



**KELLER INDEPENDENT SCHOOL DISTRICT
2020 Benefits Rate Guide**

The community of Keller ISD will educate our students to achieve their highest standards of performance by engaging them in exceptional opportunities.

Keller Independent School District's Benefit Plan Year is from January 1, 2020 to December 31, 2020

Keller ISD Medical Plans –United Healthcare Member Line: 800-241-1658; Group #715197

- Visit www.myuhc.com for detailed information on covered/non-covered items, benefits, as well as to check on claims, and out of pocket maximums.
- All Summary Plan Documents and other benefit information can be found on THE *benefitsHUB* at www.mybenefitshub.com/kellerisd or on KCloud under the Human Resources icon.
- 2020 Benefit Plan Update:
 - UnitedHealthcare Nexus Narrow Network (utilizing Tier 1 doctors)
 - ProActRX is our Pharmacy Benefit Manager; Tailored Prescription Drug Network (still no Target/CVS); www.ProActRx.com or call 877-635-9545
 - District will offer three medical plans: High Deductible, Major Medical and the Essential Plan
 - District will offer four tiers: Employee Only, Employee + Spouse, Employee + Child(ren) and Employee + Family

High Deductible Plan

(Monthly Premium – District Contribution = Employee Premium)

	2020 Monthly Premium	2020 Monthly District Contribution	2020 Monthly Employee Premium	2020 Monthly Employee Incentive Premium
Employee Only	\$388.06	\$275.00	\$113.06	\$53.06
Employee + Spouse	\$1,015.54	\$275.00	\$740.54	\$680.54
Employee + Child(ren)	\$815.79	\$275.00	\$540.79	\$480.79
Employee + Family	\$1,454.22	\$275.00	\$1,179.22	\$1,119.22

Highlights of the 2020 High Deductible Plan:

- ❖ You will pay the full amount of all charges until you have met your deductible.
- ❖ \$3,000 Individual Deductible/\$6,000 Family Deductible
- ❖ Total Out of Pocket Limit: \$6,650 Individual/\$13,300 Family
- ❖ 80/20 Coinsurance - once you have met the \$3,000/\$6,000 deductible, the plan pays 80% of In-Network charges and you pay 20% if you utilize a Tier 1 doctor/facility; otherwise you pay 60/40 coinsurance when utilizing an in-network doctor/facility
 - Medical
 - Pharmacy/Prescription
 - Emergency Room Visit and/or Urgent Care Center
- ❖ **In-Network** Benefits Only
- ❖ 100% Wellness Benefit - every covered member receives routine wellness and other preventive care services
- ❖ 100% Lab Benefit – preventative lab work done at a participating In-Network lab facility is paid at 100% (not all lab work is considered preventative, therefore you will be responsible for those fees)
- ❖ If you go to the KISD Employee Health and Wellness Center, you will be assessed a \$25.00 fee for an acute visit. You will not have to pay a fee for wellness or coaching office visits.
- ❖ You can partner this plan with a Health Savings Account (HSA)

Major Medical Plan

(Monthly Premium – District Contribution = Employee Premium)

	2020 Monthly Premium	2020 Monthly District Contribution	2020 Monthly Employee Premium	2020 Monthly Employee Incentive Premium
Employee Only	\$509.20	\$275.00	\$234.20	\$174.20
Employee + Spouse	\$1,065.04	\$275.00	\$790.04	\$730.04
Employee + Child(ren)	\$914.40	\$275.00	\$639.40	\$579.40
Employee + Family	\$1,503.72	\$275.00	\$1,228.72	\$1,168.72

Highlights of the 2020 Major Medical Plan:

- ❖ \$4,000 Individual Deductible/\$8,000 Family Deductible
- ❖ Total Out of Pocket Limit: \$7,350 Individual/\$14,700 Family
- ❖ 70/30 Coinsurance - once you have met the \$4,000/\$8,000 deductible, the plan pays 70% of In-Network charges and you pay 30% if you utilize a Tier 1 doctor/facility; otherwise you pay 50/50 coinsurance when utilizing an in-network doctor/facility
- ❖ Primary Care Physician Copays are \$25/\$45 and Specialist Copays are \$45/\$65
- ❖ **In-Network** Benefits Only
- ❖ \$200.00 Prescription Deductible - per covered member, per year (deductible does **not** apply to generic or mail order)
- ❖ Emergency Room – Deductible/Coinsurance - per visit
- ❖ Urgent Care Center \$100.00 Copay - per visit (ex: Care Now)
- ❖ 100% Wellness Benefit - every covered member receives routine wellness and other preventive care services
- ❖ 100% Lab Benefit – preventative lab work done at a participating In-Network lab facility is paid at 100% (not all lab work is considered preventative, therefore you will be responsible for those fees)
- ❖ If you go to the KISD Employee Health and Wellness Center you will not be assessed a fee for an acute, wellness or coaching office visit.
- ❖ You can partner this plan with a Flexible Spending Account (FSA).

Essential Plan

(Monthly Premium – District Contribution = Employee Premium)

	2020 Monthly Premium	2020 Monthly District Contribution	2020 Monthly Employee Premium	2020 Monthly Employee Incentive Premium
Employee Only	\$771.95	\$275.00	\$496.95	\$436.95
Employee + Spouse	\$1,480.35	\$275.00	\$1,205.35	\$1,145.35
Employee + Child(ren)	\$1,229.87	\$275.00	\$954.87	\$894.87
Employee + Family	\$2,115.38	\$275.00	\$1,840.38	\$1,780.38

Highlights of the 2020 Essential Plan:

- ❖ \$2,000 Individual Deductible/\$4,000 Family Deductible
- ❖ Total Out of Pocket Limit: \$7,350 Individual/\$14,700 Family
- ❖ 70/30 Coinsurance - once you have met the \$2,000/\$4,000 deductible, the plan pays 70% of In-Network charges and you pay 30% if you utilize a Tier 1 doctor/facility; otherwise you pay 50/50 coinsurance when utilizing an in-network doctor/facility
- ❖ Primary Care Physician Copays \$25/\$45 and Specialist Copays \$45/\$65
- ❖ **In-Network** Benefits Only
- ❖ \$150 Prescription Deductible - per covered member, per year (deductible does **not** apply to generic or mail order)
- ❖ Emergency Room - Deductible/Coinsurance - per visit
- ❖ Urgent Care Center \$100.00 Copay - per visit (ex: Care Now)
- ❖ 100% Wellness Benefit - every covered member receives routine wellness and other preventive care services
- ❖ 100% Lab Benefit – preventative lab work done at a participating In-Network lab facility is paid at 100% (not all lab work is considered preventative, therefore you will be responsible for those fees)
- ❖ If you go to the KISD Employee Health and Wellness Center you will not be assessed a fee for an acute, wellness or coaching office visit.
- ❖ You can partner this plan with a Flexible Spending Account (FSA).

Additional Benefits for Employees who elect one of our three Medical Plans:

- ❖ **KISD Employee Health and Wellness Center** - Employees are eligible to go the KISD Employee Health and Wellness Center for acute and/or coaching visits. If you elect the Essential or Major Medical Plan there is no cost; if you elect the High Deductible Plan there will be a \$25.00 fee per visit for acute care visits.
 - The address to the Wellness Center is 5308 N. Tarrant Parkway Fort Worth, TX 76244
 - Phone number for the Wellness Center is 817-993-6889
 - Marathon Health Website: my.marathon-health.com
- ❖ **Virtual Visits** – Log into myuhc.com and choose from provider sites where you can register for a virtual visit; payments are \$50.00 a visit.
- ❖ **Premium Incentive Plan** – Complete 3 activities for the 2021 Premium Incentive Plan between September 1, 2019 through August 31, 2020: Health Risk Assessment, Biometric Screening and an Annual Wellness Exam; Employee only will receive a \$60.00 incentive monthly for an annual savings of \$720.00 for the Benefit Plan Year in 2021.

In addition, for the 2021 Incentive, employees must have “Three in the Green”. This would require employees to have 3 out of 5 metrics in range in order to be eligible for the Premium Incentive. The five areas that will be assessed are Cholesterol, LDL, HDL, Waist Circumference and Blood Pressure. Anyone that does not meet that criteria will need to have a Health Coaching Visit at the KISD Employee Health and Wellness Center by August 31, 2020 to receive the Premium Incentive.

2020 Dental Insurance: Cigna

	Low Plan Monthly Rates	High Plan Monthly Rates	DHMO Rates
Employee Only	\$29.29	\$39.00	\$17.96
Employee + Spouse	\$57.20	\$76.14	\$35.04
Employee + Child(ren)	\$69.97	\$93.11	\$42.94
Employee + Family	\$92.66	\$123.13	\$56.78

Highlights of the Dental Insurance Low and High Plans (PPO):

- ❖ Cleanings – 2 included per year, per covered member (covered at 100% on the High Plan and 90% on the Low Plan)
- ❖ Child Orthodontia - ONLY covered on the High Plan with a 50% benefit up to Lifetime Max of \$1000
- ❖ Deductible - \$50 per individual; \$150 per family; in or out of network on both plans

Highlights of the DHMO Dental Insurance Plan:

- ❖ No dollar Maximums
- ❖ No claim forms or waiting periods for coverage to begin
- ❖ Services based on a fee schedule; most fees are covered with copays
- ❖ Orthodontic coverage for children and adults with no dollar maximum
- ❖ Must use a Cigna In-Network DHMO Provider **only**; **No out of network benefits**

2020 Vision Insurance: Superior Vision

	Monthly Plan Rates
Employee Only	\$9.96
Employee + Spouse	\$19.30
Employee + Family	\$28.37

Highlights of the Vision Insurance Plan:

- ❖ Vision Exam every 12 months
- ❖ Either glasses or contact lenses every 12 months (up to a \$130 allowance)
- ❖ Frames every 12 months
- ❖ Progressive lenses are covered in full at lined trifocal level
- ❖ UV, polycarbonate and tint anti-reflective coating are all covered in full
- ❖ Discounts for anything you choose to purchase in addition to the glasses or contacts every 12 months

2020 Dental & Vision Discount Plan: QCD of America

	Monthly Rates
Employee Only	FREE
Employee + One Dependent	\$10.00
Employee + Family	\$14.00

Highlights of QCD of America Discount Dental and Vision Plan:

- ❖ This is **not** an insurance plan; it only provides discounted fees.
- ❖ Participating network of dentists
- ❖ Discounts on all dental services
- ❖ Includes a discount vision plan through Davis

2020 Accidental Insurance: Voya

	Accidental Monthly Rates
Employee Only	\$2.85
Employee + Spouse	\$5.00
Employee + Child	\$6.41
Employee + Family	\$8.56

Highlights of the Accidental Insurance Plan:

- ❖ For each covered individual a set reimbursement is paid for each accident occurrence. This does not apply to work related injuries.
- ❖ Accident coverage covers child accidental injuries while participating in organized sports
- ❖ True Annual Open Enrollment without medical question requirement up to guarantee issue amount

2020 In-Hospital Indemnity Insurance – Voya

- ❖ Insurance pays lump sum benefit amounts based on the number of days spent in a hospital, critical care unit, or rehabilitation facility.
- ❖ You can use this benefit for any purpose you like and the coverage is portable.
- ❖ Coverage is available for you, your spouse and/or children.

2020 Critical Illness Insurance: Voya

Attained Age	EE Tobacco	EE Non-Tobacco
<25	\$0.74	\$0.43
25-29	\$0.78	\$0.45
30-34	\$0.92	\$0.51
35-39	\$1.19	\$0.65
40-44	\$1.73	\$0.92
45-49	\$2.59	\$1.35
50-54	\$3.71	\$1.91
55-59	\$5.05	\$2.61
60-64	\$7.07	\$3.65

Highlights of the Critical Insurance Plan:

- ❖ Monthly Rates per \$1,000; 100% benefit for recurrence
- ❖ Cancer is included in this policy
- ❖ Employees can obtain \$20,000 of guaranteed Critical Illness coverage with no medical questions required
- ❖ Voya's Critical Illness policy does include a wellness benefit of \$50.00 annually

2020 Flexible Spending Accounts (FSA): National Benefit Services (NBS)

- ❖ Tax-sheltered flexible spending accounts allow an individual to set aside dollars to pay for future health care and dependent care expenses.
- ❖ Monthly fee: \$2.85
- ❖ Health Care Contributions are use-it-or-lose-it; Gain selected amount all up front for the year beginning in January
- ❖ Healthcare reimbursement maximum: \$2,400/plan year
- ❖ Dependent Care Reimbursement maximum: \$5,000 (married) or \$2,500 (single) per year
- ❖ An FSA account can only be partnered with the Essential or Major Medical Plan

2020 Health Savings Account (HSA): UnitedHealthcare Optum

- ❖ Tax-sheltered Health Savings Accounts and **you can only use it with the High Deductible Medical Plan**
- ❖ Monthly fee: \$2.75
- ❖ Health Care Contributions accumulate month by month and can roll from one year to another
- ❖ Healthcare reimbursement maximum: \$7,100 for family and \$3,550 for individual per plan year
- ❖ Employees cannot participate in the FSA if they have an HSA account
- ❖ An HSA account can only be partnered with the High Deductible Plan

2020 Life Insurance - The Hartford

- ❖ Keller provides you with a Basic Life & AD&D coverage of \$15,000 at no cost to eligible employees.
- ❖ If you wish to purchase supplemental term life insurance coverage you can do so in increments of \$10,000 up to the lesser of 7 times your basic annual earnings or \$500,000.
- ❖ New hires can enroll in coverage up to \$100,000 without a statement of health. If you enroll, you can also purchase coverage for your spouse in \$10,000 increments up to \$350,000. New hires can enroll in spouse coverage up to \$20,000 without a statement of health.
- ❖ New coverage and increases could be subject to a statement of health.
- ❖ You can also enroll in Voluntary AD&D insurance in increments of \$10,000 up to a maximum of \$500,000.

2020 Disability Insurance- The Hartford

- ❖ A disability plan will pay you, based on what you elect, while you are off work due to a disability.
- ❖ These payments are in addition to pay you may or may not receive through the District.
- ❖ Choices are as follows:

Plan A: Premium Plan	Plan B: Select Plan
Plan A – Injury 0/Sickness 3	Plan B – Injury 0/Sickness 3
Plan A – Injury 14/Sickness 14	Plan B – Injury 14/Sickness 14
Plan A – Injury 30/Sickness 30	Plan B – Injury 30/Sickness 30
Plan A – Injury 60/Sickness 60	Plan B – Injury 60/Sickness 60
Plan A – Injury 90/Sickness 90	Plan B – Injury 90/Sickness 90
Plan A – Injury 180/Sickness 180	Plan B – Injury 180/Sickness 180

- ❖ Plan A is our premium plan and the payment period prior to age 63 is to normal retirement age, for disabilities resulting from sickness or injury.
- ❖ Plan B is our select plan and the payment period prior to age 63 is to normal retirement age, for disabilities resulting from injury and prior to age 65 is 5 years, for disabilities resulting from sickness.
- ❖ If you choose an elimination period of 0/3, 14/14 or 30/30 and if you are confined to the hospital for more than 24 hours your elimination period is waived.
- ❖ Employees may elect a monthly benefit up to 66.67% of your salary.
- ❖ During annual enrollment, employees can increase or add disability coverage without providing evidence of insurability.
- ❖ **New coverage amounts, or changes are subject to pre-existing condition limitations.**

Sick Leave Bank

- ❖ To become a member, a one-time donation of 2 sick days are required, unless the Sick Leave Bank goes below a certain level. Once the donation has been made, the membership will continue the duration of the employment. You can enroll in the Sick Leave Bank during your Annual Open Enrollment.
- ❖ The purpose of the Sick Leave Bank is to provide additional sick leave days to members of the bank in the event of the employee or the employee's spouse, parent, son, or daughter experience a catastrophic illness or injury. To request days from the bank, an employee must have exhausted all paid leave, vacation and must have been absent at least 5 workdays without pay.
- ❖ Sick leave days from the bank must be approved by the District's Sick Leave Bank Committee. Leave shall not be granted for a pre-existing condition.

2020 The Keller Pointe (Workout Facility)

- ❖ The address is 405 Rufe Snow Dr. Keller, TX 76248.
- ❖ To qualify as a Resident (RES), your home must be located within the City of Keller and your property taxes must be paid to the City of Keller, otherwise you are considered a Non-Resident (Non-Res).
- ❖ Sign up through Keller Payroll Deduction the \$60.00 enrollment fee is waived.

Keller Pointe	Rates
Employee w/o Aerobics (RES)	\$34.14
Employee w/o Aerobics (Non-Res)	\$43.50
Employee with Aerobics (RES)	\$41.17
Employee with Aerobics (Non-Res)	\$50.52
Employee + Family w/o Aerobics (RES)	\$53.80
Employee + Family w/o Aerobics (Non-Res)	\$68.29
Employee + Family with Aerobics (RES)	\$60.82
Employee + Family with Aerobics (Non-Res)	\$75.31
Senior Employee with Aerobics (RES)	\$22.93
Senior Employee with Aerobics (Non-Res)	\$28.70