



# Alief

Independent School District

## EMPLOYEE BENEFITS GUIDE

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2024 Plan Year



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Alief ISD offers eligible employees a competitive benefits package that includes both district-paid and voluntary products. We have worked closely with First Financial (FFGA) to provide you with a variety of benefits and resources to help you reach your healthcare and retirement needs.

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

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# WHAT'S NEW & CHANGING

**EVERY EMPLOYEE MUST LOG IN OR VISIT WITH A REP TO COMPLETE ENROLLMENT: MANDATORY ENROLLMENT**

## THINGS TO KNOW

- Social Security numbers must be added to the system for any dependents
- Term Life Insurance reduces 35% at age 65 and 55% at age 70
- 2024 FSA & Dependent Care max contribution limits are pending IRS release
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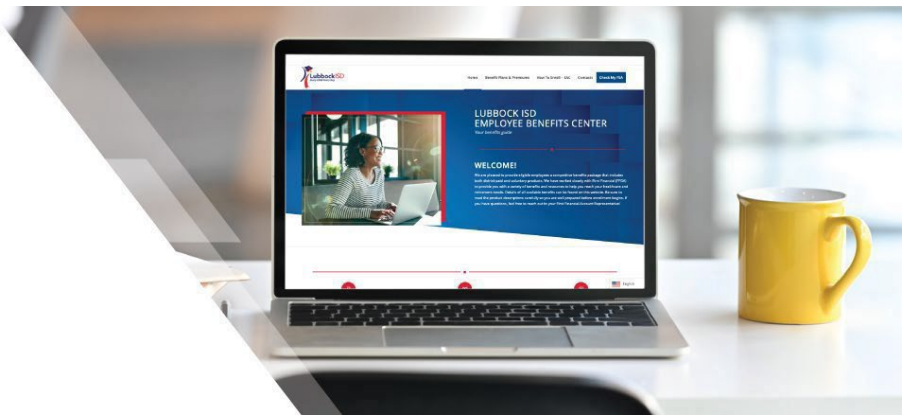
## WHAT'S NEW

- Lower MetLife Critical Illness rates
- Covid-19 positive and hospitalized for 5+ days covered at 25%
- No age reduction in benefits



Introducing Alief ISD's

# EMPLOYEE BENEFITS CENTER



<https://ffbenefits.ffga.com/aliefisd/>

Our benefits provider, First Financial Group of America, has created a custom website for Alief ISD employees as a resource guide to your benefits. The Employee Benefits Center (EBC) is a comprehensive site where you can find everything you need to know about upcoming enrollment and available benefits. More information about the EBC is listed below.

Click here to visit the Alief ISD EBC: [ffbenefits.ffga.com/aliefisd/](https://ffbenefits.ffga.com/aliefisd/)

## Employee Benefits Center (EBC) Features

- Homepage: Find quick details for new hires, open enrollment dates and mid-year benefit changes.
- Benefit Plans & Premiums: Choose to view the current plan year or previous plan year benefits. On this page, you can download a copy of the benefit book read more about open enrollment and Section 125 Plans. The left-hand menu includes links to individual webpages for each of the available benefits as well as a reference for common benefit terms. The individual webpages include a brief description about the benefit as well as product videos, claim forms, brochures and carrier contact details.
- How To Enroll: Visit this page to find enrollment instructions, links and technical support phone numbers. <There is also a video on how to use the online enrollment system so that you can visually learn how the platform works.>
- Contacts: Find the names, phone numbers and email addresses for both district and First Financial contacts on this page. Please note that insurance carrier contact information can be found under the Benefits Plans & Premiums tab for the current plan year.
- Check my HSA/FSA: Access your HSA and FSA accounts through this link. You will be redirected to a login page where you can sign into your online account.

We hope you take full advantage of the EBC to learn more about the benefits available to Alief ISD employees. If you have questions, contact Joe Quijada, Account Manager, (281) 272-7604 [Joe.Quijada@ffga.com](mailto:Joe.Quijada@ffga.com) or Valeria Clinkscales, Sr. Account Administrator, (281) 272-7618 [valeria.clinkscales@ffga.com](mailto:valeria.clinkscales@ffga.com)



Risk Management  
4250 Cook Rd, Houston, TX 77072  
[RiskMgmt@aliefisd.net](mailto:RiskMgmt@aliefisd.net) | (281) 498-8110 ext. 29150

## REFERENCE CENTER

To enroll online, log in to BenefitSolver at [www.benefitsolver.com](http://www.benefitsolver.com) and log in with your User Name and password for this benefit website. If this is your first-time logging into the site, click Register to get started. This site will request your social security number, date of birth (mm/dd/yyyy) and company key (alief), case sensitive. The site will ask you to create your Username (8 characters or longer) and Password (8 characters or longer) and have a combination of letters and numbers. Please see the BenefitSolver navigation Instructions at the end of this book.

## Online Enrollment

### ENROLL ONLINE

To enroll online, log in to BenefitSolver at [www.benefitsolver.com](http://www.benefitsolver.com) and log in with your User Name and password for this benefit website. If this is your first-time logging into the site, click Register to get started. This site will request your social security number, date of birth (mm/dd/yyyy) and company key (alief), case sensitive. The site will ask you to create your Username (8 characters or longer) and Password (8 characters or longer) and have a combination of letters and numbers. Please see the BenefitSolver navigation Instructions at the end of this book.

### VIEW CURRENT BENEFITS

After logging in, you will arrive at the welcome screen. Your current benefits will be listed on this screen.

### VIEW/ADD DEPENDENTS

Click next to view your dependents. It is very important to make sure the social security numbers and birth dates listed are correct. If you plan to add dependents, you will need to enter their social security numbers and birth dates.

### BEGIN ELECTIONS

Click next again to begin making your benefit elections. Remember, no changes to your elections can be made during the plan year unless you have either a qualified mid-year change under Section 125 or a special enrollment event.

### Who is Eligible?

You are eligible to enroll in the Alief ISD Benefits Program if you are a regular, full-time employee. Coverage begins on January 1, 2024, or on the first day of the month following full-time employment as an eligible employee.

### Who are My Eligible Dependents?

You may cover your lawful spouse and dependent children. You may cover your common-law-spouse if you fill out the proper form. Children are eligible to age 26 regardless of marital or student status. A child who is physically or mentally handicapped may be eligible for coverage beyond 26.

### Enrollment Requirements

All employees must enroll during open enrollment in August or within 31 days of a loss or gain of coverage.

### Can I Change My Coverage During the Year?

The benefits you choose will remain in effect throughout the plan year (from January 1st through December 31st). You may only add or cancel coverage during open enrollment, or if you have a qualifying status change that causes you to gain or lose eligibility for benefits. (Proof of your status change will be required.)

Qualifying changes may include:

- A change in your legal marital status,
- A change in your number of dependents as a result of birth, adoption, legal custody, or if your dependent child satisfies or ceases to satisfy eligibility requirements for coverage, or the death of a dependent child or spouse
- A change in employment status for you or your spouse that results in a loss or gain of coverage.
- Loss or gain of eligibility for other insurance (including CHIP & Medicaid)

You must notify Risk Management of the requested change within 31 days of the change in status.

### Health plan information regarding a newborn:

Newborn children of the employee or their enrolled spouse are covered under the plan for 31 days after birth only if enrolled by the subscriber within the required timeframe. Any required additional contributions must be paid to Employer within 31 days from the date of birth in order for coverage to be effective.

### Taxes and Your Benefits

You may decide to pay for your benefits on a before or after-tax basis through your payroll deductions. The “Cafeteria Plan” (before-tax) allows for a tax savings when the costs of certain insurance premiums are deducted from gross salary.

### Coordination of Insurance Benefits

The process of reconciling healthcare charges when an individual is covered by more than one insurance plan. For example, if a child is insured through both parents’ employers’ plans, one insurer is generally considered the primary insurer and pays first, and the insurer considered secondary reimburses after the primary plan pays. The secondary insurer’s reimbursement, if any, takes into consideration any outstanding dollar amounts for covered services received up to the allowed amount. In any case, the secondary plan will never pay more than they would have paid had they been primary. Alief ISD’s plan uses the “birthday rule,” which means that the parent whose birthday comes first in the year will be the primary payer.

## DECLINING COVERAGE

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

## Know your options

Alief ISD provides a wide array of valuable benefits, from medical coverage to life insurance, and from dental plans to wellness programs.

## Take your time. Study your options.

Everyone has different needs, health challenges, budgets, and goals. By choosing your options carefully, you and your family can get the coverage that fits your needs—and the support to use your benefits to your advantage.

## DEPENDENT ELIGIBILITY REQUIREMENTS

To enroll your dependents in the benefit plans, you must submit proof of eligibility documents by email or fax to [benefits@aliefisd.net](mailto:benefits@aliefisd.net) within **14 days**. You should **NOT** submit original documents or certified copies (which would have a raised seal). Make sure the official seal is visible on all copies. Original documents cannot be returned.

### Legal Marriage

If you are legally married, you must submit a **COPY** of:

- Marriage Certificate

### Biological Child

To verify the eligibility of a biological child, you must submit a **COPY** of:

- Birth Certificate of Biological Child; **OR**
- Documentation on hospital letterhead indicating the birth date of the child or children under 6 months old

### Adopted Child

To verify the eligibility of an adopted child or a child placed with you for adoption, you must submit a copy of the following documents. The documents you submit will depend on the current stage of the adoption.

- Official court or agency placement, guardianship papers for a child placed with you for adoption (initial stage); **OR**
- Official Court Adoption Agreement for an Adopted Child (mid-stage); **OR**
- Birth Certificate (final stage)

### Grandchild

To verify the eligibility of your grandchild, you must submit a **COPY** of:

- Official court papers establishing legal guardianship held by the employee

### Common Law Marriage

If you are in a common law marriage, you must submit a **COPY** of:

- Country Certificate from the County where the marriage was recognized or recorded, **OR**
- If the County does not issue certificates, you can submit a [Common Law Marriage Affidavit](#), plus the supporting document listed on the affidavit

### Stepchild

To verify the eligibility of your stepchild, you must submit a **COPY** of:

- Child's Birth Certificate showing the child's parent is the employee's spouse; **AND**
- Marriage Certificate showing legal marriage between the employee and the child's parents

### Other Children

For whom you are the legal guardian, to verify the eligibility of any other type of child for who you are the legal guardian, you must submit a **COPY** of:

- Court papers demonstrating legal guardianship. Including the employee named as the legal guardian.

# Medical



## Aetna Memorial Hermann ACO (Accountable Care Organization)

The Memorial Hermann ACO plan provides top rated coverage at a low premium point. With the Memorial Hermann ACO you will enjoy a low deductible, and complex imaging at only a copay. You will be required to stay within the Memorial Hermann network but will NOT need a referral to see a specialist.

## Aetna KelseyCare ACO (Accountable Care Organization)

The Kelsey Care ACO plan provides top rated coverage at a low premium point. With the Kelsey plan you will enjoy a low deductible and complex imaging at only a copay. You will be required to stay within the Kelsey Seybold network and designate a PCP but will NOT need a referral to see a specialist within the Kelsey network.

## Aetna EPO Texas Medical Neighborhood (Exclusive Provider Organization)

The TMN plan requires that you choose a primary care physician but will not be required to obtain a referral for a specialist. The TMN plan provides more freedom by allowing services for all providers within the Aetna network. Aetna has a large network of doctors and facilities in the Houston area. Any services to doctors or facilities that are out-of-network will not be covered.

Memorial Hermann / Kelsey Care Semi-Monthly Rates		
Coverage Tier	With Wellness Discount	Without Wellness Discount
Employee Only	\$37.00	\$42.00
Employee + Spouse	\$224.00	\$229.00
Employee + Child(ren)	\$183.00	\$188.00
Employee + Family	\$367.00	\$372.00

Aetna EPO TMN – Semi-Monthly Rates		
Coverage Tier	With Wellness Discount	Without Wellness Discount
Employee Only	\$76.00	\$81.00
Employee + Spouse	\$349.00	\$354.00
Employee + Child(ren)	\$312.00	\$317.00
Employee + Family	\$596.00	\$601.00

## AETNA RESOURCES

[www.aetna.com](http://www.aetna.com)— Need to know if your doctor is in network or request your ID card after enrollment? Visiting Aetna's website allows members to look up doctors and facilities, get an id card, view claims, estimate cost of care and more. Register online to take advantage of Simple Steps to a Healthier Life, the Audio Library and the Healthwise Knowledgebase. 866-381-8933 Check if your current physician is with Memorial Hermann or Kelsey Seybold online or via phone.



# Medical - Aetna

Aetna Semi-Monthly Rates			
Coverage Tier	Kelsey Care	Memorial Hermann	EPO (TX Medical Neighborhood)
Employee Only	\$42.00	\$42.00	\$81.00
Employee + Spouse	\$229.00	\$229.00	\$354.00
Employee + Child(ren)	\$188.00	\$188.00	\$317.00
Employee + Family	\$372.00	\$372.00	\$601.00
BENEFIT FEATURES	Kelsey Care IN-NETWORK ONLY Grp # 100085-15-00201	Memorial Hermann IN-NETWORK ONLY Grp # 100085-13-00001	EPO (TX Medical Neighborhood) OA Select (in-network only) Grp # 100085-15-00101
<b>Annual Deductible</b> Individual Family	..... <b>\$1,500</b> \$2,250	..... <b>\$1,500</b> \$2,250	..... <b>\$3,000</b> \$3,000
<b>Out of Pocket Maximum</b> Individual Family	..... <b>\$3,750</b> <b>\$7,500</b>	..... <b>\$3,750</b> <b>\$7,500</b>	..... <b>\$6,000</b> <b>\$12,000</b>
<b>Coinsurance</b> 20%	20%	20%	20%
<b>Lifetime Maximum</b>	Unlimited	Unlimited	Unlimited
<b>Preventive Services</b> Immunizations, Routine Physicals, Well Child, Pap Smears, PSA Tests, plan lay Mammograms	100% Covered	100% Covered	100% Covered
<b>Primary Care Physician Selection</b> <b>Referrals to Specialist</b>	<b>Required</b> Not Required	Optional Not Required	<b>Required</b> Not Required
<b>Physician Office Visit</b> Primary Care Specialist <b>Maternity OB Visits</b>	\$30 Copay \$40 Copay \$40 Copay Initial Visit Only/Then 100%	\$30 Copay \$40 Copay \$40 Copay Initial Visit Only/Then 100%	\$30 Copay \$40/\$60 Copays \$40/\$60 Copay Initial Visit Only/Then 100%
<b>Urgent Care</b> <b>Emergency Room</b> <b>Ambulance</b> (Non-emergency use not covered)	\$40 Copay <b>\$250 Copay &amp; 20% after deductible</b> 20% after deductible	\$40 Copay <b>\$250 Copay &amp; 20% after deductible</b> 20% after deductible	\$40 Copay <b>\$500 Copay &amp; 20% after deductible</b> 20% after deductible
<b>Hospital Care</b> Inpatient  Inpatient Maternity Outpatient	\$300 Copay + 20% after deductible  Same as Inpatient Cost 20% after deductible	\$300 Copay + 20% after deductible  Same as Inpatient Cost 20% after deductible	\$500 Copay + 20% after deductible  Same as Inpatient Cost 20% after deductible
<b>Diagnostic Services</b> Laboratory & X-Ray— copay Complex Imaging	\$40 Copay \$150 Copay	\$40 Copay \$150 Copay	\$40 Copay 20% after deductible
<b>Skilled Nursing</b> <b>Home Health Care</b> <b>Hospice Care</b> —Inpatient  —Outpatient	\$300 Copay + 20% after deductible 20% after deductible  \$300 Copay + 20% after deductible \$40 Copay	\$300 Copay + 20% after deductible 20% after deductible  \$300 Copay + 20% after deductible 20% after deductible	\$500 copay + 20% after deductible 20% after deductible  \$500 copay + 20% after deductible \$40 Copay
<b>Mental Health</b> Inpatient  Outpatient	\$300 Copay + 20% after deductible \$40 Copay	\$300 Copay + 20% after deductible \$40 copay	\$500 copay + 20% after deductible \$40 Copay
<b>Pharmacy Benefits by</b> <b>*Aetna/CVS</b> Retail Mail Order (3 month)	<b>Generic/Formulary/ Non-Formulary</b> <b>\$15/\$40/\$70 Copay</b> <b>\$20/\$60/\$100 Copay</b>	<b>Generic/Formulary/ Non-Formulary</b> <b>\$15/\$40/\$70 Copay</b> <b>\$20/\$60/\$100 Copay</b>	<b>Generic/Formulary/ Non-Formulary</b> <b>\$15/\$40/\$70 Copay</b> <b>\$20/\$60/\$100 Copay</b>

# Memorial Hermann Accountable Care Network coverage area

**Our network includes\*:**



**700+ primary care doctors\*\***



**3,000+ specialists**



**12 acute care hospitals**



**62 walk-in clinics**

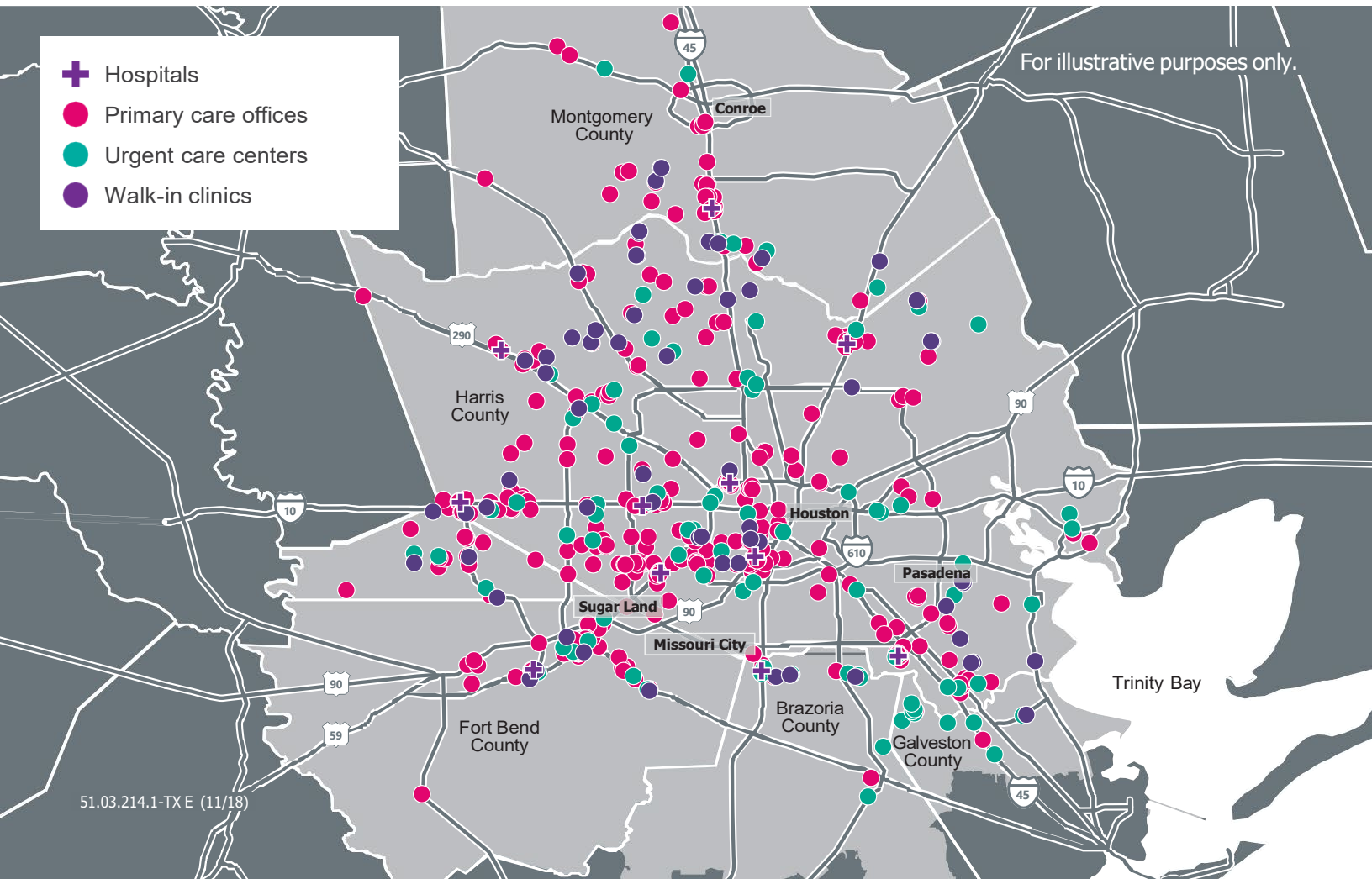


**86 urgent care centers**

Visit [aetna.com](http://aetna.com) for the most up-to-date information on doctors and facilities.

\*For preferred provider organization and exclusive provider organization plans, the service area includes: Fort Bend, Harris, Montgomery and the northernmost portions of Brazoria (partial) and Galveston (partial) counties. For health maintenance organization or Aetna Premier Care Network Plus plans, the service area includes: Fort Bend, Harris and Montgomery counties only.

\*\*In Texas, PCP is known as physician (primary care).



# Memorial Hermann Accountable Care Network hospitals

Hospital	ZIP	City	Address
✚ Memorial Hermann Cypress Hospital	77433	Cypress	27800 Northwest Fwy.
✚ Children's Memorial Hermann Hospital	77030	Houston	6411 Fannin St.
✚ Memorial Hermann — Texas Medical Center*	77030	Houston	6411 Fannin St.
✚ Memorial Hermann Memorial City Medical Center	77024	Houston	921 N Gessner Rd.
✚ Memorial Hermann Greater Heights Hospital	77008	Houston	1635 N Loop W
✚ Memorial Hermann Southeast Hospital	77089	Houston	11800 Astoria Blvd.
✚ Memorial Hermann Southwest Hospital	77074	Houston	7600 Beechnut St.
✚ Memorial Hermann Northeast Hospital	77338	Humble	18951 N Memorial Dr.
✚ Memorial Hermann Katy Hospital	77494	Katy	23900 Katy Fwy.
✚ Memorial Hermann Pearland Hospital	77584	Pearland	16100 South Fwy.
✚ Memorial Hermann Sugar Land Hospital	77479	Sugar Land	17500 W Grand Pkwy. S
✚ Memorial Hermann The Woodlands Hospital	77380	The Woodlands	9250 Pinecroft Dr.

\*Please note: In the provider search tool on [aetna.com](http://aetna.com), this facility is listed as Memorial Hermann Hospital.

**Health benefits and health insurance plans are offered, underwritten and/or administered by Aetna Health Inc., Aetna Health Insurance Company and/or Aetna Life Insurance Company (Aetna). Each insurer has sole financial responsibility for its own products.**

This material is for information only. Health benefits and health insurance plans contain exclusions and limitations. Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to health care services. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna® plans, refer to [aetna.com](http://aetna.com).



*Memorial Hermann  
Accountable Care Network*

# KelseyCare Aetna network facilities

Our network includes:



19 Kelsey-Seybold Clinic locations\*



2 accredited ambulatory surgery centers



2 cancer center locations



1 sleep center



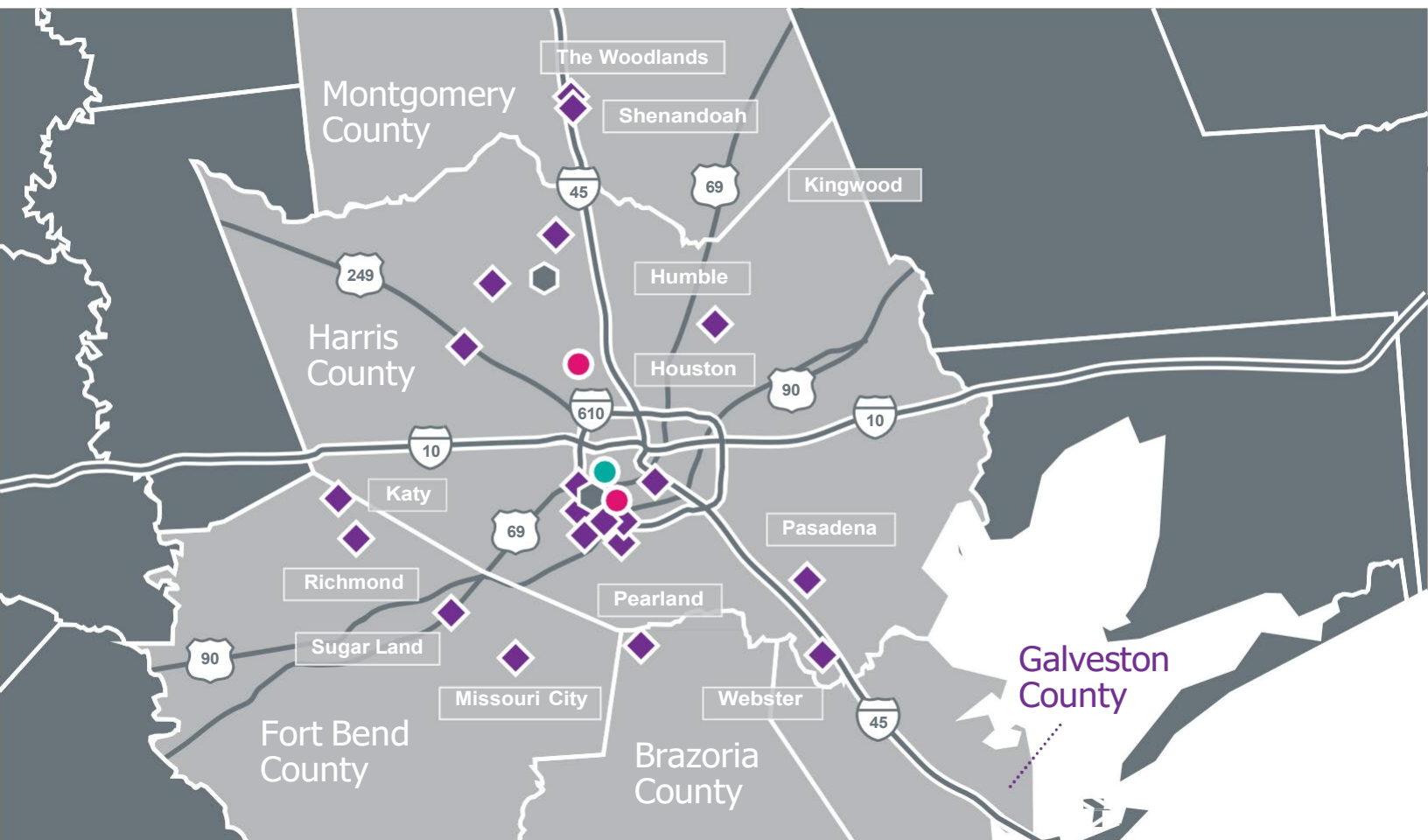
150+ primary care doctors\*\*



180+ specialists\*

Visit [aetna.com/docfind](https://aetna.com/docfind) for the most up-to-date information on doctors and locations.

◆ Kelsey-Seybold Clinic locations    ● Ambulatory surgery centers    ● Cancer centers    ● Sleep center



For illustrative purposes only.

\*Kelsey-Seybold Clinic doctors also partner with 4,000+ medical specialists and prominent hospitals, including but not limited to: Texas Children's Hospital, CHI St. Luke's Health, Houston Methodist, HCA Clear Lake Regional Medical Center, HCA The Woman's Hospital of Texas, and Memorial Hermann Memorial City Medical Center.

\*\*Includes Internal Medicine, Family Medicine, and Pediatrics

Health benefits plans are offered, underwritten and/or administered by Aetna Health Inc. (Aetna).

# KelseyCare Aetna network facilities

Clinic locations	ZIP	City	Address	Phone number	Weekend hours
◆ Kelsey-Seybold Clinic - Berthelsen Main Campus	77025	Houston	2727 W. Holcombe Blvd.	713-442-0000	N/A
◆ Kelsey-Seybold Clinic - Cinco Ranch Clinic	77494	Katy	23000 Highland Knolls Dr.	713-442-4200	N/A
◆ Kelsey-Seybold Clinic - Clear Lake Clinic	77598	Webster	1010 S. Ponds Dr.	713-442-4300	Saturday 9 a.m. - 2 p.m.
◆ Kelsey-Seybold Clinic - Cypress Clinic	77065	Houston	13114 FM 1960 W., Ste. 200	713-442-4000	N/A
◆ Kelsey-Seybold Clinic Downtown at the Shops at 4 Houston Center	77010	Houston	1200 McKinney St., Ste. 473	713-442-4700	N/A
◆ Kelsey-Seybold Fort Bend Medical and Diagnostic Center	77478	Sugar Land	11555 University Blvd.	713-442-9100	Saturday 9 a.m. - 2 p.m.
◆ Kelsey-Seybold Clinic - Katy Clinic	77407	Richmond	22121 FM 1093	713-442-4100	N/A
◆ Kelsey-Seybold Clinic - Meyerland Plaza Clinic	77096	Houston	560 Meyerland Plaza Mall	713-442-3222	N/A
◆ Kelsey-Seybold Clinic - Pasadena Clinic	77505	Pasadena	5001 E. Sam Houston Pkwy. S.	713-442-7100	N/A
◆ Kelsey-Seybold Clinic - Pearland Clinic	77584	Pearland	2515 Business Center Dr.	713-442-7200	N/A
◆ Kelsey-Seybold Clinic - Sienna Plantation	77459	Missouri City	7010 Hwy. 6	713-442-6700	N/A
◆ Kelsey-Seybold Spring Medical and Diagnostic Center	77014	Houston	15655 Cypress Woods Medical Dr., Ste. 100	713-442-1700	Saturday 9 a.m. - 2 p.m.
◆ Kelsey-Seybold Clinic - St. Luke's Medical Tower	77030	Houston	6624 Fannin, 19th Floor	713-442-0000	N/A
◆ Kelsey-Seybold Clinic - Summer Creek Clinic	77396	Humble	8233 N. Sam Houston Pkwy. E.	713-442-2000	N/A
◆ Kelsey-Seybold Clinic - Tanglewood Clinic	77057	Houston	1111 Augusta Dr.	713-442-2400	Saturday 9 a.m. - 2 p.m.
◆ Kelsey-Seybold Clinic - The Vintage Clinic	77070	Houston	10701 Vintage Preserve Pkwy.	713-442-1500	N/A
◆ Kelsey-Seybold Clinic - The Woodlands Clinic	77384	Shenandoah	106 Vision Park Blvd.	713-442-1800	N/A

# KelseyCare Aetna network facilities

Clinic locations (cont.)	ZIP	City	Address	Phone number	Weekend hours
◆ Kelsey-Seybold Clinic - The Woodlands OB/GYN and Women's Health	77385	The Woodlands	17198 St. Luke's Way, 5th Floor	713-442-1900	N/A
◆ Kelsey-Seybold Clinic - Woman's Center	77054	Houston	7900 Fannin St., Ste. 2100	713-442-7300	N/A
Ambulatory surgery centers	ZIP	City	Address	Phone number	Weekend hours
● Kelsey-Seybold Clinic - Berthelsen Main Campus	77025	Houston	2727 W. Holcombe Blvd.	713-442-0000	N/A
● Kelsey-Seybold Spring Medical and Diagnostic Center	77014	Houston	15655 Cypress Woods Medical Dr., Ste. 100	713-442-1700	N/A
Sleep center	ZIP	City	Address	Phone number	Weekend hours
● Kelsey-Seybold Sleep Center	77027	Houston	3900 Essex Ln., 5th Floor	713-442-8700	N/A
Cancer center locations	ZIP	City	Address	Phone number	Weekend hours
◆ Kelsey-Seybold Clinic - Berthelsen Main Campus	77025	Houston	2727 W. Holcombe Blvd.	713-442-0000	N/A
◆ Kelsey-Seybold Spring Medical and Diagnostic Center	77014	Houston	15655 Cypress Woods Medical Dr. , Ste. 100	713-442-8700	N/A

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# Alief ISD Employee Health & Wellness Center

Alief Independent School District and Memorial Hermann Medical Group (MHMG), a part of the Memorial Hermann Health System, have partnered to provide Alief ISD employees and their eligible dependents access to quality, healthcare services at the Alief ISD Employee Health and Wellness Center, a clinic which is staffed and operated by MHMG. To schedule an in-person or virtual appointment, email [mhmgaisd@memorialhermann.org](mailto:mhmgaisd@memorialhermann.org). For more information, visit [www.aliefisd.net/staffclinic](http://www.aliefisd.net/staffclinic).

## Common services offered:

### Acute Illness Care

- Cough, cold and flu
- Headache and migraine
- Abdominal pain
- Allergies/injections
- Chest pain
- Urinary tract infection
- Sprain and strain evaluation
- Minor procedures
- Laboratory testing

### Chronic Disease Management

- Hypertension
- Diabetes
- Asthma
- Weight management
- Carpal tunnel syndrome
- Arthritis

### Well Care

- Wellness exams
- Adult immunizations
- Annual physicals
- Biometric screenings
- Preventive medical care



12000 Richmond Ave, Suite 220, Houston, TX 77082

**2.04 miles** [Get Directions](#)

**(713) 814-2720 | (713) 814-2725 Fax**

Mon	8:00 AM - 5:00 PM
Tue	8:00 AM - 6:00 PM
Wed	8:00 AM - 5:00 PM
Thu	8:00 AM - 6:00 PM
Fri	8:00 AM - 5:00 PM
Sat	8:00 AM - 1:00 PM

# Alief offers Tele-Medicine!

## TO USE REDIMD AS A FIRST-TIME USER

# 1

### REGISTER.\*

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

# 2

### SCHEDULE.

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

# 3

### CONSULT.

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

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

## TO USE REDIMD AS A RETURN USER

# 1

### LOG IN.

- From any internet connected computer or smart phone .
- Log in at [www.redimd.com](http://www.redimd.com)
- Enter your e-mail and password

# 2

### SCHEDULE.

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

# 3

### CONSULT.

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

## CONSULT WITH YOUR REDIMD PROVIDER

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

- Go to the RediMD clinic at your workplace or home computer for the online consult 10 minutes before your appointment time
- Have your photo ID available
- Go to [www.redimd.com](http://www.redimd.com), log in to your account and go to your appointment (You can follow the hardcopy instructions located by the computer.)
- Take your blood pressure, pulse and temperature and enter your vital readings as prompted, and follow the directions, or put 1 in each box if vitals are not taken.
- The provider will appear at the appointment time to consult with you about the medical information you provided and give you a diagnosis and recommend treatment.

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

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

### BY PHONE: To speak with provider [ Note: you must be an established patient with RediMD to consult by phone.]

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

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



Code to register = aliefisd



# Out-of Network Services for College Students

If you have a student currently out of the current network in college, here are some options to utilize while on our insurance plans.



RediMD -  
registration code  
"aliefisd"  
\$0 copay

## Alief offers Tele-Medicine!

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

1 REGISTER.*	2 SCHEDULE.	3 CONSULT.
<ul style="list-style-type: none"><li>Click "register"</li><li>Select "register" or "First Time User"</li><li>Enter code listed bottom of page and click "next"</li><li>Follow registration directions, enter your e-mail and create a password</li><li>Complete profiles and registration directions.</li></ul>	<ul style="list-style-type: none"><li>Make appointment</li><li>Select provider, date, and time</li><li>No copay or payment required.</li></ul>	<ul style="list-style-type: none"><li>Take vitals. Or put 1 in each box if vitals are not taken.</li><li>Consult with your provider (see options below)</li></ul>

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

### TO USE REDIMD AS A RETURN USER

1 LOG IN.	2 SCHEDULE.	3 CONSULT.
<ul style="list-style-type: none"><li>From any internet connected computer or smart phone .</li><li>Log in at <a href="http://www.redimd.com">www.redimd.com</a></li><li>Enter your e-mail and password</li></ul>	<ul style="list-style-type: none"><li>Make appointment</li><li>Select provider, date, and time</li><li>No copay or payment required.</li></ul>	<ul style="list-style-type: none"><li>Take vitals or put 1 in each box if vitals are not taken.</li><li>Consult with your provider (see options below)</li></ul>

Alief ISD Employee Health & Wellness Center Clinic  
Virtual visits are available, \$0 copay for employees and dependents on the plan.

### Alief ISD Employee Health & Wellness Center Primary Care

12000 Richmond Ave, Suite 220, Houston, TX 77082

[2.04 miles](#) [Get Directions](#)

(713) 814-2720 | (713) 814-2725 Fax

Mon	8:00 AM - 5:00 PM
Tue	8:00 AM - 6:00 PM
Wed	8:00 AM - 5:00 PM
Thu	8:00 AM - 6:00 PM
Fri	8:00 AM - 5:00 PM
Sat	8:00 AM - 1:00 PM

Question call ext. 29150 or [benefits@aliefisd.net](mailto:benefits@aliefisd.net)

# Flexible Spending Accounts



First Financial Administrators, Inc. | [www.ffga.com](http://www.ffga.com) | 1.866.853.3539

P.O. Box 161968 | Altamonte Springs, FL 32716

## MEDICAL FSA

A Medical Flexible Spending Account (Medical FSA) is an IRS-approved program to help you save taxes and pay for out-of-pocket medical expenses not covered under your medical plan. If your plan includes a grace period option, you have additional time to incur and claim against unused funds in the new plan year. Keep in mind that remaining balances after the grace period is exhausted will be forfeited under the use-it-or-lose-it rule. *Contribution Limits for 2024 are pending IRS release.*

## FSA & Dependent Care Accounts

(election amounts are divided by 24 paychecks)

\*FSA funds are loaded on a debit card January 1<sup>st</sup> / Dependent Care accounts are funded by the payroll deductions into a designated account to pay for daycare expenses for children 12 and younger.

### Flexible Spending Accounts

#### FSA Maximum

**\*\$3,050**

#### FSA Carryover

**\$610**

### Dependent Care Accounts

Dependent Care Assistance  
Plans (Dependent Care FSA)  
annual maximum (unless  
married filing separately)

**\*\$5,000**

Dependent Care Assistance  
Plans (Dependent Care FSA)  
annual maximum (if married  
filing separately)

**\*\$2,500**

*\*Amounts listed were effective January 1<sup>st</sup>, 2023 – Pending IRS release of 2024 contribution limits.*

## HIGHLIGHTS

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

# Flexible Spending Accounts



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

## DEPENDENT CARE FSA

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

### HIGHLIGHTS

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

## FSA RESOURCES

### BENEFITS CARD

The First Financial Benefits Card is available to all employees that participate in Medical FSA and/or a Dependent Care FSA. The Benefits Card gives you immediate access to your money at the point of purchase. Cards are available for participating employees, their spouse, and eligible dependents that are at least 18 years old.

- The IRS requires validation of most transactions for FSAs. You must submit receipts for validation of expenses when requested. If you fail to substantiate by providing a receipt to First Financial within 90 days of the purchase or date of service your card will be suspended until the necessary, receipt or explanation of benefits from your insurance provider is received.
- Dependent Care FSA Contributions are not loaded upfront. Funds become available as contributions are made to your account.

### ONLINE FSA PORTAL

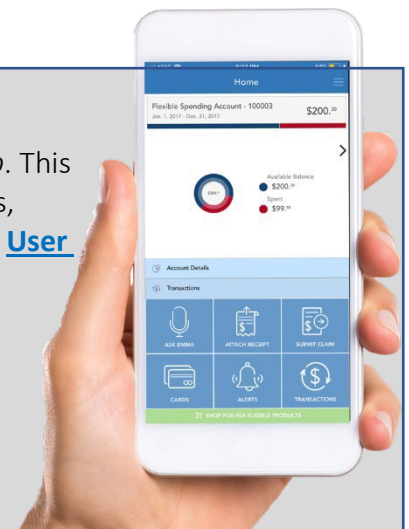
Flexible Spending Account participants can log in to their online FSA portal to access account balances, check on claims, upload receipts and access other account details. Visit <https://ffga.com/individuals> to login or set up your account.

### FF MOBILE ACCOUNT APP

Managing your benefit accounts on the go is made easy with *FF Mobile Account App*. This powerful, intuitive mobile application gives you access to view your account balances, update your profile, submit a claim and much more. View the FF Mobile Account App [User](#)

[Guide](#) and [Quick Reference Guide](#).

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



### FSA STORE

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

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

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

Reminder: Elections are locked in unless you experience a Qualifying Life Event. You may enroll for an FSA with any medical plan election.

# Dental Insurance



Cigna | [www.mycigna.com](http://www.mycigna.com) | 1.800.244.6224

Help keep your family's smiles healthy with dental insurance. Cigna Dental provides Alief employees with 3 dental plans to choose from, DHMO (in-network only), PPO Low, and PPO High.

Cigna Dental Per Paycheck Rates			
Coverage Tier	DHMO	PPO Low	PPO High
Employee Only	\$5.53	\$11.73	\$19.02
Employee + Spouse	\$10.49	\$30.11	\$48.84
Employee + Child(ren)	\$11.04	\$30.90	\$50.12
Employee + Family	\$17.13	\$40.75	\$66.11

Cigna P7XVO TX (DHMO) Sample Fee Schedule			
Coverage Type	Fee	Coverage Type	Fee
Office Visit Fee	\$5.00	Periodic Oral Evaluation	\$0.00
X-rays (bitewings)	\$0.00	Prophylaxis (cleaning)	\$0.00
Amalgam Filling (one surface)	\$0.00	Amalgam Filling (two surface)	\$0.00
Root Canal (anterior)	\$100.00	Crown: Resin based (anterior)	\$45.00
Crown: Resin based (posterior, 1 surface)	\$70.00	Removal of impacted tooth soft tissue	\$65.00
Pre-treatment planning for Ortho (Child/Adult)	\$125.00	Lifetime Orthodontia treatment (Child)	\$1,608.00
Removal of Appliances, construction/placement of retainers (Adults Only)	\$295.00	Lifetime Orthodontia treatment (Adult)	\$2,592.00

Plan Option 2—Low Plan **NO ORTHODONTICS			Plan Option 3—High Plan		
Coverage Type	DPPO Network	Out of Network	Coverage Type	DPPO Network	Out-of-Network
Deductible	In-Network	Out-of-Network	Deductible	In-Network	Out-of-Network
Individual/Family	\$50/ \$150	\$50/ \$150	Individual/Family	\$50/ \$150	\$50/ \$150
Diagnostic/Preventative *No Deductible	100%	100%	Diagnostic/Preventative *No Deductible	100%	100%
Fillings/Simple Extractions *After Deductible	80%	80%	Fillings/Simple Extractions *After Deductible	80%	80%
Endodontics/Periodontics/Oral Surgery *After Deductible	50%	50%	Endodontics/Periodontics/Oral Surgery *After Deductible	80%	80%
Major Services *After Deductible	50%	50%	Major Services *After Deductible	50%	50%
<b>Annual Maximum Benefit – Per Person</b>	\$1,800	\$1,800	<b>Annual Maximum Benefit – Per Person</b>	\$1,800	\$1,800
<b>ORTHODONTICS</b>	\$0	\$0	<b>ORTHODONTICS (Dep Children only)</b>	50%	50%
			<b>Orthodontia Lifetime Maximum</b>	\$1500	\$1500

# Vision Insurance



VSP | [www.vsp.com](http://www.vsp.com) | 1.800.877.7195

Vision insurance is a way to help cover expenses incurred for eye care services from eye care professionals such as optometrists and ophthalmologists. Regular eye exams can offer more than just measuring your eyesight! They can identify serious eye diseases early, allowing time for treatment.

VSP Vision Plan – Semi-Monthly Rates	
Coverage Tier	Low Plan
Employee Only	\$2.49
Employee + Spouse	\$4.98
Employee + Children	\$5.85
Employee + Family	\$8.95

BENEFIT	DESCRIPTION	COPAY	FREQUENCY
<b>Your Coverage with a VSP Provider</b>			
<b>WELLVISION EXAM</b>	<ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> </ul>	\$10	Every calendar year
<b>ESSENTIAL MEDICAL EYE CARE</b>	<ul style="list-style-type: none"> <li>Retinal screening for members with diabetes</li> <li>Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more.</li> <li>Coordination with your medical coverage may apply. Ask your VSP doctor for details.</li> </ul>	\$0 per screening \$20 per exam	Available as needed
<b>PRESCRIPTION GLASSES</b>		<b>\$10</b>	
<b>FRAME*</b>	<ul style="list-style-type: none"> <li>\$170 featured frame brands allowance</li> <li>\$150 frame allowance</li> <li>20% savings on the amount over your allowance</li> <li>\$150 Walmart®/Sam's Club® frame allowance</li> </ul>	Included in Prescription Glasses	Every other calendar year
<b>LENSES</b>	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Impact-resistant lenses for dependent children</li> </ul>	Included in Prescription Glasses	Every calendar year
<b>LENS ENHANCEMENTS</b>	<ul style="list-style-type: none"> <li>Tinted lenses</li> <li>Scratch-resistant coating</li> <li>UV protection</li> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average savings of 20-25% on other lens enhancements</li> </ul>	\$0 \$0 \$0 \$0 \$95 - \$105 \$150 - \$175	Every calendar year
<b>CONTACTS (INSTEAD OF GLASSES)</b>	<ul style="list-style-type: none"> <li>\$150 allowance for contacts; copay does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> </ul>	Up to \$25	Every calendar year
<b>EXTRA SAVINGS</b>	<p><b>Glasses and Sunglasses</b></p> <ul style="list-style-type: none"> <li>Extra \$20 to spend on featured frame brands. Go to <a href="http://vsp.com/offers">vsp.com/offers</a> for details.</li> <li>20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.</li> </ul> <p><b>Routine Retinal Screening</b></p> <ul style="list-style-type: none"> <li>No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam</li> </ul> <p><b>Laser Vision Correction</b></p> <ul style="list-style-type: none"> <li>Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities</li> </ul>		
<b>YOUR COVERAGE GOES FURTHER IN-NETWORK</b>			
With so many in-network choices, VSP makes it easy to get the most out of your benefits. You'll have access to preferred private practice, retail, and online in-network choices. Log in to <a href="http://vsp.com">vsp.com</a> to find an in-network provider.			

# Vision Insurance



## VSP Vision Plan – Semi-Monthly Rates

Coverage Tier	High Plan
<b>Employee Only</b>	\$3.55
<b>Employee + Spouse</b>	\$7.15
<b>Employee + Children</b>	\$8.40
<b>Employee + Family</b>	\$12.88

BENEFIT	DESCRIPTION	COPAY	FREQUENCY
<b>Your Coverage with a VSP Provider</b>			
<b>WELLVISION EXAM</b>	<ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> </ul>	\$10	Every calendar year
<b>ESSENTIAL MEDICAL EYE CARE</b>	<ul style="list-style-type: none"> <li>Retinal screening for members with diabetes</li> <li>Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more.</li> <li>Coordination with your medical coverage may apply. Ask your VSP doctor for details.</li> </ul>	\$0 per screening \$20 per exam	Available as needed
<b>PRESCRIPTION GLASSES</b>		<b>\$10</b>	
<b>FRAME*</b>	<ul style="list-style-type: none"> <li>\$250 featured frame brands allowance</li> <li>\$250 Visionworks frame allowance on any frame</li> <li>\$200 frame allowance</li> <li>20% savings on the amount over your allowance</li> <li>\$200 Walmart*/Sam's Club* frame allowance</li> </ul>	Included in Prescription Glasses	Every other calendar year
<b>LENSES</b>	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Impact-resistant lenses for dependent children</li> </ul>	Included in Prescription Glasses	Every calendar year
<b>LENS ENHANCEMENTS</b>	<ul style="list-style-type: none"> <li>Tinted lenses</li> <li>Scratch-resistant coating</li> <li>UV protection</li> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average savings of 20-25% on other lens enhancements</li> </ul>	\$0 \$0 \$0 \$0 \$95 - \$105 \$150 - \$175	Every calendar year
<b>CONTACTS (INSTEAD OF GLASSES)</b>	<ul style="list-style-type: none"> <li>\$200 allowance for contacts; copay does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> </ul>	Up to \$25	Every calendar year
<b>EXTRA SAVINGS</b>	<p><b>Glasses and Sunglasses</b></p> <ul style="list-style-type: none"> <li>Extra \$50 to spend on featured frame brands. Go to <a href="http://vsp.com/framebrands">vsp.com/framebrands</a> for details.</li> <li>20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.</li> </ul> <p><b>Routine Retinal Screening</b></p> <ul style="list-style-type: none"> <li>No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam</li> </ul> <p><b>Laser Vision Correction</b></p> <ul style="list-style-type: none"> <li>Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities</li> </ul>		

### YOUR COVERAGE GOES FURTHER IN-NETWORK

With so many in-network choices, VSP makes it easy to get the most out of your benefits. You'll have access to preferred private practice, retail, and online in-network choices. Log in to [vsp.com](http://vsp.com) to find an in-network provider.

# Critical Illness Insurance



Metlife | [www.metlife.com](http://www.metlife.com) | 1.800.438.6388

If you experience an event such as a heart attack or stroke, Critical Illness Insurance may help. It pays a lump sum amount to help with expenses that may not be covered by major medical insurance house payments, everyday expenses, lost income, and more.

Highlights include:

- Guaranteed issue every annual enrollment and new hires within 31 days
- Low and High plans available to meet your needs
- Plan pays lump-sum benefit amounts of \$15,000 \$30,000 and \$50,000
- Wellness benefit pays you \$50 or \$100 for annual health screening test, depending on benefit amount
- Plan will pay up to 500% of the benefit for each person on the plan
- Covers Heart Attack, Stroke, Major Organ Transplant, Alzheimer's, Cancer, Kidney Failure, Skin Cancer (partial benefit), Coronary Artery by-pass, and many other partial benefit conditions.
- Covid19 covered at 25% if hospitalized for 5+ consecutive days

## No pre-existing conditions

Critical Illness and specified diseases coverage only

A pre-existing condition is any sickness or loss for which medical advice or treatment was received or recommended within 3 months prior to the effective date of coverage.

## Actively at work

If you are not actively at work when coverage is scheduled to become effective, your coverage does not take effect until you complete your first day at work.



## Critical Illness Insurance

Benefits that may help cover expenses that are not covered by your medical plan.

Alief Independent School District

### Critical Illness Insurance Benefits

Eligible Individual	Benefit Amount	Requirements
<b>Coverage Options</b>		
Employee	\$15,000, \$30,000, or \$50,000	Coverage is guaranteed provided you are actively at work. <sup>1</sup>
Spouse/Domestic Partner <sup>2</sup>	100% of the Employee's Initial Benefit	Coverage is guaranteed provided the employee is actively at work and the spouse/domestic partner is not subject to a medical restriction as set forth on the enrollment form and in the Certificate. <sup>1</sup>
Dependent Child(ren) <sup>3</sup>	100% of the Employee's Initial Benefit	Coverage is guaranteed provided the employee is actively at work and the dependent is not subject to a medical restriction as set forth on the enrollment form and in the Certificate. <sup>1</sup>

### Benefit Payment

Your plan pays a lump-sum **Initial Benefit** upon the first verified diagnosis of a Covered Condition. Your plan also pays a lump-sum **Recurrence Benefit**<sup>4</sup> for a subsequent verified diagnosis of certain Covered Conditions as shown in the table below. A Recurrence Benefit is only available if an Initial Benefit has been paid for the same Covered Condition. There is a Benefit Suspension Period that applies to Recurrence Benefits.

The maximum amount that you can receive through your Critical Illness Insurance plan is called the **Total Benefit Amount** and is 500% of your Benefit Amount. This is the maximum aggregate amount that MetLife will pay per covered person per lifetime for the covered conditions.

Please refer to the table below for the percentage benefit payable for each Covered Condition.

#### Plan Design – "Covered Conditions"

Covered Conditions*	Initial Benefit	Recurrence Benefit
<b>Cancer Category</b>		
Invasive Cancer	100% of Benefit Amount	100% of Initial Benefit Amount
Non-Invasive Cancer	25% of Benefit Amount	100% of Initial Benefit Amount
<b>Cardiovascular Disease Category</b>		
Coronary Artery Bypass Graft (CABG) - <i>where surgery involving either a median sternotomy or minimally invasive procedure is performed</i>	100% of Benefit Amount	100% of Initial Benefit Amount
<b>Childhood Disease Category</b>		
Cerebral Palsy	100% of Benefit Amount	None
Cleft Lip or Cleft Palate	100% of Benefit Amount	None
Cystic Fibrosis	100% of Benefit Amount	None
Diabetes (Type 1)	100% of Benefit Amount	None



## Critical Illness Insurance

Down Syndrome	100% of Benefit Amount	None
Sickle Cell Anemia	100% of Benefit Amount	None
Spina Bifida	100% of Benefit Amount	None
<b>Functional Loss Category</b>		
Coma	100% of Benefit Amount	100% of Initial Benefit
Loss of: Ability to Speak; Hearing; or Sight	100% of Benefit Amount	None
Paralysis of 2 or More Limbs	100% of Benefit Amount	None
<b>Heart Attack Category</b>		
Heart Attack	100% of Benefit Amount	100% of Initial Benefit
Sudden Cardiac Arrest	100% of Benefit Amount	None
<b>Infectious Disease Category</b>		
<i>For a benefit to be payable, the covered person must have been treated for the disease in a hospital for [5] consecutive days.</i>		
Bacterial Cerebrospinal Meningitis	25% of Benefit Amount	None
COVID-19	25% of Benefit Amount	None
Diphtheria	25% of Benefit Amount	None
Encephalitis	25% of Benefit Amount	None
Legionnaire's Disease	25% of Benefit Amount	None
Malaria	25% of Benefit Amount	None
Necrotizing Fasciitis	25% of Benefit Amount	None
Osteomyelitis	25% of Benefit Amount	None
Rabies	25% of Benefit Amount	None
Tetanus	25% of Benefit Amount	None
Tuberculosis	25% of Benefit Amount	None
<b>Kidney Failure Category</b>		
Kidney Failure	100% of Benefit Amount	None
<b>Major Organ Transplant Category</b>		
Major Organ Transplant <i>For bone marrow, heart, lung, pancreas, and liver</i>	100% of Benefit Amount	None
<b>Progressive Disease Category</b>		
Adrenal Hypofunction (Addison's Disease)	25% of Benefit Amount	None
ALS	25% of Benefit Amount	None
Alzheimer's Disease	100% of Benefit Amount	None
Huntington's Disease	25% of Benefit Amount	None
Multiple Sclerosis	25% of Benefit Amount	None
Muscular Dystrophy	25% of Benefit Amount	None
Parkinson's Disease (Advanced)	25% of Benefit Amount	None
Systemic Lupus Erythematosus (SLE)	25% of Benefit Amount	None
Systemic Sclerosis (Scleroderma)	25% of Benefit Amount	None
<b>Severe Burn Category</b>		
Severe Burn	100% of Benefit Amount	100% of Initial Benefit
<b>Stroke Category</b>		
Stroke	100% of Benefit Amount	100% of Initial Benefit

\* Notes Regarding Covered Conditions

## Critical Illness Insurance

MetLife will not pay a benefit for a Covered Condition that is diagnosed prior to the coverage effective date.

- Alzheimer's Disease – Please review the Outline of Coverage/Disclosure Document for specific information about Alzheimer's disease.
- Cancer – Please review the certificate for specific information about cancer benefits. In most states, not all types of cancer are covered.
- Coronary Artery Bypass Graft – In certain states, the Covered Condition is Coronary Artery Disease.
- Heart Attack – The Heart Attack Covered Condition pays a benefit for the occurrence of a myocardial infarction, subject to the terms of the certificate. A myocardial infarction does not include sudden cardiac arrest.
- Major Organ Transplant – In most states, we will not pay a Major Organ Transplant benefit if a covered person is placed on the organ transplant list prior to coverage taking effect and subsequently undergoes a transplant procedure for the same organ while coverage is in effect. Covered organs may vary by state; refer to the Certificate for details. In some states, the condition is Major Organ Failure.
- Stroke – In certain states, the Covered Condition is Severe Stroke.
- The following benefits are not available in all states. Please review the Disclosure Statement or Outline of Coverage/Disclosure Document for details.
  - Aortic Valve or Mitral Valve Repair or Replacement
  - Coma
  - Congenital Heart Disease (for which Surgery has been recommended for treatment)
  - Coronary Angioplasty
  - ICD
  - Loss of: Ability to Speak; Hearing; or Sight
  - Major Organ Transplant Donation
  - Pacemaker
  - Paralysis
  - Severe Burn

**Health Screening Benefit** MetLife will provide an annual benefit of \$50 if employee elects \$15,000, \$100 if employee elects \$30,000 or \$50,000, per calendar year for taking one of the eligible screening/prevention measures. The Health Screening Benefit is not available in certain states. Please review your Disclosure Statement or Outline of Coverage/Disclosure Document for specific state variations and exclusions around this benefit.

### Example of How Benefits are Paid

The example below illustrates an employee who elected a Benefit Amount of \$15,000.

Illness – Covered Condition	Payment
Heart Attack — first verified diagnosis	Initial Benefit payment of \$15,000 or 100%
Kidney Failure – first verified diagnosis, two years later	Initial Benefit payment of \$15,000 or 100%
Heart Attack — second verified diagnosis, four years later	Recurrence Benefit payment of \$15,000 or 100%

This example is for illustrative purposes only. The MetLife Group Policy and Certificate are the governing documents with respect to all matters of insurance, including coverage for specific illnesses. The specific facts of each claim must be evaluated in conjunction with the provisions of the applicable Policy and Certificate to determine coverage in each individual case.

### Questions & Answers

**Q. Who is eligible to enroll for this critical illness coverage?**

**A. You are eligible to enroll yourself and your eligible family members!**<sup>5</sup> You need to enroll during your Enrollment Period and to be actively at work for your coverage to be effective.

**Q. How do I pay for my critical illness coverage?**

**A. Premiums will be paid through payroll deduction**, so you don't have to worry about writing a check or missing a payment.

**Q. What happens if my employment status changes? Can I take my coverage with me?**

**A. Yes, you can take your coverage with you.**<sup>6</sup> You will need to continue to pay your premiums to keep your coverage in force. Your coverage will only end if you stop paying your premium or if your employer offers you similar coverage with a different insurance carrier.

**Q. Who do I call for assistance?**

**A. Contact a MetLife Customer Service Representative at 1 800- GET-MET8 (1-800-438-6388), Monday through Friday from 8:00 a.m. to 8:00 p.m., EST. Or visit our website: [mybenefits.metlife.com](http://mybenefits.metlife.com).**



## Critical Illness Insurance

### Insurance Rates

MetLife offers group rates and payment of premium through payroll deduction, so you don't have to worry about writing a check or missing a payment! Your employee rates are outlined below.

### Monthly Premium per \$1,000 of Coverage

Age	Employee Only	Employee + Spouse	Employee + Children	Employee + Spouse + Children
<30	\$0.66	\$1.56	\$0.97	\$1.84
30-39	\$0.94	\$2.48	\$1.33	\$2.76
40-49	\$1.56	\$4.48	\$2.16	\$4.76
50-59	\$2.85	\$7.20	\$3.33	\$7.47
60+	\$5.53	\$10.87	\$5.03	\$11.15

<sup>1</sup> Coverage is guaranteed provided (1) the employee is actively at work and (2) dependents are not subject to medical restrictions as set forth on the enrollment form and in the Certificate. Some states require the insured to have medical coverage. MetLife will not pay a benefit for a Covered Condition that is diagnosed prior to the coverage effective date.

<sup>2</sup> Coverage for Domestic Partners, civil union partners and reciprocal beneficiaries varies by state. Please contact MetLife for more information.

<sup>3</sup> Dependent Child coverage varies by state. Please contact MetLife for more information.

<sup>4</sup> Review the Disclosure Document or Outline of Coverage/Disclosure Document for information on which Covered Condition may be eligible for a Recurrence Benefit. There may be a Benefit Suspension Period between recurrences of the same Covered Condition, as well as occurrences of different Covered Conditions. There may be a limitation on the number of Recurrence Benefits payable per Covered Condition. We will not pay a benefit for a Covered Condition that is subject to a Benefit Suspension Period. If a Recurrence Benefit is payable for a Cancer Covered Condition, we will not pay such benefit unless the Covered Person has not had symptoms of or been treated for the same cancer for which we paid a benefit during the Treatment Free Period.

<sup>5</sup> Eligible Family Members means all persons eligible for coverage as defined in the Certificate.

<sup>6</sup> Eligibility for portability through the Continuation of Insurance with Premium Payment provision may be subject to certain eligibility requirements and limitations. For more information, contact your MetLife representative.

METLIFE CRITICAL ILLNESS INSURANCE (CII) IS A LIMITED BENEFIT GROUP INSURANCE POLICY. Like most group accident and health insurance policies, MetLife's CII policies contain certain exclusions, limitations and terms for keeping them in force. Product features and availability vary by state. There may be a Benefit Suspension Period between recurrences of the same Covered Condition or occurrences of different Covered Conditions. MetLife offers CII on both an Attained Age basis, where rates will increase when a Covered Person reaches a new age band, and an Issue Age basis, where rates will not increase due to age. Rates are subject to change. MetLife reserves the right to raise premium rates for Issue Age CII on a class-wide basis. A more detailed description of the benefits, limitations, and exclusions applicable to MetLife's CII product can be found in the applicable Disclosure Statement or Outline of Coverage/Disclosure Document available at time of enrollment. For complete details of coverage and availability, please refer to the group policy form GPNP07-CI, GPNP09-CI, GPNP10-CI, GPNP14-CI, GPNP19-CI or contact MetLife for more information. Please contact MetLife for more information. Benefits are underwritten by Metropolitan Life Insurance Company, New York, New York.

MetLife's Critical Illness Insurance is not intended to be a substitute for Medical Coverage providing benefits for medical treatment, including hospital, surgical and medical expenses. MetLife's Critical Illness Insurance does not provide reimbursement for such expenses

# GAP Insurance



American Fidelity | [www.americanfidelity.com](http://www.americanfidelity.com) | 1.800.654.8489

Most insurance will only cover a portion of your overall medical expenses. The medical gap plan is designed to help cover your out-of-pocket expenses due to an inpatient hospital stay, doctor's visit, outpatient procedure, or ER visit. Gap assists with deductibles and expenses not covered by your major medical's plan. Benefits are paid directly to you so you can use the funds to pay for your needs at your discretion. Coverage available for spouse and eligible children. Highlights Include:

- Inpatient Benefits: Covers inpatient hospital stay, inpatient surgery, physician expenses from inpatient stay and lab expenses from an inpatient stay
- Outpatient Benefits: Covers treatment in a hospital emergency room, outpatient surgery, treatment in a hospital, free-standing outpatient surgery center and outpatient diagnostic testing
- Physician Office Visit Benefits: This benefit provides a reimbursement amount for physician visits for up to five visits.

# Disability Insurance



The Standard | [www.standard.com](http://www.standard.com) | 1.800.368.1135

Have you ever wondered what would happen to your income if you had an accidental injury, sickness, or pregnancy? That is why you need disability coverage. It replaces a portion of income for the period of time you are unable to work due to those reasons. You are able to choose the monthly benefit amount, which is the amount of your income to replace, and the waiting period that you begin receiving payments after you have satisfied. It pays a monthly benefit amount so you may continue to pay for everyday living expenses. **GUARANTEED ISSUE!** Highlights Include:

- Multiple Elimination Periods
- Based on your individual need, you can select amount of monthly salary to cover, up to 66 2/3% of current salary and multiple elimination periods (waiting periods).
- Hospital Waiver is included, *if you choose a 30 day elimination period or less*, if you are hospitalized as an inpatient for 24 hours or more, Standard Ins will waive the rest of your waiting period and start paying you immediately until the Doctor says you can return to work or up to age 65.
- Waiver of Premium Benefit after you have been receiving disability payments for 90 days.

*Pre-existing condition limitations only apply on new levels of coverage elected or for any enhancements to the plan or your existing coverage. Pre-existing conditions will only not be covered until after 12 months of continuous coverage.*

# Cancer Insurance



American Fidelity | [www.americanfidelity.com](http://www.americanfidelity.com) | 1.800.654.8489

If cancer touches someone in your family, this plan may help ease the impact on your finances. Benefit payments are made directly to you, allowing you to pay for expenses like copayments, hospital stays, and house and car payments. GUARANTEED ISSUE! Highlights include:

- Benefits are paid directly to you over and above your medical plans. Coverage can be for you or your entire family. The coverage is paid on a schedule of benefits for radiation, chemotherapy, blood, plasma, daily hospitalization or in ICU, hospice care, new or experimental therapy, and several other items. Employee receives Waiver of Premium after 90 days of receiving payments from the plan due to cancer. Please refer to the brochures and information in the Reference Center on the enrollment site.

*Certain pre-existing condition limitations apply for one year for those who are not currently in the group cancer plan. A pre-existing condition is a disease or physical condition for which symptoms existed or medical advice or treatment was recommended or received within the twelve-month period prior to the effective date of coverage. AFA does not pay for any loss due to a pre-existing condition during the first 12 months of coverage.*

# Accident Insurance



Aetna | [www.aetna.com](http://www.aetna.com) | 1.800.872.3862

Accidents are inevitable. Even though you can't always prepare for unforeseen events, you can plan ahead. Accident Insurance is designed to help cover some of the expenses that can result from a covered accident, and benefit payments are made directly to you.

Highlights include:

- Guaranteed Issue for all employees
- High and Low Plan to fit your budget and needs
- Helps pay high deductibles on medical expenses from an accident
- Coverage includes – but is not limited to – fractured bones, x-rays, diagnostic exams, third degree burns, concussions, broken teeth, emergency room treatment, ambulance, hospital confinement
- Pays directly to the employee, based on the Schedule of Benefits

# Life Insurance



Lincoln Financial | [www.lincolnfinancial.com](http://www.lincolnfinancial.com) | 877.275.5462

## Basic Life / AD&D Insurance

Alief ISD automatically provides Basic Life and AD&D insurance for you through Lincoln Financial.

- Administrators receive \$60,000
- Professionals receive \$25,000
- All others receive \$15,000

## Group Optional Life

Group life insurance allows you to purchase affordable life insurance on yourself, spouse and dependent children. This is term insurance, available as long as you are employed by district. Employees enrolling in the coverage after the first 30 days of their employment will be subject to insurability and must complete a health questionnaire prior to coverage being issued. Alief ISD provides each eligible employee with Basic Term Life and Accidental Death and Dismemberment (AD&D) at no cost to the employee. Coverage varies based on employee classification, please see the rate sheet in the Reference Center at [www.benefitsolver.com](http://www.benefitsolver.com) for your Basic Term Life and AD&D Coverage details.

Optional Life Monthly Rates per \$1,000	
Age	Rate
15-24	0.040
25-29	0.040
30-34	0.048
35-39	0.056
40-44	0.080
45-49	0.120
50-54	0.184
55-59	0.344
60-64	0.504
65-69	0.808
70-74	1.584
75+	1.648

**\*\*All basic, optional, and dependent spouse insurance reduces to 35% at age 65, 55% at age 70, and 15% at age 75.**

## Exceptions:

- Guaranteed Issue for employees 18 years to 69 years: \$300,000
- Max benefit for employees 70+: \$50,000

## Dependent Life Rates

Level	Monthly Rate	Semi-Monthly Rate
Option A: Spouse \$5,000 / Child(ren) \$2000	\$0.80	\$0.40
Option B: Spouse \$10,000 / Child(ren) \$5000	\$1.66	\$0.83
Option C: Spouse \$20,000 / Child(ren) \$10,000	\$3.30	\$1.65
Option D: Spouse \$30,000 / Child(ren) \$10,000	\$4.96	\$2.48

# Life Insurance



Texas Life | [www.texaslife.com](http://www.texaslife.com) | 1.800.283.9233

## TEXAS LIFE INSURANCE - PERMANENT, PORTABLE LIFE INSURANCE

The peace of mind voluntary, permanent life insurance provides is unmatched. It is a solid companion to your group life insurance plan. Texas Life provides life insurance that you can keep for a lifetime. The plan is easy to purchase, pay for, and keep through the convenience of payroll deduction. Coverage is affordable and dependable. Plus, Texas Life has over a century of experience protecting families and giving the peace of mind only permanent life insurance can provide. You own the policy, even if you change jobs or retire. The policy remains in force until you die or up to age 121, as long as you pay the necessary premium on time. It is a permanent, universal life policy which means you can rest easy knowing your loved ones will be well taken care of when you're gone.

# Legal Plan



Metlaw | [www.legalplans.com](http://www.legalplans.com) | 1.800.821.6400

Pre-paid legal provides access to a variety of legal services for you and your family at an affordable cost. Call an 800 number to access legal counsel and advice from qualified lawyers. Highlights include:

- Family Law, Estate Law, Civil Lawsuits, Vehicle Law, Real Estate Law, Money Matters and Elder Care issues
- Benefits of the preparation of Living Trusts, Living Wills, Powers of Attorney and Will
- Preparation/ Review of Affidavits, Deeds, Demand Letters, Document Reviews, Mortgages and Promissory Notes
- Adoption and Legitimization, Guardianship, Name Change, Prenuptial Agreement, protection from Domestic Violence, Juvenile Court of Defense, Debt Collection defense and Tax Audit Representation
- Letter preparation, a checklist and an online library of all necessary recovery forms and documents to resolve and restore your name are also available



# Identity Theft Protection



iLock360 | [ilock360.com](https://ilock360.com) | 1.855.287.8888

Protect yourself and your family from the fastest growing crime in the US: Identity Theft. A low monthly cost provides protection by scouring the dark web for any compromised accounts and restores your identity with 24/7/365 support. This protection saves you money and time by relying on a service to handle all the details involved when your identity is stolen. Available to employee and family. Highlights include:

- All employees eligible for Identity Theft Protection coverage
- Monitors your identity 24/7/365
- Personal email address required to sign up for this program

# 403(b) Retirement Plans



TCG Administrators | [retirement.tcgservices.com](https://retirement.tcgservices.com) | 800.943.9179

What is a 403(b)?

The 403(b) plan is available to employees of educational and non-profit organizations. The plan allows employees to save pre-tax dollars directly from their paychecks into their personal retirement accounts. Dollars accumulate tax-deferred interest or investment earnings until withdrawn. Pre-tax contributions growing tax deferred allows more money to accumulate until retirement.

Roth 403(b) after-tax contributions are allowed in the AISD plan. Roth 403(b) contributions are after-tax, but the earnings and interest grow tax deferred while in the contract. Contributions and earnings are withdrawn tax-free when made both; after the employee attains age 59 ½, and after the Roth 403(b) account has been open at least 5 years.

403(b)

How do I enroll?

Step 1: Contact a financial services company from the active providers list and ask to open an AISD 403(b) retirement plan account.

Step 2: Once the retirement account is established, you must create a login to "TCG Group Holdings" at: <https://retirement.tcgservices.com/>.

Step 3: Upon login, you may choose your contribution amount per payday and select your

# 457(b) Retirement Plans



What is a 457?

The 457 plan is a deferred compensation plan with similar tax advantages and contribution limits as the 403(b). After-tax Roth 457 contributions are not available in the AISD plan. Three (3) financial service providers are eligible to open contracts for AISD employees. The eligible providers are indicated on the providers list under the column heading '457 Contract Provider'.

457(b)

How do I enroll?

Step 1: Contact a financial services company from the active providers list and ask to open an AISD 457 retirement plan account.

Step 2: Once the retirement account is established, you must create a login to "Retirement Manager" at: [www.myretirementmanager.com](http://www.myretirementmanager.com).

Step 3: Upon login, you may choose your contribution amount per payday and select your services provider(s). Contributions will be automatically deducted from your paycheck and sent to the selected provider(s).

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RISK MANAGEMENT TEAM

Phone: 281-498-8110 ext. 29150

Fax: 832-678-2446

Email: [riskmgnt@aliefisd.net](mailto:riskmgnt@aliefisd.net)

Katina Gordon

Director, ext. 29150

[Katina.Gordon@aliefisd.net](mailto:Katina.Gordon@aliefisd.net)

Julian Alexander

Risk Management Specialist, ext. 29153

[Julian.Alexander@aliefisd.net](mailto:Julian.Alexander@aliefisd.net)

Tracy Debardelaben

Workers Comp/ Unemployment Manager, ext. 29143

[Tracy.Debardelaben@aliefisd.net](mailto:Tracy.Debardelaben@aliefisd.net)

Gaby Idrogo

District Benefits Manager (A-L), ext. 29145

[Gabriela.Idrogo@aliefisd.net](mailto:Gabriela.Idrogo@aliefisd.net)

Samenta Willis

District Benefits Manager (M-Z), ext. 29146

[Samenta.Willis@aliefisd.net](mailto:Samenta.Willis@aliefisd.net)

FFGA Account Manager

Joe Quijada (281)272-7604

[joe.quijada@ffga.com](mailto:joe.quijada@ffga.com)

FFGA Sr. Account Administrator

Valeria Clinkscales (281)272-7618

[valeria.clinkscales@ffga.com](mailto:valeria.clinkscales@ffga.com)

## HEALTH COVERAGE

### MEDICAL - AETNA

866-381-8933 - [www.aetn navigator.com/](http://www.aetn navigator.com/)

Kelsey Care - Grp # 100085-015-201

Memorial Herman - Grp # 100085-013-201

EPO (TX Medical) - Grp # 100085-014-201

### RX - AETNA/CVS

888-792-3862 - [www.aetna.com](http://www.aetna.com)

Bin #: 610502

### DENTAL - CIGNA

800-244-6224 - [www.myCigna.com](http://www.myCigna.com)

Group # 3342801

### VISION - VSP

800-877-7195 - [www.vsp.com](http://www.vsp.com)

Group # 40149727

## FLEXIBLE SPENDING ACCOUNTS

### MEDICAL & DEPENDENT FSA - FFGA

866-853-3539 - [www.ffga.com](http://www.ffga.com)

FFGA Mobile App

Employee ID: social security number

Employer ID: FFA962

## RETIREMENT ACCOUNTS

### 403(B) RETIREMENT PLANS

800-943-9179 - [www.tcg services.com](http://www.tcg services.com)

### 457 RETIREMENT PLANS

[www.myretirementmanager.com](http://www.myretirementmanager.com)

### TRS

800-223-8778 - [www.trs.texas.gov](http://www.trs.texas.gov)

## SUPPLEMENTAL COVERAGE

### ACCIDENT PLAN - AETNA

800-607-3366 - [myaetnasupplemental.com](http://myaetnasupplemental.com)

### CANCER - AMERICAN FIDELITY

800-654-8489 - [www.americanfidelity.com](http://www.americanfidelity.com)

### CRITICAL ILLNESS - METLIFE

800-438-6388 - [www.metlife.com](http://www.metlife.com)

### DISABILITY - STANDARD

800-628-9797 - [www.standard.com](http://www.standard.com)

### GAP - AMERICAN FIDELITY

800-654-8489 - [www.americanfidelity.com](http://www.americanfidelity.com)

### GROUP LIFE - LINCOLN FINANCIAL

281-498-8110 ext. 29150

### HEART - UTA

800-880-8824

### IDENTITY THEFT - ILOCK360

855-287-8888 - [www.ilock360.com](http://www.ilock360.com)

### INDIVIDUAL LIFE - TEXAS LIFE

800-283-9233 - [www.texaslife.com](http://www.texaslife.com)

### LEGAL - METLAW/HYATT

800-821-6400 - [www.metlife.com](http://www.metlife.com)

## OTHERS

### AETNA EAP

888-238-6232 | [www.resourcesforliving.com](http://www.resourcesforliving.com)

### AETNA NURSE HOTLINE

888-678-7835

### COBRA - PAYFLEX

888-678-7835

### EMPLOYEE HEALTH & WELLNESS CENTER

713-814-2720 | [www.aliefisd.net/staffclinic](http://www.aliefisd.net/staffclinic)

### REDIMD

281-633-0148 | [www.RediMD.com](http://www.RediMD.com) | Code: AISD