



**KELLER INDEPENDENT SCHOOL DISTRICT  
2018 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 ISD Medical Plans –United Healthcare Member Line: 800-241-1658 Group #715197  
Visit [www.myuhc.com](http://www.myuhc.com) for detailed information on covered/non covered items, prescriptions, benefits, as well as to check on claims, and out of pocket maximums.

***Keller Independent School District's Benefit Plan Year is from January 1, 2018 to December 31, 2018***

***High Deductible Plan*** (new plan effective January 1, 2018)

	<b>2017 Monthly Rates</b>	<b>2017 Incentive Plan Rates</b>	<b>2018 Monthly Rates</b>	<b>2018 Incentive Plan Rates</b>
Employee Only	N/A	N/A	\$91.36	\$31.36
Employee + Spouse	N/A	N/A	\$598.42	\$538.42
Employee + Child	N/A	N/A	\$341.57	\$281.57
Employee + Children	N/A	N/A	\$437.00	\$377.00
Employee + Family	N/A	N/A	\$952.91	\$892.91

**Highlights of the 2018 High Deductible Plan:**

- ❖ You will pay the full amount of all charges until you have met your deductible.
- ❖ \$2,700 Individual Deductible/\$5,000 Family Deductible
- ❖ Total Out of Pocket Limit: \$6,650 Individual/\$13,300 Family
- ❖ 80/20 Coinsurance - once you have met the \$2,700/\$5,000 deductible, the plan pays 80% of In-Network charges and you pay 20%
  - Medical
  - Pharmacy/Prescription
  - Emergency Room Visit and/or Urgent Care Center
- ❖ There are **no** Out of Network Benefits
- ❖ 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%
- ❖ 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 visits.

***Major Medical Plan***

	<b>2017 Monthly Rates</b>	<b>2017 Incentive Plan Rates</b>	<b>2018 Monthly Rates</b>	<b>2018 Incentive Plan Rates</b>
Employee Only	\$88.88	\$48.88	\$189.25	\$129.25
Employee + Spouse	\$595.94	\$555.94	\$638.42	\$ 578.42
Employee + Child	\$339.09	\$299.09	\$485.14	\$ 425.14
Employee + Children	\$434.52	\$394.52	\$558.91	\$498.91
Employee + Family	\$950.43	\$910.43	\$992.91	\$932.91

**Highlights of the 2018 Major Medical Plan:**

- ❖ \$3,000 Individual Deductible/\$6,000 Family Deductible
- ❖ Total Out of Pocket Limit: \$7,350 Individual/\$14,700 Family

### Continued Highlights of the 2018 Major Medical Plan:

- ❖ 70/30 Coinsurance - once you have met the \$3,000/\$6,000 deductible, the plan pays 70% of In-Network charges and you pay 30%
- ❖ Primary Care Physician Copays are \$25/\$45 and Specialist Copays are \$45/\$65
- ❖ There are **no** Out of Network Benefits
- ❖ \$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%
- ❖ If you go to the KISD Employee Health and Wellness Center you will not be assessed a fee for an acute, wellness or coaching visit.

### Essential Plan

	2017 Monthly Rates	2017 Incentive Plan Rates	2018 Monthly Rates	2018 Incentive Plan Rates
Employee Only	\$256.25	\$216.25	\$401.57	\$341.57
Employee + Spouse	\$724.81	\$684.81	\$859.43	\$799.43
Employee + Child	\$483.75	\$443.75	\$728.61	\$668.61
Employee + Children	\$588.26	\$548.26	\$826.72	\$766.72
Employee + Family	\$1,147.50	\$1,107.50	\$1,382.70	\$1,322.70

### Highlights of the 2018 Essential Plan:

- ❖ \$1,500 Individual Deductible/\$3,000 Family Deductible
- ❖ Total Out of Pocket Limit: \$7,350 Individual/\$14,700 Family
- ❖ 70/30 Coinsurance - once you have met the \$1,500/\$3,000 deductible, the plan pays 70% of In-Network charges and you pay 30%
- ❖ Primary Care Physician Copays \$25/\$45 and Specialist Copays \$45/\$65
- ❖ There are **no** Out of Network Benefits
- ❖ \$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%
- ❖ If you go to the KISD Employee Health and Wellness Center you will not be assessed a fee for an acute, wellness or coaching visit.

### High Option Plan

	2017 Monthly Rates	2017 Incentive Plan Rates	2018 Monthly Rates	2018 Incentive Plan Rates
Employee Only	\$421.30	\$381.30	\$900.40	\$840.40
Employee + Spouse	\$1,124.65	\$1,084.65	\$1,707.44	\$1,647.44
Employee + Child	\$667.00	\$627.00	\$1,476.85	\$1,416.85
Employee + Children	\$829.00	\$789.00	\$1,649.79	\$1,589.79
Employee + Family	\$1,708.50	\$1,668.50	\$2,629.77	\$2,569.77

### Highlights of the 2018 High Option Plan:

- ❖ \$1,000 Individual Deductible/\$1,750 Family Deductible
- ❖ Total Out of Pocket Limit: \$7,350 individual/\$14,700 family
- ❖ 80/20 Coinsurance - once you have met the \$1,000/\$1,750 deductible, the plan pays 80% of In-Network charges and you pay 20%
- ❖ Primary Care Physician Copays are \$25/\$45 and Specialist Copays are \$45/\$65
- ❖ There are **no** Out of Network Benefits
- ❖ \$100 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; In Network only
- ❖ 100% Lab Benefit - preventative lab work done at a participating In-Network lab facility is paid at 100%
- ❖ If you go to the KISD Employee Health and Wellness Center you will not be assessed a fee for an acute, wellness or coaching visit.

### Additional Benefits for Employees who elect one of our four 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 High Option, 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
- ❖ **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: 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 (new hires will not be able to receive incentive until the following school year).

### 2018 Dental Insurance: Cigna

	Low Plan Monthly Rates	High Plan Monthly Rates	DHMO Rates
Employee Only	\$28.44	\$35.78	\$17.44
Employee + Spouse	\$55.53	\$69.85	\$34.02
Employee + Child(ren)	\$67.93	\$85.42	\$41.69
Employee + Family	\$89.96	\$112.97	\$55.12

- ❖ **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**

**2018 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

**2018 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

**2018 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

**2018 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.

**2018 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

**2018 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
- ❖ Only can elect with the High Option, Essential or Major Medical Plan

**2018 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: \$6,850 for family and \$3,450 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

**2018 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:

<b>Plan A: Premium Plan</b>	<b>Plan B: Select Plan</b>
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.