



CONROE
INDEPENDENT
SCHOOL DISTRICT

Making choices that work for you

2018 – 2019 Employee Benefits Quick Reference Guide

FOR SUBSTITUTE, PART-TIME,
AND TEMPORARY EMPLOYEES



Important: Availability of Summary of Benefits and Coverage (SBC)

A summary of medical plans offered is available to help you make an informed choice about your medical coverage options. The summaries are online at www.conroeisd.net under Employees > Benefits > Benefits Enrollment. A paper copy is also available, free of charge, by contacting the Conroe ISD Benefits Office at **936-709-7808** or benefitsoffice@conroeisd.net.

Welcome

Conroe Independent School District (Conroe ISD) proudly offers an excellent benefits package to all qualifying employees and their eligible dependents.

As a substitute, part-time, or temporary employee, you may enroll in group medical coverage. This guide provides details on the new hire enrollment process, a high-level overview of your medical plan options, and premiums for the 2018-2019 plan year. You can refer to this guide throughout the year.

For more detailed information, please review the comprehensive employee benefits guide available online at www.conroeisd.net/hr/benefits. Printed guides may be requested by contacting the Conroe ISD Benefits Office at **936-709-7808** or benefitoffice@conroeisd.net.

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Make the most of your employee benefits

As a new employee, you have 31 calendar days, beginning on your date of hire, to enroll in or decline medical coverage. You are required to submit enrollment selections during this time, even if you do not elect any coverage through the District. Failure to enroll as a new employee will result in forfeiture of coverage until the next annual enrollment period.

When your coverage begins depends on your hire date and the date you complete enrollment. Coverage will begin the first day of the month following your date of hire only if enrollment is completed on or before this date. If you complete enrollment after the first day of the month following your date of hire, coverage will begin the first day of the month on, or following, the date you complete enrollment.

Once you submit your enrollment elections, you may only make changes if you experience a qualifying event, such as marriage, divorce, birth or adoption of a child, death of a covered dependent, or a change in your spouse's employment status, to name a few. You have 30 days from the event date to notify the Conroe ISD Benefits Office and make changes to your benefits (the notification period for Medicaid and CHIP eligibility is 60 days).

Conroe ISD has contracted First Financial Administrators, Inc. (First Financial) to administer its Section 125 Flexible Benefits Plan, 457 and 403(b) retirement plans, and to assist with benefits enrollment.

In an effort to give you a faster response to questions concerning your benefits, such as how to enroll, how your benefits work, how to file a claim, or if you need other policy information, you may call First Financial toll-free at **1-800-523-8422**. Representatives are available from 8:00 a.m. to 5:00 p.m., Monday through Friday.

**Be sure to enroll in
or decline benefits
by your 31st calendar
day of employment.**





Who's eligible?

You, your legal spouse, and your children under age 26* are eligible for the benefits outlined in this guide. In order to cover a dependent, you must elect coverage for yourself. No person may be covered as both an employee and a dependent, and no person may be covered as a dependent of more than one employee.

If your spouse is employed and has access to group medical coverage through his/her employer, he/she is not eligible for Conroe ISD group medical coverage. This exclusion does not apply if: your spouse does not work, is not eligible for coverage, has lost coverage as an active employee and been offered continuation coverage under COBRA, or your spouse is covered by Medicare. If your spouse experiences a qualifying life event during the plan year, such as the loss of employment that results in a loss of medical coverage, he/she can be added to your Conroe ISD coverage within 31 calendar days of the event.

Dependent eligibility audits

It is illegal to elect coverage for an ineligible person. Dependent eligibility audits may be conducted periodically to ensure covered dependents meet plan eligibility requirements. In the event of an audit, notices requesting proof of eligibility will be mailed to plan participants. Not responding to an audit request will result in termination of dependent coverage. If a dependent's eligibility status changes during the plan year, employees should contact the CISD Benefits Office immediately to request a change of election.

*A dependent child includes your natural child, stepchild, legally adopted child, child under court order, or grandchild. A grandchild must be in your court-ordered custody or must reside with you and be claimed as a dependent according to IRS guidelines. A child who is unmarried, totally disabled, and primarily depends upon you for support and maintenance prior to attaining age 26 is eligible for continued coverage beyond the maximum age limit; proof of your child's disability is required to continue coverage.

Premium payments

If you elect to enroll in medical coverage, you will be responsible for the full premium, and you must submit payment by the 20th day of each preceding month (e.g., November premium due by October 20). All premiums must be mailed to the District's third-party administrator as outlined below. If you fail to timely pay the monthly premiums, the District will proceed with the coverage cancellation process.

Make checks or money orders payable to:
First Financial Administrators, Inc.

Mail payments to:
Processing/Medical Payment
First Financial Administrators, Inc.
PO Box 670329
Houston, TX 77267-0329





Medical plan options administered by Aetna

Conroe ISD offers two self-funded medical plan options administered by Aetna for you to choose from: the **Aetna Whole Health-Memorial Hermann Accountable Care Network - Aetna SelectSM (Aetna Whole HealthSM) plan** and the **High Deductible Health plan (HDHP)**. With this arrangement, Aetna does not insure our employees, but rather processes and pays claims with money we provide from premiums, coinsurance, copays, deductibles, and the school district contributions. This means Conroe ISD and its participating employees, as a group, pay for the entire cost of all our medical and prescription drug expenses.

As employees and participants of the plan, we have the responsibility of paying attention to the entire cost of our health care choices. The bottom line is — we are all paying for it. When annual expenses exceed annual revenue of the plans, we face having to make changes in premium structures and/or plan designs for the following year.

Enrollment in a CISD medical plan includes helpful Aetna programs and tools to assist you with making the most of your benefits. Their cost estimators can aid in minimizing your out-of-pocket costs, as well as costs to the plan.

Aetna Whole Health: With this plan, you'll get a care team of Memorial Hermann Accountable Care Network doctors, nurses, therapists, and other health care providers. They'll work together, and with you, to help keep you healthy and improve your health. You'll save the most money and get the most coordinated care when you use doctors and facilities within the Memorial Hermann Accountable Care Network, also known as your Tier 1 designated network provider option.

If you'd like, you may also use hospitals and doctors outside of the Memorial Hermann Accountable Care Network that are part of the larger Aetna Select network. This is your Tier 2 non-designated network provider option. Just know that when you do, you'll pay more for their services. The plan does not cover services received from providers who are not in one of these two networks, so be sure to use a health care provider in the Memorial Hermann Accountable Care Network or Aetna Select network.

To access benefits, you are required to designate a primary care physician to coordinate your care and issue referrals to specialists when needed. You do not need a referral for emergency care, urgent care, gynecological visits, obstetrical visits, annual screening mammograms, behavioral/mental health practitioner visits, or routine eye exams.

HDHP: With this plan, you have direct access to any doctor, hospital, or other health care provider for covered services and supplies. Selecting a primary care physician to coordinate your medical care is encouraged but not required.

The plan pays benefits differently depending on whether services and supplies are obtained through in-network or out-of-network providers. It is designed to lower your out-of-pocket costs when you use in-network providers for covered expenses. Because participants share in the cost of benefits, you will need to satisfy any applicable calendar-year deductible before the plan will begin to pay benefits.

Enrollment in the HDHP makes you eligible for a health savings account (HSA). An HSA permits an individual to set aside money to pay for unreimbursed medical costs in a separate account on a tax-free basis. An HSA is similar to a health flexible spending account (FSA) except that the balance in an HSA can be carried over from year to year, unlike an FSA balance, which must be spent during a plan year. Contributions to an HSA are in addition to premiums collected for the HDHP coverage. Maximum HSA contribution amounts for 2018 are \$3,450 for individual coverage and \$6,900 for family coverage. Note: If you contribute to an HSA, you are not eligible to participate in a health FSA plan, nor are you eligible to obtain care from the Conroe ISD Employee Health and Wellness Centers.

Note: Provider network affiliations are subject to change at any time and are not based on the Conroe ISD plan year. Visit www.aetna.com for the most up-to-date information.

Take a doctor anywhere you go!

You can talk with a Teladoc[®] doctor anytime by phone or through online video consultations. They can diagnose and even prescribe medication, if necessary, for many conditions, including allergies, cold and flu symptoms, ear infections and more.

Visit Teladoc online at www.teladoc.com/aetna or call 1-855-TELADOC (1-855-835-2362).

Monthly Medical Premiums

	Aetna Whole Health	Aetna HDHP
Employee Only	\$606.00	\$536.00
Employee + Child(ren)	\$1,010.00	\$806.00
Employee + Spouse	\$1,376.00	\$1,146.00
Employee + Family	\$1,488.00	\$1,286.00

*Add \$10 if anyone enrolled is a tobacco user.

Key features

The chart below shows what you pay for common types of covered services.

Plan Features	Aetna Whole Health		HDHP	
	Tier 1: Aetna Memorial Hermann ACN Maximum Savings Deductibles and out-of-pocket maximums cross-apply when using both Tier 1 and Tier 2 providers in the same plan year.	Tier 2: Aetna Select Higher Out-of-Pocket Costs	In-Network	Out-of-Network
Note: The plan year is September 1 – August 31. The calendar year is January 1 – December 31.				
Deductible				
Individual	\$1,000 per plan year	\$2,500 per plan year	\$3,000 per calendar year	\$4,000 per calendar year
Family	\$2,000 per plan year	\$5,000 per plan year	\$6,000 per calendar year	\$8,000 per calendar year
Out-of-Pocket Maximum (includes deductibles, copays, and coinsurance)				
Individual	\$5,000 per plan year	\$7,350 per plan year	\$6,650 per calendar year	Unlimited
Family	\$10,000 per plan year	\$14,700 per plan year	\$13,300 per calendar year	Unlimited
Office Visit				
Primary Care Physician	\$30 copay	\$50 copay	30% after deductible	50% after deductible
Specialist	\$45 copay	\$80 copay	30% after deductible	50% after deductible
Conroe ISD Employee Health & Wellness Center	\$10	\$10	\$10	N/A
Walk-In Clinic	\$45 copay	\$45 copay	30% after deductible	50% after deductible
Preventive Care (subject to age and frequency limits)				
Routine Physical Exams, Preventive Care Immunizations, Well-Woman Preventive Visits, Routine Cancer Screenings, Prenatal Care	\$0 (plan pays 100%)	\$0 (plan pays 100%)	\$0 (plan pays 100%)	\$0 (plan pays 100%); coinsurance may apply if service is received from an out-of-network provider
Hospital, Surgery, and Specialty Service				
Emergency Room	20% after deductible plus \$200 copay	20% after Tier 1 deductible plus \$200 copay	30% after deductible plus \$150 copay	30% after deductible plus \$150 copay
Urgent Care Center	\$75 copay	\$75 copay	30% after deductible	50% after deductible
Diagnostic Lab and X-Ray	\$0 (plan pays 100%)	\$0 (plan pays 100%)	30% after deductible	50% after deductible
Complex Imaging	\$100 copay	\$100 copay	30% after deductible	50% after deductible
Inpatient Hospital and Physician Care	10% after deductible	35% after deductible	30% after deductible	50% after deductible plus \$500 admission copay
Teladoc Consultation	\$40 copay	\$40 copay	30% after deductible (\$40 maximum)	N/A
Pharmacy Benefits (Aetna Value Formulary)				
Prescription Drug Deductible (waived for preferred generics)	\$200 per individual, per plan year	\$200 per individual, per plan year	N/A	N/A
Prescriptions (Retail)				
Tier 1: Preferred Generics	\$15	\$15	30% after deductible	Not covered
Tier 2: Preferred Brands	\$60	\$60	30% after deductible	Not covered
Tier 3: Non-preferred Brands and Generics	\$120	\$120	30% after deductible	Not covered
Specialty Care (Aetna Specialty Pharmacy® is required after the 1st fill at a retail pharmacy)	\$250	\$250	30% after deductible	Not covered
Prescriptions (Mail-order)				
Tier 1: Preferred Generics	\$30	\$30	30% after deductible	Not covered
Tier 2: Preferred Brands	\$120	\$120	30% after deductible	Not covered
Tier 3: Non-preferred Brands and Generics	\$240	\$240	30% after deductible	Not covered

Your privacy is important to us. All medical information on record with Aetna is confidential and is not shared with Conroe ISD.



Prescription drug coverage administered by Aetna

The Aetna Value Formulary pharmacy plan is integrated with the medical plan. These pharmacy benefits help you pay for your prescriptions — with extras to help you stay healthy and save.

You get:

- Coverage for most drugs
- Mail-order convenience
- A choice of pharmacies, including retail chains
- Personal support for specialty medicine needs
- Online plan tools to find what you need fast: prices, forms, pharmacies, and more

How does the plan work?

It's pretty straightforward. Each drug covered by the plan falls under a different level or tier. The lower the tier, the lower the price. The higher the tier, the higher the price.

Tip: To get the best price, let your doctor know which drugs your plan covers, including those in the lower tiers. You can find a listing at www.aetna.com/formulary.

If you take a higher-tier drug, Aetna may ask you to switch to another drug that costs less but is just as safe and effective. If needed, Aetna will give you a one-time fill of your regular medicine to ease your transition.

What do you pay?

Again, it's simple. You either pay a flat fee or a percentage of the drug's price, depending on the medical plan you choose. The exact cost depends on the tier your medicine is in.

Here's where to find exact costs:

Before you enroll: This guide gives you details that show what you'll pay for your medicine. Note the prescription drug deductible for the Aetna Whole Health plan. You can avoid this deductible by taking a preferred generic drug.

After you enroll: Sign up for your member website at www.aetna.com. Then log in anytime to estimate drug costs or compare prices between a local pharmacy and mail order.

If your physician prescribes, or you request, a brand-name drug when a generic equivalent is available, you must pay the difference in cost (if any) between the brand-name drug and the generic drug, plus the applicable copayment.

Your safety comes first

This plan comes with safety checks on the drugs your doctor prescribes. That could mean you need special approval before a drug is covered, or Aetna might ask your doctor to prescribe another drug. Your doctor can always ask for an exception.

Formulary classification, precertification list, and exclusions list are subject to change. Changes are not based on the Conroe ISD plan year. Visit www.aetna.com for the most up-to-date information.

What medicine is covered?

This pharmacy plan covers most drugs. However, some medications are not covered because there are similar products with the same active ingredients that are covered by the plan or are available over the counter, without a prescription. View the drug exclusions list online at: <http://www.aetna.com/individuals-families-health-insurance/document-library/pharmacy/2018-value-exclusion-drug-list.pdf>.

Here's how to check:

Before you enroll:

Visit www.aetna.com/formulary. Then choose the plan year and "Value plans" (the name of your drug guide). From there, you can find covered medicine, along with alternatives that cost less.

After you enroll:

Just log in to your member website at www.aetna.com to estimate drug costs. No Internet? Call Aetna at the number on your Aetna ID card.

How do you get your medicine?

For occasional prescriptions:

Visit your local retail pharmacy for medicine you won't take too long, like antibiotics. For the best cost, use a network pharmacy. You can find one at www.aetna.com by using the "Find a doctor" link.

For ongoing prescriptions:

Use mail-order delivery for medicine you need all the time, like drugs to treat blood pressure, cholesterol, or diabetes. Your medicine is mailed quickly and safely to you, and you may get up to a 90-day supply for the cost of a 60-day supply.

Or ...

Use **Aetna Specialty Pharmacy** for medicine that treats more complex conditions, like rheumatoid arthritis and multiple sclerosis.* Your medicine is packed securely, so it arrives safe and sound. Aetna can also help you with any questions you may have on dosage or side effects. Call toll-free **1-866-782-2779** for assistance.

*Some drugs may only be dispensed by Aetna Specialty Pharmacy.



Employee health & wellness centers

Conroe ISD, in partnership with Memorial Hermann Medical Group, provides health and wellness centers where employees and their eligible dependents can obtain a variety of medical services at a reduced cost.

The centers place a high priority on preventive health, medical screenings, and lifestyle modifications to help you plan for and achieve a lifetime of optimal health. Services also include diagnosis and treatment of common illnesses and injuries like cold, flu, cough, sore throat, earache, sinus infection, and minor cuts and lacerations, as well as chronic disease management for conditions such as diabetes and hypertension.

Cost: \$10 for Conroe ISD Aetna medical plan members
\$50 for all other Conroe ISD employees

Appointments are recommended and preferred. Walk-in patients for sick visits and acute care needs will be taken at the Oak Ridge location only, up to 45 minutes prior to closing time, or when the clinic reaches maximum capacity. Patients seeking walk-in visits are strongly encouraged to call ahead to determine availability, especially during peak times such as cold and flu season, after school, and on Saturdays.

Physicals, well-person, follow-up, and chronic care visits must be scheduled in advance to allow sufficient time to complete the visit and promote a better patient experience.

Two convenient locations:

Onsite (South County)	Conroe ISD Employee Health & Wellness Center 19675 I-45 South, Suite 100 Conroe, TX 77385 (on the Oak Ridge Elementary School campus) 281-465-2873 www.conroeisdclinic.com	Hours: Monday – 8:00 a.m. to 5:00 p.m. Tuesday – 10:00 a.m. to 6:00 p.m. Wednesday – 10:00 a.m. to 6:00 p.m. Thursday – 10:00 a.m. to 6:00 p.m. Friday – 8:00 a.m. to 12:00 p.m. Saturday – 8:00 a.m. to 12:00 p.m. Sunday – Closed
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Offsite (North County)	Memorial Hermann Medical Group Conroe 690 South Loop 336 W. Suite 140 Conroe, TX 77304 936-270-6000 www.conroeisdclinic.com	Hours: Monday – 7:30 a.m. to 4:30 p.m. Tuesday – 7:30 a.m. to 4:30 p.m. Wednesday – 7:30 a.m. to 4:30 p.m. Thursday – 7:30 a.m. to 4:30 p.m. Friday – 7:30 a.m. to 12:00 p.m. Saturday – Closed Sunday – Closed
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Conroe ISD Aetna Whole Health plan members wanting to designate the wellness centers as their primary care physician should use Aetna provider ID 4399474 (this number applies to both locations).

Note: Individuals enrolled in a health savings account (HSA) are not eligible to receive services from the Centers.

Retirement savings plans — Universal Availability Notice

In compliance with the requirements of IRC §403(b)(12)(A)(ii), this Notice will advise you of the voluntary 403(b) program established and maintained for the benefit of all employees.

Conroe ISD makes available voluntary 403(b) and 457 plans to all employees, including full-time, part-time, and substitute. These plans allow employees to save a portion of their income for retirement without paying tax on the contributions until they are withdrawn from the plan. Establishment of these accounts and changes in contribution amounts may be made at any time. They are not part of the annual enrollment or new hire enrollment processes.

To get started, go to www.ffga.com to view Conroe ISD’s retirement plan options and availability. Your contributions to a 403(b) plan must be made to an investment provider on the approved list for Conroe ISD. Before enrolling in an approved plan, you must first establish an account with one of the registered agents. Once you have executed an investment contract and established an account, you can begin making contributions.

For 2018, you may defer from your wages a maximum of \$18,500 to all 403(b) and 457(b) plans, unless you will reach 50 years of age during the year. In that case, you would be eligible to contribute an additional \$6,000. Deferrals may not exceed 100% of your wages.

For assistance with enrollment in a retirement plan, you may contact the District’s third-party administrator, First Financial Administrators, Inc., or a representative from one of the investment companies listed on www.ffga.com. Additional information about the provisions and options is available by contacting First Financial at **1-800-523-8422** or from their website, www.ffga.com.

Conroe ISD does not hire or contract with any financial agent other than First Financial Administrators, Inc. No financial agent “representing” Conroe ISD will ever call you at home or send you an email. Further, agents are prohibited from soliciting or conducting business on District property. Because investment strategies are a personal decision that each employee should investigate on his/her own, Conroe ISD makes no recommendation or approval of individual 403(b) plans, their sales representatives, agents, or financial advisors.

Changes during the year

Outside of annual enrollment, you may not make changes to your benefits unless you experience an IRS-defined change in status as listed below. Benefits changes must be consistent with the change in status. If you experience one of these life events, contact the Conroe ISD Benefits Office at benefitsoffice@conroeisd.net or **936-709-7808** as soon as possible, because you only have 30 calendar days following the event date to make changes. For changes related to Medicaid and CHIP eligibility, the notification period is 60 days. Changes requested outside these time frames will not be permitted until the next annual enrollment period. A benefits specialist can explain which changes you're allowed to make.

Status changes that may make you eligible to update your benefits*:

- Marriage or divorce
- Birth or adoption
- Death
- Dependent gains or loses eligibility
- Change in employment status of employee, spouse, or dependent affecting eligibility
- Change in coverage under another employer's plan, such as open enrollment of spouse's employer
- HIPAA special enrollment rights
- Judgments, decrees, or orders
- Medicare or Medicaid entitlement
- Family and Medical Leave Act
- COBRA qualifying events
- Cancellation due to reduction in hours of service
- Cancellation due to enrollment in a Qualified Health Plan

*Please note that this is an outline only and does not indicate special facts and circumstances for various events and benefits.

How to enroll

Prepare

- Consider the needs of you and your family for the coming year. (Conroe ISD plan year is September 1 - August 31.)
- Have the date of birth and Social Security number handy for your spouse and child(ren), if you're enrolling them.

Enroll (or decline)

- Enroll/Decline by your 31st calendar day of employment at www.conroeisd.net using the Insurance Enrollment link under Employees > Employee Logins. Or go to <https://ffga.benselect.com/enroll>.
- To log in, enter your CISD employee number or full Social Security number (SSN) without any dashes in the appropriate box.
- Enter your personal identification number (PIN) in the appropriate box. **Your default PIN is a six-digit sequence of the last four digits of your SSN followed by the last two digits of your birth year.** Example: If the last four digits of your SSN are 1234 and you were born in 1970, then your PIN will be 123470.
- Follow the instructions to complete your enrollment. You must complete all enrollment steps and electronically sign your confirmation form for your selections to become effective. **Tip: Successful completion of the enrollment process occurs when the Sign & Submit section states, "Congratulations, your enrollment is now complete." "Electronic Signature on File" will also appear on the employee signature line of the Benefit Confirmation/Deduction Authorization form generated by the FEnroll enrollment system.**
- Review your confirmation statement to ensure your elections are correct.

For technical assistance with the enrollment site, please contact the FEnroll Call Center at **1-855-523-8422**. Representatives are available Monday through Friday from 8:00 a.m. to 5:00 p.m.

Premium payments

- Submit your first payment for one calendar month immediately upon enrollment. Premiums for subsequent months must be received by the 20th day of each preceding month (e.g., November premium due by October 20).

Make checks or money orders payable to:

First Financial Administrators, Inc.

Mail payments to:

Processing/Medical Payment
First Financial Administrators, Inc.
PO Box 670329
Houston, TX 77267-0329





Benefits contact information

CISD Benefits Office

936-709-7808
 benefitsoffice@conroeisd.net
 www.conroeisd.net/hr/benefits

Third-Party Administrator

First Financial Administrators, Inc.
 1-800-523-8422
 www.ffga.com

JR Cornejo, Senior Account Executive
 903-245-3889
 jr.cornejo@ffga.com

FFenroll Call Center

First Financial Administrators, Inc.
 1-855-523-8422

Group Health Benefits

Medical and Prescription (Group #100087)

Aetna Member Services	1-866-381-8933
Aetna Prescription Services	1-888-792-3862
Aetna Specialty Pharmacy	1-866-782-2779
Beginning Right® Maternity Program	1-800-272-3531
Behavioral/Mental Health Services	1-800-424-5679
In Touch Care Program	1-844-878-5680
Informed Health® Line (24-hour Nurse Hotline)	1-800-556-1555
Aetna Navigator Help Desk	1-800-225-3375
Teladoc	1-855-835-2362
Vision Discount Program	1-800-793-8616 www.aetna.com

Health Savings Account (Employer ID FFA217)

First Financial Administrators, Inc.	1-866-853-3539 www.ffga.com
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Other Benefits

403(b) and 457 Retirement Savings

First Financial Administrators, Inc.	1-800-523-8422 www.ffga.com
Fidelity Investments (457 Plan Option)	1-800-343-0860 www.mysavingsatwork.com

Conroe ISD Employee Health & Wellness Center

Onsite (South County)	281-465-2873
Offsite (North County)	936-270-6000 www.conroeisdclinic.com

Leave of Absence and Workers' Compensation

CISD Human Resources	936-709-7823 www.conroeisd.net
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Social Security Alternative Plan

First Financial Administrators, Inc.	1-800-523-8422 www.ffga.com
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Notice to Employees: Requirements of the Affordable Care Act

As of January 1, 2014, the Affordable Care Act (ACA) requires you to have health insurance for yourself and your dependents. Some people are exempt from this requirement. To learn how to apply for an exemption, see Questions and Answers on the Individual Shared Responsibility Provision, www.irs.gov/Affordable-Care-Act/Individuals-and-Families/Questions-and-Answers-on-the-Individual-Shared-Responsibility-Provision. If you do not have health insurance and you are not exempt, you may be subject to a penalty (see <https://www.healthcare.gov/fees/fee-for-not-being-covered/>).

Enrollment in a Conroe Independent School District (ISD) Aetna medical plan satisfies the requirement to have health insurance. The *Conroe ISD Employee Benefits* booklet explains who is eligible to enroll in a medical plan. Enrollment in another plan, such as through a spouse, parent, or association, also satisfies the requirement to have health insurance if the plan provides minimum essential coverage.

As an alternative to a Conroe ISD Aetna medical plan or another health insurance program, you may enroll in insurance through the Health Insurance Marketplace. In Texas, the Marketplace is a federal government program that offers “one-stop shopping” to find and compare private health insurance options. Most individuals are eligible to enroll in insurance through the Marketplace. Open enrollment for the Marketplace occurs each year beginning November 1 for coverage beginning January 1 of the next calendar year. If you do not enroll by January 31, you cannot enroll in a Marketplace plan for that calendar year unless you qualify for a Special Enrollment Period. For information on the Marketplace, see www.healthcare.gov.

You may be eligible for a premium tax credit or other assistance toward insurance obtained through the Marketplace, depending on your household income. More information on the premium tax credit and other cost-sharing provisions is available at www.healthcare.gov. Please note that the District will not contribute to premium costs if you enroll in insurance through the Marketplace. Also, you will lose the benefit of paying the premium with pre-tax income if you purchase insurance through the Marketplace.

You must decide whether to enroll in the Conroe ISD Aetna medical plan within your first 31 calendar days of employment, if you are eligible. If you decide not to enroll in the Conroe ISD Aetna medical plan during the new hire enrollment period, you will not be able to enroll again until the next annual enrollment period unless you experience a special enrollment event. On the other hand, if you decide to enroll in the Conroe ISD Aetna medical plan during your new hire enrollment period, the District’s cafeteria plan does not permit you to drop insurance before the end of the plan year unless a family status change or other qualified event, per IRC Section 125, occurs.

Basic Information About Health Care Offered By The District

If you decide to shop for coverage in the Marketplace, below is the employer information you will enter at healthcare.gov to find out if you are eligible for a premium tax credit.

This information is numbered to correspond to the Marketplace application.

3. Employer name Conroe Independent School District		4. Employer Identification Number (EIN) 746000556
5. Employer Address 3205 West Davis		6. Employer phone number 936-709-7808
7. City Conroe	8. State TX	9. Zip code 77304
10. Who can we contact about employee health coverage at this job? Conroe ISD Human Resources Department - Benefits Office		
11. Phone number (if different from above)		12. Email address benefitsoffice@conroeisd.net

The District offers health coverage through Aetna to all eligible employees and their eligible dependents. Eligibility is described in the Conroe ISD Employee Benefits Guide. The coverage offered by Aetna meets the minimum value standard, and the cost of this coverage to you is intended to be affordable.

Additional information

The Conroe ISD plan year begins September 1 and ends August 31. Annual enrollment takes place July 1-31. If you have questions or concerns about the health insurance offered through the District, please refer to www.conroeisd.net/hr/benefits or contact the Conroe ISD Benefits Office at 936-709-7808.

Questions about the Marketplace and how the Affordable Care Act impacts you as an individual should be addressed to www.healthcare.gov or your personal attorney.

Women's Health and Cancer Rights

Under the Conroe ISD health plan, as required by the Women's Health and Cancer Rights Act of 1998, coverage will be provided to a person who is receiving benefits in connection with a mastectomy and who elects breast reconstruction in connection with the mastectomy for:

- (1) All stages of reconstruction of the breast on which a mastectomy has been performed;
- (2) Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- (3) Prostheses; and
- (4) Treatment of physical complications of all stages of mastectomy, including lymphedemas.

This coverage will be provided in consultation with the attending physician and the patient, and will be provided in accordance with the plan design, limitations, copays, deductibles, and referral requirements, if any, as outlined in your plan documents.

If you have any questions about our coverage of mastectomies and reconstructive surgery, please contact the Member Services number on your Aetna ID card.

For more information, you can visit this U.S. Department of Health and Human Services website, www.cms.gov/home/regsguidance.asp, and this U.S. Department of Labor website, www.dol.gov/ebsa/consumer_info_health.html.

Medicare Part D Notice of Creditable Coverage

Important Notice from Conroe Independent School District (ISD) About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Conroe ISD and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about Medicare's and Conroe ISD's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Conroe ISD has determined that the prescription drug coverage offered by its Aetna medical benefits plans is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered creditable coverage. Because your existing coverage is creditable coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15 to December 7. However, if you lose your creditable prescription drug coverage, through no fault of your own, you will be eligible for a two-month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage If You Decide to Join a Medicare Drug Plan?

Most participants in the Conroe ISD medical plan administered by Aetna should probably not take any action to enroll in a Medicare Part D plan because the Conroe ISD plan covers prescription drug expenses in addition to health expenses. If you enroll in a Medicare prescription drug plan, there is no coordination of benefits between Conroe ISD's medical plan and Medicare Part D.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Conroe ISD and don't join a Medicare drug plan within

63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go 19 months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage

Refer to the Conroe ISD website, www.conroeisd.net. Conroe ISD does not provide advice or counseling to participants regarding Medicare Part D plans and rules. NOTE: You'll get this notice each year. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov.
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: *Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).*

Administered by: Human Resources Department / Benefits Office
Conroe Independent School District
3205 West Davis, Conroe, TX 77304
936-709-7859
www.conroeisd.net/hr

Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage using funds from their Medicaid program or CHIP. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a state listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

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, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW (1-877-543-7669) or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor electronically at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums.
The following list of states is current as of January 31, 2018. Contact your State for more information on eligibility.**

State	Program(s)	Website(s)	Phone Number(s)
Alabama	Medicaid	http://www.myalhipp.com	1-855-692-5447
Alaska	Medicaid	http://myakhipp.com/ and http://dhss.alaska.gov/dpa/pages/medicaid/default.aspx	1-866-251-4861
Arkansas	Medicaid	http://myarhipp.com	1-855-692-7447
Colorado	Medicaid & CHIP	Medicaid: https://www.healthfirstcolorado.com/ CHIP: colorado.gov/hcpf/child-health-plan-plus	Medicaid Phone: 1-800-221-3943 CHIP Phone: 1-800-359-1991
Florida	Medicaid	https://www.flmedicaidtplrecovery.com/hipp	1-877-357-3268
Georgia	Medicaid	http://dch.georgia.gov/medicaid (Click on Health Insurance Premium Payment [HIPP])	404-656-4507
Indiana	Medicaid	For low-income adults: http://www.in.gov/issa/hip All others: http://www.indianamedicaid.com	For low-income adults: 1-877-438-4479 For all others: 1-800-403-0864
Iowa	Medicaid	http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp	1-888-346-9562
Kansas	Medicaid	http://www.kdheks.gov/hcf	785-296-3512
Kentucky	Medicaid	http://chfs.ky.gov/dms/default.htm	1-800-635-2570
Louisiana	Medicaid	http://www.dhh.louisiana.gov/index.cfm/subhome/1/n/331	1-888-695-2447
Maine	Medicaid	http://www.maine.gov/dhhs/ofi/public-assistance/index.html	1-800-442-6003
Massachusetts	Medicaid & CHIP	http://www.mass.gov/eohhs/gov/departments/masshealth	1-800-862-4840
Minnesota	Medicaid	http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp	1-800-657-3739
Missouri	Medicaid	http://www.dss.mo.gov/mhd/participants/pages/hipp.htm	573-751-2005
Montana	Medicaid	http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP	1-800-694-3084
Nebraska	Medicaid	http://www.ACCESSNebraska.ne.gov	1-855-632-7633
Nevada	Medicaid	https://dhcfp.nv.gov	1-800-992-0900
New Hampshire	Medicaid	https://www.dhhs.nh.gov/ombp/nhhpp/	603-271-5218
New Jersey	Medicaid & CHIP	Medicaid: http://www.state.nj.us/humanservices/dmahs/clients/medicaid CHIP: http://www.njfamilycare.org/index.html	Medicaid Phone: 609-631-2392 CHIP: 1-800-701-0710
New York	Medicaid	https://www.health.ny.gov/health_care/medicaid/	1-800-541-2831
North Carolina	Medicaid	https://dma.ncdhhs.gov	919-855-4100
North Dakota	Medicaid	http://www.nd.gov/dhs/services/medicalserv/medicaid	1-844-854-4825
Oklahoma	Medicaid & CHIP	http://www.insureoklahoma.org	1-888-365-3742
Oregon	Medicaid	http://healthcare.oregon.gov/pages/index.aspx and http://www.oregonhealthcare.gov/index-es.html	1-800-699-9075
Pennsylvania	Medicaid	http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm	1-800-692-7462
Rhode Island	Medicaid	http://www.eohhs.ri.gov/	1-855-697-4347
South Carolina	Medicaid	https://www.scdhhs.gov	1-888-549-0820
South Dakota	Medicaid	http://dss.sd.gov	1-888-828-0059
Texas	Medicaid	http://www.gethipptexas.com	1-800-440-0493
Utah	Medicaid & CHIP	Medicaid: https://medicaid.utah.gov CHIP: http://health.utah.gov/chip	1-877-543-7669
Vermont	Medicaid	http://www.greenmountaincare.org	1-800-250-8427
Virginia	Medicaid & CHIP	http://www.coverva.org/programs_premium_assistance.cfm	Medicaid: 1-800-432-5924 CHIP: 1-855-242-8282
Washington	Medicaid	http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program	1-800-562-3022 ext 15473
West Virginia	Medicaid	http://mywvhipp.com/	1-855-699-8447
Wisconsin	Medicaid & CHIP	https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf	1-800-362-3002
Wyoming	Medicaid	https://wyequalitycare.acs-inc.com/	307-777-7531

To see if any other states have added a premium assistance program since January 31, 2018, or for more information on special enrollment rights, contact either:

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

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov • 1-877-267-2323, Menu Option 4, Ext. 61565

Introduction

You are receiving this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more 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.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called 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're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- 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 entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Continuation Coverage Rights Under COBRA

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- 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 entitled to Medicare benefits (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 continuation coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- 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).

For all 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 the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to: Conroe ISD Benefits Office.

How is COBRA continuation coverage provided?

Once the Plan Administrator receives 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 that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family

may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a 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 COBRA continuation coverage.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child.

This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA continuation coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

If you have questions...

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, 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 www.dol.gov/agencies/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.healthcare.gov.

Keep your Plan informed of address changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan contact information

If you have questions about COBRA continuation coverage, please contact the Conroe ISD Benefits Office at 936-709-7808.



CONROE
INDEPENDENT
SCHOOL DISTRICT

Benefits Office
Human Resources Department
3205 West Davis
Conroe, TX 77304-2098

Phone: 936-709-7808

Email: benefitsoffice@conroeisd.net

Website: www.conroeisd.net/hr/benefits

Fax: 936-709-9106

Hours: Monday – Friday, 8:00 a.m. to 4:30 p.m.

This guide is based on official plan documents and provides highlights of benefits options for the 2018 – 2019 plan year. Every attempt has been made to ensure its accuracy. If there is a conflict between statements in this guide and the plan documents, insurance contracts, or state and federal regulations, the plan documents, insurance contracts, and state and federal regulations will prevail. Plan documents are available online at www.conroeisd.net under Employees > Benefits > Plan Documents.

This guide was produced by Aetna’s Customized Communications Group. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna, visit aetna.com.

The Conroe Independent School District (District) is an equal opportunity educational provider and employer and does not discriminate on the basis of race, color, national origin, sex, religion, age, or disability in educational programs or activities that it operates or in employment matters. The District is required by Title VI and Title VII of the Civil Rights Act of 1964, as amended, Title IX of the Education Amendments of 1972, the Age Discrimination Act of 1975, as amended, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act, as well as Board policy not to discriminate in such a manner.

For information about Title IX rights or Section 504/ADA rights, contact the Title IX Coordinator or the Section 504/ADA coordinator at 3205 W. Davis, Conroe, TX 77304, **936-709-7752**.