



PASADENA

INDEPENDENT SCHOOL DISTRICT

2019 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 21 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 or home computer through Lawson. You can also make elections with onsite representatives 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. 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:

Each qualified status change starts a new 31 day window for you to make appropriate changes to your benefits. If you

- 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.

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 or home computer through Lawson. 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 Benefit Plans and Premiums

Aetna | www.aetna.com | 1.866.841.3541

Pasadena I.S.D. offers three Medical plans through Aetna. You can choose between a Point of Service (POS) plan and two Exclusive Provider Organization plans (EPO).

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.

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 II	Plan IV	Plan V
Employee Only	\$269	\$152	\$121
Employee + Spouse	\$610	\$347	\$304
Employee + Child(ren)	\$488	\$297	\$254
Employee + Family	\$886	\$532	\$479

Medical Benefit Plans Summary

Aetna | www.aetna.com | 1.866.841.3541

	Plan II	
Network	Choice POS II	
Benefit	In-Network	Out-of-Network ¹
Coinsurance	20%	50%
Calendar Year Deductible	\$5,000 individual \$10,000 family	\$7,500 individual \$22,500 family
Out-of-Pocket Maximum	\$7,900 individual \$15,800 family	\$15,000 individual \$45,000 family
Office Visits		
Primary Care Physician (PCP)	20% after deductible	50% after deductible
Specialty Care - (Aexcel/Non-Aexcel)	20% after deductible	50% after deductible
Preventive Care	100%	50% after deductible
Inpatient Hospital Care	20% after deductible	50% after deductible
Outpatient Surgery	20% after deductible	50% after deductible
Emergency Room ²	\$500 copay, 20% after deductible	
Urgent Care	20% after deductible	50% after deductible
Walk In Clinics	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
Coinsurance	20%	20%
Calendar Year Deductible	\$3,500 individual \$7,500 family	\$3,500 individual \$7,500 family
Out-of-Pocket Maximum	\$7,900 individual \$15,800 family	\$7,900 individual \$15,800 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	\$500 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

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

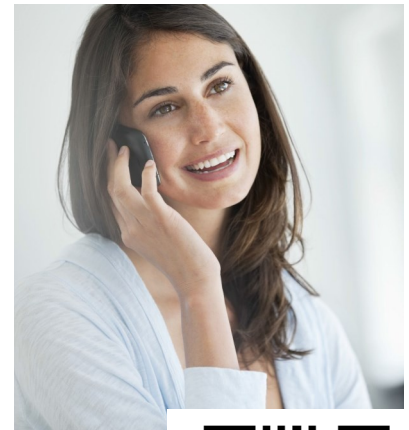
Your Aetna Navigator® account is personalized for you and your family. The information you see will be based on the health plan you are enrolled in. This site will also keep track of any personal health information that you enter. It is a quick and easy place to begin looking for all of your health care 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 II - "Aetna Choice POSII"
- Medical Plan IV - "Open Access® Aetna Select"
- Medical Plan V - "Memorial Hermann Accountable Care Network"



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

CVS Caremark | www.caremark.com | 1.888.234.0781

When you enroll in one of the three medical plan options, you automatically receive prescription drug coverage through CVS Caremark 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.

CVS Caremark Pharmacy Benefit	
Retail Pharmacy* - Up to 30 day supply	
Tier 1: Generic	\$30 copay
Tier 2: Preferred Brand	\$45 copay
Tier 3: Non-Preferred Brand	\$75 copay
Deductible (combined Tier 2 & Tier 3 drugs only): \$200	
Home Delivery - Up to 90 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

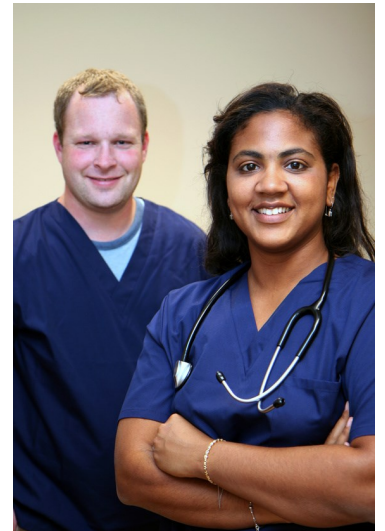
- Acute episodic care and symptom relief (Strains, Sprains and Pains)
- Cholesterol, hypertension, and diabetes screenings, treatment, and management
- Sore throats/ears/headache
- Personal hygiene matters
- Cough/Sinus
- Rashes and allergies
- Acute Urinary
- Well-Woman & Well Man Exams
- Flu Shots
- 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

You can schedule
appointment online at
[www.pasadenaisdclinic.com
/appointments/](http://www.pasadenaisdclinic.com/appointments/)

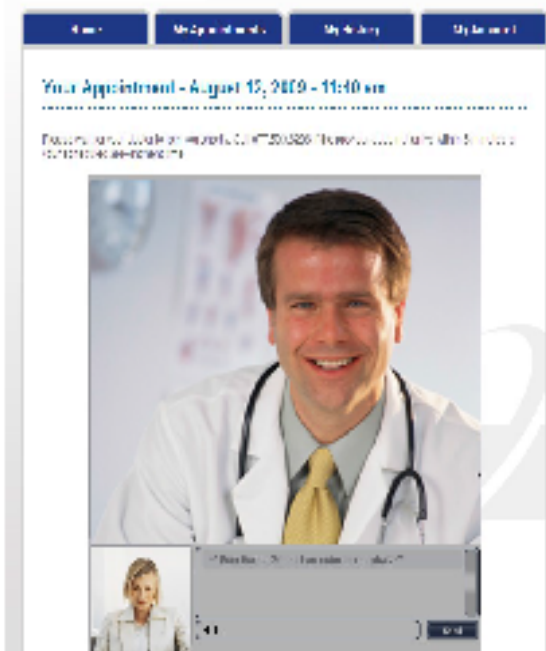


*Scheduled appointments will take first preference although walk-ins are welcome.

As of January 1, 2019, you will have access to the following clinics for a \$35 co-pay:



- *Code = pasadenaisd**
- *Code = pasadenaisd50**



RediMD gives you the option to have a regular doctor's visit online or by phone. No Copay Required. Visit us at :

www.redimd.com

- Any time you need to see or speak with a doctor*
- We are "Always Open"*

RediMD provides primary medical care online via webcam, smart phone, or by telephone. You can see and speak with a physician or other medical professional who can diagnose, recommend treatment and prescribe medications if needed.

RediMD service is available for you to use

- At your home during days, nights, and weekends for you and your family
- If you and your dependents are covered under Pasadena ISD medical insurance then you have free access to RediMD.
- If you are not covered under Pasadena ISD medical insurance then you, the employee, can have access to RediMD with a cost of \$50/visit. Your dependents/spouse will not have access to RediMD.

***Pasadenaisd** code for employees with Pasadena ISD insurance

***Pasadenaisd50** code for employees with other insurance

REDIMD TREATS MOST PRIMARY CARE AILMENTS INCLUDING, BUT NOT LIMITED TO:

<i>Cold</i>	<i>Cough</i>	<i>Flu</i>	<i>Sore Throat</i>
<i>Allergies</i>	<i>Skin Issues</i>	<i>Blood Pressure</i>	<i>Headaches</i>
<i>Diabetes</i>	<i>Sinus Infection</i>	<i>Stress Problems</i>	<i>Stomach Problems</i>

- RediMD is available for you and your dependents, if covered under Pasadena ISD medical insurance, to use at home. Only one account is necessary per household.
 - A computer with internet connection and web camera, or a smart phone with internet connection and a skype account (free download from apps store) is required for all face-to-face visits.
 - If you forget your password. RediMD uses the highest encryption possible. We will not send out passwords to unsecured emails for your protection. Please call the RediMD number below to have it reset.
 - Visit us at www.RediMD.com for more information and to register

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



RediMD visits available from work or home
 8:00 am – 6:00 pm CT Mon-SAT
 24/7 by phone call 281-633-0148.

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

1

REGISTER.*

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

2

SCHEDULE.

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

3

CONSULT.

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

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

TO USE REDIMD AS A **RETURN** USER

1

LOG IN.

- From any internet connected computer or smart phone .
- Log in at www.redimd.com
- Enter your e-mail and password

2

SCHEDULE.

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

3

CONSULT.

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

CONSULT WITH YOUR REDIMD PROVIDER

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

- Go to your home computer for the online consult 10 minutes before your appointment time
- Have your photo ID available
- Go to www.redimd.com, log in to your account and go to your appointment
- Take your blood pressure, pulse and temperature and enter your vital readings as prompted, and follow the directions, **or put 1 in each box if vitals are not taken.**
- The provider will appear at the appointment time to consult with you about the medical information you provided and give you a diagnosis and recommend treatment.

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

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

BY PHONE: To speak with provider

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

www.redimd.com

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



*Code to register = **pasadenaisd**




*Code to register = **pasadenaisd50**



Feel better

Broken bones don't have to break the bank

In a true emergency (when your life is in danger), you should call 911 or go to an emergency room (ER) right away. But if it's not life threatening, you can get immediate medical care for a lot less than what the ER costs. Check out these free and lower-cost options. Get the care you need at prices you can live with.

RediMD™	Pasadena ISD Wellness Center	Walk-in Clinic: CVS Minute Clinic® H-E-B RediClinic®	Urgent Care Center
RediMD provides primary medical care online via webcam, smart phone, or by telephone. You can see and speak with a physician or other medical professional who can diagnose, recommend treatment and prescribe medications if needed.	High-quality medical services are provided free to eligible employees and their dependents (age 2+) covered under the Pasadena ISD health plan.	A walk-in clinic is for non-emergency issues. Often found in stores and pharmacies, they're not meant to replace your PCP.	Urgent care centers provide quick care for serious, but not life-threatening situations. Many urgent care centers offer imaging, X-ray and lab services.
WHEN TO GO			
<ul style="list-style-type: none"> • Allergies • Colds and flu • Bronchitis • Ear infections • Sinus problems, and more 	<ul style="list-style-type: none"> • Primary/urgent care • Physical exams • Immunizations • Minor injuries • Colds and flu • Diabetes • Hypertension 	<ul style="list-style-type: none"> • Colds and flu • Ear infections • Headache/migraine • Routine allergies • Sore or strep throat • Sprains, and more 	<ul style="list-style-type: none"> • Back/neck pain • Cuts and minor burns • Flu • Sprains, fractures, and more
AVAILABILITY			
24/7 (by phone)	Scheduled appointments preferred, but walk-ins are welcome	Many open 7 days a week with extended hours	Many open 7 days a week with extended hours
AVERAGE WAIT TIME			
15 minutes	45 minutes or less	1 hour or less	1-2 hours
YOU PAY			
Free	Free		 

Not sure where to go? Call the 24-hour **Informed Health® Nurseline** at **1-800-556-1555**.
To find a local care provider, just log in to Aetna Navigator at **aetna.com**
and click the "Find Care" icon.



Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company and its affiliates (Aetna). For self-funded plans, coverage is offered by your employer with administrative services only provided by Aetna Life Insurance Company (Aetna). Information is believed to be accurate as of the production date; however, it is subject to change. Providers are independent contractors and not agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to health services. Health information programs provide general information and are not a substitute for diagnosis or treatment by a physician or other health care professional. Health benefits and health insurance plans contain exclusions and limitations. For more information about Aetna plans, refer to aetna.com.

CCG PASADENA-0001 (5/18) ©2018 Aetna Inc.

Dental Benefit Plans

Cigna | www.myCigna.com | 1.800.244.6224

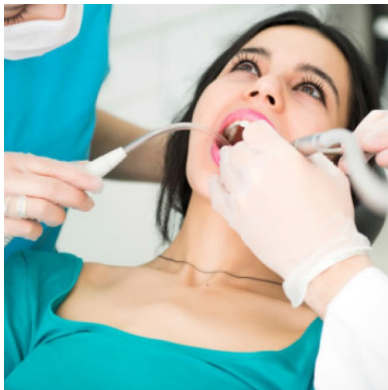
Pasadena I.S.D. employees are offered three comprehensive dental plans through Cigna. Dental benefits promote and encourage good dental health by helping you and your family with dental expenses. According to the American Academy of Periodontology, dental diseases (if left unattended) can contribute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

Cigna Dental Choice			
Benefit	Basic	Enhanced	MAC—New Plan
Annual Deductible (Individual/Family)	\$50 / \$150	\$50 / \$150	\$50 / \$150
Calendar Year Maximum	\$1,000	\$1,250	\$1,250
Preventive & Diagnostic Care	100%	100%	100%
Basic Restorative Care	50% after deductible	80% after deductible	80% after deductible
Major Restorative Care	50% after deductible	50% after deductible	50% after deductible
Orthodontics (Adults & Children)	Not Covered	50%	50%
Lifetime Maximum	N/A	\$1,000	\$1,000
Out-of-Network Reimbursement ¹	90th Percentile	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. MAC Plan Benefits are best by using an In-Network provider! Basic—Increased Calendar Year Max!

(2) Alternate Plan: Six month waiting period for Major Restorative Care

Employee Monthly Premium			
	Basic	Enhanced	MAC
Employee Only	\$25.79	\$35.57	\$31.42
Employee + Spouse	\$53.28	\$74.14	\$65.49
Employee + Child(ren)	\$50.30	\$83.74	\$73.97
Employee + Family	\$71.01	\$117.38	\$103.69



Vision VSP Benefit 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.

Monthly Premium		VSP Choice Plan		
Choice Plan		Benefit	In Network	Out-of-Network Reimbursement
Employee Only	\$7.16	Exam/Prescription Glasses	\$30 copay	Up to \$45
Employee + One	\$13.95	Frames	\$160 allowance	Up to \$100
Employee + Family	\$20.03	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 \$2,650 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		

*Available for 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

Extra 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

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

- 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
- 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.

Cancer Plan

Colonial Life | www.coloniallife.com | 1.800.325.4368

Colonial Life Cancer Insurance plan provides help to 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. Colonial cancer coverage can help provide added financial security when it is needed most.



Cancer Insurance		
Monthly Premium	Plan 2	Plan 4
Employee	\$11.75	\$24.95
Employee and Family	\$19.60	\$41.45

See Colonial Life 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—UNUM | www.unum.com | 1.800.635.5597

Critical Illness Insurance available through Unum provides you and your family financial protection from the expenses of a serious health problem, such as stroke, heart attack, major organ failure 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
- Employee or family coverage



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 August 10, 2017. Contact your State for more information on eligibility –

ALABAMA – Medicaid Website: http://myalhipp.com/ Phone: 855-692-5447	FLORIDA – Medicaid Website: http://flmedicaidtprecovery.com/hipp/ Phone: 877-357-3268
ALASKA – Medicaid The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	GEORGIA – Medicaid Website: http://dch.georgia.gov/medicaid - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
ARKANSAS – Medicaid Website: http://myarhipp.com/ Phone: 855-MyARHIPP (855-692-7447)	INDIANA – Medicaid Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 800-403-0864
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+) Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 800-221-3943/ State Relay 711 CHP+: colorado.gov/HCPF/Child-Health-Plan-PlusCHP+ Customer Service: 800-359-1991/ State Relay 711	IOWA – Medicaid Website: http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp Phone: 888-346-9562
KANSAS – Medicaid Website: http://www.kdheks.gov/hcf/ Phone: 785-296-3512	NEW HAMPSHIRE – Medicaid Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf Phone: 603-271-5218
KENTUCKY – Medicaid Website: http://chfs.ky.gov/dms/default.htm Phone: 800-635-2570	NEW JERSEY – Medicaid and CHIP 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: 800-701-0710
LOUISIANA – Medicaid Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 888-695-2447	NEW YORK – Medicaid Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 800-541-2831
MAINE – Medicaid Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 800-442-6003 TTY: Maine relay 711	NORTH CAROLINA – Medicaid Website: https://dma.ncdhhs.gov/ Phone: 919-855-4100
MASSACHUSETTS – Medicaid and CHIP Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 800-862-4840	NORTH DAKOTA – Medicaid Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 844-854-4825

Legal Notices

MINNESOTA – Medicaid Website: http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp Phone: 800-657-3739	OKLAHOMA – Medicaid and CHIP Website: http://www.insureoklahoma.org Phone: 888-365-3742
MISSOURI – Medicaid Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	OREGON – Medicaid Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 800-699-9075
MONTANA – Medicaid Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 800-694-3084	PENNSYLVANIA – Medicaid Website: http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm Phone: 800-692-7462
NEBRASKA – Medicaid Website: http://www.ACCESSNebraska.ne.gov Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178	RHODE ISLAND – Medicaid Website: http://www.eohhs.ri.gov/ Phone: 855-697-4347
NEVADA – Medicaid Medicaid Website: https://dwss.nv.gov/ Medicaid Phone: 800-992-0900	SOUTH CAROLINA – Medicaid Website: https://www.scdhhs.gov Phone: 888-549-0820
SOUTH DAKOTA - Medicaid Website: http://dss.sd.gov Phone: 888-828-0059	WASHINGTON – Medicaid Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program Phone: 800-562-3022 ext. 15473
TEXAS – Medicaid Website: http://gethipptexas.com/ Phone: 800-440-0493	WEST VIRGINIA – Medicaid Website: http://mywvhipp.com/ Toll-free phone: 855-MyWVHIPP (855-699-8447)
UTAH – Medicaid and CHIP Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 877-543-7669	WISCONSIN – Medicaid and CHIP Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 800-362-3002
VERMONT– Medicaid Website: http://www.greenmountaincare.org/ Phone: 800-250-8427	WYOMING – Medicaid Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531
VIRGINIA – Medicaid and CHIP Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 855-242-8282	

To see if any other states have added a premium assistance program since August 10, 2017, or for more information on special enrollment rights, contact either:

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

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

Legal Notices

HIPAA Special Enrollment Rights

Our records show that you are eligible to participate in Pasadena ISD group health plan (to actually participate, you must complete an enrollment form and pay part of the premium through payroll deduction).

A federal law called HIPAA requires that we notify you about an important provision in the plan - your right to enroll in the plan under its "special enrollment provision" if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

Loss of Other Coverage (Excluding Medicaid or a State Children's Health Insurance Program). If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, 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).

Loss of Coverage for Medicaid or a State Children's Health Insurance Program. If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

New Dependent by Marriage, Birth, Adoption, or Placement for Adoption. 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 new dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Eligibility for Medicaid or a State Children's Health Insurance Program. If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or to obtain more information about the plan's special enrollment provisions, contact your administrator.

HIPAA Notice of Privacy Practices Reminder

Pasadena ISD is committed to the privacy of your health information. The administrators of Pasadena's health plan (the "Plan") use strict privacy standards to protect your health information from unauthorized use or disclosure. The plan's policies protecting your privacy rights and your rights under the law are described in the plan's Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting your administrator.

Michelle's Law

Michelle's Law requires group health plans to provide continued coverage for a dependent child covered under the plan if the child loses eligibility because of the loss of student status resulting from a medically necessary leave of absence from a post-secondary educational institution. If your child is covered under Pasadena's group health plan, but will lose eligibility because of a loss of student status caused by a medically necessary leave of absence, your child may be able to continue coverage under our plan for up to one year during the medically necessary leave of absence. This coverage continuation may be available if, on the day before the medically necessary leave of absence begins, your child is covered under «Pasadena's group health plan and was enrolled as a student at a post-secondary educational institution.

A "medically necessary leave of absence" means a leave of absence from a post-secondary educational institution (or change in enrollment status in that institution) that: (1) begins while the child is suffering from a serious illness or injury, (2) is medically necessary, and (3) causes the child to lose student status as defined under our plan. The coverage continuation is available for up to one year after the first day of the medically necessary leave of absence and is the same coverage your child would have had if your child had continued to be a covered student and not needed to take a medical leave of absence. Coverage continuation may end before the end of one year if your child would otherwise lose eligibility under the plan - for example, by reaching age 26. If your child is eligible for this coverage continuation and loses coverage under the plan at the end of the continuation period, COBRA continuation may be available at the end of the Michelle's Law coverage continuation period.

If you have any questions concerning this notice or your child's right to continued coverage under Michelle's law, please contact your administrator.

Wellness Program

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program 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 help in finding a wellness program with the same reward that is right for you in light of your health status.

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).

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebbsa.opr@dol.gov and reference the OMB Control Number 1210-0137. (expires 12/31/2019)

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.

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, 2017

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	CVS Caremark	1.888.234.0781
		www.caremark.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 Insurance	Colonial	1.800.325.4368
		www.coloniallife.com
Permanent Life	Combined	1.855-241-9891
		www.combinedinsurance.com
Critical Illness Insurance	Unum	1.800.635.5597
		www.unum.com