

2018 AUSTIN ISD EMPLOYEE BENEFIT GUIDE

Benefits Plan Year 01/01/2018 - 12/31/2018

A large, stylized graphic of a stethoscope in dark blue and white, looping around a central white teardrop-shaped area. The stethoscope has a circular chest piece on the left and two earpieces on the right.

Choose Well
Work Well
Be Well



HOW TO ENROLL OR MAKE CHANGES TO BENEFITS

Use the [Austin ISD Employee Benefit Guide](#) to learn about your options.

Here's how to access your benefits online.

www.austinisdbenefits.com

Username: The first initial of your first name, the first six characters of your last name, and the last four digits of your Social Security number.

Password: The first time you log in, your default password will be your date of birth starting with the year you were born, then the month, and then the day (YYYYMMDD).

(If you experience any log in issues with the benefits portal, [contact the Benefits Office immediately](#))

	Here's when you can enroll in or make changes to your benefits:	Here's what happens if you don't take action:
If you're a benefit eligible new hire...	<p>Welcome to Austin ISD! You can enroll in benefits during the first 30 days of your employment.</p> <p>You'll get a notification at your work email address prompting you to log in to our benefits enrollment portal, www.austinisdbenefits.com.</p>	<p>You must actively select or waive coverage within 30 days of your hire date. If you do not enroll within your timeframe, you will automatically be enrolled in only the Basic Life Insurance plan with all other benefit options being waived.</p>
If you have a Qualifying Life Event...	<p>Certain life events, like having a baby, getting married or divorced, or if one of your dependents gains/loses coverage, allow you to make changes to your benefits. If you have a qualifying life event, make sure to update your benefit elections within 31 days.</p> <p>Once you've made your changes and submitted the required documentation, you'll receive a work email confirming your new elections.</p>	<p>If you don't make changes within 31 days of a Qualifying Life Event, you won't be able to make any changes to your benefits until the next open enrollment period.</p>
If it's Open Enrollment...	<p>During the month of October, you can make changes to your benefits for coverage effective January 1—December 31 of the following calendar year. Once you've enrolled, a confirmation statement is emailed to you as proof of your elections.</p> <ul style="list-style-type: none"> • <i>All new benefit eligible employees hired between January-September will still need to enroll during open enrollment.</i> • <i>All new benefit eligible employees hired between October-November will need to complete both a New Hire Enrollment and Open Enrollment during the first 30 days of their employment.</i> 	<p>Open Enrollment is mandatory. Your benefits will not roll over into the next calendar year. If you don't enroll during this period, your current elections will end on December 31 of the current calendar year.</p>

Benefit Enrollment Checklist

Use the [Austin ISD Employee Benefit Guide](#) to learn about your options.

Completed	Task
	Review plan information in the Austin ISD Employee Benefit Guide
	Contact the AISD Benefits Office, by phone or email, if you have any questions. <ul style="list-style-type: none">• (512) 414-2297 main• benefits@austinisd.org
	Complete online enrollment no later than 30 days from your start date. If you have any issues trying to login to the benefits portal, <i>contact our office immediately.</i> <i><u>There are no exceptions to this deadline.</u></i>
	If you are adding dependents to any of your plans, either upload your dependent documentation into your enrollment or email: dependentdocumentation@austinisd.org
	Verify your benefit elections are correct and keep a copy of your enrollment confirmation.

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Here are your benefits for 2018

Rising health care costs have caught up with us. Unfortunately, we had to increase rates this year. The reason is simple. The money we pay in medical and prescription costs per year exceeds the amount we collect in employee contributions.

Austin ISD will continue to offer the wide range of medical plan options through Aetna, and we're increasing our contribution toward your premiums. The district's monthly contribution is **\$545.00**. This is the highest district employer contribution in the state!

Here is what's changing:

- Technology advances to improve your benefit experience. New enrollment portal and a **MOBILE APP** that gives you access at your fingertips.
- Employee Wellness Incentives of \$100. Employees who participate in the voluntary employee wellness program can qualify for \$100 credit in their December paycheck.
- Medical rates are increasing. We have implemented the salary banded rate for the Seton Only Plan.
- Austin ISD contribution to the employee-only coverage on the HSA Plan will be \$125 per month.
- The Gold Choice is renamed to the Open Access Plan and now features a three-tier network structure for employees to save money when they access care.
- We have a new life insurance carrier and brought back to employees an optional whole life policy.
- Pharmacy benefits will now be provided through Express Scripts. Aetna will no longer handle the pharmacy component of your health plan as of January 1, 2018. You will have a separate insurance card for you RX.

CHOOSE WELL



Consider This

- Take a close look at all the medical plans and compare them in price and coverage level so that you choose the one that is right for you.
- Study all your voluntary benefits. These benefits like dental, accident, cancer, life insurance, and retirement plans all have options within them for you to choose from. Benefits help you stick to a plan and give you piece of mind, but they are also for when the plan doesn't stick to you and you need help.
- AISD offers a telemedicine program known as REDIMD. For all employees in the Seton Only Plan or the Open Access Plan, this service is FREE and convenient.
- Benefits can do more for you than cover you when you are sick. They can help you live the healthy lifestyle that you desire. Take advantage of services like FREE preventative care, 24/7 Nurse hotline, REDIMD, and our EAP program that incorporates community resources for a total WELLBEING.

OPEN ENROLLMENT IS MANDATORY. **BENEFITS DO NOT ROLL OVER FROM YEAR TO YEAR.** ENROLL BETWEEN OCTOBER 1 AND OCTOBER 31, 2017.

It is easier this year with an intuitive online portal that is available through any device and integrated with AISD's own **BENEFITS MOBILE APP.**

Download now for Free!

Provider Networks

Austin ISD offers 3 health plans with 2 networks.

The SETON ONLY plan and the SETON HSA PLAN offer providers who choose to participate in the Aetna Whole Health Seton Health Alliance Network. These providers are located in Bastrop, Bell, Caldwell, Hays, Travis, and Williamson Counties. While provider groups like Dell Children's, Austin Diagnostic Clinic (ADC), and Austin Radiological Clinic (ARC) all have providers that participate in the SETON Network, not all the providers at those facilities do, so make sure you check Aetna DocFIND or call Aetna Concierge Customer Service to double check before your visit.

Features of the limited network:

- Choose any primary care physician in the network
- Pay lower copays and deductibles and premiums

You're smart to stay in-network

Simply put, you're not covered for out-of-network services. The only exception is a true emergency when an out-of-network hospital emergency room is the nearest facility. In this case, your stay is covered only until the doctor decides you are stable enough to go home or be moved to an in-network hospital.

Out-of-network emergency-room care for non-emergency medical attention can quickly get very expensive, and the district doesn't cover those costs. So, only go to an ER when you have a true emergency. The costs don't only affect you. They affect everyone in the district.

Features of the open access network:

The new OPEN ACCESS plan offers providers in the Aetna Choice POS II (Open Access) Network. These providers are both apart of the SETON network as well as offer provider choice nationwide. You will pay more for this plan with this network, but it offers more options. Again, providers can drop in and out of any network at any time and sometimes without notice. Don't get caught with an uncovered hospital bill. Always double check before obtaining service from a provider.

- Aetna network of providers in Austin include Seton and St. David Hospitals. Access to nationwide specialist provider groups such as MD Anderson and Mayo Clinic
- Three tier structure allows you to benefit from lower out of pocket expenses when able while still having the option to see providers outside the limited network.

Choose Well.

Which Plan is the best fit?

What do they all have in common?

- Preventative care is covered at 100%. This includes you and your dependents.
- Freedom to choose any doctor within your plan's network.
- Pharmacy benefits available through Express Scripts available at retail pharmacies or by mail order.
- All plans have a deductible and coinsurance. A deductible is the amount you're responsible for paying before the plan begins to pay a percentage of covered expenses. Coinsurance is the percentage of covered medical expenses that you pay, after you've met your annual deductible until you reach your out of pocket maximum.



SETON PLAN



Lower Premiums



Lower deductibles & out of pocket expenses

OPEN ACCESS PLAN



Higher Premiums



Higher deductibles & out of pocket exp

Big changes in ER Copays- AISD wants you to KNOW before you GO!

Would you believe the district paid \$3.3 million for emergency room visits alone in 2016? These numbers are expected to be even higher in 2017. Most of these expenses were for unnecessary trips to the ER. It is important to use hospital ERs only in the case of a true emergency. Urgent care clinics and walk in retail clinics can be a better alternative for employees.

ER costs affect all of us. To compensate, ER copays for 2018 will be \$500. Please be familiar with your plan offerings to avoid unnecessary charges. Emergencies are typically life-threatening events, like heavy bleeding, large open wounds, chest pain, sudden weakness or difficulty breathing, spinal or head injuries, major burns or broken bones. Call 911 or head to an ER for any of those. An ER typically isn't your best choice for non-life-threatening things like sore throats, fevers, sinus infections or muscle sprains.

When **minor injuries** and **illnesses** strike, where should **you** go?

Austin ISD wants you to be able to find the right place to solve your healthcare needs – one that is both easy on your wallet and respectful of your time. Below are just a few examples to help you decide where to go to get the treatment you need.



Prescription Drug Benefits

Austin ISD has selected Express Scripts as our pharmacy vendor for 2018. This means that your prescription drug access is no longer a part of Aetna. This also means that there are some changes to your pharmacy plan. Be sure to show your new ID card at the pharmacy **beginning 1/1/18**.

- **Convenience:** Hopefully, you will find some of the new features easier and more convenient to use. Through our mobile app, you can manage your prescription, renew and refill mail order, check order status and find lower cost options under your plan.
- **Where:** For your standard 30 day prescription, you can fill your prescription at a pharmacy of your choosing. If you get a 90 day supply at retail, this can only be filled at Walgreens locations. If you do not wish to use Walgreens for retail, mail order or Home Delivery options are available at a discounted copay.
- **Specialty Medications:** If you are prescribed a specialty medication, they are required to be filled through Express Script's specialty pharmacy called Accredo. Specialty medicines are used to treat complex conditions and may need to be administered by injection or through infusion. Some of these medicines require special handling or refrigeration, while others are oral or inhaled. Managing these complex therapies requires dedicated and trained professionals.



Annual prescription deductible

- Plan members pay \$50 per person per year
- This is separate from your medical plan deductible
- You may also be asked to pay a copay after you meet your deductible

Be Careful

If you , or your physician, request a brand-name drug when a generic is available you pay the brand copay PLUS the difference in cost between the two drugs, along with any remaining prescription deductible.

Prior authorization for certain medications

The prescription drug plan doesn't cover certain medicines without prior authorization for medical necessity. If you don't get authorization from your doctor, you may have to pay the full cost of your medication. If you choose a generic or brand formulary alternative from the Express Scripts standard formulary list, you don't have to get prior authorization.

Annual prescription out-of-pocket maximum

Your out-of-pocket prescription drug expenses go toward your total annual medical plan out-of-pocket maximum. Once you've reached your total out-of-pocket maximum, you no longer have to pay any of the costs for medical or pharmacy for the rest of the plan year.



Medical Plans

AISD AETNA 2018 BENEFITS COMPARISONS

BENEFITS	Seton Only	Open Access			HSA Seton
	In-Network Only	Preferred Seton Network	In-Network	Out-of-Network	In-Network Only
Calendar Year Deductible Per Member/Per Family	\$1,000/Ind; \$3,000/Family	\$750/Ind; \$2,250 / Family	\$1,750/Ind; \$5,250 / Family	\$2,500/Ind; \$7,500/ Family	\$1,500/Ind; \$3,000/Family
Annual Out-of-Pocket Maximum Per Member/Per Family	\$3,000/Ind; \$9,000/Family	\$4,000/Ind; \$12,000 Family	\$4,000/Ind; \$12,000 Family	\$8,000/Ind; \$24,000 / Family	\$4,500/Ind; \$9,000/Family
Preventive Care	100%; deductible waived	100%; deductible waived	100%; deductible waived	50%; after deductible	100%; deductible waived
Office Visits—PCP	\$35 copay; deductible waived	\$35 copay; deductible waived	\$40 copay; deductible waived	50%; after deductible	20%; after deductible
Office Visits—Specialist	\$50 copay; deductible waived	\$50 copay; deductible waived	\$60 copay; deductible waived	50%; after deductible	20%; after deductible
Inpatient Hospital Services and IP Maternity (including surgery)	20% after \$500 copay; after deductible	10% after \$500 copay; after deductible	30% after \$500 copay; after deductible	50% after \$500 per admit; after deductible	20%; after deductible
Outpatient Hospital Services (including surgery)	20%; after deductible	10%; after deductible	30%; after deductible	50% after deductible	20%; after deductible
Urgent Care	\$50 copay; deductible waived	\$50 copay; deductible waived	\$60 copay; deductible waived	50%; after deductible	20%; after deductible
Emergency Room	\$500 copay; deductible waived	\$500 copay; deductible waived	\$500 copay; deductible waived	\$500 copay; deductible waived	20%; after deductible
Ambulance	20%; after deductible	20%; after deductible	20%; after deductible	20%; after deductible	20%; after deductible
X-Ray / Lab	100% deductible waived	100% deductible waived	100% deductible waived	50%; after deductible	20%; after deductible
Complex Lab/X-Ray (MRI/CTScan/PET/etc)	20%; after deductible	10%; after deductible	30%; after deductible	50%; after deductible	20%; after deductible
Durable Medical Equipment	20%; after deductible	20%; after deductible	30%; after deductible	50% after deductible	20%; after deductible
Mental Health/ Substance Abuse Inpatient	20% after \$500 copay; after deductible	10% after \$500 copay; after deductible	30% after \$500 co-pay; after deductible	50% after \$500 per admit; after deductible	20%; after deductible
Outpatient	\$50 copay; deductible waived	\$50 copay deductible waived	\$60 copay; deductible waived	50%; After deductible	20%; after deductible



Medical Plans

AISD AETNA 2018 BENEFITS COMPARISONS

BENEFITS	Seton Only	Open Access			HSA Seton
	In-Network Only	Preferred Seton Network	In-Network	Out-of-Network	In-Network
Chiropractic, Physical, Occupational Therapies (Short-Term Rehab) —limited to 35 visits per calendar year (office setting)	\$50 copay; deductible waived	\$50 copay; deductible waived	\$60 copay; deductible waived	40% after deductible	20%; after deductible
Speech Therapy (office setting)	\$50 copay; deductible waived	\$50 COPAY; deductible waived	\$60 copay; deductible waived	40% after deductible	20%; after deductible
Prescription Drugs	\$50 combined Retail/MOD per calendar year RX deductible; \$150 family combined retail / MOD	\$50 COMBINED RETAIL/MOD PER CALENDAR YEAR RX DEDUCTIBLE; \$150 FAMILY COMBINED RETAIL/MOD PER CALENDAR YEAR RX.			20%; after deductible
Retail (30-day supply)					
Generic	\$10	\$10	\$10	20% after applicable	20%; after deductible
Brand Name Formulary	\$45	\$45	\$45	20% after applicable	20%; after deductible
Brand Name Non-Formulary	\$60	\$60	\$60	20% after applicable	20%; after deductible
Specialty	20% with a minimum of \$75 or maximum of \$150	20% with a minimum of \$75 or maximum of \$150	20% with a minimum of \$75 or maximum of \$150	Not Covered	20%; after deductible
Mail Order (90-day supply)					
Generic	\$25	\$25	\$25	Not Covered	20%; after deductible
Brand Name Formulary	\$112.50	\$112.50	\$112.50	Not Covered	20%; after deductible
Brand Name Non-Formulary	\$150.00	\$150.00	\$150.00	Not Covered	20%; after deductible
** Routine eye exams are covered under all Aetna plans					





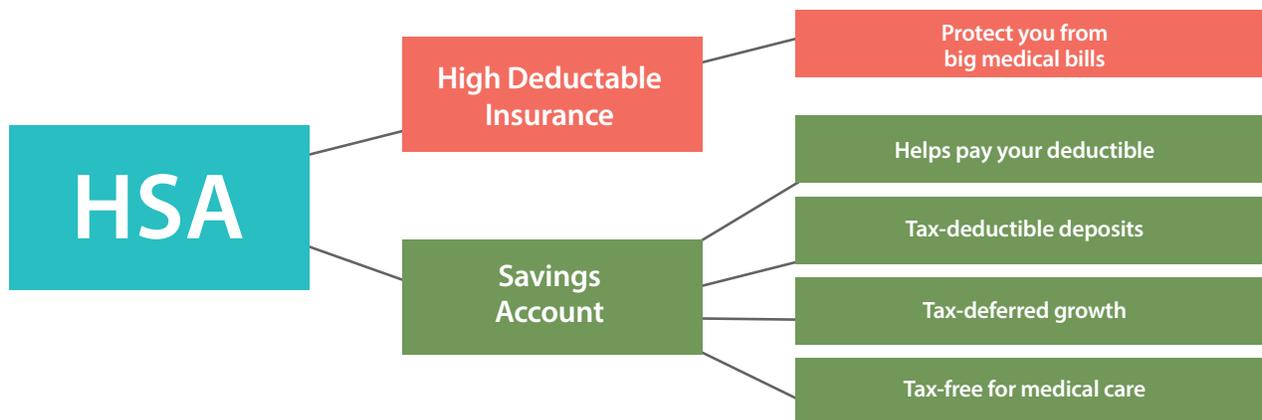
Health Savings Account

Is it right for you?

WHY CHOOSE AN HSA?

- Convenient — Debit card for direct payments, online account management for receipts and claims
- Save Money — Lower medical premiums than traditional health plans
- Portability — Funds are yours to keep even if you change jobs, roll over from year to year
- 3x Tax Saver — pre-tax contributions, tax-deferred interest, tax free payments on qualified expenses
- Alternate Retirement Account — Non-medical withdrawals allowed at age 65, penalty free

Austin ISD contributes \$125 per month to HSA accounts for employees enrolled in Employee Only coverage in the HSA Seton plan. Your account must be open for the District to deposit funds.



TYPE OF COVERAGE	CONTRIBUTION LIMIT
Individual	\$3,450 for 2018
Family	\$6,900 for 2018
Catch up for Age 55 or older	\$1,000 for 2018

Please note: not eligible for hsa option if entitled to medicare



Wellness Premium Credit

2018 AISD \$100 Wellness Premium Credit

Employees on an Austin ISD medical plan must earn a total of 100 points prior to October 28th 2018 to earn the \$100 Wellness Premium Credit on their December 2018 paycheck. Points are earned by completing the required activities plus your choice of additional activities offered throughout the year.

REQUIRED:	TIMEFRAME	
Biometric Screening	January – August	35
Health Risk Assessment	January – September	35
YOU CHOOSE:		
Every Move Matters Challenge	January 29th – February 24th	15
Goodbye Stress Challenge	April 30th – May 27th	15
Power of 8 Challenge	June-August	15
Shift Challenge	September 24th – October 21st	15
Cap10K – Participation	April 8th	10
The Work & Home Balancing Act – Wellbeing Class	February	10
Stress Management – Wellbeing Class	March	10
Mindfulness for Employees – Wellbeing Class	April	10
Mental Health Awareness in the Workplace – Wellbeing Class	May	10

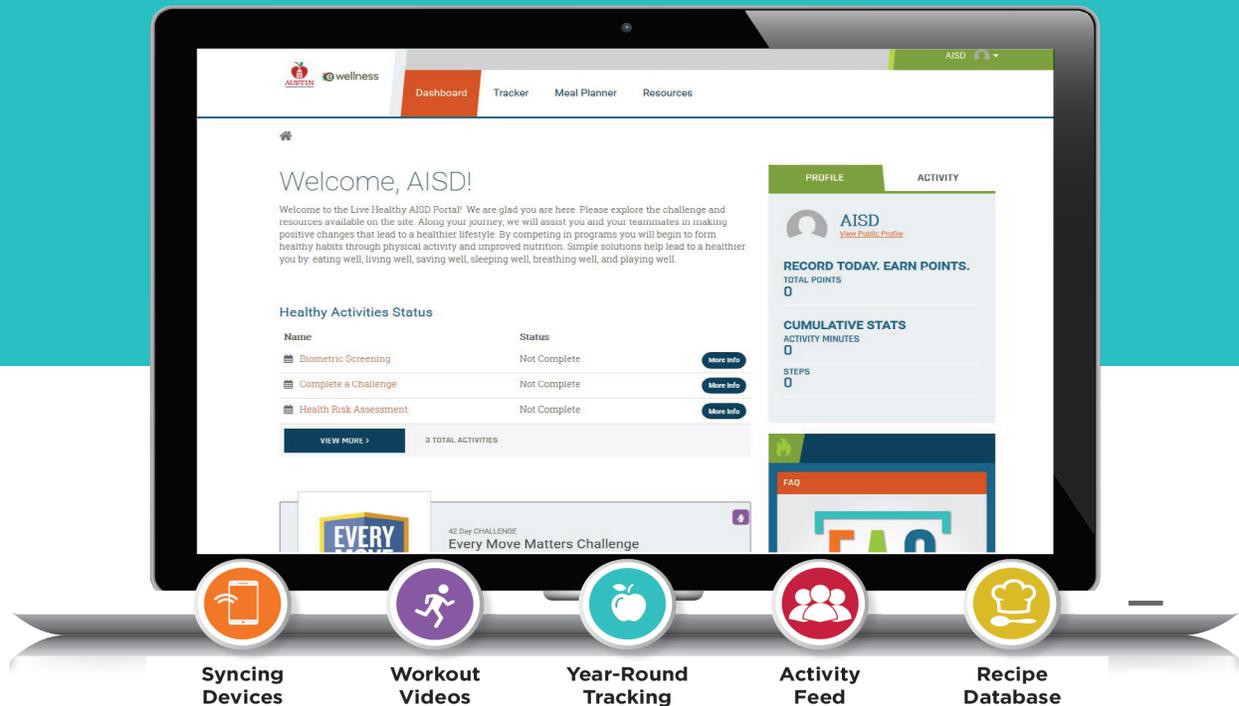
Total Available Points: **180**

- Please note there are two REQUIRED activities. An employee must complete their Biometric Screening & Health Assessment in order to be eligible for the \$100 Wellness Credit Premium.
- Biometric Screening - Biometric Screenings give you the opportunity to know your health score as well as provide early detection for any possible risks for chronic or serious health conditions. Employees will have the option to complete their screening on various AISD campuses OR make an appointment at one of many Patient Service Centers throughout the Austin area. Screenings only takes 15 minutes to complete.
- Health Risk Assessment – This is completed online through the Aetna Navigator website.
- Wellbeing Classes – These are in-person classes held at rotating AISD campuses. These are non-fitness related & instead provide education & tips to help you BE WELL throughout the year. The four wellbeing classes listed above will each have 2 scheduled dates for employees to choose from for attendance.

View full details and eligibility rules on the Wellness Website: www.austinisd.org/wellness/premiumcredit

JOIN TODAY! LIVE HEALTHY PORTAL

Track the points you've accumulated towards your Wellness Premium Credit for 2018.



SIGN UP TODAY

www.livehealthyaisd.com

- Click **JOIN NOW**.
- Enter your **first name, last name and employee ID**.
- Confirm your information.
- Create a **new username and password**.
- Complete your profile.

2018 Challenges



January 29 - February 25

You will be encouraged to get up and get moving to help you achieve goals, sustain good health, and gain clarity and energy. You'll receive weekly emails with a motivational tip and an activity suggestion to keep you moving. Your goal is to track as many activity minutes as possible.

Registration opens January 16



April 30 - May 27

Learn healthier ways to cope with stress, reduce harmful effects and prevent it from spiraling out of control. Each week will focus on proactive and healthy ways to deal with the stress triggers in your life. Take charge of your lifestyle, thoughts and emotions.

Registration opens April 16



September 24 - October 21

Make a positive shift in your health by embracing the opportunity to live healthier. This challenge will help you increase your activity and manage your weight daily. Participants need to track daily activity minutes and weighing yourself weekly.

Registration opens September 10



Dental PPO

ELIGIBILITY	Primary enrollee, spouse and eligible dependent children to the end of the month dependent turns age 26			
Deductibles Deductibles waived for Diagnostic & Preventive (D & P)	Core Plan: \$50 per person / \$150 per family each calendar year Plus Plan: \$50 per person / \$100 per family each calendar year			
	Yes			
Maximums D & P counts toward maximum	\$1,500 per person each calendar year			
	No			
Waiting Period(s)	Basic Benefits None	Major Benefits None	Orthodontics None	Prosthodontics None

Benefits and Covered Services*	Core Plan		Plus Plan	
	Delta Dental PPO dentists**	Non-Delta Dental PPO dentists**	Delta Dental PPO dentists**	Non-Delta Dental PPO dentists**
Diagnostic & Preventive Services (D & P) Exams, cleanings and x-rays	100 %	100 %	100 %	100 %
Basic Services Fillings, simple tooth extractions and sealants	80 %	80 %	90 %	90 %
Endodontics (root canals) Covered under Basic Services	80 %	80%	90 %	90%
Periodontics (gum treatment) Covered under Basic Services	80 %	80 %	90 %	90 %
Oral Surgery Covered under Basic Services	80 %	80 %	90 %	90 %
Major Services Crowns, inlays, onlays and cast restorations	50 %	50 %	60 %	60 %
Prosthodontics Bridges and dentures	50 %	50 %	60 %	60 %
Orthodontic Benefits Adults and dependent children	0 %	0 %	50 %	50 %
Orthodontic Maximums	Not Applicable	Not Applicable	\$1,500 Lifetime	\$1,500 Lifetime

* Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan.

Reimbursement is based on Delta Dental contract allowances and not necessarily each dentist's actual fees.





DHMO—How It Works

The DHMO plan doesn't have any deductibles or maximums. Instead, when you receive a dental service, you pay a fixed dollar amount for the treatment (a "copayment").

- Enrollees select a primary care dentist from whom they will receive all treatments (traditional HMO).
- If the enrollee does not designate a provider, Delta will assign one within the enrollee's home zip code.
- To change the primary care dentist, the enrollee must contact Delta at 800-422-4234. Changes take effect the following month.
- If specialized services are required, the primary care provider will issue a referral. Delta must review and approve all referrals.





Vision

For individuals with few regular health expenses, paying a traditional health plan premium many consider vision to be their most valued sense. We learn primarily through vision; in fact, 80% of our brain is devoted to processing visual information – more than all the other senses combined.

We need to take care of our eyes like we take care of our bodies and teeth; care should be preventive, not reactive. Many simple vision problems go undiagnosed – problems that could be detected by an eye exam – so there is no need to live with vision challenges, such as seeing objects in the distance or up close, general eye strain, blurry vision, headaches, etc.

Did you know that your eyes are the windows to your health? It’s true! By looking into your eyes during a comprehensive eye exam, your eye care provider can not only identify vision issues, including cataracts, glaucoma, and macular degeneration, but they can also identify systemic diseases such as diabetes, hypertension, and high cholesterol. Early detection can help lessen some of the long-term effects and help preserve vision.

BENEFIT	IN-NETWORK PROVIDER	OUT-OF-NETWORK PROVIDER	FREQUENCY OF BENEFIT
Routine Exams	\$10 Exam, then 100% paid in full	\$10 Exam, then up to \$35 retail value	Once every 12 months
Lenses Single vision Bifocal Trifocal Polycarbonate Lenticular	Paid in Full Paid in Full Paid in Full Paid in Full Paid in Full	Up to \$25 Retail Value Up to \$40 Retail Value Up to \$45 Retail Value Up to \$20 Retail Value Up to \$80 Retail Value	Once every 12 months
Contact Lenses Elective Medically Required	\$140 allowance for contacts copay does not apply	Up to \$80 Retail Value Up to \$150 Retail Value	Once every 12 months (in lieu of glasses)
Frames	Up to \$130 Retail Value	Up to \$70 Retail Value	Once every 12 months
Laser Vision Correction	\$200 allowance	\$200 allowance	In Lieu of eyewear benefit



Flexible Spending Account

Flexible spending accounts are administered by National Benefit Services, whose services include:

- Online account access and claim submissions: <https://myweathcareonline.com/nbsbenefits/>
- Automatic direct deposit into your checking or savings account
- Help center at 800-274-0503 from 8 a.m. to 5 p.m. MST

PLEASE NOTE: You must enroll in your FSA each year. Enrollments do not roll over!

Health care FSA

- You can set aside up to \$2,600, pre-tax, to pay for eligible health care expenses, including dental and vision.
- You can use your FSA for all eligible health care costs for you and your dependents, even if your dependents are not covered under an Austin ISD medical plan.
- You may use your 2018 health care FSA for expenses incurred through March 15, 2019 as long as you submit documentation for those expenses by March 31, 2019.
- The full amount of your election is available to you on January 1, 2018, even though your contributions are spread over the calendar year.

Dependent Day Care FSA

- You and your spouse can set up a combined annual contribution up to \$5,000, pre-tax, to pay for day care expenses for qualified dependents while you work or look for work.
- Unlike the health care FSA, you can only be reimbursed funds that have already been withheld from your paycheck.
- Eligible expenses include day care, nursery school, after-school care and summer day camp.
- IRS “use it or lose it” rule applies, and you cannot be reimbursed for any expense that is also covered by a tax credit on your federal tax return.

For more information, visit the IRS website at [irs.gov/publications](https://www.irs.gov/publications) for a full list of eligible expenses.

HEALTH CARE FLEXIBLE SPENDING ACCOUNT (FSA)	
Minimum Contribution	\$250 per year (\$20.83 per month)
Maximum Contribution	\$2600 per year (\$216.67 per month)
DEPENDENT CARE SPENDING ACCOUNT	
Maximum Contribution	\$2,500 per year (\$208.33 per month)
Maximum Contribution if married filing jointly	\$5000 per year (\$416.66 per month)





Short Term Disability

Short Term Disability (STD) insurance can help you replace a portion of your income during the initial weeks of a Disability.

The Short-Term Disability benefit replaces a portion of your predisability earnings, less the income that was actually paid to you during the same Disability from other sources¹ (e.g., state disability benefits, no-fault auto laws, sick pay, vacation pay, etc.)

- **For Injury:** The date your paid leave benefits have been exhausted
- **For Sickness:** The later of 15 days of Disability or the date your paid leave benefits have been exhausted
- Benefits continue for as long as you are disabled up to a maximum duration of 260 Weeks for Injury, 104 Weeks for Sickness.
- Your plan's maximum benefit period and any specific limitations are described in the Certificate of Insurance/Summary Plan Description provided by your Employer upon request.
- 6/12 pre-existing condition provisions apply. New or increased disability coverage is subject to a 6/12 pre-existing condition exclusion. This means that if you have a condition that was treated or medically advised in the six months before your coverage effective date, you are not covered for that condition for the first 12 months.





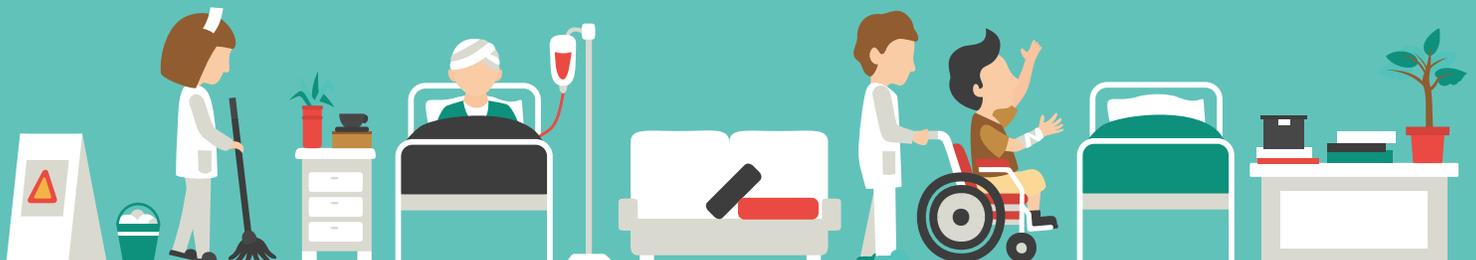
Long Term Disability

Long Term Disability insurance (LTD) provides income replacement benefits for you and your family in the event you are unable to work due to an accident or sickness. Employees can choose from a selection of LTD features they feel best match their financial needs.

- Employees can choose their Monthly Benefit Amount in \$100 increments, from \$200 to \$8,000 (not to exceed 66 2/3% of monthly earnings).
- Employees can choose from among six accident/sickness Benefit Waiting Periods. A benefit waiting period is the period of time in which an employee must be continuously disabled before you are eligible for benefits.

Accident	Sickness
0 Days	3 Days
14 Days	14 Days
30 Days	30 Days
60 Days	60 Days
90 Days	90 Days
180 Days	180 Days

- 3/12 pre-existing condition provisions apply. New or increased disability coverage is subject to a 3/12 pre-existing condition exclusion. This means that if you have a condition that was treated or medically advised in the three months before your coverage effective date, you are not covered for that condition for the first 12 months.
- Benefits for Mental/Nervous/Substance Abuse/Self-Reported Illnesses are limited to 24 months' lifetime combined
- Any specific limitations are described in the Certificate of Insurance/Summary Plan Description provided by your Employer upon request





Accident Insurance

Accidents happen — Fortunately, we can help with unexpected expenses

Guardian Accident Insurance helps offset the cost associated with both minor and major accidents:

- For every covered accident, Guardian can pay a benefit based on the injury you sustain and the various treatments and/or services received, regardless of what is covered by medical insurance.
- **Special Feature: Guardian Accident Insurance will increase covered benefits by 20% for a child who has an accident while playing organized sports.***

Gunshot Wounds

For Employees & Covered Family Members

Are a covered accident under this policy. They are treated as any other accident and all applicable benefits would apply: Ambulance, ER, Hospital, ICU, Injury Sustained, Surgery to repair, Diagnostic Tests, Follow Up visits, Physical Therapy, and any other applicable benefits

A benefit when you need it

Consider some of the unexpected costs that may result from an accident such as travel to treatment centers, child care while recovering, household expenses while you can't work, or even modifications to a home or automobile. Payments are made directly to the employee and can be used for any purpose — even everyday expenses like groceries, rent and mortgage.

Actively at work—If you are not actively at work when coverage is scheduled to become effective, your coverage does not take effect until you complete your first day at work.

PRIMARY BENEFITS	Value Plan	Advantage Plan	Premier Plan
Portability	Included without evidence	Included without evidence	Included without evidence
Child(ren) Age Limits	Birth to 26 years (26 if full time student), subject to state limitations	Birth to 26 years (26 if full time student), subject to state limitations	Birth to 26 years (26 if full time student), subject to state limitations
Accident Coverage Type	On and Off Job	On and Off Job	On and Off Job
Accidental Death and Dismemberment			
Death Benefit	Employee: \$10,000 Spouse: \$5,000 Child: \$5,000	Employee: \$25,000 Spouse: \$12,500 Child: \$5,000	Employee: \$50,000 Spouse: \$25,000 Child: \$5,000
Catastrophic Loss	Quadriplegia: 100% of AD&D Loss of speech and hearing (both ears): 100% of AD&D Loss of cognitive function: 100% of AD&D Hemiplegia: 50% of AD&D Paraplegia: 50% of AD&D	Quadriplegia: 100% of AD&D Loss of speech and hearing (both ears): 100% of AD&D Loss of cognitive function: 100% of AD&D Hemiplegia: 50% of AD&D Paraplegia: 50% of AD&D	Quadriplegia: 100% of AD&D Loss of speech and hearing (both ears): 100% of AD&D Loss of cognitive function: 100% of AD&D Hemiplegia: 50% of AD&D Paraplegia: 50% of AD&D

FEATURES	Value Plan	Advantage Plan	Premier Plan
Accident Emergency Treatment	\$150	\$175	\$200
Accident Follow-Up Visit - Doctor	\$25 up to 6 treatments	\$50 up to 6 treatments	\$75 up to 6 treatments
Air Ambulance	\$500	\$1,000	\$1,500
Appliance	\$100	\$125	\$125
Burns (2nd Degree/3rd Degree)	9 sq inches to 18 sq inches: \$0/\$2,000 18 sq inches to 35 sq inches: \$1,000/\$4,000 Over 35 sq inches: \$3,000/\$12,000	9 sq inches to 18 sq inches: \$0/\$2,000 18 sq inches to 35 sq inches: \$1,000/\$4,000 Over 35 sq inches: \$3,000/\$12,000	9 sq inches to 18 sq inches: \$0/\$2,000 18 sq inches to 35 sq inches: \$1,000/\$4,000 Over 35 sq inches: \$3,000/\$12,000
Burn - Skin Graft	50% of burn benefit	50% of burn benefit	50% of burn benefit
Child Organized Sport	20% increase to child benefits	20% increase to child benefits	20% increase to child benefits
Chiropractic Visits	No benefit	\$25 per visit up to 6 visits	\$50 per visit up to 6 visits
FEATURES	Value Plan	Advantage Plan	Premier Plan
Dislocations	Schedule up to \$3,600	Schedule up to \$4,400	Schedule up to \$4,800
Diagnostic Exam (Major)	\$100	\$150	\$200
Emergency Dental Work	\$200/Crown \$50/Extraction	\$300/Crown \$75/Extraction	\$400/Crown \$100/Extraction
Epidural pain management	\$100, 2 times per accident	\$100, 2 times per accident	\$100, 2 times per accident
Eye Injury	\$200	\$300	\$300
Family Care	\$20/day up to 30 days	\$20/day up to 30 days	\$20/day up to 30 days
Fracture	Schedule up to \$4,500	Schedule up to \$5,500	Schedule up to \$6,000
Hospital Admission	\$750	\$1,000	\$1,250
Hospital Confinement	\$175/day - up to 1 year	\$225/day - up to 1 year	\$250/day - up to 1 year
Hospital ICU Admission	\$1,500	\$2,000	\$2,500
Hospital ICU Confinement	\$350/day - up to 15 days	\$450/day - up to 15 days	\$500/day - up to 15 days
Initial Physician's office/Urgent Care Facility Treatment	\$50	\$75	\$100
Knee Cartilage	\$500	\$500	\$750
Joint Replacement (hip/knee/shoulder)	\$1,500/\$750/\$750	\$2,500/\$1,250/\$1,250	\$3,500/\$1,750/\$1,750
Laceration	Schedule up to \$300	Schedule up to \$400	Schedule up to \$500
Lodging	\$100/day, up to 30 days for companion hotel stay	\$125/day, up to 30 days for companion hotel stay	\$150/day, up to 30 days for companion hotel stay
Occupational or Physical Therapy	\$25/day up to 10 days	\$25/day up to 10 days	\$35/day up to 10 days
Prosthetic Device/Artificial Limb	1: \$500 2 or more: \$1,000	1: \$500 2 or more: \$1,000	1: \$750 2 or more: \$1,500
Rehabilitation Unit Confinement	\$150/day up to 15 days	\$150/day up to 15 days	\$150/day up to 15 days
Ruptured Disc With Surgical Repair	\$500	\$500	\$750
Surgery (Cranial, Open Abdominal, Thoracic)	\$1,000 Hernia: \$125	\$1,250 Hernia: \$150	\$1,500 Hernia: \$200
Surgery - Exploratory or Arthroscopic	\$150	\$250	\$350
Tendon/Ligament/ Rotator Cuff	1: \$250 2 or more: \$500	1: \$500 2 or more: \$1,000	1: \$750 2 or more: \$1,500
Transportation	\$400, 3 times per accident	\$500, 3 times per accident	\$600, 3 times per accident
X - Ray	\$20	\$30	\$40



Cancer

Ease the financial burden while healing

Every year, more and more people are being diagnosed with cancer. Treatment of cancer can lead to unexpected expenses that create an additional financial burden. Cancer insurance helps fill in the gaps that medical insurance doesn't cover. Benefits are paid directly to the employee and may be used for any purpose—such as travel to treatment centers, medical co-pays, deductibles and experimental treatment, as well as everyday expenses like groceries, rent and ongoing household bills.

See next page for a schedule of paid benefits.

Enroll today

During this enrollment, you can elect coverage for you and your family:

- Convenient payroll deductions
- Portable
- Guarantee Issue: no health question asked at enrollment
- Pre-existing Condition Limitation - 3 month look back period, 12 month exclusion period
- Continuity of Coverage for those currently enrolled
- Waiver of Premium – if you become disabled due to cancer for 90 days, premiums will be waived thereafter so long as you continue to be disabled
- 6/12 pre-existing condition provisions apply. New or increased disability coverage is subject to a 6/12 pre-existing condition exclusion. This means that if you have a condition that was treated or medically advised in the six months before your coverage effective date, you are not covered for that condition for the first 12 months.
- **Actively at work**—If you are not actively at work when coverage is scheduled to become effective, your coverage does not take effect until you complete your first day at work.



GUARDIAN[®]

PRIMARY BENEFITS	Option 1	Option 2
Portability	Included without evidence	Included without evidence
Child(ren) Age Limits	Birth to 26 yrs (26 if full-time), subject to state limitations	Birth to 26 yrs (26 if full-time), subject to state limitations
Internal Cancer Initial Diagnosis Benefit Amount (1 per covered person per lifetime)	\$5,000 Employee & Spouse \$7,500 Child(ren)	\$10,000 Employee & Spouse \$15,000 Child(ren)
Heart Attack/Stroke Initial Diagnosis Benefit Amount (1 per covered person per lifetime)	\$5,000 Employee & Spouse \$7,500 Child(ren)	\$10,000 Employee & Spouse \$15,000 Child(ren)
Benefit Waiting period for Initial Diagnosis benefits	30 days, continuity of coverage	30 days, continuity of coverage
Radiation Therapy Chemotherapy	Schedule amounts up to a \$15,000 benefit year maximum	Schedule amounts up to a \$20,000 benefit year maximum
Hormone Therapy	\$50/Treatment up to 12 treatments per year	\$50/Treatment up to 12 treatments per year
Experimental Treatment	\$100/day up to \$1,000/month	
Pre-existing condition limitation	3 month look back period, 6 months treatment free, 12 month exclusion period	
Waiver of Premium	Included	

	Option 1	Option 2
Employee Only	\$13.66	\$23.00
Employee & Spouse	\$29.48	\$49.94
Employee & Child(ren)	\$15.70	\$26.50
Full Family	\$31.52	\$53.44





Critical Illness

Added Protection For More Peace Of Mind

With the rising cost of healthcare, getting seriously ill could have a big impact on your finances. With supplemental health insurance that has critical illness coverage, you are paid cash benefits that can help pay for bills and expenses that your existing health insurance plan doesn't cover.

Critical Illness Insurance Offers More Coverage

If you are diagnosed with a critical illness, critical illness insurance can help you pay for expenses that aren't covered by your existing health insurance plan. Critical illness coverage pays you a lump-sum cash benefit to help pay for treatment or bills, and you can add a wellness benefit option to help cover the cost of health screening tests. Some covered illnesses include:

Critical Illness Benefits	\$10,000	\$20,000	\$30,000
Heart Attack (100%)	\$10,000	\$20,000	\$30,000
Stroke (100%)	\$10,000	\$20,000	\$30,000
Arteriosclerosis	\$3,000	\$6,000	\$9,000
Major Organ Transplant (100%)	\$10,000	\$20,000	\$30,000
Kidney Failure	\$10,000	\$20,000	\$30,000
Waiver of Premium (100%)	\$10,000	\$20,000	\$30,000
Wellness Benefit (per year)	\$50	\$50	\$50

Spouse receives 50% of the employee benefit amount, if coverage is elected

Children receive 25% of the employee benefit amount, if coverage is elected

Second Occurrence Diagnosis is 50% of First Occurrence payout, but 0% on Arteriosclerosis



Life Insurance

Basic Life Insurance, Employee Only

Austin ISD pays for your basic life insurance with a benefit payout equal to \$10,000. While this coverage is automatic, you **MUST** designate a beneficiary for this benefit. Always check each year at open enrollment to make sure your beneficiary is still accurate.

Supplemental Life & AD&D Insurance, Employee, Spouse, Dependents

Employee situation	Coverage option
New Hire-within 30 days of hire date	Can enroll in up to 5 x annual earnings, not to exceed \$500,000 guarantee issue, no Evidence of Insurability required
14 Days	Can increase coverage level by 5, \$10,000 increments, from where currently insured without Evidence of Insurability, more than 5, \$10,000 levels, would require EOI
Current employee with no additional life, wish to add coverage	Can add up to \$50,000 without Evidence of Insurability. More than \$50,000 would require EOI

Eligibility: All eligible full-time employee who are actively at work and working a minimum of 20 hours each week.

Benefits: Eligible Employees: \$10,000 increments to a maximum of the lesser of 5.00 times pay or \$500,000

Spouse Benefit: \$10,000 increments to a maximum of \$250,000, not to exceed 50% of employee's Optional Life Benefit

Child Benefit: Child 15 days to 6 months old:	\$250
Child more than 6 months, but less than 1 year old:	\$10,000
Child more than 1 year old:	\$10,000
Child limiting age:	26

Portability: Option to continue term insurance under a different policy when coverage terminates. Minimums, maximums, and other conditions apply.

Reduction Schedule: Reduces to: 65% at Age 65, 40% at Age 70, 25% at Age 75

Accelerated Benefit Option: 24 months or less to live, up to 80% of coverage

Actively at work—If you are not actively at work when coverage is scheduled to become effective, your coverage does not take effect until you complete your first day at work.



Whole Life

We heard you! Austin ISD is once again offering whole life insurance as a supplement or alternative to the term life insurance currently offered.

Why Whole Life?

Whole Life Insurance can pay money to your family if you die. It can help them with basic living expenses, final arrangements, tuition and more.

How Does it Work?

You can keep Whole Life Insurance as long as you want. Once you've bought coverage, your cost won't increase as you age. The benefit amount stays the same, too — it doesn't decrease as you get older. That means you get protection during your working years and into retirement. Whole Life Insurance also earns interest, or "cash value," at a guaranteed rate of 4.5%. You can borrow from that cash value, or you can buy a smaller, paid-up policy — with no more premiums due.

What's included?

A "Living" Benefit. You can request an early payout of your policy's death benefit if you're expected to live 12 months or less. It would reduce the benefit that's paid when you die.

Why should I buy coverage now?

- It's more affordable when you're younger. Once you've bought coverage, your cost stays the same as long as you keep it.
- The cost is conveniently deducted from your paycheck.
- Whole life gives you valuable protection in addition to any term life insurance you might have.

Who can get coverage?

You	You can purchase \$20,000 or \$40,000 of coverage for yourself.
Your spouse:	Available for your spouse (age 15-80), even if you don't purchase coverage for yourself. If you leave your employer, you can keep this coverage and be billed at home. You can purchase \$20,000 or \$40,000 of coverage for your spouse.
Your children	Your children and grandchildren can have individual coverage, even if you don't get coverage for yourself. If you leave your employer, your children can keep their coverage. You can purchase a benefit amount of \$10,000 or \$20,000 of coverage for each child



Retirement

Austin ISD employees contribute every paycheck to Texas Retirement Systems (TRS). The TRS administers a pension trust fund that has been serving the needs of Texas public education employees for over 75 years.

The plan is administered as a qualified governmental retirement plan. The TRS retirement plan is a defined benefit plan. This designation means that the amount of the benefit you are paid is determined under a formula established by law. Once you begin service retirement under the rules of the plan, you are eligible to receive a monthly benefit for life. Your monthly benefit is “defined” by the formula; it is not limited by the amount of your member contributions to your retirement account.

Employees are encouraged to explore individual retirement options outside of TRS, as the monthly benefit they are entitled to is not always enough. AISD offers 403B and 457b retirement options to help employees start savings.

It is NEVER the wrong time to SAVE!

[Here is a comparison between the two investment choices.](#) There are several TRS approved 403B vendors. AISD’s exclusive 457b provider is VALIC.

403(b)	457(b)
Less stringent withdrawal restrictions while you are employed, but a 10% federal early withdrawal penalty might apply.	More stringent withdrawal restrictions while you are employed, but no 10% federal early withdrawal penalty after severance from employment [except in the case of rollovers from non-457(b) plans, including IRAs].
Generally withdrawals made prior to severance from employment or the year you attain age 59 ½ can only be made due to financial hardship.	Generally withdrawals made prior to severance from employment or the year in which you reach age 70 ½ can only be made for an unforeseeable emergency.
<p>A financial hardship withdrawal is considered less restrictive – while you are employed – than a 457(b) unforeseeable emergency. Examples of financial hardship include:</p> <ul style="list-style-type: none"> ➤ Unreimbursed medical expenses ➤ Payments to purchase a principal residence ➤ Higher education expenses ➤ Payments to prevent eviction or foreclosure of a mortgage 	<p>An unforeseeable emergency is more restrictive – while you are employed – than a 403(b) hardship. Some examples:</p> <ul style="list-style-type: none"> ➤ A sudden and unexpected illness or accident for you or a dependent ➤ Loss of your property due to casualty ➤ Other similar extraordinary circumstances arising as a result of events beyond your control. <p>Sending a child to college or purchasing a home, two common reasons for 403(b) hardship withdrawals, generally are not considered unforeseeable emergencies.</p>
Withdrawals can be subject to a 10% federal early withdrawal penalty prior to age 59 ½.	The 10% federal early withdrawal penalty, generally applicable to distributions prior to age 59 ½ from a 403(b) plan, does not apply to distributions from 457(b) plans except on amounts rolled into the plan from non-457(b) plans (including IRAs).



BE WELL

Your Benefits have Special Features

2018 is your year! Austin ISD wants you to BE WELL. We give you lots of resources to help you reach your personal best. The goal- be as healthy and strong as possible in mind, body, and spirit. We have opportunities for all.



Special Features

Aetna Beginning Right®

Aetna Beginning Right® maternity management helps give your baby a healthy start in life by offering educational materials and support services for moms- and dads-to-be, in English and Spanish. From the start of your pregnancy until your baby is born, Beginning Right maternity management provides expectant mothers with educational materials and access to nurse case managers. For more information call **800-CRADLE1 (272-3531)**. New for 2018—Austin ISD expecting mothers who complete the Beginning Right Program will receive a \$50 amazon gift card. Limit to 1 gift card per employee.

Aetna 24/7 Nurse Line

Aetna 24/7 Nurse Line is your direct, toll-free connection to a registered nurse, any time of the day or night. Aetna Informed Health Line nurses are specially trained to help you choose the appropriate level of care for any illness or injury. The Nurse Line is available to all employees who are eligible for benefits at **1-800-556-1555** and follow the prompts.

Revive Employee Assistance Program (EAP)

Revive, EAP If you're facing a crisis or need to talk to someone about challenges in your life, the EAP hotline, another confidential resource, is available 24 hours a day at no cost. The EAP helps you and your family with personal problems such as marital and family stress, alcohol and drug abuse and emotional difficulties by offering up to four sessions with a professional counselor per person, per issue, per year. The hotline also provides a 30-minute consultation with an attorney or financial expert and a referral, if necessary, to an experienced attorney in your area. The EAP's work-life resources can provide helpful tips to find elder or child care, plan large family events, adopt or foster a child, move or continue your education. Simply call **1-800-962-9480** and follow the prompts or visit www.reviveeap.com.

Username: AISD

Password: EAP

FREE Preventive Care

What are you waiting for? It's Free. If you're covered under Austin ISD's medical plan, your annual preventive checkup costs nothing. Be sure to take advantage. Remember, we want you to **BE WELL**.

REDIMD

The district's telemedicine program allows employees to have a virtual visit with a doctor using a smart phone, tablet, or any computer with web cam access. This program was introduced to help save employee's money and time! It's FREE! Appointments with a primary care physician are 100% free for all employees and dependents on the Seton and Open Access PPO plans. This saves the employee the co-pay required for an office visit, Urgent Care visit or ER visit. HSA members can use RediMD, but will be billed \$50.00 and can pay with their HSA card.

Aetna Navigator

Aetna Navigator is a personalized tool to help you navigate your healthcare needs. With one click from the AISD Mobile App or a few clicks on the Aetna website, you can easily manage your claims, find doctors, estimate your costs, and complete your health risk assessment.



RediMD

RediMD gives you the option to have a regular doctor's visit online, via a computer, smartphone or phone call.

RediMD is **FREE with NO CO-PAY** for AISD employees & your dependents on the Seton Only and Open Access health insurance plans. Employees on the HSA will be billed (\$50) and can pay with their Health Savings Account Card.

- RediMD provides primary medical care online via webcam, smartphone, or my phone call. You can see and speak with a physician or other medical professional who can diagnose, recommend treatment and prescribe medications if needed.
- RediMD service is available for you to use during the days, nights and weekends. This service is meant to make it convenient for you to see a doctor with a busy work schedule.

How to Use RediMD: **Go to www.redimd.com**

Register* (First Time) or Log-In

- Click "register"
- Select "register" or "First time user"
- Enter our code (see below) and click "next"
- Follow registration directions, enter your email and create a password, complete your profile.

To Schedule an Appointment

- Click "Make appointment"
- Select a provider from the list, date, and time
- When it is time for your appointment, log-in to your account 5 minutes before

Consult

- If you are able to, please take your temperature and blood pressure. If you do not have a way to take that information put a "1" in those sections
- After you click for permission for your webcam to be accessed, the Dr. will appear at your scheduled time.

Redimd telemedicine available from
8:00am-6:00pm Monday-Saturday,

Phone consults available 24/7: 281-633-0148

Code for Seton Only & Open Access: **austinisd**

Code for HSA plan: **COPAY50**





Enrollment

Now, Let's Enroll! Remember, Enrollment is **MANDATORY!**
Enrollment dates: October 1-31, 2017

New hires have 30 days from their date of hire to enroll in benefits. If you miss your newhire enrollment period you may not have insurance for the current calendar year.

Here's how to access your benefits online.

1. Visit www.austinisdbenefits.com
2. Enter your username. Your username is the first initial of your first name, the first six characters of your last name (if your name is less than six characters, enter complete name), and the last four digits of your Social Security number. For example, if your name is John Williams, and the last four digits of your Social Security number are 1234, your username will look like this: jwillia1234.
3. Enter your password. Your initial password is your date of birth in a number format without any punctuation, starting with the year you were born, then the month, then the day YYYYMMDD). For example, if your date of birth is January 5, 1970, your password will be: 19700105.
4. Once you have logged in, you will be prompted to change your password. Passwords are reset each year. After changing your password, you will have full access to view current benefits, update personal information and elections, and review plan documents. Refer to your district's website for any coverage changes.





Dependent Documentation

Dependent documentation is required if you are adding dependents to your benefits.

- Failure to submit documentation will result in the loss of coverage for your dependents.
- In the event of an increase/decrease in dependents or a change in immediate family's insurance eligibility status. Contact the benefits office or see Qualifying Life Event Instructions.

Dependent type	Documentation required
<p>Spouse Legal Spouse</p>	<ul style="list-style-type: none"> • Marriage License or Declaration of Common Law Marriage and a bill under your spouse's name with your same current address, dated within the past 60 days, or • Page 1 of the current year's joint federal tax return (as filed) listing spouse
<p>Child(ren) Children under the age of 26</p>	<ul style="list-style-type: none"> • Birth Certificate, or • Page 1 of the current year's federal tax return (as filed) listing child(ren), or • Copy of Certificate of Adoption, or • Court Order <p>Stepchildren will require both Spouse and Child(ren) dependent documentation</p>
<p>Disabled child Unmarried child over the age of 26 who is medically certified as disabled</p>	<ul style="list-style-type: none"> • 1 form of documentation listed under 'Child(ren)', and • Disabled Dependent Form (please contact Benefits Office for form)
<p>Grandchild(ren)</p>	<ul style="list-style-type: none"> • Page 1 of the current year's federal tax return (as filed) listing grandchild(ren), or • Court Order, or • Birth Certificates for both child and grandchild dependents, if both dependents are minors.
<p>Domestic partner</p>	<ul style="list-style-type: none"> • Please contact the Benefits Office for required forms.





Qualifying Life Events

A qualifying life event (QLE) is an increase or decrease in dependents or a change in immediate family's insurance eligibility status. **QLEs must be submitted within 31 calendar days of the qualifying event date.**

Qualifying event	Supporting Documentation	Dependent Documentation
Marriage	Marriage License	Birth Certificates are required if adding spouse's children as dependents.
Death	Death Certificate	No additional documentation required.
Divorce	Certified copy of Divorce Decree	Birth Certificates are required if adding children not currently enrolled in benefits.
Adoption	<ul style="list-style-type: none"> Placement for adoption paperwork, or Legal documentation of the adoption 	<ul style="list-style-type: none"> No additional documentation required
Birth	<ul style="list-style-type: none"> Birth Certificate, or Verification of birth facts issued by hospital 	<ul style="list-style-type: none"> No additional documentation required
Flexible spending account <ul style="list-style-type: none"> Medical fsa Dependent care fsa 	<ul style="list-style-type: none"> Medical FSA – proof of gain or loss of dependent Dependent Care – proof of enrollment or termination of child care services 	<ul style="list-style-type: none"> No additional documentation required
Change of spouse Employment	<ul style="list-style-type: none"> Proof of enrollment or termination of benefit coverage from spouse's employer. Proof must contain effective or termination dates of coverage, type of coverage (medical, dental, vision), and the names of the dependents affected. 	<ul style="list-style-type: none"> Adding Spouse – Marriage License and a bill under spouse's name or 1st page of current year's tax return Adding Children – Birth Certificate or 1st page of current year's tax return
Loss or gain of coverage Other than employment change Voluntary cancellation of Cobra is not an event.	Proof of enrollment or termination of benefit coverage, e.g., Medicare or Medicaid. Proof must contain effective or termination dates of coverage, type of coverage (medical, dental, vision), and the names of the dependents affected.	<ul style="list-style-type: none"> Adding Spouse – Marriage License and a bill under spouse's name or 1st page of current year's tax return Adding Children – Birth Certificate or 1st page of current year's tax return
Leave of absence or Return from inactiveStatus	<ul style="list-style-type: none"> HR Status updates – internal documentation 	

When Adding or Dropping Dependents:

- Mid-year benefit changes are only permitted in the event of a QLE.
- Benefit election changes must be consistent with the event.
- Switching plans during the calendar year is not permitted.
- You can only make changes to the specific plans where dependents will be affected.
- Benefits and new rates become effective the date of the event for birth, adoption, marriage, divorce, and death; or the day after benefits end, when the event is loss of coverage.

- The event date must be consistent with the information in the Supporting Documentation.

If you need assistance with your enrollment, contact the benefits office or make an appointment for enrollment with one of our benefit technicians. We schedule appointments on Tuesdays and Thursdays.

IMPORTANT: If you miss your qualifying life event enrollment deadline, you or your dependents may not have insurance for the current calendar year. The next opportunity to enroll will be during the annual open enrollment held in fall.



Important Notices

Notice of COBRA Continuation Coverage Rights Introduction

You are receiving this notice because you have recently become covered under the Austin ISD group health plan. This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage may be available to you when you would otherwise lose your group health coverage. It can also become available to other members of your family who are covered under the Plan when they would otherwise lose their group health coverage. For additional information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

What is COBRA Continuation Coverage?

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you are an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because either one of the following qualifying events happens:

- Your hours of employment are reduced; or
- Your employment ends for any reason other than your gross misconduct.
- If you are the spouse of an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because any of the following qualifying events happens:
 - Your spouse dies;
 - Your spouse's hours of employment are reduced;
 - Your spouse's employment ends for any reason other than his or her gross misconduct;

- Your spouse becomes enrolled in Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.
- Your dependent children will become qualified beneficiaries if they will lose coverage under the Plan because any of the following qualifying events happens:
 - The parent-employee dies;
 - The parent-employee's hours of employment are reduced;
 - The parent-employee's employment ends for any reason other than his or her gross misconduct;
 - The parent-employee becomes enrolled in Medicare (Part A, Part B, or both);
 - The parents become divorced or legally separated; or
 - The child stops being eligible for coverage under the Plan as a "dependent child."

When is COBRA Coverage Available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after Austin ISD has been notified that a qualifying event has occurred. When the qualifying event is the end of employment or reduction of hours of employment, death of the employee, or the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), the employer must notify the plan of the qualifying event.

You Must Give Notice of Some Qualifying Events

For the other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify Austin ISD within 31 days after the qualifying event occurs.

How is COBRA Coverage Provided?

Once Austin ISD receives proper notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage. When the qualifying event is the death of the employee, the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), your divorce or legal separation, or a dependent child's losing eligibility as a dependent child, COBRA continuation coverage lasts for up to 36 months.



Important Notices

How is COBRA Coverage Provided?(cont.)

When the qualifying event is the end of employment or reduction of the employee's hours of employment, and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. For example, if a covered employee becomes entitled to Medicare 8 months before the date on which his employment terminates, COBRA continuation coverage for his spouse and children can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event 36 months minus 8 months). Otherwise, when the qualifying event is the end of employment or reduction of the employee's hours of employment, COBRA continuation coverage generally lasts for only up to a total of 18 months. There are two ways in which this 18-month period of COBRA continuation coverage can be extended.

Disability Extension of 18-Month Period of Continuation Coverage

If you or anyone in your family covered under the Plan is determined by the Social Security Administration to be disabled and you notify Austin ISD in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18- month period of continuation coverage.

Contact the COBRA Administrator for procedures for this notice, including a description of any required information or documentation. Or gets divorced or legally separated or if the dependent child stops being eligible under the Plan as a dependent child, but only if the event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

If You Have Questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the National Benefit Services, LLC 8523 South Redwood Road West Jordan, UT 84084 or by calling them at (801) 532-4000. For more information about your rights under ERISA, including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit the EBSA website at www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.)

Plan Contact Information

National Benefit Services, LLC 8523 South Redwood Road West Jordan, UT 84084 Phone: 801-532-4000

Your Rights After A Mastectomy... Women's Health and Cancer Rights Act of 1998

"Do you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Call your plan administrator [888-592-3862] for more information."

Medicaid and the Children's Health Insurance Program (CHIP) Offer Free or Low-Cost Health Coverage to Children and Families

If you are eligible for health coverage from your employer, but are unable to afford the premiums, some States have premium assistance programs that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for employer sponsored health coverage, but need assistance in paying their health premiums.

If you or your dependents are already enrolled in Medicaid or CHIP, you can contact the Texas State Medicaid or CHIP office to find out if premium assistance is available to you.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or dial 1-877- KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, your employer's health plan is required to permit you and your dependents to enroll in the plan—as long as you and your dependents are eligible, but not already enrolled in the employer's plan. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance.

You may be eligible for assistance for paying your employer health plan premiums. To find out if you are you should contact the following department for additional information about eligibility.



Important Notices

TEXAS—Medicaid

Website: www.gethipptexas.com Phone: 1(800) 440-0493 or Medicaid at 1(800) 252-8263

If you have dependents residing in another state, they may also be eligible for premium assistance through their state of residency. For more information about other states that provide premium assistance programs and other special enrollment rights, you can contact either:

U.S. Department of Labor Employee Benefits Security Administration www.dol.gov/ebsa 1(866) 444-EBSA (3272)

OR

U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services www.cms.hhs.gov 1(877) 267-2323, X 61565

Effective Date: 20 June 2016

HIPAA Privacy Notice

This Notice Describes How Medical Information about You as a Participant in the Welfare Benefits Plan or Plans (the “Plan”) sponsored by Austin ISD, May Be Used and Disclosed and How You Can Get Access To This Information. Please Review It Carefully.

This notice describes the medical information practices of National Benefit Services, LLC in the administration of the Welfare Benefits Plan or Plans medical claims.

Our Pledge Regarding Medical Information

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the health care claims reimbursed under the Plan for plan administration purposes. This notice applies to all of the medical records provided to you by us that we maintain. Your personal doctor or health care provider may have different policies or notices regarding the doctor’s use and disclosure of your medical information created in the doctor’s office or clinic.

This notice will tell you about the ways in which we may use and disclose medical information about you. It also describes our obligations and your rights regarding the use and disclosure of medical information.

We are required by law to:

- Make sure that medical information that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices with respect to medical information about you; and

- Follow the terms of the notice that is currently in effect.

Your Rights Regarding Medical Information About You

You have the following rights regarding medical information we maintain about you:

Right to Inspect and Copy

You have the right to inspect and copy medical information that may be used to make decisions about your Plan benefits. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request in writing that the denial be reviewed.

Right to an Accounting of Disclosures

You have the right to request an “accounting of disclosures” where such disclosure was made for any purpose other than treatment, payment, or health care operations.

To request this list or accounting of disclosures, you must submit your request in writing. Your request must state a time period which may not be longer than six years and may not include dates before April 2003. Your request should indicate in what form you want the list (for example, paper or electronic). The first list you request within a 12 month period will be free of charge. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions

You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

To request restrictions, you must make your request in writing. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

HIPAA Privacy laws do not require compliance with your request.



Important Notices

Right to Request Confidential Communications

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make a written request. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of This Notice

You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a paper copy of this notice upon written request. You may obtain a copy of this notice at our website: www.nbsbenefits.com

Right to Opt Out of any Fundraising Communications

If NBS ever contacts you to raise funds for NBS for any reason, you have a right to opt out of receiving such communications.

Right to be Notified Following a Breach of Unsecured Protected Health Information

NBS maintains all health information about you in a secure environment. However, should NBS fail to secure your health information and that information is breached, you have a right to be notified of that breach.

Right to Restrict Disclosure Related to Services for Which You have Paid Out-of-Pocket

You have a right to request that NBS prevent disclosure of protected health information related to services for which you have paid out of pocket. This does not include information related to services for which you will be reimbursed from an employer's health plan, such as a Flexible Spending Arrangement or Health Reimbursement Arrangement.

Changes to This Notice

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical

information we already have about you as well as any information we receive in the future. We will post a copy of the current notice on the NBS website. The notice will contain on the first page, in the top right hand corner, the effective date.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with National Benefit Services, LLC or with the Secretary of the Office for Civil Rights of the U.S. Department of Health and Human Services. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

Disclosures Which Require Your Written Authorization

NBS will not use or disclose your protected health information without your written authorization in any of the following circumstances:

Most uses and disclosures of psychotherapy notices

Uses and disclosures of your protected health information for marketing purposes

Disclosures that constitute a sale of protected health information

Other Uses of Medical Information

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

Written Requests and Complaints

Send all written requests and complaints to:

National Benefit Services, LLC Attn: Privacy Officer P.O. Box 6980
West Jordan, UT 84084

2018 Rate Chart - 12 month

AISS CONTRIBUTES \$545.00 TO ALL HEALTH PLANS



MEDICAL				
Seton Only	Salary band 1 (Under \$40K)	Salary band 2 (\$40k - \$54999k)	Salary band 3 (\$55k - \$74999k)	Salary band 4 (\$75k+)
Employee Only	\$25.00	\$35.00	\$50.00	\$75.00
Employee + Spouse	\$534.96	\$534.96	\$534.96	\$534.96
Employee + Child(ren)	\$322.02	\$322.02	\$322.02	\$322.02
Employee + Family	\$705.50	\$705.50	\$705.50	\$705.50
Open Access				
Employee Only	\$75.00	\$85.00	\$100.00	\$108.50
Employee + Spouse	\$886.07	\$886.07	\$886.07	\$886.07
Employee + Child(ren)	\$599.47	\$599.47	\$599.47	\$599.47
Employee + Family	\$1,079.76	\$1,079.76	\$1,079.76	\$1,079.76
H.S.A Seton				
Employee Only	\$0.00	\$0.00	\$0.00	\$0.00
Employee + Spouse	\$257.57	\$257.57	\$257.57	\$257.57
Employee + Child(ren)	\$89.63	\$89.63	\$89.63	\$89.63
Employee + Family	\$399.48	\$399.48	\$399.48	\$399.48

AISS CONTRIBUTES \$7.65 TO ALL DENTAL PLANS



DENTAL	Employee Only	Employee + child(ren)	Employee + Spouse	Family
Delta DHMO	\$8.86	\$20.69	\$21.97	\$33.83
Delta Core Option	\$25.82	\$73.57	\$71.48	\$122.04
Delta Plus Option	\$31.81	\$88.09	\$85.62	\$145.21



VISION	Employee only	Employee + child(ren)	Employee + Spouse	Family
Superior	\$7.42	\$15.40	\$14.83	\$25.40



CANCER	Employee only	Employee + child(ren)	Employee + Spouse	Family
Option 1	\$13.66	\$15.70	\$29.48	\$31.52
Option 2	\$23.00	\$26.50	\$49.94	\$53.44



ACCIDENT	Employee only	Employee + child(ren)	Employee + Spouse	Family
Value Plan	\$11.18	\$18.79	\$18.33	\$25.94
Advantage Plan	\$15.31	\$25.22	\$25.03	\$34.94
Premier Plan	\$19.53	\$31.49	\$31.84	\$43.80



CRITICAL ILLNESS	Benefit Amount	Employee only	Employee + child(ren)	Employee + Spouse	Family
	\$10,000	\$7.65	\$7.65	\$12.16	\$12.16
	\$20,000	\$13.92	\$13.92	\$21.57	\$21.57
	\$30,000	\$20.19	\$20.19	\$30.98	\$30.98



LONG TERM DISABILITY		SHORT TERM DISABILITY	
Elimination Period	Premium per \$100	Monthly	
0/3 DAYS	\$4.38		\$11.06
14/14 DAYS	\$3.21		
30/30 DAYS	\$2.78		
60/60 DAYS	\$1.83		
90/90 DAYS	\$1.30		
180/180 DAYS	\$0.95		



2018 Rate Chart - 9 month

AI SD CONTRIBUTES \$545.00 TO ALL HEALTH PLANS



MEDICAL				
Seton Only	Salary band 1 (Under \$40K)	Salary band 2 (\$40k - \$54999k)	Salary band 3 (\$55k - \$74999k)	Salary band 4 (\$75k+)
Employee Only	\$33.33	\$46.66	\$66.66	\$100.00
Employee + Spouse	\$713.28	\$713.28	\$713.28	\$713.28
Employee + Child(ren)	\$429.36	\$429.36	\$429.36	\$429.36
Employee + Family	\$940.66	\$940.66	\$940.66	\$940.66
Open Access				
Employee Only	\$100.00	\$113.33	\$133.33	\$144.66
Employee + Spouse	\$1181.43	\$1181.43	\$1181.43	\$1181.43
Employee + Child(ren)	\$799.29	\$799.29	\$799.29	\$799.29
Employee + Family	\$1,439.68	\$1,439.68	\$1,439.68	\$1,439.68
H.S.A Seton				
Employee Only	\$0.00	\$0.00	\$0.00	\$0.00
Employee + Spouse	\$343.43	\$343.43	\$343.43	\$343.43
Employee + Child(ren)	\$119.51	\$119.51	\$119.51	\$119.51
Employee + Family	\$532.64	\$532.64	\$532.64	\$532.64

AI SD CONTRIBUTES \$7.65 TO ALL DENTAL PLANS

DENTAL	Employee Only	Employee + child(ren)	Employee + Spouse	Family
Delta DHMO	\$11.81	\$27.59	\$29.29	\$45.11
Delta Core Option	\$34.43	\$98.09	\$95.31	\$162.72
Delta Plus Option	\$42.41	\$117.45	\$114.16	\$193.61

VISION	Employee only	Employee + child(ren)	Employee + Spouse	Family
Superior	\$9.89	\$20.53	\$19.77	\$33.87

CANCER	Employee only	Employee + child(ren)	Employee + Spouse	Family
Option 1	\$18.21	\$20.93	\$39.31	\$42.03
Option 2	\$30.67	\$35.33	\$66.59	\$71.25

ACCIDENT	Employee only	Employee + child(ren)	Employee + Spouse	Family
Value Plan	\$14.91	\$25.05	\$24.44	\$34.59
Advantage Plan	\$20.41	\$33.63	\$33.37	\$46.59
Premier Plan	\$26.04	\$41.99	\$42.45	\$58.40

CRITICAL ILLNESS	Benefit Amount	Employee only	Employee + child(ren)	Employee + Spouse	Family
	\$10,000	\$10.20	\$10.20	\$16.21	\$16.21
	\$20,000	\$18.56	\$18.56	\$28.76	\$28.76
	\$30,000	\$26.92	\$26.92	\$41.31	\$41.31

LONG TERM DISABILITY		SHORT TERM DISABILITY	
Elimination Period	Premium per \$100	Monthly	\$14.75
0/3 DAYS	\$5.84		
14/14 DAYS	\$4.28		
30/30 DAYS	\$3.71		
60/60 DAYS	\$2.44		
90/90 DAYS	\$1.73		
180/180 DAYS	\$1.27		





Contact

If you have any questions, start with the Benefits Department. We are happy to assist. Additionally, feel free to contact any of our providers directly.

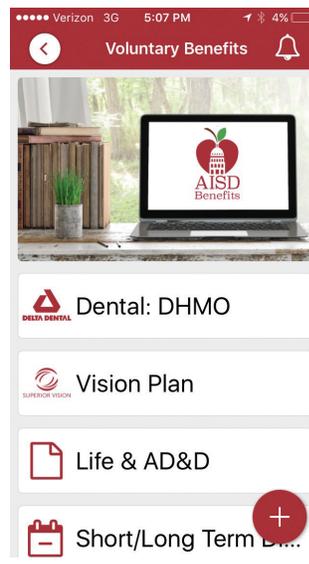
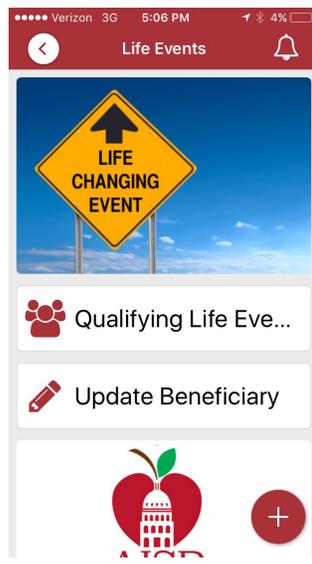
AISD Benefits Department 512-414-2297

BENEFIT	VENDOR	PHONE NUMBER	WEBSITE
Medical Long Term Disability #737540		888-592-3862	www.aetna.com
Dental DHMO #00951-001 Core #03595-001 Plus #03595-001		800-422-4234	www.deltadentalca.com
Vision #332250		800-507-3800	www.superiorvision.com
Life & AD&D #01-016703-00		800-638-5000	www.metlife.com
Unum (Whole Life)		800-635-5597	www.unum.com
Short Term Disability #151369		800-929-1492 Claims: (800) 858-6506	www.metlife.com
Flexible Savings Accounts		800-274-0503	https://mywealthcareonline.com/nbsbenefits/
Health Savings Accounts		877-472-4200	www.mybenefitwallet.com
403B		800-274-0503	www.nbsbenefits.com
457 Plans		512-231-0225	www.valic.com
Cancer #530206 Accident Plans #530206		800-541-7846	www.glic.com
Prescription drugs #7375400		855-315-3590	www.express-scripts.com
Employee Assistance Program (EAP)		800-962-9480	www.reviveeap.com
Critical Illness #530206		800-268-2525	www.glic.com



Your Benefits Begin Here

Everything You Need in One Place
Now Available On Your Smartphone



The AISD Benefits App is designed for our staff who are crucial to the success of our organization. Exclusive for AISD employees, your app delivers efficient access to your enrollment platform, health benefits, voluntary benefits, wellness and EAP 24/7 help-all in one place.



Step 1

To sign up, visit aisdbenefitsappdownload.com on a desktop or smartphone. When prompted for a password, enter **AISDBenefits2018**



Step 2

Visit the **App Store** or **Google Play** on your smartphone. Search "**AISDBenefits**" and download the app.





This is a summary of benefits drafted in plain language to assist an employee's understanding of what benefits are offered, and does not constitute a policy. Detailed provisions are contained in each provider's plan document. If there is a discrepancy between what is presented here and the official plan documents, the plan documents will govern.