**2018-2019 Annual Benefits Open Enrollment**

# Open Enrollment will be from July 1, 2018 - July 31, 2018

Enrollment will be conducted online at www.myaisdbenefits.net.

**Our annual open enrollment time is here once again. The changes for the new plan year are:**

- **Login Password -** Your password is reset each year during Open Enrollment, to the default password. Password instructions can be found on the login page of the Benefits website.

- **2018-2019 Medical Rates and Plan Changes Effective 9/1/18**– There are some changes to the TRS ActiveCare Medical Plans and Rates for the next plan year. These changes are highlighted in the packet.

- **Medlink "Gap Plan"** – AISD will no longer offer the Medlink "Gap Plan". Effective 9/1/18 AISD will offer a **Hospital Indemnity Plan through MetLife**. See attachment in packet for more information.

- **Texas Life Insurance** – AISD will no longer offer Individual Life Insurance coverage through Texas Life Insurance. Effective 9/1/18 our new Individual Life Insurance carrier will **be 5 Star Life Insurance.** See attachment in packet for more information.

- **HSA Bank** – AISD will no longer offer HSA accounts through HSA Bank. Effective 9/1/18 our new HSA carrier will be **EECU**. See attachment in packet for more information.

- **Wellness Program** – The AISD Wellness Program will still be available to all employees. You are now able to enroll year round, any employee enrolled in a TRS ActiveCare medical plan who opts to participate in the Wellness Program, will be eligible for a $20 reduction in medical premiums each month. Participants have until August 31, 2019 to get 200 points for the 2018-2019 plan year.

- **Health Saving Account (HSA)** – You **MUST** re-elect your HSA contribution amount for yourself and family. If you do not go into the system and make an election you will **not** have a HSA Account in the 2018-2019 plan year. The maximum annual contribution for the Health Saving Account has changed to $3,450 employee coverage and $6,900 family coverage.

- **Flexible Spending Account (FSA) –** You **MUST** re-elect your FSA contribution amount. If you do not go into the system and make an election you will **not** have a FSA Account in the 2018-2019 plan year. The maximum annual contribution for the medical Flexible Spending Account has changed to $2,650.

**2018-2019 Inscripción Abierta de Beneficios Anual**

Nuestra temporada de inscripción abierta a comenzado una vez más. Los cambios a el nuevo plan son:

## La Inscripción Abierta será de Julio 1, 2018 a Julio 31, 2018

La inscripción se llevara a cabo en línea en www.myaisdbenefits.net.

- **Contraseña para iniciar sesión –** Su contraseña se reinicia cada año durante la Inscripción Abierta, a la contraseña predeterminada. Las instrucciones para la contraseña se pueden encontrar en la página de inicio de Beneficios en línea.

- **2018-2019 Precios y Cambios de Plan Efectivos 09/01/18** – Han ocurrido cambios en el Plan Médico y los precios del TRS ActiveCare para el plan del próximo ano. Estos cambios están subrayados en el paquete.

- **Medlink "Gap Plan (Plan Complementario) "** – AISD ya no ofrecerá el Medlink "Gap Plan". Efectivo 9/1/18 AISD ofrecerá el **Hospital Indemnity Plan through MetLife**. Vea el archivo adjunto al paquete para más información.

- **Texas Life Insurance** – AISD ya no ofrecerá cobertura de Seguro de Vida Individual (Individual Life Insurance) a través de Texas Life Insurance. Efectivo 9/1/18 nuestro nuevo portador de Seguro de Vida Individual será **5 Star Life Insurance.** Vea el archivo adjunto al paquete para más información.

- **HSA Bank** – AISD ya no ofrecerá cuentas de HSA a través del HSA Bank. Efectivo 9/1/18 nuestro nuevo portador de HSA será **EECU**. Vea el archivo adjunto al paquete para más información.

- **Wellness Program** – El Programa de Bienestar (Wellness Program) aun seguirá disponible para todos los empleados. Ahora se podrá inscribir durante todo el año, todos los empleados inscritos en un plan médico de TRS ActiveCare quienes opten en participar en el Wellness Program, serán elegibles para una reducción de $20 en su prima de seguro cada mes. Los participantes tendrán hasta Agosto t 31, 2019 para acumular 200 puntos para el año del plan 2018-2019.

- **Health Saving Account (HSA)** – Usted **DEBERÁ** re-elegir su monto de contribución a su HSA para usted mismo y su familia. Si usted no entra en el Sistema y hace sus elecciones **no** tendrá una cuenta de HSA en el plan del año 2018-2019. La máxima contribución anual de la cuenta de ahorro de salud ha cambiado a $3,450.

- **Flexible Spending Account (FSA) –** Usted **DEBERÁ** re-elegir su monto de contribución a su **FSA.** Si usted no entra en el Sistema y hace sus elecciones **no** tendrá una cuenta de HSA en el plan del año 2018-2019. La máxima contribución anual de la cuenta de ahorro de salud ha cambiado a $2,650.

- **Enclosed Materials:**
  - **Medical Plan Summaries and Rates**
  - **Hospital Indemnity Plan Highlights**
  - **Five Star Life Insurance Highlights**
  - **EECU HSA Plan Highlights**
  - **Enrollment Instructions**
  - **Open enrollment informational meeting times and dates**
  - **Enrollment system navigation assistance times and dates**

***The 2018-2019 AISD Benefits Guide as well as the above materials can be viewed online at*** www.myaisdbenefits.net. ***If you do not have access to the Internet, you may utilize the PDC computer labs on one of the dates and times listed below.***

**OPEN ENROLLMENT – JULY 1, 2018 – JULY 31, 2018**

## Enrollment Information Meetings

PDC
1111 W Arbrook Blvd
Arlington TX 76015

| Location | Day of Week | Date | Time | Sessions |
|---|---|---|---|---|
| PDC | Monday | July 9, 2018 | 10:00am | English Session |
| PDC | Monday | July 9, 2018 | 12:00pm | Spanish Session |
| PDC | Wednesday | July 11, 2018 | 10:00am | English Session |
| PDC | Wednesday | July 11, 2018 | 12:00pm | Spanish Session |
| PDC | Friday | July 13, 2018 | 10:00am | English Session |
| PDC | Friday | July 13, 2018 | 12:00pm | Spanish Session |

- **Materiales adjuntos:**
  - **Resúmenes y tarifas del plan medico**
  - **Aspectos destacados del plan de indemnización de Hospital (Hospital Indemnity Plan)**
  - **Aspectos destacados del seguro de vida Five Star**
  - **Aspectos destacados del plan EECU HSA**
  - **Instrucciones para la inscripción**
  - **Reunión informativa acerca de horas y fechas para la inscripción abierta**
  - **Horas y fechas para la asistencia de navegación en el Sistema de inscripción.**

***La guía de beneficios de 2018-2019 de AISD, así como estos materiales, pueden consultarse en línea en www.myaisdbenefits.net. Si no tiene acceso a Internet, puede utilizar los laboratorios de computación en el PDC en una de las fechas y horarios que se indican a continuación.***

**INSCRIPCION ABIERTA – JULIO 1, 2018 – JULIO 31, 2018**

## Información de Reuniones de Inscripción

PDC
1111 W Arbrook Blvd
Arlington TX 76015

| Ubicación | Día de la Semana | Fecha | Hora | Sesiones |
|---|---|---|---|---|
| PDC | Lunes | Julio 9, 2018 | 10:00am | Sesión en Ingles |
| PDC | Lunes | Julio 9, 2018 | 12:00pm | Sesión en Español |
| PDC | Miércoles | Julio 11, 2018 | 10:00am | Sesión en Ingles |
| PDC | Miércoles | Julio 11, 2018 | 12:00pm | Sesión en Español |
| PDC | Viernes | Julio 13, 2018 | 10:00am | Sesión en Ingles |
| PDC | Viernes | Julio 13, 2018 | 12:00pm | Sesión en Español |

## On Site Enrollment Assistance (Navigating the System)

PDC
1111 W Arbrook Blvd
Arlington TX 76015

**If you are unable to complete the enrollment process on your own, we will be conducting benefit enrollment sessions on the dates and times listed below. During these sessions, we will have Benefit Department staff and representatives to assist you through the enrollment process. The Benefits Department is not allowed to enroll on your behalf. If you have questions regarding coverage, deductibles, networks, etc., please attend one of the enrollment meetings listed on under enrollment information sessions.**

**Sessions will be conducted on the following dates:**

| Location | Day of Week | Date | Time |
|---|---|---|---|
| PDC | Monday | July 9, 2018 | 10:00am- 3:00pm |
| PDC | Tuesday | July 10, 2018 | 10:00am- 3:00pm |
| PDC | Wednesday | July 11, 2018 | 10:00am- 3:00pm |
| PDC | Thursday | July 12, 2018 | 10:00am- 3:00pm |
| PDC | Friday | July 13, 2018 | 10:00am- 3:00pm |
| PDC | Monday | July 16, 2018 | 10:00am- 3:00pm |
| PDC | Thursday | July 19, 2018 | 10:00am- 3:00pm |
| PDC | Friday | July 20, 2018 | 10:00am- 3:00pm |

**PLEASE ENSURE YOU CHECK WITH THE FRONT DESK UPON ARRIVAL TO VERIFY ANY ROOM CHANGES.**

If you have any questions, please call 682-867-7290 and press Option 3

**To Enroll Online go to:** http://www.myaisdbenefits.net

Arlington
INDEPENDENT SCHOOL DISTRICT
*More Than a Remarkable Education*

# Ayuda en sitio para la inscripción (Navegando el sistema)

PDC
1111 W Arbrook Blvd
Arlington TX 76015

**Si usted no puede completar el proceso de inscripción, llevaremos a cabo sesiones de inscripción de beneficios en las fechas y horarios que se indican a continuación. Durante estas sesiones, tendremos personal del Departamento de Beneficios y representantes para asistirle en el proceso de inscripción. El Departamento de Beneficios no tiene permitido completar la inscripción por usted. Si usted tiene preguntas en cuanto a cobertura, deducibles, redes, etc., por favor asista a una de las reuniones de inscripción enlistadas bajo las sesiones de información para la inscripción.**

**Las sesiones se realizarán en las siguientes fechas:**

| Ubicación | Día de la Semana | Fecha | Horas |
|---|---|---|---|
| PDC | Lunes | Julio 9, 2018 | 10:00am- 3:00pm |
| PDC | Martes | Julio 10, 2018 | 10:00am- 3:00pm |
| PDC | Miércoles | Julio 11, 2018 | 10:00am- 3:00pm |
| PDC | Jueves | Julio 12, 2018 | 10:00am- 3:00pm |
| PDC | Viernes | Julio 13, 2018 | 10:00am- 3:00pm |
| PDC | Lunes | Julio 16, 2018 | 10:00am- 3:00pm |
| PDC | Jueves | Julio 19, 2018 | 10:00am- 3:00pm |
| PDC | Viernes | Julio 20, 2018 | 10:00am- 3:00pm |

**POR FAVOR ASEGÚRESE DE QUE USTED VERIFIQUE CON LA RECEPCIÓN A SU LLEGADA PARA VERIFICAR CUALQUIER CAMBIO DE HABITACIÓN.**

Si tiene preguntas, por favor llame 682-867-7290 y presione la opción 3

**Para inscribirse en línea vaya a:** http://www.myaisdbenefits.net

# 2018 – 2019 Annual Benefits open Enrollment

**The Benefits Department recommends that ALL employees log on to the Benefits Hub to view the benefits and familiarize yourself with current/new elections.**

## You are REQUIRED to log on the Benefits Hub if:

- You want to make changes to any of your current benefits
- You want to update dependent information
- You want to update beneficiary information
- You choose to drop the Medlink "Gap Plan" instead of transitioning to the new Hospital Indemnity Plan (current Medlink participants only)
- You need to choose to continue your current FSA/HSA for the 2018-2019 plan year, or you want to change the contribution amount. (No automatic rollover on this benefit)

## You are NOT REQUIRED to log on the Benefits Hub if:

- You don't have any changes to your current benefits
- You don't need to update dependent information
- You don't need to update your beneficiaries
- You don't want to make changes to the new Hospital Indemnity plan
- You are a current Medlink "Gap Plan" enrollee and do want to transition to the new Hospital Indemnity plan. (For current Medlink participants only)
- You don't want to "re-enroll" or make changes to your FSA/HSA accounts (no automatic rollover on this benefit)

# 2018 – 2019 Inscripción Abierta de Beneficios Anual

**El Departamento de beneficios recomienda que TODOS los empleados inicien una sesión en la página de beneficios para ver los beneficios y familiarizarse con nuevas/presentes elecciones.**

## Usted está REQUERIDO a acceder el centro de actividad de Beneficios si:

- Desea hacer cambios a cualquiera de sus beneficios actuales
- Desea actualizar la información del dependiente
- Desea actualizar la información de beneficiarios
- Decidió dar de baja el Medlink "Gap Plan" en lugar de hacer la transición al nuevo plan de Hospital Indemnity (Solo para participantes actuales de Medlink)
- Necesita elegir para continuar su actual FSA/HSA para el plan de año 2018-2019, o quiere cambiar la cantidad de contribución (No hay transición automática para este beneficio)

## Usted NO está REQUERIDO a acceder el centro de actividad de Beneficios si:

- No tiene que hacer ningún cambio a sus beneficios actuales
- No necesita actualizar ninguna información del dependiente
- No necesita actualizar la información de beneficiarios
- No desea hacer cambios al plan de Hospital Indemnity
- Usted es un afiliado actual del Medlink "Gap Plan" y desea hacer la transición al nuevo plan de Hospital Indemnity. (Solo para participantes actuales de Medlink)
- No desea "re-inscribirse" o hacer cambios a su cuenta de FSA/HSA (No hay transición automática para este beneficio)

# TRS ActiveCare 1–HD and 2

A list of Aetna Network Physicians can be found at **www.trsactivecareaetna.com.**

| Benefits | ActiveCare 1-HD | ActiveCare 2 |
|---|---|---|
| | | **If you're currently enrolled in TRS ActiveCare 2, you can remain in this plan, However, as of September 1, 2018, TRS ActiveCare 2 is closed to new enrollees** |
| **Deductible** (per plan year)<br><br>**In-Network**<br>**Out-of-Network** | <br><br>$2,750 employee only / $5,000 family<br>$5,500 employee only / $11,000 family | <br><br>$1,000 individual/$3,000 family<br>$2,000 individual/$6,000 family |
| **Maximum Out of Pocket** (per plan year; medical and prescription drug deductibles, copays, and coinsurance count toward the out-of-pocket maximum)<br><br>**In-Network**<br>**Out-of-Network** | The individual out-of-pocket maximum only includes covered expenses incurred by that individual<br><br>$6,650 individual / $13,300 family<br>$13,300 individual / $26,600 family | <br><br>$7,350 individual/$14,700 family<br>$14,700 individual/$29,400 family |
| **Coinsurance**<br>**In-Network** Participant pays (after deductible)<br>**Out-of-Network** Participant pays (after deductible) | 20% - You pay<br>40% of allowed amount | 20%<br>40% of allowed amount |
| **Doctor Office Visit Copay** | 20% after deductible | $30 copay for primary<br>$70 copay for specialist |
| **Diagnostic Lab** | 20% after deductible | 20% after deductible |
| **Preventive Care (See below for examples)** | Plan pays 100% | Plan pays 100% |
| **Teladoc Physician Services** | $40 consultation fee (counts toward deductible and out-of-pocket maximum) | Plan pays 100% |
| **High-Tech Radiology**<br>(CT scan, MRI, nuclear medicine) | 20% after deductible | $100 copay plus 20% after deductible |
| **Inpatient Hospital**<br>(preauthorization required) (facility charges) | 20% after deductible | $150 copay per day plus 20% after deductible ($750 maximum copay per admission; $2,250 maximum copay per plan year) |
| **Freestanding Emergency Room** | $500 copay per visit plus 20% after deductible | $500 copay per visit plus 20% after deductible |
| **Emergency Room**<br>(true emergency use) | 20% after deductible | $250 copay plus 20% after deductible (copay waived if admitted) |
| **Outpatient Surgery** | 20% after deductible | $150 copay per visit plus 20% after deductible |
| **Bariatric Surgery**<br>Physician charges (only covered in performed at an IOQ facility) | $5,000 copy (does apply to out-of-pocket maximum) plus 20% after deductible | $5,000 copay (does not apply to out-of-pocket maximum) plus 20% after deductible |
| **Annual Vision Examination**<br>(one per plan year; performed by an ophthalmologist or optometrist using calibrated instruments) | 20% after deductible | $70 copay for specialist |
| **Annual Hearing Examination** | 20% after deductible | $30 copay for primary<br>$70 copay for specialist |
| Preventive Care<br>Some examples of preventive care frequency and services:<br>• Routine physicals – annually age 12 and over<br>• Mammograms – 1 every year age 35 and over<br>• Smoking cessation counseling – 8 visits per 12 months | • Well-child care – unlimited up to age 12<br>• Colonoscopy – 1 every 10 years age 50 and over<br>• Healthy diet/obesity counseling – unlimited to age 22; age 22 and over – 26 visits per 12 months | • Well woman exam & pap smear – annually age 18 and over<br>• Prostate cancer screening –1 per year age 50 and over<br>• Breastfeeding support – 6 lactation counseling visits per 12 months |

# TRS ActiveCare 1-HD and 2

Una lista de Médicos en la red Aetna Network se puede encontrar en: **www.trsactivecareaetna.com.**

| Beneficios | ActiveCare 1-HD | ActiveCare 2 |
|---|---|---|
| | | **Si está actualmente inscrito en un plan TRS ActiveCare 2, puede quedarse con ese plan, Sin embargo, en Septiembre 1, 2018, el TRS ActiveCare 2 estará cerrado a nuevos miembros.** |
| **Deducible** (por año de plan)<br><br>**En la Red (In-Network)**<br>**Fuera de la Red (Out-of-Network)** | <br><br>$2,750 solo el empleado/ $5,000 familia<br>$5,500 solo el empleado/ $11,000 familia | <br><br>$1,000 individual/$3,000 familia<br>$2,000 individual/$6,000 familia |
| **Máximo Fuera de Bolsillo** (por año del plan; deducibles médicos y de prescripción, copagos, y co-seguro cuentan hacia el máximo fuera de bolsillo)<br><br>**En la Red (In-Network)**<br>**Fuera de la Red (Out-of-Network)** | El máximo fuera de bolsillo individual solo incluye gastos cubiertos que han sido incurridos por el individuo<br><br>$6,650 individual / $13,300 familia<br>$13,300 individual / $26,600 familia | <br><br>$7,350 individual/$14,700 familia<br>$14,700 individual/$29,400 familia |
| **Co-seguro**<br>**En la Red** Participante paga (después del deducible)<br>**Fuera de la Red** Participante paga (después del deducible) | 20% - Usted paga<br><br>40% de la cantidad autorizada | 20%<br><br>40% de la cantidad autorizada |
| **Copago de Visita a Oficina de Doctor** | 20% después de deducible | $30 copago por doctor primario<br>$70 copago por especialista |
| **Laboratorio Diagnostico** | 20% después de deducible | 20% después de deducible |
| **Cuidado Preventivo (Vea ejemplos abajo)** | El plan paga 100% | El plan paga 100% |
| **Teladoc Servicio Medico** | $40 tarifa de consulta (cuenta hacia deducible y máximo fuera de bolsillo) | El plan paga 100% |
| **Alta-Tech Radiología**<br>(CT scan, MRI, medicina nuclear) | 20% después de deducible | $100 copago más 20% después del deducible |
| **Internalización en Hospital**<br>(autorización previa requerida) (cargos de la facilidad) | 20% después de deducible | $150 copago por día más 20% después del deducible ($750 máximo copago por admisión;$2,250 máximo copago por año de plan) |
| **Sala de Emergencia Independiente** | $500 copago por visita más 20% después del deducible | $500 copago por visita más 20% después del deducible |
| **Sala de Emergencia**<br>(uso de emergencia verdadero) | 20% después del deducible | $250 copago más 20% después del deducible<br>(copago perdonado si es admitido) |
| **Cirugía Externa** | 20% después del deducible | $150 copago por visita más 20% después del deducible |
| **Cirugía Bariátrica**<br>Cargos Médicos (solo cubierto si se lleva a cabo en una facilidad IOQ ) | $5,000 copago (aplica hacia el máximo fuera de bolsillo) mas 20% después del deducible | $5,000 copago (No aplica hacia el máximo fuera de bolsillo) mas 20% después del deducible |
| **Examinación de Visión Anual** (Una por año del plan; llevada a cabo por un oftalmólogo u optometrista usando instrumentos calibrados) | 20% después del deducible | $70 copago por especialista |
| **Examinación del Oído Anual** | 20% después del deducible | $30 copago por doctor primario<br>$70 copago por especialista |
| Cuidado Preventivo<br>Algunos ejemplos de frecuencia de atención preventiva y servicios:<br>• Exámenes físicos de rutina – anualmente desde 12 años de edad y en adelante<br>• Monogramas – 1 cada año edad 35 en adelante<br>• Asesoramiento para dejar de fumar– 8 visitas por cada 12 meses. | • Cuidado del bienestar de niños – ilimitado hasta edad 12.<br>• Colonoscopia – 1 cada 10 años a edad 50 en adelante.<br>• Asesoramiento para dieta sana/obesidad– ilimitado hasta edad 22; edad 22 en adelante – 26 visitas cada 12 meses. | • Bienestar femenino & prueba de Papanicolaou – anualmente a edad 18 en adelante<br>• Examen de cáncer de próstata –1 por año edad 50 en adelante<br>• Ayuda con amamantamiento – 6 visitas de asesoría para lactación por cada 12 meses |

Nota: Servicios cubiertos bajo este beneficio deben ser facturados por el proveedor como "preventivos". Atención preventiva fuera de la red no se paga al 100%. Si usted recibe servicios de preventivos de un proveedor fuera de la red, usted será responsable por cualquier aplicación de un deducible y coaseguro bajo ActiveCare 1-HD y 2 ActiveCare. No hay ninguna cobertura para servicios fuera de la red bajo el plan ActiveCare Select o ActiveCare Whole Health. Para una lista completa de

# TRS ActiveCare Select Plan

**Important Note regarding ActiveCare Select:**
When selecting providers in the ActiveCare Select plan, you must choose a network based on where you live **(see list at the bottom of this page). Most AISD Employees will be in the Baylor Scott & White Quality Alliance (DFW) Network.**

| Benefits | ActiveCare Select |
|---|---|
| **Deductible** (per plan year)<br><br>**In-Network**<br>**Out-of-Network** | <br><br>$1,200 employee only / $3,600 family<br>Not applicable. This plan does not cover out-of-network services except for emergencies. |
| **Maximum Out of Pocket** (per plan year; medical and prescription drug deductibles, copays, and coinsurance count toward the out-of-pocket maximum)<br><br>**In-Network**<br>**Out-of-Network** | The individual out-of-pocket maximum only includes covered expenses incurred by that individual<br><br>$7,350 individual / $14,700 family<br>Not applicable. This plan does not cover out-of-network services except for emergencies. |
| **Coinsurance**<br>**In-Network** Participant pays (after deductible)<br>**Out-of-Network** Participant pays (after deductible) | <br>20% - You pay<br>Not applicable. This plan does not cover out-of-network services except for emergencies. |
| **Doctor Office Visit Copay** | $30 copay for primary<br>$70 copay for specialist |
| **Diagnostic Lab** | 20% after deductible |
| **Preventive Care** | Plan pays 100% |
| **Teladoc Physician Services** | Plan pays 100% |
| **High-Tech Radiology**<br>(CT scan, MRI, nuclear medicine) | $100 copay plus 20% after deductible |
| **Inpatient Hospital**<br>(preauthorization required) (facility charges) | $150 copay per day plus 20% after deductible<br>($750 maximum copay per admission;<br>$2,250 maximum copay per plan year) |
| **Freestanding Emergency Room** | $500 copay per visit plus 20% after deductible |
| **Emergency Room**<br>(true emergency use) | $250 copay plus 20% after deductible (copay waived if admitted) |
| **Outpatient Surgery** | $150 copay per visit plus 20% after deductible |
| **Bariatric Surgery**<br>Physician charges (only covered in performed at an IOQ facility) | Not Covered |
| **Annual Vision Examination**<br>(one per plan year; performed by an ophthalmologist or optometrist using calibrated instruments) | $70 copay for specialist |
| **Annual Hearing Examination** | $30 copay for primary<br>$70 copay for specialist |

| **If you live** in the counties listed below your TRS plan is **ActiveCare Select/Aetna Whole Health Plan** and the network associated with those counties is the **Baylor Scott & White Quality Alliance (DFW) Network**. You **MUST** choose doctors that are in the **Baylor Scott & White Quality Alliance (DFW) Network.** | |
|---|---|
| • Tarrant<br>• Collin<br>• Dallas<br>• Denton | • Ellis<br>• Parker<br>• Rockwall |
| If you do not live in one of these counties listed above you will automatically be enrolled in the **ActiveCare Select Open Access Network.** | |

# TRS ActiveCare Select Plan

**Aviso Importante acerca de ActiveCare Select:**
Cuando selecciona proveedores en el plan ActiveCare Select, usted debe elegir una red basada en el área donde vive **(vea la lista abajo en la página). La mayoria de los empleados de AISD estarán en la red Baylor Scott & White Quality Alliance (DFW) Network.**

| Beneficios | ActiveCare Select |
|---|---|
| **Deducible** (por año del plan)<br><br>**En la Red (In-Network)**<br>**Fuera de la Red (Out-of-Network** | <br><br>$1,200 solo empleado / $3,600 familia<br>No es aplicable. Este plan no cubre servicios fuera de la red, con excepción de emergencias. |
| **Máximo Fuera de Bolsillo** (por año del plan; deducibles médicos y de prescripción, copagos, y co-seguro cuentan hacia el máximo fuera de bolsillo)<br><br>**En la Red (In-Network)**<br>**Fuera de la Red (Out-of-Network** | El máximo fuera de bolsillo individual solo incluye gastos cubiertos que han sido incurridos por el individuo<br><br>$7,350 individual / $14,700 familia<br>No es aplicable. Este plan no cubre servicios fuera de la red, con excepción de emergencias. |
| **Co-seguro**<br>**En la Red** Participante paga (después del deducible)<br>**Fuera de la Red** Participante paga (después del deducible) | <br>20% - Usted Paga<br><br>No es aplicable. Este plan no cubre servicios fuera de la red, con excepción de emergencias. |
| **Copago de Visita a Oficina de Doctor** | $30 copago por doctor primario<br>$70 copago por especialista |
| **Laboratorio Diagnostico** | 20% después del deducible |
| **Cuidado Preventivo** | El Plan paga 100% |
| **Teladoc Servicios Médicos** | El Plan paga 100% |
| **Alta-Tech Radiología**<br>(CT scan, MRI, medicina nuclear) | $100 copago más 20% despues del deducible |
| **Internalización en Hospital**<br>(autorización previa requerida) (cargos de la facilidad) | $150 copago por día más 20% después del deducible ($750 máximo copago por admisión;$2,250 máximo copago por año de plan) |
| **Sala de Emergencia Independiente** | $500 copago por visita más 20% después del deducible |
| **Sala de Emergencia** (uso de emergencia verdadero) | $250 copago más 20% después del deducible (copago perdonado si es admitido) |
| **Cirugía Externa** | $150 copago por visita más 20% después del deducible |
| **Cirugía Bariátrica**<br>Cargos Médicos (solo cubierto si se lleva a cabo en una facilidad IOQ ) | No es cubierta |
| **Examinación de Visión Anual** (Una por año del plan; llevada a cabo por un oftalmólogo u optometrista usando instrumentos calibrados) | $70 copago por especialista |
| **Examinación del Oído Anual** | $30 copago por doctor primario<br>$70 copago por especialista |

Si usted vive en los condados enumerados a continuación su plan TRS es **ActiveCare Select/Aetna Whole Health Plan** y la red asociada con esos condados es la **Baylor Scott & White Quality Alliance (DFW) Network**. Usted **TIENE QUE** elegir los médicos que se encuentran en la red **Baylor Scott & White Quality Alliance (DFW) Network.**

| | |
|---|---|
| • Tarrant<br>• Collin<br>• Dallas<br>• Denton | • Ellis<br>• Parker<br>• Rockwall |

Si no vive en uno de estos condados mencionados usted será automáticamente registrado en el **ActiveCare Select Open Access Network.**

# TRS ActiveCare Pharmacy Plans

| Benefits | ActiveCare 1-HD | ActiveCare 2<br>If you're currently enrolled in TRS ActiveCare 2, you can remain in this plan, However, as of September 1, 2018, TRS ActiveCare 2 is closed to new enrollees | ActiveCare Select<br>**Important Note**: When selecting providers in the ActiveCare Select plan, you must choose a network based on where you live. Most AISD Employees will be in the Baylor Scott & White Quality Alliance (DFW) Network. |
|---|---|---|---|
| **Deductible (per person, per plan year)** | Must meet plan- year deductible before plan pays.* | 0 generic; $200 brand | $0 generic; $200 brand |
| **Short-Term Supply at a Retail Location (up to a 31-day supply** | | | |
| **Tier 1-Generic copay** | 20% coinsurance after deductible, except for certain generic preventive drugs that are covered at 100%.* | $20 for a 1– to 31-day supply | $20 for a 1– to 31-day supply |
| **Tier 2-Preferred Brand** | 20% coinsurance after deductible | $40 for a 1-to 31-day supply** | $40 for a 1-to31-day supply** |
| **Tier 3-Non-Preferred Brand** | 50% coinsurance after deductible | 50% coinsurance (Min. $180***, Max. $360) ** | 50% coinsurance for a 1-31-day supply** |
| **Extended-Day Supply at Mail Order or Retail-*Plus* Location (60– to 90-day supply)****** | | | |
| **Tier 1-Generic copay** | 20% coinsurance after deductible | $45 for a 60– to 90-day Supply | $45 for a 60– to 90-day supply |
| **Tier 2-Preferred Brand** | 20% coinsurance after deductible | $105 for a 60– to 90-day supply ** | $105 for a 60– to 90- day supply ** |
| **Tier 3-Non-Preferred Brand** | 50% coinsurance after deductible | 50% coinsurance (Min. $180***, Max. $360) ** | 50% coinsurance for a 60– to 90-day supply** |
| **Specialty Medications (up to a 31-day supply)** | 20% coinsurance after deductible | 20% coinsurance (Min. $200***, Max. $900) | 20% Coinsurance |

**Short-Term Supply of a Maintenance Medication at Retail Location (up to a 31-day supply)**
**The second time a participant fills a short-term supply of a maintenance medication at a retail pharmacy, they will pay a convenience fee. They will be charged the coinsurance and copays in the row below the second time they fill a short-term supply of a maintenance medication. Participants can avoid paying the convenience fee by filling a larger day supply of a maintenance medication through mail order or at a Retail-Plus location.**

| | | | |
|---|---|---|---|
| **Tier 1 – Generic** | 20% coinsurance after deductible | $35 for a 1- to 31-day supply | $35 for a 1- to 31-day supply |
| **Tier 2 – Preferred Brand** | 20% coinsurance after deductible | $60 for a 1- to 31-day supply** | $60 for a 1- to 31-day supply** |
| **Tier 3 – Non-Preferred Brand** | 20% coinsurance after deductible | 50% coinsurance for a 1- to 31-day supply** | 50% coinsurance (Min. $90***; Max. $180)** |

What is a maintenance medication?
Maintenance drugs are prescriptions commonly used to treat conditions that are considered chronic or long-term. These conditions usually re- quire regular, daily use of medicines. Examples of maintenance drugs are those used to treat high blood pressure, heart disease, asthma and diabetes.
When does the convenience fee apply?
For example, if you are covered under TRS-ActiveCare Select, the first time you fill a 31-day supply of a generic maintenance drug at a retail pharmacy you will pay $20, then you will pay $35 each month that you fill a 31-day supply of that generic maintenance drug at a retail pharmacy. A 90-day supply of that same generic maintenance medication would cost $45, and you would save $225 over the year by filling a 90-day supply.

*For ActiveCare 1-HD, certain generic preventive drugs are covered at 100%. Participants do not have to meet the deductible ($2,500 - individual, $5,000 - family) and they pay nothing out of pocket for these drugs. The list of drugs is on the TRS-ActiveCare website.
**If a participant obtains a brand-name drug when a generic equivalent is available, they are responsible for the generic copay plus the cost difference between the brand-name drug and the generic drug.
***If the cost of the drug is less than the minimum, you will pay the cost of the drug.
****Participants can fill 32-day to 90-day supply through mail order.

# TRS ActiveCare Planes de Farmacia

| Beneficios | ActiveCare 1-HD | ActiveCare 2<br>**Si está actualmente inscrito en un plan TRS ActiveCare 2, puede quedarse con ese plan, Sin embargo, en Septiembre 1, 2018, el TRS ActiveCare 2 estará cerrado a nuevos miembros** | ActiveCare Select<br>**Aviso Importante: Cuando selecciona proveedores en el plan ActiveCare Select, usted debe elegir una red basada en el área donde vive (vea la lista abajo en la página). La mayoría de los empleados de AISD estarán en la red Baylor Scott & White Quality Alliance (DFW) Network** |
|---|---|---|---|
| **Deducible (por persona, por año de plan)** | Debe satisfacer el deducible del año de plan antes de que el plan pague.* | $0 genérico; $200 de marca | $0 genérico; $200 de marca |
| **Suministro a corto plazo en una localidad de venta (suministro de hasta 31 días)** | | | |
| **Nivel 1 – Copago genérico** | 20% co-seguro después de deducible, salvo ciertos medicamentos preventivos genéricos que están cubiertos al 100%.* | $20 por un subministro de 1– a 31-dias | $20 por un subministro de 1– a 31-dias |
| **Nivel 2 - Marca preferida** | 20% co-seguro después de deducible | $40 por un subministro de 1– a 31-dias ** | $40 por un subministro de 1– a 31-dias ** |
| **Nivel 3 – Marca no preferida** | 50% co-seguro después de deducible | 50% co-seguro (Min. $180***, Max. $360) ** | 50% co-seguro por un subministro de 1– a 31-dias ** |
| **Suministro de día extendido en pedidos por correo o Retail-Plus (60–90 días de suministro)**** | | | |
| **Nivel 1 – Copago genérico** | 20% co-seguro después de deducible | $45 por subministro de 60– to 90-dias | $45 por subministro de 60– to 90-dias |
| **Nivel 2 - Marca preferida** | 20% co-seguro después de deducible | $105 por subministro de 60– to 90-dias ** | $105 por subministro de 60– to 90-dias ** |
| **Nivel 3 – Marca no preferida** | 50% co-seguro después de deducible | 50% co-seguro (Min. $180***, Max. $360) ** | 50% co-seguro por subministro de 60– to 90-dias ** |
| **Medicamentos de especialidad (un suministro de hasta 31 días)** | 20% co-seguro después de deducible | 20% co-seguro (Min. $200***, Max. $900) | 20% Co-seguro |

Suministro a corto plazo de una medicación de mantenimiento en el punto de venta (un suministro de hasta 31 días) la segunda vez que un participante llene una prescripción de corto-plazo de una medicación de mantenimiento en una farmacia de venta, pagará una cuota de conveniencia. Se le cobrará el co-seguro y copagos en la fila de abajo la segunda vez que se llena de un suministro a corto-plazo de una medicación de mantenimiento. Los participantes pueden evitar pagar la cuota de conveniencia al llenar una prescripción por dia más grande de una medicación de mantenimiento a través del correo o en un Retail-Plus.

| | | | |
|---|---|---|---|
| **Nivel 1 – Generico** | 20% co-seguro después de deducible | $35 por un subministro de 1– a 31-dias | $35 por un subministro de 1– a 31-dias |
| **Nivel 2– Marca Preferida** | 20% co-seguro después de deducible | $60 por un subministro de 1– a 31-dias ** | $60 por un subministro de 1– a 31-dias ** |
| **Nivel 3 – Marca No Preferida** | 20% co-seguro después de deducible | 50% co-seguro por un subministro de 1– a 31-dias ** | 50% co-seguro (Min. $90***; Max. $180)** |

¿Qué es un medicamento de mantenimiento? Medicamentos de mantenimiento son medicamentos utilizados para tratar condiciones que son consideradas crónicas o de largo plazo. Estas condiciones generalmente requieren uso de medicamentos regular. Ejemplos de medicamentos de mantenimiento son los que se utilizan para tratar la presión arterial alta, enfermedades cardíacas, asma y diabetes. ¿Cuándo se aplica la cuota de conveniencia? Por ejemplo, si usted está cubierto por TRS-ActiveCare Select, la primera vez que usted llene un suministro de 31 días de una medicina de mantenimiento genérico en una farmacia de venta pagara $20, entonces tendrá que pagar $35 cada mes que usted llene un suministro de 31 días de esa medicina de mantenimiento genérico en una Farmacia de venta. Un suministro de 90 días de esa misma medicación de mantenimiento genérico cuesta $45, y ahorraría $225 durante el año llenando un suministro de 90 días. Para el ActiveCare 1 HD, ciertos farmacéuticos preventivos genéricos están cubiertos al 100%. Los participantes no tienen que satisfacer el deducible ($2.500 - individual, $5.000 - familia) y no pagan de su bolsillo por ellos. La lista de medicamentos está en el sitio web de TRS-ActiveCare. ** Si un participante obtiene un medicamento de marca cuando un equivalente genérico esté disponible, son responsables por el copago genérico más la diferencia de costo entre el medicamento de marca y el genérico. Si el costo de la droga es menor que el mínimo, se pagará el costo de la droga. Los participantes pueden llenar 32 días a 90 días de suministro a través de correo.

# TRS Scott & White HMO Medical Plan

A list of Scott & White HMO Network Physicians can be found at **www.trs.swhp.org**

| Benefits | Scott & White HMO Health Plan |
|---|---|
| **Deductible (per plan year)** | $1,000 employee only<br>$3,000 employee and spouse; employee and child(ren); employee and family |
| **Maximum Out of Pocket (per plan year; includes medical and prescription copays, deductibles and coinsurance)** | $7,000 employee only<br>$14,000 employee and spouse; employee and child(ren), employee and family |
| **Coinsurance (after deductible)** | 80% - Plan pays<br>20% - You pay |
| **Preventive Care** | Plan pays 100%** |
| **Outpatient Services** | |
| Primary Care * | $15 copay (First Primary Care Visit for Illness - $0 Copay)** |
| Specialist | $70 copay |
| Other Outpatient Services | 20% after deductible*** |
| Diagnostic/Radiology | 20% after deductible |
| Eye Exam (one annually) | No Charge |
| Allergy Serum & Injections | 20% after deductible |
| Outpatient Surgery | $150 per day and 20% after deductible |
| **Maternity Care** | |
| Prenatal Care | No Charge |
| Inpatient Delivery | $150 per day**** and 20% after deductible |
| **Inpatient Services** | |
| Overnight hospital stay: includes all medical services including semi-private room or intensive care | $150 per day**** and 20% after deductible |
| **Emergency Care** | |
| After-Hours Primary Care Clinics | $20 copay |
| Ambulance and Helicopter | $40 copay and 20% after deductible |
| Emergency Room****** | $250 copay and 20% after deductible |
| Urgent Care Facility | $50 copay per visit; deductible does not apply |
| **Equipment and Supplies** | |
| Preferred Diabetic Supplies and Equipment | $5/$12.50 copay; no deductible |
| Durable Medical Equipment/Prosthetics | 20% after deductible |

**The SWHP MOMS Program provides you with professional staff who are notified of the delivery of your baby. These licensed professions will contact you after you return home and help you with everything from the general well-being of both you and your baby, to breast/bottle feeding, to information on how to add your baby to your health plan.**

# TRS Scott & White HMO Plan Medico

Una lista de Médicos de la red Scott & White HMO Network se puede encontrar en: **www.trs.swhp.org**

| Beneficios | Scott & White HMO Plan de Salud |
|---|---|
| **Deducible (por año del plan)** | $1,000 empleado únicamente<br>$3,000 empleado y esposo(a);empleado e hijo(s); empleado y familia |
| **Máximo Fuera de Bolsillo (por año del plan; incluye copagos médicos y de prescripción, deducibles, y co-seguro)** | $7,000 empleado únicamente<br>$14,000 empleado y esposo(a);empleado e hijo(s), empleado y familia |
| **Co-seguro (después del deducible)** | 80% - El Plan paga<br>20% - Usted Paga |
| **Cuidado Preventivo** | El Plan Paga 100%** |
| **Servicios Externos (Outpatient services)** | |
| Atención Primaria * | $15 copago (Primera visita de atención primaria por enfermedad - $0 Copago)** |
| Especialista | $70 copago |
| Otros Servicios Externos | 20% después del deducible*** |
| Diagnostico/Radiología | 20% después del deducible |
| Examen de Visión (uno anual) | No hay cargos |
| Suero de alergia & Inyecciones | 20% después del deducible |
| Cirugía Externa | $150 por día y 20% después del deducible |
| **Cuidado de Maternidad** | |
| Cuidado Prenatal | No hay cargos |
| Nacimiento con Internalización | $150 por día**** y 20% después del deducible |
| **Servicios Internos** | |
| Noche de estancia de hospital: incluye todos los servicios médicos incluyendo habitación semi-privada o cuidados intensivos | $150 por día**** and 20% después del deducible |
| **Cuidado de emergencia** | |
| Clínicas de atención primaria fuera de horas | $20 copago |
| Ambulancia y Helicóptero | $40 copago y 20% después del deducible |
| Sala de emergencia****** | $250 copago and 20% después del deducible |
| Centro de Atención de Emergencia | $50 copago por visita; el deducible no aplica |
| **Equipo y suministros** | |
| Equipo y suministros preferidos para Diabetes | $5/$12.50 copago; no deducible |
| Equipo Médico Durable /Prótesis | 20% después del deducible |

El programa de las madres SWHP le proporciona personal profesional que es notificado del nacimiento de su bebé. Estas profesiones licenciadas le contactaran después de que vuelva a su a casa y le ayudaran con todo, desde el bienestar de usted y su bebé, como dar pecho/biberón, y la información sobre cómo agregar a su bebé a su plan de salud.

# TRS Scott & White Pharmacy Plan

| Benefits | Scott & White HMO Health Plan |
|---|---|
| **Prescription Drugs (Group Value Formulary)** | |
| **Annual Benefit Maximum** | Unlimited |
| **Deductible (per plan year, does not apply to generic drugs)** | $150 |

| Ask an SWHP Pharmacy representative how to save money on your prescriptions | Retail Quantity (Up to a 30-day supply) | Maintenance Quantity (Up to a 90-day supply) Only at BSW Pharmacies, including Mail Order |
|---|---|---|
| **Preferred Generic** | $5 copay | $12.50 copay |
| **Preferred Brand** | 30% after prescription deductible | 30% after prescription deductible |
| **Non-preferred** | 50% after prescription deductible | 50% after deductible |
| **Online Refills** | trs.swhp.org | trs.swhp.org |
| **Mail Order** | 1-817-388-3090 | 1-817-388-3090 |

| | |
|---|---|
| **Specialty Medications (Up to a 30-day Supply)** | Tier 1: 15% after prescription deductible<br>Tier 2: 15% after prescription deductible<br>Tier 3: 25% after prescription deductible |

*** Including all services billed with office visit**
****Does not apply to wellness or preventive visits**
*****Includes other services, treatments, or procedures received at time of office visit**
******$750 maximum copay per admission and 20% after deductible**
*******35 max visits per year**
********Copay waived if admitted within 24 hours**

**Ask a SWHP Pharmacy representative how to save money on your prescriptions**
**800-321-7947**

# TRS Scott & White Plan de Farmacia

| Beneficios | Scott & White HMO Plan de Salud |
|---|---|
| **Medicina de Prescripción (formulario de ahorro de grupo)**<br>**Beneficio Máximo Anual** | Ilimitado |
| **Deducible**<br>**(por año de plan, no aplica a medicamentos genéricos)** | $150 |

| Pregunte a un representante de Farmacia SWHP de cómo ahorrar dinero en su prescripciones | Cantidad de venta (Suministro de hasta 30 días) | Cantidad de mantenimiento (Suministro de hasta 90 días)<br>Solo en farmacias BSW, incluyendo orden por correo |
|---|---|---|
| **Generic Privilegiado** | $5 copago | $12.50 copago |
| **Marca Privilegiada** | 30% después del deducible de prescripción. | 30% después del deducible de prescripción |
| **No-Privilegiado** | 50% después del deducible de prescripción. | 50% después del deducible |
| **Rellenado en Línea** | trs.swhp.org | trs.swhp.org |
| **Orden por Correo** | 1-817-388-3090 | 1-817-388-3090 |

| | |
|---|---|
| **Medicamentos de especialidad**<br>**(Suministro de hasta 30 días)** | Nivel 1: 15% después del deducible de prescripción<br>Nivel 2: 15% después del deducible de prescripción<br>Nivel 3: 25% después del deducible de proscripción |

*** Incluye todos los servicios facturados con consulta**
**** no se aplica a las visitas preventivas o bienestar**
***** incluye otros servicios, tratamientos o procedimientos recibidos en el momento de la consulta**
***** copago máximo de $750 por admisión y 20% después de deducible**
***** 35 máximo visitas por año**
***** copago si admitido dentro de las 24 horas**

Consulte a un representante de farmacia SWHP cómo ahorrar dinero en sus recetas 800-321-7947

# TRS Medical Rates

## 2018-2019 TRS ActiveCare Health Insurance Premiums Without Wellness Program Incentive

| 12 Pay—Administrators and Professionals | | | | |
|---|---|---|---|---|
| | TRS ActiveCare 1-HD | TRS ActiveCare 2 | TRS ActiveCare Select | Scott & White HMO |
| Employee Only | $132.00 | $547.00 | $305.00 | $343.36 |
| Employee + Children | $466.00 | $928.00 | $641.00 | $673.06 |
| Employee + Spouse | $800.00 | $1,620.00 | $1,092.00 | $1,118.40 |
| Family | $1,139.00 | $1,959.00 | $1,433.00 | $1,274.56 |

| 12 Pay—Para-Professionals | | | | |
|---|---|---|---|---|
| | TRS ActiveCare 1-HD | TRS ActiveCare 2 | TRS ActiveCare Select | Scott & White HMO |
| Employee Only | $117.00 | $532.00 | $290.00 | $328.36 |
| Employee + Children | $451.00 | $913.00 | $626.00 | $658.06 |
| Employee + Spouse | $785.00 | $1,605.00 | $1,077.00 | $1,103.40 |
| Family | $1,124.00 | $1,944.00 | $1,418.00 | $1,259.56 |

| 18 Pay | | | | |
|---|---|---|---|---|
| | TRS ActiveCare 1-HD | TRS ActiveCare 2 | TRS ActiveCare Select | Scott & White HMO |
| Employee Only | $78.00 | $354.67 | $193.33 | $218.91 |
| Employee + Children | $300.67 | $608.67 | $417.33 | $438.71 |
| Employee + Spouse | $523.33 | $1,070.00 | $718.00 | $735.60 |
| Family | $749.33 | $1,296.00 | $945.33 | $839.71 |

| 26 Pay | | | | |
|---|---|---|---|---|
| | TRS ActiveCare 1-HD | TRS ActiveCare 2 | TRS ActiveCare Select | Scott & White HMO |
| Employee Only | $54.00 | $245.54 | $133.85 | $151.55 |
| Employee + Children | $208.15 | $421.38 | $288.92 | $303.72 |
| Employee + Spouse | $362.31 | $740.77 | $497.08 | $509.26 |
| Family | $518.77 | $897.23 | $654.46 | $581.34 |

**AISD contributes the following each month to employees participating in a medical plan:**

- **$235 per month for Professional employees**
- **$250 per month for all Para-Professional and Auxiliary employees**
- **The rates shown reflect the amount employees will pay if this district contribution amount is approved for the 2018-2019 plan year.**

# TRS Medical Rates

## 2018-2019 TRS ActiveCare Health Insurance Premiums With Wellness Program Incentive

| 12 Pay—Administrators and Professionals | | | | |
|---|---|---|---|---|
| | TRS ActiveCare 1-HD | TRS ActiveCare 2 | TRS ActiveCare Select | Scott & White HMO |
| Employee Only | $112.00 | $527.00 | $285.00 | $323.36 |
| Employee + Children | $446.00 | $908.00 | $621.00 | $653.06 |
| Employee + Spouse | $780.00 | $1,600.00 | $1,072.00 | $1,098.40 |
| Family | $1,119.00 | $1,939.00 | $1,413.00 | $1,254.56 |

| 12 Pay—Para-Professionals | | | | |
|---|---|---|---|---|
| | TRS ActiveCare 1-HD | TRS ActiveCare 2 | TRS ActiveCare Select | Scott & White HMO |
| Employee Only | $97.00 | $512.00 | $270.00 | $308.36 |
| Employee + Children | $431.00 | $893.00 | $606.00 | $638.06 |
| Employee + Spouse | $765.00 | $1,585.00 | $1,057.00 | $1,083.40 |
| Family | $1,104.00 | $1,924.00 | $1,398.00 | $1,239.56 |

| 18 Pay | | | | |
|---|---|---|---|---|
| | TRS ActiveCare 1-HD | TRS ActiveCare 2 | TRS ActiveCare Select | Scott & White HMO |
| Employee Only | $64.67 | $341.34 | $180.00 | $205.58 |
| Employee + Children | $287.34 | $595.34 | $404.00 | $425.38 |
| Employee + Spouse | $510.00 | $1,056.67 | $704.67 | $722.27 |
| Family | $736.00 | $1,282.67 | $932.00 | $826.38 |

| 26 Pay | | | | |
|---|---|---|---|---|
| | TRS ActiveCare 1-HD | TRS ActiveCare 2 | TRS ActiveCare Select | Scott & White HMO |
| Employee Only | $44.77 | $236.31 | $124.62 | $142.32 |
| Employee + Children | $198.92 | $412.15 | $279.69 | $294.49 |
| Employee + Spouse | $353.08 | $731.54 | $487.85 | $500.03 |
| Family | $509.54 | $888.00 | $645.23 | $572.11 |

**AISD contributes the following each month to employees participating in a medical plan:**

- **$235 per month for Professional employees**
- **$250 per month for all Para-Professional and Auxiliary employees**
- **The rates shown reflect the amount employees will pay if this district contribution amount is approved for the 2018-2019 plan year.**

Arlington
INDEPENDENT SCHOOL DISTRICT

The chart below shows what supplemental options are available with each TRS Medical plan. Please note; these options are voluntary and help to reduce the out of pocket costs of healthcare.

## HSA / FSA / Hospital Indemnity Comparison Chart

| Plan Name | HSA | FSA | FSA Limited | Hospital Indemnity |
|---|---|---|---|---|
| ActiveCare 1 HD | ✓ | ✓ | ✓ | ✓ |
| ActiveCare Select | | ✓ | ✓ | ✓ |
| ActiveCare 2 | | ✓ | ✓ | ✓ |
| Scott & White HMO | | ✓ | ✓ | ✓ |

# What is hospital indemnity insurance?

**Hospital indemnity insurance works to complement your medical coverage** — and pays in addition to what your medical plan may or may not cover. It's coverage that can help safeguard your finances for life's unexpected events by providing you with a lump-sum payment (one convenient payment all at once) when your family needs it most. The payment you receive is yours to spend however you like. It typically pays, as long as the policy and certificate requirements are met, a flat amount upon your hospital admission and a daily amount paid from each day of your stay (confined to the hospital).[1] It also provides payment if you're admitted to or have to stay in an Intensive Care Unit (ICU), as well as other added benefits and services too.[2]

**Hospital indemnity insurance is designed to be an economical way for you to supplement your health care plan.**

## Q. How does the payment work?

A: **We make payments directy to you.** The amount you receive will be on top of any other insurance you might have and you can spend it however you like. You might use it to help pay for medical plan deductibles and copays, for out-of-network care, or even for your family's everyday living expenses. Whatever you need while recovering from an illness or accident, hospital indemnity insurance is there to make life a little easier.

## Q. Am I eligible to enroll for this coverage?

**A. Yes, you can enroll both yourself and eligible family members.** All you need to do is enroll during the open enrollment period and be actively at work. Some dependents may not be subject to medical restrictions as outlined in the Certificate, but there are a couple of things to bear in mind. Some states require the insured to have medical coverage and some additional restrictions apply to dependents serving in the armed forces or living overseas.

## Q. I have a good medical plan at work, so why do I need hospital indemnity insurance?

**A. Hospital stays can be pricey, and often unexpected.** Even the best medical plans can leave you with extra expenses to pay or services that just aren't covered. Things like plan deductibles, copays, extra costs for out-of-network care, or non-covered services. Many people aren't prepared to handle these extra costs, so having this extra financial support when the time comes may mean less worry for you and your family.

## Q. Can I enroll for this insurance without having a medical exam?

**A. Yes. Your coverage is guaranteed,**[3] regardless of your health. You just need to be actively at work. There are no medical exams to take and no health questions to answer, so the whole process might be easier than you first thought**.**

## Q. How much will it cost?

**A. Hospital indemnity insurance may cost less than you think.** It's designed to be an economical way for you to supplement your health care plan. Exact rates can be found in the enrollment materials provided by your employer.

## Q. How do I pay for my coverage?

**A.** It's easy to pay **premiums through payroll deductions**, so you don't have to worry about writing any checks or missing payments.

## Have other questions?

**Please go to:**
**www.myaisdbenefits.net**
for more information.

### Q. When does my coverage begin?

**A. Right away—** your coverage starts on the effective date of your coverage**.** There are no waiting periods for it to begin.

### Q. Are benefits paid to me or my health care provider?

**A. Payments go directly to you,** not to the doctors, hospitals or any other health care providers. And to make things even easier, the check is made payable to you. There's no need to work it around any other insurance you may have. Benefits are paid no matter what your other insurance plans may cover.

### Q. If my employment status changes, can I take my coverage with me?

**A. Yes.** This coverage is portable, meaning you can take it with you wherever you go. Your coverage will only end if you stop paying your premium or if your current employer chooses to cancel the group hospital indemnity insurance policy.[4]

### Q. Is the claims process simple?

**A. Yes.** Once we've received all the necessary information, claims are generally processed within 10 business days. You only need one claim form per admission or hospital stay and every claim is reviewed by a professional.

1. Hospital does not include certain facilities such as nursing homes, convalescent care or extended care facilities. See your Disclosure Statement or Outline of Coverage/Disclosure Document for full details.
2. Covered services/treatments must be the result of an accident or sickness as defined in the group policy/certificate. See your Disclosure Statement or Outline of Coverage/Disclosure Document for more details.
3. Coverage is guaranteed provided (1) the employee is actively at work and (2) dependents to be covered are not subject to medical restrictions as set forth on the enrollment form and in the Certificate. Some states require the insured to have medical coverage. Additional restrictions apply to dependents serving in the armed forces or living overseas.
4. Eligibility for portability through the Continuation of Insurance with Premium Payment provision may be subject to certain eligibility requirements and limitations. For more information, contact your MetLife representative.

METLIFE'S HOSPITAL INDEMNITY INSURANCE IS A LIMITED BENEFIT GROUP INSURANCE POLICY. The policy is not intended to be a substitute for medical coverage and certain states may require the insured to have medical coverage to enroll for the coverage. The policy or its provisions may vary or be unavailable in some states. Prior hospital confinement may be required to receive certain benefits. There is a preexisting condition limitation for hospital sickness benefits. MetLife's Hospital Indemnity Insurance may be subject to benefit reductions that begin at age 65. Like most group accident and health insurance policies, policies offered by MetLife may contain certain exclusions, limitations and terms for keeping them in force. For complete details of coverage and availability, please refer to the group policy form GPNP12-AX or GPNP13-HI, GPNP16-HI or GPNP12-AX-PASG or contact MetLife. Benefits are underwritten by Metropolitan Life Insurance Company, New York, New York. In certain states, availability of MetLife's Group Hospital Indemnity Insurance are pending regulatory approval.

MetLife

**Metropolitan Life Insurance Company** | 200 Park Avenue | New York, NY 10166
1705 857011H L0118501814[exp0319][All States] © 2018 METLIFE, INC.

# Hospital indemnity insurance: why is it important?

Hospital stays can be pricey and often unexpected. Since most health care plans don't cover all expenses, taking steps to help protect yourself can make a big difference.

Studies show that you can spend on average $10,000 for a hospital stay in the U.S.[1] A good reason why having hospital indemnity insurance makes good financial sense.

While in the hospital, it's likely you'll need various treatments, tests, and therapies to get up and about again. These services can create out-of-pocket costs beyond what your medical plan may cover in addition to deductibles, copays, and expenses that come with out-of-network care.

Unexpected hospital bills are difficult to manage when you lose your income or it becomes seriously reduced. Household expenses like your mortgage, car payment, child care, or household maintenance may become even harder to keep up with while you focus on recovering.

**With an average cost of $10,000 per hospital stay in the U.S., having hospital indemnity insurance makes good financial sense.[1]**

## How it works.

Hospital indemnity insurance is coverage that can help safeguard your finances by providing you with a lump-sum payment—one convenient payment all at once—when you or your family need it most. The extra cash can help you focus on getting back on track — without worrying about finding the money to cover the costs of treatment. A flat amount is usually paid for a hospital admission and a per-day amount for your entire hospital stay.

And best of all, the payment is made directly to you, and is in addition to any other insurance you may have. It's yours to spend however you like, including for your or your family's everyday living expenses.

Whatever you need while recovering from a hospital stay, hospital indemnity insurance is there to make life a little easier.

For questions, and more information, please go to: **www.myaisdbenefits.net**

**Why should I enroll?**

- Competitive group rates
- Guaranteed acceptance[3]
- Easy payroll deduction
- Portable coverage so you can take it with you[2]

**With MetLife Hospital Indemnity Insurance, you can take your coverage with you if you change jobs or retire.[2]**

Arlington INDEPENDENT SCHOOL DISTRICT *More Than a Remarkable Education*

Navigating life together

MetLife

## Hospital indemnity insurance helps you manage expenses if you or a loved one becomes unexpectedly hospitalized.

### If you or a loved one is admitted to the hospital, this insurance helps cover the costs of care.

This plan provides benefits for hospitalization due to accidents and sicknesses[4], like:

- Admission to a hospital
- Hospital stays
- Admission to an Intensive Care Unit
- Intensive Care Unit stays
- Inpatient Rehab Unit stays

**Actual plan design and plan benefits may vary. See your Disclosure Statement or Outline of Coverage/Disclosure Document for full details on the coverage types, amounts and premium options under your plan.**

**Help protect yourself, your family and your budget from the financial impact of a hospital stay.**

1. Costs for Hospital Stays in the United States, 2011. HCUP Statistical Brief #168. December 2013. Agency for Healthcare Research and Quality, Rockville, MD. Accessed March 2017.
2. Eligibility for portability through the Continuation of Insurance with Premium Payment provision may be subject to certain eligibility requirements and limitations. For more information, contact your MetLife representative.
3. Coverage is guaranteed provided (1) the employee is actively at work and (2) dependents to be covered are not subject to medical restrictions as set forth in the Certificate. Some states require the insured to have medical coverage. Additional restrictions apply to dependents serving in the armed forces or living overseas.
4. There is a pre-existing exclusion for covered sicknesses. Hospital does not include certain facilities such as nursing homes, convalescent care or extended care facilities. See your Disclosure Statement or Outline of Coverage/Disclosure Document for full details.

METLIFE'S HOSPITAL INDEMNITY INSURANCE IS A LIMITED BENEFIT GROUP INSURANCE POLICY. The policy is not intended to be a substitute for medical coverage and certain states may require the insured to have medical coverage to enroll for the coverage. The policy or its provisions may vary or be unavailable in some states. Prior hospital confinement may be required to receive certain benefits. There is a preexisting condition limitation for hospital sickness benefits. MetLife's Hospital Indemnity Insurance may be subject to benefit reductions that begin at age 65. And, like most group accident and health insurance policies, policies offered by MetLife may contain certain exclusions, limitations and terms for keeping them in force. For complete details of coverage and availability, please refer to the group policy form GPNP12-AX, GPNP13-HI, GPNP16-HI or GPNP12-AX-PASG, or contact MetLife. Benefits are underwritten by Metropolitan Life Insurance Company, New York, New York. In certain states, availability of MetLife's Group Hospital Indemnity Insurance is pending regulatory approval.

MetLife

**Metropolitan Life Insurance Company** | 200 Park Avenue | New York, NY 10166

1705 856493XX L0118501812[exp0319][All States] © 2018 METLIFE, INC.

# Hospital Indemnity Insurance Plan Summary

**Enrollment Period: 7/1/2018-7/31/2018**

## HOSPITAL INDEMNITY INSURANCE BENEFITS

With MetLife, you'll have a choice of two comprehensive plans which provide payments in addition to any other insurance payments you may receive. Here are just some of the covered benefits/services, when an accident or illness puts you in the hospital.[1]

| Subcategory[2] | Benefit Limits (Applies to Subcategory) | Benefit | Low Plan | High Plan |
|---|---|---|---|---|
| **Hospital Benefits** | | | | |
| Admission Benefit | 1 time per calendar year | Admission | $1,000 | $2,000 |
| | 1 time per calendar year | ICU Supplemental Admission (Paid in addition to Non-ICU) | $500 | $1,000 |
| Confinement Benefit[3] | 15 days per year | Confinement | $100 | $200 |
| | 15 days per year | ICU Supplemental Confinement (Paid in addition to Non-ICU) | $100 | $200 |

## SUPPLEMENTAL BENEFITS

MetLife provides coverage for the Supplemental Benefits listed below. This coverage would be in addition to the benefit payments for the previously mentioned Benefit Categories.

**Health Screening Benefit**[4]
MetLife will provide an annual benefit of $50 per calendar year for taking one of the eligible screening/prevention measures. MetLife will pay only one health screening benefit per covered person per calendar year. Eligible screening/prevention measures include:

| | |
|---|---|
| • routine health check-up exam | • fasting blood glucose test |
| • biopsies for cancer | • fasting plasma glucose test |
| • blood chemistry panel | • flexible sigmoidoscopy |
| • blood test to determine total cholesterol | • hearing test |
| • blood test to determine triglycerides | • hemoccult stool specimen |
| • bone marrow testing | • hemoglobin A1C |
| • breast MRI | • human papillomavirus (HPV) vaccination |
| • breast ultrasound | • immunization |
| • breast sonogram | • lipid panel |
| • cancer antigen 15-3 blood test for breast cancer (CA 15-3) | • mammogram |
| • cancer antigen 125 blood test for ovarian cancer (CA 125) | • oral cancer screening |
| • carcinoembryonic antigen blood test for colon cancer (CEA) | • pap smears or thin prep pap test |

| | |
|---|---|
| • carotid doppler | • prostate-specific antigen (PSA) test |
| • chest x-rays | • serum cholesterol test to determine LDL and HDL levels |
| • clinical testicular exam | • serum protein electrophoresis |
| • colonoscopy | • skin cancer biopsy |
| • complete blood count (CBC) | • skin cancer screening |
| • dental exam | • skin exam |
| • digital rectal exam (DRE) | • stress test on bicycle or treadmill |
| • Doppler screening for cancer | • successful completion of smoking cessation program |
| • Doppler screening for peripheral vascular disease | • tests for sexually transmitted infections (STIs) |
| • echocardiogram | • thermography |
| • electrocardiogram (EKG) | • two hour post-load plasma glucose test |
| • electroencephalogram (EEG) | • ultrasounds for cancer detection |
| • endoscopy | • ultrasound screening of the abdominal aorta for abdominal aortic aneurysms |
| • eye exam | • virtual colonoscopy |

## INSURANCE RATES

MetLife offers competitive group rates and convenient payroll deduction so you don't have to worry about writing a check or missing a payment! Your employee rates are outlined below.

| **Hospital Indemnity Insurance** | **Monthly Cost to You** | |
|---|---|---|
| **Coverage Options** | **Low Plan** | **High Plan** |
| Employee | $16.00 | $29.88 |
| Employee & Spouse | $29.94 | $55.66 |
| Employee & Child(ren) | $26.44 | $49.20 |
| Employee & Spouse/Child(ren) | $40.36 | $74.98 |

## BENEFIT PAYMENT EXAMPLE

Susan wakes up in the middle of the night experiencing chest pain. After contacting her doctor she is instructed to head to her local hospital. Upon arrival, the doctor examines Susan and advises that she requires immediate admission to the Intensive Care Unit for further evaluation and treatment. After 1 day in the Intensive Care Unit, Susan moves to a standard room and spends 2 additional days recovering in the hospital. Susan was released to her primary care physician for follow-up treatment and observation. Her primary doctor is now keeping a close watch over Susan's overall health. Depending on her health insurance, Susan's out-of-pocket costs could run into hundreds of dollars to cover expenses like insurance co-payments and deductibles. MetLife Group Hospital Indemnity Insurance payments can be used to help cover these unexpected costs or in any other way Susan sees fit.

| **Covered Benefit[2]** | **Low Plan Benefit Amount[5]** | **High Plan Benefit Amount[5]** |
|---|---|---|
| Admission | **$1,000** | **$2,000** |
| Admission - ICU Supplemental Coverage | **$500** | **$1,000** |
| Confinement for 2 days | **$200** | **$400** |
| ICU Supplemental Confinement for 2 days | **$200** | **$400** |
| Benefits paid by MetLife Group Hospital Indemnity Insurance | **$1,900** | **$3,800** |

# QUESTIONS & ANSWERS

**How do I enroll?**
Enroll for coverage at www.myaisdbenefits.net

**Who is eligible to enroll for this Hospital Indemnity coverage?**
You are eligible to enroll yourself and your eligible family members.[6] You need to enroll during your Enrollment Period and be actively at work for your coverage to be effective. Dependents to be enrolled may not be subject to a medical restriction as set forth in the Certificate. Some states require the insured to have medical coverage.

**How do I pay for my Hospital Indemnity coverage?**
Premiums will be conveniently paid through payroll deduction, so you don't have to worry about writing a check or missing a payment.

**What happens if my employment status changes? Can I take my coverage with me?**
Yes, you can take your coverage with you. You will need to continue to pay your premiums to keep your coverage in force. Your coverage will only end if you stop paying your premium or if your employer cancels the group policy or offers you similar coverage with a different insurance carrier.[7]

**What is the coverage effective date?**
The coverage effective date is 09/01/2018.

**Who do I call for assistance?**
Contact a MetLife Customer Service Representative at 1 800- GET-MET8 (1-800-438-6388), Monday through Friday from 8:00 a.m. to 8:00 p.m., EST. Individuals with a TTY may call 1-800-855-2880.

[1] Hospital does not include certain facilities such as nursing homes, convalescent care or extended care facilities. See your Disclosure Statement or Outline of Coverage/Disclosure Document for full details.
[2] Covered services/treatments must be the result of an accident or sickness as defined in the group policy/certificate. See your Disclosure Statement or Outline of Coverage/Disclosure Document for more details.
[3] When plan includes an admission benefit, confinement begins on day 2.
[4] The Health Screening Benefit is not available in all states.
[5] Benefit amount is based on a sample MetLife plan design. Plan design and plan benefits may vary.
[6] Coverage is guaranteed provided (1) the employee is actively at work and (2) dependents to be covered are not subject to medical restrictions as set forth in the Certificate. Some states require the insured to have medical coverage. Additional restrictions apply to dependents serving in the armed forces or living overseas.
[7] Eligibility for portability through the Continuation of Insurance with Premium Payment provision may be subject to certain eligibility requirements and limitations. For more information, contact your MetLife representative.

METLIFE'S HOSPITAL INDEMNITY INSURANCE IS A LIMITED BENEFIT GROUP INSURANCE POLICY. The policy is not intended to be a substitute for medical coverage and certain states may require the insured to have medical coverage to enroll for the coverage. The policy or its provisions may vary or be unavailable in some states. Prior hospital confinement may be required to receive certain benefits. There is a preexisting condition limitation for hospital sickness benefits. MetLife's Hospital Indemnity Insurance may be subject to benefit reductions that begin at age 65. Like most group accident and health insurance policies, policies offered by MetLife may contain certain exclusions, limitations and terms for keeping them in force. For complete details of coverage and availability, please refer to the group policy form GPNP12-AX, GPNP13-HI, GPNP16-HI or GPNP12-AX-PASG, or contact MetLife. Benefits are underwritten by Metropolitan Life Insurance Company, New York, New York. In certain states, availability of MetLife's Group Hospital Indemnity Insurance is pending regulatory approval.

**Metropolitan Life Insurance Company** | 200 Park Avenue | New York, NY 10166
L1217501416[exp0219][All States] © 2017 METLIFE, INC.
HI16

MetLife

# Prepare for the future. Protect your loved ones.

## The Family Protection Plan (FPP): Term life insurance with Terminal Illness coverage to age 100*

Nearly 85% of Americans say most people need life insurance; unfortunately only 62% have coverage and a staggering 33% say they don't have enough life insurance, including one-fourth who already have life insurance coverage.** Nobody wants to be a statistic - especially during a period of grief. That's why 5Star Life Insurance Company developed its FPP policy - to ensure you and your loved ones are covered during a period of loss.

**Affordability** - You choose the coverage that best meets the needs of your family.

**Terminal Illness** - Pays you 30% (25% in CT and MI) of the coverage amount in a lump sum upon the occurrence of a terminal condition that will result in a limited life span of less than 12 months.

**Portability** - Continued coverage with no loss of benefits or increase in cost should you terminate employment after the first premium is paid, in which case the insurance company will simply bill you directly. Coverage can never be cancelled by the insurance company or your employers unless you stop paying premiums.

**Family Protection** - You can also purchase coverage for your spouse, children and grandchildren (ages newborn through 23).

**Quality of Life Benefit** - Following a diagnosis of either a chronic illness or cognitive impairment, this rider accelerates a portion of the death benefit on a monthly basis – 4%; up to 75% of your benefit, and payable directly to you on a tax favored basis for the following:

- Permanent inability to perform at least two of the six Activities of Daily Living (ADLs) without substantial assistance; or
- Permanent severe cognitive impairment, such as dementia, Alzheimer's disease and other forms of senility, requiring substantial supervision.

**Convenience** - Premiums are easily taken care of through payroll deduction.

**Protection You Can Count On** - Within 24 hours after receiving notice of death, an emergency death benefit of 50 percent or $10,000, whichever is less, is mailed to the beneficiary, unless the death is within the 2-year contestability period and/or under investigation. This product contains **no war or terrorism exclusions**.

Protecting your financial well being is easier than you think.

It's like trading in a daily latte for peace of mind.

**$4.30 per day** to start your morning with a gourmet coffee[1]

or

**$1.75 per day** to enrich your employee benefits package[2]

It's less expensive than you think.

* Life insurance product underwritten by 5Star Life insurance Company (a Baton Rouge, Louisiana company) with an administrative offce at 909 N. Washington Street, Alexandria, VA 22314 Product not available in all states

** LIMRA International and LIFE Foundation's 2013 Insurance Barometer Study

[1] Provided at the Wall Street Journal website at: www.WSJ.com

[2] The premium amount assumes coverage was issued to a 40 year old individual who applied for a coverage amount of $75,000. Our rates are unisex

5STAR LIFE INSURANCE COMPANY

# FPP-TI Rate Sheet

## Monthly Rates with Quality of Life Rider
## Defined Benefit

5STAR LIFE INSURANCE COMPANY
(a Baton Rouge, Louisiana company)

| Age on App. Date | $10,000 | $20,000 | $25,000 | $30,000 | $40,000 | $50,000 | $75,000 | $100,000 | $125,000 | $150,000 |
|---|---|---|---|---|---|---|---|---|---|---|
| 18-25 | $7.56 | $10.78 | $12.39 | $14.01 | $17.24 | $20.46 | $28.53 | $36.59 | $44.65 | $52.71 |
| 26 | $7.59 | $10.83 | $12.46 | $14.09 | $17.33 | $20.59 | $28.71 | $36.83 | $44.96 | $53.09 |
| 27 | $7.65 | $10.97 | $12.62 | $14.28 | $17.60 | $20.92 | $29.21 | $37.50 | $45.80 | $54.08 |
| 28 | $7.74 | $11.15 | $12.85 | $14.56 | $17.96 | $21.38 | $29.90 | $38.41 | $46.94 | $55.46 |
| 29 | $7.88 | $11.43 | $13.20 | $14.99 | $18.54 | $22.09 | $30.96 | $39.84 | $48.71 | $57.59 |
| 30 | $8.07 | $11.80 | $13.67 | $15.53 | $19.27 | $23.00 | $32.34 | $41.67 | $51.01 | $60.33 |
| 31 | $8.27 | $12.20 | $14.17 | $16.14 | $20.06 | $24.00 | $33.84 | $43.66 | $53.50 | $63.34 |
| 32 | $8.50 | $12.65 | $14.73 | $16.81 | $20.97 | $25.12 | $35.52 | $45.92 | $56.31 | $66.71 |
| 33 | $8.73 | $13.11 | $15.32 | $17.51 | $21.90 | $26.29 | $37.27 | $48.25 | $59.23 | $70.21 |
| 34 | $9.01 | $13.67 | $16.00 | $18.34 | $23.00 | $27.67 | $39.33 | $51.00 | $62.67 | $74.34 |
| 35 | $9.30 | $14.27 | $16.75 | $19.23 | $24.20 | $29.17 | $41.59 | $54.00 | $66.42 | $78.83 |
| 36 | $9.64 | $14.95 | $17.60 | $20.26 | $25.57 | $30.88 | $44.15 | $57.42 | $70.69 | $83.96 |
| 37 | $10.02 | $15.70 | $18.54 | $21.39 | $27.07 | $32.76 | $46.96 | $61.17 | $75.37 | $89.59 |
| 38 | $10.41 | $16.48 | $19.52 | $22.56 | $28.64 | $34.71 | $49.89 | $65.09 | $80.27 | $95.46 |
| 39 | $10.85 | $17.35 | $20.61 | $23.86 | $30.37 | $36.87 | $53.15 | $69.42 | $85.68 | $101.96 |
| 40 | $11.31 | $18.29 | $21.77 | $25.26 | $32.23 | $39.21 | $56.65 | $74.08 | $91.52 | $108.96 |
| 41 | $11.83 | $19.33 | $23.08 | $26.83 | $34.33 | $41.83 | $60.58 | $79.33 | $98.08 | $116.83 |
| 42 | $12.41 | $20.48 | $24.52 | $28.56 | $36.63 | $44.71 | $64.90 | $85.08 | $105.27 | $125.46 |
| 43 | $13.00 | $21.66 | $26.00 | $30.34 | $39.00 | $47.67 | $69.33 | $91.00 | $112.67 | $134.34 |
| 44 | $13.63 | $22.91 | $27.57 | $32.21 | $41.50 | $50.79 | $74.02 | $97.25 | $120.48 | $143.71 |
| 45 | $14.27 | $24.22 | $29.19 | $34.16 | $44.10 | $54.05 | $78.90 | $103.75 | $128.60 | $153.46 |
| 46 | $14.97 | $25.60 | $30.91 | $36.24 | $46.87 | $57.51 | $84.09 | $110.67 | $137.25 | $163.84 |
| 47 | $15.70 | $27.05 | $32.73 | $38.41 | $49.77 | $61.13 | $89.52 | $117.92 | $146.32 | $174.71 |
| 48 | $16.43 | $28.51 | $34.56 | $40.61 | $52.70 | $64.79 | $95.03 | $125.25 | $155.48 | $185.71 |
| 49 | $17.22 | $30.10 | $36.55 | $42.98 | $55.87 | $68.75 | $100.96 | $133.17 | $165.37 | $197.58 |
| 50 | $18.08 | $31.82 | $38.69 | $45.56 | $59.30 | $73.04 | $107.39 | $141.75 | $176.10 | $210.46 |
| 51 | $19.04 | $33.75 | $41.11 | $48.46 | $63.17 | $77.88 | $114.65 | $151.42 | $188.19 | $224.96 |
| 52 | $20.16 | $35.98 | $43.90 | $51.81 | $67.63 | $83.46 | $123.02 | $162.58 | $202.15 | $241.71 |
| 53 | $21.40 | $38.46 | $47.00 | $55.54 | $72.60 | $89.67 | $132.33 | $175.00 | $217.67 | $260.34 |
| 54 | $22.79 | $41.25 | $50.48 | $59.71 | $78.17 | $96.63 | $142.77 | $188.92 | $235.07 | $281.21 |
| 55 | $24.26 | $44.20 | $54.16 | $64.13 | $84.06 | $104.00 | $153.83 | $203.66 | $253.50 | $303.33 |
| 56 | $25.94 | $47.53 | $58.34 | $69.14 | $90.73 | $112.34 | $166.33 | $220.33 | $274.34 | $328.34 |
| 57 | $27.66 | $50.98 | $62.64 | $74.31 | $97.63 | $120.96 | $179.27 | $237.58 | $295.89 | $354.21 |
| 58 | $29.42 | $54.50 | $67.05 | $79.58 | $104.67 | $129.75 | $192.46 | $255.17 | $317.87 | $380.58 |
| 59 | $31.23 | $58.12 | $71.56 | $85.01 | $111.90 | $138.79 | $206.02 | $273.25 | $340.48 | $407.71 |
| 60 | $33.12 | $61.90 | $76.30 | $90.69 | $119.46 | $148.25 | $220.21 | $292.16 | $364.13 | $436.09 |
| 61 | $35.08 | $65.82 | $81.19 | $96.56 | $127.30 | $158.04 | $234.90 | $311.75 | $388.60 | $465.46 |
| 62 | $37.12 | $69.91 | $86.31 | $102.71 | $135.50 | $168.29 | $250.27 | $332.25 | $414.23 | $496.21 |
| 63 | $39.31 | $74.29 | $91.77 | $109.26 | $144.23 | $179.21 | $266.65 | $354.08 | $441.52 | $528.96 |
| 64 | $41.68 | $79.04 | $97.71 | $116.38 | $153.73 | $191.09 | $284.46 | $377.83 | $471.21 | $564.58 |
| 65 | $44.34 | $84.33 | $104.34 | $124.34 | $164.33 | $204.34 | $304.33 | $404.33 | $504.34 | $604.34 |
| 66* | $44.93 | $85.52 | $105.81 | $126.11 | $166.70 | $207.29 | $308.77 | $410.25 | $511.73 | $613.21 |
| 67* | $48.25 | $92.17 | $114.13 | $136.08 | $180.00 | $223.92 | $333.71 | $443.50 | $553.29 | $663.08 |
| 68* | $52.03 | $99.73 | $123.58 | $147.43 | $195.13 | $242.83 | $362.08 | $481.33 | $600.58 | $719.83 |
| 69* | $56.33 | $108.32 | $134.31 | $160.31 | $212.30 | $264.29 | $394.27 | $524.25 | $654.23 | $784.21 |
| 70* | $61.17 | $118.00 | $146.42 | $174.83 | $231.67 | $288.50 | $430.58 | $572.67 | $714.75 | $856.83 |

*Quality of Life not available ages 66 - 70. Quality of Life benefits not available for children.
Child life coverage available only on children and grandchildren of employee (age on application date: 14 days through 23 years).
$4.98 monthly for $10,000 coverage and $9.97 monthly for $20,000 coverage per child.

# FPP-TI Rate Sheet

## Monthly Rates with Quality of Life Rider
## Money Purchase

5STAR LIFE INSURANCE COMPANY
(a Baton Rouge, Louisiana company)

| Age on App. Date | $10.00 Premium | $15.00 Premium | $20.00 Premium | $25.00 Premium | $30.00 Premium | $35.00 Premium | $40.00 Premium | $45.00 Premium | $50.00 Premium |
|---|---|---|---|---|---|---|---|---|---|
| 18-25 | $17,587 | $33,062 | $48,570 | $64,075 | $79,582 | $95,089 | $110,595 | $126,102 | $141,609 |
| 26 | $17,429 | $32,821 | $48,213 | $63,579 | $78,965 | $94,356 | $109,749 | $125,141 | $140,501 |
| 27 | $17,079 | $32,157 | $47,236 | $62,314 | $77,393 | $92,471 | $107,550 | $122,604 | $137,676 |
| 28 | $16,631 | $31,288 | $45,974 | $60,632 | $75,318 | $89,975 | $104,646 | $119,319 | $133,975 |
| 29 | $15,951 | $30,039 | $44,139 | $58,230 | $72,311 | $86,396 | $100,480 | $114,563 | $128,646 |
| 30 | $15,172 | $28,568 | $41,963 | $55,358 | $68,754 | $82,149 | $95,544 | $108,940 | $122,314 |
| 31 | $14,402 | $27,117 | $39,833 | $52,548 | $65,263 | $77,970 | $90,670 | $103,382 | $116,097 |
| 32 | $13,620 | $25,645 | $37,670 | $49,695 | $61,720 | $73,745 | $85,770 | $97,795 | $109,820 |
| 33 | $12,892 | $24,300 | $35,674 | $47,069 | $58,454 | $69,839 | $81,222 | $92,608 | $103,992 |
| 34 | $12,149 | $22,858 | $33,566 | $44,275 | $55,006 | $65,716 | $76,423 | $87,154 | $97,863 |
| 35 | $11,408 | $21,484 | $31,540 | $41,617 | $51,673 | $61,749 | $71,806 | $81,882 | $91,939 |
| 36 | $10,682 | $20,098 | $29,514 | $38,930 | $48,346 | $57,762 | $67,197 | $76,614 | $86,029 |
| 37 | $9,979 | $18,773 | $27,566 | $36,361 | $45,155 | $53,967 | $62,760 | $71,554 | $80,348 |
| 38 | $9,328 | $17,566 | $25,794 | $34,023 | $42,252 | $50,480 | $58,709 | $66,937 | $75,166 |
| 39 | $8,710 | $16,385 | $24,075 | $31,749 | $39,439 | $47,114 | $54,805 | $62,478 | $70,168 |
| 40 | $8,125 | $15,298 | $22,456 | $29,629 | $36,802 | $43,967 | $51,134 | $58,307 | $65,465 |
| 41 | $7,551 | $14,218 | $20,884 | $27,551 | $34,218 | $40,884 | $47,551 | $54,218 | $60,884 |
| 42 | $7,015 | $13,209 | $19,403 | $25,596 | $31,790 | $37,982 | $44,169 | $50,357 | $56,551 |
| 43 | $6,543 | $12,308 | $18,074 | $23,844 | $29,618 | $35,383 | $41,149 | $46,927 | $52,693 |
| 44 | $6,103 | $11,481 | $16,859 | $22,238 | $27,627 | $33,005 | $38,383 | $43,767 | $49,151 |
| 45 | $5,699 | $10,731 | $15,763 | $20,785 | $25,817 | $30,849 | $35,871 | $40,904 | $45,936 |
| 46 | $5,326 | $10,028 | $14,730 | $19,432 | $24,134 | $28,837 | $33,541 | $38,245 | $42,949 |
| 47 | $4,987 | $9,388 | $13,789 | $18,198 | $22,601 | $27,002 | $31,402 | $35,804 | $40,205 |
| 48 | $4,688 | $8,818 | $12,957 | $17,094 | $21,224 | $25,363 | $29,501 | $33,630 | $37,769 |
| 49 | $4,398 | $8,279 | $12,160 | $16,041 | $19,922 | $23,803 | $27,684 | $31,564 | $35,445 |
| 50 | $4,124 | $7,764 | $11,404 | $15,037 | $18,676 | $22,315 | $25,955 | $29,594 | $33,234 |
| 51 | $3,853 | $7,253 | $10,653 | $14,054 | $17,451 | $20,850 | $24,247 | $27,647 | $31,047 |
| 52 | $3,582 | $6,742 | $9,902 | $13,063 | $16,216 | $19,376 | $22,537 | $25,697 | $28,857 |
| 53 | $3,318 | $6,252 | $9,180 | $12,108 | $15,036 | $17,971 | $20,899 | $23,827 | $26,761 |
| 54 | $3,072 | $5,778 | $8,489 | $11,194 | $13,906 | $16,612 | $19,323 | $22,034 | $24,740 |
| 55 | $2,842 | $5,349 | $7,860 | $10,370 | $12,878 | $15,386 | $17,893 | $20,402 | $22,909 |
| 56 | $2,622 | $4,939 | $7,252 | $9,570 | $11,882 | $14,200 | $16,513 | $18,825 | $21,143 |
| 57 | $2,431 | $4,574 | $6,715 | $8,859 | $11,003 | $13,147 | $15,291 | $17,435 | $19,580 |
| 58 | $2,258 | $4,252 | $6,247 | $8,241 | $10,231 | $12,226 | $14,220 | $16,215 | $18,205 |
| 59 | $2,106 | $3,966 | $5,826 | $7,686 | $9,546 | $11,403 | $13,263 | $15,123 | $16,983 |
| 60 | $1,968 | $3,705 | $5,442 | $7,180 | $8,917 | $10,655 | $12,392 | $14,130 | $15,867 |
| 61 | $1,845 | $3,470 | $5,095 | $6,724 | $8,349 | $9,975 | $11,603 | $13,228 | $14,855 |
| 62 | $1,728 | $3,253 | $4,778 | $6,303 | $7,828 | $9,353 | $10,878 | $12,403 | $13,927 |
| 63 | $1,621 | $3,051 | $4,479 | $5,910 | $7,339 | $8,768 | $10,199 | $11,626 | $13,057 |
| 64 | $1,518 | $2,856 | $4,195 | $5,533 | $6,871 | $8,211 | $9,548 | $10,889 | $12,226 |
| 65 | $1,417 | $2,667 | $3,917 | $5,167 | $6,417 | $7,668 | $8,916 | $10,168 | $11,416 |
| 66* | $1,396 | $2,628 | $3,860 | $5,092 | $6,323 | $7,555 | $8,787 | $10,019 | $11,250 |
| 67* | $1,291 | $2,429 | $3,568 | $4,706 | $5,845 | $6,983 | $8,122 | $9,260 | $10,399 |
| 68* | $1,188 | $2,237 | $3,285 | $4,333 | $5,381 | $6,430 | $7,478 | $8,526 | $9,574 |
| 69* | $1,090 | $2,052 | $3,014 | $3,975 | $4,937 | $5,899 | $6,860 | $7,822 | $8,784 |
| 70* | $997 | $1,877 | $2,757 | $3,637 | $4,517 | $5,396 | $6,276 | $7,156 | $8,036 |

*Quality of Life not available ages 66 - 70. Quality of Life benefits not available for children.
Child life coverage available only on children and grandchildren of employee (age on application date: 14 days through 23 years).
$4.98 monthly for $10,000 coverage and $9.97 monthly for $20,000 coverage per child.

**MEMORANDUM**

**TO:** All AISD Employees

**FROM:** Denebra Sharp
HR Manager – Compensation, Benefits, and Culture

**DATE:** June 1, 2018

**SUBJECT:** New HSA Provider

We are introducing a new Health Savings Account (HSA) provider – EECU.

With the EECU HSA, you can now enjoy:

•No monthly service fee

•Higher savings interest rate

•Free, no annual fee EECU HSA Debit Mastercard®

•Free online, mobile and branch access

•Local service and support

EECU Overview:

•EECU is one of the largest credit unions in Texas with over $2 billion in assets

•Federally insured by NCUA

•All HSA account-holder support is based in Texas

Be on the lookout for more information about our new EECU Health Savings Account during benefits open enrollment. If you choose to enroll in a High Deductible Health Plan (ActiveCare 1-HD) this benefit year, you will be eligible for an EECU HSA.

Current HSA participants:

- Your contributions will continue to be deposited into your HSA Bank - HSA through August 2018 payroll deductions.
- Once all deductions have been deposited into your HSA Bank HSA, you have the options below:
    - If you are eligible and elect to participate in the EECU HSA starting 9/1/2018:
        - Transfer your existing HSA Bank HSA funds to your new HSA with EECU. Once your EECU HSA is opened in September, EECU will mail you an HSA Transfer Form for you to complete and return, if you would like to transfer the funds. A $25.00 account closure fee is charged by HSA Bank and deducted when funds are transferred and your account is closed.

- Keep your HSA Bank HSA open and spend down the funds to $0.00. The HSA Bank monthly service fee of $1.75 will still be deducted from your HSA Bank account balance until the balance reaches $0.00.

- If you elect not to participate in the HSA starting 9/1/2018, the funds in your HSA Bank HSA are still available for you to use for eligible medical expenses. The HSA Bank monthly service fee of $1.75 will still be deducted from your HSA Bank account balance until the balance reaches $0.00.

Our goal is to deliver better value and service through our employee benefits. If you have questions regarding your benefits, please contact the benefits department at 682-867-7290 or via email at hrbenefits@aisd.net.

**MEMORANDO**

**PARA:** Todos los empleados de AISD

**DE PARTE DE:** Denebra Sharp
Manager de Recursos Humanos – Compensación, Beneficios, y Cultura

**Fecha:** Junio 1, 2018

**ASUNTO:** Nuevo Proveedor de HSA

Estamos introduciendo un nuevo proveedor de la Cuenta de Ahorros de Salud (HSA) – EECU.

Con la cuenta EECU HSA, usted ahora puede disfrutar de:

•No cuota de servicio mensual

•Tasa de interés de ahorro más alta

•Gratuita, sin cuota anual EECU HSA Debit Mastercard®

•Acceso gratuito en línea, por teléfono y en la sucursal

•Servicio y soporte local

EECU en resumen:

•EECU es uno de los mayores sindicatos de crédito en Texas con más de $2 billones en bienes

•Federalmente asegurado por la NCUA

•Toda la asistencia al titular de la cuenta de HSA es basada en Texas

Manténgase al tanto de nueva información sobre nuestra nueva cuenta de Ahorros de Salud EECU durante la inscripción abierta de beneficios. Si usted decide inscribirse en un Plan de Salud de Alto Deducible (ActiveCare 1-HD) este año de beneficios, usted será elegible para la EECU HSA.

Participantes actuales de HSA:

- Sus contribuciones se seguirán depositando en su Banco de HSA hasta las deducciones de nómina del 2018.
- Una vez que todas las deducciones se hayan depositado en su Banco de HSA, usted tiene las siguientes opciones:
    - Si usted ese elegible y decide participar en la EECU HSA comenzando en 9/1/2018:
        - Puede transferir sus fondos existentes de HSA Bank HSA a su nueva cuenta de HSA con EECU. Una vez que su EECU HSA es abierta en septiembre, EECU le mandara por correo la forma de transferencia de HSA para que usted la complete y la regrese, si a usted le gustaría transferir sus fondos. HSA Bank cobrara una cuota de $25.00 por cerrar la cuenta y se deducirá cuando los fondos sean transferidos y su cuenta sea cerrada.
        - Puede mantener su cuenta de HSA Bank HSA abierta y gastar sus fondos hasta llegar a $0.00. La cuota de HSA Bank por servicio mensual de $1.75 será deducida de su balance

de cuenta de HSA Bank hasta que el balance alcance $0.00.

- Si usted decide que no desea participar en la HSA comenzando 9/1/2018, los fondos en su HSA Bank HSA estarán disponibles para sus gastos médicos elegibles. Aun así, la cuota de HSA Bank por servicio mensual de $1.75, será deducida de su balance de cuenta de HSA Bank hasta que el balance alcance $0.00.

Nuestra meta es otorgar el mejor valor y servicio a los empleados a través de nuestros beneficios. Si tiene preguntas acerca de sus beneficios, por favor contacte el departamento de beneficios por teléfono al 682-867-7290 o vía correo electrónico hrbenefits@aisd.net.

EECU
Your community credit union

# EECU Makes It Easy For You To Make The Most Of Your HSA

Enclosed is everything you need to help you learn how to use your HSA.

## Getting Started

Maximize savings for your healthcare and your future with an EECU HSA, getting started is easy.

### Step 1:
Sign up for Online Account Access

At www.eecu.org home page, click the "Sign Up" link in the Online Banking Login box. Then, you can manage your account anytime, anywhere.

### Step 2:
Read This Guide

Learn how to make contributions, payments and manage your account.

### Step 3:
Activate Your Debit Card

Activate your new HSA Mastercard® Debit Card immediately by following the instructions on the sticker affixed to the front of the card.

## Now you're ready to maximize your savings!

## Have a question?

**Call** 817-882-0800. We're here to help you make the most of your Health Savings Account. EECU Member Service contact center hours of operation are 24/7 Monday through Sunday.

**Chat** with a Member Service Representative, at eecu.org, regarding your HSA or send a secure email to Member Services through EECU online banking. Hours of operation are Monday through Friday from 8:00 a.m. to 7:00 p.m. CT, Saturday 9:00 a.m. – 1:00 p.m. CT and closed on Sunday.

**Stop by** a local EECU branch for in-person assistance; branch locations can be found at www.eecu.org/locations-atms/.

# Here's How We Make Saving For Healthcare Expenses Easy, Convenient and Valuable

## Making It Easy

### Easy to Contribute

You can make pre-tax, current year contributions through your employer payroll deduction or make post-tax, current year contributions directly online or at an EECU branch office.

### Easy to Make Payments

EECU offers three easy ways. You can pay qualified medical expenses[1] with your EECU HSA Debit Mastercard®, through EECU's free online banking and bill pay or by writing an HSA check (optional, fees apply[2]). You can also pay out-of-pocket for eligible medical expenses and then reimburse yourself from your HSA.

### Easy to Manage Your Account

You can easily access your EECU HSA anytime, anywhere online or from your smartphone or tablet at eecu.org and manage your account on the go. Have a question or need help with a transaction, we're here to help on the phone, online, chat or in person at a branch.

### Easy to Grow

Your EECU HSA is federally insured, pays out a competitive dividend rate and has no monthly fees, so you can maximize your savings.

## HSA Overview

- Requires a qualifying high deductible health plan (HDHP)
- Used to pay for qualified medical expenses
- Funded by you, your employer or others
- Account funds belong to you

## **Qualified Medical** Expenses

Use your HSA to pay for qualified medical expenses, as defined by the Internal Revenue Service, for yourself, your spouse or tax dependents[1]. Here are some examples:

- Acupuncture
- Ambulance Service
- Chiropractor
- Dental Care
- Doctor's Fees
- Hearing Aids
- Laboratory Fees
- Prescription Drugs
- Surgery
- Vaccines
- Vision Care
- Wheel Chairs
- X-Rays

A list of Eligible Medical Expenses can be found in IRS Publication 502 - Medical and Dental Expenses.[1]

Save your receipts – for all qualified medical expenses. EECU does not verify eligibility. You are responsible for making sure payments are for qualified medical expenses.

# Making It Convenient

## Here's How To Contribute

- **Payroll Deductions** – your HSA contributions can be deducted from your paycheck on a pre-tax basis. For more information, please contact your employer.
- **Online Contribution** – use our online banking Transfer tool to contribute to your account. Simply log in at eecu.org then follow the "How to Make Transfers" to link an EECU or external checking or savings account to your HSA.
- **Check** – use EECU's mobile deposit feature to deposit a check from your mobile device. You can also stop by an EECU branch or one of our 5,000 shared branches to make a check deposit.
- **Transfer / Rollover** – to make a transfer from an existing HSA or MSA, complete and submit the HSA Transfer Form to EECU, and we'll take care of the rest.

## Here's How To Make Payments

- **HSA Debit Card** – use your EECU HSA Mastercard® debit card to pay healthcare providers at point-of-sale or by following the instructions provided on a bill from a medical provider.
- **Online Bill Pay** – sign up, at eecu.org, and use EECU's free online banking and bill pay to make payments to medical providers directly from your HSA.
- **Online Transfers** – use EECU's online banking or mobile app; reimburse yourself for out-of-pocket expenses by making a transfer from your HSA to your personal checking or savings account.
- **Check** – optional HSA checks can be ordered upon request for a fee[2]. You can use these checks to pay healthcare providers and suppliers.

## Here's How To Manage Your Account

- **Online** - check your balance, pay healthcare providers and arrange deposits; sign-up for online banking at www.eecu.org.
- **Mobile** - EECU's mobile app allows you to manage your account on the go; download "EECU Mobile Banking" in Apple's App Store and Google Play.
- **Contact Member Service** – call 817-882-0800 24/7 for help with your HSA questions or transactions. You can also chat with us online at eecu.org or use our secure email. Member Service is available Monday through Friday from 8:00 a.m. – 7:00 p.m. CT, Saturdays from 9:00 a.m. – 1:00 p.m. CT and closed on Sunday.
- **Account Statements** – monthly account statements show all your account activity for that period. You can receive free online statements or printed statement. You will also receive an IRS 1099 form and a 5498-SA form near tax time.

### Thank you for choosing EECU for your Health Savings Account.

For more information about HSAs, visit www.eecu.org/HSA, call one of our Member Service Representatives at 817-882-0800 or stop by a local EECU Branch. Your Benefits Administrator will also be able to provide you information about your HSA.

1 A list of Eligible Medical Expenses be found in IRS Publication 502, http://www.irs.gov/pub/irs-pdf/p502.pdf. As described in IRS publication 969, http://www.irs.gov/pub/irs-pdf/p969.pdf, over-the-counter medications (when prescribed by a doctor) are considered Eligible Medical Expenses for HSA purposes.

2 Call 817-882-0800 or stop by a branch to order Standard checks at no charge, excludes shipping & handling or order custom checks, prices vary.

EECU - April 2018

Arlington
INDEPENDENT SCHOOL DISTRICT
*More Than a Remarkable Education*

# 2018-2019 WELLNESS PROGRAM

## LIVE BETTER TODAY

The Arlington ISD Wellness Program will reward you for making healthy choices. Get the motivation you need to reach personal health goals along with the education and support to make wellness a lifestyle.

### Who can participate?

Beginning 9/1/2018, all employees who opted into Wellness are eligible to log on to www.aisdwellnessprogram.com or the Viverae app to start the program. Download the mobile app by searching "Viverae" in the App Store or Google Play.

## HOW TO REGISTER

- Visit www.aisdwellnessprogram.com or the Viverae app
- Select ***Register***
- Enter your last name and date of birth (DOB)
- Enter your identifier: Full 9-digit SSN
- Enter the registration code: arlingtonisd
- Then follow prompts to complete registration

## SYNC YOUR DEVICE

- To sync your app or device, visit www.aisdwellnessprogram.com:
- Select the Preferences icon in the top right corner
- Select ***Apps & Devices***
- Select the "**+**" icon
- Follow the prompts to sync your app or device

**Note**: Sync your Apple

## GETTING STARTED

Start at www.aisdwellnessprogram.com or the Viverae app to see where your health stands and take action toward a healthy lifestyle.

### Member Health Assessment (MHA)

The MHA consists of questions about specific lifestyle habits. Your MHA responses are analyzed to show your risk level and generate a health index. You can complete your MHA at www.aisdwellnessprogram.com or the Viverae app.

### Biometric Screening

Biometric Screenings will be offered on site this year. These screenings provide vital information about your overall health, including cholesterol (total, LDL, and HDL), triglycerides, cardiac risk, glucose, blood pressure, height, weight, Body Mass Index (BMI), and waist measurement. If you are unable to attend a Biometric Screening event, you may fulfill the screening requirement by visiting your physician or a LabCorp facility.

## FREQUENTLY ASKED QUESTINS

### What is the Viverae Health Center?

The Viverae Health Center is a health and wellness resource available to all Viverae members. It is staffed with a variety of highly trained customer care representatives, including registered dietitians, nurses, and certified Health Coaches.

### How do I contact the Viverae Health Center?

Call toll-free: 888-VIVERAE (848-3723)

- Monday – Thursday: 7am – 7:30pm CT
- Friday: 7am – 6pm CT
- Saturday – Sunday: Closed
- Closed Holidays

# Online Enrollment

1

For benefit information and to enroll go to: www.myaisdbenefits.net

Home | Benefits Guide | THE*benefits*HUB | Check FSA | Contact Us

2

If you have trouble logging in, click on the "Login Help Video" for assistance.

**Login Help Video**
*[Español]*

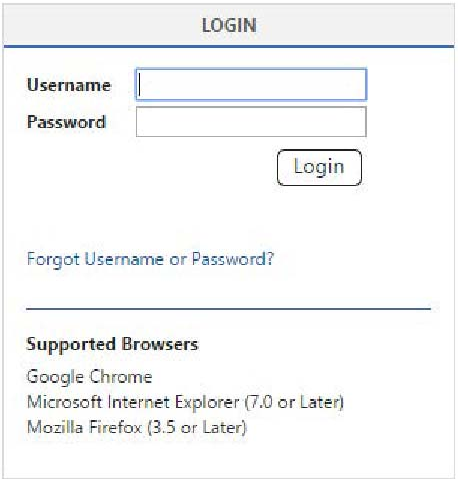
3

## Passwords

All passwords have been RESET to the default described below:

**Username:**
The first Six (6) characters of your last name, followed by the last Four (4) digits of your Social Security Number.

**Default Password:**
Last Name* (excluding punctuation) followed by the last four (4) digits of your Social Security Number.




| | | |
|---|---|---|
| **Example:** | Jane Washington<br>000-00-1234 | **Username:** washing1234<br>**Password:** washington1234 |
| **Example:** | John Smith<br>000-00-4321 | **Username:** smith4321<br>**Password:** smith4321 |

## Enrollment Instructions

**Click on "Enrollment Instructions" for more information about how to enroll**

# Inscripción en línea

1

para obtener información sobre beneficios e inscribirse, vaya a: www.myaisdbenefits.net

| Casa | Guía de beneficios | LA *beneficios* HUB | Compruebe FSA | Contáctenos |

2

Si tiene problemas para iniciar sesión, haga clic en "Video de ayuda para iniciar sesión" para obtener ayuda.

**Ayuda para entrar vídeo**
*[ Español ]*

3

## Contraseñas

Su nombre de usuario es:

los primeros seis (6) caracteres de su apellido, seguido de los últimos cuatro (4) dígitos de su Número de Seguridad Social.

Su contraseña es:

Apellido (Excluyendo puntuacion) seguido de los últimos cuatro (4) dígitos de su Número de Seguridad Social.

Si ha iniciado sesión previamente en este año, va a utilizar la contraseña que ha creado, no el formato de contraseña que aparece arriba.

| | | |
|---|---|---|
| **Ejemplo:** | Jane Washington<br>000-00-1234 | **Username:** washing1234<br>**Password:** washington1234 |
| **ejemplo:** | John Smith<br>000-00-4321 | **Username:** smith4321<br>**Password:** smith4321 |

## Instrucciones de inscripción

**Haga clic en "Instrucciones de inscripción" para obtener más información sobre cómo inscribirse**