



PASADENA

INDEPENDENT SCHOOL DISTRICT



2016 EMPLOYEE BENEFITS GUIDE

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If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, Federal Law gives you more choices about your prescription drug coverage. Please see the notice on page 19 for more details.

The information summarized in this guide should in no way be construed as a promise or guarantee of employment or benefits. The Company reserves the right to modify, amend, suspend, or terminate any plan at any time for any reason. If there is a conflict between the information in this brochure and the actual plan documents or policies, the documents or policies will always govern. Complete details about the benefits can be obtained by reviewing current plan descriptions, contracts, certificates, policies and plan documents available from Human Resources.

Eligibility & Enrollment Instructions

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

Eligibility

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

Enrollment Elections and Changes

New Employees: Your New Hire Enrollment elections will be made at the Pasadena I.S.D. Human Resource Office.

Existing Employees: Your elections can be made anytime during annual enrollment online from your work computer, through Employee Self-Service in LAWSON. You can also make elections with a representative from the Benefits Office who will visit each campus for a scheduled day to assist with online enrollments. Check with your campus/location secretary to confirm the schedule.

Status Change

You have 31 days from the date you become eligible to enroll (Exception: 60 days if you lose or gain eligibility for premium assistance). If you do not enroll within your initial 31 day window, you will be required to wait until the next Annual Enrollment period unless you experience a change in status. A change in status includes, but is not limited to:

- Change in legal marital status,
- Birth or adoption of a child,
- Death of a dependent,
- Change in employment status,
- Loss of other coverage under another plan, etc.

Each qualified status change starts a new 31 day window for you to make appropriate changes to your benefits. If you have experienced a status change, contact P.I.S.D. Benefits Office at 713.740.0110 or 713.740.0120.

Declining Coverage

If you are eligible for benefits, but wish to DECLINE coverage, please complete the online enrollment either on your work computer through the Employee Self-Service in LAWSON or with the help of the Benefits Office. Under each option, you will need to select "Waive."

You must still complete the beneficiary information.

Pasadena I.S.D. Benefit Advocate Center

bac.pasadenabenefits@ajg.com | 1.844.208.3148

Pasadena I.S.D. has a way to assist you with understanding your benefits—a dedicated benefit advocate center. The Benefit Advocate Center (BAC) is available to assist you and your eligible dependents with questions you may have about the following health and welfare benefits:

- Medical
- Dental
- Additional Term Life
- Pharmacy
- Basic Life and AD&D

The BAC can provide a range of services which include:

- Explain your benefit options
- Review enhancements to your benefit plans
- Help with eligibility requirements
- Help select in-network providers
- Provide resolution to claims problems

Hours: Monday – Friday 7:30 a.m.—5:30 p.m. (CST)
Spanish bilingual advocates available

Medical Plans and Premiums

Aetna | www.aetna.com | 1.866.841.3541

Pasadena I.S.D. offers four Medical plans through Aetna. You can choose between two Point of Service (POS) plans, one of which includes a Health Reimbursement Account (HRA) and two Exclusive Provider Organization plans (EPO) which both include an HRA.

Point of Service (POS) Plan

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

Exclusive Provider Organization (EPO) Plan

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

Aexcel-Designated Doctors

Aexcel is a designation for specialty doctors who excel in one of 12 specialty areas.

When searching DocFind® look for a star next to the doctors name. These are Aexcel-designated doctors.

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

Memorial Hermann Accountable Care Network

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

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

Medical Monthly Premiums				
	Plan I	Plan II	Plan IV	Plan V
Employee Only	\$465	\$215	\$138	\$110
Employee + Spouse	\$1,095	\$488	\$315	\$276
Employee + Child(ren)	\$878	\$390	\$270	\$231
Employee + Family	\$1,485	\$709	\$484	\$435

Medical Plans Summary

Aetna | www.aetna.com | 1.866.841.3541

	Plan I		Plan II	
Network	Aexcel Choice POS II		Choice POS II	
Benefit	In-Network	Out-of-Network ¹	In-Network	Out-of-Network ¹
HealthFund HRA: P.I.S.D. Contribution	N/A	N/A	\$500 Employee (EE) \$1,000 EE + Spouse, Child(ren) or Family	
Coinsurance	20%	50%	20%	50%
Calendar Year Deductible	\$1,500 individual \$4,500 family	\$2,250 individual \$6,750 family	\$2,500 individual \$7,500 family	\$7,500 individual \$22,500 family
Out-of-Pocket Maximum	\$6,850 individual \$13,700 family	\$12,500 individual \$36,000 family	\$6,850 individual \$13,700 family	\$15,000 individual \$45,000 family
Office Visits				
Primary Care Physician (PCP)	\$35 copay	50% after deductible	20% after deductible	50% after deductible
Specialty Care - (Aexcel/Non-Aexcel)	\$50 copay / \$65 copay	50% after deductible	20% after deductible	50% after deductible
Preventive Care	100%	50% after deductible	100%	50% after deductible
Inpatient Hospital Care	\$500 per stay, 20% after deductible	\$500 per stay, 50% after deductible	20% after deductible	50% after deductible
Outpatient Surgery	\$100 copay, 20% after deductible	\$100 copay, 50% after deductible	20% after deductible	50% after deductible
Emergency Room ²	\$250 copay, 20% after deductible		\$250 copay, 20% after deductible	
Urgent Care	\$50 copay	50% after deductible	20% after deductible	50% after deductible
Walk In Clinics	\$25 copay	50% after deductible	20% after deductible	50% after deductible

	Plan IV	Plan V
Network	EPO: Memorial Hermann, HCA and St. Lukes Facilities ONLY	EPO: ACO Memorial Hermann
Benefit	In-Network Only	In-Network Only
HealthFund HRA: P.I.S.D. Contribution	\$500 EE \$1,000 EE + Spouse, Child(ren) or Family	\$500 EE \$1,000 EE + Spouse, Child(ren) or Family
Coinsurance	20%	20%
Calendar Year Deductible	\$2,500 individual \$7,500 family	\$2,500 individual \$7,500 family
Out-of-Pocket Maximum	\$6,850 individual \$13,700 family	\$6,850 individual \$13,700 family
Office Visits (Primary & Specialty Care)	20% after deductible	20% after deductible
Preventive Care	100%	100%
Inpatient Hospital Care	20% after deductible	20% after deductible
Outpatient Surgery	20% after deductible	20% after deductible
Emergency Room ²	\$250 copay, 20% after deductible	\$250 copay, 20% after deductible
Urgent Care	20% after deductible	20% after deductible
Walk In Clinics	20% after deductible	20% after deductible

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

(2) Copay waived if admitted

Health Reimbursement Account (HRA) Information

Aetna | www.aetna.com | 1.866.841.3541

An Aetna HealthFund Health Reimbursement Account has advantages that make it stand out when you're comparing health plans:

Convenience. Your employer sets up the fund for you. And no claim forms are needed if you visit doctors and other health care providers in Aetna's national network. Your eligible health care expenses are automatically paid from the fund.

Tax-free benefits. The fund doesn't count as taxable income for you. That means you cover some health care costs with tax-free dollars.

Staying power. What happens if you don't use the entire fund during the year? No problem. Up to half of the year end balance usually rolls over to next year's fund. So you can use it to cover health care expenses down the road. (But if you change employers or health plans, you can't take it with you.)

Security. Your Aetna health plan helps pay for health care services for you and your family. It typically covers preventive care at 100 percent. And it limits how much you pay out of pocket.

Support. Aetna backs you up with tools and tips for using your benefits — and making every health care dollar count. Plus, Aetna offers ways to help keep the whole family healthier.



1. A fund

Each year, your employer sets aside an amount for the HRA — the fund. You can use this fund to cover health care costs that are eligible under your health plan.

These may include:

- Deductibles
- Coinsurance

2. Your Deductible

This is an amount you pay each year before your health plan begins to pay.

You can use the fund to pay down your deductible.

Say you have a \$2,500 deductible and \$500 in the fund. Use the fund to cover \$500 in out-of-pocket costs. Then, pay \$2,000 of your own money to reach the full amount of the deductible.

3. Your Health Plan

Once your deductible is paid, your health plan shares the cost of eligible expenses.

Generally, you'll pay coinsurance. This can be paid for by your HRA as long as there's a balance in the fund.

With coinsurance, the plan pays a larger percent of the cost of care, and you pay a smaller percent.

Additional Benefits

Aetna | www.aetna.com | 1.866.841.3541

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

Aetna Navigator®

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

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

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

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

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

- Medical Plan I - "Aexcel Choice POSII Open Access®"
- Medical Plan II - "Aetna Choice POSII (Aetna HealthFund)"
- Medical Plan IV - "Open Access® Aetna Select (Aetna HealthFund)"
- Medical Plan V - "Memorial Hermann Accountable Care Network (Aetna HealthFund)"

Find what you need—wherever, whenever

The Aetna Mobile app puts our most popular online features at your fingertips. It's available for iPhone®, Android™ and BlackBerry® mobile devices.

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



Prescription Benefits

Express Scripts | www.express-scripts.com | 1.877.719.3068

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

Generic over Brand

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

Home Delivery

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

Express Scripts Pharmacy Benefit	
Retail Pharmacy* - Up to 30 a day supply	
Tier 1: Generic	\$25 copay
Tier 2: Preferred Brand	\$40 copay
Tier 3: Non-Preferred Brand	\$70 copay
*Deductible (combined Tier 2 & Tier 3 drugs only): \$150 per individual/ \$450 deductible for family	
Home Delivery - Up to 90 a day supply	
Tier 1: Generic	\$50 copay
Tier 2: Preferred Brand	\$80 copay
Tier 3: Non-Preferred Brand	\$140 copay

Pasadena I.S.D. Wellness Center

H2U Clinic | www.pasadenaisdclinic.com | 713.740.5300

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

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

H2U Wellness Centers believes in the "whole person" approach to medical care, and strives to build a strong partnership with you. H2U Wellness Centers staff is committed to treating you – not just your medical problems.

Services

H2U Wellness Centers puts Pasadena ISD Wellness Center employees first, saving you precious time and unwanted stress so you can focus on your health. The following services are provided at the Pasadena ISD Wellness Center.

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

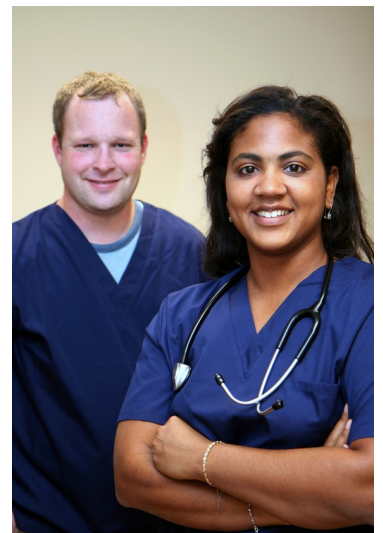
Locations

H2U Pasadena Clinic
1850 East Sam Houston Parkway, South
Pasadena, TX 77503
713.740.5300

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

Clear Lake Clinic
450 Medical Center Blvd #310
Webster, TX 77598
281.672.5428

Hours	
Monday	8:00 am - 5:00 pm
Tuesday	7:00 am - 4:00 pm
Wednesday	8:00 am - 5:00 pm
Thursday	7:00 am - 4:00 pm
Friday	8:00 am - 5:00 pm



You can schedule appointment online at www.pasadenaisdclinic.com/appointments/. Scheduled appointments will take first preference although walk-ins are welcome.

Dental Plans

Cigna | www.myCigna.com | 1.800.244.6224

Pasadena I.S.D. employees are offered two comprehensive dental plans through Cigna. Dental benefits promote and encourage good dental health by helping you and your family with dental expenses. According to the American Academy of Periodontology, dental diseases (if left unattended) can contribute to health issues like heart disease, stroke, pre-term birth, and diabetes.

Dental Monthly Premium		
	Basic	Enhanced
Employee Only	\$24.33	\$33.56
Employee + Spouse	\$50.26	\$69.94
Employee + Child(ren)	\$47.45	\$79.00
Employee + Family	\$66.99	\$110.74

Cigna Dental Choice		
Benefit	Basic	Enhanced
Annual Deductible (Individual/Family)	\$50 / \$150	\$50 / \$150
Calendar Year Maximum	\$750	\$1,250
Preventive & Diagnostic Care	100%	100%
Basic Restorative Care	50% after deductible	80% after deductible
Major Restorative Care	50% after deductible	50% after deductible
Orthodontics (Adults & Children)	Not Covered	50%
Lifetime Maximum	N/A	\$1,000
Out-of-Network Reimbursement ¹	90th Percentile	90th Percentile

(1) Out-of-Network expenses will be reimbursed up to 90th percentile of reasonable and customary after the deductible and subject to the respective coinsurance.



Vision Plan

VSP | www.vsp.com | 1.800.877.7195

Regular eye exams may not only determine your need for corrective eye wear, but can also detect other health problems such as glaucoma, diabetes, high blood pressure and high cholesterol. Pasadena I.S.D. offers a vision plan, utilizing the VSP Choice Plan network, with comprehensive benefits and discounts on services and supplies.

Vision Monthly Premium	
Choice Plan	
Employee Only	\$7.16
Employee + One	\$13.95
Employee + Family	\$20.03



VSP Choice Plan		
Benefit	In Network	Out-of-Network Reimbursement
Exam	\$10 copay	Up to \$45
Prescription Glasses	\$20 copay	
Frames	\$150 allowance	Up to \$100
Lenses		
Single Vision, Lined Bifocal, and Lined Trifocal	Included	Up to \$30 - \$65
Standard Progressive	\$55 copay	Up to \$50
Premium Progressive	\$95 - \$105 copay	Up to \$50
Contact Lenses (In lieu of glasses)	\$180 allowance	Up to \$125
Diabetic Eyecare Plus Program	\$20 copay	Not Available
Frequency (Exam / Lenses / Frames)	12/12/12	

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

Flexible Spending Accounts

TASC | www.tasconline.com | 1.800.422.4661

There Are Two Types of Flexible Spending Accounts

Pasadena I.S.D. offers two types of Flexible Spending Accounts (FSAs) to eligible employees: Healthcare and Dependent Care.

Healthcare Spending Account

This account allows you to elect an annual amount that is deposited into the account through pre-tax payroll deductions. You can use this money throughout the year to pay for you and your dependents medical, dental and vision expenses that are not covered or reimbursed through other plans, such as but not limited to:

- Medical and dental deductibles,
- Coinsurance and copayments, and
- Additional dental and vision expenses.

Facts about the Healthcare Spending Account:

- You may elect up to \$2,500 annually.
- The elected amount is divided by the number of remaining payrolls in the year and deposited into your FSA account each pay period.

Did you know that by enrolling in FSAs you may lower your taxable earnings therefore saving you money on taxes?

Dependent Care Flexible Spending Account

This account allows you to elect an annual amount that is used to pay for qualified dependent care expenses, but not medical, dental or vision expenses for eligible dependents. You may claim dependent care expenses on a dependent that lives with you and relies on you for more than half of his or her financial support. You must claim the person as a dependent on your federal income tax return. Eligible dependents include:

- Children under the age of 13, and
- Disabled dependents of any age (such as your disabled spouse, older child, or parents.)

You may elect up to \$5,000 annually. If you are married and file separate income tax returns, the maximum amount each of you can contribute to the Dependent Care Spending Account is \$2,500.

You may be reimbursed only for daycare that enables you to work, not occasional babysitters. If you are married, your spouse must also work, be a full-time student or be disabled. Eligible care includes care provided in your home, someone else's home, or a licensed daycare facility.

File a Claim Form

- After incurring a Flexible Spending Account claim through the use of your debit card (HealthCare only), you might be asked for back up documentation such as a receipt for verification that the purchase was an eligible medical expense.
- You can also manually submit claims for reimbursement with the appropriate documentation.

Special Notes for FSAs

- You have a grace period to use your funds. This means that instead of your funds being unavailable after December 31st, you can continue to incur claims through March 15th of the next year which are reimbursable using your remaining FSA balance. These claims must be submitted no later than March 31st, for reimbursement.
- Any funds not used by the end of the grace period will be forfeited in both Flexible Spending Accounts.

Life and Accidental Death & Dismemberment Insurance

Minnesota Life | www.lifebenefits.com | 1.866.293.6047

Basic Life and Accidental Death & Dismemberment (AD&D)

Pasadena I.S.D. provides you with Basic Life and Accidental Death and Dismemberment (AD&D) Insurance at no cost to you. Life insurance pays a benefit to your beneficiary upon your death in accordance with the plan document.

Voluntary Term Life

Although Pasadena I.S.D. provides generous life and AD&D benefits, you also have the ability to purchase additional Voluntary Term Life Insurance on yourself and your dependents at group rates which you can review below. The rates for the employee and spouse are based on the employee's age.

Employee Voluntary Term Life

Employee		Age	Employee (Rate per \$1,000)
Increments	\$10,000	Under 40	\$0.098
Minimum	\$20,000	40 - 75+	\$0.255
Guaranteed Issue Amount*	\$200,000		
Maximum	Lessor of \$500,000 or 5x annual salary		

*Applicable to new eligible employees only. Amounts exceeding guarantee issue maximum for newly eligible employees and any amount for late entrants may require the applicant to answer health questions known as evidence of insurability (EOI).

Dependent Voluntary Term Life*

	Coverage	Rate
Option 1	\$5,000 spouse & \$2,000 child	\$3
Option 2	\$10,000 spouse & \$4,000 child	\$4
Option 3	\$20,000 spouse & \$6,000 child	\$8

*A spouse is not eligible if he or she is also eligible for employee coverage. Children are eligible from live birth to age 26. A child may only be covered by one parent.

Additional Spouse Term Life**		Age	Spouse (Rate per \$1,000)
Increments	\$10,000	Under 40	\$0.098
Maximum	\$100,000 or 50% of the employee's Voluntary Term Life, when combined with Dependent Term Life Package	40 - 75+	\$0.255

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

Employee Age Reduction Information

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

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

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

Life Insurance Features

- Accelerated Life Benefit
- Conversion
- Portability
- Waiver of Premium

For additional information get a flyer from your Benefits Department. Limitations apply, please see policy for details.

Voluntary Long Term Disability (LTD)

The Standard | www.standard.com | 1.888.937.4783

What happens if you have an unexpected injury or illness that leaves you unable to work or earn a paycheck? Few people believe it will happen to them, but the truth is, your risk of becoming disabled is far greater than you may think.

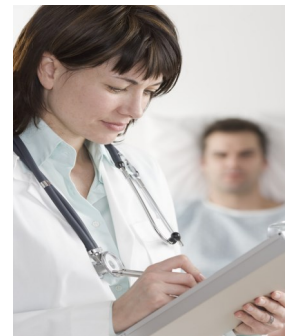
The Long-Term Disability plan available to you provides continued income when an illness or injury prevents you from working. Long-Term Disability coverage offers financial protection (up to 66^{2/3} % of your monthly salary) after being disabled for a minimum of 7 days. The Long-Term Disability benefit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

You have 5 options available to you with varying waiting periods.

Eligibility Requirements

In order to be eligible for Pasadena I.S.D. Long Term Disability you must be:

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



Long Term Disability Waiting Periods

Option	Accidental Injury	Other Disability
1	7 days	7 days
2	14 days	14 days
3	30 days	30 days
4	60 days	60 days
5	90 days	90 days

See your plan booklet for pricing, details and limitations.

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

Cancer Indemnity

TransAmerica | www.transamericaworksite.com | 1.800.876.9070

TransAmerica Cancer Indemnity Insurance provides cash benefits for cancer and can help cover the cost of specific cancer related treatments and expenses as they happen.

Having the right coverage to help when sickness occurs or when undergoing treatments for cancer is important. TransAmerica cancer coverage can help provide added financial security when it is needed most.

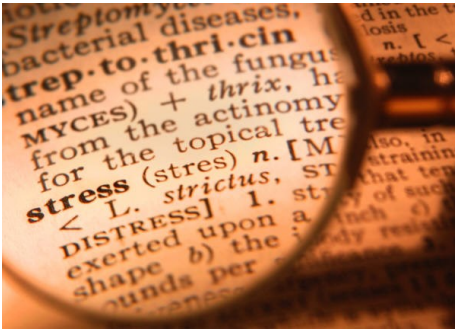


Cancer Indemnity Insurance

Monthly Premium	Plan I	Plan II	Plan III
Employee	\$11.85	\$20.23	\$28.93
Employee and Child(ren)	\$13.56	\$23.30	\$32.88
Employee, Spouse & Child(ren)	\$21.42	\$36.88	\$52.54

See TransAmerica brochure for additional details.

Additional Benefits for You and Your Family



Permanent Life Insurance

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

Critical Illness

Critical Illness Insurance available through Allstate provides you and your family financial protection from the expenses of a serious health problem, such as stroke, heart attack, major organ transplant and Alzheimer's to name a few. You choose a lump sum benefit paid directly to you when you are first diagnosed with a covered condition.

Plan Benefits Include:

- Plan is a supplement to medical coverage,
- Benefits paid directly to you, unless assigned to someone else,
- Employee or family coverage,
- Premium does not increase with age, and
- No reduction in benefits due to age.

See Allstate Critical Illness brochure for additional details.



Additional Benefit Programs

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

Legal Notices

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

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

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

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

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

Legal Notices

Premium Assistance under Medicaid and the Children's Health Insurance Program (CHIP) cont.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2015. Contact your State for more information on eligibility –

ALABAMA – Medicaid	GEORGIA – Medicaid
Website: www.myalhipp.com Phone: 1-855-692-5447	Website: http://dch.georgia.gov/ - Click on Programs, then Medicaid, then Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
ALASKA – Medicaid	INDIANA – Medicaid
Website: http://health.hss.state.ak.us/dpa/programs/medicaid/ Phone (Outside of Anchorage): 1-888-318-8890 Phone (Anchorage): 907-269-6529	Website: http://www.in.gov/fssa Phone: 1-800-889-9949
COLORADO – Medicaid	IOWA – Medicaid
Medicaid Website: http://www.colorado.gov/hcpf Medicaid Customer Contact Center: 1-800-221-3943	Website: www.dhs.state.ia.us/hipp/ Phone: 1-888-346-9562
FLORIDA – Medicaid	KANSAS – Medicaid
Website: https://www.flmedicaidtprecovery.com/ Phone: 1-877-357-3268	Website: http://www.kdheks.gov/hcf/ Phone: 1-800-792-4884
KENTUCKY – Medicaid	NEW HAMPSHIRE – Medicaid
Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570	Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf Phone: 603-271-5218
LOUISIANA – Medicaid	NEW JERSEY – Medicaid and CHIP
Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
MAINE – Medicaid	NEW YORK – Medicaid
Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-977-6740 TTY 1-800-977-6741	Website: http://www.nyhealth.gov/health_care/medicaid/ Phone: 1-800-541-2831
MASSACHUSETTS – Medicaid and CHIP	NORTH CAROLINA – Medicaid
Website: http://www.mass.gov/MassHealth Phone: 1-800-462-1120	Website: http://www.ncdhhs.gov/dma Phone: 919-855-4100
MINNESOTA – Medicaid	NORTH DAKOTA – Medicaid
Website: http://www.dhs.state.mn.us/id_006254 Click on Health Care, then Medical Assistance Phone: 1-800-657-3739	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-800-755-2604

Legal Notices

MISSOURI – Medicaid	OKLAHOMA – Medicaid and CHIP
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
MONTANA – Medicaid	OREGON – Medicaid
Website: http://medicaid.mt.gov/member Phone: 1-800-694-3084	Website: http://www.oregonhealthykids.gov http://www.hijossaludablesoregon.gov Phone: 1-800-699-9075
NEBRASKA – Medicaid	PENNSYLVANIA – Medicaid
Website: www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633	Website: http://www.dhs.state.pa.us/hipp Phone: 1-800-692-7462
NEVADA – Medicaid	RHODE ISLAND – Medicaid
Medicaid Website: http://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900	Website: http://www.eohhs.ri.gov/ Phone: 401-462-5300
SOUTH CAROLINA – Medicaid	VIRGINIA – Medicaid and CHIP
Website: http://www.scdhhs.gov Phone: 1-888-549-0820	Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282
SOUTH DAKOTA - Medicaid	WASHINGTON – Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: http://www.hca.wa.gov/medicaid/premiumpymt/pages/index.aspx Phone: 1-800-562-3022 ext. 15473
TEXAS – Medicaid	WEST VIRGINIA – Medicaid
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx Phone: 1-877-598-5820, HMS Third Party Liability
UTAH – Medicaid and CHIP	WISCONSIN – Medicaid and CHIP
Website: Medicaid: http://health.utah.gov/medicaid CHIP: http://health.utah.gov/chip Phone: 1-866-435-7414	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
VERMONT– Medicaid	WYOMING – Medicaid
Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427	Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531

To see if any other states have added a premium assistance program since July 31, 2015, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/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

Legal Notices

Notice of Privacy Practices (HIPAA)

Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

Your Rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

Our Uses and Disclosures

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say "yes" if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say "no" if it would affect your care.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we *never* share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

Our Uses and Disclosures

How do we typically use or share your health information? We typically use or share your health information in the following ways.

Help manage the health care treatment you receive

We can use your health information and share it with professionals who are treating you.

Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Legal Notices

Notice of Privacy Practices (HIPAA) (Cont.)

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.

Example: We use health information about you to develop better services for you.

Pay for your health services

We can use and disclose your health information as we pay for your health services.

Example: We share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan

We may disclose your health information to your health plan sponsor for plan administration.

Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request and we will provide a copy to you with in 60 days.

This notice is effective September 15, 2014. You have recourse if you feel that your privacy protections have been violated. You have the right to file a formal, written complaint with us at the address below, or with the Department of Health & Human Services, Office for Civil Rights, about violations of the provisions of this notice or the policies and procedures of our office. We will not retaliate against you for filing a complaint.

Please contact us for more information:

Vonnie Conde
Privacy Officer
Pasadena Independent School District
1515 Cherrybrook Lane
Pasadena, TX 77502
(713) 740-0110

For more information about HIPAA or to file a complaint:
The U.S. Department of Health & Human Services
Office for Civil Rights
200 Independence Avenue, S.W.
Washington, D.C. 20201
(202) 619-0257
Toll Free: 1-877-696-6775

HIPAA Special Enrollment Rights

Loss of Other Coverage

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

New Dependent

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact Pasadena I.S.D. Benefits Office Coordinator at (713) 740-0121.

Legal Notices

Women's Health and Cancer Rights Act Notification

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

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply: Medical I: \$750 per person and \$2,250 per family deductible; 20% coinsurance. Medical II, IV, and V: \$2,500 per person and \$7,500 per family deductible; 20% coinsurance.

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

Newborns' and Mothers' Health Protection Act

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

Health Insurance Portability and Accountability Act

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

Termination of Benefits—COBRA Rights

Benefit coverage for you and your family will terminate on the day you terminate your employment or the day on which you and/or any dependents cease to be eligible. If you become ineligible for coverage, you and your eligible dependents may have continuation rights for medical, dental, and vision benefits under the federal law known as COBRA. If you terminate your employment or are in an ineligible benefit status, you will be notified about any continuation rights you may have.

You will also receive a Certificate of Creditable Coverage, as required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This certificate outlines the period for which you are covered under any medical, dental, and vision plans with Weir Group, Inc. This certificate may be used to satisfy pre-existing condition limitations in your new employer's plans.

Medicaid Coverage

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

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

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

2. Eligibility for Premium Assistance Under Medicaid or CHIP

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

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

Health-Contingent Wellness Program

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

Legal Notices

Medicare Part D Notice

Important Notice About Your Prescription Drug Coverage and Medicare

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

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

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

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

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

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

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

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Pasadena I.S.D. and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later. If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

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

For more information about your options under Medicare prescription drug coverage...

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

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.
- Call **1-800-MEDICARE (1.800.633.4227)**. TTY users should call **1.877.486.2048**.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at **1.800.772.1213 (TTY 1-800.325.0778)**.

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

Date: January 1, 2016

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

Contact-Position/Office: Benefits Department

Address: 1515 Cherrybrook Lane, Pasadena, Texas 77502

Phone Number: 713.740.0121

BENEFIT CONTACT INFORMATION

Benefit	Vendor	Phone and Website
Benefit Advocate Center	Gallagher Benefit Services	1.877.299.9002
		bac.pasadenabenefits@ajg.com
Pasadena I.S.D. Benefits Office	Pasadena I.S.D.	713.740.0121, 713.740.0110, 713.740.0120
		www.pasadenaisd.org
Medical Benefits	Aetna	1.866.841.3541
		www.aetna.com
Pasadena I.S.D Wellness Center/ H2U Clinic	H2U	713.740.5300
		www.pasadenaisdclinic.com
Prescription Benefits	Express Scripts	1.877.719.3068
		www.express-scripts.com
Vision Benefits	VSP	1.800.877.7195
		www.vsp.com
Dental Benefits	Cigna	1.800.244.6224
		www.mycigna.com
Health Care and Dependent Care Flexible Spending Account (FSA)	TASC	1.800.422.4661
		www.tasconline.com
Basic Life/AD&D, Voluntary Life	Minnesota Life	1.866.293.6047
		www.lifebenefits.com
Voluntary Long Term Disability	The Standard	1.888.937.4783
		www.standard.com
Cancer Indemnity Insurance	TransAmerica	1.800.876.9070, 1.866.586.6528
		www.transamericaworksite.com
Permanent Life	Fidelity Life	1.800.876.9070
		www.fidelitylife.com
Critical Illness Insurance	Allstate	1.800.876.9070
		www.allstateatwork.com