

Your 2026-2027 Benefits

Alvin ISD Insurance, Benefit Information, & Open Enrollment Guide

https://secure-enroll.com/go/alvinisd
Alvin ISD Insurance Website

Questions and Assistance Email
insuranceopenenrollment@alvinisd.net

Open Enrollment

- We will use the BenefitFocus enrollment platform

https://secure-enroll.com/go/alvinisd

- Open enrollment dates – **July 14 through August 7**
- This year will be a "passive" enrollment. Current elections will carryover with the exception of your Medical Flexible Spending Account (FSA), your Dependent Flexible Spending Account (DFSA), and your Health Savings Account (HSA). Per the IRS, it is mandatory to re-enroll for these three benefits each year if you want to participate in them during the 2026-2027 plan year.
- Effective date for new elections – September 1, 2026
- First payroll deduction with new changes and new premiums is the September 15 paycheck

Medical Insurance with United HealthCare

- Understand your plan options and how they work
  - **Deductible**-Before health insurance will start reducing what you pay for health care, you must meet your deductible. This means that you must pay for 100% of what your services cost until you have spent a certain dollar amount (your deductible). Certain services, such as preventive care, primary care and specialist visits (four co-pay office visits per member), do not require you to pay toward your deductible before your health plan begins lowering what you'll pay. Our deductible amounts are in the plan name. For example the EPO1700 has a $1700 deductible.

Medical Insurance with United HealthCare

- **Preventive Care**-Certain services, such as annual physical exams, routine OB/GYN services, qualifying cancer screening and more, are preventive care. These are provided at no charge – even if you have not met your deductible. Every health plan Alvin ISD offers includes these services, so do not miss out on making the most of them!

- **Primary/Specialist Care**-The services that your regular doctor provides, in a doctor's office, are primary care. Nonemergency care beyond this, for a more severe injury or medical need, will typically be provided by a specialist.

Medical Insurance with United HealthCare

- **Out-of-Pocket Maximum**-Every Alvin ISD health plan has a limit on how much you will pay for covered services in a year. This amount is the plan's out-of-pocket maximum. Even if your costs are $500,000, the most that you will pay for in-network covered services is your out-of-pocket max. Our out-of-pocket maximums vary from plan to plan.

- **Emergency Room**-Emergency rooms are places designed to save life and limb – things like heart attacks, strokes and unstoppable bleeding. That is why they are typically the most expensive place to receive health care services. Emergency rooms are not always in hospitals and are now frequently in buildings that look like regular doctor's offices or urgent care clinics. The only way to be sure is to ask.

Medical Insurance with United HealthCare

- **Choose the Right Plan for You**-Each of our medical plans is associated with a different network of doctors and hospitals. If you visit a doctor that's not in the network, you may receive a bill larger than you're used to. If there's a doctor you want to be able to see, make sure they're in the network of any plan you're considering. A little research now can save you big later. Go to your www.myuhc.com account to see which doctors, facilities, labs, and pharmacies are in each network.

Medical Insurance with United HealthCare

- **Broad Networks**- EPO1700, EPO2000, HSA3400
  - These three plans allow you to utilize all doctors, facilities, labs, and pharmacies in UHC's Choice EPO Network.
  - You are not required to use any certain providers and you typically do not need a referral to see specialists.

- **Narrowed Networks**- 2000 Kelsey and 2000 Memorial Hermann
  - Choosing one of these plan options requires you to utilize their network exclusively with minimal exceptions.
  - These are both ACO options and can save the employee and the district money by controlling claims.

2026-2027 Benefit Grid

United HealthCare 2026-2027

MEDICAL PLAN COMPARISON	EPO 1700		EPO 2000 Broad		2000 Kelsey		2000 Memorial Hermann		HSA3400		MEDICAL PLAN COMPARISON
ALVIN ISD 2026-2027 UHC This is a partial list of benefits. See separate Benefit Summary for each plan for more specific details	Plan pays for services from *PARTICIPATING* providers	Plan pays for services from *NONPARTICIPATING* providers	Plan pays for services from *PARTICIPATING* providers	Plan pays for services from *NONPARTICIPATING* providers	Plan pays for services from *PARTICIPATING* providers	Plan pays for services from *NONPARTICIPATING* providers	Plan pays for services from *PARTICIPATING* providers	Plan pays for services from *NONPARTICIPATING* providers	Plan pays for services from *PARTICIPATING* providers	Plan pays for services from *NONPARTICIPATING* providers	ALVIN ISD 2026-2027 UHC This is a partial list of benefits. See separate Benefit Summary for each plan for more specific details
Preventative Care											**Preventative Care**
- Annual routine physical exam and routine child care	100%	N/A	100%	N/A	100%	N/A	100%	N/A	100%	N/A	- Annual routine physical exam and routine child care
- Routine lab and X-ray		N/A		N/A		N/A		N/A		N/A	- Routine lab and X-ray
Physician Services	Copay applies to first 4 combined visits:		Copay applies to first 4 combined visits:		Copay applies to first 4 combined visits:		Copay applies to first 4 combined visits:				**Physician Services**
- Primary Office Visits	$30		$45		$45		$45		80% after deductible	N/A	- Primary Office Visits
- Designated Specialist Visit	$45	N/A	$65	N/A	N/A	N/A	N/A	N/A			- Designated Specialist Visit
- Non-Designated Specialist Visit	$55		$75		$65		$65				- Non-Designated Specialist Visit
	After 4 combined visits, Ded. & Coinsurance apply		After 4 combined visits, Ded. & Coinsurance apply		After 4 combined visits, Ded. & Coinsurance apply		After 4 combined visits, Ded. & Coinsurance apply				
Hospital Services											**Hospital Services**
- Inpatient Care (facility)	80% after deductible	N/A	75% after deductible	N/A	80% after deductible	N/A	80% after deductible	N/A	80% after deductible	N/A	- Inpatient Care (facility)
- Inpatient Care (physician)	80% after deductible	N/A	75% after deductible	N/A	80% after deductible	N/A	80% after deductible	N/A	80% after deductible	N/A	- Inpatient Care (physician)
- Per Admission	$200 per day/5 max	N/A	$200 per day/5 max	N/A	$200 per day/5 max	N/A	$200 per day/5 max	N/A	80% after deductible	N/A	- Per Admission
- Preauthorization Penalty	None	N/A	None	N/A	None	N/A	None	N/A	None	N/A	Preauthorization Penalty
- Outpatient Surgery	80% after deductible	N/A	75% after deductible	N/A	80% after deductible	N/A	80% after deductible	N/A	80% after deductible	N/A	- Outpatient Surgery
- Emergency Room True Emergency only	$275 copay then Deductible and Coinsurance	$275 copay then Ded. and Coinsurance	$300 copay then Deductible and Coinsurance	$300 copay then Ded. and Coinsurance	$300 copay then Ded. and Coinsurance	$300 copay then Ded. and Coinsurance	$300 copay then Ded. and Coinsurance	$300 copay then Ded. and Coinsurance	80% after deductible	80% after deductible	- Emergency Room True Emergency only
- Urgent Care Visit	1 Visit: $75 copay all other visits, Ded. & Coinsurance	N/A	1 Visit: $85 copay all other visits, Ded. & Coinsurance	N/A	1 Visit: $85 copay all other visits, Ded. & Coinsurance	N/A	1 Visit: $85 copay all other visits, Ded. & Coinsurance	N/A	80% after deductible	N/A N/A	- Urgent Care Visit
- UC Diagnostic procedures	80% after deductible	N/A	75% after deductible	N/A	80% after deductible	N/A	80% after deductible	N/A	80% after deductible	N/A	- UC Diagnostic procedures
- UC surgical procedures	80% after deductible	N/A	75% after deductible	N/A	80% after deductible	N/A	80% after deductible	N/A	80% after deductible	N/A	- UC surgical procedures
Prescription Drugs			Copays apply to tier 2,3, and specialty after a $100 ind. Ded or a $300 family ded are met. $25/$55/$80/$255								**Prescription Drugs**
- RX Coverage	80% after deductible	N/A		N/A	100% after copay	N/A	100% after copay	N/A	80% after deductible	N/A	RX Coverage
- Copay	**Must satisfy deductible first**				$25/$55/$80/$255	N/A	$25/$55/$80/$255	N/A	**Must satisfy deductible first**		Copay
- Mail Order (3 mos. supply)	80% after deductible	N/A	Two times the retail copay for 90 day supply	N/A	Two times the retail copay for 90 day supply	N/A	Two times the retail copay for 90 day supply	N/A	80% after deductible	N/A	Mail Order (3 mos. supply)
Annual Deductibles *(per plan year)*											**Annual Deductibles** *(per plan year)*
- Individual	$1,700	N/A	$2,000	N/A	$2,000	N/A	$2,000	N/A	$3,400	N/A	- Individual
- Family	$5,100	N/A	$6,000	N/A	$6,000	N/A	$6,000	N/A	$6,800	N/A	- Family
Annual Out of Pocket Amt.											**Annual Out of Pocket Amt.**
- Individual - includes ded.	$7,500	N/A	$7,500	N/A	$7,000	N/A	$7,000	N/A	$7,250	N/A	- Individual - includes ded.
- Family - includes ded.	$14,600	N/A	$15,500	N/A	$14,800	N/A	$14,800	N/A	$14,500	N/A	- Family - includes ded.

This benefit comparison grid IS intended as a quick side by side comparison and NOT provided by UHC, benefits listed are non-binding. For full detailed information please see the Shedule of Benefits issued by UHC.

In network benefits shown utilize Memorial Hermann providers. Tier 2 benefits (not listed) utilize UHC Choice Plus providers. OON benefits not covered. See benefit detail for full description.

2026-2027 Medical Insurance Premium Rates

United HealthCare

Alvin ISD Healthcare Plans & Rates

Group Number 914694 - Customer Service #1-866-633-2446

2026-2027 Premiums

updated 06/15/2026

Plans	Tier	26-27 Monthly Premium	26-27 Semi-Monthly Premium
EPO1700	Employee Only	$250.00	$125.00
	Employee & Spouse	$751.60	$375.80
	Employee & Child(ren)	$693.30	$346.65
	Employee & Family	$1,104.70	$552.35
	* Both District Employee	$330.00	$165.00
	* Both District Employee + Child(ren) FM	$780.20	$390.10
EPO2000 Broad	Employee Only	$515.00	$257.50
	Employee & Spouse	$951.80	$475.90
	Employee & Child(ren)	$850.80	$425.40
	Employee & Family	$1,318.10	$659.05
	* Both District Employee	$681.00	$340.50
	* Both District Employee + Child(ren) FM	$900.10	$450.05
2000 Kelsey Network	Employee Only	$280.00	$140.00
	Employee & Spouse	$703.00	$351.50
	Employee & Child(ren)	$651.00	$325.50
	Employee & Family	$1,015.00	$507.50
	* Both District Employee	$370.00	$185.00
	* Both District Employee + Child(ren) FM	$670.00	$335.00
2000 Memorial Hermann Network	Employee Only	$300.00	$150.00
	Employee & Spouse	$723.00	$361.50
	Employee & Child(ren)	$671.00	$335.50
	Employee & Family	$1,031.00	$515.50
	* Both District Employee	$411.00	$205.50
	* Both District Employee + Child(ren) FM	$701.00	$350.50
HSA 3400 Health Savings Acct	Employee Only	$0.00	$0.00
	Employee & Spouse	$559.00	$279.50
	Employee & Child(ren)	$524.00	$262.00
	Employee & Family	$832.00	$416.00
	* Both District Employee + Child(ren) FM	$510.00	$255.00
HIB Hospital Indemnity Plan This is NOT Medical Insurance.	Employee Only Only qualified Employee can receive HIB benefit. Pays $150 per day everyday you are hospitalized. With HIB Participation you receive, FREE Core Dental, Vision & 50K Life Insurance. Must waive medical insurance to qualify for HIB		$0.00

Both district employee rates are only available to an employee who's spouse works for Alvin ISD.

Payroll deduction rate is after the District's contribution of $450.00 for healthcare per month.

Medical Insurance with United HealthCare

- Knowing where to go saves time and money
  - ***Virtual Visits* through UHC** – $0.00 fee per visit. Visit with a doctor 24/7—whenever, wherever. With a Virtual Visit, you can talk by phone or video to a doctor who can diagnose common medical conditions and even prescribe medications, if needed.
  - **Primary Care Physician (PCP)**-Use for: annual checkups and chronic diseases like hypertension or diabetes and mental health concerns
  - **Urgent Care**-Use for: broken bones, minor cuts needing stitches, and for non life-threating emergencies
  - **Emergency Room**-Use for: life-threatening emergencies like chest pain, difficulty breathing, bleeding that won't stop or stroke symptoms

Your Medical Plans and Prescription Plan Options

- **Co-Pay Plans**
  - EPO2000 - this plan offers prescription co-pay for all tier 1 drugs. Tiers 2, 3, and specialty meds require a $100 individual deductible and/or a $300 family deductible to be met before any co-pay benefits are offered.
  - 2000 Kelsey and 2000 Memorial Hermann offer prescription co-pay for all tier 1, 2, 3, and specialty meds without a prescription deductible being met.
- **Non Co-Pay Plans**
  - EPO1700 and HSA3400 - these plans do not offer prescription co-pays. Individual needs to meet their medical deductible before the plan will pay 80% of all prescriptions.

Your Medical Plans and Prescription Plans

- GoodRX is available and recommended for use for all prescriptions on all plans. This options has a very positive impact on our self-funded plan. Please download the GoodRX app and check the price of all prescriptions you are written for a chance to save you and the plan money. You do not need prior authorization when using GoodRX to fill prescriptions.

Your Medical Plans and Prescription Plans

- **Generic**-These have the same formula as brand name drugs, but are less expensive. Ask your pharmacist about generics when you drop off your prescription.
- **Preferred Brand**-These are brand name drugs that are available to you at a lower price. Ask your doctor about prescribing these drugs rather than nonpreferred.
- **Nonpreferred Brand**-These drugs are the most expensive non-specialty prescriptions. Ask your doctor about exhausting all less expensive options before using these medications.
- **Specialty Meds**-Specialty meds are typically biotech drugs that are injectable, in pill form or administered by your doctor.

Employee Assistance Program (EAP)

- Alvin ISD provides an EAP that offers confidential assistance to help you and your family meet the challenges that life, work, and relationships can bring. Most of the services offered are free.

1. **Lincoln Financial Group's EAP** - https://www.alvinisd.net/cms/lib/TX01001897/Centricity/Domain/266/Employee%20Assistance%20Program%20Info.PDF

Virtual Visits through UHC

- Visit with a doctor 24/7—whenever, wherever. With *Virtual Visits*, you can talk by phone or video to a doctor who can diagnose common medical conditions and even prescribe medications, if needed.
- Employee cost is **$0.00** per visit
- Members will access *Virtual Visits* either through the UnitedHealthcare app or by logging in to the myuhc.com site, they will have a choice of having their visit with the following three providers:
  - AmWell (virtual & telephonic visits)
  - Doctor on Demand (virtual visits)
  - Teladoc (virtual & telephonic visits)
  - Optum Virtual Care
- Use *Virtual Visits* for these common conditions:
  - Allergies
  - Bronchitis
  - Eye infections
  - Flu
  - Headaches/migraines
  - Rashes
  - Sore throats
  - Stomachaches
  - And more

Dental Insurance with MetLife

- Dental Insurance is staying with MetLife Dental
- We will offer both the Core and Enriched plan options
- MetLife does not issue dental cards. Returning employees and new employees can download a dental card from their mybenefits.metlife.com account or from the MetLife mobile app.

2026-2027 Dental Premium Rates

MetLife

Alvin ISD Dental Plans & Rates

2026 -2027

Revised 06/05/2024

Plans	Tier	Monthly Premium	Semi Monthly Premium
CORE PLAN	Employee Only	$3.94	$1.97
100%-70%-40%	Employee & Spouse	$24.55	$12.28
Contract Year Maximum $1,000.00	Employee & Child(ren)	$32.46	$16.23
	Employee & Family	$52.83	$26.42
ENRICHED PLAN	Employee Only	$17.47	$8.74
100%-80%-50%	Employee & Spouse	$86.49	$43.25
Contract Year Maximum $1,500.00	Employee & Child(ren)	$99.21	$49.61
	Employee & Family	$139.07	$69.54

Deductions are based on AISD contributing $18.51 monthly

Vision Insurance with VSP

- We have increased the retail frame allowance, the featured frame brand allowance, and contact lenses coverage allowance for the new plan year
- No premium changes
- VSP does not issue vision cards. Simply tell the eye doctor you work for Alvin ISD and that you have VSP insurance. They will look your benefits up in their nationwide database.

2026-2027 Vision Premium Rates

Vision Service Plan (VSP)
Alvin ISD Vision Rates
2026-2027 Premium

Customer Service # 1-800-877-7195 Client ID: 12005782 0006

Tier	Monthly Premium	Semi Monthly Premium
Employee Only	$11.74	$5.87
Employee & Children	$18.54	$9.27
Employee & Spouse	$18.26	$9.13
Employee & Family	$29.70	$14.85

Tier	Monthly Premium	Semi Monthly Premium
(HIB) Hospital Indemnity Benefit - Vision		
HIB Participants Only	$0.00	$0.00
Children	$6.80	$3.40
Spouse	$6.52	$3.26
Family	$17.96	$8.98

* The district pays $11.74 per month for HIB Participants

2026-2027 Vision Benefits

Your VSP Vision Benefits Summary

Prioritize your health and your budget with a VSP plan through ALVIN INDEPENDENT SCHOOL DISTRICT.

Provider Network:
VSP Choice
Effective Date:
09/01/2026

vsp vision care

BENEFIT	DESCRIPTION	COPAY	FREQUENCY
YOUR COVERAGE WITH A VSP DOCTOR			
WELLVISION EXAM	• Focuses on your eyes and overall wellness • Routine retinal screening	$10 Up to $39	Every 12 months
ESSENTIAL MEDICAL EYE CARE	• Retinal imaging for members with diabetes covered-in-full • Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more. • Coordination with your medical coverage may apply. Ask your VSP network doctor for details.	$20 per exam	Available as needed
PRESCRIPTION GLASSES		**$25**	See frame and lenses
FRAME*	• $220 Featured Frame Brands allowance • $200 frame allowance • 20% savings on the amount over your allowance	Included in Prescription Glasses	Every 12 months
LENSES	• Single vision, lined bifocal, and lined trifocal lenses • Impact-resistant lenses for dependent children	Included in Prescription Glasses	Every 12 months
LENS ENHANCEMENTS	• Standard progressive lenses • Premium progressive lenses • Tints/Light-reactive lenses • Average savings of 30% on other lens enhancements	$0 $95 - $105 $0	Every 12 months
CONTACTS (INSTEAD OF GLASSES)	• $180 allowance for contacts; copay does not apply • Contact lens exam (fitting and evaluation)	Up to $60	Every 12 months
ADDITIONAL SAVINGS	**Glasses and Sunglasses** • Discover all current eyewear offers and savings at **vsp.com/offers**. • 20% savings on unlimited additional pairs of prescription or non-prescription glasses/sunglasses, including lens enhancements, from a VSP provider within 12 months of your last WellVision Exam.		
	Laser Vision Correction • Average of 15% off the regular price; discounts available at contracted facilities.		
	Exclusive Member Extras for VSP Members • Contact lens rebates, lens satisfaction guarantees, and more offers at **vsp.com/offers**. • Save up to 60% on digital hearing aids with TruHearing®. Visit **vsp.com/offers/special-offers/hearing-aids** for details. • Enjoy everyday savings on health, wellness, and more with VSP Simple Values.		

COVERAGE WITH AN OUT-OF-NETWORK DOCTOR

With so many in-network choices, VSP makes it easy to maximize your benefits. Choose from our large doctor network including private practice and retail locations. Plus, you can shop eyewear online at Eyeconic®. Log in to **vsp.com** to find an in-network doctor. Your plan provides the following out-of-network reimbursements:

Exam ..... up to $45	Lined Bifocal Lenses ..... up to $50	Contacts ..... up to $105
Frame ..... up to $70	Lined Trifocal Lenses ..... up to $65	Tints ..... up to $5
Single Vision Lenses ..... up to $30	Progressive Lenses ..... up to $50	

Other Alvin ISD Benefits Available to You

- Flexible Spending & Dependent Care Flexible Spending through **TASC**
- Accidental, Critical Illness, and Hospital Confinement through **MetLife**
- Short Term & Long Term Disability through **Lincoln Financial Group**
- Life Insurance and AD&D through **Lincoln Financial Group**
- Universal Life through **TransAmerica**
- Legal Services through **MetLife**

Enrolling is Easy

- All employees (new and returning) will need to login and register a new Benefit Focus account this year. BenefitFocus has updated their registration process for enhanced security.
- https://secure-enroll.com/go/alvinisd, click on Employee/member, and then click on Register Now. Then follow the steps to create your new login username and password.
- Let the enrollment system guide you through the enrollment process. It is designed to make the process easy and provides all the information you will need to understand each benefit. Please email insuranceopenenrollment@alvinisd.net for assistance or with any questions.

Questions or Assistance

- All questions for enrollment assistance and benefit explanations should be emailed to

insuranceopenenrollment@alvinisd.net