



2017-2018
**Employee
Benefits**
Quick Reference Guide

For Full-Time Employees



Conroe Independent School District (Conroe ISD) proudly offers an excellent benefits package to all qualifying employees and their eligible dependents. These benefits represent a valuable portion of your total compensation.

As a regular full-time employee scheduled to work at least 18.75 hours each week, you may choose from group medical, dental, and vision coverage, as well as a variety of other voluntary benefits. This guide provides details on the new hire enrollment process, a high-level overview of your benefits options and premiums for the 2017-2018 plan year, and information you can refer to 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 benefitsoffice@conroeisd.net.

Use the worksheet on pages 13 and 14 to help you choose the benefits that are right for you.

Enroll online at www.conroeisd.net by selecting the "Insurance Enrollment" link under Employees — Employee Logins. Your PIN is the last four digits of your Social Security number followed by the last two digits of your birth year. You **do not** have to be on the District network to complete enrollment.
Elections you make as a new employee will continue through August 31, 2018.

Get the most from your employee benefits

As a new employee, you have 31 calendar days, beginning on your date of hire, to choose benefits that will meet the needs of you and your family. 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. Premiums for all plans become due on the first date of coverage.

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.

Inside this guide

Who's eligible	2
Medical plan options	2
Prescription drug coverage	4
Employee Health & Wellness Centers	5
Dental plan options	6
Other benefits options	7
Retirement savings plans — Universal Availability Notice	11
How to enroll	12
Changes during the year	12
2017-2018 premiums and expenses worksheet	13
Benefits contact information	16
Legal notices	17

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 calling the Conroe ISD Benefits Office at **936-709-7808**.

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.

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 Select (Aetna Whole Health) 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.

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, routine gynecological visits, annual screening mammograms, behavioral health practitioner visits, or routine eye exams.

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.

**Disability insurance is not available for spouses and children.

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 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 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 2017 are \$3,400 for individual coverage and \$6,750 for family coverage. Note: If you contribute to an HSA, you are not eligible to participate in a health FSA plan.

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).

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	Tier 2: Aetna Select Higher Out-of-Pocket Costs	In-Network	Out-of-Network
<i>Note: The plan year is September 1 – August 31. The calendar year is January 1 – December 31.</i>				
Deductibles and out-of-pocket maximums cross-apply when using both Tier 1 and Tier 2 providers in the same plan year.				
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%); coinsurance may apply if service is received from an out-of-network provider
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	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.

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: www.aetna.com/individuals-families-health-insurance/document-library/pharmacy/2017-exclusion-drug-list.pdf.

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 exclusions 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.

*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 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.



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

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 – 8:00 a.m. to 5:00 p.m.
Tuesday – 8:00 a.m. to 5:00 p.m.
Wednesday – 8:00 a.m. to 5:00 p.m.
Thursday – 8:00 a.m. to 5:00 p.m.
Friday – 8:00 am to 5:00 pm
Saturday – Closed
Sunday – Closed

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).

Dental plan options administered by Aetna

Choose from two types of dental plans — a fully insured **Dental Maintenance Organization (DMO®) plan** and a self-funded **Participating Dental Network (PDN) plan**. Get the benefit of wide coverage, plus the bonus of cost savings, with the Aetna DMO plan. This plan combines the advantages of coordinated care from a primary care dentist with a broad range of services to keep you smiling.

With the Aetna PDN plan, you have the freedom to see any licensed dentist you choose, but you may save more by seeing a dentist in the Aetna Dental PPO/PDN network. Use the chart below to compare the plans and decide which one is best for you.

Plan features	DMO	PDN Low	PDN High
Plan Basics			
Individual Deductible (waived for preventive services)	None	\$50 per plan year	\$50 per plan year
Family Deductible (waived for preventive services)	None	\$150 per plan year	\$150 per plan year
Maximum Benefit Amount per Person	Unlimited	\$800 per plan year	\$1,200 per plan year
Primary Care Dentist Required	Yes	No	No
Referrals to Specialists Required	Yes	No	No
Out-of-Network Coverage	No	Yes	Yes
Plan Benefits			
Preventive Services (e.g., cleanings, exams, X-rays)	\$0 (plan pays 100%)	\$0 (plan pays 100%)	\$0 (plan pays 100%)
Basic Services (e.g., fillings, scaling, root planing)	Based on copay schedule	20% after deductible	20% after deductible
Major Services (e.g., crowns, dentures, root canals)	Based on copay schedule	50% after deductible	50% after deductible
Orthodontic Services	Based on copay schedule	50%* after deductible	50%* after deductible
Plan Waiting Periods (for new CISD Aetna dental plan participants only, where applicable)			
Preventive Services (e.g., cleanings, exams, X-rays)	None	None	None
Basic Services (e.g., fillings, scaling, root planing)	None	6 months	6 months
Major Services (e.g., crowns, dentures, root canals)	None	6 months	6 months
Orthodontic Services	None	12 months*	12 months*

*Children under age 19 (no coverage for adults).

The plans do not cover dental work, including orthodontic treatment, that began before a member is covered under the plan.

Other benefits options

Vision administered by Vision Service Plan (VSP®)

Vision insurance helps cover expenses from eye care professionals, such as optometrists and ophthalmologists. Regular eye exams offer more than just measuring your eyesight — they can identify serious eye diseases early, allowing more time for treatment. Most people don't realize eye exams can also reveal early signs of illnesses like diabetes, heart disease, and high blood pressure.

Vision insurance can help you pay for:

- Eye exams
- Eyeglasses
- Contact lenses
- Eye surgeries
- Vision correction

Flexible spending accounts (FSAs) administered by First Financial Administrators, Inc.

You can lower your taxable income by setting aside money directly from your paycheck into health and dependent care FSAs. This tax-free money can be used to pay for eligible health care and dependent care expenses. Conroe ISD offers the following FSA options:

Health FSA funds can be used to pay for out-of-pocket medical, dental, and vision expenses such as copays, deductibles, coinsurance, medical supplies and equipment, mental health and substance abuse treatment, orthodontia, eyeglasses, contact lenses, and common health care purchases such as contact lens solution and first aid supplies. You can contribute between \$120 (\$10 per paycheck) and \$2,600 (\$108.33 per paycheck) per year. Your full annual election will be available to you at the beginning of the plan year.

Dependent care FSA funds can be used to pay for child care services for your eligible dependent children under age 13 or for services to care for other qualified dependent family members, such as elder care. Dependent care FSA funds cannot be used for dependent health care costs. You can contribute up to \$5,000 per year (\$208.33 per paycheck) or \$2,500 if married and filing separate tax returns. Dependent care FSA funds are available as deposits are received.

Important notes:

- Both FSAs have “use-it-or-lose-it” rules, which means you forfeit any funds remaining in your account at the end of the plan year. For this reason, you may want to conservatively estimate the eligible expenses you and your family will incur during the plan year, September 1 through August 31.
- Expenses must be incurred during the plan year in which funds are contributed; however, if you have funds remaining in the account when the plan year ends, you will have a two-and-a-half-month grace period to incur eligible claims.
- For a comprehensive list of eligible expenses, go to www.ffga.com.
- Contribution amounts cannot be changed during the plan year unless you experience a change in status, as discussed in another section of this guide.
- If you or your spouse contributes to an HSA, you are not eligible to contribute to a health FSA.



Other benefits options (continued)

AD&D administered by Reliance Standard

Accidental death and dismemberment insurance (AD&D) pays in the event of death or dismemberment resulting from a covered accident. You may select benefit amounts from \$10,000 to \$500,000 in increments of \$10,000. Amounts in excess of \$150,000 are limited to 10 times your annual salary. You may cover yourself or yourself and family. The benefit amount applied to insured dependents is based on the composition of the family at the time of loss and is a percentage of your benefit amount as follows:

- Spouse – 60%
- Each dependent child – 15%
- Each dependent child (if no spouse) – 20%

Benefit amounts reduce to 50% at age 75, to 25% at age 80, and terminate upon retirement.

Cancer administered by Allstate®

Allstate Benefits group voluntary cancer coverage provides cash benefits for cancer and 29 other specified diseases. It can help cover the costs of specific cancer and specified disease treatments and expenses as they happen. Being diagnosed with cancer or a specified disease can be difficult on anyone, both emotionally and financially. Having the right coverage to help when sickness occurs or when undergoing treatments for cancer is important. Allstate cancer coverage can help provide added financial security when it is needed most:

- Benefits paid directly to you, unless otherwise assigned
- Coverage for you or your entire family
- Waiver of premium after 90 days of disability due to cancer for as long as your disability lasts (primary insured only)
- Portable

Critical Illness administered by Aflac®

Aflac can help ease the financial stress of surviving a critical illness. That's because while a major medical plan may pay for a good portion of the costs associated with a critical illness, there are a lot of expenses that may not be covered. A critical illness plan can help with the treatment costs of covered critical illnesses, such as a heart attack or stroke.

More importantly, the plan helps you focus on recuperation instead of the distraction of out-of-pocket costs. With the Aflac Critical Illness plan, you receive cash benefits directly (unless otherwise assigned) — giving you the flexibility to help pay bills related to treatment or to help with everyday living expenses.

Plan benefits include:

- Critical Illness Benefit payable for:
 - Cancer
 - Heart attack (myocardial infarction)
 - Stroke
 - Kidney failure (end-stage renal failure)
 - Skin cancer
 - Non-invasive cancer
 - Sudden cardiac arrest
 - Major organ transplant
 - Severe burn
 - Coronary artery bypass surgery
 - Coma
 - Paralysis
 - Loss of sight
 - Loss of hearing
 - Loss of speech
 - Bone marrow transplant (stem cell transplant)
- Health Screening Benefit

Plan features include:

- Benefits are paid directly to you, unless otherwise assigned.
- Coverage is available for you, your spouse, and dependent children.
- Coverage may be continued (with certain stipulations). That means you can take it with you if you change jobs or retire.
- Fast claims payment. Most claims are processed in about four days.



Disability administered by The Standard

Group Long-Term Disability (LTD) insurance is designed to pay a monthly benefit to you if you cannot work because of a covered illness or injury. This benefit replaces a portion of your income, thus helping you to meet your financial commitments in a time of need.

By sponsoring group voluntary LTD insurance for educators and administrators from Standard Insurance Company, we offer you an excellent opportunity to help protect yourself and your lifestyle.

The advantages to you include: convenience — with premiums deducted directly from your paycheck, you do not have to worry about mailing monthly payments — and peace of mind, so you can take comfort and satisfaction in knowing that you have taken a step toward securing your income during a period of a covered disability.

You choose the amount of coverage that fits best, based on:

- Affordability
- Income
- Number of days before it's active
- Additional riders

If you elect to enroll in disability insurance, you will not be covered for a disability caused or contributed to by a **pre-existing condition**, or the medical or surgical treatment of a **pre-existing condition**, unless, on the date you become disabled, you have been continuously covered under the group policy for 12 months, and you have been actively at work for at least one full day at the end of the 12-month period.

A **pre-existing condition** is a mental or physical condition that was discovered or suspected via a medical exam during the 90-day period just before the effective date of your insurance, and for which you've done any of the following:

1. Consulted a physician or other licensed medical professional
2. Received medical treatment, services or advice
3. Undergone diagnostic procedures, including self-administered procedures
4. Taken prescribed drugs or medications

Hospital Indemnity administered by Humana

Humana Hospital Indemnity pays cash benefits directly to you, not your doctor or hospital, when you're hospitalized. You can use the benefits however you want — to help pay medical bills or everyday living expenses, such as housing, car payments, utility bills, child care, groceries, and credit card bills. The plan provides benefits for hospitalization, emergency room, doctor visits, intensive care unit (ICU), surgery, lab/X-ray, and wellness. There are two plans available to Conroe ISD employees: "Package One" and "Package Two." Note: Waiting period for maternity is 300 days.

Legal Protection Plan administered by Legal Access

Legal matters can be stressful, and Legal Access Plans is there to help every step of the way. The Family Legal Protection Plan by Legal Access Plans includes discounts, flat rates, and covered services for common legal needs. Identity theft and recovery, financial counseling, budgeting, and financial planning benefits are all included with this plan.

Your enrollment in the plan extends coverage to your entire family. All dependents under age 23 are covered under the plan, while residing at home or away at school. The plan also covers the parents of both the member and the member's spouse.

Included free legal benefits:

- Unlimited number of initial half-hour consultations by phone, in person, or online (where available); one half-hour per legal topic
- Simple wills prepared for eligible family members
- Document review of many types of legal documents
- Dispute resolution to attempt to resolve legal disputes
- Lawsuit/Litigation Procedural Guide — legal analysis of the typical steps involved in lawsuits or litigation
- Guaranteed reduced rates — members receive a 25% discount on hourly rates from plan attorneys when legal representation is needed
- Small claims court preparation — consultation at no additional cost by phone with attorney on small claims lawsuits

Life Insurance (group term, term and universal)

Life insurance provides protection against financial loss in the event the insured person passes away. The benefit can be invaluable to a family facing the premature death of a working family member. Conroe ISD offers three types of life insurance to choose from: **group term life**, **term life**, and **universal life**. Keep reading to decide which one, or combination of coverage, is most suitable for you.

Group Life Insurance administered by Unum

Group term life insurance provides affordable, employee-paid coverage that pays lump-sum benefits to a beneficiary you choose, in the event of your death. This coverage is portable if you leave Conroe ISD, meaning you can continue coverage at the group rate for as long as the policy is in force.

Coverage amount options

Employee: Up to five times salary in increments of \$10,000. Not to exceed \$500,000. Benefits will be paid to the designated beneficiary.

Spouse: Up to 100% of employee amount in increments of \$5,000. Not to exceed \$500,000. Benefits will be paid to the employee.

Child: Increments of \$2,000. Not to exceed \$10,000. The maximum death benefit for a child between the ages of live birth and six months is \$1,000. Benefits will be paid to the employee.

Coverage amount(s) will reduce according to the following schedule:

Age 70 – Insurance reduces to 65% of original amount, rounded to the next higher \$10,000.

Age 75 – Insurance reduces to 50% of original amount, rounded to the next higher \$10,000.

Enrollment provisions

If you enroll when first eligible, you may apply for up to \$200,000 for yourself, up to \$25,000 for your spouse, and up to \$10,000 for your child(ren) without evidence of insurability. Amounts over these limits, if available, will require medical underwriting and approval by Unum. If you do not enroll within 31 calendar days of your hire date, you can only apply for coverage during a future annual enrollment period or within 31 days of a change in status; you will then need to answer health questions for the entire amount.

Once you and your dependents are enrolled in the plan, you can increase your coverage up to \$200,000 for yourself, \$25,000 for your spouse, or \$10,000 for your child(ren) either during a future annual enrollment or within 31 days of a change in status without evidence of insurability.

Insurance coverage will be delayed if you are not in active employment because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

Term Life Insurance administered by American Fidelity

AF Term Life® Insurance offers protection during your peak earning years when you have financial responsibilities, such as paying a mortgage or supporting your family. Your policy covers you during a term period, either 10, 20, or 30 years. You decide which term is best for your financial situation.

Features:

- Easy application
- Minimal health questions
- No medical tests
- Accelerated death benefit
- Employee issue maximum up to \$200,000
- Spouse issue maximum up to \$50,000
- Rates guaranteed not to increase during the initial term period you choose
- Guaranteed death benefit amount during the term you choose
- A death benefit amount that is generally paid tax-free
- A policy that you own — take it with you if you leave employment at the same rate
- You may renew the policy at the end of the term period until the insured reaches age 90; you may also convert to a whole life insurance policy before the policy anniversary following age 75

Issue ages:

- 10-year term: 18-70
- 20-year term: 18-60
- 30-year term: 18-50

Universal Life Insurance administered by Texas Life

Voluntary permanent life insurance can be an ideal complement to group term or optional term life your employer may provide. Designed to be in force when you die, this voluntary universal life product is yours to keep, even when you change jobs or retire, as long as you pay the necessary premium. You may apply for this permanent, portable coverage, not only for yourself, but also for your spouse, minor children, and grandchildren.

Features:

- High death benefit
- Minimal cash value
- Guaranteed death benefit to age 121 and level premium that guarantees coverage for a significant period of time (after the guaranteed period, premiums may go down, stay the same, or go up)
- Refund of premium if the premium you pay when you buy the policy ever increases and you surrender the policy as a result (conditions apply)
- Accelerated death benefit rider

Retirement savings plans — Universal Availability Notice

Long-Term Care administered by LifeSecure™

Long-term care assists people who cannot perform essential daily activities on their own, things like eating, dressing, and using the bathroom. This is usually due to a chronic illness or degenerative condition. Long-term care can be provided in a variety of places, whether at home or at an assisted living facility, a nursing home, or other setting. It consists mostly of "custodial care," or assistance with daily activities, rather than medical care that would be covered by your health plan.

Programs like Medicare pay for little or no long-term care expenses, and you must be impoverished to qualify for Medicaid coverage. Without a plan, potential long-term care expenses may become a significant out-of-pocket responsibility. LifeSecure helps you plan ahead, giving you more worry-free years. And it's simpler and more affordable than you might think.

The need for long-term care insurance is not rare. It is beyond the ability of most families to provide for this type of care out of their own pockets. Though life sometimes limits one's options, a long-term care policy offers the power of choice to protect you and your family from substantial medical costs.

Alternate Plan administered by America's Choice Healthplans

If you decline Conroe ISD group medical coverage with Aetna because you have other medical coverage, and you are employed as a 100% full-time employee, you are eligible to enroll in the CISD Alternate Plan. Benefits of the plan include hospital indemnity, dental, term life, and accidental death and dismemberment coverage. There is no cost to you for the CISD Alternate Plan; however, an enrollment election is required each year during the annual enrollment period. Otherwise, coverage will terminate at the end of the plan year.

You will be required to provide information about the other medical plan, including the name of the insurance company, during enrollment.

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 substitutes. 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 2017, you may defer from your wages a maximum of \$18,000 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.



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).
- Decide how much to contribute if you're enrolling in a flexible spending account.
- 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 in order 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 FFenroll enrollment system.
- Review your confirmation statement to ensure your elections are correct.

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

Follow up

- If you have any Unum coverage listed as "requested" on your confirmation statement, submit a completed Evidence of Insurability form to Unum within 31 days of your enrollment date.
- Review your payroll deductions once they are established to ensure they match your confirmation statement. Contact the Conroe ISD Benefits Office if there are any discrepancies.

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 change 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.

2017-2018 premiums and expenses worksheet



Use this worksheet to help you calculate your benefits expenses. Rates shown are per paycheck, based on 24 paychecks per year, unless otherwise noted.

Health Care Expenses (Out-of-Pocket)

<i>Medical Expenses, such as:</i>	<i>Estimated Annual Cost</i>
Deductibles	\$ _____
PCP and Specialist Visit Copays	\$ _____
Coinsurance Amounts	\$ _____
Prescription Drug Costs	\$ _____
<i>Dental Expenses, such as:</i>	<i>Estimated Annual Cost</i>
Deductibles, Coinsurance, & Copays	\$ _____
Orthodontia Costs	\$ _____
Dentures, including replacements	\$ _____
<i>Vision Care Expenses, such as:</i>	<i>Estimated Annual Cost</i>
Eyeglasses or Contacts	\$ _____
Contact Lens Solution	\$ _____
Vision Surgery	\$ _____
Other Qualified Expenses	\$ _____
Total	\$ _____

The maximum health care FSA contribution amount for the 2017-2018 plan year is \$2,600 (\$108.33 per paycheck).

Dependent Care Expenses

FSA Estimator

These totals give you a good idea of the amounts you may elect to contribute to your dependent care FSA. Keep in mind, it is better to underestimate than to overestimate.

<i>Type of Expense</i>	<i>Estimated Annual Cost</i>
Child Care Expenses	\$ _____
Other Employment-related Dependent Care Costs	\$ _____
Total	\$ _____

The maximum dependent care FSA contribution amount for the 2017-2018 plan year is \$5,000 (\$208.33 per paycheck). If you are married and file separate tax returns, the limit is \$2,500.

2017-2018 Benefits Estimator Worksheet

Medical Premium* — Aetna

	Aetna Whole Health	Aetna HDHP	Anticipated Cost Per Paycheck
Employee Only	\$74.00	\$67.00	
Employee + Child(ren)	\$270.00	\$250.00	
Employee + Spouse	\$442.00	\$425.00	
Employee + Family	\$491.00	\$475.00	\$ _____

*Add \$5 if anyone enrolled is a tobacco user.

Dental Premium — Aetna

	Aetna DMO	Aetna PDN High "A"	Aetna PDN Low "B"	Anticipated Cost Per Paycheck
Employee Only	\$7.97	\$22.46	\$13.36	
Employee + Child(ren)	\$12.74	\$38.62	\$24.59	
Employee + Spouse	\$13.54	\$41.43	\$27.39	
Employee + Family	\$18.00	\$55.49	\$41.45	\$ _____

Vision Premium — VSP

Employee Only	\$4.40	
Employee + Child(ren)	\$9.46	
Employee + Spouse	\$10.34	
Employee + Family	\$15.96	\$ _____

AD&D Premium — Reliance Standard

Employee Only	\$0.11 per \$10,000 in coverage	
Employee + Family	\$0.185 per \$10,000 in coverage	\$ _____

Cancer Premium — Allstate

	Low	Medium	High	
Employee Only	\$12.21	\$17.30	\$27.19	
Employee + Child(ren)	\$17.19	\$24.55	\$38.84	
Employee + Spouse	\$19.39	\$27.05	\$41.91	
Employee + Family	\$24.37	\$34.29	\$53.55	\$ _____

2017-2018 premiums and expenses worksheet (continued)

2017-2018 Benefits Estimator Worksheet (continued)

Critical Illness Premium — Aflac

Refer to the **Critical Illness Brochure** in **FFenroll Forms Library** (both premiums must be divided by 2). \$ _____

Disability Premium — The Standard

Rates depend on benefit amount and waiting period selected. Refer to the **Disability Brochure** in **FFenroll Forms Library** (rate must be divided by 2). \$ _____

Hospital Indemnity Package 1 — Humana

Rates are age banded and depend on coverage selected. You can also refer to the **Hospital Indemnity Brochures** in **FFenroll Forms Library** (rates must be divided by 2). \$ _____

AGE	Non Tobacco				Tobacco			
	EMPLOYEE	EMPLOYEE & CHILDREN	EMPLOYEE & SPOUSE	FAMILY	EMPLOYEE	EMPLOYEE & CHILDREN	EMPLOYEE & SPOUSE	FAMILY
18-35	\$11.49	\$19.29	\$21.19	\$26.96	\$13.93	\$21.73	\$24.58	\$30.36
36-49	\$10.86	\$18.78	\$19.93	\$25.86	\$13.13	\$21.05	\$23.10	\$29.03
50-59	\$14.57	\$19.03	\$27.34	\$30.68	\$17.77	\$22.22	\$31.79	\$35.15
60-64	\$20.46	\$24.40	\$39.12	\$42.07	\$25.12	\$29.07	\$45.64	\$48.60

Hospital Indemnity Package 2 — Humana

Rates are age banded and depend on coverage selected. You can also refer to the **Hospital Indemnity Brochures** in **FFenroll Forms Library** (rates must be divided by 2). \$ _____

AGE	Non Tobacco				Tobacco			
	EMPLOYEE	EMPLOYEE & CHILDREN	EMPLOYEE & SPOUSE	FAMILY	EMPLOYEE	EMPLOYEE & CHILDREN	EMPLOYEE & SPOUSE	FAMILY
18-35	\$21.19	\$36.78	\$40.59	\$52.14	\$26.08	\$41.65	\$47.37	\$58.92
36-49	\$19.93	\$35.76	\$38.06	\$49.91	\$24.46	\$40.29	\$44.41	\$56.23
50-59	\$27.34	\$36.27	\$52.87	\$59.58	\$33.74	\$42.67	\$61.79	\$68.52
60-64	\$39.10	\$47.00	\$76.46	\$82.35	\$48.46	\$56.32	\$89.47	\$95.41

Legal Protection Plan — Legal Access

\$7.25 \$ _____

To access the FFenroll Forms Library, visit <https://ffga.benselect.com/enroll> or visit www.conroeisd.net under **Employees > Employee Logins**.

Life Insurance (Group Term) — Unum

Rates are age banded and depend on benefit amount selected. You can also refer to the **Group Term Life Brochure** in **FFenroll Forms Library** (calculated rate must be divided by 2). \$ _____

Term Life Coverage Rates:

Rates shown are your monthly deduction.

AGE BAND	EMPLOYEE PER \$1,000	SPOUSE PER \$1,000	CHILD PER \$1,000
< 25	\$0.03	\$0.06	\$0.04
25-29	\$0.03	\$0.06	The premium paid for child coverage is based on the cost of coverage for one child, regardless of how many children you have.
30-34	\$0.04	\$0.08	
35-39	\$0.07	\$0.11	
40-44	\$0.08	\$0.18	
45-49	\$0.12	\$0.32	
50-54	\$0.19	\$0.52	
55-59	\$0.35	\$0.82	
60-64	\$0.43	\$1.26	
65-69	\$0.74	\$1.86	
70-74+	\$1.20	\$1.86	

You and your spouse's rates are based on your ages as of September 1 each year.

Life Insurance (Term) — American Fidelity

Rates are age banded and depend on benefit amount selected. Refer to the **AFA Term Life Brochure** in **FFenroll Forms Library** (rate must be divided by 2). \$ _____

Life Insurance (Universal) — Texas Life Insurance Company

Rates are age banded and depend on benefit amount selected. Refer to the **Texas Life Universal Life Brochure** in **FFenroll Forms Library** (rate must be divided by 2). \$ _____

Long-Term Care Insurance — Life Secure

Enrollment requires assistance from a First Financial representative. Contact Mack Whiteman for a quote. Email: mack.whiteman@ffga.com or call: **713-254-5264** (monthly premium must be divided by 2). \$ _____

Health FSA Contribution

Use FSA Estimator; divide total by 24. \$ _____

Dependent Care FSA Contribution

Use FSA Estimator; divide total by 24. \$ _____

HSA Contribution (optional only w/Aetna HDHP)

Divide annual election amount by 24. \$ _____



A series of horizontal dotted lines for writing, starting from the top right of the calculator icon and extending across the width of the page.

Benefits contact information

CISD Benefits Office 936-709-7808
benefitoffice@conroeisd.net
www.conroeisd.net/hr/benefits

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

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
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
Aetna Navigator Help Desk 1-800-225-3375
Teladoc 1-855-835-2362
Vision Discount Program 1-800-793-8616
www.aetna.com

Alternate Plan (Group #71200)

America's Choice Healthplans 1-866-317-0167
www.achonline.com

Dental

Aetna (Group #737387) 1-877-238-6200
www.aetna.com

Vision

VSP (Group #10-350759) 1-800-877-7195
www.vsp.com

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

Teacher Retirement System (TRS) 1-800-223-8778
www.trs.texas.gov

Additional Voluntary Benefits

Accidental Death & Dismemberment Insurance

(Group #VAR 053228)
Reliance Standard 1-800-435-7775
www.reliancestandard.com

Cancer Insurance

(Group #11535 • Group #98894 [policies issued prior to 9/1/2012])
Allstate 1-800-521-3535
www.allstateatwork.com

Critical Illness Insurance

(Group #22863)
Aflac 1-800-433-3036
www.aflacgroupinsurance.com

Disability Insurance

(Group #645657-A)
Standard Insurance Company 1-855-757-4717
www.standard.com

Flexible Spending Accounts

(Health and Dependent Care; Group #56160)
First Financial Administrators, Inc. 1-866-853-3539
www.ffga.com

Hospital Indemnity Insurance

(Group #896271)
Humana 1-877-378-1505
www.humana.com

Legal Protection Plan

(Group: Conroe ISD)
Legal Access Plans 1-800-562-2929
flpp.legalaccessplans.com

Life Insurance – Group Term

(Group #568676)
Unum 1-800-445-0402
www.unum.com

Life Insurance – Term

American Fidelity 1-800-654-8489
www.afadvantage.com

Life Insurance – Universal

(Group #SM2656)
Texas Life 1-800-283-9233
www.texaslife.com

Long-Term Care Insurance

LifeSecure (Group #00711V) 1-866-582-7701
www.yourlifecure.com

American Fidelity
(Group #59887, policies issued prior to 9/1/2013) 1-800-654-8489
www.afadvantage.com



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, 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.flmedicaidtplrecovery.com/hipp	1-877-357-3268
Georgia	Medicaid	http://dch.georgia.gov/medicaid (Click on Health Insurance Premium Payment [HIPPP])	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/oi/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/premium-payment-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 other 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.

This guide is based on official plan documents and provides highlights 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.

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) as an equal opportunity educational provider and employer 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**.



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.**