



PASADENA ISD

EMPLOYEE BENEFITS GUIDE

2020 Plan Year

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Pasadena ISD offers eligible employees a competitive benefits package that includes both district-paid and voluntary products. We have worked closely with First Financial (FFGA) to provide you with a variety of benefits and resources to help you reach your healthcare and retirement needs. Details of all available benefits can be found on the Employee Benefits Center website, <https://benefits.ffga.com/pasadenaisd>.

Be sure to read the product descriptions carefully so you are well prepared before enrollment begins. If you have questions, feel free to reach out to your First Financial Account Manager or your Benefits department.

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Pasadena I.S.D. Benefits Office
1515 Cherrybrook Ln. | Pasadena, TX 77502
713.740.0110 | 713.740.0120

ELIGIBILITY

In order to be eligible for most benefits, you must be a full-time employee or regularly scheduled to work 30 or more hours per week. You will also have the ability to add dependents to some of your plans as long as they meet plan criteria as an eligible dependent.

BENEFITS ENROLLMENT

EMPLOYEE BENEFITS CENTER

The Employee Benefits Center (EBC) is a one-stop-shop for you to find all things benefits related. On the website, you'll find open enrollment and plan year dates, benefit descriptions, carrier contact information, product brochures, claim forms and enrollment details. Visit <https://benefits.ffga.com/pasadenaisd> today!

NEW EMPLOYEES

You have 31 days from your actively-at-work date to make benefit elections. Your New Hire Enrollment elections will be made at the Pasadena ISD Human Resource Office.

EXISTING EMPLOYEES

When it's time to enroll in your benefits, your First Financial Account Representative will be onsite to assist you with making your elections. Your elections can be made anytime during annual enrollment online from your work or home computer through Lawson. Before enrollment, take time to educate yourself on the available benefits and what options would work best for you and your family by visiting the Employee Benefits Center.

MID-YEAR BENEFIT CHANGES

Other than during annual open enrollment, you may only make changes to your benefit elections if you experience a qualified status change or qualify for a "special enrollment." If you qualify for a mid-year benefit change, you are required to submit proof of the change or evidence of prior coverage. It is the Employee's Responsibility to notify the District of any qualifying life event change within 31 days of the event and to complete all the necessary change forms. After 31 days, a change will not be possible until Open Enrollment.

QUALIFYING LIFE EVENTS INCLUDE:

- Changes in household, including marriage, divorce, legal separation, annulment, death of a spouse, birth, adoption, placement for adoption, or death of a dependent child
- Loss of health coverage, attributable to your spouse's employment, losing existing health coverage including job-based, individual & student plans, losing eligibility for Medicare, Medicaid, or CHIP, turning 26 and losing coverage through a parent's plan
- Change in place of residence or worksite, a student moving to or from the place they attend school, a seasonal worker moving to or from the place they both live & work, moving to or from a shelter or other transitional housing.

DECLINING COVERAGE

If you are eligible for benefits, but wish to DECLINE coverage, please complete the online enrollment either on your work or home computer through Lawson. Under each option, you will need to select “Waive.” **You must still complete the beneficiary information.**



Aetna | www.aetna.com | 1.866.841.3541

Pasadena ISD offers three Medical plans through Aetna. You can choose between a Point of Service (POS) plan and two Exclusive Provider Organization plans (EPO).

POINT OF SERVICE (POS) PLAN

POS plans offer a nationwide network of doctors and hospitals and gives you the flexibility to choose any provider, in or out-of-network, to receive benefits. If you choose an in-network provider, your benefits will be greater, and you will generally pay less out-of-pocket than if you choose an out-of-network provider. The plans include a full spectrum of covered services and direct access to specialists without the need to gain approval from a Primary Care Physician (PCP). The POS plans are traditional health plans with copayments, coinsurance and deductibles.

EXCLUSIVE PROVIDER ORGANIZATION (EPO) PLAN

Aetna's EPO plans are offered as alternatives to the POS plans with specified network of participating providers and facilities. The EPO provides a wide range of medical services and you will not be required to select a PCP. If your medical condition requires the attention of a specialist, you can schedule an appointment directly without having to go through your PCP.

AEXCEL-DESIGNATED DOCTORS

Aexcel is a designation for specialty doctors who excel in one of 12 specialty areas. When searching DocFind® look for a star next to the doctor's name. These are Aexcel-designated doctors.

- Cardiology
- General Surgery
- Obstetrics / Gynecology
- Plastic Surgery
- Cardiothoracic Surgery
- Neurology
- Orthopedics
- Urology
- Gastroenterology
- Neurosurgery
- Otolaryngology / ENT
- Vascular Surgery

MEMORIAL HERMANN ACCOUNTABLE CARE NETWORK

It is a small network of Memorial Hermann healthcare providers who are able to share electronic health records such as your medical history, current medications and test results to better provide you with a personalized care plan. Gaps in your current care are easier to spot and address.

During an emergency, call 911 or go to the nearest hospital. Your coverage will be the same as if you were within the Memorial Hermann Accountable Care Network.

MEDICAL MONTHLY PREMIUMS			
	PLAN II	PLAN IV	PLAN V
EMPLOYEE ONLY	\$269	\$152	\$121
EMPLOYEE + SPOUSE	\$610	\$347	\$304
EMPLOYEE + CHILD(REN)	\$488	\$297	\$254
EMPLOYEE + FAMILY	\$886	\$532	\$479

PLAN II

NETWORK	CHOICE POS II	
	IN-NETWORK	OUT-OF-NETWORK ¹
COINSURANCE	20%	50%
CALENDAR YEAR DEDUCTIBLE	\$5,000 INDIVIDUAL \$10,000 FAMILY	\$7,500 INDIVIDUAL \$22,500 FAMILY
OUT-OF-POCKET MAXIMUM	\$7,900 INDIVIDUAL \$15,800 FAMILY	\$15,000 INDIVIDUAL \$45,000 FAMILY
OFFICE VISITS		
PRIMARY CARE PHYSICIAN (PCP)	20% AFTER DEDUCTIBLE	50% AFTER DEDUCTIBLE
SPECIALTY CARE (AEXCEL/NON-AEXCEL)	20% AFTER DEDUCTIBLE	50% AFTER DEDUCTIBLE
PREVENTATIVE CARE	100%	50% AFTER DEDUCTIBLE
INPATIENT HOSPITAL CARE	\$150 COPAY/DAY (5 DAY MAX), 20% AFTER DEDUCTIBLE	50% AFTER DEDUCTIBLE
OUTPATIENT SURGERY	\$150 COPAY/DAY 20% AFTER DEDUCTIBLE	50% AFTER DEDUCTIBLE
EMERGENCY ROOM ²	\$500 COPAY, 20% AFTER DEDUCTIBLE	
URGENT CARE	20%, DEDUCTIBLE WAIVED	50% AFTER DEDUCTIBLE
WALK-IN CLINICS	\$35 Co-Pay	50% AFTER DEDUCTIBLE

PLAN IV

PLAN V

NETWORK	CHOICE POS II	
	EPO: MEMORIAL HERMANN, HCA & ST LUKES FACILITIES ONLY	EPO: ACO MEMORIAL HERMANN
NETWORK	IN-NETWORK ONLY	IN-NETWORK ONLY
COINSURANCE	20%	50%
CALENDAR YEAR DEDUCTIBLE	\$3,500 INDIVIDUAL \$7,000 FAMILY	\$3,500 INDIVIDUAL \$7,000 FAMILY
OUT-OF-POCKET MAXIMUM	\$7,900 INDIVIDUAL \$15,800 FAMILY	\$7,900 INDIVIDUAL \$15,800 FAMILY
OFFICE VISITS (PRIMARY & SPECIAL CARE)	20% AFTER DEDUCTIBLE	20% AFTER DEDUCTIBLE
PREVENTATIVE CARE	100%	100%
INPATIENT HOSPITAL CARE	20% AFTER DEDUCTIBLE	20% AFTER DEDUCTIBLE
OUTPATIENT SURGERY	20% AFTER DEDUCTIBLE	20% AFTER DEDUCTIBLE
EMERGENCY ROOM ²	\$500 COPAY, 20% AFTER DEDUCTIBLE	\$500 COPAY, 20% AFTER DEDUCTIBLE
URGENT CARE	20%, DEDUCTIBLE WAIVED	20% DEDUCTIBLE WAIVED
WALK-IN CLINICS	\$35 Co-Pay	\$35 Co-Pay

1. Out-of-Network benefit paid at the Limited Fee Schedule

2. Copay waived if admitted

ADDITIONAL BENEFITS

The Aetna website is your online guide to healthcare information with a wide range of online tools and information.

AETNA NAVIGATOR®

- Find doctors and hospitals
- Get a replacement ID card
- Look up a claim
- Check your coverage
- Keep track of health care costs
- Print records
- Look up health topics
- Complete a Health Assessment
- Get healthy living tips
- Sign up for a wellness program

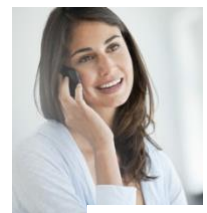
Your Aetna Navigator® account is personalized for you and your family. The information you see will be based on the health plan you are enrolled in. This site will also keep track of any personal health information that you enter. It is a quick and easy place to begin looking for all of your health care answers.

DOCFIND® www.aetna.com/docfind/custom/pasadenaisd

When you need to find a doctor or facility, start with DocFind®. It’s quick, easy and online 24/7. To use DocFind® you must register for your own secure Aetna Navigator® website. Once you do, you will get a personalized version of DocFind® that has your medical plan and zip code preprogrammed.

If you have not set up your Aetna Navigator® website and need to find a doctor, use the network as follows.

- Medical Plan II - “Aetna Choice POSII”
- Medical Plan IV - “Open Access® Aetna Select”
- Medical Plan V - “Memorial Hermann Accountable Care Network”



AETNA MOBILE APP Find what you need—wherever, whenever

The Aetna Mobile app puts our most popular online features at your fingertips.

It’s available for iPhone®, Android™ and BlackBerry® mobile devices.

Scan this code now to download. Or visit www.aetna.com/mobile.



PRESCRIPTION BENEFITS

CVS Caremark | www.caremark.com | 1.888.234.0781

When you enroll in one of the three medical plan options, you automatically receive prescription drug coverage through CVS Caremark which gives you access to a large, national network of retail pharmacies.

GENERIC OVER BRAND

To keep costs low, make sure you explore all options with your doctor when you are being prescribed a medication. Most brand-name drugs have a generic equivalent that is equal in strength and quality.

HOME DELIVERY

You could also be saving additional money by having your regular prescriptions delivered to you through Home Delivery.

CVS CAREMARK PHARMACY BENEFIT	
RETAIL PHARMACY* - UP TO 30-DAY SUPPLY	
TIER 1: GENERIC	\$30 COPAY
TIER 2: PREFERRED BRAND	\$45 COPAY
TIER 3: NON-PREFERRED BRAND	\$75 COPAY
DEDUCTIBLE (COMBINED TIER 2 & 3 DRUGS ONLY): \$200	
HOME DELIVERY - UP TO 90-DAY SUPPLY	
TIER 1: GENERIC	\$50 COPAY
TIER 2: PREFERRED BRAND	\$80 COPAY
TIER 3: NON-PREFERRED BRAND	\$140 COPAY

Wellness Clinic



H2U Clinic | www.pasadenaisdclinic.com | 713.740.5300

The Pasadena ISD Wellness Center believes that high quality medical care requires getting to know our employees. H2U Wellness Centers Medical Providers will spend extensive one-on-one time listening to understand your unique and individual healthcare needs. Experience high-quality medical services that are free to eligible PISD employees.

The Clinic places a high priority on preventive health education, medical screenings, and lifestyle modifications to ensure a lifetime of optimal health. H2U Wellness Centers' Physician, Nurse Practitioner and other medical staff will take the time to provide you with information concerning your medical care and encourage your participation in healthcare decisions. H2U Wellness Centers is fully committed to complying with Federal HIPAA guidelines protecting the confidentiality of patient information. Therefore, your personal health information will be treated confidentially and will not be released to anyone without your prior written consent.

H2U Wellness Centers believes in the "whole person" approach to medical care, and strives to build a strong partnership with you. H2U Wellness Centers staff is committed to treating you – not just your medical problems. H2U Wellness Centers puts Pasadena ISD employees first, saving you precious time and unwanted fees.

Services

- Acute episodic care and symptom relief (Strains, Sprains and Pains)
- Cholesterol, hypertension, and diabetes screenings, treatment, and management
- Sore throats/ears/headache
- Personal hygiene matters
- Cough/Sinus
- Rashes and allergies
- Acute Urinary
- Well-Woman & Well Man Exams
- Flu Shots
- Minor injuries and minor surgical procedures
- Physicals
- Wellness programs
- Labs performed on site
- And much more

As of January 1, 2019, you have access to the following clinics for a \$35 co-pay:

LOCATION:

1850 East Sam Houston Parkway, South Pasadena, TX 77503

You can schedule appointment online at www.pasadenaisdclinic.com/appointments/

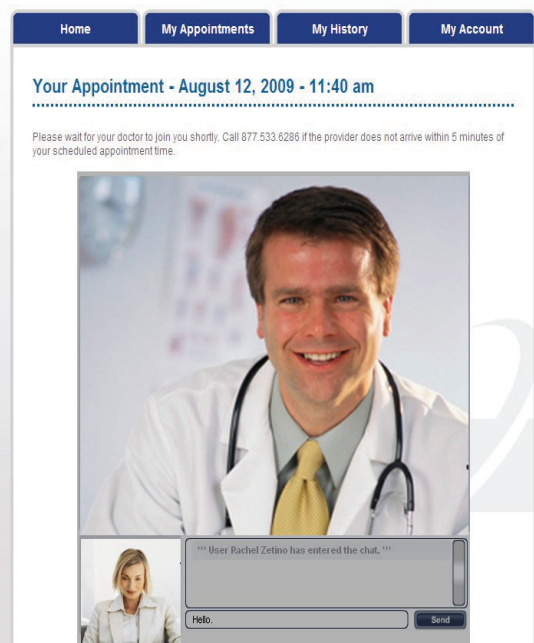
*Scheduled appointments will take first preference although walk-ins are welcome.

Hours

Monday	8:00 am—4:00 pm
Tuesday	1:00 pm—8:00 pm
Wednesday	8:00 am—4:00 pm
Thursday	1:00 pm—8:00 pm
Friday	8:00 am—4:00 pm
Saturday	8:00 am—1:00 pm

- *Code = pasadenaisd
- *Code = pasadenaisd50

RediMD gives you the option to have a regular doctor's visit online or by phone. No Copay Required. Visit us at : www.redimd.com



- **www.redimd.com**
 - *Any time you need to see or speak with a doctor*
 - *We are "Always Open"*
- RediMD provides primary medical care online via webcam, smart phone, or by telephone. You can see and speak with a physician or other medical professional who can diagnose, recommend treatment and prescribe medications if needed.
- RediMD service is available for you to use
- At your home during days, nights, and weekends for you and your family
 - **If you and your dependents are covered under Pasadena ISD medical insurance then you have free access to RediMD.**
 - **If you are not covered under Pasadena ISD medical insurance then you, the employee, can have access to RediMD with a cost of \$50/visit. Your dependents/spouse will not have access to RediMD.**

- ***Pasadenaisd** code for employees with Pasadena ISD insurance
- ***Pasadenaisd50** code for employees with other insurance

REDIMD TREATS MOST PRIMARY CARE AILMENTS INCLUDING, BUT NOT LIMITED TO:

<i>Cold</i>	<i>Cough</i>	<i>Flu</i>	<i>Sore Throat</i>
<i>Allergies</i>	<i>Skin Issues</i>	<i>Blood Pressure</i>	<i>Headaches</i>
<i>Diabetes</i>	<i>Sinus Infection</i>	<i>Stress Problems</i>	<i>Stomach Problems</i>

- RediMD is available for you and your dependents, if covered under Pasadena ISD medical insurance, to use at home. Only one account is necessary per household.
 - A computer with internet connection and web camera, or a smart phone with internet connection and a skype account (free download from apps store) is required for all face-to-face visits.
 - If you forget your password. RediMD uses the highest encryption possible. We will not send out passwords to unsecured emails for your protection. Please call the RediMD number below to have it reset.
 - Visit us at www.RediMD.com for more information and to register

For help, call RediMD at 866-989-CURE, option 3



RediMD visits available from work or home
 8:00 am – 6:00 pm CT Mon-SAT
 24/7 by phone call 281-633-0148.

TO USE REDIMD AS A **FIRST-TIME** USER

1

REGISTER.*

- Go to www.redimd.com
- Click "register"
- Select "register" or "First Time User"
- Enter code listed bottom of page and click "next"
- Follow registration directions, enter your e-mail and create a password
- Complete profiles and registration directions.

2

SCHEDULE.

- Make appointment
- Select provider, date, and time
- No copay or payment required.

3

CONSULT.

- Take vitals. Or put 1 in each box if vitals are not taken.
- Consult with your provider (see options below)

*Registration is a one-time process and can be done without having to schedule an appointment.

TO USE REDIMD AS A **RETURN** USER

1

LOG IN.

- From any internet connected computer or smart phone .
- Log in at www.redimd.com
 - Enter your e-mail and password

2

SCHEDULE.

- Make appointment
- Select provider, date, and time
- No copay or payment required.

3

CONSULT.

- Take vitals or put 1 in each box if vitals are not taken.
- Consult with your provider (see options below)

CONSULT WITH YOUR REDIMD PROVIDER

AT YOUR HOME Computer: To see a provider for your online consult

- Go to your home computer for the online consult 10 minutes before your appointment time
- Have your photo ID available
- Go to www.redimd.com, log in to your account and go to your appointment
- Take your blood pressure, pulse and temperature and enter your vital readings as prompted, and follow the directions, **or put 1 in each box if vitals are not taken.**
- The provider will appear at the appointment time to consult with you about the medical information you provided and give you a diagnosis and recommend treatment.

On a smart phone: To see the provider for your online consult

- Go to your smart phone app store and download skype (free). Set up an account.
- 10 minutes before your appointment time, go to www.redimd.com, log in to your account and go to your appointment
- Have your photo ID available.
- Put 1 in each box if the vitals: blood pressure, pulse, etc are not taken and follow the directions.
- Press the skype button and the provider will appear at the appointment time to consult with you about the medical information you provided and give you a diagnosis and recommend treatment.

BY PHONE: To speak with provider

- After hours when the clinic is closed or when a computer or smart phone is not available.
- Call our after hours line **281-633-0148.**

www.redimd.com

For help, call RediMD at 866-989-CURE, option 3



***Code to register = pasadenaisd**



***Code to register = pasadenaisd50**



Feel better

Broken bones don't have to break the bank

In a true emergency (when your life is in danger), you should call 911 or go to an emergency room (ER) right away. But if it's not life threatening, you can get immediate medical care for a lot less than what the ER costs. Check out these free and lower-cost options. Get the care you need at prices you can live with.

RediMD™	Pasadena ISD Wellness Center	Walk-in Clinic: CVS Minute Clinic® H-E-B RediClinic®	Urgent Care Center
RediMD provides primary medical care online via webcam, smart phone, or by telephone. You can see and speak with a physician or other medical professional who can diagnose, recommend treatment and prescribe medications if needed.	High-quality medical services are provided free to eligible employees and their dependents (age 2+) covered under the Pasadena ISD health plan.	A walk-in clinic is for non-emergency issues. Often found in stores and pharmacies, they're not meant to replace your PCP.	Urgent care centers provide quick care for serious, but not life-threatening situations. Many urgent care centers offer imaging, X-ray and lab services.
WHEN TO GO			
<ul style="list-style-type: none"> • Allergies • Colds and flu • Bronchitis • Ear infections • Sinus problems, and more 	<ul style="list-style-type: none"> • Primary/urgent care • Physical exams • Immunizations • Minor injuries • Colds and flu • Diabetes • Hypertension 	<ul style="list-style-type: none"> • Colds and flu • Ear infections • Headache/migraine • Routine allergies • Sore or strep throat • Sprains, and more 	<ul style="list-style-type: none"> • Back/neck pain • Cuts and minor burns • Flu • Sprains, fractures, and more
AVAILABILITY			
24/7 (by phone)	Scheduled appointments preferred, but walk-ins are welcome	Many open 7 days a week with extended hours	Many open 7 days a week with extended hours
AVERAGE WAIT TIME			
15 minutes	45 minutes or less	1 hour or less	1-2 hours
YOU PAY			
Free	Free		

Not sure where to go? Call the 24-hour **Informed Health® Nurseline** at **1-800-556-1555**. To find a local care provider, just log in to Aetna Navigator at aetna.com and click the "Find Care" icon.



Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company and its affiliates (Aetna). For self-funded plans, coverage is offered by your employer with administrative services only provided by Aetna Life Insurance Company (Aetna). Information is believed to be accurate as of the production date, however, it is subject to change. Providers are independent contractors and not agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to health services. Health information programs provide general information and are not a substitute for diagnosis or treatment by a physician or other health care professional. Health benefits and health insurance plans contain exclusions and limitations. For more information about Aetna plans, refer to aetna.com.

Dental Insurance



Cigna | www.myCigna.com | 1.800.244.6224

Taking care of your oral health is not a luxury, it is a necessity to long-term optimal health. Dental insurance can greatly reduce your costs when it comes to preventative, restorative, and emergency procedures. Review the plan benefits to the right to see which option is best for you and your family's dental needs. A range of procedures may be covered, such as:

- Comprehensive Exams
- Cleanings
- X-Rays
- Fillings
- Tooth Extractions
- General Anesthesia
- Crowns
- Root Canals

Pasadena ISD employees are offered three comprehensive dental plans:

CIGNA DENTAL CHOICE			
BENEFIT	BASIC	ENHANCED	MAC
ANNUAL DEDUCTIBLE (INDIVIDUAL/FAMILY)	\$50/\$150	\$50/\$150	\$50/\$150
CALENDAR YEAR MAXIMUM	\$1,000	\$1,250	\$1,250
PREVENTIVE & DIAGNOSTIC CARE	100%	100%	100%
BASIC RESTORATIVE CARE	50% AFTER DEDUCTIBLE	80% AFTER DEDUCTIBLE	80% AFTER DEDUCTIBLE
MAJOR RESTORATIVE CARE	50% AFTER DEDUCTIBLE	50% AFTER DEDUCTIBLE	50% AFTER DEDUCTIBLE
ORTHODONTICS (ADULTS & CHILDREN)	NOT COVERED	50%	50%
LIFETIME MAXIMUM	N/A	\$1,000	\$1,000
OUT-OF-NETWORK REIMBURSEMENT ¹	90 TH PERCENTILE	90 TH PERCENTILE	90 TH PERCENTILE

1. Out-of-Network expenses will be reimbursed up to 90th percentile of reasonable and customary after the deductible and subject to the respective coinsurance. MAC Plan Benefits are best by using an In-Network provider.

DENTAL MONTHLY PREMIUMS			
	BASIC	ENHANCED	MAC
EMPLOYEE ONLY	\$25.79	\$35.57	\$31.42
EMPLOYEE + SPOUSE	\$53.28	\$74.14	\$65.49
EMPLOYEE + CHILD(REN)	\$50.30	\$83.74	\$73.97
EMPLOYEE + FAMILY	\$71.01	\$117.39	\$103.69

Vision Insurance



VSP | www.vsp.com | 1.800.877.7195

Proper vision care is essential to your overall wellbeing. Regular eye exams at any age will help prevent eye disease and keep your vision strong for years to come.

Pasadena ISD offers employees a vision plan, utilizing the VSP Choice Plan Network, to take care of you and your family's needs. You must enroll in the vision plan each plan year and premiums are typically paid through payroll deduction. Here are just a few of the areas where you will save money with your plan:

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

VSP CHOICE PLAN		
BENEFIT	IN-NETWORK	OUT-OF-NETWORK REIMBURSEMENT
EXAM/PRESCRIPTION GLASSES	\$30 COPAY	UP TO \$45
FRAMES	\$160 ALLOWANCE	UP TO \$100
LENSES		
SINGLE VISION, LINED BIFOCAL, & LINED TRIFOCAL	INCLUDED	UP TO \$30 - \$65
STANDARD PROGRESSIVE	\$55 COPAY	UP TO \$50
PREMIUM PROGRESSIVE	\$95 - \$105 COPAY	UP TO \$50
CONTACT LENSES (IN LIEU OF GLASSES)	\$180 ALLOWANCE	UP TO \$125
DIABETIC EYECARE PLUS PROGRAM	\$20 COPAY	NOT AVAILABLE
FREQUENCY (EXAM/LENSES/FRAMES)	12/12/12 MONTHS	

**Additional savings and discounts may be provided for glasses, sunglasses and laser vision correction.*

VISION MONTHLY PREMIUMS	
VSP CHOICE PLAN	
EMPLOYEE ONLY	\$7.16
EMPLOYEE + ONE	\$13.95
EMPLOYEE + FAMILY	\$20.03

Flexible Spending Accounts



First Financial Administrators, Inc. | www.ffga.com | 1.866.853.3539

WE ARE VERY EXCITED TO ANNOUNCE THAT FIRST FINANCIAL ADMINISTRATORS, INC. WILL BE OUR FSA ADMINISTRATOR FOR THE 2020 PLAN YEAR.

Please visit your Employee Benefits Center to find out how to spend your remaining 2019 FSA monies with TASC. As of December 31, 2019, your TASC Benefits Card will no longer work.

HEALTHCARE FSA

A Health Flexible Spending Account (FSA) is an IRS-approved program to help you save taxes and pay for out-of-pocket medical expenses not covered under your medical plan. You have a 2-month grace period to use your funds. This means that instead of your funds being unavailable after December 31, 2020, you can continue to incur claims through March 1, 2021, of the next year which are reimbursable using your remaining FSA balance. These claims must be submitted no later than May 29, 2021 for reimbursement. Keep in mind that remaining balances after the grace period is exhausted will be forfeited under the use-it-or-lose-it rule.

Your maximum contribution amount for 2020 is \$2,700.

HIGHLIGHTS

- Contributions are automatically deducted from your paycheck on a pre-tax basis, which helps reduce your taxable income and increase your spendable income.
- Your full election will be available to you at the beginning of the plan year.
- Be conservative – any money left in your account at the end of the plan year will be forfeited.
- Use your benefits card to pay for qualified expenses upfront so you don't have to spend money out of pocket.

NOTE: The IRS requires proof that all expenses are eligible. Keep all receipts in case you need to substantiate a claim for tax purposes. Your receipt must include: Date of purchase or service, amount you were required to pay after insurance, description of the product or service, merchant or provider name, and the patient name.

DEPENDENT CARE FSA

With a Dependent Care Flexible Spending Account, you can set aside part of your pay on a pre-tax basis to pay for eligible dependent care expenses like child care, babysitters and adult day care.

You may allocate up to \$5,000 per tax year for reimbursement of dependent care services. If you are married and file a separate tax return, the limit is \$2,500.

HIGHLIGHTS

- Eligible dependents must be claimed as an exemption on your tax return.
- Eligible dependents must be children under age 13 or an adult dependent incapable of self-care.
- Contributions are not loaded upfront. Funds become available as contributions are made to your account.
- Keep all receipts in case you need to substantiate a claim for tax purposes.

- Balances will be forfeited at the end of the runoff or grace period.

FSA RESOURCES

BENEFITS CARD

The First Financial Benefits Card is available to all employees that participate in Medical FSA and/or a Dependent Care FSA. The Benefits Card gives you immediate access to your money at the point of purchase. Cards are available for participating employees, their spouse, and eligible dependents that are at least 18 years old. If you have a Medical and Dependent Care FSA, both account funds will be available on a single benefits card!

- **The IRS requires validation of most transactions for FSAs.** You must submit detailed receipts for validation of expenses when requested. If you fail to substantiate by providing a detailed receipt or Explanation of Benefits to First Financial within 60 days of the purchase or date of service your card will be suspended until the necessary, receipt or explanation of benefits from your insurance provider is received.
- **Dependent Care FSA Contributions are not loaded upfront.** Funds become available as contributions are made to your account.

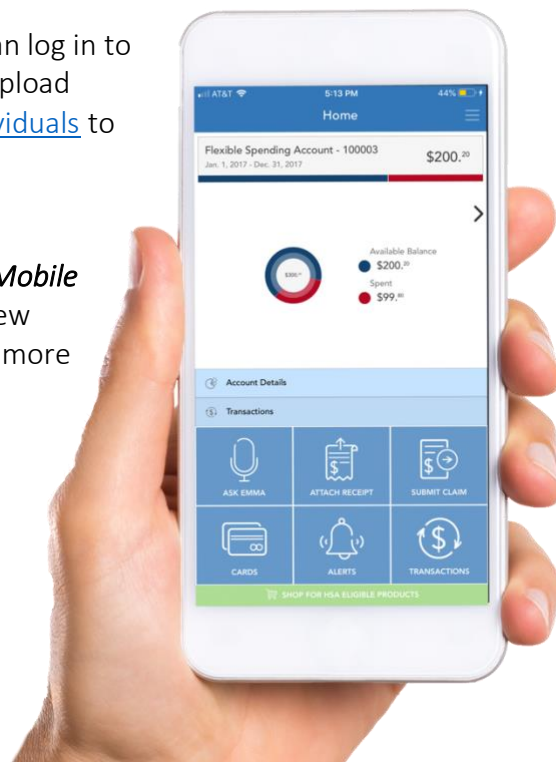
ONLINE FSA PORTAL

Flexible Spending Account and Health Savings Account participants can log in to their online FSA portal to access account balances, check on claims, upload receipts and access other account details. Visit <https://ffga.com/individuals> to login or set up your account.

FF FLEX MOBILE APP

Managing your benefit accounts on the go is made easy with *FF Flex Mobile App*. This powerful, intuitive mobile application gives you access to view your account balances, update your profile, submit a claim and much more – right from your Android or Apple device.

- Mobile App Features
- Access Account Information
- View card details and profile information
- Submit FSA claims using an electronic claim form
- View pending claims
- Upload receipts and documentation
- Receive alerts
- Update direct deposit information



FSA STORE

First Financial has partnered with the FSASore to bring you an easy to use online store to better understand and manage your FSA. An online marketplace that connects consumers to FSA-eligible products, seasonal deals, and account support resources such as open enrollment guides and educational videos.

Visit <http://www.ffga.com/fsaextras> for more details & special deals!

- Shop for eligible items from bandages to wheel chairs and thousands of products in between
- Browse or search for eligible products and services using the Eligibility List
- Visit the Learning Center to help find answers to questions you may have about your account.

Life Insurance



Minnesota Life | www.lifebenefits.com | 1.866.293.6047

EMPLOYER-PAID TERM LIFE & AD&D INSURANCE

Pasadena ISD provides all eligible employees a Basic Life and Accidental Death & Dismemberment policy. The cost of this policy is paid for 100% by your employer. This is a term life policy that is in effect while you are employed.

VOLUNTARY TERM LIFE INSURANCE

Voluntary life insurance is term life coverage you can purchase in addition to the basic life plan provided by Pasadena ISD. It will cover you for a specific period of time while you are employed. Plan amounts are offered in tiers so you can choose the amount of coverage that works best for you and your family. Because it's a group plan, premiums are typically lower, so it's more affordable to gain the peace of mind that life insurance provides. Limitations apply, please see policy for details. Visit the Employee Benefits Center for more details.

EMPLOYEE VOLUNTARY TERM LIFE

EMPLOYEE		AGE	RATE PER \$1,000
INCREMENTS	\$10,000	UNDER 40	\$0.098
MINIMUM	\$20,000	40-75+	\$0.255
GUARANTEED ISSUE AMOUNT*	\$200,000	<i>*Available for new eligible employees only. Amounts exceeding guarantee issue maximum for newly eligible employees and any amount for late entrants may require the applicant to answer health questions known as evidence of insurability (EOI). Rates are monthly.</i>	
MAXIMUM	LESSOR OF \$500,000 OR 5x ANNUAL SALARY		

DEPENDENT VOLUNTARY TERM LIFE

	COVERAGE	RATE
OPTION 1	\$5,000 SPOUSE & \$2,000 CHILD	\$3
OPTION 2	\$10,000 SPOUSE & \$4,000 CHILD	\$4
OPTION 3	\$20,000 SPOUSE & \$6,000 CHILD	\$8

EXTRA SPOUSE VOLUNTARY TERM LIFE **

EMPLOYEE		AGE	RATE PER \$1,000
INCREMENTS	\$10,000	UNDER 40	\$0.098
MAXIMUM	\$100,000 OR 50% OF THE EMPLOYEE'S VOLUNTARY TERM LIFE, WHEN COMBINED WITH DEPENDENT TERM LIFE PACKAGE	40-75+	\$0.255

**Rates are monthly. Additional spouse term life is only available to employees who have elected the Option 3 Dependent Term Life Package. Rate for amount exceeding \$20,000 benefit offered in Option 3—Dependent Term Life.

EMPLOYEE AGE REDUCTION INFORMATION

The basic and voluntary life benefits reduce with age to a percentage of the original benefit amount. The age reduction is based on the employee's age.

- **Basic Life:** 65% at age 70; 42% at age 75; 28% at age 80; 15% at age 85

- **Voluntary Life:** 65% at age 70; 45% at age 75; 30% at age 80

Disability Insurance



The Standard | www.standard.com | 1.888.937.4783

Have you ever wondered what would happen to your income if you had an accidental injury, sickness, or pregnancy? That is why you need disability coverage; it replaces a portion of income for the period of time you are unable to work due to those reasons.

How do you decide if you need disability insurance? Consider these questions when making your decision:

- How much employer leave do you have?
- Do you have savings?
- Do you have other income you can rely on, such as from your spouse or from child support?
- How close are you to retirement?
- Could you go on Social Security Disability or take a Disability Retirement?
- What are your other sources of income?

Long-Term Disability coverage offers financial protection (up to 66 2/3 % of your monthly salary) after being disabled for a minimum of 7 days. The Long-Term Disability benefit pays a maximum benefit up to \$8,000 per month. You can receive benefits up to age 65 or as long as you remain disabled, whichever comes first for an accident related disability. You can receive benefits for up to 3 years for sickness. As an employee, you will pay the full cost of this plan.

You have 5 options available to you with varying waiting periods. Visit the Employee Benefits Center and view policy for more details.

LONG TERM DISABILITY WAITING PERIODS		
OPTION	ACCIDENTAL INJURY	OTHER DISABILITY
1	7 DAYS	7 DAYS
2	14 DAYS	14 DAYS
3	30 DAYS	30 DAYS
4	60 DAYS	60 DAYS
5	90 DAYS	90 DAYS

ELIGIBILITY REQUIREMENTS

In order to be eligible for Long Term Disability you must be:

- First day of active employment
- Considered full-time, permanent status. Some exclusions apply, see full policy for details.

If you waive coverage during your new hire enrollment and wish to enroll at a later date you will be required to submit Evidence of Insurability.

Cancer Insurance



Colonial Life | www.coloniallife.com | 1.800.325.4368

Thousands of Americans are diagnosed with cancer each day. No doubt, the news is devastating, both personally and financially. It's impossible to anticipate a cancer diagnosis, but it is possible to prepare for it with a cancer insurance plan.

It is likely that your major medical coverage will not cover all of the costs associated with a cancer diagnosis. Supplementing your major medical with cancer insurance may help you pay for related expenses, such as copays and deductibles, specialists, experimental treatment, specialty hospitals, travel expenses, in-home care and more.

Premiums are paid through convenient payroll deduction to ensure your policy remains in force if you should need it. Benefits are paid directly to you, so you can choose how to spend the money. Visit the Employee Benefits Center and view policy for more details.

CANCER INSURANCE		
MONTHLY PREMIUM	PLAN 2	PLAN 4
EMPLOYEE	\$11.75	\$24.95
EMPLOYEE + FAMILY	\$19.60	\$41.45

Critical Illness Insurance



Critical Illness—UNUM | www.unum.com | 1.800.635.5597

If you've heard of heart attacks, strokes, organ transplants or paralysis, then you're familiar with critical illness. It's likely you or someone you know has experienced one of these life-altering events. Often times, a critical illness has a powerful impact on people's lives, affecting their livelihood and finances.

A critical illness plan can help with the treatment costs of covered illnesses. Benefits are paid directly to you, unless otherwise assigned, giving you the choice of how to spend the money. Plus, there are plans available to provide coverage for you, your spouse and dependent children.

Prepare now for the unexpected with a critical illness insurance plan. The plan helps you focus on getting well rather than worrying about finances. Visit the Employee Benefits Center and view policy for more details.

Life Insurance



Permanent Life—CHUBB | www.chubb.com | 1.855.241.9891

PERMANENT LIFE INSURANCE

Pasadena ISD is offering additional life insurance of up to \$150,000 using the convenience of payroll deduction. This permanent insurance is through age 120 with premiums that are guaranteed never to increase through age 100. This policy is owned by you meaning that you can take it with you when you leave employment with no change in premium. For an additional premium you can add an accelerated death benefit for terminal illness and long-term care along with an extension of long-term care benefits. Spouse and child coverage are also available. Visit the Employee Benefits Center and view policy for more details.

ADDITIONAL BENEFIT PROGRAMS

Pasadena ISD appreciates your daily commitment and provides additional benefit programs for eligible employees including personal and sick days (please reference sick leave policy) and holidays (according to the holiday calendar for each specific contract) per instructional year.

LEGAL NOTICES

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're 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 or CHIP programs. 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 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 at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

Premium Assistance under Medicaid and the Children’s Health Insurance Program (CHIP) cont.
 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 August 10, 2017. Contact your State for more information on eligibility.

ALABAMA – Medicaid	FLORIDA – Medicaid
Website: http://myalhipp.com/ Phone: 855-692-5447	Website: http://flmedicaidprecovery.com/hipp/ Phone: 877-357-3268
ALASKA – Medicaid	GEORGIA – Medicaid
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: http://dch.georgia.gov/medicaid , Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
ARKANSAS – Medicaid	INDIANA – Medicaid
Website: http://myarhipp.com/ Phone: 855-MyARHIPP (855-692-7447)	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 800-403-0864
COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)	IOWA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 800-221-3943/ State Relay 711 CHP+: Colorado.gov/HCPF/Child-Health-Plan-PlusCHP+ Customer Service: 800-359-1991/ State Relay 711	Website: http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp Phone: 888-346-9562
KANSAS – Medicaid	NEW HAMPSHIRE – Medicaid
Website: http://www.kdheks.gov/hcf/ Phone: 785-296-3512	Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf Phone: 603-271-5218
KENTUCKY – Medicaid	NEW JERSEY – Medicaid and CHIP
Website: https://chfs.ky.gov/agencies/dms/Pages/default.aspx Phone: 800-635-2570	Medicaid Website: https://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/default.aspx CHIP Phone: 800-701-0710
LOUISIANA – Medicaid	NEW YORK – Medicaid
Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 888-695-2447	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 800-541-2831
MAINE – Medicaid	NORTH CAROLINA – Medicaid
Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 800-442-6003 TTY: Maine relay 711	Website: https://dma.ncdhhs.gov/ Phone: 919-855-4100
MASSACHUSETTS – Medicaid and CHIP	NORTH DAKOTA – Medicaid
Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 800-862-4840	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 844-854-4825

MINNESOTA – Medicaid	OKLAHOMA – Medicaid and CHIP
Website: http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp Phone: 800-657-3739	Website: http://www.insureoklahoma.org Phone: 888-365-3742
MISSOURI – Medicaid	OREGON – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 800-699-9075
MONTANA – Medicaid	PENNSYLVANIA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 800-694-3084	Website: http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm
NEBRASKA – Medicaid	RHODE ISLAND – Medicaid
Website: http://www.ACCESSNebraska.ne.gov Phone: (855) 632-7633 Lincoln: (402)473-7000	Website: http://www.eohhs.ri.gov/ Phone: 855-697-4347
NEVADA – Medicaid	SOUTH CAROLINA – Medicaid
Medicaid Website: https://dwss.nv.gov/ Medicaid Phone: 800-992-0900	Website: https://www.scdhhs.gov Phone: 888-549-0820
SOUTH DAKOTA - Medicaid	WASHINGTON – Medicaid
Website: http://dss.sd.gov Phone: 888-828-0059	Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program Phone: 800-562-3022 ext. 15473
TEXAS – Medicaid	WEST VIRGINIA – Medicaid
Website: http://gethipptexas.com/ Phone: 800-440-0493	Website: http://mywvhipp.com/ Toll-free phone: 855-MyWVHIPP (855-699-8447)
UTAH – Medicaid and CHIP	WISCONSIN – Medicaid and CHIP
Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 877-543-7669	Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 800-362-3002
VERMONT– Medicaid	WYOMING – Medicaid
Website: http://www.greenmountaincare.org/ Phone: 800-250-8427	Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531
VIRGINIA – Medicaid and CHIP	
Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 855-242-8282	

HIPAA SPECIAL ENROLLMENT RIGHTS

Our records show that you are eligible to participate in Pasadena ISD group health plan (to actually participate, you must complete an enrollment form and pay part of the premium through payroll deduction).

A federal law called HIPAA requires that we notify you about an important provision in the plan - your right to enroll in the plan under its "special enrollment provision" if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

Loss of Other Coverage (Excluding Medicaid or a State Children's Health Insurance Program). If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

Loss of Coverage for Medicaid or a State Children's Health Insurance Program. If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

New Dependent by Marriage, Birth, Adoption, or Placement for Adoption. If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Eligibility for Medicaid or a State Children's Health Insurance Program. If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or to obtain more information about the plan's special enrollment provisions, contact your administrator.

HIPAA Notice of Privacy Practices Reminder

Pasadena ISD is committed to the privacy of your health information. The administrators of Pasadena's health plan (the "Plan") use strict privacy standards to protect your health information from unauthorized use or disclosure. The plan's policies protecting your privacy rights and your rights under the law are described in the plan's Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting your administrator.

MICHELLE'S LAW

Michelle's Law requires group health plans to provide continued coverage for a dependent child covered under the plan if the child loses eligibility because of the loss of student status resulting from a medically necessary leave of absence from a post-secondary educational institution. If your child is covered under Pasadena's group health plan but will lose eligibility because of a loss of student status caused by a medically necessary leave of absence, your child may be able to continue coverage under our plan for up to one year during the medically necessary leave of absence. This coverage continuation may be available if, on the day before the medically necessary leave of absence begins, your child is covered under «Pasadena's group health plan and was enrolled as a student at a post-secondary educational institution.

A "medically necessary leave of absence" means a leave of absence from a post-secondary educational institution (or change in enrollment status in that institution) that: (1) begins while the child is suffering from a serious illness or injury, (2) is medically necessary, and (3) causes the child to lose student status as defined under our plan. The coverage continuation is available for up to one year after the first day of the medically necessary leave of absence and is the same coverage your child would have had if your child had continued to be a covered student and not needed to take a medical leave of absence. Coverage continuation may end before the end of one year if your child would otherwise lose eligibility under the plan – for example, by reaching age 26. If your child is eligible for this coverage continuation and loses coverage under the plan at the end of the continuation period, COBRA continuation may be available at the end of the Michelle's Law coverage continuation period.

If you have any questions concerning this notice or your child's right to continued coverage under Michelle's law, please contact your administrator.

WELLNESS PROGRAM

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact your local Human Resources Department and we will work with you (and, if you wish, with your doctor) to find help in finding a wellness program with the same reward that is right for you in light of your health status.

WOMEN'S HEALTH AND CANCER RIGHTS ACT NOTIFICATION

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema. These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply: Medical I: \$750 per person and \$2,250 per family deductible; 20% coinsurance. Medical II, IV, and V: \$2,500 per person and \$7,500 per family deductible; 20% coinsurance.

If you would like more information on WHCRA benefits, call your plan administrator (713) 740-0121.

NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

PAPERWORK REDUCTION ACT STATEMENT

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate

or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebbsa.opr@dol.gov and reference the OMB Control Number 1210-0137. (expires 12/31/2019)

Pasadena I.S.D. in accordance with HIPAA, protects your Protected Health Information (PHI). Pasadena I.S.D. will only discuss your PHI with medical providers and third-party administrators when necessary to administer the plan that provides your medical and dental benefits or as mandated by law.

TERMINATION OF BENEFITS—COBRA RIGHTS

Benefit coverage for you and your family will terminate on the day you terminate your employment or the day on which you and/or any dependents cease to be eligible. If you become ineligible for coverage, you and your eligible dependents may have continuation rights for medical, dental, and vision benefits under the federal law known as COBRA. If you terminate your employment or are in an ineligible benefit status, you will be notified about any continuation rights you may have. You will also receive a Certificate of Creditable Coverage, as required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This certificate outlines the period for which you are covered under any medical, dental, and vision plans with Weir Group, Inc. This certificate may be used to satisfy pre-existing condition limitations in your new employer's plans.

MEDICAID COVERAGE

The Pasadena I.S.D. group health plan will allow an employee or dependent who is eligible, but not enrolled, for coverage to enroll for coverage if either of the following events occur:

1. Termination of Medicaid or Children's Health Insurance Program (CHIP) Coverage

If the employee or dependent is covered under a Medicaid plan or under a State Child Health Plan (SCHIP) and coverage of the employee or dependent under such a plan is terminated as a result of loss of eligibility.

2. Eligibility for Premium Assistance Under Medicaid or CHIP

If the employee or dependent becomes eligible for premium assistance under Medicaid or a State Child Health Plan (SCHIP), including under any waiver or demonstration project conducted under or in relation to such a plan. This is usually a program where the state assists employed individuals with premium payment assistance for their employer's group health plan rather than direct enrollment in a state Medicaid program.

To be eligible for this special enrollment opportunity, you must re-quest coverage under the group health plan within 60 days after the date the employee or dependent becomes eligible for premium assistance under Medicaid or CHIP or the date your or your dependent's Medicaid or state-sponsored CHIP coverage ends.

MEDICARE PART D NOTICE

Important Notice 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 Pasadena I.S.D. 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 your current coverage and Medicare's prescription drug coverage:

- 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.
- Pasadena I.S.D. has determined that the prescription drug coverage offered by Pasadena I.S.D. Employee Welfare Benefits 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 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) 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?

If you decide to join a Medicare drug plan, your current Pasadena I.S.D. coverage will not be affected.

If you do decide to join a Medicare drug plan and drop your current Pasadena I.S.D. coverage, be aware that you and your dependents will be able to get this coverage back during the next open enrollment.

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 Pasadena I.S.D. 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 nineteen 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...

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Pasadena I.S.D. changes. You also may request a copy of this notice at any time. Contact the person listed below for further information.

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).

Date: January 1, 2017

Name of Entity/Sender: Pasadena I.S.D.

Contact--Position/Office: Benefits Department

Address: 1515 Cherrybrook Lane, Pasadena, Texas 77502

Phone Number: (713) 740-0121

CONTACT INFORMATION

Pasadena I.S.D. Benefits Office

1515 Cherrybrook Ln. | Pasadena, TX 77502

713.740.0110 | 713.740.0120

www.pasadenaisd.org



FIRST FINANCIAL GROUP OF AMERICA

Jason Sweatt, Sr. Account Administrator

Jason.Sweatt@ffga.com | 281-961-3437

Jillian Warren, Account Manager

Jillian.Warren@ffga.com | 832-853-5523

CONTACTS

BENEFIT	CARRIER	WEBSITE	PHONE
Medical	Aetna	www.aetna.com	866.841.3541
Prescription Benefits	CVS Caremark	www.caremark.com	888.234.0871
Pasadena ISD Wellness Clinic	H2U	www.pasadenaisdclinic.com	713.740.5300
Telemedicine	RediMD	www.redimd.com	866.989.CURE
Dental	Cigna	www.mycigna.com	800.244.6227
Vision	VSP	www.vsp.com	800.877.7195
Flexible Spending Accounts	First Financial Administrators, Inc.	www.ffga.com	866.853.3539
Term Life Insurance	Minnesota Life	www.lifebenefits.com	866.293.6047
Disability Insurance	The Standard	www.standard.com	888.937.4783
Cancer Insurance	Colonial	www.coloniallife.com	800.325.4368
Critical Illness Insurance	Unum	www.unum.com	800.635.5597
Permanent Life Insurance	CHUBB	www.combinedinsurance.com	855.241.9891

EMPLOYEE BENEFITS WEBSITE: <https://benefits.ffga.com/pasadenaisd>

The Employee Benefits Center (EBC) is a one-stop-shop for you to find all things benefits related. On the website, you'll find open enrollment and plan year dates, benefit descriptions, carrier contact information, product brochures, claim forms and enrollment details. Visit <https://benefits.ffga.com/pasadenaisd> today!