



Benefits Plan Year 01/01/2016 - 12/31/2016



2016 AISD EMPLOYEE BENEFIT GUIDE

www.mybenefitshub.com/austinisd

Online Benefit Enrollment

To Enroll Online, Please Visit www.mybenefitshub.com/austinisd



Austin ISD
Employee Benefits Portal

THEbenefitsHUB

Delivering Instant Access to Your Employee Benefits

Login

Home

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Check FSA

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Click the Login button to begin your Online Enrollment



Austin
Independent School District

LOGIN



Login Help Video

[Español]

If you have trouble logging in, Click on the "Login Help Video" for assistance.

Your Username Is:

The first Six (6) characters of your last name*, followed by the first letter of your first name, followed by the last four (4) digits of your Social Security Number. (NOT case sensitive)

Your Password Is:

Last Name* (Excluding punctuation) followed by the last four (4) digits of your Social Security Number. (NOT case sensitive)

*If your last name is less than 6 characters, use your full last name for both your username and password.

PASSWORDS:

All passwords have been RESET to the Default described above.

Passwords ARE Case Sensitive. Please enter your default password in all lowercase.

Login

Username

Password

Language

English ▾

Login

Forgot Username or Password?

Supported Browsers

Google Chrome

Microsoft Internet Explorer (7.0 or Later)

Mozilla Firefox (3.5 or Later)

Enrollment Instructions

Click on "Enrollment Instructions" for more information about how to enroll or see page for Online Enrollment Instructions.

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HEALTH CARE REFORM



WHAT IS HEALTH CARE REFORM?

The term “health care reform” refers to the Affordable Care Act, which was passed by the Federal Government into federal and state law in March 2010. These laws are intended to help more people get affordable health care coverage and receive better medical care. To learn more please visit dol.gov/ebsa/healthreform.

Health care reform updates

- **Employer Mandate** - As of January 1, 2015, employers are required to provide all full-time equivalent employees with a health insurance plan or pay a fine.
- **Flexible Spending Accounts** continue to be capped at \$2,550 for health care expenses and \$5,000 for dependent day care expenses.
- All medical expenses (i.e., copays, deductibles, and coinsurance) continue to be counted toward the annual out-of-pocket maximums.
- Health care reform requires most U.S. citizens and legal immigrants to have a basic level of health coverage starting January 1, 2014—this is called the individual mandate. Employees will receive a 1095C in the first quarter of 2016 for them to use in filing their tax return to comply with the individual mandate.

ANSWERS TO YOUR QUESTIONS



Am I required to have health insurance?

Health care reform requires most U.S. citizens and legal immigrants to have a basic level of health coverage starting January 1, 2014—this is called the individual mandate. Some people won't have to buy insurance. This includes people with certain religious beliefs, members of Native American tribes, undocumented immigrants, and people who are in prison.

Does my employer have to offer me health coverage?

According to health care reform, employers with over 50 full-time equivalent employees must offer health insurance—this is called the employer mandate.

Can anyone get health care coverage?

Yes, anyone can get coverage. Insurance companies can no longer deny coverage to anyone who has a pre-existing medical condition.

What if I don't have any health care coverage?

If you don't have "minimum essential" health coverage you may be subject to a tax penalty based on the number of months in a given year you are without minimum essential coverage. Most employer-based coverage, Medicare, Medicaid, CHIP, private insurance and all insurance purchased through your state's marketplace count as minimum essential coverage.

When is the open enrollment period AISD coverage?

The open enrollment period to purchase 2016 coverage begins on October 1, 2015 and ends October 31, 2015.

Who is eligible for benefits?

In order to be eligible for any benefits from AISD, an individual must be considered a regular employee working at least 20 hours per week in a permanent position.

What dependents are eligible for health care coverage?

Eligible Dependents include the following:

- Your spouse (including those defined as same-sex legally married)
- Your domestic partnership with proper documentation (with after-tax premiums)
- Children under the age of 26, yours or your spouse's
- Dependent children above age 26 who are unmarried, certified medically disabled and financially dependent on you for support.
- When adding dependents, supporting documents are required to prove dependency. A list of acceptable dependent documents can be found at <http://www.austinisd.org/benefits/adding-dependents>

OPEN ENROLLMENT

When: During the annual open enrollment period each October. Any newly elected benefits or changes made to existing benefits become effective on January 1st of the following year.

How: If you have computer access at work, you must log on to the AISD Benefits HUB portal at www.mybenefitshub.com/austinisd to make any benefit election changes for the following calendar year.

If you do not have computer access at work, a benefits enroller will be at your campus to enroll/waive you.

Call Center: 866-914-5202 M-F

NEW HIRE

When: New employees must enroll or waive within the first 30 days of employment with the Austin ISD. Benefit elections are effective the first of the month following your date of hire.

How: To select benefits as a new hire you must complete the benefits enrollment thru our HUB found at mybenefitshub.com/austinisd within 30 days of your hire date.

QUALIFIED LIFE EVENT

When: Within 31 days of a qualifying life event that includes a birth or adoption of a child, marriage or divorce, gain or loss of other coverage.

How: If you experience a qualifying life event you must complete a benefits change of status form obtained by contacting the benefits office at 512-414-2297 and returning the form to the benefits office within 31 days of your qualifying life event date. (includes weekends and holidays)

Supporting documentation must also be provided as proof of any qualified life event.

WHEN CAN I ENROLL OR CHANGE MY BENEFIT ELECTIONS?



WHO PAYS FOR MY HEALTH CARE COVERAGE?

BENEFIT TYPE	EFFECTIVE DATE	ENROLLMENT RESPONSIBILITY	WHO PAYS	CHANGES WHEN?
	H= Hire date 1st = 1st of the month following your hire date			A = Anytime OE = Open Enrollment LE = Life Event
Medical	1st	You	You & AISD	OE & LE
Dental	1st	You	You & AISD	OE & LE
Vision	1st	You	You	OE & LE
Flexible Spending Accounts	1st	You	You	OE & LE
Short-Term Disability	1st	You	You	OE & LE
Additional Life Insurance	1st	You	You	OE & LE
Basic Life Insurance	1st	Automatic	AISD	OE & LE
Long-Term Disability	1st	You	You	OE & LE
Critical Illness	1st	You	You	OE & LE
Cancer Insurance	1st	You	You	OE & LE
Accident Insurance	1st	You	You	OE & LE
403 & 457	H	You	You	A

*Your Medical, Dental, Vision, Cancer, Accident & Flex Spending Accounts are pretax. This means your benefit deductions go farther because you have saved the federal income tax that would otherwise be required on these contributions.

AI SD offers three medical plans. The two no-cost options at In-Network only plans are the GOLD SETON SELECT & the HSA. Both utilize the Seton Network. The GOLD CHOICE POS plan offers coverage for both in and out of network.

Take a good look at provider networks. Pay a little more to have more options or vice versa. It's all up to you. Here's help making your selection.

CONSUMER PLAN NETWORK OPTIONS

If you enroll in a Seton Only medical plan option, you have one provider networks to choose from.

Limited network basics SETON ONLY PLANS

- Choose any primary care physician in the Aetna network.
- You're "limited" to Seton hospitals and facilities for inpatient or outpatient hospital care.

OPEN ACCESS MEMBERS

If you enroll in Open Access, you have just one network. This plan is all about keeping things simple. Just remember, you pay a higher price tag for this.

Open Access basics

- Choose any primary care physician, hospital or specialist in the Aetna network.

DOC FIND MAKES CHOOSING PROVIDERS EASY

Go through **ThebenefitsHUB** to use Aetna's online DocFind tool to search for network doctors, labs or facilities, including X-ray and scanning locations. If you have providers already, you can check Aetna Navigator through **ThebenefitsHUB** before you enroll to be certain you have access to them with the plan you choose. When asked which network,

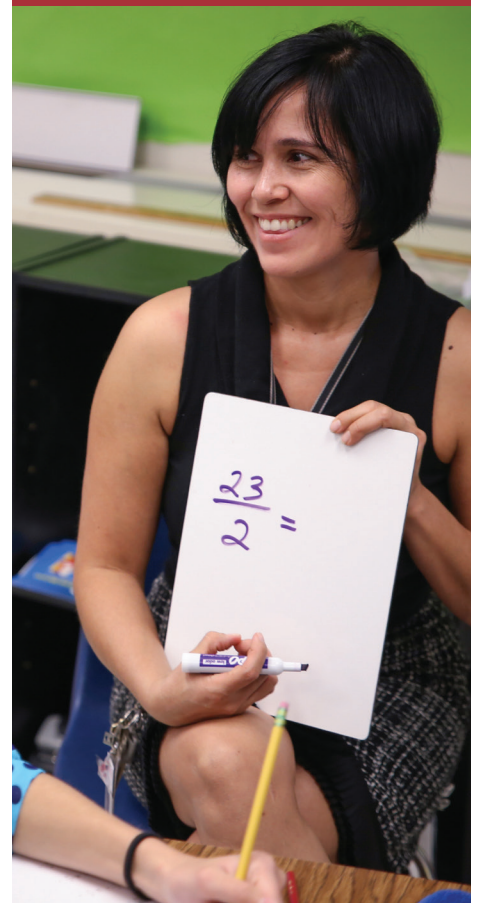
- For the GOLD CHOICE Plan, you will need to select Aetna Choice POS II (Open Access)
- For the GOLD SETON SELECT & the HSA SETON PLAN, you will need to select Aetna Whole Health-Seton Health Alliance

STAY INSIDE YOUR NETWORK

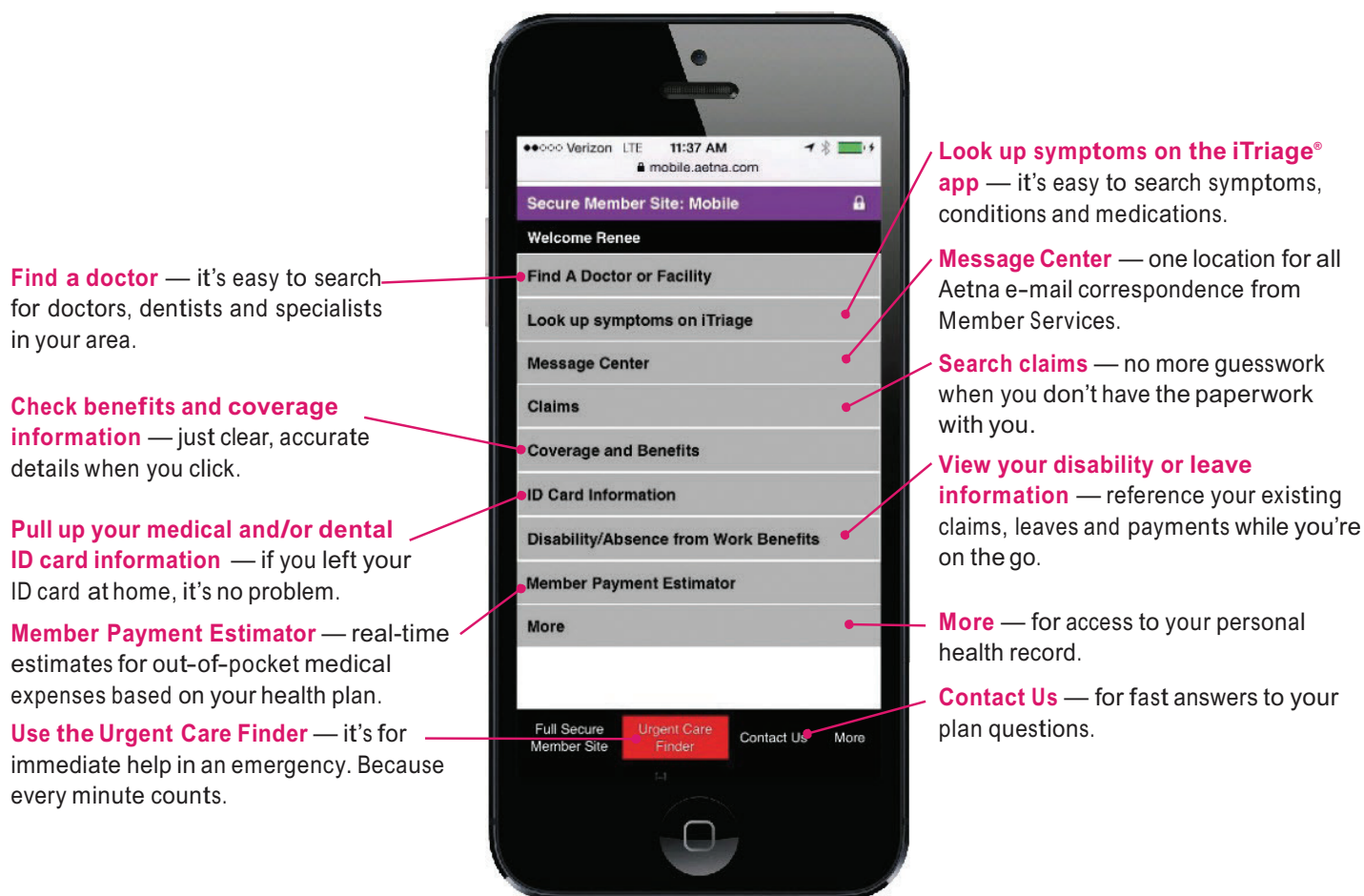
You are not covered for out-of-network services. The only exception is an emergency when an out-of-network hospital emergency room is the nearest facility. In this case, your stay is covered only until the doctor decides you are stable enough to go home or be moved to an in-network hospital.

- Out-of-network emergency-room care for non-emergency medical attention can result in excessive charges that increase health care costs for everyone and are not covered.
- Know which urgent care and walk-in clinics are near your home in case you need quick medical care. Aetna Navigator is a great tool for that.
- Remember to use Seton facilities if you're enrolled in the Seton Only Plans or you won't be covered.

MEDICAL PLANS



FEATURES OF AETNA MOBILE



YOU HAVE SEVERAL CHOICES. COMPARE AND SAVE.

Common ground makes some choices easier

All Austin ISD medical plan options feature:

- Preventive care covered at 100%—no charge to you
- Freedom to choose any doctor in your plan's network, with no referral needed

Seton Only and Choice POS options in more detail

Now that you've chosen your network, you have two plan options to choose from. These options give you great flexibility, allowing you to control how you spend your health care dollars. The main differences between the two options are the premium rates and your potential out-of-pocket costs.

It's a tradeoff, basically. If you choose a Limited Network Seton ONLY option, your rates are lower, but your provider choice is narrower. With a Choice POS option, you pay a little higher premiums, but your provider choice is broader with benefits in & out of network.

**FIND THE PLAN
THAT WORKS BEST
FOR YOU**



COMPARE YOUR OPTIONS

GOLD SETON SELECT VS GOLD CHOICE POS

Mr. Smith is an AISD employee who is married with two children. Mr. Smith has decided he would like to enroll his family in one of the two Gold Plans plans. They now need to determine which plan best fits their family's needs.

What they know about their anticipated health care costs next year:

- Mrs. Smith is expecting their third child early next year, so will need to plan for an inpatient hospitalization. The total cost of an inpatient hospital stay is estimated at \$15,000.
- Mr. Smith is permanently required to take prescription medication daily. The prescription is generic and the family takes advantage of Aetna's mail order service, which allows the

family to get three months of medication for two and half monthly copays.

- Mr. Smith's condition also requires a yearly visit to his primary care provider.

The following chart compares both plans' costs and the total out-of-pocket expense Mr. Smith should expect to pay for his family's services, including monthly premiums paid:

TYPE OF COST	GOLD SETON SELECT	GOLD CHOICE POS
Yearly Payroll Deduction for Family Coverage	\$7,613	\$11,294
Two day Hospital stay- Mrs. Smith New Born	\$2,300 (deductible & OPX) \$1,000 (deductible & OPX)	\$2,500 \$1,100
Prescription Costs Mr. Smith	\$100 total \$100	\$100 total \$100
Office Visit Copays Mr. Smith New born baby visits (assume 6 visits)	\$150 total \$0 \$150	\$150 total \$0 \$150
Out-of-pocket YTD Mr. Smith Mrs. Smith New Born Family total OPM	\$3,550 total \$100 \$2,300 \$1,150 \$3,550 (\$6900 family OPX)	\$3,850 total \$100 \$2,500 \$1,250 \$3,850 (\$7500 family OPM)
Total Cost for The Smiths	\$11,163	\$15,144

Based on the family's estimated expenses, choosing the GOLD SETON SELECT plan will save the family \$3,981 next year.

MONTHLY SAVINGS COMPARISON- PREMIUM ONLY

Employee plus Family	GOLD SETON \$634.40	GOLD CHOICE \$941.16	\$306.75 (\$3,681 annual)
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Why might an HSA be the right choice for you?

- **AISD contributes \$163.26 for employee only coverage if you have enrolled in HSA & opened your HSA bank account at the end of the working month.**
- It saves you money. For individuals with few regular health expenses, paying a traditional health plan premium can feel like throwing money out the window. HDHPs come with much lower premiums than traditional health plans, meaning less money is deducted from your paychecks.
- It's portable. Even if you change jobs, you get to keep your HSA.
- It's a tax saver. Contributions to your HSA are made with pre-tax dollars. Since your taxable income is decreased by your contributions, you pay less in taxes.
- It allows for an improved retirement account. Funds roll over at the end of each year and accumulate tax-free, as does the interest on the account. Also, once you reach the age of 55, you are allowed to make additional "catch-up" contributions to your HSA until age 65.
- It puts money in your pocket! You never lose unused HSA funds. They always roll over to the next year.

TYPE OF COVERAGE CONTRIBUTION LIMIT

Individual	\$3,350 for 2016
Family	\$6,750 for 2016

Catch up for Age 55 or older
\$1,000 for 2016

How does an HSA work?

Part 1: Qualifying High Deductible Health Insurance Plan

Provides health care benefits after the deductible has been met.

Part 2: Health Savings Account

Pays for out-of-pocket expenses incurred before the deductible is met.

What are the steps in an HSA?

- Employee, employer, family member and/or someone else funds the employee's HSA account.
- Employee seeks medical services.
- Medical services are paid by HDHP, subject to deductible and coinsurance.
- Employee may seek reimbursement from HSA account for amounts paid toward deductible and coinsurance.
- Deductible and out-of-pocket maximum fulfilled the
- Employee may be covered for all remaining eligible expenses.

LEARN MORE ABOUT HSA

Why should I elect an HSA?

- Cost Savings
- Triple tax benefits
- HSA contributions are excluded from federal income tax
- Interest earnings are tax-deferred
- Withdrawals for eligible expenses are exempt from federal income tax
- Reduction in medical plan contribution
- Unused money is held in an interest-bearing savings or investment account

COMPARE ? 76;53> COVERAGE OPTIONS





BENEFITS	Gold Seton Select	Gold Choice		HSA Seton Select
	In-Network Only	In-Network	Out-of-Network	In-Network
Coinsurance	20%	20%	40%	20%
Calendar Year Deductible Per Member/Per Family	\$300/Ind; \$900/Family	\$500/Ind; \$1,500/Family	\$500/Ind; \$1,500/Family	\$1,500/Ind; \$3,000/Family
Annual Out-of-Pocket Maximum Per Member/Per Family	\$2,300/Ind; \$6,900/Family	\$2,500/Ind; \$7,500/Family	\$2,500/Ind; \$7,500/Family	\$4,500/Ind; \$9,000/Family
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited
Preventive Care	100%; deductible waived	100%; deductible waived	30%; after deductible	100%; deductible waived
Office Visits - PCP	\$25 copay; deductible waived	\$25 copay; deductible waived	30%; after deductible	20%; after deductible
Office Visits - Specialist	\$25 copay; deductible waived	\$25 copay; deductible waived	30%; after deductible	20%; after deductible
Inpatient Hospital Services and IP Maternity (including surgery)	20% after \$500 copay; after deductible	20% after \$500 copay; after deductible	40% after \$500 per admit; after deductible	20%; after deductible
Outpatient Hospital Services (including surgery)	20%; after deductible	20%; after deductible	40% after deductible	20%; after deductible
Urgent Care	\$45 copay; deductible waived	\$45 copay; deductible waived	30%; after deductible	20%; after deductible
Emergency Room	\$100 copay; deductible waived	\$100 copay; deductible waived	\$100 copay; deductible waived	20%; after deductible
Ambulance	20%; after deductible	20%; after deductible	20%; after deductible	20%; after deductible
X-Ray / Lab	100% deductible waived	100% deductible waived	30%; after deductible	20%; after deductible
Diagnostic Testing (MRI/Ctscan/PET/etc)	20%; after deductible	20%; after deductible	40%; after deductible	20%; after deductible
Durable Medical Equipment	20%; after deductible	20%; after deductible	40% after deductible	20%; after deductible
Mental Health				
<i>Inpatient</i>	20% after \$500 copay; after deductible	20% after \$500 copay; after deductible	40% after \$500 per admit; after deductible	20%; after deductible
<i>Outpatient</i>	\$25 copay; deductible waived	\$25 copay; deductible waived	30%; after deductible	20%; after deductible





COMPARE ? 76;53> COVERAGE OPTIONS

BENEFITS	Gold Seton Select	Gold Choice		HSA Seton Select
	In-Network Only	In-Network	Out-of-Network	In-Network
Substance Abuse				
Inpatient	20% after \$500 copay; after deductible	20% after \$500 copay; after deductible	40% after \$500 copay; after deductible	20%; after deductible
Outpatient	\$25 copay; deductible waived	\$25 copay; deductible waived	30%; after deductible	20%; after deductible
Hospice Care	Covered 100%, deductible waived	Covered 100%, deductible waived	30%; after deductible	20%; after deductible
Home Health Service - limited to 60 visits per calendar year	Covered 100%, deductible waived	Covered 100%, deductible waived	30%; after deductible	20%; after deductible
Skilled Nursing Facility- limited to 60 days per calendar year	Covered 100%, deductible waived	Covered 100%, deductible waived	30%; after deductible	20%; after deductible
Chiropractic, Physical, Occupational Therapies (Short-Term Rehab) - limited to 35 visits per calendar year (office setting)	\$25 copay, ded waived	\$25 copay; deductible waived	40% after deductible	20%; after deductible
Speech Therapy - (office setting)	\$25 copay; deductible waived	\$25 copay; deductible waived	40% after deductible	20%; after deductible
Vision	100% routine exam only limit one in 12 month period	100% routine exam only limit one in 12 month period		100% routine exam only limit one in 12 month period
Prescription Drugs	\$50 combined Retail/MOD per calendar year RX deductible; \$150 Family combined Retail/MOD per calendar year RX.	\$50 combined Retail/MOD per calendar year RX deductible; \$150 Family combined Retail/MOD per calendar year RX.		20%; after deductible
Retail (30-day supply)				
Generic	\$10	\$10	20% after applicable Retail copay	20%; after deductible
Brand Name Formulary	\$25	\$25	20% after applicable Retail copay	20%; after deductible
Brand Name Non-Formulary	\$45	\$45	20% after applicable Retail copay	20%; after deductible
Mail Order (90-day supply)				
Generic	\$25	\$25	Not Covered	20%; after deductible
Brand Name Formulary	\$62.50	\$62.50	Not Covered	20%; after deductible
Brand Name Non-Formulary	\$112.50	\$112.50	Not Covered	20%; after deductible





201(BENEFIT PREMIUMS -12 MONTH EMPLOYEES

AISD Contributes \$466.81 to all Medical Plans
AISD Contributes \$7.65 to all Dental Plans

MEDICAL	Employee only 	Employee + child(ren) 	Employee + Spouse 	Family 
Platinum-grandfathered	\$256.02	\$936.35	\$1,361.54	\$1,745.03
Gold Select SETON	\$ 0.00	\$261.09	\$457.56	\$634.40
Gold Choice	\$ 50.88	\$457.88	\$712.24	\$941.18
HSA SETON	\$ 0.00	\$63.11	\$204.60	\$331.95

DENTAL	Employee Only 	Employee + child(ren) 	Employee + Spouse 	Family 
Delta DHMO	\$8.86	\$20.69	\$21.97	\$33.83
Delta Core Option	\$25.82	\$73.57	\$71.48	\$122.04
Delta Plus Option	\$31.81	\$88.09	\$85.62	\$145.21

VISION	Employee only 	Employee + child(ren) 	Employee + Spouse 	Family 
Superior	\$7.42	\$15.40	\$14.83	\$25.40

CANCER	Employee only 	Employee + child(ren) 	Employee + Spouse 	Family 
Option 1	\$13.66	\$15.70	\$29.48	\$31.52
Option 2	\$23.00	\$26.50	\$49.94	\$53.48

ACCIDENT	Employee only 	Employee + child(ren) 	Employee + Spouse 	Family 
Option 1	\$11.70	\$22.70	\$20.70	\$31.70
Option 2	\$13.50	\$25.70	\$23.30	\$35.50
Option 3	\$22.40	\$46.70	\$40.20	\$64.50
Option 4	\$24.20	\$49.70	\$42.80	\$68.30

CRITICAL ILLNESS	
AGE	PREMIUM PER \$5000
18-29	\$2.10
30-39	\$3.45
40-49	\$6.20
50-59	\$10.60
60+	\$17.60




LONG TERM DISABILITY	
ELIMINATION PERIOD	PREMIUM PER \$100
0/3 DAYS	\$4.38
14/14 DAYS	\$3.21
30/30 DAYS	\$2.78
60/60 DAYS	\$1.83
90/90 DAYS	\$1.30
180/180 DAYS	\$0.95

SHORT TERM DISABILITY	
Monthly	\$5.15

201(BENEFIT PREMIUMS -9 MONTH EMPLOYEES

AI SD Contributes \$466.81 to all Medical Plans
AI SD Contributes \$7.65 to all Dental Plans

MEDICAL	Employee only 	Employee + child(ren) 	Employee + Spouse 	Family 
Platinum-grandfathered	\$341.36	\$1248.46	\$1815.39	\$2326.71
Gold Select SETON	\$ 0.00	\$348.12	\$610.08	\$845.87
Gold Choice	\$ 67.84	\$610.51	\$949.65	\$1254.91
HSA SETON	\$ 0.00	\$84.15	\$272.80	\$442.60

DENTAL	Employee only 	Employee + child(ren) 	Employee + Spouse 	Family 
Delta DHMO	\$11.81	\$27.59	\$29.29	\$45.11
Delta Core Option	\$34.43	\$98.09	\$95.31	\$162.72
Delta Plus Option	\$42.41	\$117.45	\$114.16	\$193.61

VISION	Employee only 	Employee + child(ren) 	Employee + Spouse 	Family 
Superior	\$9.89	\$20.53	\$19.77	\$33.87

CANCER	Employee only 	Employee + child(ren) 	Employee + Spouse 	Family 
Option 1	\$18.21	\$20.93	\$39.31	\$42.03
Option 2	\$30.67	\$35.33	\$66.59	\$71.31

ACCIDENT	Employee only 	Employee + child(ren) 	Employee + Spouse 	Family 
Option 1	\$15.60	\$30.27	\$27.60	\$42.27
Option 2	\$18.00	\$34.27	\$31.07	\$47.33
Option 3	\$29.87	\$62.27	\$53.60	\$86.00
Option 4	\$32.27	\$66.27	\$57.07	\$91.07

CRITICAL ILLNESS	
AGE	PREMIUM PER \$5000
18-29	\$2.80
30-39	\$4.60
40-49	\$8.27
50-59	\$14.13
60+	\$23.47

LONG TERM DISABILITY	
ELIMINATION PERIOD	PREMIUM PER \$100
0/3 DAYS	\$5.84
14/14 DAYS	\$4.28
30/30 DAYS	\$3.71
60/60 DAYS	\$2.44
90/90 DAYS	\$1.73
180/180 DAYS	\$1.27

SHORT TERM DISABILITY	
9-month	\$6.87

DENTAL PLANS



Proper dental care is important and taking care of your oral health is an investment in your overall well being. AISD's Dental coverage is through Delta Dental, which provides employees with three plan options.

PPO CORE AND PLUS PLANS

The Delta Core and Plus plans offer coverage for a broad-range of services with a deductible and coinsurance approach. You and your enrolled dependents may visit any licensed dentist, but will enjoy the greatest out-of-pocket savings if you see a Delta Dental PPO dentist. Both plans have an annual maximum benefit of \$1500 per person each calendar year.

DHMO PLAN

The DHMO plan provides benefits only if you visit a DeltaCare USA dentist. The DHMO plan provides subscribers with a copayment listing that details all covered services. Non-covered services are billed directly to you. If you receive treatment from a non-DeltaCare USA dentist, you will be responsible for all fees charged.

DENTAL OPTIONS

The Delta Dental coverage chart on the following page outlines dental coverage. For a complete schedule of dental benefits, visit austinsd.org/benefits or contact the benefits office.


FIND A DENTIST

To learn if a dentist participates in a network covered by your plan, use the "Find a Dentist" search feature on the Delta website at deltadentains.com or call Customer Relations at 800.521-2651.

COVERAGE VERIFICATION

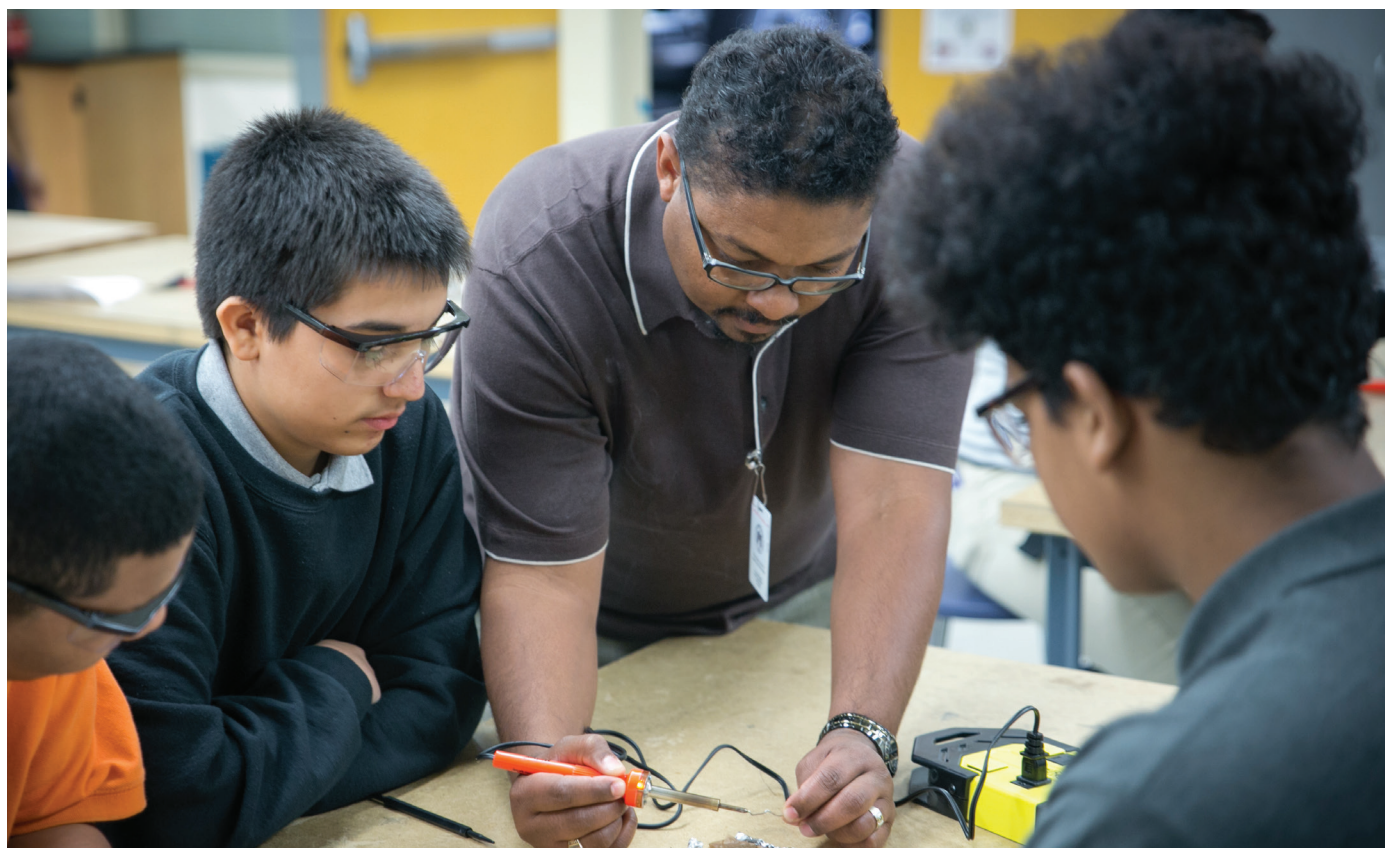
Every plan is different, so it is important to understand the specifics of your dental benefits especially what is and is not covered. If you think you may need treatment and want to find out what your costs will be, ask your dentist to submit a pre-treatment estimate, allowing you to understand your full financial responsibility before committing to services.

COMPARE COVERAGE OPTIONS

 DELTA DENTAL™	DHMO	CORE	PLUS
Provider Network	Delta Dental PPO Group 00951, Option 1	Delta Dental PPO Core Plan Group 03595	Delta Dental PPO Plus Plan Group 03595
Annual Maximum Benefit	Unlimited	\$1,500 per person	\$1,500 per person
Preventive Services Oral Evaluation X-rays Routine Cleaning Sealants	copay (see copay listing found in the "Dental" section of www.mybenefitshub.com/austinisd)	100%	100% PPO Dentist 80% Premier Dentist 80% Non-Participating Dentist
Basic Services Amalgam Fillings Resin, Composite Oral Surgery (Extractions) General Anesthesia Surgical Periodontal (gums) Root Canal Therapy	copay (see copay listing)	80% PPO Dentist 80% Non-Participating Dentist	90% PPO Dentist 90% Non-Participating Dentist
Major Services Crowns Inlays, onlays, & cast restorations	copay (see copay listing)	50% PPO Dentist 50% Non-Participating Dentist	60% PPO Dentist 60% Non-Participating Dentist
Prosthodontics Bridges and Dentures	copay (see copay listing)	50% PPO Dentist 50% Non-Participating Dentist	60% PPO Dentist 60% Non-Participating Dentist
Orthodontics Adults & Dependent Children	copay (see copay listing)	Not covered	\$1500 Lifetime PPO Dentist \$1500 Lifetime Non-Participating Dentist

VISION PLAN

BENEFIT	IN-NETWORK PROVIDER	OUT-OF-NETWORK PROVIDER	FREQUENCY
Routine Exams	\$10 Exam, then 100% paid in full	\$10 Exam, then up to \$35 retail value	Once every 12 months
Lenses Single vision Bifocal Trifocal Polycarbonate Lenticular	Paid in full Paid in full Paid in full Paid in full Paid in full	Up to : \$25 Retail Value Up to : \$40 Retail Value Up to : \$45 Retail Value Up to : \$20 Retail Value Up to : \$80 Retail Value	Once every 12 months
Contact Lens Elective Medically Required	\$140 allowance for contacts; copay does not apply	Up to \$80 Retail Value Up to \$150 Retail Value	Once every 12 months (in lieu of glasses)
Frames	Up to: \$130 Retail	Up to: \$70 Retail Value	Once every 12 months
Laser Vision Correction	\$200 allowance	\$200 allowance	In lieu of eyewear benefit



Want to stop losing money? With a Flexible Spending Account (FSA), you can set aside money on a pre-tax basis from your pay check to cover medical expenses addependent care (i.e., day care) expensesž

With easy payroll deductions and convenient debit cards, these accounts provide a flexible and easy way to cover expenses.

AISD offers these flexible spending accounts through National Benefit Services, whose services include:

- Help center at 800-2274-0503 x2
7 a.m. to 11 p.m. CST
Email: 125claims@nbsbenefits.com
- Internet access to account info
<https://mywealthcareonline.com/nbsbenefits/>
- Online claim submission & mobile phone app
- Automatic direct deposit in your bank or savings account
- Debit card (Mastercard)

HEALTH CARE FSA

If you enroll in the Health Care FSA, you can use the FSA to pay for eligible health care expenses, including medical, dental and vision expenses with pre-tax dollars. You can contribute a minimum of \$250 and up to a maximum of \$2,550 in 2015. Another advantage of enrolling in the Health Care FSA is that your whole pledge amount for the plan year is available for use on qualified expenses on the day your plan starts, even though your contributions towards the pledge are spread out over the calendar year.

Please note: You must use it or lose it! If you choose to use a Health Care FSA, remember to plan your contributions carefully. You can submit claims for your qualifying 2016 expenses through March 31, 2017. Your expenses must be incurred no later than March 15, 2017 to be reimbursed from your FSA. Due to IRS rules, you'll forfeit any unused funds.

FLEXIBLE SPENDING ACCOUNT

HEALTH CARE FLEXIBLE SPENDING ACCOUNT (FSA)

Minimum contribution	\$250 per year or \$20.83 per month
Maximum contribution	\$2,550 per year or \$212.50 per month

DEPENDENT DAY CARE FSA

If you have child care expenses, consider taking advantage of the Dependent Day Care FSA. In the same way that the Health Care FSA lets you set aside pre-tax dollars for eligible health care expenses, you can use the Dependent Day Care FSA to set aside up to \$5,000 per year pre-tax dollars for child care expenses while you work.

Examples of eligible dependent care expenses include:

- Daycare and babysitter costs
- Nursery school
- Before- and after-school programs
- Summer day camps

The Dependent Day Care FSA is subject to the same reimbursement rules as the Health Care FSA, including the “use it or lose it” rule. Important tax rules also apply to the Dependent DayCare FSA. You can’t be reimbursed from your FSA for any expense that is also covered by a tax credit on your federal tax return. However, unlike the Health Care FSA, your whole pledge amount for the plan year is not available on the day your plan starts. For the Dependent Day Care FSA, you can only be reimbursed for qualified expenses up to the amount you have contributed to your FSA up to that point in time. As your contributions accrue, claims for reimbursement can be processed.

DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT (FSA)	
Maximum contribution	\$2,500 per year or \$208.33 per month
Maximum contribution Married filing jointly or	\$5,000 per year or \$416.66 per month



To help protect your income in the event of an accident or injury, Austin ISD offers you short-term and long-term disability benefits. Our Short Term disability plan is offered through Metlife. Our Long Term disability plan is offered through Aetna.

SHORT-TERM DISABILITY

After 15 consecutive calendar days of total disability due to an injury (called the waiting period), your short-term disability payments will begin. The benefit pays 70% of your weekly pre-disability earnings to a weekly maximum of \$2,000. If your disability is due to an illness, benefit payments will begin once all of your sick pay benefits have been exhausted. Pre-Existing Conditions Limitations Apply.

LONG-TERM DISABILITY

Employees can choose from a selection of LTD features they feel best match their financial needs. Employees can choose their Monthly Benefit Amount in \$100 increments, from \$200 to \$8000 (not to exceed 66 2/3% of monthly earnings). Employees can choose from 6 Benefit Waiting Periods. Pre-Existing Conditions Limitations Apply.

ACCIDENT	SICKNESS
0 days	3 days
14 days	14 days
30 days	30 days
60 days	60 days
90 days	90 days
180 days	180 days



LIFE INSURANCE

In addition to disability insurance, AISD offers two life insurance policy options. All employees are eligible if they enroll, for district paid term life insurance policy. Employees can purchase extra life insurance from Symetra Term Life and Texas Permanent Life on payroll deduction.

BASIC LIFE INSURANCE

Austin ISD pays for your basic life insurance with a payout benefit equal to \$10,000. Be sure to designate a beneficiary for this benefit. The beneficiary designation / change form can be found at mybenefitshub.com/austinisd. Submit completed forms to the Benefits office via fax 512-414-9976.

GROUP BASIC LIFE INSURANCE & ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE

Description of Term Life	Group life insurance is term life coverage made available through your employer. Term life insurance is the most common type of life insurance and, initially, usually is the least expensive. To put it simply, it pays a death benefit if you die while you have coverage.
Description of AD&D	This benefit pays an additional benefit in the event of loss of life or contractually defined injury. Coverage can be extended for other reasons not qualified as — but relating to — accidental death or dismemberment. Refer to your employee certificate for details.
Eligibility	All Eligible Full-Time Employees who are actively at work and working a minimum of 20 hours each week.
Benefits	Eligible Employees – \$10,000 of Basic Life and AD&D coverage at no cost to you as this benefit is paid for by your employer.
Additional AD&D Benefits	Loss of Life, Loss of Speech and/or Hearing, Loss of Hand, Foot or Eye, Loss of Thumb and Index Finger on One Hand, Paralysis Benefit, Seat Belt/Airbag Benefit and Repatriation Benefit are included under AD&D for actively insured employees. Child Education, Day Care, Rehabilitation, Spouse Education and Adaptive Home and Vehicle Benefits, Critical Burn, and Coma are included under AD&D. Certain restrictions apply. Refer to your employee certificate.
Accelerated Death Benefit	If an employee has been diagnosed as terminally ill, Symetra Life Insurance Company may pay a portion of the death benefit in advance to the employee. Refer to your employee certificate.
Conversion	A conversion benefit is available that allows you to convert your group coverage to an individual policy if certain conditions are met. Refer to your employee certificate.
Benefit Reduction	Benefit amounts will not be reduced.

GROUP SUPPLEMENTAL LIFE & ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE

EMPLOYEE SITUATION	COVERAGE OPTION
New Hire-within 30 days of hire date	Can enroll in up to 5 x annual earnings, not to exceed \$500,000 guarantee issue, no Evidence of Insurability required
Currently have some add'l life- wish to increase	Can increase coverage level by 5, \$10,000 increments, from where currently insured without Evidence of Insurability, more than 5, \$10,000 levels, would require EOI
Current employee with no add'l life, wish to add coverage	Can add up to \$50,000 without Evidence of Insurability. More than \$50,000 would require EOI

Texas Permanent Life

In addition to your basic life insurance, you may elect to purchase individual universal life insurance for yourself and dependents. You can buy additional life insurance at a minimum of \$10,000 and up to a maximum of \$250,000. See a representative for more details.

You can elect additional life coverage for your spouse, children, and grandchildren.

Additional life policies for you and your dependents are optional benefits and are paid for entirely by you in after-tax deductions. The premium rates are based upon set rates determined by age and tobacco, (except for the children policies mentioned above).

Completion of a medical history statement and physical exam is required if enrolling more than 30 days from date of hire.

A detailed flyer of the Texas Life policy can be found at:

www.mybenefitshub.com/austinisd/2015/Benefit/TexasLife/PureLife

ACCIDENTAL DEATH AND DISMEMBERMENT

Accidental death and dismemberment (AD&D) coverage is an included benefit in the Texas Life Permanent policy.

ADDITIONAL AND DEPENDENT LIFE INSURANCE



CRITICAL ILLNESS

This plan pays you a \$50 wellness screening benefit, along with a lump-sum cash benefit when you're first diagnosed with a covered critical illness. This plan pays you in addition to any other coverage you may have.

- If you choose spouse coverage, the spouse benefit cannot exceed 50% of your employee benefit. If you choose employee + child or employee + family coverage, you are only charged for one dependent child, not individually. The dependent children's benefit is either \$2500 or \$5000.
- 12-month pre-existing condition and actively-at-work provisions apply.

Category	Covered Illness/Procedures	Percent of Benefit Payable
1	<ul style="list-style-type: none">• Heart Attack, heart failure, stroke• Coronary bypass surgery	100% 25%
2	<ul style="list-style-type: none">• Blindness, major organ failure (excluding heart failure), end stage kidney disease, paralysis (excluding paralysis from stroke), coma	100%

ACCIDENT PLAN

This plan covers emergency treatment, hospital admissions, confinements and diagnostic exams, as well as other expenses related to you or an insured family member injured in a covered accident. This plan pays you in addition to any other coverage you may have.

- You must be under age 70 to enroll.
- If you have a covered accident, you receive cash benefits for expenses that may not be fully covered by your medical plan.
- No evidence of insurability is required.
- 12-month pre-existing condition and actively-at-work provisions apply.

CANCER INDEMNITY

Cancer Treatment Benefits	Option 1	Option 2
Radiation Therapy, Chemotherapy or Immunotherapy Maximum per 12-month period	\$15,000	\$20,000
Hormone Therapy - Maximum of 12 treatments per Calendar Year	\$50 per treatment	\$50 per treatment
Experimental Treatment	Paid in the same manner and under the same maximums as any other benefit	
Waiver of Premium	Waive Premium	
Internal Cancer First Occurrence Benefit		
Lump Sum Benefit Maximum 1 per Covered Person per lifetime	\$5,000	\$10,000
Lump Sum for Eligible Dependent Children Maximum 1 per Covered Person per lifetime	\$7,500	\$15,000
Heart Attack/Stroke First Occurrence Benefit		
Lump Sum Benefit Maximum 1 per Covered Person per lifetime	\$5,000	\$10,000
Lump Sum for Eligible Dependent Children Maximum 1 per Covered Person per lifetime	\$7,500	\$15,000

- Guarantee Issue, No Health Questions, 12 Month Pre-existing conditions limitations apply.
- Policy pays only for loss resulting from definitive Cancer. Proof must be submitted for each claim.



EMPLOYEE ASSISTANCE PROGRAM (EAP)



Helping You Take Care of Yourself and Loved Ones

Life is filled with challenges and frustrations. Dealing with difficulties on the job or with family members; facing personal challenges, such as stress, depression, anxiety, and substance abuse; and, handling financial or legal issues, are just a few of life's speed bumps.

Most of us try to solve these problems on our own. Ultimately we often realize that we honestly need a helping hand: someone to talk to for guidance, to vent, to explore options, to share concerns, to calm our fears.

This is why the Employee Assistance Program was established as a FREE and CONFIDENTIAL benefit for all AISD employees and their families.

WHO CAN USE?

- All benefits-eligible employees (20+ hrs/wk) and retirees
- Spouses (married or divorced) and all family members/ significant others living in the employee's home
- Children and grandchildren aged 26 and younger
- Terminated employees, eligible for benefits, for 6 months from termination date

TYPICAL ISSUES

- Addiction
- Child and Teen Issues
- Chronic Illness
- Depression/Anxiety
- Suicidal/Homicidal Ideation
- Divorce/Separation

- Emotional Turmoil
- Finances
- Grief/Loss
- Incarceration (adult or juvenile)
- Legal Matters
- Parenting
- Relationships
- Stress Management
- Substance Abuse
- Work Issues

HOW TO CONTACT

Directly:

Alliance Work Partners, EAP Provider
24/7 Hotline:

Toll Free 800-343-3822

TDD 800-448-1823

Teen Line 800-334-8336

www.alliancewp.com

- Call to request routine appointments, to speak with a live counselor, or for urgent requests for help
- Spanish and 150 languages

Referral:

Kevin Casey, AISD EAP Coordinator

M-F, 7:45-4:45, except holidays

512-414-9687

kevin.casey@austinisd.org

www.austinisd.org/eap

- Can provide EAP benefits information and guidance
- Can assist with contacting AWP
- Collaborates with Alliance Work Partners referrals



The Austin ISD staff health and wellness initiative



Purpose

To reinvent wellness for Austin ISD staff by providing:

- Resources for health and wellness
- Programming to educate staff about healthy lifestyles
- Guidance to campuses and departments that are integrating wellness programs

Programming

District-level programming has a strong education component and follows national health awareness campaigns and local health initiatives.

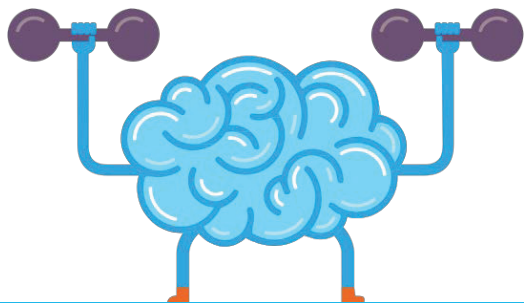
Campus-based programming is action-based, with fun activities like the YMCA 0-5K, H2O Challenge and National Wear Red Day.

Individual programming through e-wellness partners, programs and Seton Healthcare solutions.



Health Risk Assessment


The E-wellness flagship program is the Health Risk Assessment. Information from the HRA informs the work of E-wellness and contributes to its success. To participate, AISD staff complete a short, confidential online survey with questions focusing on modifiable health behaviors. Participants receive a personalized report with information about their potential health risks, information on how to reduce those risks and resources for follow-up.



September

Mental Health | Healthy Routines | Men's Prostate Health

Take Action!

- Make time to breathe.
- Sign up for the YMCA 0-5K training program. Goal race: Run for the Water.
- Coordinated School Health kickoff program 
- Men: Schedule a prostate exam and learn about risk factors and the importance of regular screenings. Log in to your Aetna account to search for an in-network doctor near you.


October

Health Literacy Month | National Breast Cancer Awareness Month | Health Risk Assessment

Take Action!

- Get your FREE flu shot with your AISD insurance card—check with your campus administrators for your flu shot clinic date.
- Improve your health literacy to help reduce your healthcare costs and improves health outcomes.
- One way to improve your health literacy is to complete your Health Risk Assessment.
- Women: Schedule a mammogram with the Seton Breast Care Center for a spa-like experience. Learn more >>

November

Diabetes Awareness | Great American Smokeout / Lung Cancer Awareness 

Take Action!

- What are you drinking? Trade your sugar-sweetened beverage for water during the AISD H2O Challenge.
- Diabetes facts and resources
- You can only quit smoking when you're ready—consider the benefits. Join the Great American Smokeout on Nov. 11 or take free classes from EAP and Seton.

December

Healthy Holidays | Mindful Eating | Portion Sizes

Take Action!

- Healthier holiday alternatives
- Baking substitutions for holiday treats
- Proper portion sizes

January

Health Risk Assessment—Know Your Numbers

Take Action!

- Complete the AISD Health Risk Assessment.
- Important biometric numbers

February

Wear Red for Women—Heart Disease Awareness Month 

Take Action!

- Lower your risk of heart disease and wear red on Feb. 5 to show your support for women's heart health.

March

National Nutrition Month

Take Action!

- Eat a rainbow of fruits and vegetables—3–5 cups per day.
- Visit a local farmers market.
- Consider a Community-Supported Agriculture membership.



April

Healthy Texas Week April 11-15 

Take Action!

- Identify your stage of health and focus on healthy habits to improve your overall wellness.

May

National Physical Fitness and Sports Month

Take Action!

- Learn about the importance of incorporating strength training into your workout routine.
- Download a free 30-day fitness app.

June

Summertime Health

Take Action!

- Summertime health guidelines to stay safe in the sun
- Drink plenty of water.



These activities are part of Coordinated School Health—Austin ISD's initiative to support the wellness of staff, students and families. For more information, visit austinsisd.org/wellness, email ian.kahn@austinsisd.org or call 512-414-2282.

Austin Independent School District Dependent Documentation Matrix

Effective: 4/15/201

Dependent Type	Preferred (listed on DA Form)	Acceptable Alternative(s)
A. SPOUSE Legal spouse,	<ul style="list-style-type: none"> • Copy of page 1 of your 2014 federal tax return (as filed) listing spouse <p>OR</p> <ul style="list-style-type: none"> • Copy of marriage certificate or Declaration of Common Law Marriage <i>plus</i> proof marriage is still current [recurring monthly or quarterly household bill or statement of account listing your spouse's name at your address and dated within the past 60 days] 	~ If married on or after June 1, 2014, marriage certificate alone is acceptable. For Common Law Marriage: Copy of Declaration of Common Law Marriage (a filed with the local courthouse) <i>plus</i> proof marriage is still current [recurring monthly or quarterly household bill or statement of account listing your spouse's name at your address and dated within the past 60 days]
B. CHILD Child up to age 26 <i>[coverage ends on the child's 26th birthday.]</i> For eligibility purposes, child includes: <ul style="list-style-type: none"> • natural child and stepchild of your current spouse • adopted child (including a child for whom you or your spouse is a party in a suit in which the child's adoption is sought) • child of your child (your grandchild) who is your dependent for federal income tax purposes at the time application of coverage of the child of your child is made. (You are required to provide a copy of your most recent federal tax return claiming grandchild as a dependent.) • child for whom you (or your spouse) has received a court order requiring that you (or your spouse) have financial responsibility for providing health insurance. • child for whom you are legal guardian 	<p>One of the following items, as applicable:</p> <ul style="list-style-type: none"> • Copy of page 1 of your 2014 federal tax return (as filed) listing child as dependent, OR • Copy of birth certificate, OR • Copy of certificate of adoption, OR • Copy of court order requiring you or your spouse/partner to cover the child for health insurance • Copy of legal guardianship documents <p><i>Note for stepchildren: If you are covering a stepchild, and the child's parent is not a covered dependent, in addition to one of the items required above, you must also provide one of the items from Category A, Spouse.</i></p>	<p>For natural or stepchild:</p> <ul style="list-style-type: none"> ~ Copy of divorce decree or court order listing Employee (EE) or spouse as parent and child with child's birth date. ~ Birth card as long as last names of child & EE or spouse are the same. ~ If no birth certificate, copy of hospital birth record listing parent(s), child, and child's date of birth. ~ Paternity documentation that determines EE or spouse is the father of the child. <p>For grandchild: Copy of EE's 2014 tax return listing grandchild as dependent.</p> <p>For legal guardianship: EE must provide the Court Order of Legal Guardianship showing EE or spouse as guardian of child</p>
C. DISABLED CHILD Unmarried child over the age of 26 who is medically certified as disabled and dependent upon you for support and maintenance	<p>One of the items listed for category B above</p> <p>No additional documentation regarding disability is required for this review if disability documentation is on file with AISD</p>	See category B above for dependency documentation alternatives
Send dependent documentation to Austin ISD via: email: dependentdocumentation@austinsisd.org , or fax number: 512.414.9976		

QUALIFYING EVENT INSTRUCTIONS FOR EMPLOYEE BENEFIT PLAN CHANGES DURING THE PLAN YEAR (OUTSIDE OF OPEN ENROLLMENT)

Austin ISD Benefit Plan is a Section 125 Flexible Benefit Plan (Cafeteria Plan) allowed for under the regulation of Section 125 of the Internal Revenue code.

RULES: Any “pre-tax” elections will remain in effect and cannot be revoked or changed during the Plan Year unless there is a qualifying event.

TIMELINE: Any change in benefit election must be made with 31 days of the qualifying event and must be consistent with the change that has occurred. **SUPPORTING DOCUMENT REQUIRED TO ENROLL/CANCEL**

COVERAGE: Documentation of the qualifying event, a Section 125 Revocation/Change Form, subsequent carrier and dependent verification documentation must be submitted to the Benefits Department within **31 calendar days** (including weekends and holidays) of the qualifying event date. (NOTE: All documents faxed or emailed are considered by the time stamp when they were sent whether office is closed or open)

Benefits Department 1111 W. 6th Street, Suite A330 | 512-414-1739 (phone) Austin, Texas 78703-5338 | 512-414-9976(fax)

Example of Qualifying Event	Required Supporting Documentation
Birth of a child	Birth Certificate Verification of the birth from the hospital or other authority listing the name and the date of birth of the child
Adoption	Placement for adoption paperwork, legal documentation of the adoption
Death	Death Certificate
Marriage	Marriage Certificate
Divorce	Original signed divorce decree
Dependent’s enrollment in another employer’s benefits through job change or open enrollment	Proof of the enrollment listing: effective date of coverage, type of coverage (medical, dental, vision), and the names of dependents enrolled with their effective date of coverage. Examples: copy of enrollment forms or printouts from an on-line enrollment
Loss of benefits due to loss of job or loss of eligibility	Letter from former employer, COBRA notice, or print screens from insurance carriers listing the type of coverage lost, the last date of coverage and the names of dependents losing coverage

Note: Switching among plans during the plan year is prohibited. When adding dependents they are added to current plan that employee is participating in.

EFFECTIVE DATES: Day after benefits end when situation is a loss of benefits. Benefits become effective the date of the event for: births, adoptions, marriages, divorce, and death PREMIUM DEDUCTIONS: AISD premium deductions are deducted from employee paycheck one month in advance. Double premium payments may be due based on effective date.

Premiums are not pro-rated. Example of this: A child is born on the 10th of December; insurance premiums for December and January will be deducted from the December pay check if forms are returned within the payroll deadline.

January 1, 2015

To: Austin ISD Employee and Other Insured Dependents (if any)

Fr: National Benefit Services, LLC

Service Provider for Austin ISD

Re: General COBRA Information for:

Austin ISD Health Plan

You are receiving this notice because you have recently become covered under one or more of the group health plans sponsored by Austin ISD. Austin ISD has retained National Benefit Services, LLC to provide assistance with their COBRA responsibilities. One of our tasks is to provide you with important information about your right to COBRA continuation of coverage under one or more of the group health plans named above. The information is intended to educate you about your COBRA rights and obligations in the event that you or one of your dependents loses coverage under one or more the plans. For simplicity, the remainder of this notice will refer to the above plans collectively as the "Plan". While no action or response is required unless you or your dependent actually have a loss of coverage under our health plan(s), both you and your spouse should read the information carefully, and keep it with your records. If you experience loss of coverage in the future, please refer to this overview for guidance about your rights and responsibilities. Note: This notice does not fully describe continuation coverage under COBRA or other rights under the Plan and a more complete description can be found by contacting the Plan Administrator (identified below) and/or referring to the applicable health plan Summary Plan Description. There is a more detailed description of your rights under COBRA and the coverage under the Plan(s) under which you have become covered in the applicable Summary Plan Description(s). This Notice provides a brief overview of your rights and obligations under the current COBRA law. The Plan (as outlined below) offers no greater COBRA rights than what the COBRA statute requires, and this Notice should be construed accordingly.

About the COBRA Law.

COBRA refers to a Federal law which applies to most employers who sponsor group health insurance plans for their employees and dependents. For COBRA purposes, a group health plan includes any major medical plan, dental plan, vision plan, health FSA, or any other employer sponsored group plan which provides medical care.

The law requires that employees and certain dependents (spouse and dependent children) who lose coverage under a group health plan must be given the opportunity to continue coverage on a temporary basis. The maximum length of time coverage may be continued depends upon the reason coverage is lost. An employee, spouse and/or dependent child who loses coverage as a result of a qualifying event is called a "Qualified Beneficiary".

COBRA Qualifying Events.

Listed below are "qualifying events" which result in the right to continue coverage under COBRA. Please note that the maximum period of time coverage can be continued depends on the type of qualifying event.

Eighteen (18) Month Maximum Continuation (experienced by a covered employee):

- 1.) Termination of Employment (for reasons other than "gross misconduct")
- 2.) Reduction of Work Hours

If you experience one of the events listed above, you and any other impacted qualified beneficiary will be notified of the right to elect continuation coverage. Disability Extension to twenty-nine (29) months. This extension will apply when any Qualified Beneficiary is determined by the Social Security Administration to have been disabled at any time prior to the end of the first sixty (60) days of COBRA coverage resulting from a termination of employment or reduction of work hours, and continues to be disabled at the end of the initial 18 month period of coverage.

For the disability extension to apply, you must provide a copy of the SSA Determination of Disability letter within the 18 month COBRA period but no later than 60 days after the latest of: (1) the date of the SSA Determination of disability; (2) the date on which the qualifying event occurs; or (3) the date on which the qualified beneficiary loses coverage. Second Qualifying Event Extension to thirty-six (36) months. If a Qualified Beneficiary experiences a second qualifying event during the 18 or 29 month COBRA continuation coverage resulting from termination of employment or reduction of work hours, then the spouse and dependent children will qualify for an extension of COBRA continuation coverage of up to 36 months from the original qualifying event. A covered employee or qualified beneficiary must provide notice of the second qualifying event within 60 days of the event in order to qualify for the extension. Events eligible for the extension of coverage are those listed below (but only to the extent that they would have caused a loss of coverage under the Plan if it was the initial qualifying event):

Thirty Six (36) Month Maximum Continuation (experienced by a covered spouse or dependent child):

- 1) Death of an Employee
- 2) Divorce or legal separation
- 3) Dependent child no longer meets the Plan's definition of a "dependent"

In addition, if you become entitled to Medicare and then experience a qualifying event or reduction in hours of employment within 18 months of the Medicare entitlement, the qualified beneficiary spouse and/or dependent children may elect to continue coverage for up to 36 months from the Medicare entitlement.

Your IMPORTANT Qualifying Event Notice Obligations. If your spouse or dependent child loses coverage under the Plan because of divorce, legal separation, or your child no longer meets the Plan's definition of "dependent", then you, your spouse or dependent child must notify Austin ISD of the loss. Written notice must be provided no later than sixty (60) days after the event or the date coverage terminates, whichever is later. It is mandatory that you use the enclosed notification form for this purpose. It can be mailed first class or faxed to Austin ISD. A notification form is enclosed for this purpose. (Contact information is listed on the notification form and later in this document.) You may be required to provide additional information to support the qualifying event (e.g. a divorce decree, etc). If Austin ISD is provided timely notice of the divorce, legal separation, or a child's loss of dependent status, we will notify the affected Qualified Beneficiaries of the right to elect continuation coverage.

If Austin ISD is not provided notice of the divorce, legal separation, or a child's loss of dependent status during this sixty (60) day period, COBRA continuation will not be offered. If any claims are mistakenly paid for expenses incurred after the divorce, legal separation, or a child's loss of dependent status, then you, your spouse and dependent children will be required to reimburse the Plan for any claims so paid.

If your spouse or dependent child loses coverage as a result of your death or your entitlement to Medicare, Austin ISD will automatically notify your spouse, and dependent children of the right to elect continuation coverage.

Other Notification Requirements: In order to protect your family's rights, you should notify the Plan Administrator, Austin ISD, immediately when the name or address changes for you or any covered dependent. For your records, you should also keep a copy of any notices you send to the Plan Administrator.

COBRA Continuation Coverage:

If you lose coverage as a result of one of the qualifying events listed above, you may elect to continue the same coverage that you had immediately preceding the qualifying event; however, that continuation coverage is subject to changes made by the Employer to the same coverage maintained by similarly situated active employees. You have the same right to change your coverage that similarly situated active employees have (including any open enrollment rights to change coverage). Once you receive your election notice from the Plan Administrator, you have 60 days from the later of the date of the notice or the date coverage is lost as a result of the qualifying event to elect coverage. If you elect coverage you may be required to pay up to 102% of the applicable premium and possibly up to 150% of the applicable premium during a disability extension. The first premium is due 45 days after the date you make your election for coverage. All subsequent premiums are due the first day of the coverage period (with a 30 day grace period). Premiums are typically due on the first day of each month.

Plan Administrator.

Austin ISD is the Plan Administrator. All notices and other communications regarding the Plan and regarding COBRA must be directed to:

Austin ISD
Attn: Benefits Department
Carruth Administration Center
1111 West Sixth Street, A330
Austin, Texas 78703-5338
For More Information.

If you have questions, or need additional information, you should contact the Plan Administrator, Austin ISD, or the service provider, National Benefit Services, LLC at:

National Benefit Services, LLC
8523 South Redwood Road
West Jordan, UT 84084
Phone: (801) 532-4000

RETIREMENT PLANS

403(B) VS. 457(B): WHICH IS BETTER FOR YOU?

403(b)

It's easier to access the funds while you are with the employer.

457(b)

You're not subject to the 10% federal early withdrawal penalty once you leave the employer.

403(b)	457(b)
Less stringent withdrawal restrictions while you are employed, but a 10% federal early withdrawal penalty might apply.	More stringent withdrawal restrictions while you are employed, but no 10% federal early withdrawal penalty after severance from employment [except in the case of rollovers from non-457(b) plans, including IRAs].
Generally withdrawals made prior to severance from employment or the year you attain age 59½ can only be made due to financial hardship.	Generally withdrawals made prior to severance from employment or the year in which you reach age 70½ can only be made for an unforeseeable emergency.
<p>A financial hardship withdrawal is considered less restrictive — while you are employed — than a 457(b) unforeseeable emergency. Examples of financial hardship include:</p> <ul style="list-style-type: none"> > Unreimbursed medical expenses > Payments to purchase a principal residence > Higher education expenses > Payments to prevent eviction or foreclosure of a mortgage. 	<p>An unforeseeable emergency is more restrictive — while you are employed — than a 403(b) hardship. Some examples:</p> <ul style="list-style-type: none"> > A sudden and unexpected illness or accident for you or a dependent > Loss of your property due to casualty > Other similar extraordinary circumstances arising as a result of events beyond your control. <p>Sending a child to college or purchasing a home, two common reasons for 403(b) hardship withdrawals, generally are not considered unforeseeable emergencies.</p>
Withdrawals can be subject to a 10% federal early withdrawal penalty prior to age 59½.	The 10% federal early withdrawal penalty, generally applicable to distributions prior to age 59½ from a 403(b) plan, does not apply to distributions from 457(b) plans except on amounts rolled into the plan from non-457(b) plans (including IRAs).

Plan	2015 Contribution Limits (2016 not published by IRS at time of print)
403	\$18,000
457	\$18,000
50+ catch up contribution	\$6,000

If you have any questions, start with the Benefits Department. We are happy to assist. Additionally, feel free to contact any of our providers directly.

AISD Benefits Department 512-414-2297
www.mybenefitshub.com/austinisd

BENEFIT	VENDOR	PHONE NUMBER	WEBSITE
Medical & Long Term Disability #737540		888-592-3862	www.aetna.com
Dental DHMO #00951-001 Core #03595-001 Plus #03595-001		800-422-4234 800-521-2651	www.deltadentalca.com www.deltadentalins.com
Vision #332250		866-265-0517	www.superiorvision.com
Life & AD&D #01-016703-00		800-796-3872	www.symetra.com
Permanent Life		800-283-9233	www.texaslife.com
Short Term Disability #151369		800-858-6506	www.metlife.com
Flexible Savings Accounts		800-274-0503	https://mywealthcareonline.com/nbsbenefits/
Health Savings Accounts		877-472-4200	www.mybenefitwallet.com
403B		800-274-0503	www.nbsbenefits.com
457 Plans		512-343-1810	www.valic.com
Cancer #GC13APL Accident Plans #195940		800-256-8606	www.ampublic.com
Critical Illness #59926		800-877-2701	www.assurant.com



This is a summary of benefits drafted in plain language to assist an employee's understanding of what benefits are offered, and does not constitute a policy. Detailed provisions are contained in each provider's plan document. If there is a discrepancy between what is presented here and the official plan documents, the plan documents will govern.