filled in 90-day supplies via mail or at a CVS retail pharmacy or you will pay more. See more details on [page 24](#).
- The preferred drug list has been updated to exclude 49 specific drugs. All have therapeutic alternatives.
- Women's preventive services, including contraceptives (*oral contraceptives limited to generic and single-source brand*) are now covered at 100%. Single-source brand is a brand drug with no generic equivalent available.

POSITIVE change
+
this way





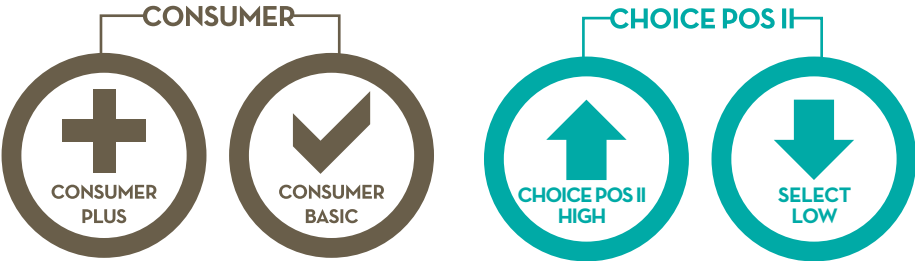
medical plans

Your health plan needs are unique, so the District offers a range of health plan options that vary by premium, deductible and coinsurance.

We encourage you to become familiar with each of the plans so you can choose the one that's just right.

MEDICAL PLAN TYPES

You can choose from two different plan types: Consumer or Choice POS II. Check out the comparison chart on [pages 20 and 21](#) and coverage costs on [page 50](#) to find the best fit for your family.



ALL MEDICAL PLAN TYPES FEATURE:

- Prescription drug coverage through CVS Caremark, with money-saving mail service
- A wealth of health and wellness tools provided free of charge through the *Benefits Outlook* website, including the results of your Health Assessment, lifestyle guidance and coaching and cost comparisons of potential treatments
- Direct access to specialists—you do not need a referral from a primary care physician to receive specialist care
- A large group of local, in-network primary care physicians
- An expansive national network of providers, which is especially important if you travel often or have a dependent child attending school outside the local area



HEALTH * TIP

make each day count

Taking better care of yourself isn't about some lofty, unattainable goal far off into the future. It's about the choices you make every day.



WHICH PLAN TYPE IS RIGHT FOR YOU?

Health insurance costs are a major expense for all of us, so it's important to understand all your options. To decide which medical plan is right for your family, you have to consider everything. Not just the cost of your premiums, but how much you're likely to spend over the course of a year when you take premiums and all your other expenses into account.

PREMIUMS AREN'T THE ENTIRE STORY

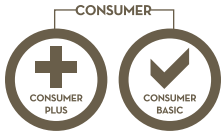
Initially you may be drawn to the Select Low option because of its low premiums, but you need to consider the full picture. That option may cost less per paycheck, but it has the highest deductible of all your choices.

BENEFITS TIP:
Just because your doctor is in-network, the facility in which you are treated or to which you are referred might not be. Log on to Aetna Navigator via Benefits Outlook to find a doctor or facility, or call Aetna (800-694-3258) to confirm that the services will be in-network.



remember when you ran just for fun?

When we were kids, most of us spent our free time playing outside and being active—because it was enjoyable, not out of obligation. Now, it's hard to include physical activity in an already busy day. But it is important. And it can be a lot of fun. Recapture a playful approach to life and reconnect with the joy of movement by joining a softball league, going bowling, dancing in your living room or simply taking a brisk walk.



CONSUMER PLUS AND BASIC

For individuals who like maximum control over the health care dollars they spend, Aldine ISD offers multiple Consumer plan options: Basic and Plus (Choice or Limited). This type of coverage offers you maximum flexibility and puts more decisions in your hands as a health care consumer—but you have to take responsibility for the choices you make. Each plan type has varying coverage levels and premiums, but both work the same way, including covering preventive care 100%.

Here’s how it works

HEALTHFUND

- The District contributes money into your HealthFund account if you’re enrolled in a Consumer plan type for 2013.
- These dollars are used to pay for your covered medical expenses, like office visits, lab work and tests. *(Be aware that if you are enrolled in a Health Care FSA, those funds will be used first to pay for your eligible medical expenses. HealthFund dollars may only be accessed after all FSA funds have been exhausted. It’s an IRS rule. For more information, see page 30.)*

ANNUAL DEDUCTIBLE

- You are responsible for paying an annual deductible before the plan begins to pay a percentage of covered expenses.
- The money in your HealthFund account (see next page) will help you meet part or all of your deductible.
- If you have been enrolled in a Consumer plan type in prior years, you may have saved enough money in your HealthFund to cover your deductible.

MAJOR MEDICAL COVERAGE (COINSURANCE)

- After you meet your annual deductible, you pay a percentage of the cost of covered expenses. *(This is called coinsurance.)*
- If you still have money in your HealthFund after the deductible is met, it will be used to help pay your coinsurance expenses.
- Once you reach your annual coinsurance maximum, the plan pays 100% of any of your remaining covered expenses for the rest of the year *(not including emergency room, hospital and prescription drug copays).*

The District’s 2013 HealthFund Contributions

Employee only	\$400
Employee + Spouse	\$650
Employee + Child(ren)	CLOSE 50X
Employee + Family	\$900

SEE HOW THE CONSUMER PLAN WORKS

click the video button



new for 2013

The District’s contribution to the HealthFund has decreased by \$100 compared to 2012, but you can earn back that \$100 simply by completing your new online Health Assessment, through RedBrick Health, during Annual Enrollment or by January 31, 2013.

Advantages

- HealthFund dollars are contributed by Aldine ISD to help offset expenses.
- Any unused balance in your District-provided HealthFund account rolls over to the next year, building a health care nest egg for future medical expenses, as long as you stay enrolled in a consumer plan.

Considerations

- You need to be proactive in managing your HealthFund dollars to make sure the medical services you receive are needed and don’t unnecessarily deplete your account balance.
- Premiums are lower for Consumer Plus-Limited and Consumer Basic plan types.

Provider networks

If you enroll in the Consumer Plus plan type, you will have two networks to choose from: Choice and Limited (*Memorial Hermann only*).

CHOICE NETWORK:

The Choice network groups providers (*in 12 designated specialties*) and hospitals into two categories, called tiers. At the time you need care, you decide which specialist or hospital you want to use. You will have lower out-of-pocket costs when you select a Tier I provider.

If you want to use a Tier II specialist or hospital, that's fine too. But you'll have to pay higher out-of-pocket costs when you do. The choice is up to you.

LIMITED NETWORK:

The Limited network includes only Memorial Hermann hospitals and selected specialists with admitting privileges to Memorial Hermann. (See chart on the next page.) Oncologists and Hematologists must be able to make arrangements for hospital procedures at Memorial Hermann.



WHICH PROVIDER SHOULD I CHOOSE?

To help you choose which provider is right for you based on tier or cost, log on to *Benefits Outlook*, then click the link for *DocFind* to find a doctor, or facility (*including labs and radiology*).

BENEFITS TIP:

Avoid surprises. Estimate your costs before you get care. Don't wait until you need care to determine which tier your preferred provider is in. You can look up that information by logging on to Benefits Outlook through the ePortal and clicking on Aetna Navigator.

STAY INSIDE YOUR NETWORK

Out-of-network services are not covered. Out-of-network hospital emergency room care can be covered but should only be considered when you are faced with a life-threatening emergency and it's the closest facility.

- Out-of-network emergency room care for non-life-threatening medical attention can result in excessive charges that increase health care costs for everyone.
- Know which urgent care and walk-in clinics are near your home in case you need quick medical care. (*Access Aetna Navigator.*)
- Staying inside the Memorial Hermann network is especially important if you are enrolled in the Consumer Plus - Limited network.

The 12 designated specialties

Cardiology	Neurology	Otolaryngology/ENT
Cardiothoracic surgery	Neurosurgery	Plastic surgery
Gastroenterology	Obstetrics & gynecology	Urology
General surgery	Orthopedics	Vascular surgery

For the Limited network only: Members should consider Oncologists and Hematologists that have admitting privileges to or can make arrangements for hospital procedures at a Memorial Hermann hospital.

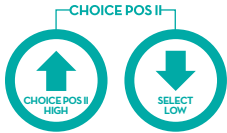
Provider networks: Limited or Choice

Limited and Choice networks have been custom-designed for AISD.

	LIMITED NETWORK	CHOICE NETWORK	
FACILITIES	MEMORIAL HERMANN You must use Memorial Hermann hospitals exclusively for your inpatient and outpatient hospital care.	TIER I* To pay the lowest out of pocket, use one of these hospitals for your care: Memorial Hermann St. Luke's Christus St. Joseph's Tenet Texas Children's	TIER II* You pay more when you choose one of these hospitals: Methodist MD Anderson HCA
	You can choose from a wider range of hospitals that are divided into two tiers. The amount you pay out-of-pocket for your care (in deductibles, coinsurance and copays) depends upon which tier your provider is in.		
	Free-standing outpatient facilities: Check DocFind or contact Aetna.		
	There is no out-of-network care, except in the case of an emergency.		
PROVIDERS	For providers in the 12 designated specialties (see list), you must choose from a list of select providers who have admitting privileges to Memorial Hermann facilities. Members should consider Oncologists and Hematologists that have admission privileges or can make arrangements for hospital procedures at a Memorial Hermann Hospital .	You pay less to see a specialist from the 12 designated specialties (see list) in Tier I.	Your out-of-pocket costs are greater if you see a specialist in the 12 designated specialties (see list) in Tier II.
	You still have access to any primary care physician in the Choice network.	You still have access to any primary care physician in the Choice network. All primary care physicians are considered Tier I providers.	
	Outside the designated specialties, you may see any specialist in the Choice network.	Outside the 12 designated specialties, you may see any specialist in the Choice network and it will be covered as Tier I.	

* For the most current and complete list of providers in both networks, go to aldinebenefits.org.





CHOICE POS II HIGH & SELECT LOW

In addition to the Consumer plan types, the District offers two more choices: Choice POS II High, a higher-cost option allowing unlimited provider choices, and Select Low, a low-cost option for catastrophic coverage only.

CHOICE POS II HIGH - HOW IT WORKS

- **New for 2013:** There will now be a new deductible for in-network expenses, and copays for hospital, surgical and radiology will see increases over 2012 costs. There's a new \$75 annual pharmacy deductible and copay change. These changes reflect plan benefits in the TRS ActiveCare 3 plan.
- As with all plans, preventive care is covered at 100%, with no annual maximum.
- You pay a copay for in-network office visits and a percentage of the cost for all other care, until you reach the annual coinsurance maximum.
- You must meet a deductible before the plan pays for any care. Once you meet your annual deductible, you are responsible for paying a set percentage of covered expenses (*coinsurance*) until you reach the *annual coinsurance maximum*.
- Please note: If you use an out-of-network facility, the difference between the limited fee schedule paid by the plan and what the facility actually charges is your out-of-pocket responsibility and does not apply to your annual deductible or coinsurance maximum.

Pros

This is the only option that offers you access to both in- and out-of-network providers, but your in-network costs are lower.

Cons

Annual premiums are the highest of all the medical plan options, and out-of-pocket costs may be greater than Consumer plans.

SELECT LOW - HOW IT WORKS

- As with all plans, preventive care is covered at 100%, with no annual maximum.
- The plan pays for the first \$225 of your covered office visits.
- After you meet your deductible, you pay a percentage of any additional medical expenses, up to an annual coinsurance maximum.
- Due to the very high deductible, this option has the lowest premiums available in the Aldine ISD medical plan.

Pros

The plan is designed as “safety net” coverage for people who rarely use medical services but want catastrophic coverage.

Cons

The plan requires a high deductible that must be met before the plan starts paying for its share of covered expenses.

Best Doctors is free of charge to all Aldine ISD medical plan members.

GET AN EXPERT MEDICAL CONSULTATION THROUGH BEST DOCTORS

Founded in 1989 by Harvard Medical School physicians, Best Doctors is an expert medical consultation service that provides you and your covered family members with access to world-class medical expertise. It ensures you're getting the right diagnosis and treatment when faced with an important medical decision and helps you make better informed health care choices. Almost 40% of Aldine ISD cases reviewed by Best Doctors have resulted in a change of diagnosis and more than 60% resulted in a change of treatment plan. It's offered free of charge to all medical plan participants.

HOW IT WORKS

When you or a covered family member have questions about a medical diagnosis or treatment plan, Best Doctors will help you examine your options.

1. Contact Best Doctors at 866-904-0910 to request a thorough review of your case
2. An intake nurse will evaluate your call to determine if your situation warrants further investigation
3. If so, the Best Doctors team will collect and analyze all your relevant medical records
4. An expert specialist will conduct a full review of your diagnosis and treatment plan and will either confirm what you've been told or recommend a change
5. You'll receive a flash drive with a comprehensive report recommending the appropriate course of action

Best Doctors works with you and your treating physician and is always available for follow-up questions.






You'll receive points toward the Healthy Rewards gift card after completing a Best Doctors consultation.





medical plan comparison chart

This chart is a great way to comparison shop among the different options. At a glance, you'll be able to compare deductibles, copays, annual coinsurance maximums and prescription drug benefits.

PLAN FEATURES		 CONSUMER PLUS - LIMITED	 CONSUMER PLUS - CHOICE		 CONSUMER BASIC - CHOICE		 CHOICE POS II - HIGH (TRS-3)	 SELECT LOW (CATASTROPHIC)	
Receive Care		MEMORIAL HERMANN NETWORK ONLY	TIER I	TIER II	TIER I	TIER II	IN-NETWORK	OUT-OF-NETWORK¹	IN-NETWORK ONLY
			IN-NETWORK ONLY		IN-NETWORK ONLY				
Lifetime Maximum Benefit		Unlimited				Unlimited		Unlimited	Unlimited
HealthFund		\$400 per Employee Only, per year; \$650 per Employee + Spouse or Employee + Child(ren), per year; \$900 per Employee + Family, per year				N/A		N/A	
YOU PAY									
Annual Deductible² (will be reduced by HealthFund balance)		\$2,000 Individual \$3,750 Family	\$2,000 Individual \$3,750 Family	\$2,500 Individual \$4,750 Family	\$2,750 Individual \$5,000 Family	\$3,250 Individual \$6,000 Family	\$300 Individual \$900 Family	\$500 Individual \$1,500 Family	\$4,000 Individual \$8,000 Family
Annual Coinsurance Maximum (excludes deductible, copays and other costs not covered by the plan)		\$3,000 Individual \$5,750 Family	\$3,000 Individual \$5,750 Family	\$3,500 Individual \$6,750 Family	\$3,750 Individual \$8,500 Family	\$4,250 Individual \$9,500 Family	\$1,000 Individual No Family Limit	\$3,000 Individual No Family Limit	\$4,000 Individual \$8,000 Family
Office Visit/ Physician Services	Primary Care (PCP)	20%	20% (all PCPs are Tier I)		25% (all PCPs are Tier I)		Copay: \$20	40%	0% for the first \$225, then 30%
	Non-Designated Specialists³(NDS)	20%	20% (all NDSs are Tier I)		25% (all NDSs are Tier I)		Copay: \$30	40%	
	Designated Specialists	20%⁴	20%	35%	25%	45%	Copay: \$30	40%	
Preventive Care⁵		Free of charge with no annual limit							
Inpatient - Hospital (pre-certification required)		20%⁶	20%	35% plus \$500 copay per admission⁷	25%	45% plus \$500 copay per admission⁷	20% plus \$150 copay per day⁸	40% plus \$150 copay per day⁸	30%
Outpatient - Hospital (pre-certification required)		20%⁶	20%	35%	25%	45%	20% after \$150 copay	40% after \$150 copay	30%
Outpatient - Free-standing and Surgical Center (pre-certification required)		20%	20%		25%		20% after \$150 copay	40% after \$150 copay	30%
Emergency Care		20% plus \$150 copay (copay waived if admitted)	20% plus \$150 copay (copay waived if admitted)		25% plus \$150 copay (copay waived if admitted)		20% plus \$150 copay (copay waived if admitted)		30%
Non-Emergency Care in an Emergency Room		40%	40%		45%		40%	50%	50%
Urgent Care Facility		20%	20%		25%		20% after \$50 copay		30%
Lab, X-ray, Diagnostic Mammogram, Diagnostic Scans - Outpatient, Free-standing Facility, Independent Lab		20%⁶	20%	35%	25%	45%	20%	40%	See office visit or 30%
High Tech Diagnostic Scans (MRI, MRA, CAT, PET) - Outpatient, Free-standing Facility		20%	20%		25%		20% plus \$100 copay per scan	40% plus \$100 copay per scan	30%
Maternity - Prenatal		20%	20%	35%	25%	45%	20%	40%	30%
Mental Health - Inpatient & Outpatient⁹		20%	20% (no Tier II facilities)		25% (no Tier II facilities)		20% plus \$150 per inpatient day⁸	40% plus \$150 per inpatient day⁸	30%
Substance Abuse - Inpatient & Outpatient¹⁰		20%	20% (no Tier II facilities)		25% (no Tier II facilities)		20% plus \$150 per inpatient day⁸	40% plus \$150 per inpatient day⁸	30%
PRESCRIPTION DRUG BENEFITS – THROUGH CVS CAREMARK									
Prescription Deductible¹²		\$75	\$75		\$75		\$75	N/A	\$250 Individual / \$500 Family
Generic/ Preferred Brand/ Non-Preferred Brand/Specialty¹³	Retail 30-day supply	\$15/\$35/\$55/\$55	\$15/\$35/\$55/\$55		\$15/\$35/\$60/\$60		\$15/\$35/\$60/\$200	N/A	30%
	Mail order/CVS 90-day supply	\$37.50/\$87.50/\$137.50/\$55	\$37.50/\$87.50/\$137.50/\$55		\$37.50/\$87.50/\$150/\$60		\$45/\$105/\$180/\$200	N/A	30%

1. Out-of-network facility charges exceeding the limited fee schedule amount are not covered and will not be applied to the deductible or coinsurance maximum. Employee is responsible for paying the difference between the covered amount and the amount the facility charges. 2. Medical copays and prescription drug deductible and copays, plus limited fee schedule or reasonable and customary cutback penalties, do not apply to the annual deductible or coinsurance maximum. Deductible does not apply to the annual coinsurance maximum. 3. If you are enrolled in a Consumer option, you pay this amount when you see an in-network specialist outside of the designated specialty areas. See page 15. 4. Specialist must be within the Memorial Hermann network in designated specialties. See page 15. 5. Some preventive care includes PSA and pap tests, annual mammogram (age 35+), osteoporosis screenings (age 65+) and colonoscopies (age 50+).

6. Must use a Memorial Hermann facility. 7. Limited to two \$500 copays per plan year. 8. Combined inpatient \$750 maximum copay per admission; \$2,250 maximum copay per plan year; pre-certification required. 9. Inpatient maximum stay: 30 days/year combined with chemical dependency. Outpatient maximum visits: 30 visits/year combined with chemical dependency (individual & group combined). 10. Inpatient maximum stay: 30 days/year combined with mental health; lifetime limit of 3 series or \$50,000. Outpatient maximum 30 visits/year combined with mental health (lifetime limit of 3 series). 11. The deductible only applies once per year per person and a copay may also be requested. 12. If the patient obtains a brand-name drug when a generic equivalent is available, the patient will pay the brand copay plus the cost difference between the brand-name drug and the generic. 13. Specialty drugs limited to a 30-day supply and distribution amount; copay is per 30-day supply and only through CVS Caremark's specialty program.



prescription drug benefits

*Whether you need something
short term or take maintenance
medications every day, your
prescription plan has you covered.*

PRESCRIPTION DRUG BENEFITS

All medical plan types include prescription drug benefits through CVS Caremark, available at CVS and other participating pharmacies and through mail order.

New for 2013

- After two retail fills, all **MAINTENANCE MEDICATIONS** must be filled by mail or at a CVS pharmacy for a 90-day supply. [See page 26](#) for more details.
- The preferred brand drug list now excludes [49 specific drugs](#) that have therapeutic alternatives available.
- Be sure to review the Medical Plan Comparison Chart ([pages 20 and 21](#)) for changes to prescription drug copays for some plans.
- Women's preventive services, including generic and single-source brand contraceptives (a brand drug with no generic equivalent available), are now 100% covered.
- If you are enrolled in the Choice POS II - High plan type, the cost for a 90-day supply via mail order is three times the retail copay.

Note: If you or your physician request a brand name drug when a generic alternative is available, you will pay the brand copay plus the difference in cost between the brand name and the generic prescription.



counting sheep?

If you find yourself staring at the ceiling instead of getting a good night's rest, consider eating a handful of walnuts or pumpkin seeds an hour or two before bed. They're full of protein and contain tryptophan (just like your Thanksgiving turkey), which converts to serotonin in the body and helps you fall asleep.

BENEFITS NOTICE:

The preferred drug list has been updated to exclude [49 specific drugs](#). All have therapeutic alternatives. Current utilizers will receive notices with instructions from CVS Caremark before January 1.

ANNUAL PRESCRIPTION DEDUCTIBLE

You will have an annual deductible for prescription drugs. (*This is separate from your medical plan deductible.*) The deductible applies for each covered person, each year, and you may be asked to pay a copay as well. See plan details on [pages 20 and 21](#) for more information.

REFILL OR RENEW YOUR PRESCRIPTIONS AUTOMATICALLY

With the Automatic Prescription Refill program, CVS Caremark's mail service pharmacy will **automatically send you refill prescriptions for your maintenance medications** and will proactively **request a new prescription from your doctor** when a maintenance prescription is about to expire or when the last refill has been used. Visit *Benefits Outlook* and click on *CVS Caremark*. Click on *Refill a Prescription* and choose the medications you would like to enroll in the program.

NO COST PRESCRIPTIONS AVAILABLE FOR HIGH BLOOD PRESSURE, HIGH CHOLESTEROL OR DIABETES

Prescription drug copays for generic drugs for hypertension and hyperlipidemia (*high cholesterol*) are still waived for 2013, which means you pay nothing for them. In addition, copays for generic diabetic drugs and injectable insulin are waived when you are compliant with your treatment plan as a DiabetesAmerica patient. Because these are maintenance medications, the new 90-day supply requirement ([see page 26](#)) will apply in order to continue your waived copays.



Questions about your prescription drug benefits?

Call CVS Caremark at 800-378-8651 or log on to Benefits Outlook.

RETAIL

For short-term prescriptions, take your prescription and your Aetna ID card to a participating pharmacy. After you meet your \$75 annual per-person prescription drug deductible, you pay the lesser of the actual drug cost or a copay for each prescription, up to a 30-day supply. *(The Select Low plan type requires a 30% payment after you have met your prescription deductible.)* You do not need to complete a claim form. Specialty drugs are only available in a 30-day supply and only through the CVS Caremark Specialty Mail program.



MAIL OR CVS PHARMACY FOR MAINTENANCE MEDICATIONS

A new benefit will apply to any long-term/ maintenance prescriptions. As of January 1, the first two times you purchase a current or new maintenance medication at any participating retail pharmacy, you will pay your annual pharmacy deductible if not already met and your normal retail copay. After those first two fills, you will be required to renew your maintenance medication in up to a 90-day supply in two ways—either through the CVS Caremark Mail Service or at a CVS retail pharmacy near you. This is an opportunity to obtain a 90-day supply at a CVS retail pharmacy for the mail copay. If you use any pharmacy other than CVS to fill your maintenance medications after the first two fills, you will only receive a 30-day supply, but will be charged the full 90-day mail order copay.

Be sure to ask your physician for a 30- or 60-day prescription for the first one or two fills along with a second prescription for a 90-day supply and refills for up to one year, if appropriate. To fill a prescription using the mail service, complete a prescription drug order form (available through the CVS Caremark link at aldinebenefits.org) and mail to the address on the form. Refills may be ordered online (also see REFILL OR RENEW YOUR PRESCRIPTIONS AUTOMATICALLY on [page 25](#)), by phone or by mail.

In order to continue your \$0 copay generic prescription drugs on hypertension, cholesterol and DiabetesAmerica-directed diabetes medications, you will need to follow this 90-day requirement.

The path you take to fill your prescriptions can vary, depending upon how long you need to take your medication and how you'd like to receive it.

For short-term prescriptions, you can visit any in-network pharmacy, including CVS.

FILLING YOUR MAINTENANCE PRESCRIPTION	
IF YOU WOULD LIKE TO...	THEN...
CONTINUE WITH MAIL SERVICE	YOU DON'T HAVE TO DO ANYTHING: <ul style="list-style-type: none">• We'll continue to send your medications to your location of choice.
SIGN UP FOR MAIL SERVICE FOR THE FIRST TIME	YOU CAN DO IT ONLINE OR BY PHONE: <ul style="list-style-type: none">• Log on to <i>Benefits Outlook</i>, and sign in or register to start a prescription.• Call FastStart® toll-free at 800-875-0867, and we'll handle contacting your physician to get your current prescription transferred to CVS Caremark for mail or 90 days at retail pick up.• To fill a prescription using the mail service, complete a prescription drug order form (available through the CVS Caremark link at aldinebenefits.org) and mail to the address on the form.
PICK UP LONG-TERM MAINTENANCE MEDICATIONS AT A CVS PHARMACY	PLEASE LET US KNOW BY ONE OF THE THREE WAYS BELOW: <ul style="list-style-type: none">• To register, go to Caremark.com. Then select a CVS pharmacy location for pick up.• Bring a new 90-day/longer prescription to your local CVS pharmacy and talk to the pharmacist.• Call the CVS Caremark toll-free number on your medical ID card and we'll handle the rest.
LEARN MORE	CALL CVS CAREMARK USING THE TOLL-FREE NUMBER ON YOUR MEDICAL ID CARD

HEALTH TIP



eat the rainbow
Be inspired by the hues of fresh fruits and vegetables. The broader the spectrum of color in your diet, the bigger the range of nutrients you're providing your body.



My Health program

Exciting tools and resources, including the My Health program and our new RedBrick Health partnership, give you more ways than ever to improve your physical and mental well-being and earn valuable rewards.

Get healthy. Stay motivated.
Earn cold, hard cash.

The District gives you healthy resources everywhere you look, with financial incentives to get you started. For example, through the *My Health* program, you'll have access to Best Doctors (see page 17), DiabetesAmerica, lifestyle management services and more.

On top of that, *Benefits Outlook*, our benefits web portal, is now partnering with RedBrick Health to bring you even more dynamic, interactive and fun ways to be your personal best. RedBrick Health helps you understand your current health status and suggests activities to put you on the path to better health and wellness. (See page 33 for instructions on how to get started.) It's even available on your mobile devices.

find your fitness

RedBrick Health phone coaching experts can answer your questions about:

Asthma, blood pressure, cholesterol, COPD, diabetes healthy back, healthy pregnancy, heart disease, nutrition, physical activity, stress management, tobacco cessation, weight management

Prefer finding your answers online? Online coaching programs include:

RedBrick Health Boost® physical activity tracker, chronic pain management, healthy back, insomnia, living with a chronic condition, nutrition, stress management, tobacco cessation, weight management/physical activity



REDBRICK HEALTH®

To get the most out of RedBrick Health, and to earn incentives, start with a Health Assessment.

Your pathway to better health starts here



Here’s how to earn back \$100 to your HealthFund

Health Assessment

With just a few clicks of your mouse, complete your online Health Assessment to get a general sense of your current health status. Complete your Health Assessment during Annual Enrollment between October 26 and November 13, and you’ll earn back \$100 to your HealthFund deposited by January 1, 2013. (See chart on the next page for pro-rated incentives if you complete your Health Assessment after January 31, 2013.) Covered spouses and adult dependents can also complete a Health Assessment. They can’t earn incentives, but they can improve their health and support you on your journey.

That’s not all. Here’s how to earn points toward a \$125 gift card.

Health Assessment

Your Health Assessment results will offer a number of Healthy Activities for you to participate in, many of which will help you earn points. PLEASE NOTE: You must complete the Health Assessment in order to begin earning points toward a \$125 gift card. (See chart on page 33.)

Health Screening

During the first few months of 2013, the District will provide fast and simple Health Screenings on multiple campuses. The Health Screenings will provide you with instant results and input from a health care professional. When combined with the results of your Health Assessment, you’ll get an even better picture of the current state of your health and well-being.

Manage your pregnancy through Beginning Right Maternity Management

Expectant mothers receive educational materials and access to nurse case managers so you get the assistance you need from the start of your pregnancy until your baby is born. Call 800-CRADLE1 (800-272-3531)

Get your annual physical or well-woman exam

It’s free. Just be sure your physician’s office codes your visit as preventive or routine.

Participate in DiabetesAmerica

DiabetesAmerica provides coordinated care, education, access to medical professionals specializing in diabetes, nutrition information and medication management to help you take control of your diabetes. Call 888-877-8427

Exercise at participating health clubs

Preferred membership rates are offered through Fitness Connection, 24-Hour Fitness, YMCA, Pure Fitness and Blast Fitness (formerly Bally Total Fitness). Your membership dues are deducted from your paycheck each period. Please note: If you were a member of Bally Total Fitness this year and would like to continue your membership in Blast Fitness in 2013, you’ll need to re-enroll. When you do, you’ll have two levels of participation to choose from: Gold (employee only) and Platinum (employee + guest).

Free Health Screening with instant results

New this year, Aldine ISD will provide all employees with a free Health Screening at multiple campuses during the first quarter of 2013. Get instant results and a brief health review to jump start your journey to better health.

Call the Nurse Line

The Nurse Line gives you a direct, toll-free connection to a registered nurse any time of the day or night. Aetna nurses are specially trained to help you choose the appropriate level of care for any illness or injury. Call 866-284-2473

CONSUMER PLAN HEALTH ASSESSMENT INCENTIVES		
COMPLETION DATE	EARN	HEALTHFUND DEPOSIT
October 26 - November 13	\$100	By 1/1/2013
November 14 - January 31	\$100	By 3/1/2013
February 1 - April 30	\$75	By 6/1/2013

READY TO GET STARTED?

Using RedBrick Health couldn’t be easier.

- 1 Log on to the Aldine ISD ePortal. Click on More Resources and select Benefits.
- 2 Follow the instructions to accept the Terms & Conditions and update your profile.
- 3 You’re now on your personal home page and can proceed to your 2013 benefits enrollment by clicking on the Enroll Now button.
- 4 Click on Complete your Health Assessment, also on your personal home page, follow the interactive health questionnaire and earn back \$100 to your HealthFund.
- 5 Now that you’ve completed your Health Assessment, look around the website through the Resources and other menus at the top of the home page. You can access tools and information and review the other health and wellness features available on RedBrick Health to help you throughout the year to achieve your goals. Check back often to see changes and new opportunities.

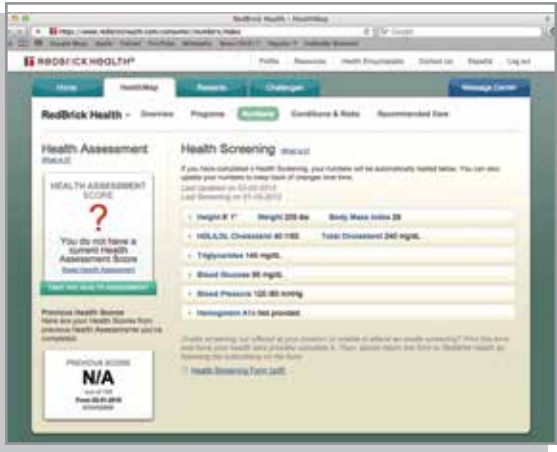
RedBrick Health is also accessible to your covered family members who are age 18 or older. However, because they do not have a District-provided email address, they will need to access RedBrickHealth.com/login and follow the registration steps carefully in order to set up their own personal access to the site.

Take a sneak peek at the new look and feel of Benefits Outlook, now featuring RedBrick Health.

Imagine having everything you need to know about your health status and how you can improve it all located in one website that's easy to navigate, helpful, reliable, secure and confidential. *Benefits Outlook* is your place to register for benefits, track your incentives and find ways to improve your health and well-being.

Now that we're partnering with RedBrick Health, you'll find that *Benefits Outlook* looks a little different this year. We hope you enjoy the friendly, interactive portal to all your health information.

The new Aldine ISD RedBrick Health portal on Benefits Outlook launches October 26.



Health Assessment

With the click of your mouse and a few minutes of your time, your online Health Assessment is a breeze to complete. It's a lot of fun, too.

See your numbers

View all of your health measurements in one place. It's easy to see where you're doing well and where you could use a little improvement.



Health programs

Need some inspiration? Based on your Health Assessment, RedBrick Health will provide you with coaching (online or over the phone), workout ideas and an activity tracker to get you going.

Rewards

Watch your piggy bank grow as you log Healthy Activities like completing your Health Assessment and Health Screening, maintaining a healthy weight, lowering your cholesterol, staying tobacco-free and more.



\$100
back to your HealthFund
for completing your
Health Assessment

An additional \$125
(gift card) for logging
Healthy Activities

cheer yourself on



voluntary plan options

*The District offers an array of
voluntary plans that can enhance
your 2013 benefits package.*

VOLUNTARY PLANS

If you would like supplemental or additional coverage not provided by your medical plan type—as well as added financial protection—consider adding a selection of voluntary plans to your 2013 benefits package. Rates are available on pages 50 through 54. For more detailed information, log on to *Benefits Outlook* via the ePortal, and click on *My Benefits*.

DENTAL HMO AND DENTAL HMO PLUS

[view dental plan costs](#)

- You must select a primary care dentist (PCD) prior to receiving care. Failure to select a PCD ahead of time may result in delay or denial of coverage for services.
- You can access the fee schedule online through *Benefits Outlook*.
- For DHMO Plus, there is a copayment for orthodontic coverage of \$2,400 per covered child and \$2,600 per adult.

Please note:

If you enroll in the DHMO Plus plan in 2013 (and were not enrolled in 2012), the plan does not cover orthodontia already in progress (for example, if you already have braces, DHMO Plus will not cover your orthodontia expenses). This does not apply to new hires who had orthodontia coverage through their previous employer.

DENTAL PPO [view dental plan costs](#)

- This plan includes prenatal dental care and oral cancer screening.
- You may use any provider you choose and are responsible for costs that exceed the usual, reasonable and customary guidelines.
- With the Consumer Max Multiplier carryover feature, if you have less than \$750 in paid claims, you can carry over up to \$400 to your maximum coverage amount in the next plan year. If you go to an in-network provider, you can earn an additional \$100 to carry over.
- There is a benefit maximum of \$1,250.
- There is a 12-month waiting period, unless you can provide credible coverage from a previous employer.

DISCOUNT DENTAL [view dental plan costs](#)

- This option is provided free of charge for employee-only coverage.
- You pay set fees for selected services or receive a 20% discount for other services.
- You must use an in-network provider for your care.



HEALTH
* TIP

every
step
matters

Walking for 30 minutes each day can not only keep you from gaining weight but actually help you lose a few pounds. If 30 minutes is too big of a time investment, three 10-minute sessions throughout the day will do good things for you, too.



DENTAL PLAN OPTIONS				
FEATURES	DENTAL HMO		DENTAL PPO	DISCOUNT DENTAL
	BASIC	PLUS		
DEDUCTIBLE	\$0	\$0	\$50 Individual \$150 Family (applies for basic and major care only; waived for preventive)	\$0
ANNUAL MAXIMUM BENEFIT	Unlimited	Unlimited	\$1,500/Indiv.	Unlimited
COVERED SERVICES DEPENDING ON THE SERVICES, YOU PAY:				
PREVENTIVE & DIAGNOSTIC CARE	\$0 - \$70	\$0 - \$70	\$0 - one visit every 6 months	\$5 - \$75
BASIC CARE	\$5 - \$455	\$5 - \$350	20% of covered expenses after annual deductible	\$16 - \$260
MAJOR CARE	\$10 - \$475	\$7 - \$350	50% of covered expenses after annual deductible	\$15 - \$420
SPECIALTY CARE	No coverage*	Referrals to a specialty dentist required	Covered	Reduced fees for services with QCD Dentists only
ORTHODONTIA	No coverage	Child \$2,400 Adult \$2,600	50% of covered expenses, up to \$1,000/Indiv. lifetime max. (up to age 19)	QCD General Dentist: \$2,200 Child \$2,400 Adult QCD Orthodontists: 20% Discount
WAITING PERIODS	No waiting period	No waiting period	New enrollees have a 24-month waiting period for orthodontia coverage. If you previously participated in a UHC plan with the district or another employer, with no break in coverage, the waiting period is reduced by the number of months you had coverage.**	No waiting period

*There is no applicable copayment schedule for Specialty Dentist services as they are not covered. Member will be responsible for paying the entire charge at the time the service is received or in accordance with the Specialty Dentist's billing procedures.
** If you or your dependents were covered by another carrier with no break in coverage and can supply credible coverage for the months covered, the waiting period is reduced by the number of months you or your dependent had coverage.

VISION [view vision plan costs](#)

- You may choose between High and Low options.
- Both offer in- and out-of-network benefits.
- Both cover an annual in-network eye exam for a \$10 copay.
- Both cover contact lenses or glasses every 12 months after a set materials copay.
- The High option covers new frames every 12 months; the Low option covers new frames every 24 months.



FLEXIBLE SPENDING ACCOUNTS

A Flexible Spending Account (FSA) allows you to set aside pre-tax dollars to pay for eligible health and dependent care expenses. With an FSA, you decide ahead of time how much money you anticipate spending on health care or dependent care for the entire year. That amount is deducted from your paycheck and available when you need it, tax-free. It's important to carefully estimate the amount you expect to spend because you will lose any unused funds at the end of the year. Visit the IRS website, [irs.gov/publications](https://www.irs.gov/publications), for the full list of eligible expenses.

HEALTH AND LIMITED FSA

- **New for 2013:** Due to revisions to the tax laws, the maximum annual amount you can designate for your Health Care FSA is now \$2,500.
- The full amount you allocate is available to you when the plan year begins on January 1, 2013.
- You may use your 2013 FSA funds for expenses incurred through March 15, 2014. The deadline for submitting documentation of those expenses is May 15, 2014. Any leftover funds in the account will be forfeited.

HEALTH CARE FSA [view FSA contribution options](#)

- You can set aside a minimum of \$600 and a maximum of \$2,500 per year, pre-tax, to pay yourself back for eligible health care expenses that are not reimbursable from any other source.
- This FSA may be used for all eligible health care costs for you and your dependents, including vision and dental.
- If you participate in one of the Consumer plan types, be aware that your medical claims will be reimbursed from your FSA first. Only after all FSA funds have been exhausted will claims be reimbursed through your HealthFund.

LIMITED DENTAL AND VISION-ONLY FSA

- You can set aside a minimum of \$600 and a maximum of \$2,500 per year, pre-tax, to pay for your vision and dental expenses.
- If you enroll in this option, you cannot participate in the Health Care FSA, which allows you to use pre-tax dollars for medical, dental and vision expenses.



DEPENDENT DAY CARE FSA [view dependent care FSA contribution options](#)

- You can set aside pre-tax dollars for expenses to care for your child or other qualifying person so that you and your spouse can work or look for work. The account cannot be used to pay for dependent medical expenses. Eligible expenses include day care, nursery school, after-school care or summer day camp.
- You and your spouse may contribute up to a combined total of \$5,000 per calendar year.

Note:
For these three plans, benefits will not be paid for any sickness or loss related to a pre-existing condition (an injury or illness for which medical advice or treatment was recommended within 12 months prior to the effective date of coverage).

CANCER AND SPECIFIED DISEASES PLAN

[view cancer and disease plan costs](#)

- This plan, which includes a wellness benefit, provides a cash benefit for procedures and other care related to diagnosis and treatment of cancer and 36 specified diseases.
- The Cancer and Specified Diseases plan offers three coverage options—High, Medium and Low.
- Evidence of Insurability (EOI) is required for all new elections.
- Evidence of Insurability (EOI) is required for all increases in plan option (Low to Medium, Low to High or Medium to High) or tier level (for example, Employee Only to Employee + Spouse/Children).

CRITICAL ILLNESS PLAN [view critical illness plan costs](#)

- This plan pays you a lump-sum cash benefit upon first diagnosis of a covered critical illness.
- If elected, spouse coverage is 50% of the employee's coverage amount. Dependent children are covered automatically for 25% of the employee's coverage amount at no additional cost if you elect Employee + Child(ren) or Employee + Family coverage.
- You have a choice of Low or High options.
- Low option is guaranteed issue, no Evidence of Insurability (EOI) required.
- Low option first occurrence maximum:
EMPLOYEE \$10,000 • SPOUSE \$5,000 • CHILD \$2,500
- High option requires Evidence of Insurability (EOI).
- High option first occurrence maximum:
EMPLOYEE \$25,000 • SPOUSE \$12,500 • CHILD \$6,250

HOSPITAL INDEMNITY PLAN [view hospital indemnity plan costs](#)

- This plan provides a cash payment to help you pay your portion of hospital expenses, including deductibles and coinsurance as well as treatment costs. This plan pays you outright—there is no need to coordinate with other coverage.
- Benefits are paid for hospital admission and hospital stays, including ICU, of up to 365 days.
- Guaranteed issue, no Evidence of Insurability (EOI) required.

ACCIDENT PLAN [view accident plan costs](#)

- This plan covers emergency treatment, hospital admissions, confinements and diagnostic exams, as well as other expenses related to your accident, such as transportation and lodging needs.
- If you have a covered accident, you receive cash benefits for expenses that may not be fully covered by your medical option.
- Guaranteed issue, no Evidence of Insurability (EOI) required.

DISABILITY PLAN [view disability plan costs](#)

- **New for 2013:** The 14-day waiting period option is no longer available. If you are currently participating at this level, you will be enrolled in the 30-day waiting period option for 2013 at the same annual earnings percentage unless you make changes.
- After a set waiting period, the plan pays a monthly benefit if you are disabled and unable to work due to an injury, illness or pregnancy.
- You have a choice of waiting periods before benefits begin (30, 60, 90 or 180 days), and you select the percentage of your basic annual earnings that you want to replace each month (40%, 50% or 66.67%).
- There is no Evidence of Insurability (EOI) to receive plan coverage. If you have been denied in the past, you can elect again, subject to the pre-existing conditions limitation.

• There is a 12-month “look back” pre-existing conditions limitation for new Disability enrollees, increased coverage and lesser waiting periods. That means if you are a new Disability enrollee and become disabled from a pre-existing condition during your first 12 months on the plan, there is no disability coverage for that condition. If you were covered in 2012 and elected increased disability coverage or a lesser waiting period and you become disabled during your first 12 months from a pre-existing condition, you will receive coverage at your 2012 rate level of benefits.

- A pre-existing condition is any condition for which you consulted a physician, received medical treatment, underwent diagnostic procedures (including self-administered procedures), or took prescribed drugs or medication as a result of any medical examination in the 12 months prior to the effective date of new or changed coverage.
- Disability benefits, once approved, start the day after your benefit waiting period ends. If you have Aldine ISD sick pay, you may be eligible to receive the minimum disability benefit (the greater of \$300 or 25% of your disability benefit) at the same time as the sick pay. Once sick pay has been exhausted, you may be eligible to receive the full disability benefit.
- If you increased your 2013 waiting period because you had a large number of sick days and then lessen your waiting period in 2014, then the difference in waiting periods will be subject to pre-existing conditions limits.
- Keep in mind: If you have a large number of sick days, you should consider choosing a longer waiting period before your disability benefits kick in. Otherwise, you’ll only receive partial disability benefits until your sick days have been exhausted. If you’re receiving sick pay, you’ll get 25% of your disability benefit until those sick days are gone. Only then will you receive the greater 40%-67% benefit level that you selected during Annual Enrollment. The waiting periods are 30, 60, 90 or 180 days.

LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) [view life and AD&D coverage costs](#)

- Employee coverage is available for up to five times your annual base salary, up to a maximum of \$600,000. (Please note: Base salary does not include overtime, stipends, car allowance or other supplemental pay.)
- Spouse life and AD&D coverage is also available at one to three times salary, equal to your coverage amount or \$100,000, whichever is less.
- No Evidence of Insurability (EOI) is required for employee or spouse life if the current coverage is increased by only one multiple of salary (i.e. 1x to 2x, 2x to 3x, etc.).
- Child life and AD&D coverage is available for either \$5,000 or \$10,000 per child.
- You must designate or update your beneficiary online.
- If your spouse also works for the District, each of you can be covered by either (1) employee coverage or (2) spouse coverage. You cannot have both. A child may not be insured by more than one member.
- Evidence of Insurability (EOI) will be required for late entrants (those who did not enroll when first eligible).

PERSONAL LEGAL PLAN [view personal legal plan costs](#)

- This plan provides personal legal guidance on a variety of issues and services, such as will preparation, traffic ticket defense and uncontested adoptions.

403(B) TAX SHELTERED ANNUITIES/MUTUAL FUNDS

- This District provides the opportunity to participate in a savings plan as a supplement to TRS retirement benefits.

401(A) MATCHING PLAN FOR RETIREMENT

- This District contributes a base match to a 401(a) plan if you participate in a 403(b) or 457(b) plan.
- You are 100% vested in District matching contributions when you complete six years of credited service.

457(B) SAVINGS FOR RETIREMENT PLAN

- This plan is a voluntary savings plan that allows pre-tax contributions through payroll deduction.
- Contributions and earnings grow tax-deferred until withdrawn and are designed to supplement TRS retirement income and provide an alternative to 403(b) programs.

529 SAVINGS PLAN

- You can save for your children’s college tuition through the Texas Tomorrow Fund and a 529 Savings Plan.
- Contributions are made by payroll deduction on an after-tax basis.



enrollment instructions

*Now that you've reviewed all
of your options and made some
decisions, it's time to enroll.*

get enrolled

Once you've reviewed your benefits choices and made a decision about your benefits coverage for 2013, you're ready to enroll. Log on to the Aldine ISD ePortal and follow steps 1, 2 and 3 shown to the right to start your online enrollment session.

1. Go to Aldine ISD ePortal and log on. Click on *More Resources* and then *Benefits* on the menu screen.
2. Click on the *Enroll Now* button and follow the instructions to enter your benefits elections.
3. You will receive an email confirming your benefits elections within a week after enrollment closes on November 13.

If your confirmation statement is incorrect, call Benefits Outlook immediately at 866-284-AISD (2473). Any corrections you make after you receive your confirmation statement may not be reflected on your first two paychecks of the new year and may result in catch-up deductions.

Confirmation statements will also be mailed to employees after the close of the Annual Enrollment period. **Note:** If you have recently moved, please update your address with Aldine ISD to ensure you get this important document.

and...relax

Learn to let go of the things that are out of your control and focus on the areas where you have influence, such as what you eat, how often you exercise and how you react to stressful situations.



Through the Aldine ISD ePortal, link to RedBrick Health to make changes to your benefits, review your 2013 elections, elect your 2013 FSA and complete your Health Assessment.

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



HEALTH
* TIP

stick to the outskirts

Did you know that the healthiest items in the grocery store tend to be stocked around the perimeter? That's where you'll find fresh fruits and vegetables, meat, seafood, bread and dairy. Try to avoid the inner part of the store where the processed and packaged foods are, and you'll automatically cut a lot of calories, fat and sodium from your diet.





2013 coverage costs

*Wondering how much your plan costs?
The following pages list employee
contributions, per pay period, for both
medical and voluntary plans.*

MEDICAL PLAN - PAY PERIOD COST (based on 24 pay periods per year)					
	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + 1 CHILD	EMPLOYEE + 2 OR MORE CHILDREN	EMPLOYEE + FAMILY
CONSUMER PLUS - Limited	\$76.75	\$324.75	\$232.00	\$300.75	\$572.25
CONSUMER PLUS - Choice	\$86.25	\$364.75	\$260.50	\$337.75	\$642.75
CONSUMER BASIC - Choice	\$58.50	\$301.50	\$213.25	\$280.50	\$540.00
CONSUMER POS II-HIGH (TRS-3)	\$382.75	\$1,185.25	\$886.50	\$1,112.25	\$1,916.25
SELECT LOW - (Catastrophic)	\$33.00	\$189.00	\$127.00	\$173.25	\$319.25

DENTAL PLAN - PAY PERIOD COST (based on 24 pay periods per year)				
	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	EMPLOYEE + FAMILY
DENTAL HMO PLUS	\$5.10	\$9.54	\$8.67	\$12.44
DENTAL HMO BASIC	\$2.63	\$4.91	\$4.46	\$6.40
DENTAL PPO	\$16.75	\$33.19	\$33.11	\$51.79
DISCOUNT DENTAL	\$0.00	\$4.00	\$4.00	\$6.00

DISABILITY PLAN - PAY PERIOD COST (based on 24 pay periods per year)		
WAIT PERIOD	COVERAGE OPTION	COST
30 DAY	40%	$\$0.3210 \times \text{Annual Base Salary} \div 1,200$
30 DAY	50%	$\$0.4065 \times \text{Annual Base Salary} \div 1,200$
30 DAY	66.67%	$\$1.0270 \times \text{Annual Base Salary} \div 1,200$
60 DAY	40%	$\$0.2355 \times \text{Annual Base Salary} \div 1,200$
60 DAY	50%	$\$0.3530 \times \text{Annual Base Salary} \div 1,200$
60 DAY	66.67%	$\$0.6955 \times \text{Annual Base Salary} \div 1,200$
90 DAY	40%	$\$0.2195 \times \text{Annual Base Salary} \div 1,200$
90 DAY	50%	$\$0.2890 \times \text{Annual Base Salary} \div 1,200$
90 DAY	66.67%	$\$0.5245 \times \text{Annual Base Salary} \div 1,200$
180 DAY	40%	$\$0.1070 \times \text{Annual Base Salary} \div 1,200$
180 DAY	50%	$\$0.1445 \times \text{Annual Base Salary} \div 1,200$
180 DAY	66.67%	$\$0.3265 \times \text{Annual Base Salary} \div 1,200$

VISION PLAN - PAY PERIOD COST (based on 24 pay periods per year)				
	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	EMPLOYEE + FAMILY
HIGH OPTION -	\$3.07	\$6.08	\$6.39	\$9.79
LOW OPTION -	\$2.10	\$3.96	\$4.14	\$7.72

EMPLOYEE LIFE AND AD&D INSURANCE COVERAGE			
BENEFIT LEVEL	AGE	RATE MODE	PER 24 PAY-PERIOD COST
1X, 2X, 3X, 4X OR 5X ANNUAL BASE SALARY (\$600,000 MAXIMUM)	<30	PER \$1,000	\$0.0210
	30-34	PER \$1,000	\$0.0290
	35-39	PER \$1,000	\$0.0330
	40-44	PER \$1,000	\$0.0450
	45-49	PER \$1,000	\$0.0650
	50-54	PER \$1,000	\$0.0970
	55-59	PER \$1,000	\$0.1770
	60-64	PER \$1,000	\$0.2250
	65-69	PER \$1,000	\$0.4010
	70+	PER \$1,000	\$0.5650

AD&D rate of \$0.010 per \$1,000 included in Employee rates above.

SPOUSE LIFE AND AD&D INSURANCE COVERAGE			
BENEFIT LEVEL	AGE	RATE MODE	PER 24 PAY-PERIOD COST
1X, 2X, OR 3X ANNUAL BASE SALARY (\$100,000 MAXIMUM)	<30	PER \$1,000	\$0.0430
	30-34	PER \$1,000	\$0.0525
	35-39	PER \$1,000	\$0.0575
	40-44	PER \$1,000	\$0.0955
	45-49	PER \$1,000	\$0.1665
	50-54	PER \$1,000	\$0.2475
	55-59	PER \$1,000	\$0.4230
	60-64	PER \$1,000	\$0.4990
	65-69	PER \$1,000	\$0.8790
	70+	PER \$1,000	\$1.3350

AD&D rate of \$0.019 per \$1,000 included in Spouse rates above.

CHILD LIFE AND AD&D INSURANCE COVERAGE		
BENEFIT LEVEL	RATE MODE	PER 24 PAY-PERIOD COST
OPTION A: \$5,000	FLAT RATE	\$0.40
OPTION B: \$10,000	FLAT RATE	\$0.80

AD&D rate of \$0.01 per \$1,000 included in Child rates above.



HOSPITAL INDEMNITY PLAN - PAY PERIOD COST (based on 24 pay periods per year)					
	AGE ON 1/1/13	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	EMPLOYEE + FAMILY
LOW OPTION	18-39	\$2.41	\$4.46	\$4.51	\$6.55
	40-49	\$3.02	\$5.74	\$5.10	\$7.83
	50-59	\$4.32	\$8.36	\$6.40	\$10.44
	60-69	\$6.74	\$13.06	\$8.84	\$15.15
HIGH OPTION	18-39	\$4.46	\$8.20	\$8.25	\$11.99
	40-49	\$5.64	\$10.70	\$9.44	\$14.49
	50-59	\$8.13	\$15.70	\$11.92	\$19.49
	60-69	\$12.73	\$24.63	\$16.53	\$28.42

CRITICAL ILLNESS PLAN - PAY PERIOD COST (based on 24 pay periods per year)*					
	AGE ON 1/1/13	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	EMPLOYEE + FAMILY
LOW OPTION	18-34	\$2.31	\$3.74	\$2.31	\$3.74
	35-39	\$3.92	\$6.17	\$3.92	\$6.17
	40-44	\$5.17	\$8.05	\$5.17	\$8.05
	45-49	\$7.92	\$12.16	\$7.92	\$12.16
	50-54	\$9.98	\$15.25	\$9.98	\$15.25
	55-59	\$11.55	\$17.61	\$11.55	\$17.61
	60-64	\$17.53	\$26.58	\$17.53	\$26.58
	65-69	\$17.53	\$26.58	\$17.53	\$26.58
HIGH OPTION	18-34	\$4.91	\$7.65	\$4.91	\$7.65
	35-39	\$8.94	\$13.70	\$8.94	\$13.70
	40-44	\$12.08	\$18.41	\$12.08	\$18.41
	45-49	\$18.94	\$28.70	\$18.94	\$28.70
	50-54	\$24.09	\$36.41	\$24.09	\$36.41
	55-59	\$28.03	\$42.33	\$28.03	\$42.33
	60-64	\$42.97	\$64.73	\$42.97	\$64.73
	65-69	\$42.97	\$64.73	\$42.97	\$64.73

Evidence of insurability is required for the High option.

CANCER AND SPECIFIED DISEASES PLAN - PAY PERIOD COST (based on 24 pay periods per year)*				
	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	EMPLOYEE + FAMILY
LOW OPTION AND SPECIFIED DISEASES	\$5.76	\$9.60	\$7.38	\$9.60
LOW OPTION AND SPECIFIED DISEASES + ICU RIDER	\$8.76	\$15.78	\$13.56	\$15.78
MEDIUM OPTION AND SPECIFIED DISEASES	\$8.28	\$14.28	\$10.62	\$14.28
MEDIUM OPTION AND SPECIFIED DISEASES + ICU RIDER	\$11.28	\$20.46	\$16.80	\$20.46
HIGH OPTION AND SPECIFIED DISEASES	\$9.42	\$17.10	\$12.48	\$17.10
HIGH OPTION AND SPECIFIED DISEASES + ICU RIDER	\$12.42	\$23.28	\$18.66	\$23.28

Evidence of insurability may be required.

PERSONAL LEGAL PLAN - PAY PERIOD COST (based on 24 pay periods per year)		
	EMPLOYEE ONLY	EMPLOYEE + FAMILY
PERSONAL LEGAL PLAN	\$4.56	\$6.21

ACCIDENT - PAY PERIOD COST (based on 24 pay periods per year)				
	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	EMPLOYEE + FAMILY
LOW OPTION	\$3.86	\$5.73	\$7.47	\$9.34
HIGH OPTION	\$6.65	\$9.77	\$12.61	\$15.73

HEALTH CARE OR LIMITED FLEXIBLE SPENDING ACCOUNTS (FSA)	
MINIMUM CONTRIBUTION	MAXIMUM CONTRIBUTION
\$600 PER YEAR OR \$25 PER PAY PERIOD	\$2,500 PER YEAR OR \$104.17 PER PAY PERIOD

DEPENDENT CARE FLEXIBLE SPENDING ACCOUNTS (FSA)	
MINIMUM CONTRIBUTION	MAXIMUM CONTRIBUTION
\$600 PER YEAR OR \$25 PER PAY PERIOD	\$5,000 PER YEAR OR \$208.33 PER PAY PERIOD

HEALTH CLUB (YMCA ONLY) - PAY PERIOD COST (based on 24 pay periods per year)		
FROZEN SALARY	EMPLOYEE ONLY	EMPLOYEE + FAMILY
\$60,000 AND UP	\$27.50	\$38.50
\$50,000 - \$59,999	\$25.00	\$34.50
\$40,000 - \$49,999	\$22.00	\$31.00
\$30,000 - \$39,999	\$19.50	\$27.00
\$20,000 - \$29,999	\$16.50	\$23.00
\$0 - \$19,999	\$14.00	\$19.50

HEALTH CLUB - PAY PERIOD COST (based on 24 pay periods per year)		
FROZEN SALARY	EMPLOYEE ONLY	EMPLOYEE + SPOUSE
FITNESS CONNECTION	\$7.50	\$12.50
24-HOUR FITNESS INC.	\$17.50	\$27.50
BLAST FITNESS		
GOLD	\$8.21	N/A
PLATINUM	\$13.62	N/A
PURE FITNESS	\$10.00	N/A



when you come to a fork in the road, have a salad

Start each dinner with a bowl of mixed greens or spinach topped with colorful vegetables and a low-calorie dressing like vinaigrette. In addition to the jolt of tasty nutrients, you'll fill up faster when you eat the main course.

life is a marathon, not a sprint

Taking care of your physical health should be an ongoing commitment, not just something you do when it's time to make your New Year's resolutions. Instead of restrictive crash diets and extreme workouts, find sustainable ways to modify your diet and increase your activity over the long-term. Those small steps add up.



2013

benefits guide

ANNUAL ENROLLMENT:
November 2-13, 2012



BENEFITS
OUTLOOK
Health.Wellness.Life.

2012 Health and Wellness Fair

FLU SHOTS, BIOMETRIC TESTING
AND MAMMOGRAM SCREENINGS
FREE for Employees

Friday, November 2, 2012
9AM to 6PM
Saturday, November 3, 2012
9AM to 1PM

M.O. CAMPBELL
EDUCATIONAL CENTER
1865 Aldine Bender Rd.
Houston, Texas 77032

