



KELLER INDEPENDENT SCHOOL DISTRICT 2021 Benefits Rate Guide

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

Keller Independent School District's Benefit Plan Year is from January 1, 2021 to December 31, 2021

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

- Visit www.myuhc.com for detailed information on covered/non-covered items, benefits, as well as to check on claims, and out of pocket maximums.
- All Summary Plan Documents and other benefit information can be found on THE *benefitsHUB* at www.mybenefitshub.com/kellerisd or on KCloud under the Human Resources icon.
- 2021 Benefit Plan –
 - UnitedHealthcare Nexus Narrow Network (utilizing Tier 1 doctors)
 - ProActRX is our Pharmacy Benefit Manager; Tailored Prescription Drug Network (noTarget/CVS); www.ProActRx.com or call 877-635-9545
 - New Pharmacy Copay Structure
 - High Deductible Plan premiums: No increase for the 2021 Plan Year

High Deductible Plan

(Monthly Premium – District Contribution = Employee Premium)

	2021 Monthly District Contribution	2021 Monthly Employee Premium	2021 Monthly Employee Incentive Premium
Employee Only	\$275.00	\$113.06	\$53.06
Employee + Spouse	\$275.00	\$740.54	\$680.54
Employee + Child(ren)	\$275.00	\$540.79	\$480.79
Employee + Family	\$275.00	\$1,179.22	\$1,119.22

Major Medical Plan

(Monthly Premium – District Contribution = Employee Premium)

	2021 Monthly District Contribution	2021 Monthly Employee Premium	2021 Monthly Employee Incentive Premium
Employee Only	\$275.00	\$260.33	\$200.33
Employee + Spouse	\$275.00	\$870.35	\$810.35
Employee + Child(ren)	\$275.00	\$703.13	\$643.13
Employee + Family	\$275.00	\$1,333.91	\$1,273.91

Essential Plan

(Monthly Premium – District Contribution = Employee Premium)

	2021 Monthly District Contribution	2021 Monthly Employee Premium	2021 Monthly Employee Incentive Premium
Employee Only	\$275.00	\$597.09	\$537.09
Employee + Spouse	\$275.00	\$1,402.36	\$1,342.36
Employee + Child(ren)	\$275.00	\$1,161.33	\$1,101.33
Employee + Family	\$275.00	\$2,123.41	\$2,063.41

2021 Medical Plan Comparison Table

Benefit	High Deductible	Major Medical	Essential
Copays- PCP	None/Out of Pocket	\$25 (In-network & Tier 1)/\$45	\$25 (In-network & Tier 1)/\$45
Copays- Specialists	None/Out of Pocket	\$45 (In-network & Tier 1)/\$65	\$45 (In-network & Tier 1)/\$65
Individual Deductible (Ind./Family)	\$3,000/\$6,000	\$5,000/\$10,000	\$2,500/\$5,000
Coinsurance	80/20 In-network & Tier 1 50/50 In-network	80/20 In-network & Tier 1 50/50 In-network	80/20 In-network & Tier 1 50/50 In-network
Out-of-Pocket Limit (Ind./Family)	\$6,900/\$13,800	\$7,900/\$15,800	\$7,900/\$15,800
Benefits	In-Network Only	In-Network Only	In-Network Only
Partner with Tax Free \$ Monthly Fee	HSA \$2.75	FSA \$2.85	FSA \$2.85
Prescription Deductible	None/Out of Pocket (included in Medical Ded.)	\$200.00	\$150.00
KISD Wellness Center	\$25 fee for acute care visits; no cost for wellness & coaching	No cost for acute care, wellness & coaching	No cost for acute care, wellness & coaching
Urgent Care Copay	None/Out of Pocket	\$100.00	\$100.00
Emergency Room	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance
Routine Wellness Benefit & other Preventive Care	100%	100%	100%
Lab Benefit for Preventative lab work (Lab Corp)	100%	100%	100%

2021 Pharmacy Copay Structure – New!

	High Deductible			Major Medical & Essential		
	Retail 30 DS	Retail 90 DS	Mail 90 DS	Retail 30 DS	Retail 90 DS	Mail 90 DS
Generic	\$9 After Deductible	\$25 After Deductible	\$25 After Deductible	\$9	\$25	\$25
Preferred Brands	20% After Deductible	20% After Deductible	20% After Deductible	\$50	\$85	\$85
Non-Preferred Brands	20% After Deductible	20% After Deductible	20% After Deductible	\$75	\$135	\$135
Specialty	20% After Deductible	20% After Deductible	20% After Deductible	20% with \$150 Maximum	20% with a \$150 Maximum	20% with a \$150 Maximum

2021 Flexible Spending Accounts (FSA): National Benefit Services (NBS)

Highlights of the FSA Account:

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

2021 Health Savings Account (HSA): UnitedHealthcare Optum

Highlights of the HSA Account:

- ❖ Tax-sheltered Health Savings Accounts allow an individual to set aside dollars to pay for future health care expenses.
- ❖ Monthly fee: \$2.75
- ❖ Health Care Contributions accumulate month by month and can roll from one year to another
- ❖ Healthcare reimbursement maximum: \$7,200 for family and \$3,600 for individual per plan year
- ❖ Employees cannot participate in the FSA if they have an HSA account
- ❖ An HSA account can only be partnered with the High Deductible Plan

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

- ❖ **KISD Employee Health and Wellness Center** – Employees, spouses, and children over the age of two are eligible to go the KISD Employee Health and Wellness Center for acute, wellness or coaching visits. If you elect the Essential or Major Medical Plan, there is no cost; if you elect the High Deductible Plan there will be a \$25.00 fee per visit for acute care visits.
 - Address to the Wellness Center is: 5308 N. Tarrant Parkway Fort Worth, TX 76244
 - Phone Number is: 817-993-6889
 - Marathon Health Website: my.marathon-health.com
- ❖ **Virtual Visits** – Log into www.myuhc.com and choose from provider sites where you can register for a virtual visit; payments are \$50.00 a visit.
- ❖ **Premium Incentive Plan** – Complete 3 activities for the 2022 Premium Incentive Plan between September 1, 2020 through August 31, 2021.
 - Health Risk Assessment,
 - Biometric Screening, and
 - Annual Wellness Exam

Only the employee will receive a \$60.00 incentive monthly for an annual savings of \$720.00 for the Benefit Plan Year in 2022.

In addition, for the 2022 Incentive, employees must have “Three in the Green”. This would require employees to have 3 out of 5 metrics in range to be eligible for the Premium Incentive. The five areas that will be assessed are Cholesterol, LDL, HDL, Waist Circumference and Blood Pressure.

Anyone that does not meet that criteria will need to have a Health Coaching Visit at the KISD Employee Health and Wellness Center by August 31, 2021 to receive the Premium Incentive.

2021 Dental Insurance: Cigna

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

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

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

Highlights of the DHMO Dental Insurance Plan:

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

2021 Vision Insurance: Superior Vision

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

Highlights of the Vision Insurance Plan:

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

2021 Dental & Vision Discount Plan: QCD of America

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

Highlights of QCD of America Discount Dental and Vision Plan:

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

2021 Accidental Insurance: Voya

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

Highlights of the Accidental Insurance Plan:

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

2021 In-Hospital Indemnity Insurance – Voya

Highlights of the In-Hospital Indemnity Plan:

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

2021 Critical Illness Insurance: Voya

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

Highlights of the Critical Insurance Plan:

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

2021 Life Insurance - The Hartford

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

2021 Disability Insurance- The Hartford

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

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

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

Sick Leave Bank

- ❖ To become a member, a one-time donation of 2 sick days are required, unless the Sick Leave Bank goes below a certain level. Once the donation has been made, the membership will continue the duration of the employment. You can enroll in the Sick Leave Bank during your Annual Open Enrollment.
- ❖ The purpose of the Sick Leave Bank is to provide additional sick leave days to members of the bank in the event of the employee or the employee's spouse, parent, son, or daughter experience a catastrophic illness or injury. To request days from the bank, an employee must have exhausted all paid leave and vacation leave.
- ❖ Sick leave days from the bank must be approved by the District's Sick Leave Bank Committee.

2021 The Keller Pointe (Workout Facility)

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

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