



2024 – 2025 Employee Benefits Quick Reference Guide

Making choices that work for you

Welcome!

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 2024 – 2025 plan year. You can refer to this guide throughout the year along with the online Conroe ISD Employee Benefits Center at **ffbenefits.ffga.com/conroeisd**.

For more detailed information, please review the plan documents available online at **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**.

Inside this guide

Health insurance terms 101	3
Enrollment	4
Special enrollment and changes during the year.....	4
Who's eligible?.....	5
How to enroll	6
Medical plan options	7
2024 – 2025 medical and pharmacy out-of-pocket costs	9
Premiums.....	10
Prescription drug plan	11
Retirement savings plans	12
Legal notices	14
Benefits contact information	18



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, such as 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 copays, 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 which kinds of services need 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 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 you 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.

For an extensive glossary of health coverage and medical terms, go online to www.healthcare.gov/sbc-glossary.

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. You can find the summaries online at www.conroeisd.net under Employees > Benefits > Benefits Enrollment. A paper copy is also available, free of charge, by contacting the Conroe ISD Benefits Office at **936-709-7808** or benefitoffice@conroeisd.net.



Enrollment

Conroe ISD has contracted First Financial Administrators, Inc. (First Financial) to administer its Section 125 Flexible Benefits Plan 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, visit the online Employee Benefits Center at ffbenefits.ffga.com/conroeid or call First Financial 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, 2024)

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, 2024, and continue through August 31, 2025.

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 following section for more information.



Every employee must enroll in or decline benefits beginning July 1, 2024, and no later than 11:59 p.m. July 31, 2024; changes take effect September 1, 2024.

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

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 **936-709-7808** or benefitsoffice@conroeid.net as soon as possible.

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

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

- Marriage or divorce
- Birth, 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
- 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.

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

If your spouse is employed and has access to group medical coverage through his/her employer, he/she is not eligible for Conroe ISD group medical coverage. This exclusion does not apply if your spouse does not work, is not eligible for coverage, has lost coverage as an active employee and has been offered continuation coverage under COBRA, or 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.

*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 coverage between July 1 and 31, 2024, or by your 31st calendar day of employment (new employees) at www.conroeisd.net using the Insurance Enrollment link under Employees > Employee Logins, go to ffga.benselect.com/enroll, or scan the QR code to 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.

Scan to enroll



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 1980, then your PIN will be 123480.

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 statement generated by the FFenroll 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 FFenroll 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.**, write Conroe ISD and your employee number on the memo line and mail to:

Processing/Medical Payment – Conroe ISD
FFGA
PO Box 1629
Spring, TX 77383
 - 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 the entire cost of all our medical and prescription drug expenses.

As employees and plan participants, 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 plan revenues, 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 PremierSM [HMH]
 - Blue Essentials HMO – select Blue EssentialsSM [HMO]
 - Blue Choice PPO HDHP – select Blue Choice PPOSM [BCA]

Note: Provider network affiliations are subject to change at any time and are not based on the Conroe ISD plan year. Once enrolled, log in to your Blue Access for MembersSM (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 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.



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

Key Features	Blue Premier HMO	Blue Essentials HMO	Blue Choice PPO HDHP
PCP required	Yes	Yes	No
Specialist referral required	Yes ¹	Yes ¹	No
Cost-sharing for covered health care services and prescription drugs	Copays, deductibles, and coinsurance	Copays, deductibles, and coinsurance	Deductibles and coinsurance <i>The full cost of medical care, supplies, and prescriptions is paid by the member until the deductible is met.</i>
Plan year	September 1 – August 31	September 1 – August 31	January 1 – December 31 ²
Network hospitals³	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
Kelsey-Seybold Clinic in network³	No	Yes	Yes
Geographic service area	Greater Houston area counties: Chambers, Fort Bend, Harris, Liberty, and Montgomery Other Texas counties: 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
Out-of-network coverage	No ⁴	No ⁴	Yes
Health Savings Account (HSA) eligible⁵	No	No	Yes ⁵

¹Exceptions to the referral requirement are emergency care, urgent care, gynecological visits, obstetrical visits, annual screening mammograms, mental health practitioner visits, and routine eye exams.

²The plan year will change to September 1 – August 31 beginning September 1, 2025.

³Provider network affiliations are subject to change at any time.

⁴Services and supplies received outside the network are not covered unless received in a true medical emergency.

⁵An HSA permits you to set money aside in a separate account on a tax-free basis to pay for unreimbursed medical costs. 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, including participant and employer contributions, for 2024 are \$4,150 for individual coverage and \$8,300 for family coverage. The maximum amounts for 2025 are \$4,300 for individual and \$8,550 for family coverage. Individuals age 55 and older can contribute an additional \$1,000 per year. To be eligible for an HSA, you must be enrolled in a qualified HDHP, and you cannot be enrolled in your or your spouse's full purpose FSA, Medicare, or a secondary health insurance plan.

Note for children living outside the state of Texas

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 state of Texas, then your child may qualify for the Away From Home Care® (AFHC) Program. For more details, or to enroll, 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).**

Please note that at the time of publication, the AFHC Program is not available in the following states: Alabama, Alaska, Idaho, Iowa, Kansas, Michigan, Mississippi, Montana, Nebraska, North Carolina, North Dakota, Oregon, Puerto Rico, Rhode Island, South Carolina, South Dakota, Tennessee, Utah, Vermont, Virgin Islands, Washington, West Virginia, and Wyoming.

2024 – 2025 medical and pharmacy out-of-pocket costs

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

Attention Blue Choice PPO HDHP members and prospective members:

The deductible and out-of-pocket maximum accumulators currently reset every January 1. The last reset on January 1 will occur on January 1, 2025. Thereafter, the accumulators will reset each September 1, including September 1, 2025.

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 the deductible before coinsurance applies, unless otherwise noted.				
Deductible				
Individual	\$900	\$1,500	\$3,500	\$6,900
Family	\$2,700	\$3,750	\$7,000	\$13,800
Out-of-Pocket Maximum (includes deductibles, copays, and coinsurance)				
Individual	\$6,000	\$7,000	\$7,050	Unlimited
Family	\$12,000	\$14,000	\$14,100	Unlimited
Office Visit				
Primary Care Physician (PCP)	\$20 copay	\$40 copay	30% after deductible	50% after deductible
Specialist	\$50 copay	\$55 copay	30% after deductible	50% after deductible
Preventive Care (subject to age and frequency limits)				
Routine Physical Exams, Preventive Care Immunizations, Well-Woman Preventive Visits, Routine Cancer Screenings, Prenatal Care	\$0 (plan pays 100%)	\$0 (plan pays 100%)	\$0 (plan pays 100%)	Not covered
Hospital, Surgery, and Specialty Service				
Emergency Room	20% after deductible plus \$250 copay	20% after 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%)	\$0 (plan pays 100%)**	N/A
Pharmacy Benefits (Balanced Drug List)				
Prescription Drug Deductible (waived for generic medications)	\$200 per individual, per plan year	\$200 per individual, per plan year	N/A	N/A
Prescriptions (Retail)				
Generic	\$15 copay	\$15 copay	30% after deductible	Not covered
Preferred Brand Name	\$60 copay	\$60 copay	30% after deductible	Not covered
Non-Preferred Brand Name	\$120 copay	\$120 copay	30% after deductible	Not covered
Prescriptions (Specialty)				
Must use Accredo® for specialty medications (limit 30-day supply)	\$250 copay	\$250 copay	30% after deductible	Not covered
Prescriptions (Mail order)				
Generic	\$30 copay	\$30 copay	30% after deductible	Not covered
Preferred Brand Name	\$120 copay	\$120 copay	30% after deductible	Not covered
Non-Preferred Brand Name	\$240 copay	\$240 copay	30% after deductible	Not covered

Your privacy is important to us. All medical information on record with BCBSTX is confidential and is not shared with Conroe ISD.

* Changing to 9/1-8/31 beginning 9/1/2025

** Based on legislation at the time of publication, this cost will change to 30% after deductible on 1/1/2025.

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 on the right.

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.**, write Conroe ISD and your employee number on the memo line and mail to:

Processing/Medical Payment – Conroe ISD
FFGA
PO Box 1629
Spring, TX 77383

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 Prime Therapeutics

Prime Therapeutics 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, Prime Therapeutics provides easy, cost-effective ways to get the medications you need.

You get:

- Coverage for most drugs
- Mail-order convenience through Express Scripts® Pharmacy
- A choice of pharmacies, including retail chains
- Personal support for specialty medicine needs with Accredo®
- Online 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 log in to www.myprime.com or use the **MyBlueRxTX** app 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 about 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 generic drug.

After you enroll: Sign up for your personalized website at www.myprime.com and also download the **MyBlueRxTX** 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 Prime Therapeutics might ask your doctor to prescribe another drug. Your doctor can always ask for an exception.

What medicine is covered?

Your prescription drug plan covers most drugs. However, some medications are not covered because there are similar covered alternatives that work the same way but are available at a lower cost, or are available without a prescription, such as over-the-counter medication. Here's how to check:

Before you enroll:

Visit www.myprime.com and take the following steps:

- In the menu bar, click Medicines, then Find medicines.
- A sign-in box will pop up. Click Continue without sign in at the bottom.
- Select the BCBS Texas health plan.
- Select No for the question that begins with, "Are you a Medicare Part D member..."
- Select Other BCBSTX Plans for the health plan type and click Continue.
- Select the Balanced Drug List and click Apply.
- Enter the medicine name or condition, then select the appropriate result. You can then enter the dosage of the medicine. Or choose from a list of medicines used to treat the condition, and enter the dosage.

After you enroll: Sign up for your personalized website at www.myprime.com and also download the **MyBlueRxTX** app to check coverage and medication availability under your plan. Or 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.myprime.com or by using the **MyBlueRxTX** app.

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

For specialty medications: Use the Accredo 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. Accredo can also help you with any questions you may have on dosage or side effects. Call **1-833-721-1619** for assistance.

*Some drugs may only be covered when dispensed by Accredo.

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

Retirement savings plans

Annual 403(b) Plan Notice

As a Conroe ISD employee, you have the opportunity to save for retirement with a voluntary 403(b) plan. This is a supplemental retirement savings plan offered to public school employees through their school districts. Like a 401(k) plan, eligible employees may make contributions to a 403(b) plan, up to the IRS limits, on either a pretax or Roth after-tax basis.

403(b) plan limits

- Participants may contribute up to \$23,000 in 2024.
- Participants who are age 50 and older at any time during the 2024 calendar year may contribute up to \$30,500. This includes an additional \$7,500 in catch-up contributions.
- You can split your contributions between traditional pretax contributions and Roth after-tax contributions, but you cannot go over the IRS limit.
- Unlike a Roth IRA, there are no income caps on Roth 403(b) contributions.

- Your 403(b) contributions must be aggregated for these plan types: 401(k), 403(b), SIMPLE Plans (SIMPLE IRA and SIMPLE 401(k) plans), and SARSEP. Please consult a tax professional if this applies to you and notify First Financial.
- The 403(b) contribution limit is separate from the limit for a traditional IRA, Roth IRA, or 457(b) plan.

403(b) enrollment

You may enroll in the 403(b) plan at any time during the year, not just during annual enrollment or as a new employee.

STEP 1: Review the list of available 403(b) plan investment providers.

- Go to www.ffga.com and hover over Login at the top of the page. Select Retirement Plan Information. Enter Conroe ISD and select it from the list that appears, then click Submit. Select Your Authorized Providers in the Related Resources box in the top right corner.



Retirement savings plans (CONTINUED)

- Before opening a 403(b)(1) annuity or 403(b)(7) custodial account, you should thoroughly research the options available to you, including other plans, such as an employer-sponsored 457(b) plan. You can learn more about 403(b) plans at www.403bwise.org.
- Neither Conroe ISD nor First Financial Administrators, Inc. offers advice or explicitly or implicitly endorses or approves any specific 403(b) plan provider or agent. You can compare 403(b) fees for the available 403(b) vendors by visiting www.403bcompare.com, and you can research firms and agents at www.investor.gov/CRS.

STEP 2: Set up your 403(b) account.

- Complete the 403(b) enrollment forms, or enroll online with the 403(b) company you select. If you have an existing account that was opened while you were employed by another school district, you may be able to continue contributing to the account through Conroe ISD. Please contact your 403(b) provider or First Financial for assistance. A plan-to-plan transfer form may be required.
- If the 403(b) company you select does not allow you to self-enroll and requires an agent, you can call the company for an agent in your area. Or use the First Financial 403(b) agent search tool at [https://services.ffga.com/for-individuals/services-investments/investments/403\(b\)-retirement-plan/search-agent-by-zip.aspx](https://services.ffga.com/for-individuals/services-investments/investments/403(b)-retirement-plan/search-agent-by-zip.aspx).

STEP 3: Start 403(b) contributions.

- Once your 403(b) account is open, complete the 403(b) Salary Reduction Agreement (SRA) form and either fax it to First Financial at **1-866-265-4594** or upload it at <https://sftp-transfer.ffga.com>. For log-in credentials, please call First Financial at **1-800-523-8422**, option 2, or send an email to retirement@ffga.com. The SRA form is available online at www.ffga.com. Note that an agent signature is required unless the SRA is for a new self-enroll 403(b) account.
- If at any time you wish to adjust your 403(b) contribution, you will need to complete and submit a new SRA form. An agent signature is not required for contribution changes to an existing 403(b) account.

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 plus 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.
- Participants may contribute up to \$23,000 in 2024. Participants age 50 and older at any time during the 2024 calendar year may contribute an additional \$7,500 in catch up contributions for a maximum of \$30,500.
- 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.

To enroll during annual enrollment

1. As you are reviewing and making selections for the new plan year in FEnroll, 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 username 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.

To enroll year-round

1. Go to 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 username 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. First Financial Administrators, Inc. is the 403(b) third-party administrator for Conroe ISD, and TCG Administrators is the 457(b) plan administrator. 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.



CONROE
INDEPENDENT
SCHOOL DISTRICT

Notice to Employees: Health Insurance Marketplace Coverage Options and Your Health Coverage

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

What is the Health Insurance Marketplace? The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options in your geographic area.

Can I Save Money on my Health Insurance Premiums in the Marketplace? You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards. The savings that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

When Can I Enroll in Health Insurance Coverage through the Marketplace? You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15. Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

You must decide whether to enroll in the Conroe ISD group health plan within your first 31 calendar days of employment. 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.

Additional information

The Conroe ISD plan year begins September 1 and ends August 31. Annual enrollment takes place July 1-31.

If you have questions or concerns about the health insurance offered through the District, please refer to www.conroeisd.net/hr/benefits or contact the Conroe ISD Benefits Office at 936-709-7808.

Please visit HealthCare.gov for more information about coverage through the Marketplace.

Information About Health Coverage Offered By Conroe ISD

If you decide to complete an application for coverage in the Marketplace, below is the employer information you will enter at healthcare.gov.

This information is numbered to correspond to the Marketplace application.

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

The District offers group health coverage to all 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.

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 group health plan ID card.

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

Medicare Part D Notice of Creditable Coverage

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

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

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

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

When Can You Join A Medicare Drug Plan?

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

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

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

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

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

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

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

For More Information About This Notice Or Your Prescription Drug Coverage

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

For More Information About Your Options Under Medicare Prescription Drug Coverage

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

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov.
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY: 1-800-325-0778).

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

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

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

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2024. Contact your State for more information on eligibility.

State	Program(s)	Website(s)	Phone Number(s)
Alabama	Medicaid	http://www.myalhipp.com	1-855-692-5447
Alaska	Medicaid	http://myakhipp.com/ and https://health.alaska.gov/dpa/Pages/default.aspx	1-866-251-4861
Arkansas	Medicaid	http://myarhipp.com	1-855-692-7447
California	Medicaid	http://dhcs.ca.gov/hipp	916-445-8322
Colorado	Medicaid & CHIP	Medicaid: http://www.healthfirstcolorado.com/ CHIP: https://hcpf.colorado.gov/child-health-plan-plus	Medicaid: 1-800-221-3943 CHIP: 1-800-359-1991
Florida	Medicaid	https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html	1-877-357-3268
Georgia	Medicaid	https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp	678-564-1162 press 1
Indiana	Medicaid	For low-income adults 19-64: http://www.in.gov/fssa/hip All others: https://www.in.gov/medicaid/	For low-income adults: 1-877-438-4479 For all others: 1-800-457-4584
Iowa	Medicaid & CHIP	Medicaid: https://dhs.iowa.gov/ime/members CHIP: https://dhs.iowa.gov/hawki	Medicaid: 1-800-338-8366 CHIP: 1-800-257-8563
Kansas	Medicaid	https://www.kancare.ks.gov/	1-800-792-4884
Kentucky	Medicaid & CHIP	Medicaid: https://chfs.ky.gov/agencies/dms CHIP: https://kynect.ky.gov KI-HIPP: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx	CHIP: 1-877-524-4718 KI-HIPP: 1-855-459-6328
Louisiana	Medicaid	www.medicaid.la.gov www.ldh.la.gov/lahipp	Medicaid: 1-888-342-6207 HIPP: 1-855-618-5488
Maine	Medicaid	https://www.mymaineconnection.gov/benefits/s/?language=en_US	1-800-442-6003
Massachusetts	Medicaid & CHIP	https://www.mass.gov/masshealth/pa	1-800-862-4840
Minnesota	Medicaid	https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp	1-800-657-3739
Missouri	Medicaid	http://www.dss.mo.gov/mhd/participants/pages/hipp.htm	573-751-2005
Montana	Medicaid	http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP	1-800-694-3084
Nebraska	Medicaid	http://www.ACCESSNebraska.ne.gov	1-855-632-7633
Nevada	Medicaid	http://dhcfp.nv.gov	1-800-992-0900
New Hampshire	Medicaid	https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program	1-800-852-3345 ext 5218
New Jersey	Medicaid & CHIP	Medicaid: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ CHIP: http://www.njfamilycare.org/index.html	Medicaid: 609-631-2392 CHIP: 1-800-701-0710
New York	Medicaid	https://www.health.ny.gov/health_care/medicaid/	1-800-541-2831
North Carolina	Medicaid	https://medicaid.ncdhhs.gov/	919-855-4100
North Dakota	Medicaid	https://www.hhs.nd.gov/healthcare	1-844-854-4825
Oklahoma	Medicaid & CHIP	http://www.insureoklahoma.org	1-888-365-3742
Oregon	Medicaid & CHIP	http://healthcare.oregon.gov/pages/index.aspx	1-800-699-9075
Pennsylvania	Medicaid & CHIP	Medicaid: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx CHIP: https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx	Medicaid: 1-800-692-7462 CHIP: 1-800-986-5437
Rhode Island	Medicaid & CHIP	http://www.eohhs.ri.gov/	1-855-697-4347
South Carolina	Medicaid	https://www.scdhhs.gov	1-888-549-0820
South Dakota	Medicaid	http://dss.sd.gov	1-888-828-0059
Texas	Medicaid	https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program	1-800-440-0493
Utah	Medicaid & CHIP	Medicaid: https://medicaid.utah.gov CHIP: http://health.utah.gov/chip	1-877-543-7669
Vermont	Medicaid	https://dvha.vermont.gov/members/medicaid/hipp-program	1-800-250-8427
Virginia	Medicaid & CHIP	https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select	1-800-432-5924
Washington	Medicaid	https://www.hca.wa.gov/	1-800-562-3022
West Virginia	Medicaid & CHIP	https://dhhr.wv.gov/bms/ http://mywvhipp.com/	Medicaid: 304-558-1700 CHIP: 1-855-699-8447
Wisconsin	Medicaid & CHIP	https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm	1-800-362-3002
Wyoming	Medicaid	https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/	1-800-251-1269

To see if any other states have added a premium assistance program since January 31, 2024, or for more information on special enrollment rights, contact either:

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

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

Introduction

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

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

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

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

What is COBRA continuation coverage?

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

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

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

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

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

Continuation Coverage Rights Under COBRA

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

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

When is COBRA continuation coverage available?

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

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

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

How is COBRA continuation coverage provided?

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

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

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

Disability extension of 18-month period of COBRA continuation coverage

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

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

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

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

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

Are there other coverage options besides COBRA continuation coverage?

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

If you have questions

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

Keep your Plan informed of address changes

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

Plan contact information

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



CONROE
INDEPENDENT
SCHOOL DISTRICT

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

Benefits Office
Human Resources Department
3205 W Davis St
Conroe, TX 77304

Benefits contact information

CISD Benefits Office

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

Third-Party Administrator

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

FFenroll Help Desk

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

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

Group Health Benefits

Medical and Pharmacy

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
- Internet Help Desk 1-888-706-0583
 Available Mon – Fri 7AM – 10PM and Sat 7AM – 3:30PM
- 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
- Prime Therapeutics www.myprime.com
- Express Scripts Pharmacy (Mail Order) 1-833-715-0942
 www.express-scripts.com/rx
- Accredo (Specialty Pharmacy) 1-833-721-1619
 www.accredo.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

Looking for more information? Log in to the Conroe ISD Employee Benefits Center at <https://ffbenefits.ffga.com/conroeisd>.

This guide is based on official plan documents and provides highlights of benefits options for the 2024 – 2025 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**.