PASADENA ISD
BENEFITS GUIDE
JANUARY - AUGUST 2027

PASADENA
INDEPENDENT SCHOOL DISTRICT



SCAN ME

IFFGA
Benefit Solutions *Simplified*

Joe Quijada - Sr. Account Manager
281-690-8198 | Joe.Quijada@ffga.com

Curtis Grant - Sr. Account Executive
281-734-5397 | Curtis.Grant@ffga.com

https://benefits.ffga.com/pasadenaisd

Ana Perez - Benefits Assistant
(Pasadena ISD Admin On-Site)
713-740-0992 | Ana.Perez@ffga.com

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Benefits are effective from January through August 2027

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This guide contains a summary of the benefits offered by your employer. If there is a conflict between the terms of this outline of benefits and the actual contracts, the terms of the contracts will prevail.

Employee Benefits Center

A guide to your benefits!

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: ffbenefits.ffga.com/pasadenaisd

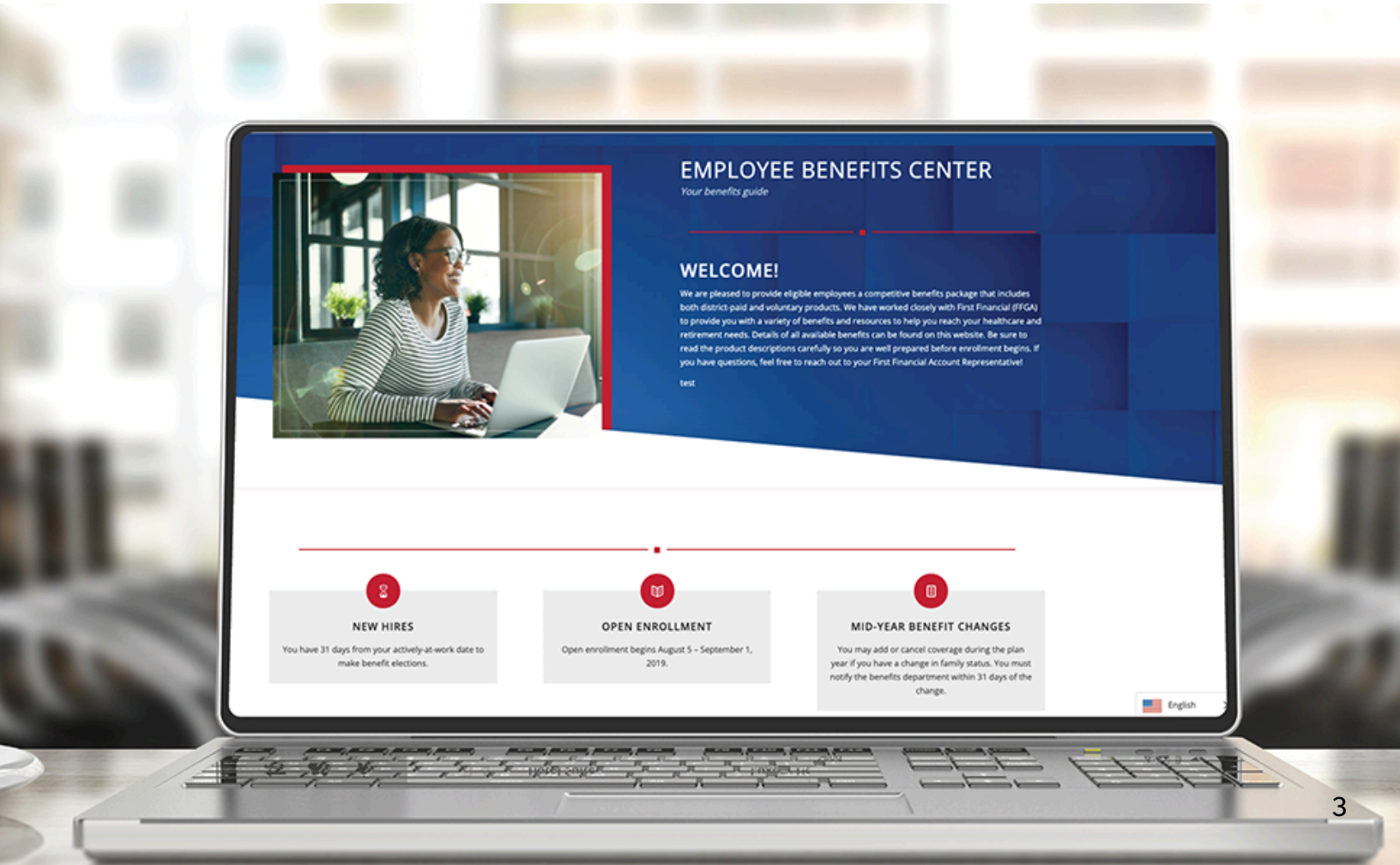
There's no need to register for site access. Simply type the URL below into your browser and you will be directed to your Employee Benefits Center.

SCAN ME!

Scan the QR code to learn more about the plans that are available this year!

https://benefits.ffga.com/pasadenaisd

Benefits are effective from January through August 2027



Benefit Eligibility & Coverage

Employee Coverage

Benefits are effective from January through August 2027

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.

Proper documentation is required to prove eligibility for your dependent(s) when completing your Benefits Enrollment.

New Employees

You have 31 days from your actively-at-work date to make benefit elections. You will receive benefits information via email regarding your new hire enrollment elections. Contact the Benefits Office if email is not received within 5 days of hire. Coverage becomes effective on the first day of the month following your employment date.

Existing Employees

When it's time to enroll in your benefits, your FFGA 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 Frontline. 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 district's website, under Benefits, to view more details.

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 and 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 Frontline. Under each option, you will need to select "waive." **You must still complete the beneficiary information.**

Section 125 Plans

Section 125 Plan Information & Rules

A Section 125 Plan provides a tax-saving way to pay for eligible medical or dependent care expenses. The funds are automatically deducted from your paycheck on a pre-tax basis.

Here's How It Works

A Section 125 Plan reduces your taxes and increases your spendable income by allowing you to deduct the cost of eligible benefits from your earnings before tax. Plus, the plan is available to you at no cost, and you're already eligible – all you must do is enroll.

Is It Right For Me?

The savings you may experience with a Section 125 Plan are outlined in the example below. For instance, you could potentially take home about $70 more each month if you participated in your employer's Section 125 Plan – that's a savings of $840 a year!

You cannot change your benefit elections for the plan year unless the benefits office receives notification in writing within 31 days of the status change. If the benefits office is not notified within 31 days of the status change, no benefit change can be made until the next annual open enrollment.

IRS specified changes in family status include:

- Change in legal married status
- Change in number of dependents
- Termination or commencement of employment
- Dependent satisfies or ceases to satisfy dependent eligibility requirements
- Change in residence or worksite that affects eligibility for coverage

Section 125 Plan Sample Paycheck		
	Without S125	With S125
Monthly Salary	$2,000	$2,000
Less Medical Deductions	-N/A	-$250
Tax Gross Income	$2,000	$1,750
Less Estimated FICA (7.65%)	-$153	-$133
Less Medical Deductions	-$250	-N/A
Take Home Pay	$1,597	$1,617

You could save $70 per month in taxes by paying for your benefits on a pre-tax basis!

**The figures in the sample paycheck above are for illustrative purposes only.*

Medical Coverage

AETNA

Benefits are effective from January through August 2027



Pasadena ISD offers four medical plans through Aetna. You can choose between POS, ACO-Kelsey, EPO, and MHACO Plan.

Aetna | www.aetna.com | 866-841-3541

PLAN 1 - Point of Service (POS) Plan

POS plans offer a nationwide network of doctors and hospitals that give 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 specialist without the need to gain approval from a Primary Care Provider (PCP) but you are required to pick a PCP. The POS plans are traditional health plans with coinsurance and deductibles.

PLAN 3 - Aetna KelseyCare - Accountable Care Organization (ACO)

The KelseyCare ACO plan provides top rated coverage with member copays at lower premium point. You will be required to stay within the Kelsey Seybold network and designate a PCP but will NOT need a referral to see a specialist within the Kelsey Network and Kelsey will help with anything outside of their network. There is no out-of-network coverage, except in the case of an emergency. Kelsey also has their own clinic options.

PLAN 4 - Exclusive Provider Organization (EPO) Plan

Aetna's EPO plan is 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.

PLAN 5 - Memorial Hermann Accountable Care (MHACO) 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.

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Medical Monthly Premiums				
	Plan 1	Plan 3	Plan 4	Plan 5
Employee Only	$533	$110	$214	$154
Employee + Spouse	$1,207	$396	$528	$422
Employee + Children	$965	$330	$453	$353
Employee + Family	$1,753	$628	$813	$664

Monthly Premiums shown above include the Employer contribution of $322.00

PLAN 1

NETWORK	CHOICE POS 1	
BENEFIT	**IN-NETWORK**	**OUT-OF-NETWORK[1]**
COINSURANCE	30%	50%
CALENDAR YEAR DEDUCTIBLE **Deductible (January – August)**	$5,000 INDIVIDUAL $10,000 FAMILY	$7,500 INDIVIDUAL $15,000 FAMILY
OUT-OF-POCKET MAXIMUM	$8,500 INDIVIDUAL $17,000 FAMILY	$15,000 INDIVIDUAL $45,000 FAMILY
OFFICE VISITS		
PRIMARY CARE PHYSICIAN (PCP) - **REQUIRED**	30% AFTER DEDUCTIBLE	50% AFTER DEDUCTIBLE
SPECIALTY CARE – MAX SAVINGS SPECIALTY CARE – STANDARD SAVINGS	TIER 1- 30% AFTER DEDUCTIBLE TIER 2 – 40% AFTER DEDUCTIBLE	50% AFTER DEDUCTIBLE
PREVENTATIVE CARE	100%	50% AFTER DEDUCTIBLE
INPATIENT HOSPITAL CARE	$150 COPAY/DAY (5 DAY MAX), 30% AFTER DEDUCTIBLE	50% AFTER DEDUCTIBLE
OUTPATIENT SURGERY – HOSPITAL OUTPATIENT SURGERY- FREE STANDING FACILITY	30% AFTER DEDUCTIBLE $150 COPAY/30% AFTER DEDUCTIBLE	50% AFTER DEDUCTIBLE
EMERGENCY ROOM[2]	$500 COPAY, 30% AFTER DEDUCTIBLE	
URGENT CARE	30%, DEDUCTIBLE WAIVED	50% AFTER DEDUCTIBLE
WALK-IN CLINICS	$35 Co-Pay	50% AFTER DEDUCTIBLE

1. Out-of-Network benefit paid at the Limited Fee Schedule
2. Copay waived if admitted

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PLAN 3

NETWORK	KELSEYCARE - ACO	
BENEFIT	**IN-NETWORK**	**OUT-OF-NETWORK**
COINSURANCE	20%	N/A
CALENDAR YEAR DEDUCTIBLE Deductible (January – August)	$3,000 INDIVIDUAL $6,000 FAMILY	N/A
OUT-OF-POCKET MAXIMUM	$9,000 INDIVIDUAL $18,000 FAMILY	N/A
OFFICE VISITS		
PRIMARY CARE PHYSICIAN (PCP) **REQUIRED**	$35 Copay; deductible waived	N/A
SPECIALTY CARE	$70 Copay; deductible waived	N/A
PREVENTATIVE CARE	COVERED 100% - deductible waived	N/A
INPATIENT HOSPITAL CARE	20% after deductible	N/A
OUTPATIENT SURGERY – HOSPITAL OUTPATIENT SURGERY- FREE STANDING FACILITY	20% after deductible $150 Copay	N/A
EMERGENCY ROOM[1]	20% after deductible; $500 Copay/Confinement	
URGENT CARE	$70 Copay; deductible waived	N/A
WALK-IN CLINICS (Kelsey Clinics ONLY)	$35 Copay; deductible waived	N/A

1. ER Copay waived if admitted

	PLAN 4	PLAN 5
NETWORK	EPO	MHACO
NETWORK	**EPO: MEMORIAL HERMANN, HCA & ST LUKES FACILITIES ONLY**	**EPO: ACO MEMORIAL HERMANN**
COUNTIES		**HARRIS, FT. BEND, MONTGOMERY**
BENEFIT	**IN-NETWORK ONLY**	**IN-NETWORK ONLY**
COINSURANCE	20%	20%
CALENDAR YEAR DEDUCTIBLE Deductible (January – August)	$4,000 INDIVIDUAL $8,000 FAMILY	$3,500 INDIVIDUAL $7,000 FAMILY
OUT-OF-POCKET MAXIMUM	$9,000 INDIVIDUAL $18,000 FAMILY	$9,000 INDIVIDUAL $18,000 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[1]	$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. ER Copay waived if admitted

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 your health care answers. www.aetna.com

DOCFIND® http://www.aetna.com/dse/search?site_id=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 1 - "TX Medical Neighborhood Houston Choice POS 1"
- Medical Plan 3 - "Kelsey Care ACO"
- Medical Plan 4 - "Exclusive Provider Organization EOP"
- Medical Plan 5 - "Memorial Hermann Accountable Care Network MHACO"

Scan the QR code to dowload mobile app

Aetna Mobile App Find what you need—wherever, whenever
The AetnaMobile app puts our most popular online features at your fingertips. It's available for iPhone® and Android® mobile devices.

Prescription Benefits - CVS Caremark | www.caremark.com | 1-888-234-0781
When you enroll in one of the 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.

Prescriptions for medications you take regularly (such as asthma or high blood pressure) must be filled in 90-day supplies. You will have a choice to receive your prescription via Mail Order or at a pharmacy that is considered a 90-day supply network.

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 (JANUARY – AUGUST)	
(COMBINED TIER 2 & 3 DRUGS ONLY): $200 PER PERSON OR $400 PER FAMILY	
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



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®	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			
• Allergies • Colds and flu • Bronchitis • Ear infections • Sinus problems, and more	• Primary/urgent care • Physical exams • Immunizations • Minor injuries • Colds and flu • Diabetes • Hypertension	• Colds and flu • Ear infections • Headache/migraine • Routine allergies • Sore or strep throat • Sprains, and more	• 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.

CVSHealth. aetna PASADENA INDEPENDENT SCHOOL DISTRICT

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.

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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 confidential 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 program
- Labs performed on-site
- And much more

Hours:

Monday	8 am - 4 pm
Tuesday	1 pm - 8 pm
Wednesday	8 am - 4 pm
Thursday	1 pm - 8 pm
Friday	8 am - 4 pm
Saturday	8 am - 1 pm

Location:

1850 E. Sam Houston Pkwy, 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.

Under Medical Plan 1, 4 and 5 you have access to the following clinics for a $35 co-pay.

minute clinic™

RediClinic®

RediMD



RediMd | www.redimd.com | 866-989-CURE, option 3

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 the 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 per visit. Your dependent/spouse will NOT have access to RediMD.

RediMD treats most primary care ailments including, but not limited to:

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

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 above to have it reset.
- Visit us at www.RediMD.com for more information and to register.

RediMD™ get well sooner

RediMD visits available from work or home:
8 am - 6 pm CT Mon. - Sat. by phone call 281-633-0148

*Code = pasadenaisd for employees with PISD insurance
*Code = pasadenaisd50 for employees without PISD insurance

TO USE REDIMD AS A FIRST-TIME USER

REGISTER*

1

- Go to www.redimd.com
- Click "Register"
- Select "Register" or "First Time User"
- Enter code listed at the bottom of page and click "next"
- Follow registration directions, enter your email and create password
- Complete profile and registration directions.

SCHEDULE

2

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

CONSULT

3

- Take vitals or put 1 in each box if vitals are not taken.
- Consult with your provder (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

LOG IN

1

From any internet connected computer or smart phone:

- Log in at www.redimd.com
- Enter your email and password

SCHEDULE

2

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

CONSULT

3

- Take vitals or put 1 in each box if vitals are not taken.
- Consult with your provder (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 into 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 consultation

- 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 afterhours line 281-633-0148.

Contact Us... Anytime, Anywhere

No-cost, confidential solutions to life's challenges.

Confidential Emotional Support

Our highly trained clinicians will listen to your concerns and help you or your family members with any issues, including:

- Anxiety, depression, stress
- Grief, loss and life adjustments
- Relationship/marital conflicts

Work-Life Solutions

Our specialists provide qualified referrals and resources for just about anything on your to-do list, such as:

- Finding child and elder care
- Hiring movers or home repair contractors
- Planning events, locating pet care

Legal Guidance

Talk to our attorneys for practical assistance with your most pressing legal issues, including:

- Divorce, adoption, family law, wills, trusts and more

Need representation? Get a free 30-minute consultation and a 25% reduction in fees.

Financial Resources

Our financial experts can assist with a wide range of issues. Talk to us about:

- Retirement planning, taxes
- Relocation, mortgages, insurance
- Budgeting, debt, bankruptcy and more

Online Support

GuidanceResources Online is your 24/7 link to vital information, tools and support. Log on for:

- Articles, podcasts, videos, slideshows
- On-demand trainings
- "Ask the Expert" personal responses to your questions

PASADENA INDEPENDENT SCHOOL DISTRICT

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ComPsych® GuidanceResources® Worldwide

Your ComPsych® GuidanceResources® program offers someone to talk to and resources to consult whenever and wherever you need them.

Call: 888.327.6392

TTY: 800.697.0353

Your toll-free number gives you direct, 24/7 access to a GuidanceConsultantSM, who will answer your questions and, if needed, refer you to a counselor or other resources.

Online: guidanceresources.com App: GuidanceNowSM Web ID: PasadenaISD Log on today to connect directly with a GuidanceConsultantSM about your issue or to consult articles, podcasts, videos and other helpful tools.

24/7 Support, Resources & Information

Contact Your ComPsych® GuidanceResources® Program

Call: 888.327.6392
TTY: 800.697.0353
Online: guidanceresources.com
App: GuidanceNowSM
Web ID: PasadenaISD

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Dental Insurance

CIGNA

Benefits are effective from January through August 2027



Cigna | www.myCigna.com | 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 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
- Crown
- Root Canals

Pasadena ISD employees are offered three comprehensive dental plans:

CIGNA DENTAL CHOICE - DPPO			
BENEFIT	**BASIC**	**ENHANCED**	**MAC**
ANNUAL DEDUCTIBLE (INDIVIDUAL/FAMILY) Deductible (January – August)	$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 - ORTHO	N/A	$1,000	$1,000
OUT-OF-NETWORK REIMBURSEMENT[1]	90TH PERCENTILE	90TH PERCENTILE	90TH 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	$28.45	$39.44	$33.52
EMPLOYEE + SPOUSE	$58.79	$82.20	$69.85
EMPLOYEE + CHILD(REN)	$55.49	$92.84	$78.91
EMPLOYEE + FAMILY	$78.35	$130.15	$110.60

Vision Insurance

VSP (VISION SERVICE PLAN)

(This benefit is only available during Open Enrollment).

Benefits are effective from January through August 2027



VSP | www.vsp.com | 800-877-7195

Proper vision care is essential to your overall well-being. 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	$7.73
EMPLOYEE + ONE	$15.05
EMPLOYEE + FAMILY	$21.64

Flexible Spending Accounts

WEX Health Inc.
P.O. Box 2926, Fargo, ND 58108-2926
benefitslogin.wexhealth.com | 844-561-1337

Our benefits plan year is transitioning to a new schedule. To align with our updated renewal cycle starting September 1, 2027, the upcoming plan year will be a short plan year spanning 8 months: January 1, 2027, through August 31, 2027.

How this affects your 2027 FSA elections:

1. Due to this short plan year, we will be prorating the maximum FSA plan elections accordingly for an 8-month period:
   a. Medical FSA Maximum Election: $2,333.33
   b. Dependent Care FSA Maximum Election: $5,000.00
2. Calculate for 8 months, not 12: Estimate your medical, dental, vision, and dependent care expenses for the period between January 1 and August 31, 2027
3. Fewer pay periods: Your total elected amount will be divided evenly across your paychecks between January and August (16 pay dates).
4. Available Funds:
   a. Medical FSA: Your full election for the short plan year will still be available January 1st as normal.
   b. Dependent Care FSA: Your funds will be available as you contribute to your DC FSA through payroll as normal

Medical FSA

A Medical Flexible Spending Account (Medical 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 will have a Grace Period to use your funds which means date of service goes through 11/15/27 and the 90-day Run Out would go through 11/30/27.

Medical FSA 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 without spending money out of pocket.
- Keep all receipts in case you need to substantiate a claim for tax purposes.

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 the 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's name. Per IRS a household cannot contribute to the FSA and HSA within the same year.

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 childcare, babysitters, and adult day care.

Dependent Care FSA 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.
- 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.

Flexible Spending Accounts

Benefits Technology & Resources

Benefits debit card
The benefits debit card is the fastest and most convenient way to pay for eligible expenses. Just one debit card is all you need for your benefits regardless of how many plans you have with us.

Benefits eligible expenses
There are thousands of eligible procedures, items and expenses based on your plan. View our interactive list of eligible expenses a **www.wexinc.com/insights/benefits-toolkit/eligible-expenses/**

Knowledgebase
Once you're enrolled, check out the knowledgebase to quickly search for answers to your questions. The knowledgebase boasts millions of views of our microvideos, articles and step-by-step how-tos empowering you to get the most out of your benefits. Have a question? Visit any time of day or night by logging in to your online account on **www.wexinc.com**.

Benefits mobile app & participant portal
Access your benefits 24/7 with the WEX mobile app. Our app is free, convenient and offers real-time access to all your benefits accounts. With our benefits mobile app you can:

- Get access to your benefits funds faster with in app provisioning - no need to wait for your physical card to arrive in the mail
- Get instant updates on the status of your claims.
- File a claim and upload documentation in seconds using your phone's camera.
- Scan an item's bar code to determine if it's an IRS Code Section 213(d) eligible expense.
- Report a card as lost or stolen, which cancels the card and ships you a new one.
- Log in through face recognition or fingerprint (depending on your phone).
- Check your balance and view account activity.
- Reset login credentials.

Don't have a smartphone? Go to **www.wexinc.com**, select Login, then Benefits Accounts, and then select a Participant Accounts option. This page provides login buttons for accessing your online account, along with helpful resources like a benefits knowledge base, a link to current eligible expenses, and chat.

Download the mobile app

Download on the App Store

GET IT ON Google Play

Have questions?

Our Participant Services team is available Monday - Friday 6:00 a.m. to 9:00 p.m. Central time.

Questions when enrolled: 1-866-451-3399
Questions before you enroll: 1-844-561-1337
Email a question: customerservice@wexhealth.com
Submit a form: forms@wexhealth.com
Live chat: go to **www.wexinc.com**, select Login, then Benefits Accounts, and then select a Participant Accounts option.

Term Life & AD&D

MINNESOTA LIFE

(Eligibility is limited to new hires during the onboarding process.)

Benefits are effective from January through August 2027

Minnesota Life | www.lifebenefits.com | 866-293-6047

Employer-Paid Term Life & AD&D Insurance

Life insurance protects your loved ones. It pays a benefit so they can afford to pay for funeral expenses, pay off debt and maintain their current standard of living. It is one of the best ways to show you care. Your employer provides all eligible employees a $10,000 policy. The cost of this policy is paid at 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 TERMLIFE

EMPLOYEE	
INCREMENTS	$10,000
MINIMUM	$20,000
GUARANTEED ISSUE AMOUNT*	$200,000
MAXIMUM	LESSOR OF $500,000 OR 5x ANNUAL SALARY

AGE	RATE PER $1,000
UNDER 40	$0.088
40-75+	$0.230

**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.*

DEPENDENT VOLUNTARY TERMLIFE

	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

Dependent spouse and/or children cannot be employed by Pasadena ISD.

**Rates are monthly.*

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
STANDARD

Benefits are effective from January through August 2027



The Standard | www.standard.com | 888-937-4783

Why Do I Need Disability Insurance?

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 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 district's website, under Benefits, to view 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

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.

Anyone electing coverage as a new hire and/or during annual enrollment, will be subject to the company's pre-existing limitations.

Cancer Insurance

COLONIAL

(You must consult with an agent to enroll or make changes.)

Benefits are effective from January through August 2027



Colonial Life | www.coloniallife.com | 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 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 district's website, under Benefits, to view policy for more details.

Cancer Insurance		
Monthly Premium	**Plan 2** ($5,000)	**Plan 4** ($10,000)
Employee	$11.75	$24.95
Employee + Family	$19.60	$41.45

Critical Illness Insurance

UNUM

(You must consult with an agent to enroll or make changes.)

Benefits are effective from January through August 2027



UNUM | www.unum.com | 800-635-5597

Prepare For the Unexpected

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.

Permanent Insurance

CHUBB

This plan is no longer available for purchase. If you are currently enrolled, payroll deductions will continue through December 15, 2026. If you wish to maintain your permanent coverage after that date, please contact CHUBB to arrange for direct billing beginning January 1, 2027.



CHUBB | www.combinedinsurance.com | 855-241-9891

CHUBB - Permanent Life Highlights

- You own the policy, even if you change jobs or retire.
- The policy remains in force until you die or up to age 120 if you pay the necessary premium on time.
- It is a permanent, universal life policy which means you can rest easy knowing your loved ones will be well taken care of when you're gone.

Hospital Indemnity

AFLAC

(You must consult with an agent to enroll or make changes.)

Benefits are effective from January through August 2027



BENEFITS OVERVIEW	Benefit amount
HOSPITAL ADMISSION BENEFIT per confinement (once per covered sickness or accident per calendar year for each insured) Payable when an insured is admitted to a hospital and confined as an inpatient. We will not pay benefits for confinement to an observation unit, or for emergency room treatment or outpatient treatment. We will not pay benefits for admission of a newborn child following his birth; however, we will pay for a newborn's admission to a Hospital Intensive Care Unit if, following birth, he is confined as an inpatient as a result of a covered accidental injury or covered sickness (including congenital defects, birth abnormalities, and/or premature birth).	$1,000
HOSPITAL CONFINEMENT per day (maximum of 31 days per confinement for each covered sickness or accident for each insured) Payable for each day that an insured is confined to a hospital as an inpatient.	$150
HOSPITAL INTENSIVE CARE ADMISSION BENEFIT per hospital intensive care confinement (once per covered sickness or accident per calendar year for each insured) Payable when an insured is admitted to a hospital intensive care unit and confined as an inpatient. We will not pay benefits for confinement to an observation unit, or for emergency room treatment or outpatient treatment. This benefit is payable in addition to the Hospital Admission Benefit.	$1,000
HOSPITAL INTENSIVE CARE BENEFIT per day (maximum of 10 days per confinement for each covered sickness or accident for each insured) Payable for each day when an insured is confined in a Hospital Intensive Care Unit. This benefit is payable in addition to the Hospital Confinement Benefit.	$150
If benefits are paid for confinement to a hospital, intensive care unit and/or intermediate intensive care step-down unit and the insured is confined again with 6 months due to the same or related condition, it will be treated as the same period of confinement.	
SUCCESSOR INSURED BENEFIT If spouse coverage is in force at the time of the employee's death, the surviving spouse may elect to continue coverage, including any dependent child coverage in force at the time.	

COVERAGE	MONTHLY RATES
Employee	$8.88
Employee and Spouse	$19.98
Employee and Dependent Children	$14.64
Family	$25.74

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 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).

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 July 31, 2024. Contact your State for more information on eligibility:

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	**CALIFORNIA – Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	**FLORIDA – Medicaid**
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268
GEORGIA – Medicaid	**INDIANA – Medicaid**
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2	Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfr/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki)	**KANSAS – Medicaid**
Medicaid Website: Iowa Medicaid | Health & Human Services Medicaid Phone: 1-800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa | Health & Human Services Hawki Phone: 1-800-257-8563 HIPP Website: Health Insurance Premium Payment (HIPP) | Health & Human Services (iowa.gov) HIPP Phone: 1-888-346-9562	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660

KENTUCKY – Medicaid	LOUISIANA – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms	Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE – Medicaid	**MASSACHUSETTS – Medicaid and CHIP**
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com
MINNESOTA – Medicaid	**MISSOURI – Medicaid**
Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
MONTANA – Medicaid	**NEBRASKA – Medicaid**
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
NEVADA – Medicaid	**NEW HAMPSHIRE – Medicaid**
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov
NEW JERSEY – Medicaid and CHIP	**NEW YORK – Medicaid**
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid	NORTH DAKOTA – Medicaid
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	**OREGON – Medicaid and CHIP**
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	**RHODE ISLAND – Medicaid and CHIP**
Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
SOUTH CAROLINA – Medicaid	**SOUTH DAKOTA - Medicaid**
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid	**UTAH – Medicaid and CHIP**
Website: Health Insurance Premium Payment (HIPP) Program | Texas Health and Human Services Phone: 1-800-440-0493	Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/
VERMONT– Medicaid	**VIRGINIA – Medicaid and CHIP**
Website: Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	**WEST VIRGINIA – Medicaid and CHIP**
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	**WYOMING – Medicaid**
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

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 con tact 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 considering 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 1, In-Network $5,000 individual and $10,000 per family deductible; 30% coinsurance. Medical 1, Out-of-Network $7,500 individual and $15,000 per family deductible; 50% coinsurance. Medical 3, In-Network Only $3,000 individual and $6,000 per family deductible; 20% coinsurance. Medical 4, In-Network Only $4,000 individual and $8,000 per family deductible; 20% coinsurance. Medical 5, In-Network Only $3,500 individual and $7,000 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 conductor 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 ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137. (Expires12/31/2019).

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 on 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.

MEDICAID COVERAGE

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 request 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 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.

MEDICARE PART D NOTICE

Important Notice About Your Prescription Drug Coverage and Medicare

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 you have maintained creditable coverage and, therefore, whether you are required to pay a higher premium (penalty).

Date: January 1, 2017
Name of Entity/Sender: Pasadena I.S.D.
Contact Position/Office: Benefits Department
Address: 3920 Mickey Gilley Blvd., Pasadena, Texas 77505
Phone Number: (713) 740-0121

Contact Information

Ana Perez - Benefits Assistant
(Pasadena ISD On-Site Rep)
713-740-0992
Ana.Perez@ffga.com

Joe Quijada, Sr. Account Manager
281-690-8198 | Joe.Quijada@ffga.com

Curtis Grant, Sr. Account Executive
281-690-8198 | Curtis.Grant@ffga.com

Product	Carrier	Website	Phone
Medical	Aetna	www.aetna.com	866-841-3541
Prescription Benefits	CVS Caremark	www.caremark.com	888-234-0781
Pasadena ISD Wellness Clinic	H2U	www.pasadenaisdclinic.com	713-740-5300
Telemedicine	RediMD	www.redimd.com	866-989-2873
Dental	Cigna	www.cigna.com	800-244-6224
Vlsion	VSP	www.vsp.com	800-877-7195
FSA Accounts	WEX	benefitslogin.wexhealth.com	844-561-1337
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
Hospital Indemnity	AFLAC	aflacgroupinsurance.com	800-433-3036

EMPLOYEE BENEFITS WEBSITE:

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!