



CONROE
INDEPENDENT
SCHOOL DISTRICT

2021 – 2022

Employee Benefits Quick Reference Guide



Making choices that work for you



For Substitute, Part-Time, and
Temporary Employees

Health insurance terms 101

Health insurance can be confusing. Refer to this list of common terms to help you understand the benefits and costs outlined in this guide.

Annual limit: A cap on the benefits your health plan pays in a plan year while you're enrolled. These caps are placed on particular services, such as prescriptions or hospitalizations. Annual limits may be placed on the dollar amount of covered services or on the number of visits that are covered for a service. After an annual limit is reached, you must pay all associated costs for the rest of the plan year.

Coinsurance: Your share of the cost for a covered health care service after reaching your deductible; usually calculated as a percentage (e.g., 20%) of the allowed amount for the service.

Copay or copayment: A set dollar amount you pay as your share of the cost for a medical service or item, like a doctor's visit.

Deductible: The amount you owe for covered health care services before your health plan begins to pay.

Formulary: A list of prescription drugs covered by a prescription drug plan; also called a drug list.

Network: The doctors, hospitals, and suppliers your health plan has contracted with to provide services to its members.

Out-of-pocket maximum: The most you will spend for covered services in a plan year. After you spend this amount on deductibles, coinsurance, and copayments, the health plan pays 100% for covered services.



Plan year: A 12-month period of benefits coverage under a group health plan. This 12-month period may not be the same as the calendar year (January 1-December 31 of the same year). The Conroe ISD plan year for non-calendar-year plans begins September 1 each year and ends August 31 of the following year. To find out when your plan year begins, check your plan documents.

Precertification: Approval you get before receiving a health care service, treatment plan, prescription drug, or durable medical equipment, as required by your health plan. Check your plan documents to see what kind of service needs this approval. Precertification can also be called preauthorization, prior authorization, or prior approval.

Premium: The amount you pay for your health plan each month.

Primary care physician (PCP): A physician who directly provides or coordinates your health care services.

Referral: A written or electronic order from your PCP to see a specialist or receive certain medical services. In some health plans, if you don't get a referral first, the plan will not pay for the services.

Specialist: A physician specialist who focuses on a specific area of medicine to diagnose, manage, prevent, or treat certain types of symptoms and conditions.

Step therapy: A program requiring a person to try certain drugs before a particular brand-name drug will be paid by the plan. The first drugs are often generic and cost less.

For details about your plan's out-of-pocket costs, covered services, and limits, refer to the Conroe ISD plan documents, available on the Human Resources website at www.conroeisd.net/department/hr/plan-documents/.

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

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

Enrollment

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.

Annual enrollment (July 1 – 31, 2021)

During this time, you have the opportunity to review, change, or continue your benefits for the coming year. **You are required to submit enrollment selections during this time, even if you do not elect any coverage through the District, or you wish to keep your coverage the same.** New benefits will take effect September 1, 2021, and continue through August 31, 2022.



Every employee must enroll or decline beginning July 1, 2021, and no later than 11:59 p.m. July 31, 2021; changes take effect September 1, 2021.

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

New employees

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 following the date you complete enrollment. Premiums for all plans become due on the first date of coverage.

All employees

Once you submit your enrollment elections as a new employee, or annual enrollment ends, 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 calendar 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).

Changes during the year



Once you submit your enrollment elections as a new employee, or annual enrollment ends, you may only make changes if 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.

You only have **30 calendar days** following the event date to make changes. For changes related to Medicaid and CHIP eligibility, the notification period is 60 days. **Changes requested outside these time frames will not be permitted until the next annual enrollment period.** A benefits specialist can explain which changes you're allowed to make.

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

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

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

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.

You must work a minimum of 12 hours each week to maintain eligibility. To meet this requirement, substitutes must work a minimum of six full workdays each month. **Note:** Extended breaks in the school calendar, such as Thanksgiving, winter break, and spring break, that significantly impact the available workdays in a particular month may reduce the minimum six-day requirement for a month.

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 has 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. You must contact the CISD Benefits Office no later than 30 calendar days after the event date.

Note: Electing coverage for an ineligible person is not permitted. Doing so may cause you to pay premiums for someone who is not eligible for coverage. You could also be held liable for any claims paid for an ineligible dependent, and a claim could be denied if the insurance company determines the individual does not meet eligibility requirements. If your spouse's or child's eligibility status changes during the year for any reason other than age, you must promptly contact the CISD Benefits Office to remove the ineligible dependent.

Note for children living outside a medical plan service area

If you enroll your eligible dependent child in the Charter Kelsey-Seybold or Nexus ACO R Memorial Hermann plan, and he/she attends a school or resides with a custodial parent outside the plan's service area, then your child may qualify for the dependent out-of-area medical plan. **Be sure to list each child's full and correct address in the dependent section of FEnroll (the enrollment site), and contact the CISD Benefits Office for further assistance.**

Dependent eligibility audits

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, you should contact the CISD Benefits Office immediately to request a change of election.



*A child includes your natural child, stepchild, legally adopted child, child under court order, and grandchild. For a grandchild to be considered your child, the child must either be in your court-ordered custody, or must live with you and be claimed as a tax dependent according to IRS guidelines. With proof of disability, a child who is unmarried, totally disabled, and primarily depends on you for support and maintenance prior to age 26 is eligible for continued coverage beyond the maximum age limit.

How to enroll

Prepare

- Consider the needs of you and your family for the coming year.
- 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 between July 1 and 31, 2021, or by your 31st calendar day of employment (new employees) at www.conroeisd.net using the Insurance Enrollment link under Employees > Employee Logins. Or go to ffga.benselect.com/enroll.

- Log in and follow the instructions to complete your enrollment. You must complete all enrollment steps and electronically sign your confirmation form for your selections to become effective.

Tip: Successful completion of the enrollment process occurs when the Sign & Submit section states, "Congratulations, your enrollment is now complete." "Electronic Signature on File" will also appear on the employee signature line of the Benefit Confirmation/Deduction Authorization form generated by the FEnroll enrollment system.

- Review your confirmation statement to ensure your elections are correct.
- Print/Save a copy of your confirmation statement for your records.

For technical assistance with the enrollment site, please contact the FEnroll Help Desk at **1-855-523-8422**. Representatives are available Monday through Friday from 7:00 a.m. to 5:00 p.m.

Premium payments

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

- To pay by check or money order payable to **First Financial Administrators, Inc.**, mail to:
Processing/Medical Payment
First Financial Administrators, Inc.
PO Box 670329
Houston, TX 77267-0329
- To pay by phone, call First Financial at **1-800-523-8422** and ask for the Conroe ISD Processor. Provide your credit card information for a one-time payment or schedule recurring payments. A 3% service fee will be added for credit card payments.

Log-in steps

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.



Medical plan options administered by UnitedHealthcare®

Conroe ISD offers three self-funded medical plan options administered by UnitedHealthcare for you to choose from:

Charter Kelsey-Seybold, Nexus ACO R Memorial Hermann, and Choice Plus HDHP. With this arrangement, UnitedHealthcare 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 must make changes in premium structures and/or plan designs for the following year.

Enrollment in a CISD medical plan includes UnitedHealthcare tools to help you make the most of your benefits. Cost estimators can aid in minimizing your out-of-pocket costs, as well as costs to the plan.

Charter Kelsey-Seybold Plan year is September 1 – August 31

This coordinated care plan exclusively utilizes Kelsey-Seybold providers to offer affordable premiums and copays. Plan members will automatically have Kelsey-Seybold assigned as their primary care physician (PCP), with the ability to go to any Kelsey-Seybold PCP.

Referrals will not be required for Kelsey-Seybold specialists, or for mental health and substance abuse specialists (search for these providers by logging in to www.myuhc.com). Your Kelsey-Seybold specialist may refer you to an affiliate specialist.

Cost sharing consists of copays, deductibles, and coinsurance for network providers only. Services and supplies received outside the network are not covered unless obtained in a true emergency. Major hospitals such as CHI St. Luke's Health, HCA Houston Healthcare, Houston Methodist, select Memorial Hermann facilities, and Texas Children's Hospital are included in the

network. Please note that while Texas Children's Hospital is in the network, Texas Children's Pediatrics is not. Also, MD Anderson is not in the network, but should you have a rare form of cancer that cannot be treated by the Kelsey-Seybold Cancer Center, you may be referred to MD Anderson.

Plan members will have access to 24/7 appointment scheduling online and by phone, Saturday sick-care appointments at select locations, and an after-hours nurse hotline. You can also get medical care through a Video Visit with a Kelsey-Seybold provider who can access your medical records and send secure updates to your PCP.

Nexus ACO R Memorial Hermann Plan year is September 1 – August 31

This is an accountable care organization (ACO) plan that uses a tiered design of Memorial Hermann (Tier 1) and UHC Choice (Tier 2) networks. You and any covered dependents are required to select a PCP from the UnitedHealthcare Nexus ACO R network who will help manage your care. Once enrolled, you can change your PCP anytime by calling the phone number on your health plan ID card or by visiting www.myuhc.com.

If you need to see a specialist, you will need an electronic referral from your PCP; otherwise, the services will not be covered. Exceptions to the referral requirement are emergency care, urgent care, gynecological visits, obstetrical visits, annual screening mammograms, mental health practitioner visits, and routine eye exams.

Cost sharing consists of copays, deductibles, and coinsurance. You will get the most out of your benefits by using Tier 1 providers, so look for the blue Tier 1 dot in the UnitedHealthcare provider directory when choosing doctors, hospitals, and other health care providers. The Tier 1 hospital is Memorial Hermann; major hospitals in the Tier 2 network include CHI St. Luke's Health, HCA Houston Healthcare, Houston Methodist, MD Anderson Cancer Center, and Texas Children's Hospital. Since benefits are for network providers only, services received from an out-of-network provider are not covered unless there is a true medical emergency.

Choice Plus HDHP

Plan year is January 1 – December 31

This plan is an exclusive provider organization that operates under a broad network called "Choice Plus." You will have direct access (no referral required) to any doctor, hospital, or other health care provider for covered services and supplies. Selecting a PCP to help manage your medical care is encouraged but not required.

Cost sharing is based on deductibles and coinsurance, so you will need to pay the full contracted (or non-contracted) amount for medical care, supplies, and prescriptions until you have satisfied applicable calendar-year deductibles. Because the Choice Plus HDHP plan year is based on the calendar year, deductibles and out-of-pocket maximums reset each January 1. The amount the plan pays depends on whether services and supplies are obtained from network or out-of-network providers.

Preventive care is covered at 100% when you use a network doctor, and you will pay lower out-of-pocket costs when using network providers for covered expenses. There is no limit on your out-of-pocket costs when you use out-of-network providers.

Enrollment in Choice Plus HDHP makes you eligible for a health savings account (HSA). An HSA permits an individual to set aside money to pay for unreimbursed medical costs in a separate account on a tax-free basis. Account funds are available as deposits are received. 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 2021 are \$3,600 for individual coverage and \$7,200 for family coverage. **If you or your spouse contributes to an HSA, you are not eligible to participate in a health FSA plan, nor are you eligible to obtain care from the Conroe ISD Employee Health & Wellness Center.**

Note: Provider network affiliations are subject to change at any time and are not based on the Conroe ISD plan year. Log in to www.myuhc.com or the **UnitedHealthcare** app for the most up-to-date information.

2021 – 2022 medical plan key features

If you enroll in (or change to) Choice Plus HDHP, your deductible and out-of-pocket maximum accumulators will reset January 1, 2022, and each January 1 thereafter.

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

Plan Features	Charter Kelsey-Seybold Plan Year 9/1 – 8/31	Nexus ACO R Memorial Hermann Plan Year 9/1 – 8/31		Choice Plus HDHP Plan Year 1/1 – 12/31	
		Tier 1 Maximum Savings	Tier 2 Higher Out-of- Pocket Costs	Network	Out of Network
		Deductibles and out-of-pocket maximums cross-apply when using both Tier 1 and Tier 2 providers in the same plan year.		All medical care, supplies, and prescriptions subject to deductible before coinsurance applies, unless otherwise noted.	
Deductible					
Individual	\$1,200	\$1,500	\$2,750	\$3,500	\$6,900
Family	\$3,000	\$3,750	\$6,875	\$7,000	\$13,800
Out-of-Pocket Maximum (includes deductibles, copays, and coinsurance)					
Individual	\$6,250	\$7,350	\$8,150	\$7,000	Unlimited
Family	\$12,500	\$14,700	\$16,300	\$14,000	Unlimited
Office Visit					
Primary Care Physician	\$35 copay	\$40 copay	35% after Tier 2 deductible	30% after deductible	50% after deductible
Specialist	\$50 copay	\$55 copay	35% after Tier 2 deductible	30% after deductible	50% after deductible
Conroe ISD Employee Health & Wellness Center	\$10	\$10		\$10 (not eligible if you or your spouse contributes to an HSA)	N/A
Convenience Clinic	N/A	\$55 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%)	Not covered
Hospital, Surgery, and Specialty Service					
Emergency Room	20% after deductible plus \$250 copay	20% after Tier 1 deductible plus \$250 copay	20% after Tier 1 deductible plus \$250 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	20% after Tier 1 deductible	35% after Tier 2 deductible	30% after deductible	50% after deductible plus \$500 admission copay
Virtual Visit	\$15 copay	\$15 copay		30% after deductible	N/A
Virtual Visit — Mental Health	\$50 copay	\$55 copay		30% after deductible	N/A
Kelsey-Seybold PCP/Specialist Video Visit	\$35/\$50 copay	N/A	N/A	N/A	N/A
Pharmacy Benefits (Flex Base 3-Tier)					
Prescription Drug Deductible (waived for Tier 1 medications)	\$200 per individual, per plan year	\$200 per individual, per plan year		N/A	N/A
Prescriptions (Retail)					
Tier 1 (mostly generic)	\$15 copay	\$15 copay		30% after deductible	Not covered
Tier 2 (mainly preferred brand name)	\$60 copay	\$60 copay		30% after deductible	Not covered
Tier 3 (highest cost)	\$120 copay	\$120 copay		30% after deductible	Not covered
Prescriptions (Specialty)					
Must use Optum Specialty Pharmacy for specialty medications (limit 30-day supply)	\$250 copay	\$250 copay		30% after deductible	Not covered
Prescriptions (Mail order)					
Tier 1 (mostly generic)	\$30 copay	\$30 copay		30% after deductible	Not covered
Tier 2 (mainly preferred brand name)	\$120 copay	\$120 copay		30% after deductible	Not covered
Tier 3 (highest cost)	\$240 copay	\$240 copay		30% after deductible	Not covered

Premiums

Monthly Medical Premiums*			
	Charter Kelsey-Seybold	Nexus ACO R Memorial Hermann	Choice Plus HDHP
Employee Only	\$606.00	\$642.00	\$540.00
Employee + Spouse	\$1,460.00	\$1,512.00	\$1,202.00
Employee + Child(ren)	\$974.00	\$1,100.00	\$844.00
Employee + Family	\$1,600.00	\$1,678.00	\$1,388.00

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

If you elect to enroll in medical coverage, you will be responsible for the full premium, without any contribution from the District, and you must submit payment by the 20th day of each preceding month (e.g., November premium due by October 20). All premiums must be sent to the District's third-party administrator as described. If you fail to timely pay the monthly premiums, or you do not work the minimum hours/days to maintain eligibility, the District will proceed with the coverage cancellation process.

To pay by check or money order payable to **First Financial Administrators, Inc.**, mail to:

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

To pay by phone, call First Financial at **1-800-523-8422** and ask for the Conroe ISD Processor. Provide your credit card information for a one-time payment or schedule recurring payments. A 3% service fee will be added for credit card payments.

Pharmacy benefits managed by OptumRx®



OptumRx will manage your prescription drug plan, which is included with your UnitedHealthcare medical coverage. As the pharmacy benefits manager, OptumRx provides easy and cost-effective ways to get the medication you need.

You get:

- Coverage for most drugs
- Mail-order convenience
- A choice of pharmacies, including retail chains
- Personal support for specialty medicine needs with Optum® Specialty Pharmacy
- 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 use the **UnitedHealthcare** app or log in to **www.myuhc.com** to confirm coverage and costs.

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 Charter Kelsey-Seybold and Nexus ACO R Memorial Hermann plans. You can avoid this deductible by taking a Tier 1 drug.

After you enroll: Sign up for your personalized website at **www.myuhc.com** and also download the **UnitedHealthcare** app. Then log in anytime to estimate drug costs or compare prices between a local pharmacy and mail order.

If your doctor 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/coinsurance.

Your safety comes first

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

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

Pharmacy benefits managed by OptumRx® (continued)

What medicine is covered?

This pharmacy plan covers most drugs. However, some medications are not covered because there are similar covered alternatives that either work the same way but are available at a lower cost, or are available without a prescription (over-the-counter medication). View the drug exclusions list online at www.conroeisd.net under **Employees > Benefits > Medical/Pharmacy Benefits**.

Here's how to check:

Before you enroll: Visit www.conroeisd.net then go to **Employees > Benefits > Medical/Pharmacy Benefits**. From there, you can locate and review the Prescription Drug List.

After you enroll: Just log in to your personal website at www.myuhc.com or the **UnitedHealthcare** app to check coverage and estimate drug costs. No Internet? Call the phone number on your health plan ID card.

How do you get your medicine?

For occasional prescriptions: Visit your local retail pharmacy for medicine you won't take too long, like antibiotics. For the best cost, use a network pharmacy. You can find one at www.myuhc.com or by using your **UnitedHealthcare** app.

For ongoing prescriptions: Use OptumRx home delivery for medicine you take regularly, like drugs to treat blood pressure, cholesterol, or diabetes. You may order up to a 90-day supply for the cost of a 60-day supply, and you can set up medication reminders and automatic refills.

Or ...

For specialty medications: Use Optum 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. Optum Specialty Pharmacy can also help you with any questions you may have on dosage or side effects. Call toll-free **1-877-838-2907** for assistance.

*Some drugs may only be covered when dispensed by Optum Specialty Pharmacy.

Conroe ISD Employee Health & Wellness Center

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

The Center places a high priority on preventive health, medical screenings, and lifestyle changes 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 group medical plan members, including Charter Kelsey-Seybold 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, or when the Center reaches maximum capacity. Patients seeking walk-in visits are strongly encouraged to call ahead to determine availability, especially during peak times, such as cold and flu season, after school, and on Saturdays.

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

Conroe ISD Employee Health & Wellness Center

Located at:

19675 I-45 South, Suite 100
Conroe, TX 77385
(on the Oak Ridge Elementary School campus)
281-465-2873
www.conroeisdclinic.com

Hours:

Monday – 7:00 a.m. to 6:00 p.m.
Tuesday – 10:00 a.m. to 6:00 p.m.
Wednesday – 7:00 a.m. to 6:00 p.m.
Thursday – 10:00 a.m. to 6:00 p.m.
Friday – 8:00 a.m. to 4:00 p.m.

Saturday – 8:00 a.m. to 12:00 noon
Sunday – Closed

Conroe ISD Nexus ACO R Memorial Hermann plan members wanting to designate the wellness center as their primary care physician should use **UnitedHealthcare provider ID 00007094721002**.

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

Retirement savings plans — Universal Availability Notice

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

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

To get started, log in 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 2021, you may defer from your wages a maximum of \$19,500 to all 403(b) and 457 plans, unless you will reach age 50 or older during the year. In that case, you would be eligible to contribute an additional \$6,500. 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, sales representatives, agents, or financial advisors.

Benefits contact information



CISD Benefits Office

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

FFenroll Help Desk

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

Third-Party Administrator

First Financial Administrators, Inc. JR Cornejo,
1-800-523-8422 Senior Account Executive
www.ffga.com 903-245-3889
jr.cornejo@ffga.com

Group Health Benefits

Medical (Group #917439)

UnitedHealthcare Member Services

Charter Kelsey-Seybold Medical Plan	1-877-805-1970
Nexus ACO R Memorial Hermann Medical Plan....	1-888-383-0132
Choice Plus HDHP Medical Plan	1-866-314-0335
Dependent OOA Medical Plan	1-866-633-2446
Personalized Member Website	www.myuhc.com
Myuhc.com Help Desk	1-877-844-4999
United Behavioral/Mental Health.....	1-888-331-3408
Maternity Support Program	1-877-201-5328
Virtual Visits	www.uhc.com/virtualvisits
Kelsey-Seybold Clinic	713-442-0000 www.kelsey-seybold.com

Pharmacy (Group ID: CONROE)

OptumRx.....	1-844-722-1702 www.myuhc.com
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Health Savings Account (Employer ID: FFA217)

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

403(b) and 457 Retirement Savings

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

Conroe ISD Employee Health & Wellness Center

19675 I-45 S, Suite 100, Conroe, TX 77385
(Oak Ridge Elementary School campus) 281-465-2873
www.conroeisdclinic.com

Leave of Absence

CISD Human Resources.....	HRLeaves@conroeisd.net www.conroeisd.net
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Workers' Compensation

CISD Human Resources.....	HRWorkersComp@conroeisd.net www.conroeisd.net
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Social Security Alternative Plan

TCG Administrators	1-800-943-9179 www.region10rams.org
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Attention UnitedHealthcare medical plan members: See a doctor whenever, wherever.

With a Virtual Visit, you can see and talk to a doctor via mobile device or computer — 24/7, no appointment needed.

They can diagnose and even prescribe medication, if necessary, for many minor medical needs, including cold/flu, pink eye, rash, sinus problems, and more.

To get started, go to www.uhc.com/virtualvisits.



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 for plan years through 2018, and you are not exempt, you may be subject to a penalty; starting with the 2019 plan year, the Shared Responsibility Payment no longer applies. (see www.healthcare.gov/fees/fee-for-not-being-covered/).

Enrollment in a Conroe Independent School District (ISD) group health 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 group health 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 December 15, you cannot enroll in a Marketplace plan for the next 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 group health plan within your first 31 calendar days of employment, if you are eligible. If you decide not to enroll in the Conroe ISD group health 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 group health 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 group health coverage to all eligible employees and their eligible dependents. Eligibility is described in the Conroe ISD Employee Benefits Guide. The coverage offered by Conroe ISD 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 call the phone number for members listed on the back of your UnitedHealthcare ID card.

For more information, you can visit this Department of Health and Human Services' Centers for Medicare and Medicaid Services website, www.cms.gov/CCIIO/Programs-and-Initiatives/Other-Insurance-Protections/whcra_factsheet.html, and this U.S. Department of Labor website, www.dol.gov/agencies/ebsa/laws-and-regulations/laws/whcra.

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 group health plan 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 group health plan 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 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
936-709-7808
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 are not eligible for Medicaid or CHIP, you will not 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 are not 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, 2021. 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
California	Medicaid	http://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx	1-800-541-5555
Colorado	Medicaid & CHIP	Medicaid: http://www.healthfirstcolorado.com/ CHIP: https://hcpf.colorado.gov/child-health-plan-plus	Medicaid: 1-800-221-3943 CHIP: 1-800-359-1991
Florida	Medicaid	https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html	1-877-357-3268
Georgia	Medicaid	https://medicaid.georgia.gov/third-party-liability/health-insurance-premium-payment-program-hipp	678-564-1162 ext 2131
Indiana	Medicaid	For low-income adults 19-64: 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 & CHIP	Medicaid: https://dhs.iowa.gov/ime/members CHIP: https://dhs.iowa.gov/hawki	Medicaid: 1-800-338-8366 CHIP: 1-800-257-8563
Kansas	Medicaid	http://www.kdheks.gov/hcf/default.htm	1-800-792-4884
Kentucky	Medicaid & CHIP	Medicaid: https://chfs.ky.gov CHIP: https://kidshealth.ky.gov/Pages/index.aspx KI-HIPP: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx	CHIP: 1-877-524-4718 KI-HIPP: 1-855-459-6328
Louisiana	Medicaid	http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 http://www.ldh.la.gov/lahipp	Medicaid: 1-888-342-6207 HIPP: 1-855-618-5488
Maine	Medicaid	http://www.maine.gov/dhhs/ofi/public-assistance/index.html	1-800-442-6003
Massachusetts	Medicaid & CHIP	https://www.mass.gov/info-details/masshealth-premium-assistance-pa	1-800-862-4840
Minnesota	Medicaid	https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/medical-assistance.jsp	1-800-657-3739
Missouri	Medicaid	http://www.dss.mo.gov/mhd/participants/pages/hipp.htm	573-751-2005
Montana	Medicaid	http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP	1-800-694-3084
Nebraska	Medicaid	http://www.ACCESSNebraska.ne.gov	1-855-632-7633
Nevada	Medicaid	http://dhcfp.nv.gov/	1-800-992-0900
New Hampshire	Medicaid	https://www.dhhs.nh.gov/oi/hipp.htm	1-800-852-3345 ext 5218
New Jersey	Medicaid & CHIP	Medicaid: http://www.state.nj.us/humanservices/dmahs/clients/medicaid CHIP: http://www.njfamilycare.org/index.html	Medicaid: 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://medicaid.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	1-800-699-9075
Pennsylvania	Medicaid	https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx	1-800-692-7462
Rhode Island	Medicaid & CHIP	http://www.eohhs.ri.gov/	1-855-697-4347
South Carolina	Medicaid	https://www.scdhhs.gov	1-888-549-0820
South Dakota	Medicaid	http://dss.sd.gov	1-888-828-0059
Texas	Medicaid	http://www.gethipptexas.com	1-800-440-0493
Utah	Medicaid & CHIP	Medicaid: https://medicaid.utah.gov CHIP: http://health.utah.gov/chip	1-877-543-7669
Vermont	Medicaid	http://www.greenmountaincare.org	1-800-250-8427
Virginia	Medicaid & CHIP	https://www.coverva.org/hipp/	Medicaid: 1-800-432-5924 CHIP: 1-855-242-8282
Washington	Medicaid	https://www.hca.wa.gov/	1-800-562-3022
West Virginia	Medicaid	http://mywvhipp.com/	1-855-699-8447
Wisconsin	Medicaid & CHIP	https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm	1-800-362-3002
Wyoming	Medicaid	https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/	1-800-251-1269

To see if any other states have added a premium assistance program since January 31, 2021, or for more information on special enrollment rights, contact either:

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

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

Introduction

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

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

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

What is COBRA continuation coverage?

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

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

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

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

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Continuation Coverage Rights Under COBRA

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

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

When is COBRA continuation coverage available?

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

- The end of employment or reduction of hours of employment;
- Death of the employee; or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to: Conroe ISD Benefits Office.

How is COBRA continuation coverage provided?

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

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

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

Disability extension of 18-month period of COBRA continuation coverage

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

may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

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

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

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

Are there other coverage options besides COBRA continuation coverage?

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

If you have questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/agencies/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.healthcare.gov.

Keep your Plan informed of address changes

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

Plan contact information

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



CONROE
INDEPENDENT
SCHOOL DISTRICT

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

Phone: **936-709-7808**
Email: **benefitsoffice@conroeisd.net**
Website: **www.conroeisd.net/hr/benefits**
Fax: **936-709-9106**
Hours: **Monday – Friday, 8:00 a.m. to 4:30 p.m.**

This guide is based on official plan documents and provides highlights of benefits options for the 2021–2022 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.

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

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