



**CONROE**  
INDEPENDENT  
SCHOOL DISTRICT

# Making choices that work for you



**2022 – 2023**

Employee Benefits  
Quick Reference Guide

**FOR SUBSTITUTE, PART-TIME,  
AND TEMPORARY EMPLOYEES**



Conroe Independent School District (Conroe ISD) proudly offers an excellent benefits package to all qualifying employees and their eligible dependents.

As a substitute, part-time, or temporary employee, you may enroll in group medical coverage. This guide provides details about the enrollment process, a high-level overview of your medical plan options, and premiums for the 2022 – 2023 plan year. You can refer to this guide throughout the year.

For more detailed information, please review the plan documents available online at [www.conroeisd.net/department/hr/plan-documents/](http://www.conroeisd.net/department/hr/plan-documents/). You can also request printed documents by contacting the Conroe ISD Benefits Office at **936-709-7808** or [benefitsoffice@conroeisd.net](mailto:benefitsoffice@conroeisd.net).

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# Health insurance terms 101

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

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

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

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

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

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

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

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

**Plan year:** A 12-month period of benefits coverage under a group health plan. This 12-month period may not

be the same as the calendar year (January 1 – December 31 of the same year). The Conroe ISD plan year for non-calendar-year plans begins September 1 each year and ends August 31 of the following year. To find out when your plan year begins, check your plan documents.

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

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

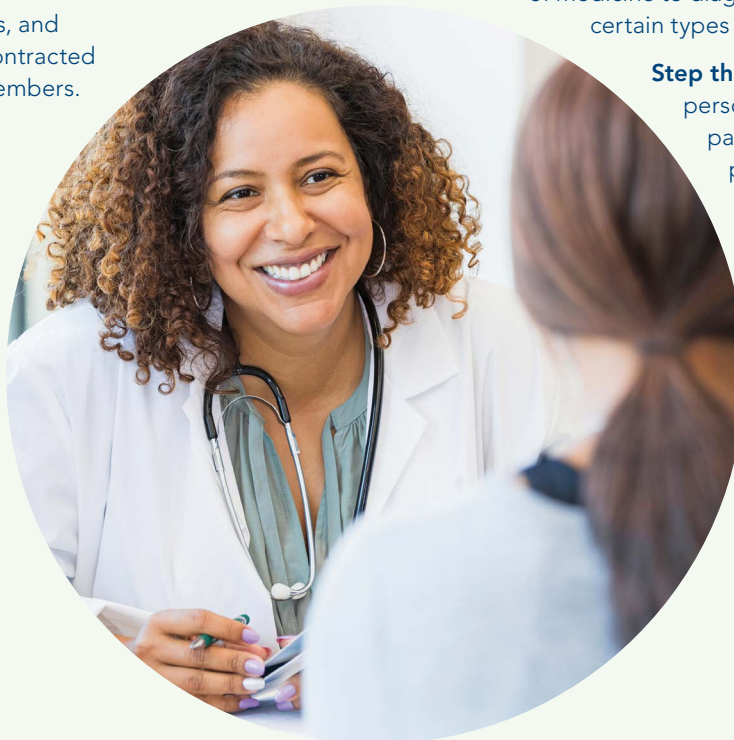
**Primary care physician (PCP):** A physician who directly provides or coordinates your health care services.

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

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

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

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



## Important: availability of Summary of Benefits and Coverage (SBC)

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



## Enrollment

Conroe ISD has contracted First Financial Administrators, Inc. (First Financial) to administer its Section 125 Flexible Benefits Plan, 457(b) and 403(b) retirement plans, and to assist with benefits enrollment.

For questions about your benefits, such as how to enroll, how your benefits work, and how to file a claim, or if you need other policy information, call First Financial toll-free at **1-800-523-8422**. Representatives are available from 8:00 a.m. to 5:00 p.m., Monday through Friday.

### Annual enrollment (July 1 – 31, 2022)

During this time, you have the opportunity to review, change, or continue your benefits for the coming year. **You are required to submit enrollment selections during this time, even if you do not elect any coverage through the District, or you wish to keep your coverage the same.** New benefits will take effect September 1, 2022, and continue through August 31, 2023.

If you are currently enrolled in a Conroe ISD medical plan with UnitedHealthcare and wish to maintain Conroe ISD medical coverage as of September 1, 2022, you **must** select a new medical plan with Blue Cross and Blue Shield of Texas during the annual enrollment period.



**Every employee** must enroll or decline beginning July 1, 2022, and no later than 11:59 p.m. July 31, 2022; changes take effect September 1, 2022.

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

### New employees

As a new employee, you have **31 calendar days**, beginning on your date of hire, to choose benefits that will meet the needs of you and your family. You are required to submit enrollment selections during this time, even if you do not elect any coverage through the District. Failure to enroll as a new employee will result in forfeiture of coverage until the next annual enrollment period.

When your coverage begins depends on your hire date and the date you complete enrollment. Coverage will begin the first day of the month following your date of hire only if enrollment is completed on or before this date. If you complete enrollment after the first day of the month following your date of hire, coverage will begin the first day of the month following the date you complete enrollment. Premiums for all plans become due on the first date of coverage.

### All employees

Once you submit your enrollment elections as a new employee, or annual enrollment ends, you may only make changes during the year if you experience a qualifying life event. Refer to the **Special enrollment and changes during the year** section for more information.



## Special enrollment and changes during the year

Once you submit your enrollment elections as a new employee, or annual enrollment ends, you may only make changes during the year if you experience a special enrollment event or IRS-defined change in status as listed below. Benefits changes must be consistent with the change in status. If you experience one of these life events, contact the Conroe ISD Benefits Office at **benefitoffice@conroeisd.net** or **936-709-7808** as soon as possible.

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

- Marriage or divorce
- Birth, adoption, or placement for adoption
- Death
- Dependent gains or loses eligibility
- Change in employment status of employee, spouse, or dependent affecting eligibility
- Change in coverage under another employer's plan, such as open enrollment of spouse's employer

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

- HIPAA special enrollment rights, including loss of eligibility or employer contributions for other health coverage
- Judgments, decrees, or orders
- Medicare or Medicaid entitlement
- Family and Medical Leave Act
- COBRA qualifying events
- Cancellation due to reduction in hours of service
- Cancellation due to enrollment in a Qualified Health Plan

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





## Who's eligible?

You, your legal spouse, and your children under age 26\* are eligible for the benefits outlined in this guide. In order to cover a dependent, you must elect coverage for yourself. **No person may be covered as both an employee and a dependent, and no person may be covered as a dependent of more than one employee.** If both you and your spouse work for Conroe ISD, you must decide how you will each be enrolled and who will cover any eligible children.

**If your spouse is employed and has access to group medical coverage through his/her employer, he/she is not eligible for Conroe ISD group medical coverage.** This exclusion does not apply if your spouse does not work, is not eligible for coverage, has lost coverage as an active employee and has been offered continuation coverage under COBRA, or is covered by Medicare. If your spouse experiences a qualifying life event during the plan year, such as the loss of employment that results in a loss of medical coverage, he/she can be added to your Conroe ISD coverage. You must contact the CISD Benefits Office no later than 30 calendar days after the event date.

**Note:** Electing coverage for an ineligible person is not permitted. Doing so may cause you to pay premiums for someone who is not eligible for coverage. You could also be held liable for any claims paid for an ineligible dependent, and a claim could be



denied if the insurance company determines the individual does not meet eligibility requirements. If your spouse's or child's eligibility status changes during the year for any reason other than age, you must promptly contact the CISD Benefits Office to remove the ineligible dependent.

### Dependent eligibility audits

Dependent eligibility audits may be conducted periodically to ensure covered dependents meet plan eligibility requirements. In the event of an audit, notices requesting proof of eligibility will be mailed to plan participants. Not responding to an audit request will result in termination of dependent coverage. If a dependent's eligibility status changes during the plan year, you should contact the CISD Benefits Office immediately to request a change of election.

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



## How to enroll

### Prepare

- Consider the needs of you and your family for the coming year.
- Have the date of birth and Social Security number for your spouse and child(ren) handy, if you're enrolling them.

### Enroll (or Decline)

- Enroll/decline between July 1 and 31, 2022, or by your 31st calendar day of employment (new employees) at [www.conroeisd.net](http://www.conroeisd.net) using the Insurance Enrollment link under Employees > Employee Logins, or go to [ffga.benselect.com/enroll](http://ffga.benselect.com/enroll).

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

### Log-in steps

To log in to FFenroll, enter your CISD employee number or full Social Security number (SSN) without any dashes in the appropriate box.

Enter your personal identification number (PIN) in the appropriate box. **Your default PIN is a six-digit sequence of the last four digits of your SSN followed by the last two digits of your birth year.**

Example: If the last four digits of your SSN are 1234 and you were born in 1970, then your PIN will be 123470.

## How to enroll (continued)

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

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

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

### Premium payments

- Submit your first payment for one calendar month immediately upon enrollment. Premiums for subsequent months must be received by the 20th day of each preceding month, e.g., November premium due by October 20.
  - To pay by check or money order payable to **First Financial Administrators, Inc.**, mail to:  
Processing/Medical Payment  
First Financial Administrators, Inc.  
PO Box 670329  
Houston, TX 77267-0329
  - To pay by phone, call First Financial at **1-800-523-8422** and ask for the Conroe ISD processor. Provide your credit card information for a one-time payment, or schedule recurring payments. A 3% service fee will be added for credit card payments.



## Medical plan options administered by Blue Cross and Blue Shield of Texas (BCBSTX)

Conroe ISD offers three self-funded medical plan options administered by BCBSTX for you to choose from: **Blue Premier HMO, Blue Essentials HMO, and Blue Choice PPO HDHP**. With this arrangement, BCBSTX does not insure our employees, but rather processes and pays claims with money we provide from premiums, coinsurance, copays, deductibles, and the school district contributions. This means Conroe ISD and its participating employees, as a group, pay for the entire cost of all our medical and prescription drug expenses.

**As employees and participants of the plan, we have the responsibility of paying attention to the entire cost of our health care choices. The bottom line is this: We are all paying for it. When annual expenses exceed annual revenue of the plans, we must make changes in premium structures and/or plan designs for the following year.**

Enrollment in a CISD medical plan includes BCBSTX tools to help you make the most of your benefits. Cost estimators let you see costs for general health visits and specific procedures, surgeries, diagnostics, imaging, vaccinations, and more. The tools can help you minimize your out-of-pocket costs, as well as costs to the plan. No matter which plan you choose, before you need care, learn how your plan works, what's covered, and where you can go for care.

### How do I know which providers are in a plan's network?

To check if a doctor, hospital, or other provider is in a plan's network, use Provider Finder®, the online BCBSTX directory.

You can search by the plan name to see all the providers in the health plan's network, or you can search for specific providers you want to use and see which health plans they accept.

To access Provider Finder:

- Go to **www.bcbstx.com**.
- Click Find Care.
- Under Providers in Your Network, click Find a Doctor or Hospital.
- Under Guest Search, click Search as a Guest.
- Select a plan:
  - Blue Premier HMO – select Blue Premier<sup>SM</sup> [HMH]
  - Blue Essentials HMO – select Blue Essentials<sup>SM</sup> [HMO]
  - Blue Choice PPO HDHP – select Blue Choice PPO<sup>SM</sup> [BCA]

**Note:** Provider network affiliations are subject to change at any time and are not based on a Conroe ISD plan year. Once enrolled, log in to your Blue Access for Members<sup>SM</sup> (BAM) account at **www.bcbstx.com** and select Provider Finder, or download the BCBSTX app for the most up-to-date information.

### Virtual Visits and 24/7 Nurseline

**Virtual Visits** – With Virtual Visits, the doctor is always in. Get 24/7 non-emergency care from a board-certified doctor by phone, online video, or mobile app from the privacy and comfort of your home. Don't risk crowded waiting rooms, expensive urgent care centers or ER bills, or waiting weeks or more to see a doctor when you can speak with a Virtual Visits doctor within minutes. Powered by MDLIVE®, Virtual Visits are a convenient alternative for treatment of more than 80 health

# Medical plan options administered by Blue Cross and Blue Shield of Texas (BCBSTX) (continued)

conditions, including allergies, cold, flu, fever, headaches, nausea, and sinus infections. Virtual Visits doctors can even send a prescription to your local pharmacy.

Virtual Visits with licensed behavioral health therapists are also available by appointment for anxiety, depression, stress management, and more.

**24/7 Nurseline** – BCBSTX has registered nurses waiting to talk to you whenever you call the 24/7 Nurseline. They can answer your health questions and help you decide whether you should go to the emergency room or urgent care center, or make an appointment with your doctor.

Key Features	Blue Premier HMO	Blue Essentials HMO	Blue Choice PPO HDHP
<b>PCP required</b>	Yes	Yes	No
<b>Specialist referral required</b>	Yes*	Yes*	No
<b>Cost sharing for covered health care services and prescription drugs</b>	Copays, deductibles, and coinsurance	Copays, deductibles, and coinsurance	Deductibles and coinsurance <i>The full cost of medical care, supplies, and prescriptions are paid by the member until the deductible is met.</i>
<b>Plan year</b>	September 1 - August 31	September 1 - August 31	January 1 - December 31
<b>Network hospitals</b>	Memorial Hermann, St. Luke's Health	HCA Houston Healthcare, Houston Methodist, MD Anderson, Memorial Hermann, St. Luke's Health, Texas Children's Hospital	HCA Houston Healthcare, Houston Methodist, MD Anderson, Memorial Hermann, St. Luke's Health, Texas Children's Hospital
<b>Geographic service area</b>	<b>Greater Houston area counties:</b> Chambers, Fort Bend, Harris, Liberty, and Montgomery  <b>Other Texas counties:</b> Atascosa, Bandera, Bell, Bexar, Collin, Comal, Dallas, Denton, Ellis, Guadalupe, Hardin, Hays, Jefferson, Johnson, Kendall, Orange, Rockwall, Tarrant, Travis, and Williamson	All Texas counties	Nationwide
<b>Out-of-network coverage</b>	No**	No**	Yes
<b>Health Savings Account (HSA) eligible</b>	No	No	Yes

\*Exceptions to the referral requirement are emergency care, urgent care, gynecological visits, obstetrical visits, annual screening mammograms, mental health practitioner visits, and routine eye exams.

\*\*Services and supplies received outside the network are not covered unless obtained in a true medical emergency.

\*\*\*An HSA permits an individual to set aside money to pay for unreimbursed medical costs in a separate account on a tax-free basis. Account funds are available as deposits are received. An HSA is similar to a health flexible spending account (FSA) except that the balance in an HSA can be carried over from year to year. Maximum HSA contribution amounts for 2022 are \$3,650 for individual coverage and \$7,300 for family coverage. If you or your spouse contributes to an HSA, you are not eligible to participate in a health FSA plan.

## Note for children living outside a medical plan service area

If you enroll your eligible dependent child in the Blue Premier HMO or Blue Essentials HMO plan and he/she attends a school or resides with a custodial parent outside the plan's service area, then your child may qualify for the Away From Home Care (AFHC) Program. For more details, or to enroll, please call Blue Cross and Blue Shield of Texas Customer Service at **1-877-299-2377**.

**Be sure to list each child's full and correct address in the dependent section of FEnroll (the enrollment site).**

# 2022 – 2023 medical and pharmacy out-of-pocket costs

If you enroll in (or change to) the Blue Choice PPO plan, your deductible and out-of-pocket maximum accumulators will reset January 1, 2023, and each January 1 thereafter.

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

Plan Benefits	Blue Premier HMO Plan Year 9/1 – 8/31	Blue Essentials HMO Plan Year 9/1 – 8/31	Blue Choice PPO HDHP Plan Year 1/1 – 12/31	
			Network	Out of Network
			All medical care, supplies, and prescriptions are subject to deductible before coinsurance applies, unless otherwise noted.	
<b>Deductible</b>				
Individual	\$1,200	\$1,500	\$3,500	\$6,900
Family	\$3,000	\$3,750	\$7,000	\$13,800
<b>Out-of-Pocket Maximum (includes deductibles, copays, and coinsurance)</b>				
Individual	\$6,250	\$7,350	\$7,050	Unlimited
Family	\$12,500	\$14,700	\$14,100	Unlimited
<b>Office Visit</b>				
Primary Care Physician (PCP)	\$35 copay	\$40 copay	30% after deductible	50% after deductible
Specialist	\$50 copay	\$55 copay	30% after deductible	50% after deductible
<b>Preventive Care (subject to age and frequency limits)</b>				
Routine Physical Exams, Preventive Care Immunizations, Well-Woman Preventive Visits, Routine Cancer Screenings, Prenatal Care	\$0 (plan pays 100%)	\$0 (plan pays 100%)	\$0 (plan pays 100%)	Not covered
<b>Hospital, Surgery, and Specialty Service</b>				
Emergency Room	20% after deductible plus \$250 copay	20% after deductible plus \$250 copay	30% after deductible plus \$150 copay	30% after deductible plus \$150 copay
Urgent Care Center	\$50 copay	\$50 copay	30% after deductible	50% after deductible
Diagnostic Lab and X-Ray	\$0 (plan pays 100%)	\$0 (plan pays 100%)	30% after deductible	50% after deductible
Certain Diagnostic Procedures (includes bone scan, cardiac stress test, CT scan with and without contrast, MRI, myelogram, and PET scan)	\$100 copay	\$100 copay	30% after deductible	50% after deductible
Inpatient Hospital and Physician Care	20% after deductible	20% after deductible	30% after deductible	50% after deductible plus \$500 admission copay
Virtual Visits through MDLIVE	\$0 (plan pays 100%)	\$0 (plan pays 100%)	30% after deductible	N/A
<b>Pharmacy Benefits (Flex Base 3-Tier)</b>				
Prescription Drug Deductible (waived for Tier 1 medications)	\$200 per individual, per plan year	\$200 per individual, per plan year	N/A	N/A
<b>Prescriptions (Retail)</b>				
Tier 1 (mostly generic)	\$15 copay	\$15 copay	30% after deductible	Not covered
Tier 2 (mostly preferred brand name)	\$60 copay	\$60 copay	30% after deductible	Not covered
Tier 3 (highest cost)	\$120 copay	\$120 copay	30% after deductible	Not covered
<b>Prescriptions (Specialty)</b>				
Must use Optum Specialty Pharmacy for specialty medications (limit 30-day supply)	\$250 copay	\$250 copay	30% after deductible	Not covered
<b>Prescriptions (Mail order)</b>				
Tier 1 (mostly generic)	\$30 copay	\$30 copay	30% after deductible	Not covered
Tier 2 (mostly preferred brand name)	\$120 copay	\$120 copay	30% after deductible	Not covered
Tier 3 (highest cost)	\$240 copay	\$240 copay	30% after deductible	Not covered





# Premiums

## Monthly Medical Premiums\*

	Blue Premier HMO	Blue Essentials HMO	Blue Choice PPO HDHP
Employee Only	\$592.00	\$602.00	\$540.00
Employee + Spouse	\$1,444.00	\$1,454.00	\$1,202.00
Employee + Child(ren)	\$956.00	\$970.00	\$844.00
Employee + Family	\$1,522.00	\$1,580.00	\$1,388.00

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

If you elect to enroll in medical coverage, you will be responsible for the full premium, without any contribution from the District. You must submit payment by the 20th day of each preceding month (e.g., November premium due by October 20). All premiums must be sent to the District's third-party administrator as described.

If you fail to pay the monthly premiums on time, or you do not work the minimum hours/days to maintain eligibility, the District will proceed with the coverage cancellation process.

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

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

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



# Prescription drug plan managed by OptumRx®

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

You get:

- Coverage for most drugs
- Mail-order convenience
- A choice of pharmacies, including retail chains
- Personal support for specialty medicine needs with Optum® Specialty Pharmacy
- Online plan tools to help you find what you need fast: prices, forms, pharmacies, and more

## How does the plan work?

It's pretty straightforward. Each drug covered by the plan falls under a different level or tier. The lower the tier, the lower the price. The higher the tier, the higher the price.

**Tip:** To get the best price, let your doctor know which drugs your plan covers, including those in the lower tiers. You can use the **OptumRx** app or log in to **www.optumrx.com** to confirm coverage and costs.

## What do you pay?

Again, it's simple. You either pay a flat fee or a percentage of the drug's price, depending on the medical plan you choose. The exact cost depends on the tier your medicine is in.

## Here's where to find exact costs:

**Before you enroll:** This guide gives you some details that show what you'll pay for your medicine. Note the prescription drug deductible for the Blue Premier HMO and Blue Essentials HMO plans. You can avoid this deductible by taking a Tier 1 drug.

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

If your doctor prescribes, or you request, a brand-name drug when a generic equivalent is available, you must pay the difference in cost (if any) between the brand-name drug and the generic drug, plus the applicable copay/coinsurance.

## Your safety comes first

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

Classification of medications on the formulary, as well as the prior authorization and exclusions lists, are subject to change. Changes are not based on the Conroe ISD plan year. Visit **www.optumrx.com** for the most up-to-date information.

# Prescription drug plan managed by OptumRx (continued)

## What medicine is covered?

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

## Here's how to check:

**Before you enroll:** Visit [www.optumrx.com/oe\\_premium/landing](http://www.optumrx.com/oe_premium/landing). From there, you can locate and review the Prescription drug list.

**After you enroll:** Just log in to your personalized website at [www.optumrx.com](http://www.optumrx.com) or on the **OptumRx** app to check coverage and estimate drug costs. No Internet access? Call the phone number on your health plan ID card.

## How do you get your medicine?

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

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

Or ...

**For specialty medications:** Use Optum Specialty Pharmacy for medicine that treats more complex conditions, like rheumatoid arthritis and multiple sclerosis.\* Your medicine is packed securely, so it arrives safe and sound. Optum Specialty Pharmacy can also help you with any questions you may have on dosage or side effects. Call toll-free **1-877-656-9604** for assistance.

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



## Retirement savings plans

### Universal Availability Notice

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

**Conroe ISD makes voluntary 403(b) and 457(b)** retirement plans available to all employees, including full-time, part-time, and substitute. These plans allow employees to save a portion of their income for retirement without paying tax on the contributions until funds are withdrawn from the plan. You have the ability to start, stop, increase, or decrease contributions anytime. These actions are not limited to the annual enrollment or new hire enrollment processes.

In 2022, you can contribute 100% of your compensation up to \$20,500, whichever is less. If you are age 50 or older, you can contribute up to an additional \$6,500, for a total of \$27,000. You can contribute to both the 403(b) and 457(b) plans at the same time.

To get started, follow the steps listed for the plan you want to participate in.

### 403(b) retirement plans

Review and complete the following steps, as needed. Then, you will need to submit a Salary Reduction Agreement (SRA) to First Financial Administrators, Inc. (FFA).

#### New accounts

1. Choose a 403(b) provider from [www.ffga.com](http://www.ffga.com):
  - a. Select Login (top right corner).
  - b. Select Retirement Plan Information.
  - c. Enter Conroe, select from the list that appears, then click Submit.
  - d. Select Your Authorized Providers (top right under Related Resources).
2. Choose an agent to assist you with the enrollment process. If you do not already have an agent, you may contact the chosen plan provider for an agent near you, or you may search for one at [www.ffga.com](http://www.ffga.com):
  - a. Select Login (top right corner).
  - b. Select Retirement Plan Information.
  - c. Enter Conroe, select from the list that appears, then click Submit.
  - d. Select 403(b) Agent Search (top right under Related Resources).

## Retirement savings plans (continued)

3. Complete the following form(s) and submit them to the plan provider, with the help of your agent:
  - a. Enrollment form(s) from your selected plan provider
  - b. Disclosure Agreement (required for new accounts outside of Texas; only Texas is exempt)
4. After successfully opening your account, you must complete an SRA and submit it to FFA. Refer to the **Salary Reduction Agreement** section below for instructions.

### Accounts opened with former employers

You may choose to establish a new account (refer to the **New accounts** section), or you may be able to continue contributing to an existing account through Conroe ISD. See if your existing plan provider is an available option at [www.ffga.com](http://www.ffga.com):

1. Select Login (top right corner).
2. Select Retirement Plan Information.
3. Enter Conroe, select from the list that appears, then click Submit.
4. Select Your Authorized Providers (top right under Related Resources).
  - a. If your current plan provider is authorized and you wish to continue contributions through that provider, complete an SRA (refer to the **Salary Reduction Agreement** section below) and a plan-to-plan transfer form, if required by your existing 403(b) plan. Contact your agent for assistance. Send both forms to FFA.
  - b. If your current provider is not authorized, you will need to establish a new account (refer to the **New accounts** section), or you may consider enrolling in the FFinvest 457(b) retirement plan. You may be able to transfer funds from your existing account to your new account. Contact each provider about the availability of this option. If transferring funds, complete a plan-to-plan transfer form. Contact your agent for assistance. After you have successfully enrolled, submit both forms to FFA.

### Salary Reduction Agreement (new and established accounts)

Only the FFA SRA will be accepted.

1. Go to [www.ffga.com](http://www.ffga.com).
2. Select Login (top right corner).
3. Select Retirement Plan Information.
4. Enter Conroe, select from the list that appears, then click Submit.
5. Select 403(b) Forms & Information.
6. Select the link for the 403(b) Salary Reduction Agreement.
  - a. The account number MUST be listed for new enrollments.
  - b. An agent/broker signature is REQUIRED for new enrollments. (No Load companies are exempt from the agent signature requirement.)

Any payroll contribution change (increase, decrease, or stop) to an established 403(b) account requires a new SRA to FFA. These changes do not require an agent signature.

Fax or mail all completed forms to FFA, Attn: Retirement Services.

Fax: 1-866-265-4594

Mail: Retirement Services

First Financial Administrators, Inc.

PO Box 670329

Houston, TX 77267-0329

### FFinvest 457(b) retirement plan

Enrolling in a 457(b) savings plan is another option to help you save for retirement. You can lower your current taxes or earn tax-free income, bridge your retirement income gap, and get closer to financial independence. Unlike 403(b) plans, early withdrawals from a 457(b) account are not subject to a 10% early withdrawal tax upon separating from the employer.

If you need help deciding how much you should save or which investment options to select, schedule a virtual meeting with a TCG retirement plan specialist at [www.tcgservices.com/telewealth](http://www.tcgservices.com/telewealth).

### During annual enrollment

1. As you are reviewing and making selections for the new plan year in FFenroll, look for and click the FFinvest 457(b) Retirement Plan link. If you receive a message prompting you to log in, use your Social Security number without dashes as your user name and your date of birth in MMDDYYYY format as your password.
2. Follow the on-screen steps to select your salary contribution and investment options. Remember to designate an account beneficiary.
3. Continue until you receive a confirmation notice.

### Year-round

1. Go to [www.tcgservices.com/enroll](http://www.tcgservices.com/enroll).
2. Search for Conroe ISD and choose the 457(b) Savings Plan.
3. To log in, use your Social Security number without dashes as your user name and your date of birth in MMDDYYYY format as your password.
4. Follow the on-screen steps to select your salary contribution and investment options. Remember to designate an account beneficiary.
5. Continue until you receive a confirmation notice.

**Conroe ISD does not hire or contract with any financial agent other than First Financial Administrators, Inc. and TCG Administrators. No financial agent "representing" Conroe ISD will ever call you at home or send you an email. Further, agents are prohibited from soliciting or conducting business on District property. Because investment strategies are a personal decision that each employee should investigate on his/her own, Conroe ISD makes no recommendation or approval of individual 403(b) plans, sales representatives, agents, or financial advisors.**



# Notice to Employees: Requirements of the Affordable Care Act

**As of January 1, 2014, the Affordable Care Act (ACA) requires you to have health insurance for yourself and your dependents.** Some people are exempt from this requirement. To learn how to apply for an exemption, see Questions and Answers on the Individual Shared Responsibility Provision, [www.irs.gov/Affordable-Care-Act/Individuals-and-Families/Questions-and-Answers-on-the-Individual-Shared-Responsibility-Provision](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families/Questions-and-Answers-on-the-Individual-Shared-Responsibility-Provision). If you do not have health insurance for plan years through 2018, and you are not exempt, you may be subject to a penalty; starting with the 2019 plan year, the Shared Responsibility Payment no longer applies. (see [www.healthcare.gov/fees/fee-for-not-being-covered/](http://www.healthcare.gov/fees/fee-for-not-being-covered/)).

**Enrollment in a Conroe Independent School District (ISD) group health plan satisfies the requirement to have health insurance.** The Conroe ISD Employee Benefits booklet explains who is eligible to enroll in a medical plan. Enrollment in another plan, such as through a spouse, parent, or association, also satisfies the requirement to have health insurance if the plan provides minimum essential coverage.

**As an alternative to a Conroe ISD group health or another health insurance program, you may enroll in insurance through the Health Insurance Marketplace.** In Texas, the Marketplace is a federal government program that offers “one-stop shopping” to find and compare private health insurance options. Most individuals are eligible to enroll in insurance through the Marketplace. Open enrollment for the Marketplace occurs each year beginning November 1 for coverage beginning January 1 of the next calendar year. If you do not enroll by December 15, you cannot enroll in a Marketplace plan for the next calendar year unless you qualify for a Special Enrollment Period. For information on the Marketplace, see [www.healthcare.gov](http://www.healthcare.gov).

**You may be eligible for a premium tax credit or other assistance toward insurance obtained through the Marketplace, depending on your household income.** More information on the premium tax credit and other cost-sharing provisions is available at [www.healthcare.gov](http://www.healthcare.gov). Please note that the District will not contribute to premium costs if you enroll in insurance through the Marketplace. Also, you will lose the benefit of paying the premium with pre-tax income if you purchase insurance through the Marketplace.

**You must decide whether to enroll in the Conroe ISD group health plan within your first 31 calendar days of employment, if you are eligible.** If you decide not to enroll in the Conroe ISD group health plan during the new hire enrollment period, you will not be able to enroll again until the next annual enrollment period unless you experience a special enrollment event. On the other hand, if you decide to enroll in the Conroe ISD group health plan during your new hire enrollment period, the District’s cafeteria plan does not permit you to drop insurance before the end of the plan year unless a family status change or other qualified event, per IRC Section 125, occurs.

### Basic Information About Health Care Offered By The District

If you decide to shop for coverage in the Marketplace, below is the employer information you will enter at [healthcare.gov](http://healthcare.gov) to find out if you are eligible for a premium tax credit.

This information is numbered to correspond to the Marketplace application.

<b>3. Employer name</b> Conroe Independent School District		<b>4. Employer Identification Number</b> (EIN) 746000556
<b>5. Employer Address</b> 3205 West Davis		<b>6. Employer phone number</b> 936-709-7808
<b>7. City</b> Conroe	<b>8. State</b> TX	<b>9. Zip code</b> 77304
<b>10. Who can we contact about employee health coverage at this job?</b> Conroe ISD Human Resources Department – Benefits Office		
<b>11. Phone number (if different from above)</b>		<b>12. Email address</b> benefitsoffice@conroeisd.net

The District offers group health coverage to all eligible employees and their eligible dependents. Eligibility is described in the Conroe ISD Employee Benefits Guide. The coverage offered by Conroe ISD meets the minimum value standard, and the cost of this coverage to you is intended to be affordable.

### Additional information

The Conroe ISD plan year begins September 1 and ends August 31. Annual enrollment takes place July 1-31. If you have questions or concerns about the health insurance offered through the District, please refer to [www.conroeisd.net/hr/benefits](http://www.conroeisd.net/hr/benefits) or contact the Conroe ISD Benefits Office at 936-709-7808.

Questions about the Marketplace and how the Affordable Care Act impacts you as an individual should be addressed to [www.healthcare.gov](http://www.healthcare.gov) or your personal attorney.

## Women's Health and Cancer Rights

Under the Conroe ISD health plan, as required by the Women's Health and Cancer Rights Act of 1998, coverage will be provided to a person who is receiving benefits in connection with a mastectomy and who elects breast reconstruction in connection with the mastectomy for:

- (1) All stages of reconstruction of the breast on which a mastectomy has been performed;
- (2) Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- (3) Prostheses; and
- (4) Treatment of physical complications of all stages of mastectomy, including lymphedemas.

This coverage will be provided in consultation with the attending physician and the patient, and will be provided in accordance with the plan design, limitations, copays, deductibles, and referral requirements, if any, as outlined in your plan documents.

If you have any questions about our coverage of mastectomies and reconstructive surgery, please call the phone number for members listed on the back of your UnitedHealthcare ID card.

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

## Medicare Part D Notice of Creditable Coverage

### Important Notice from Conroe Independent School District (ISD) About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Conroe ISD and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about Medicare's and Conroe ISD's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Conroe ISD has determined that the prescription drug coverage offered by its group health plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered creditable coverage. Because your existing coverage is creditable coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

### When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15 to December 7. However, if you lose your creditable prescription drug coverage, through no fault of your own, you will be eligible for a two-month Special Enrollment Period (SEP) to join a Medicare drug plan.

### What Happens to Your Current Coverage If You Decide to Join a Medicare Drug Plan?

Most participants in the Conroe ISD group health plan should probably not take any action to enroll in a Medicare Part D plan because the Conroe ISD plan covers prescription drug expenses in addition to health expenses. If you enroll in a Medicare prescription drug plan, there is no coordination of benefits between Conroe ISD's medical plan and Medicare Part D.

### When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Conroe ISD and don't join a Medicare drug plan within 63

continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go 19 months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

### For More Information About This Notice Or Your Prescription Drug Coverage

Refer to the Conroe ISD website, [www.conroeisd.net](http://www.conroeisd.net). Conroe ISD does not provide advice or counseling to participants regarding Medicare Part D plans and rules. NOTE: You'll get this notice each year. You also may request a copy of this notice at any time.

### For More Information About Your Options Under Medicare Prescription Drug Coverage

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit [www.medicare.gov](http://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](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY: 1-800-325-0778).

**Remember:** *Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).*

Administered by:  
Human Resources Department/Benefits Office  
Conroe Independent School District  
3205 West Davis, Conroe, TX 77304  
936-709-7808  
[www.conroeisd.net/hr](http://www.conroeisd.net/hr)



## Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage using funds from their Medicaid program or CHIP. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a state listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW (1-877-543-7669)** or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you are not already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor electronically at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call **1-866-444-EBSA (3272)**.

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2022. Contact your State for more information on eligibility.**

State	Program(s)	Website(s)	Phone Number(s)
Alabama	Medicaid	<a href="http://www.myalhipp.com">http://www.myalhipp.com</a>	1-855-692-5447
Alaska	Medicaid	<a href="http://myakhipp.com/">http://myakhipp.com/</a> and <a href="http://dhss.alaska.gov/dpa/pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/pages/medicaid/default.aspx</a>	1-866-251-4861
Arkansas	Medicaid	<a href="http://myarhipp.com">http://myarhipp.com</a>	1-855-692-7447
California	Medicaid	<a href="http://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx">http://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx</a>	1-800-541-5555
Colorado	Medicaid & CHIP	Medicaid: <a href="http://www.healthfirstcolorado.com/">http://www.healthfirstcolorado.com/</a> CHIP: <a href="https://hcpf.colorado.gov/child-health-plan-plus">https://hcpf.colorado.gov/child-health-plan-plus</a>	Medicaid: 1-800-221-3943 CHIP: 1-800-359-1991
Florida	Medicaid	<a href="https://www.flmedicaidplrecovery.com/flmedicaidplrecovery.com/hipp/index.html">https://www.flmedicaidplrecovery.com/flmedicaidplrecovery.com/hipp/index.html</a>	1-877-357-3268
Georgia	Medicaid	<a href="https://medicaid.georgia.gov/third-party-liability/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/third-party-liability/health-insurance-premium-payment-program-hipp</a>	678-564-1162 ext 2131
Indiana	Medicaid	For low-income adults 19-64: <a href="http://www.in.gov/fssa/hip">http://www.in.gov/fssa/hip</a> All others: <a href="http://www.indianamedicaid.com">http://www.indianamedicaid.com</a>	For low-income adults: 1-877-438-4479 For all others: 1-800-403-0864
Iowa	Medicaid & CHIP	Medicaid: <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a> CHIP: <a href="https://dhs.iowa.gov/hawki">https://dhs.iowa.gov/hawki</a>	Medicaid: 1-800-338-8366 CHIP: 1-800-257-8563
Kansas	Medicaid	<a href="https://www.kdhe.ks.gov/">https://www.kdhe.ks.gov/</a>	1-800-792-4884
Kentucky	Medicaid & CHIP	Medicaid: <a href="https://chfs.ky.gov">https://chfs.ky.gov</a> CHIP: <a href="https://kidshealth.ky.gov/Pages/index.aspx">https://kidshealth.ky.gov/Pages/index.aspx</a> KI-HIPP: <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a>	CHIP: 1-877-524-4718 KI-HIPP: 1-855-459-6328
Louisiana	Medicaid	<a href="http://dhh.louisiana.gov/index.cfm/subhome/1/n/331">http://dhh.louisiana.gov/index.cfm/subhome/1/n/331</a> <a href="http://www.ldh.la.gov/lahipp">http://www.ldh.la.gov/lahipp</a>	Medicaid: 1-888-342-6207 HIPP: 1-855-618-5488
Maine	Medicaid	<a href="http://www.maine.gov/dhhs/ofi/public-assistance/index.html">http://www.maine.gov/dhhs/ofi/public-assistance/index.html</a>	1-800-442-6003
Massachusetts	Medicaid & CHIP	<a href="https://www.mass.gov/info-details/masshealth-premium-assistance-pa">https://www.mass.gov/info-details/masshealth-premium-assistance-pa</a>	1-800-862-4840
Minnesota	Medicaid	<a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/medical-assistance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/medical-assistance.jsp</a>	1-800-657-3739
Missouri	Medicaid	<a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a>	573-751-2005
Montana	Medicaid	<a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a>	1-800-694-3084
Nebraska	Medicaid	<a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a>	1-855-632-7633
Nevada	Medicaid	<a href="http://dhcfp.nv.gov/">http://dhcfp.nv.gov/</a>	1-800-992-0900
New Hampshire	Medicaid	<a href="https://www.dhhs.nh.gov/oii/hipp.htm">https://www.dhhs.nh.gov/oii/hipp.htm</a>	1-800-852-3345 ext 5218
New Jersey	Medicaid & CHIP	Medicaid: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid">http://www.state.nj.us/humanservices/dmahs/clients/medicaid</a> CHIP: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a>	Medicaid: 609-631-2392 CHIP: 1-800-701-0710
New York	Medicaid	<a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a>	1-800-541-2831
North Carolina	Medicaid	<a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a>	919-855-4100
North Dakota	Medicaid	<a href="http://www.nd.gov/dhs/services/medicalserv/medicaid">http://www.nd.gov/dhs/services/medicalserv/medicaid</a>	1-844-854-4825
Oklahoma	Medicaid & CHIP	<a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a>	1-888-365-3742
Oregon	Medicaid	<a href="http://healthcare.oregon.gov/pages/index.aspx">http://healthcare.oregon.gov/pages/index.aspx</a>	1-800-699-9075
Pennsylvania	Medicaid	<a href="https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx">https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx</a>	1-800-692-7462
Rhode Island	Medicaid & CHIP	<a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a>	1-855-697-4347
South Carolina	Medicaid	<a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a>	1-888-549-0820
South Dakota	Medicaid	<a href="http://dss.sd.gov">http://dss.sd.gov</a>	1-888-828-0059
Texas	Medicaid	<a href="http://www.gethipptexas.com">http://www.gethipptexas.com</a>	1-800-440-0493
Utah	Medicaid & CHIP	Medicaid: <a href="https://medicaid.utah.gov">https://medicaid.utah.gov</a> CHIP: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a>	1-877-543-7669
Vermont	Medicaid	<a href="http://www.greenmountaincare.org">http://www.greenmountaincare.org</a>	1-800-250-8427
Virginia	Medicaid & CHIP	<a href="https://www.coverva.org/hipp/">https://www.coverva.org/hipp/</a>	Medicaid: 1-800-432-5924 CHIP: 1-855-242-8282
Washington	Medicaid	<a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a>	1-800-562-3022
West Virginia	Medicaid	<a href="http://mywvhipp.com/">http://mywvhipp.com/</a>	1-855-699-8447
Wisconsin	Medicaid & CHIP	<a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a>	1-800-362-3002
Wyoming	Medicaid	<a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a>	1-800-251-1269

**To see if any other states have added a premium assistance program since January 31, 2022, or for more information on special enrollment rights, contact either:**

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

**U.S. Department of Health and Human Services**  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov) • 1-877-267-2323, Menu Option 4, Ext. 61565

## Introduction

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

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

### You may have other options available to you when you lose group health coverage.

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

## What is COBRA continuation coverage?

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

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

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

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

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

## Continuation Coverage Rights Under COBRA

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

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

### When is COBRA continuation coverage available?

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

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

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

### How is COBRA continuation coverage provided?

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

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

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

#### *Disability extension of 18-month period of COBRA continuation coverage*

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

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

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

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

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

### Are there other coverage options besides COBRA continuation coverage?

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

### If you have questions

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

### Keep your Plan informed of address changes

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

### Plan contact information

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



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

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

## Benefits contact information

### CISD Benefits Office

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

### FFenroll Help Desk

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

### Third-Party Administrator

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

JR Cornejo,  
Senior Account Administrator  
903-245-3889  
jr.cornejo@ffga.com

## Group Health Benefits

### Medical

#### Blue Cross and Blue Shield of Texas Customer Service

Blue Premier HMO (Group #341643) .....	1-877-299-2377
Blue Essentials HMO (Group #341644) .....	1-877-299-2377
Blue Choice PPO HDHP (Group #341642) .....	1-800-521-2227
Personalized Member Website .....	www.bcbstx.com
24/7 Nurseline.....	1-800-581-0393
Behavioral/Mental Health .....	1-800-528-7264
Ovia Maternity Support Program .....	1-888-421-7781
Virtual Visits with MDLIVE .....	1-888-680-8646
	www.MDLIVE.com/bcbstx

### Pharmacy (Group ID: CISD)

OptumRx .....	1-844-722-1702
	www.optumrx.com

### Health Savings Account (Employer ID: FFA217)

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

## Other Benefits

### 403(b) Retirement Savings

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

### 457(b) Retirement Savings (FFinvest)

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

TCG Administrators .....	1-800-943-9179
	www.tcgservices.com

JR Cornejo, First Financial Administrators, Inc.....	903-245-3889
	jr.cornejo@ffga.com

### Leave of Absence

CISD Human Resources.....	hrleaves@conroeisd.net
	www.conroeisd.net

### Workers' Compensation

CISD Human Resources.....	hrworkerscomp@conroeisd.net
	www.conroeisd.net

### Social Security Alternative Plan

TCG Administrators .....	1-800-943-9179
	www.region10rams.org

This guide is based on official plan documents and provides highlights of benefits options for the 2022 – 2023 plan year. Every attempt has been made to ensure its accuracy. If there is a conflict between statements in this guide and the plan documents, insurance contracts, or state and federal regulations, the plan documents, insurance contracts, and state and federal regulations will prevail. Plan documents are available online at **www.conroeisd.net** under Employees > Benefits > Plan Documents.

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

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