

Conroe Independent School District



for
Substitute, Part-time,
and Temporary
Employees

2017-2018

Employee Benefits Guide

Human Resources/Employee Benefits

3205 West Davis • Conroe, Texas 77304-2098

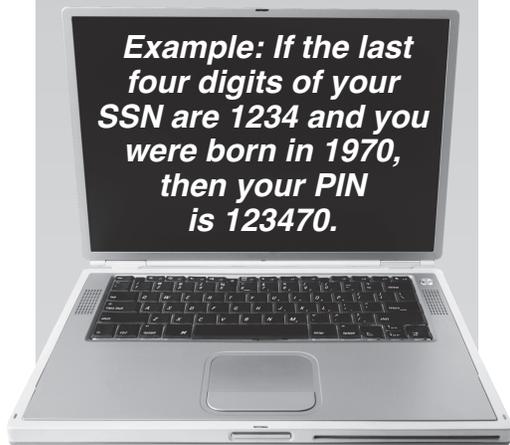
936.709.7808 • benefitsoffice@conroeisd.net • www.conroeisd.net/hr/benefits

Benefits Contact Information

Enroll at

<https://ffga.benselect.com/enroll>

Your PIN to login to the online benefits enrollment system is the last four digits of your Social Security number 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 is 123470.

FFenroll Call Center

First Financial Administrators
1-855-523-8422

Third Party Administrator

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

Mack Whiteman

Senior Account Executive

713-254-5264

mack.whiteman@ffga.com

Group Health Benefits

Medical and Prescription (Group # 100087)

Aetna Member Services.....	1-866-381-8933
Aetna Prescription Services.....	1-888-792-3862
Mail Order Services.....	1-800-227-5720
Aetna Specialty Pharmacy.....	1-866-782-2779
Beginning Right Maternity Program.....	1-800-272-3531
Behavioral Health Services.....	1-800-424-5679
Health Connections Disease Management Program.....	1-866-269-4500
Informed Health Line (24-hour Nurse Hotline).....	1-800-556-1555
Navigator Help Desk.....	1-800-225-3375
Teladoc®.....	1-855-835-2362
Vision Discount Program.....	1-800-793-8616
	www.aetna.com

Other Benefits

Social Security Alternative Plan

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

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

South County.....	281-465-2873
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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This booklet is based on official plan documents and provides an overview of benefits options for the 2017-2018 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.

Introduction

Conroe Independent School District proudly offers an excellent benefit package to all qualifying employees and their eligible dependents. This booklet contains a summary outline of health coverage and voluntary retirement plans that are available for the 2017-18 plan year. Conroe ISD has contracted First Financial Administrators, Inc. to administer our 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, there is a toll-free number to call. If you have questions concerning how to enroll, how your benefits work, how to file a claim, or if you need other policy information, you may call First Financial Administrators, Inc. toll-free at 1-800-523-8422.

Eligibility for Benefits

You are eligible to enroll in group health benefits as a substitute, part-time, or temporary employee of CISD. If you elect to enroll, you will be responsible for the full premium and will be required to mail payments to the District’s third party administrator. If you fail to timely pay the monthly premiums, the District will proceed with the coverage cancellation process. Your coverage may also be cancelled if you lose eligibility for the District’s plan. A substitute who is enrolled in the District’s health plan and who is then removed from the substitute roster becomes ineligible for health coverage.

You may be removed from the District’s substitute roster for poor performance or misconduct. In addition, you may be removed from the substitute roster if:

- you repeatedly turn down assignments, are repeatedly unavailable for calls, or frequently cancel assigned positions;
- you do not accept at least one assignment per semester or two assignments per school year; or
- you do not timely return a letter of reasonable assurance.

Notice regarding continuation coverage under COBRA will be provided (if eligible). Cancellation due to non-payment is considered a voluntary drop; therefore, you would not be eligible for COBRA.

Dependent Eligibility

Your legal spouse, under the laws of the state of Texas, and children are also eligible to join the plan. In order to cover a dependent, you must buy 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 will not be eligible for Conroe ISD group medical coverage. If your spouse does not work, is not eligible for coverage, or has lost coverage as an active employee and been offered continuation coverage under COBRA, the spousal exclusion does not apply. If your spouse is covered by Medicare, the exclusion does not apply. If your spouse experiences a qualifying life event during the plan year, such as the loss of employment which results in a loss of medical coverage, he/she can be added to your Conroe ISD coverage within 31 calendar days of the event.

Employees will be required to complete a **Spousal Medical Coverage** form during the enrollment process in order to include them as a covered individual.

A dependent child must be under the age of 26. Coverage will continue until the end of the month in which the child attains age 26. 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. Documentation, including birth certificates, tax records, or legal records, may be required to prove dependency status. 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.

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.

New Hire Enrollment Information

Conroe Independent School District (CISD) offers group medical coverage to substitute, part-time, and temporary employees. New employees must enroll in or decline medical coverage in the online enrollment system within the first 31 calendar days of employment (your date of hire if your first calendar day of employment). If you decline coverage or do not submit elections during this time period, you cannot enroll again until the next plan year unless you experience a special enrollment event (additional information regarding this exception is provided on page two of this booklet).

The effective date is determined by your date of hire and enrollment completion date. 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 enrollment is completed after the first day of the month following your date of hire, coverage will become effective the first day of the month on or following the date enrollment elections are submitted.

Premium Payments

If you elect to enroll, you will be responsible for the full premium and you must submit payment for one calendar month immediately upon completion of your enrollment. Premiums for subsequent months must be received by the 20th day of each preceding month (i.e.

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:
Stephanie Thompson
First Financial Administrators, Inc.
PO Box 670329 • Houston, TX 77267-0329

If you have questions regarding your payment, please contact First Financial Administrators, Inc. at 1-800-523-8422.

Change of Election Guidelines

In general, your decision to enroll in or decline medical coverage is "locked in" for the duration of the plan year, which begins September 1 and ends August 31. New enrollments may only be requested during the annual enrollment period in July unless a family status change or other qualified event occurs, such as*:

- Change in employee's legal marital status (i.e., marriage, divorce, death);
- Change in the number of employee's dependents (i.e., birth, adoption, death);
- Change in employment status of employee, spouse, or dependent affecting eligibility;
- Dependent satisfies or ceases to satisfy eligibility requirements;
- HIPAA special enrollment rights;
- Judgments, decrees, or orders;
- Medicare or Medicaid entitlement;
- Family Medical Leave Act;
- COBRA qualifying events;
- Cancellation due to reduction in hours of service;
- Cancellation due to enrollment in a Qualified Health Plan;
- Change in coverage under another employer's plan (e.g., open enrollment of spouse's employer); or
- Loss of group health coverage sponsored by a governmental or educational institution.

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

A change of election must be related to the reason for the change. The employee must request a change of election within 31 calendar days of the date of the qualifying event. For changes related to Medicaid and CHIP eligibility, the notification period is 60 days. Changes requested after this time frame will not be permitted until the next annual enrollment period.

Verifiable documentation of the qualifying event must be provided by the employee to the CISD Benefits Office in order for a request to be processed. For the loss or gain of employment by a spouse or dependent, verification from the other employer must include the following information:

- The effective date of employment or the date employment terminated; and
- The effective date of insurance coverage or the date coverage terminated/will terminate (the type of coverage must be specified).

If verification is provided in the form of a letter, it must contain a signature from an official of the company or the benefits counselor. If verification is provided in an email message, the other employer must send it directly to benefitsoffice@conroeisd.net.

Coverage may be canceled at any time, but keep in mind, you cannot enroll again until the next plan year unless you experience a special enrollment event.

Approved change of election requests for enrollment are effective the first day of the month on or following the date all required documents are submitted to the CISD Benefits Office (exceptions may apply based on the qualifying event). Approved change of election requests for cancellation of coverage are effective the last day of the month in which all required documents are submitted to the CISD Benefits Office.

Employees must contact the CISD Benefits Office to complete a change of election.

Member ID Cards

Member ID cards are typically mailed and received within 2-3 weeks of new hire enrollment completion or annual enrollment closure. If you require a replacement card, you will need to contact Aetna directly. Aetna allows members the ability to print temporary cards and submit requests for replacement cards through their website. As a reminder, new cards for existing participants are not generated at the start of each plan year.

CISD Medical Coverage

CISD offers medical and prescription benefits through self-funded medical plans administered by Aetna. CISD does not participate in a fully funded medical insurance plan provided by an insurance company nor does it participate in TRS-ActiveCare. By contracting Aetna as our plan administrator, we have the added benefit of access to their provider networks and negotiated discounts. As our plan administrator, Aetna does not insure our employees, but rather processes and pays claims with money we provide. **All medical information on record with Aetna is confidential and is not shared with CISD.**

In the self-insured plans, CISD and its participating employees, as a group, pay for the entire cost of all our medical expenses. This is done through our premiums, coinsurance, copays, deductibles, and the school district contributions. CISD contributes \$446 per month, per full-time employee (100% FTE), toward the medical premium. For example, the actual cost of the monthly premium for employee only coverage in the Aetna Whole Health Plan is \$594. This cost sharing of premium is illustrated below.

Employee Monthly Cost.....	\$148.00
CISD Monthly Contribution.....	\$446.00
Total Monthly Cost.....	\$594.00

Employees working at least a 50% FTE but less than 100% will pay a portion of the District contribution equivalent to the percentage they are not employed. For example, an employee at 60% FTE will pay 40% of the District's contribution, or an additional \$178.40 per month.

Utilization of these plans by our employees is what determines the actual costs for each plan. As employees, we have the responsibility to pay attention to the entire cost of our health care choices. The bottom line is that we are all paying for it. When annual expenditures exceed our annual revenue from the plans, we are faced with making changes in the premium structures and/or plan designs for the following year. CISD has the responsibility of operating plans that generate ample revenue to cover the expenses associated with each of the plans.

Aetna Whole Health— Memorial Hermann Accountable Care Network—Aetna Select

(Aetna Whole Health)(Group #100087)

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 or improve your health. They'll also:

- Better coordinate your care because they can see how other network doctors are treating you, what medicines you're taking, your lab results, your health history and more;
- Use technology to spot medical problems early and develop personalized care plans to treat you; and
- Encourage you to play an active and informed role in your health and health care decisions.

This cooperative care approach makes it important to choose an Aetna Whole Health – Memorial Hermann Accountable Care Network primary care doctor to lead your care team. Also keep in mind that you'll save the most money and get the most coordinated care when you visit doctors and facilities within the Memorial Hermann Accountable Care Network, also known as your **Tier 1** option.

Conroe ISD Medical Plan Design for 2017-2018 Plan Year (effective September 1, 2017)

Plan Features	Aetna Whole Health		HDHP	
	Tier 1*: Aetna Memorial Hermann ACN Maximum Savings	Tier 2*: Aetna Select Higher Out-of-Pocket Costs	In-Network	Out-of-Network
Deductible				
Individual	\$1,000 per plan year	\$2,000 per plan year	\$2,500 per calendar year	\$3,500 per calendar year
Family	\$2,000 per plan year	\$4,000 per plan year	\$5,000 per calendar year	\$7,000 per calendar year
Out-of-Pocket Maximum (includes deductibles, copays, and coinsurance)				
Individual	\$5,000 per plan year	\$7,150 per plan year	\$6,550 per calendar year	Unlimited
Family	\$10,000 per plan year	\$14,300 per plan year	\$13,100 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%) <i>coinsurance may apply if service is received from an out-of-network provider</i>
Hospital, Surgery, and Specialty Service				
Emergency Room	\$350 copay	\$350 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 \$500 admission copay	50% after deductible plus
Teladoc Consultation	\$40 copay	\$40 copay	30% after deductible (\$40 maximum)	N / A
Pharmacy Benefits (Aetna Value Formulary)				
Prescription Drug Deductible <i>(waived for preferred generics)</i>	\$200 per individual, per plan year	\$200 per individual, per plan year	N / A	N / A
Prescriptions (Retail)				
Tier 1: Preferred Generics		\$15	30% after deductible	Not covered
Tier 2: Preferred Brands		\$60	30% after deductible	Not covered
Tier 3: Non-preferred Brands & Generics		\$120	30% after deductible	Not covered
Specialty Care (<i>Aetna Specialty Pharmacy required after 1st fill at retail</i>)		\$250	30% after deductible	Not covered
Prescriptions (Mail order)				
Tier 1: Preferred Generics		\$30	30% after deductible	Not covered
Tier 2: Preferred Brands		\$120	30% after deductible	Not covered
Tier 3: Non-preferred Brands & Generics		\$240	30% after deductible	Not covered
Monthly Costs**				
Employee Only		\$594.00		\$580.00
Employee and Child(ren)		\$986.00		\$946.00
Employee and Spouse		\$1,330.00		\$1,296.00
Employee and Family		\$1,428.00		\$1,396.00

* Deductibles and out-of-pocket maximums cross-apply when using both Tier 1 and Tier 2 providers in the same plan year.

** An additional \$10 per month is added for tobacco users.

Note: Plan year is September 1 - August 31, and calendar year is January 1 - December 31.

If you'd like, you may also use hospitals and doctors outside of the Aetna Whole Health – Memorial Hermann Accountable Care Network but still part of Aetna's larger Select network. This is your **Tier 2** option. Just know that when you do, you'll pay more for those services.

Finding a Provider

It's easy to find Aetna Whole Health – Memorial Hermann Accountable Care Network doctors. To choose a primary care doctor – or see which doctors and facilities are part of the network – before you enroll:

- Visit www.aetna.com/docfind.
- Type a name, specialty, procedure or condition in the "Search for" box.
- Enter your zip code or city and state in the "in" box.
- Choose (TX) **Aetna Whole Health – Memorial Hermann Accountable Care Network** from the "Select a Plan" drop down menu.

That's how you'll find an up to date list of providers in the Aetna Whole Health – Memorial Hermann Accountable Care Network.

Remember, you can still search for and visit **Tier 2** doctors and facilities in the Aetna Select network. Just know that you'll pay more for their services.

Assistance locating doctors and facilities may also be obtained by calling Aetna at 1-866-381-8933.

If you enroll your eligible child in the Aetna Whole Health medical plan and your child resides outside the plan's service areas, your child may be eligible for the dependent out-of-area medical plan. Be sure to list your child's address in the dependent section of FFenroll during enrollment, and contact the CISD Benefits Office for further assistance. Out-of-area medical plan documents are available online at www.conroeisd.net under Employees – Benefits – Plan Documents.

Providers are subject to change. It is your responsibility to check their status at the time of service.

High Deductible Health Plan (HDHP)

Aetna Choice POS II (Group # 100087)

HDHP participants have direct access to any physician, hospital or other health care provider (network or out-of-network) for covered services and supplies. The plan pays benefits differently depending on whether services and supplies are obtained through network or out-of-network providers. It is designed to lower your out-of-pocket costs when you use 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 includes an optional 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 Arrangement (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 the 2017-2018 plan year are \$3,400 for employee only coverage and \$6,750 for employee family coverage. Participants who elect to contribute to an HSA are not eligible to enroll in the health FSA benefit.

Note: If you choose to set up an HSA through the Conroe ISD group plan, you will need to make after-tax contributions from a linked bank account using your online Aetna member account. Contributions may not be payroll deducted. You will receive detailed instructions upon enrollment.

Prescription Drug Coverage

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 booklet 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. Note some drugs may only be dispensed by Aetna Specialty Pharmacy.

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.

What medicine is covered?

This pharmacy benefits and insurance 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. Exclusions apply in the following categories:

- Allergy
- Analgesics
- Antibiotics
- Antivirals
- Cardiovascular
- Central Nervous System (CNS)
 - Antidepressants/other
 - Antiseizure
 - Sedative-hypnotics
 - Attention deficit hyperactivity disorder
- Dermatological
- Endocrine
- Gastrointestinal (GI) – other
- Muscle relaxants
- Prescription GI – ulcer medicine
- Respiratory nasal/ cough and cold
- Urinary

View the complete drug exclusion list online at: www.aetna.com/individuals-families-health-insurance/document-library/pharmacy/2017-exclusion-drug-list.pdf. If you are taking or being prescribed a medication on this list, consult your physician about an alternative medication.

Here's how to check:

Before you enroll Visit www.aetna.com/formulary. Then choose "Aetna Value Formulary" (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.

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.

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.

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.

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

Aetna Navigator

After you enroll, you can better manage your plan, your health and your budget by registering at your secure member site, www.aetnavigators.com. Here you can:

- Search **DocFind**[®], the online provider directory, for doctors, hospitals, pharmacies and more in your area
- Check your personal health record and see reminders for important preventive screenings and tests
- Set and track your health, fitness and nutrition goals with **CarePass**[®] apps
- Use **Member Payment Estimator** to compare prices on tests and procedures, just like you'd shop for the best deals on travel or clothing
- Get discounts on over-the-counter vitamins, herbal and nutritional supplements, massage therapy and more
- Review your claims and pay your bills

Tip for Aetna Whole Health members: Always look for *Memorial Hermann Accountable Care Network* under the Plan Information heading to quickly spot your Tier 1 Aetna Whole Health – Memorial Hermann Accountable Care Network doctors and facilities. They will be listed on the “Best Results for Your Plan” tab in DocFind search results.

Teladoc[®]

Talk to a doctor anytime. Teladoc gives you 24/7/365 access to U.S. board-certified doctors through the convenience of phone, video, or mobile app visits. At \$40 or less, it's an affordable alternative to costly urgent care and ER visits when you need care now.

Meet the doctors Teladoc is simply a new way to access qualified doctors. All Teladoc doctors:

- Are practicing PCPs, pediatricians, and family medicine physicians
- Average 20 years experience
- Are U.S. board-certified and licensed in your state
- Are credentialed every three years, meeting NCQA standards

Get the care you need Teladoc doctors can treat many medical conditions, including:

- Cold and flu symptoms
- Allergies
- Sinus problems
- Ear infections
- Urinary tract infections
- Respiratory infections
- Skin problems
- And more!

When can you use Teladoc? Teladoc does not replace your primary care physician. It is a convenient and affordable option for quality care.

- When you need care now
- If you're considering ER or urgent care for a non-emergency issue
- On vacation, on a business trip, or away from home
- For short-term prescription refills

Share with your PCP With your consent, Teladoc is happy to provide information about your Teladoc consult to your primary care physician.

How does Teladoc work?

- Step 1:** First time users must register online for a member account
- Step 2:** Request consult by web, phone, or mobile app
- Step 3:** Talk to the doctor
- Step 4:** Resolve the issue (if medically necessary, a prescription will be sent to your pharmacy of choice)
- Step 5:** Feel better

Teladoc is just a click or call away!

Online: Teladoc.com/Aetna

Phone: 1-855-Teladoc (1-855-835-2362)

App available on the App Store and from the Google Play[™] store

Teladoc is being provided to fully-insured Aetna members and members of plans administered by Aetna. Teladoc is also provided to self-insured Aetna members and members of plans administered by Aetna whose employer has elected to offer the program to their employees. Teladoc and Teladoc physicians are independent contractors and are neither agents nor employees of Aetna or plans administered by Aetna. Teladoc is not available in all states. Teladoc does not replace the primary care physician. Teladoc does not guarantee that a prescription will be written. Teladoc operates subject to state regulation and may not be available in certain states. Teladoc does not prescribe DEA controlled substances, non-therapeutic drugs, and certain other drugs which may be harmful because of their potential for abuse. Teladoc physicians reserve the right to deny care for potential misuse of services.

Walk-In Clinics and Urgent Care Centers

Medical emergencies happen, but not every health need is a medical emergency. If you need care for minor illnesses like strep throat, seasonal allergies, and ear or eye infections, and you cannot get in to see your primary care physician, you may want to seek care from a walk-in clinic as an affordable alternative. If your situation is more than minor, such as a sprain, fracture, or other urgent injury, you may want to visit an urgent care center.

Always use your best judgment when seeking treatment for you and your family. If you have chest pain, trouble breathing, extensive bleeding, or other symptoms you believe put your life at risk, you should go to the emergency room (ER).

Providers are subject to change. For the most up-to-date list of in-network facilities, search online at www.aetna.com or using the Aetna Mobile app. It is your responsibility to check the network status at the time of service.

A Welcome Call from Aetna

Personalized help makes it easier for you to be healthy and well

That's why your Aetna plan offers phone support from a caring registered nurse. When you need that support the most. Or when you just need a little advice. And you don't have to pay a thing. It's all part of your Aetna health plan.

For special situations

We know the health care system can be complicated. Just think of the many times when speaking with someone who really knows health care issues would put your mind at ease. Times when you are:

- Planning for or coming home from a hospital stay
- Managing a medical condition, like asthma or diabetes
- Coordinating complex medical treatment among different doctors, hospitals, labs and other health care providers

Or everyday well-being

Of course, sometimes you don't have an urgent need for support. But you could benefit from guidance that helps you stay well. So you may also get a call from Aetna to:

- Discuss questions to ask your doctor
- Find out about Aetna health and wellness programs that might be right for you
- Learn about services available through your employer or in your community
- Talk about ways you can work toward good health

Your conversation is private

It's in your best interest to talk openly with your program nurse. Rest assured that everything you discuss is confidential. Aetna never shares your information with anyone, including your employer. So be sure to

answer the phone when Aetna calls. It's a phone call that can make a big difference.

Make sure your employer has your correct phone number on file. This is the number Aetna will use to call you.

Aetna Special Programs

- **Aetna Natural Products and ServicesSM Program** – Save on complimentary health care products and professional services not traditionally covered by your health benefit plan. All products and services are delivered through American Specialty Health Incorporated and its subsidiaries, American Specialty Health Networks, Inc., and Healthyroads, Inc.
- **Aetna FitnessSM Discount Program** – Save on fitness club memberships, programs and other services that support your healthy lifestyle with services provided by GlobalFitTM.
- **Aetna Health ConnectionsSM Disease Management Program** – An ongoing commitment to improve care for all members encourages Aetna to deliver comprehensive support services for the significant number of people who present with one or more chronic or recurring conditions, or are at high risk of developing additional chronic conditions. The program is based on a holistic, rather than condition-focused, view of each member and addresses more than 30 chronic conditions.
- **At Home Products** – Take advantage of money-savings discounts on health care products that you can use in the privacy and comfort of your home and that add up to savings for you and your family.
- **Aetna BookSM Discount Program** – Discounts on books and other items purchased from the American Cancer Society Bookstore, the MayoClinic.com Bookstore and Pranamaya.
- **Simple Steps to a Healthier Life[®]** – An online program that can help you improve your overall health or simply fine-tune your daily habits. Get the support you need to be your healthiest.
- **Member Health Education Programs** – Through the use of educational materials, these innovative programs offer health education, preventive care and wellness programs that help promote a healthy lifestyle and good health. Advantages of these programs include: adolescent immunization reminders, adult preventive reminders, cancer screening, and childhood immunization reminders.
- **Informed Health[®] Line** – Provides telephone access to registered nurses experienced in providing information on a variety of health topics 24 hours per day, 365 days per year.
- **Numbers-to-Know** – Promotes blood pressure and cholesterol monitoring and can help encourage you to understand your illness, monitor your high blood pressure and high cholesterol, and work with your physician to develop an appropriate treatment plan.
- **National Medical Excellence Program** – Helps eligible plan participants access covered treatment for solid organ transplants, bone marrow transplants, and certain other rare or complicated conditions at participating facilities experienced in performing these services.
- **Aetna Vision Discount Program** – Receive discounts on eyeglasses, contact lenses and nonprescription items such as sunglasses and contact lens solutions at thousands of locations nationwide. Discounts off the provider's usual retail charge for Lasik surgery are also available through providers participating in the U.S. Laser Network.
- **Women's Health Care** – A variety of benefits and programs to promote good health throughout each distinct life stage including support for women with breast cancer, confidential genetic testing for breast and ovarian cancers, direct access for OB/GYN visits, and infertility case management and education.
- **Beginning Right Maternity ProgramSM** – Provides you with maternity health care information and guides you through pregnancy; also includes Pregnancy Risk Assessment.
- **Aetna HearingSM Discount Program** – Save on hearing exams, hearing aids, and other hearing services.
- **Aetna Weight ManagementSM Discount Program** – Help with achieving your weight loss goals and developing a balanced approach to your active lifestyle. Receive discounts on the Calorie King[®] Program and products, eDiets[®] diet plans and products, Jenny Craig[®] weight loss programs and Nutrisystem[®] weight loss meal plans.

Availability of Summary of Benefits and Coverage (SBC)

As an employee, the health benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury.

Your plan offers a series of health coverage options. Choosing a health coverage option is an important decision. To help you make an informed choice, your plan makes available a Summary of Benefits and Coverage (SBC), which summarizes important information about any health coverage option in a standard format, to help you compare across options.

The SBC is available on the web at: www.conroeisd.net under Employees – Benefits – Benefits Enrollment. A paper copy is also available, free of charge, by calling 936-709-7808.

Plan administered by: Aetna

www.aetna.com • 1-866-381-8933

Exclusions and limitations apply. For a more detailed explanation of Aetna Whole Health and HDHP benefits you can review the summary plan documents online at www.conroeisd.net under Employees – Benefits – Plan Documents.

This material is for information only and is not an offer or invitation to contract. An application must be completed to obtain coverage. Health benefits and health insurance plans contain exclusions and limitations. Not all health services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professional. Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to health care services. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna plans, refer to www.aetna.com.

Conroe ISD Employee Health & Wellness Center

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 Health & Wellness Centers place a high priority on preventive health education, medical screenings, and lifestyle modifications to help you plan and achieve a lifetime of optimal health. The medical staff will spend extensive one-on-one time listening to understand your unique and individual health care needs.

Two convenient locations:

South County CISD Employee Health & Wellness Center
19675 I-45 South, Suite 100 • Conroe, TX 77385
(On the Oak Ridge Elementary School campus)
281-465-2873

Hours:

Monday8 a.m. to 5 p.m.
Tuesday / Wednesday / Thursday10 a.m. to 6 p.m.
Friday / Saturday8 a.m. to 12 p.m.
SundayClosed

Summer Hours (June 5 – August 16, 2017):

Monday / Tuesday / Thursday8 a.m. to 5 p.m.
Wednesday10 a.m. to 6 p.m.
Friday / Saturday8 a.m. to 12 p.m.
SundayClosed

North County Memorial Hermann Medical Group Conroe
690 South Loop 336 W, Suite 140 • Conroe, TX 77304
936-270-6000

Hours:

Monday through Friday8 a.m. to 5 p.m.
Saturday / SundayClosed

What kind of treatment can the Health & Wellness Center provide?

The Health & Wellness Center can handle nearly all of your routine illness and health needs. Providers can diagnose and treat minor medical problems, write prescriptions, give vaccinations, conduct physicals, perform diagnostic lab work on-site, and more.

How is the Health & Wellness Center staffed?

The Health & Wellness Center is staffed by nurse practitioners and medical assistants.

How can I be assured the medical care I receive at the Health & Wellness Center is of the highest quality?

When you visit the Health & Wellness Center with a health problem, you will be treated by a qualified, board-certified Nurse Practitioner who has advanced training in diagnosing and treating illnesses.

What is the cost for an employee to use the Health & Wellness Center?

The cost is \$10 for Conroe ISD Aetna medical plan members. For all other employees, the cost is \$50.

Can family members use the Health & Wellness Center?

Yes, as long as the family member is enrolled in a District medical plan with Aetna—children must be at least two years old. Family members not enrolled in a CISD medical plan may not use this facility.

Do I need to call ahead for an appointment?

Appointments are recommended and preferred. Walk-in patients for sick visits and acute care needs will be taken up to 45 minutes prior to closing time. Physicals, well-person, follow-up, and chronic care visits should be scheduled in advance to allow sufficient time to complete the visit and promote a better patient experience. To schedule your appointment, call the desired location or visit www.conroeisdclinic.com.

Can I select the CISD Employee Health & Wellness Center as my primary care physician (PCP) if I am enrolled in the District's Aetna Whole Health medical plan?

Yes. Employees and their family members (over the age of two) enrolled in the CISD Aetna Whole Health plan may select the CISD Employee Health & Wellness Center as their PCP. The center is not listed in Aetna's online provider directory; *the Aetna Provider ID is 4399474*.

Can the Health & Wellness Center refer me to a specialist if necessary?

Yes, as long as you have designated the Center as your PCP.

Does Conroe ISD have access to my personal health information?

No. In compliance with HIPAA (Health Insurance Portability and Accountability Act), your personal health information is completely confidential and is not shared with Conroe ISD or anyone else without your written permission.

Who manages the Health & Wellness Center?

The Health & Wellness Center is managed by Memorial Hermann Medical Group, which is part of Memorial Hermann Health System, one of the most trusted health systems in the nation.

For more information or to schedule an appointment, call the preferred location or visit www.conroeisdclinic.com.

Voluntary Retirement Plans

The District makes available to all employees, including full-time, part-time, and substitute, voluntary 403(b) and 457 plans. 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. Maximum deferral amounts are set by the IRS for each calendar year, and deferrals may not exceed 100% of an employee's wages. Establishment of these accounts and changes in contribution amounts may be made at any time.

403(b) Plans

A 403(b) Plan allows you to invest tax deferred income in fixed annuities; variable annuities; and/or mutual funds while earning tax deferred interest. The term 403(b) is used synonymously with 403(b)(7), Tax Deferred Annuity (TDA), and Tax Sheltered Annuity (TSA). To contribute to a 403(b) account, you must select an approved vendor; these companies have signed the Contract Provider Agreement with First Financial Administrators. Approved 403(b) providers for Conroe ISD are posted online at www.ffga.com.

Distributions are available upon termination of employment, death, disability, retirement, or certain types of hardships. Distributions may be rolled into an IRA, 403(b) or 401(k) plan, or they can be used to buy back

years from TRS service. There is a 10% penalty imposed by the IRS for funds withdrawn prior to age 59 1/2, in addition to normal tax consequences, for qualified distributions.

How do I establish a new 403(b) account?

1. Select a vendor from the list of approved providers.
2. Contact an agent/financial advisor. Be aware that your agent must have completed the agent enrollment on the First Financial Administrators, Inc. website (www.ffga.com) prior to submitting business. Do you need an agent? Call a First Financial Retirement Services Specialist at 1-800-523-8422 or log on to www.ffga.com to search for agents in your area.
3. Complete a First Financial 403(b) Salary Reduction Agreement (SRA) and fax or mail the form directly to First Financial. **Only the First Financial SRA form** will be accepted to start and/or make any changes to your 403(b) accounts. Requests must be in writing. (Please send vendor applications to the vendor.)
4. Agent signatures are only required on new accounts. New means you are starting contributions to a new vendor or you are establishing contribution deductions with a new school district.
5. Check with a First Financial Retirement Services Specialist for due dates so requests are processed in the desired time.

457 Plans

A 457 Plan allows you to invest Tax Deferred income while earning tax deferred interest. CISD offers four 457 plan options:

- **SecurePlus Elite** A flexible premium deferred annuity issued by National Life Group. It is not a mutual fund, variable annuity, or any instrument that participates directly in stock or equity investments. Unlike mutual funds and stock or equity investments, SecurePlus Elite is an annuity with important insurance features, such as the tax deferral, death benefit, and annuitization features. SecurePlus Elite also differs from variable annuities in that it offers protection from market loss, a feature not always found in variable annuities.
- **RetireMax Millennium Flex** A flexible premium deferred annuity, designed by National Life Group, for ongoing 457 contributions and transfers from other qualified vehicles. RetireMax Millennium Flex preserves your accumulated savings, guarding against losses from exposure to market fluctuation. The interest rate applicable at issue is declared in advance, and interest rates may be adjusted periodically. Rates always meet or exceed minimums guaranteed in the policy form. RetireMax Millennium Flex offers additional interest; each premium received in the first policy year will receive an additional five percent interest for 12 months.
- **Tax Vantage** A compromise fixed annuity issued by Fidelity Security Life Insurance Company (FSL) to fund your IRC 457 retirement plan. It is competitive and simple, yet flexible. Primary features include: no front-end sales charge, no deferred sales charge for benefit responsive events at participant level, no annual or quarterly administration charge, no 10% IRS penalty for withdrawals prior to age 59½, and client friendly technology and communication.
- **Fidelity Investments** Numerous tools and resources are available to help you plan for your retirement. Find a retirement account option that fits your needs with Fidelity Investments.

Distributions are available upon termination of employment, death, disability, retirement, or certain types of hardships. Distributions may be rolled into an IRA, 403(b) or 401(k) plan, or they can be used to buy back years from TRS service. There is no penalty imposed by the IRS for funds withdrawn prior to age 59 1/2 for qualified distributions.

How do I establish a new or make changes to an existing 457 account?

If it is for a National Life Group or FSL account, contact Mack Whiteman with First Financial Administrators at 1-800-523-8422 or 713-254-5264, or by email at Mack.Whiteman@ffga.com.

If it is for a Fidelity Investments account:

1. Complete a Fidelity Investments 457(b) Enrollment Form. The form is available online at <http://403b.com> under Library – Forms.
2. The Conroe ISD plan number is 84568. To obtain information on investment options, please call a Fidelity representative at 1-800-343-0860 or visit their website, www.fidelity.com.

3. Once you receive confirmation of your account from Fidelity, complete a First Financial Deferred Compensation Agreement and fax or mail the form directly to FFA, attention Retirement Services Department.

*** Only the First Financial Deferred Compensation Agreement form will be accepted to start or make changes (i.e. increase, decrease or stop) to your 457 account contributions.

Contribution limits for 2017

Under Age 50\$18,000
 Age 50 and Above\$24,000

Enrollment and/or changes to either type of voluntary retirement plan may be completed at any time during the year. They are not part of the New Hire or Open Enrollment processes.

Save Consistently

Saving a little each pay period is easy with payroll deduction. It's like paying yourself first each payday. And because payroll deductions occur "behind the scenes", you'll never miss the extra cash! As little as \$25 per paycheck can get you started.

Save Early

The sooner you start to save, the more likely you are to reach your retirement goals. These two profiles perfectly illustrate the benefits of getting started today!

Both Don and Maria plan to retire at age 65.

**They each earn an average return of 7% on their retirement savings*
 Whose retirement savings will go further?**

Paychecks are Semi-Monthly

Don starts saving for retirement at age 45	Maria starts saving for retirement at age 25
Paycheck contributions\$150	Paycheck contributions.....\$50
Years to retirement20	Years to retirement.....40
Total Contributions\$72,000	Total Contributions.....\$48,000
Balance at retirement\$152,278	Balance at retirement.....\$264,387

* These hypothetical investment returns are for illustrative purposes only and are not indicative of any particular investment or performance. Balances shown are before reduction for taxes. Amounts withdrawn from a qualified plan are taxable when distributed.

Note: 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.



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.

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.

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.

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, 2017. 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.flmedicaidprecovery.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/fssa/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	1-800-422-6003
Massachusetts	Medicaid & CHIP	http://www.mass.gov/eohhs/gov/departments/masshealth	1-800-462-1120
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://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx	1-855-632-7633
Nevada	Medicaid	http://dwss.nv.gov	1-800-992-0900
New Hampshire	Medicaid	http://www.dhhs.nh.gov/oii/documents/hippapp.pdf	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	www.eohhs.ri.gov	401-462-5300
South Carolina	Medicaid	http://www.scdhhs.gov	1-888-549-0820
South Dakota	Medicaid	http://dss.sd.gov	1-888-828-0059
Texas	Medicaid	https://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	Medicaid: http://www.coverva.org/programs_medicaid.cfm CHIP: http://chipofvirginia.org/	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/premiumpayment-program	1-800-562-3022 ext 15473
West Virginia	Medicaid	http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx	1-877-598-5820
Wisconsin	Medicaid & CHIP	https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf	1-800-362-3002
Wyoming	Medicaid	http://wyequalitycare.acs-inc.com/	307-777-7531

To see if any more states have added a premium assistance program since January 31, 2017, 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/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.



First Financial Group of America
11811 North Freeway, Suite 900
Houston, TX 77060
(800) 523-8422
(281) 847-8422