Benefits Contact Information

Enroll at https://ffga.benselect.com/enroll
Your PIN to login to the online benefits enrollment system is the last four digits of your Social Security number followed by the last two digits of your birth year.

Example: If the last four digits of your SSN are 1234 and you were born in 1970, then your PIN is 123470.

CISD Benefits Office
936.709.7808
benefitsoffice@conroeisd.net
http://hr.conroeisd.net/benefits

Paula Green
Assistant Director of Human Resources
936.709.7847
pgreen@conroeisd.net

Tiffany Mattfeld
Benefits Coordinator
936.709.7906
tmattfeld@conroeisd.net

Jill Bartlett
Benefits Specialist
936.709.7786
jsbartlett@conroeisd.net

Kathlyn Crabtrey
Leave Specialist
936.709.7823
kcrabtrey@conroeisd.net

Morgan Switzer
Secretary
936.709.7860
mswitzer@conroeisd.net

Third Party Administrator
First Financial Administrators, Inc.
1-800-523-8422 • www.ffga.com

Mack Whiteman
Senior Account Executive
713-254-5264
mack.whiteman@ffga.com

FFenroll Call Center
First Financial Administrators
1-855-523-8422

Group Health Benefits
Aetna Medical Care – www.aetna.com

Aetna Whole Health Member Services (Group #100087)........1-866-381-8933
Aetna HDHP Member Services (Group #100087)..................1-866-381-8933
Aetna Health Savings Account..............................................1-866-381-8933
Beginning Right Maternity Program .................................1-800-272-3531
Aetna Behavioral Health Services......................................1-800-424-5679
Aetna Health Connections Disease Management Program ....1-866-269-4500
Aetna Informed Health Line (24 Hour Nurse Hotline) .............1-800-556-1555
Navigator Help Desk...............................................................1-800-225-3375
Mail Order Prescription Services ......................................1-800-227-5720
Vision Discount Program.......................................................1-800-793-8616

Other Benefits

Social Security Alternative Plan
First Financial Administrators, Inc........1-800-523-8422
www.ffga.com
Mid America.................................................................1-800-430-7999
www.midamerica.biz

403(b) and 457 Retirement Savings
First Financial Administrators, Inc........1-800-523-8422
www.ffga.com
Fidelity Investments (457 Plan Option).........................1-800-343-0860
www.mysavingsatwork.com

Leave of Absence and Workers’ Compensation
CISD Human Resources..................936-709-7823
www.conroeisd.net

Conroe ISD Employee Health & Wellness Center ........936-523-4200 (North County)
281-465-2873 (South County)
www.conroeisdcClinic.com

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A special thanks goes to Aetna for paying the cost of publishing and distributing the Benefits Guide.
This booklet is an overview of benefit policies. If there is a conflict between the statements in this booklet and the actual contracts, the terms of the contracts will prevail.

Introduction

Conroe Independent School District proudly offers an excellent benefit package to all qualifying employees and their eligible dependents. This booklet contains a summary outline of health coverage and voluntary retirement plans that are available for the 2015-16 plan year. Conroe ISD has contracted First Financial Administrators, Inc. to administer our Section 125 Flexible Benefits Plan, 457 and 403(b) retirement plans, and to assist with benefits enrollment.

In an effort to give you a faster response to questions concerning your benefits, there is a toll-free number to call. If you have questions concerning how to enroll, how your benefits work, how to file a claim, or if you need other policy information, you may call First Financial Administrators, Inc. toll-free at 1-800-523-8422.

Note: This guide contains a summary of the benefits offered by Conroe Independent School District. For a more detailed explanation of benefits, you may contact First Financial Administrators, Inc. or Aetna Member Services (regarding medical coverage), or you can review the available summary plan documents which are posted online at www.conroeisd.net under Departments – Human Resources – Benefits – Plan Documents.

Eligibility for Benefits

You are eligible to enroll in group health benefits as a substitute, part-time, or temporary employee of CISD. If you elect to enroll, you will be responsible for the full premium and will be required to mail payments to the District’s third party administrator. If you fail to timely pay the monthly premiums, the District will proceed with the coverage cancellation process. Your coverage may also be cancelled if you lose eligibility for the District’s plan. A substitute who is enrolled in the District’s health plan and who is then removed from the substitute roster becomes ineligible for health coverage.

You may be removed from the District’s substitute roster for poor performance or misconduct. In addition, you may be removed from the substitute roster if:

- you repeatedly turn down assignments, are repeatedly unavailable for calls, or frequently cancel assigned positions;
- you do not accept at least one assignment per semester or two assignments per school year; or
- you do not timely return a letter of reasonable assurance.

Notice regarding continuation coverage under COBRA will be provided (if eligible). Cancellation due to non-payment is considered a voluntary drop; therefore, you would not be eligible for COBRA.

Dependent Eligibility

Your legal spouse (under the laws of the state of Texas) and children are also eligible to join the plan. In order to cover a dependent, you must buy coverage for yourself. No person may be covered as both an employee and a dependent, and no person may be covered as a dependent of more than one employee. A dependent child must be under the age of 26. Coverage will continue until the end of the month in which the child attains age 26. A dependent child includes your natural child, stepchild, legally adopted child, child under court order, or grandchild. A grandchild must be in your court-ordered custody or must reside with you and be claimed as a dependent according to IRS guidelines. Documentation, including birth certificates, tax records, or legal records, may be required to prove dependency status. A child who is unmarried, totally disabled, and primarily depends upon you for support and maintenance, prior to attaining age 26, is eligible for continued coverage beyond the maximum age limit. Proof of your child’s disability is required to continue coverage.

It is illegal to elect coverage for an ineligible person. Dependent eligibility audits may be conducted periodically to ensure covered dependents meet plan eligibility requirements. In the event of an audit, notices requesting proof of eligibility will be mailed to plan participants.

Not responding to an audit request will result in termination of dependent coverage. If a dependent’s eligibility status changes during the plan year, contact the CISD Employee Benefits Office immediately to request a change of election.

New Hire Enrollment Information

Conroe Independent School District (CISD) offers group medical coverage to substitute, part-time, and temporary employees. If you are a new employee, you must enroll in or decline medical coverage in the online enrollment system within the first 31 calendar days of employment (your date of hire if your first calendar day of employment). If you decline coverage or do not submit elections during this time period, you cannot enroll again until the next plan year unless you experience a special enrollment event (additional information regarding this exception is provided on page two of this booklet). For enrollment instructions, please refer to Option 2: Self-Enrollment in the Annual Enrollment Information section of this booklet.

The effective date is determined by your date of hire and enrollment completion date. Coverage will begin the first day of the month following your date of hire only if enrollment is completed on or before this date. If enrollment is completed after the first day of the month following your date of hire, then coverage will become effective the first day of the month following the date enrollment elections are submitted.

Annual Enrollment Information (July 1-31, 2015)

General Information

Each year, Conroe ISD employees have the opportunity to review, change, or continue their voluntary benefits during the active annual enrollment period of July 1 through July 31. All employees, even if they do not elect any coverage through the District, are required to submit enrollment selections during this time. It is recommended that after completing enrollment employees keep the Benefits Guide for future reference.

- Making no changes assumes you are willing to accept any applicable increase in premium costs
- Corrections, changes, additions, or drops may only be made during the annual enrollment period unless you experience a qualifying change in status during the plan year
- Ensure any dependent you wish to provide coverage for is included in your dependent profile in the You & Your Family section of the online enrollment system. You must then confirm on the benefit election screen each person you wish to be covered by the plan selected.
- You must notify the District of any discrepancy in your personal information by updating your Demographic Information in Employee Access Center or by completing an Address/Name/Telephone Change Form available online at www.conroeisd.net under Departments – Human Resources – General Information – HR Forms.

Annual Enrollment Schedule

Listed below is an enrollment schedule that details important dates. Please note CISD’s plan year begins September 1, 2015, and all changes completed during annual enrollment will be effective on this date. After July 31, 2015, no changes will be allowed until the next annual enrollment period unless you experience a qualified event. Employees should closely review their September 1st paycheck deductions to make sure all selections made during annual enrollment are reflected.

- July 1, 2015...............Begin enrollment
- July 31, 2015....................Last day for enrollment and changes

Effective date for 2015-16 plan year

Enrollment Option 1: Meet with an enroller

How to schedule an appointment

2. Select the service you need.
3. Choose the location you prefer.
4. Select the date and time you prefer.
5. Enter your contact information.

Conroe ISD Employee Benefits (Sub/PT/Temp) - 1
You may also call First Financial Administrators, Inc. at 1-855-523-8422 to schedule an appointment. Walk-ins will be accepted but appointments will be honored.

You are responsible for the selections submitted in the online enrollment system. Review the Benefit Confirmation/Deduction Authorization statement to ensure it accurately reflects the coverage you want in effect or wish to decline as of September 1, 2015.

Enrollment Assistance Locations and Times:

| Wednesday-Thursday, July 1-2 |
| 7:30 a.m. – 5:30 p.m............Conroe High School  The Woodlands College Park High School |
| Monday-Thursday, July 6-9 |
| 7:30 a.m. – 5:30 p.m............Conroe High School  The Woodlands College Park High School |
| Monday-Thursday, July 13-16 |
| 7:30 a.m. – 5:30 p.m............Conroe High School  The Woodlands College Park High School |
| Monday-Thursday, July 20-23 |
| 7:30 a.m. – 5:30 p.m............Conroe High School  The Woodlands College Park High School |
| Monday-Thursday, July 27-30 |
| 7:30 a.m. – 5:30 p.m............Conroe High School  The Woodlands College Park High School |

Aetna representatives will be available every Monday of the annual enrollment period from 9:00 a.m. to 4:30 p.m. at each enrollment location to answer questions regarding medical coverage.

Enrollment Option 2: Self-Enrollment

Take note of the system requirements prior to logging in to FFenroll, the enrollment site. Not meeting the minimum requirements or using alternate software may result in a negative enrollment experience and may prevent successful completion of the enrollment process.

1. Type https://ffga.benselect.com/enroll into the address bar of your web browser, or use the Insurance Enrollment link on the Employees page of www.conroeisd.net.

2. Enter your CISD Employee Number or Social Security number (SSN) in the appropriate box.

3. Enter your Personal Identification Number (PIN) in the appropriate box. Your default PIN is a six digit sequence of the last four digits of your SSN followed by the last two digits of your birth year. Example: If the last four digits of your SSN are 1234 and you were born in 1970, then your PIN will be 123470.

Follow the instructions to complete your enrollment. You must complete all enrollment steps and electronically sign your confirmation form in order for your selections to become effective. Successful completion of the enrollment process occurs when “Electronically Acknowledged” appears in the employee signature line of the Benefit Confirmation/Deduction Authorization form generated by the FFenroll enrollment system; additionally, the Sign & Submit section will state, “Congratulations, your enrollment is now complete.”

Conroe ISD employees will have computer access to complete the online enrollment at two of the District’s high school campuses. Representatives from First Financial Administrators, Inc. will also be available at each of these locations should you have any questions.

Premium Payments

If you elect to enroll, you will be responsible for the full premium and you must submit payment for one calendar month immediately upon completion of your enrollment. Premiums for subsequent months must be received by the 20th day of each preceding month (i.e. November premium due by October 20). All premiums must be mailed to the District’s third party administrator as outlined below. If you fail to timely pay the monthly premiums, the District will proceed with the coverage cancellation process.

Make checks or money orders payable to:
First Financial Administrators, Inc.
Mail payments to:
First Financial Administrators, Inc.
PO Box 670329 • Houston, TX 77267-0329

If you have questions regarding your payment, please contact First Financial Administrators, Inc. at 1-800-523-8422.

Health Care Reform

Reporting requirements of the Affordable Care Act stipulate Conroe ISD begin issuing annual statements (Form 1095-C) to each applicable employee in early 2016 for calendar year 2015. These statements must include personal information, including Social Security numbers, and information about whether or not coverage was offered, whether the coverage met certain cost standards, and who was enrolled in the plan, including any dependents. To comply with this requirement, the District is requesting employees enter a valid SSN during annual enrollment for each individual covered by the medical plan. We will also be asking you to consent to electronic delivery of your Form 1095-C, although you may request the statement be sent by U.S. mail. We understand you may have concerns with providing SSNs and want to assure you Conroe ISD and First Financial Administrators, Inc. are committed to the secure management, use and protection of your personal information.

Change of Election Guidelines

In general, your decision to enroll in or decline medical coverage is “locked in” for the duration of the plan year, which begins September 1 and ends August 31. New enrollments may only be requested during the annual enrollment period in July unless a family status change or other qualified event occurs, such as:

- Change in employee’s legal marital status (i.e., marriage, divorce, death);
- Change in the number of employee’s dependents (i.e., birth, adoption, death);
- Change in employment status of employee, spouse, or dependent affecting eligibility;
- Dependent satisfies or ceases to satisfy eligibility requirements;
- HIPAA special enrollment rights;
- Judgments, decrees, or orders;
- Medicare or Medicaid entitlement;
- Family Medical Leave Act;
- COBRA qualifying events;
- Cancellation due to reduction in hours of service;
- Cancellation due to enrollment in a Qualified Health Plan;
- Change in coverage under another employer’s plan (e.g., open enrollment of spouse’s employer); or
- Loss of group health coverage sponsored by a governmental or educational institution.

* Please note this is an outline only and does not indicate special facts and circumstances for various events and benefits.

A change of election must be related to the reason for the change. The employee must request a change of election within 31 calendar days of the date of the qualifying event. For changes related to Medicaid and CHIP eligibility, the notification period is 60 days. Changes requested after this time frame will not be permitted until the next annual enrollment period.

Verifiable documentation of the qualifying event must be provided by the employee to the CISD Benefits Office in order for a request to be processed. For the loss or gain of employment by a spouse or dependent, verification must be furnished in the form of a letter on company letterhead from the other employer and must include the following information:

- The effective date of employment or the date employment terminated;
- The effective date of insurance coverage or the date coverage terminated/ will terminate; and
- A signature from an official of the company or the benefits counselor.
Coverage may be canceled at any time, but keep in mind, you cannot enroll again until the next plan year unless you experience a special enrollment event.

Approved change of election requests for enrollment are effective the first day of the month on or following the date all required documents are submitted to the CISD Benefits Office (exceptions may apply based on the qualifying event). Approved change of election requests for cancellation of coverage are effective the last day of the month in which all required documents are submitted to the CISD Benefits Office.

Employees must contact the CISD Benefits Office for assistance with a change of election.

**Member ID Cards**

Member ID cards are typically mailed and received within 2-3 weeks of new hire enrollment completion or annual enrollment closure. If you require a replacement card, you will need to contact Aetna directly. Aetna allows members the ability to print temporary cards and submit requests for replacement cards through their website. As a reminder, new cards for existing participants are not generated at the start of each plan year.

**CISD Medical Coverage**

CISD offers medical and prescription benefits through self-funded medical plans administered by Aetna. CISD does not participate in a fully funded medical insurance plan provided by an insurance company nor does it participate in TRS-ActiveCare. By contracting Aetna as our plan administrator, we have the added benefit of access to their provider networks and negotiated discounts. As our plan administrator, Aetna does not insure our employees, but rather processes and pays claims with money we provide. All medical information on record with Aetna is confidential and is not shared with CISD.

In the self-insured plans, CISD and its participating employees, as a group, pay for the entire cost of all our medical expenses. This is done through our premiums, coinsurance, copays, deductibles, and applicable school district contributions. CISD does not make a contribution toward the medical premium for substitute, part-time, and temporary employees.

Utilization of these plans by our employees is what determines the actual costs for each plan. As employees, we have the responsibility to pay attention to the entire cost of our health care choices. The bottom line is that we are all paying for it. When annual expenditures exceed our annual revenue from the plans, we are faced with making changes in the premium structures and/or plan designs for the following year. CISD has the responsibility of operating plans that generate ample revenue to cover the expenses associated with each of the plans.

**Aetna Whole Health–Memorial Hermann Accountable Care Network (Aetna Whole Health) (Group #100087)**

With this plan you’ll get a care team of Memorial Hermann Accountable Care Network doctors, nurses, therapists and other health care providers. They’ll work together, and with you, to help keep you healthy or improve your health. They’ll also:

- Better coordinate your care because they can see how other network doctors are treating you, what medicines you’re taking, your lab results, your health history and more;
- Use technology to spot medical problems early and develop personalized care plans to treat you; and
- Encourage you to play an active and informed role in your health and health care decisions.

This cooperative care approach makes it important to choose an Aetna Whole Health – Memorial Hermann Accountable Care Network

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**Conroe ISD Medical Plan Design for 2015-16 Plan Year**

*(effective September 1, 2015)*

<table>
<thead>
<tr>
<th>Aetna Whole Health—Memorial Hermann Accountable Care Network—Aetna Select</th>
<th>Maximum Savings</th>
<th>Higher Out-of-Pocket Costs</th>
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<tbody>
<tr>
<td>Deductible</td>
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<tr>
<td>Individual</td>
<td>$1,000 (per plan year)</td>
<td>$1,200 (per plan year)</td>
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<tr>
<td>Family</td>
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<td>$30 copay</td>
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<td>Specialist</td>
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<td>$75 copay</td>
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<td>Member Coinsurance (After deductible is met)</td>
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<td>10%</td>
<td>35%</td>
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<td>Conroe ISD Employee Health and Wellness Center Copay</td>
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</tr>
<tr>
<td>Walk-In Clinic</td>
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<tr>
<td>Urgent Care</td>
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<td>$75 copay</td>
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<tr>
<td>Emergency Room</td>
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<td>$350 copay</td>
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<td>Out-of-Pocket Maximum (Includes Deductibles, Coinsurance, and Copayments.)</td>
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</tr>
<tr>
<td>Individual</td>
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<tr>
<td>Family</td>
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<tr>
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<td>Brand copay - formulary</td>
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<td>Brand copay - non-formulary</td>
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<td>Aetna Specialty Pharmacy (After 2nd fill at Retail)</td>
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<tr>
<td>Prescriptions (Mail order)</td>
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<tr>
<td>Generic copay</td>
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<tr>
<td>Brand copay - formulary</td>
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<td>Brand copay - non-formulary</td>
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<tr>
<td>Monthly costs ***</td>
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<tr>
<td>Employee + Child(ren)</td>
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<tr>
<td>Employee + Spouse</td>
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</tr>
<tr>
<td>Employee + Family</td>
<td>$1,236</td>
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</tr>
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</table>

* Cross-application of Deductibles and Out-of-Pocket Maximums when using Tier 1 and Tier 2 providers in same plan year.
** Different amounts refer to In-Network/Out-of-Network for the HDHP.
*** An additional $10 per month is added for tobacco users.
primary care doctor to lead your care team. Also keep in mind that you’ll save the most money and get the most coordinated care when you visit doctors and facilities within the Memorial Hermann Accountable Care Network, also known as your Tier 1 option.

If you’d like, you may also use hospitals and doctors outside of the Aetna Whole Health – Memorial Hermann Accountable Care Network but still part of Aetna’s larger Select network. This is your Tier 2 option. Just know that when you do, you’ll pay more for those services.

Finding a Provider
It’s easy to find Aetna Whole Health – Memorial Hermann Accountable Care Network doctors. To choose a primary care doctor – or see which doctors and facilities are part of the network – before you enroll:

- Visit www.aetna.com/docfind.
- Type a name, specialty, procedure or condition in the “Who or what are you looking for?” box.
- Enter your zip code or city and state in the “Where?” box.
- Choose (TX) Aetna Whole Health – Memorial Hermann Accountable Care Network from the “Select a Plan” drop down menu.

That’s how you’ll find an up to date list of providers in the Aetna Whole Health – Memorial Hermann Accountable Care Network. Remember, you can still search for and visit Tier 2 doctors and facilities in the Aetna Select network. Just know that you’ll pay more for their services.

Assistance locating doctors and facilities may also be obtained by calling Aetna at 1-866-381-8933.

Providers are subject to change. It is your responsibility to check their status at the time of service.

Prescription Drug Coverage
Prescription drug coverage is based upon Aetna’s formulary. The formulary includes both brand-name and generic drugs and is designed to provide access to quality, affordable outpatient prescription drug benefits. You can reduce your copayment by using a covered generic or brand-name drug that appears on the formulary. Your copayment will be highest if your physician prescribes a covered drug that is considered non-formulary. If your physician prescribes, or you request, a brand-name drug when a generic equivalent is available, you must pay the difference in cost (if any) between the brand-name drug and the generic drug, plus the applicable copayment.

There are two money-saving ways to get your regular and specialty medicines delivered right to your door: Aetna Rx Home Delivery® and Aetna Specialty Pharmacy®.

Use Aetna Rx Home Delivery for medications you take on a regular basis for conditions such as arthritis, asthma, diabetes, high blood pressure, and high cholesterol. You can order up to a 90-day supply of maintenance medication for the cost of a 60-day supply. Aetna Rx Home Delivery features quick, confidential service; free standard shipping; and pharmacists available 24/7.

Use Aetna Specialty Pharmacy for specialty care drugs used to treat chronic conditions such as hemophilia, rheumatoid arthritis, multiple sclerosis and cancer. These drugs can be injected, infused or taken by mouth. They often require special storage and handling — and quick delivery. You get free delivery that is prompt, reliable and secure, and you can have your medication sent anywhere you choose. For specialty care drugs, you pay $100 of the negotiated charge for each 30-day supply. Aetna Specialty Pharmacy features extra help such as injection training and side effect monitoring; proactive outreach to confirm refills; free standard supplies; and 24-hour support. Note some drugs may only be dispensed by Aetna Specialty Pharmacy in a 30-day supply. Visit www.aetnaspecialtypharmacy.com to learn more.

More savings on generic medications: Large pharmacy retailers, such as Walmart, offer low prices on many generic medications. For example, you can pay $4 for a 30-day supply and $10 for a 90-day supply. Consider exploring your local retailers as alternatives for purchasing generic medications.

The pharmacy benefits plan includes Aetna’s precertification program. Precertification helps encourage the appropriate and cost-effective use of certain drugs. These drugs must be preauthorized by Aetna’s Pharmacy Management Precertification Unit before they will be covered. Only your physician can request prior authorization for a drug. The precertification program is based upon current medical findings, manufacturer labeling, and FDA guidelines and cost information. The drugs requiring precertification are subject to change. Call Aetna Member Services or visit Aetna’s website for more details.

DiabetesAmerica™
DiabetesAmerica™ health centers are the first ever facilities built expressly to fulfill the unique needs of diabetes patients, all under one roof.

- On-site physicians
- On-site diabetes educators
- On-site lab and diagnostic testing
- Complete, personalized diabetes care, under one roof
- Comprehensive best-in-class, one-stop care, tailored to the needs of each patient

DiabetesAmerica™ is dedicated to helping diabetes patients understand their condition, manage it and live a full life without becoming overwhelmed. In short, DiabetesAmerica™ helps patients take control.

Each state-of-the-art health center is purpose-built for diabetes care and wellness management, with a pleasant atmosphere and a friendly and helpful staff of professionals. Services include a convenient on-site lab for while-you-wait results, a living room-like lounge where you can relax with free coffee, tea, and Internet access, a diabetes library with patient education rooms for wellness, diet and exercise counseling, doctor-patient conference rooms for private, personalized attention, and on-site retinal and vascular exam rooms for important preventative care.

Copay and PCP referral requirements are waived for Conroe ISD Aetna Whole Health plan members who receive services from DiabetesAmerica™. A DiabetesAmerica™ center is conveniently located in the Sam Moon Shopping Center at 17937 I-45 South, Suite 115, Shenandoah, TX 77385; 713-840-5280; www.diabetesamerica.com.

Urgent Care Centers and Walk-In Clinics
Urgent care facilities are traditionally used to treat the sudden onset of illness or unexpected injury. Overcrowding of our emergency rooms for non-emergent services is an epidemic and unnecessary expense in many cases for the patient, the employer and the health plan. Urgent care facilities generally result in shorter wait times, lower expenses and less out-of-pocket cost for our employees. Urgent care facilities fill a critical need for patients when they are seeking immediate care that is not life threatening and their general practitioner is unavailable. For example, a patient with a sprain, fracture, minor burns, skin rashes, possible infection, illness with nausea, vomiting and/or diarrhea, sore throat, fever, earache or minor laceration(s) may go to an urgent care facility if their doctor’s office has already closed. If a patient feels like their situation is life threatening, then they should seek help in the appropriate setting or call 9-1-1. Employees should continue to coordinate their care with the advice of their primary care physicians.

Most urgent care centers are independent facilities. Walk-in clinics generally offer similar services to urgent care centers and are staffed by nurse practitioners.

This summary is intended for reference purposes only, and medical conditions vary by individual. Always use your best judgment when seeking treatment for you and your family.
Urgent Care Centers  
Facilities located within a 25-mile radius of ZIP code 77304 (Conroe), listed alphabetically by city then by name  

Urgent Clinics Medical Care - The Woodlands ........................................ 936-447-8712  
3600 FM 1488 Road, Suite 200, Conroe, TX 77384  

Champions Urgent Care, PC ................................................................. 281-441-1711  
4950 FM 190 Road West, Suite A6, Houston, TX 77069  

Doctors Express Urgent Care .............................................................. 281-320-2338  
10850 Louetta Road, Suite 1500, Houston, TX 77070  

Westfield Urgent Care, PLLC ............................................................... 281-821-8200  
2010 FM 1960 East, Houston, TX 77073  

NextCare Urgent Care ........................................................................... 281-359-5330  
1331 North Park Drive, Kingwood, TX 77339  

Davam Urgent Care .................................................................................. 281-583-1980  
6022 FM 1488 Road, Magnolia, TX 77354  

Magnolia's Urgent Care .......................................................................... 281-789-7065  
18535 FM 1488 Road, Suite 210, Magnolia, TX 77354  

NextCare Urgent Care ............................................................................. 888-381-4858  
15320 Hwy 105 West, Suite 120, Montgomery, TX 77356  

Houston Northwest Urgent Care Center ............................................... 281-587-3400  
7306 Louetta Road, Suite A106, Spring, TX 77379  

Next Level Urgent Care ........................................................................... 281-809-6615  
15882 Champion Forest Drive, Spring, TX 77379  

NextCare Urgent Care ............................................................................. 281-825-3265  
1104 Rayford Road, Suite 500, Spring, TX 77386  

Oaks Urgent Care, P.A. ......................................................................... 281-363-5600  
25410 IH 45 North, Spring, TX 77386  

Urgent Care for Kids, LLC ..................................................................... 281-367-0010  
1640 Lake Woodlands Drive, Suite E, The Woodlands, TX 77380  

Texan Urgent Care Center, P.L.C. .......................................................... 832-843-7135  
14080 FM 2920 Road, Suite A, Tomball, TX 77377  

Walk-In Clinics  
Facilities located within a 25-mile radius of ZIP code 77304 (Conroe), listed alphabetically by city then by name  

RediClinic Vintage Park (in front of HEB) .............................................. 1-866-607-7334  
10919 Louetta Road, Houston, TX 77070  

Healthcare Clinic (inside Walgreens) ..................................................... 1-855-925-4733  
24917 FM 1314 Road, Porter, TX 77365  

Healthcare Clinic (inside Walgreens) ..................................................... 1-855-925-4733  
19710 Holzwarth Road, Spring, TX 77388  

MinuteClinic (inside CVS/pharmacy) ...................................................... 1-866-389-2727  
24048 Kuykendahl Road, Tomball, TX 77375  

MinuteClinic (inside CVS/pharmacy) ...................................................... 1-866-389-2727  
28520 Tomball Parkway, Tomball, TX 77375  

RediClinic North Woodlands (inside HEB) ......................................... 1-866-607-7334  
3601 FM 1488, The Woodlands, TX 77384  

Healthcare Clinic (inside Walgreens) ..................................................... 1-855-925-4733  
26288 Kuykendahl Road, Tomball, TX 77375  

Healthcare Clinic (inside Walgreens) ..................................................... 1-855-925-4733  
11970 Spring Cypress Road, Tomball, TX 77375  

MinuteClinic (inside CVS/pharmacy) ...................................................... 1-866-389-2727  
24048 Kuykendahl Road, Tomball, TX 77375  

RediClinic Tomball (inside HEB) .......................................................... 1-866-607-7334  
28520 Tomball Parkway, Tomball, TX 77375  

The urgent care facilities and walk-in clinics listed in this guide are current as of May 2015. Providers are subject to change. It is your responsibility to check their status at time of service.  

Aetna Navigator  
After you enroll, you can better manage your plan, your health and your budget by registering at your secure member site, www.aetnanavigator.com. Here you can:  
- Search DocFind®, the online provider directory, for doctors, hospitals, pharmacies and more in your area  
- Check your personal health record and see reminders for important preventive screenings and tests  
- Set and track your health, fitness and nutrition goals with CarePass® apps  
- Use Member Payment Estimator to compare prices on tests and procedures, just like you’d shop for the best deals on travel or clothing  
- Get discounts on over-the-counter vitamins, herbal and nutritional supplements, massage therapy and more  
- Review your claims and pay your bills  

Tip for Aetna Whole Health members: Always look for Memorial Hermann Accountable Care Network under the Plan Information heading to quickly spot your Tier 1 Aetna Whole Health – Memorial Hermann Accountable Care Network doctors and facilities. They will be listed on the “Best Results for Your Plan” tab in DocFind search results.  

A Welcome Call from Aetna  
Personalized help makes it easier for you to be healthy and well  
That’s why your Aetna plan offers phone support from a caring registered nurse. When you need that support the most. Or when you just need a little advice. And you don’t have to pay a thing. It’s all part of your Aetna health plan.  

For special situations  
We know the health care system can be complicated. Just think of the many times when speaking with someone who really knows health care issues would put your mind at ease. Times when you are:  
- Planning for or coming home from a hospital stay  
- Managing a medical condition, like asthma or diabetes  
- Coordinating complex medical treatment among different doctors, hospitals, labs and other health care providers  

Or everyday well-being  
Of course, sometimes you don’t have an urgent need for support. But you could benefit from guidance that helps you stay well. So you may also get a call from Aetna to:  
- Discuss questions to ask your doctor  
- Find out about Aetna health and wellness programs that might be right for you  
- Learn about services available through your employer or in your community  
- Talk about ways you can work toward good health  

Your conversation is private  
It’s in your best interest to talk openly with your program nurse. Rest assured that everything you discuss is confidential. Aetna never shares your information with anyone, including your employer. So be sure to answer the phone when Aetna calls. It’s a phone call that can make a big difference.
Make sure your employer has your correct phone number on file. This is the number Aetna will use to call you.

**Aetna Special Programs**

- **Aetna Natural Products and Services** Program – Save on complimentary health care products and professional services not traditionally covered by your health benefit plan. All products and services are delivered through American Specialty Health Incorporated and its subsidiaries, American Specialty Health Networks, Inc., and Healthroads, Inc.
- **Aetna Fitness** Discount Program – Save on fitness club memberships, programs and other services that support your healthy lifestyle with services provided by GlobalFit.
- **Aetna Health Connections** Disease Management Program – An ongoing commitment to improve care for all members encourages Aetna to deliver comprehensive support services for the significant number of people who present with one or more chronic or recurring conditions, or are at high risk of developing additional chronic conditions. The program is based on a holistic, rather than condition-focused, view of each member and addresses more than 30 chronic conditions.
- **At Home Products** – Take advantage of money-savings discounts on health care products that you can use in the privacy and comfort of your home and that add up to savings for you and your family.
- **Aetna Book** Discount Program – Discounts on books and other items purchased from the American Cancer Society Bookstore, the MayoClinic.com Bookstore and Pranamaya.
- **Simple Steps to a Healthier Life** – An online program that can help you improve your overall health or simply fine-tune your daily habits. Get the support you need to be your healthiest.
- **Member Health Education Programs** – Through the use of educational materials, these innovative programs offer health education, preventive care and wellness programs that help promote a healthy lifestyle and good health. Advantages of these programs include: adolescent immunization reminders, adult preventive reminders, cancer screening, and childhood immunization reminders.
- **Informed Health** Line – Provides telephone access to registered nurses experienced in providing information on a variety of health topics 24 hours per day, 365 days per year.
- **Numbers-to-Know** – Promotes blood pressure and cholesterol monitoring and can help encourage you to understand your illness, monitor your high blood pressure and high cholesterol, and work with your physician to develop an appropriate treatment plan.
- **National Medical Excellence Program** – Helps eligible plan participants access covered treatment for solid organ transplants, bone marrow transplants, and certain other rare or complicated conditions at participating facilities experienced in performing these services.
- **Aetna Vision Discount Program** – Receive discounts on eyeglasses, contact lenses and nonprescription items such as sunscreens and contact lens solutions at thousands of locations nationwide. Discounts off the provider’s usual retail charge for Lasik surgery are also available through providers participating in the U.S. Laser Network.
- **Women’s Health Care** – A variety of benefits and programs to promote good health throughout each distinct life stage including support for women with breast cancer, confidential genetic testing for breast and ovarian cancers, direct access for OB/GYN visits, and infertility case management and education.
- **Beginning Right Maternity Program** – Provides you with maternity health care information and guides you through pregnancy; also includes Pregnancy Risk Assessment.
- **Aetna Hearing** Discount Program – Save on hearing exams, hearing aids, and other hearing services.
- **Aetna Weight Management** Discount Program – Help with achieving your weight loss goals and developing a balanced approach to your active lifestyle. Receive discounts on the Calorie King® program and products, eDiets® diet plans and products, Jenny Craig® weight loss programs and Nutrisystem® weight loss meal plans.

**Availability of Summary of Benefits and Coverage (SBC)**

As an employee, the health benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury.

Your plan offers a series of health coverage options. Choosing a health coverage option is an important decision. To help you make an informed choice, your plan makes available a Summary of Benefits and Coverage (SBC), which summarizes important information about any health coverage option in a standard format, to help you compare across options.

The SBC is available on the web at: www.conroesd.net under Departments – Human Resources – Benefits – Enrollment. A paper copy is also available, free of charge, by calling 936-709-7859.

**Plan administered by:** Aetna

www.aetna.com • 1-866-381-8933

This material is for information only and is not an offer or invitation to contract. An application must be completed to obtain coverage. Health benefits and health insurance plans contain exclusions and limitations. Not all health services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professional. Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to health care services. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna plans, refer to www.aetna.com.

**Conroe ISD Employee Health & Wellness Center**

Conroe ISD, in partnership with H2U, provides health and wellness centers where employees and their eligible dependents can obtain a variety of medical services at a reduced cost. The Health & Wellness Centers place a high priority on preventive health education, medical screenings, and lifestyle modifications to ensure a lifetime of optimal health. The medical staff will spend extensive one-on-one time listening to understand your unique and individual health care needs.

**Two convenient locations:**

- **North County** H2U Health Clinic at Conroe Regional Medical Center
  500 Medical Center Blvd., Suite 219 • Conroe, TX 77304
  936-523-4200
  Hours: Monday/Wednesday/Friday – 8 a.m. to 5 p.m.
  Tuesday/Thursday – 7 a.m. to 4 p.m.

- **South County** CI SD Employee Health & Wellness Center
  19675 1-45 South, Suite 100 • Conroe, TX 77385
  (On the Oak Ridge Elementary School campus)
  281-465-2873
  Hours*: Monday – 8 a.m. to 5 p.m.
  Tuesday/Wednesday/Thursday – 10 a.m. to 6 p.m.
  Friday/Saturday – 8 a.m. to 12 p.m.

* Modified hours during summer break

**What kind of treatment can the Health & Wellness Centers provide?**

The Health & Wellness Centers can handle nearly all of your routine illness and health needs. They can diagnose and treat minor medical problems, write prescriptions, give vaccinations, conduct physicals, perform diagnostic lab work on-site, and more.

**How are the Health & Wellness Centers staffed?**

The Health & Wellness Centers are staffed by nurse practitioners, a vocational nurse, and medical assistants.

**How can I be assured the medical care I received at the Health & Wellness Centers is of the highest quality?**

When you visit a Health & Wellness Center with a health problem, you will be treated by a qualified, board-certified Nurse Practitioner who has advanced training in diagnosing and treating illnesses.
What is the cost for an employee to use a Health & Wellness Center?

The District makes available to all employees, including full-time, part-time, and substitutes, voluntary 403(b) and 457 plans. These plans allow employees to save a portion of their income for retirement without paying tax on the contributions until they are withdrawn from the plan. Maximum deferral amounts are set by the IRS for each calendar year, and deferrals may not exceed 100% of an employee’s wages.

Establishment of these accounts and changes in contribution amounts may be made at any time.

How do I establish a new 403(b) account?

1. Complete a Fidelity Investments Account Application/Enrollment Form. The form is available online at www.mysavingsatwork.com under Resources (by type) – Forms and Applications.

2. Contact an agent/financial advisor. Be aware that your agent must have completed the agent enrollment on the First Financial Administrators, Inc. website (www.ffga.com) prior to submitting business. Do you need an agent? Call a First Financial Retirement Services Specialist at 1-800-523-8422 or log on to www.ffga.com for agents in your area.

3. Complete a First Financial 403(b) Salary Reduction Agreement (SRA) and fax or mail the form directly to First Financial. Only the First Financial SRA form will be accepted to start and/or make any changes to your 403(b) accounts. Requests must be in writing. (Please send vendor applications to the vendor.)

4. Agent signatures are only required on new accounts. New means you are starting contributions to a new vendor or you are establishing contribution deductions with a new school district.

5. Check with a First Financial Retirement Services Specialist for due dates so requests are processed in the desired time.

457 Plans

A 457 Plan allows you to invest Tax Deferred income while earning tax deferred interest. CISD offers four 457 plan options:

- **SecurePlus Elite** A flexible premium deferred annuity issued by Life Insurance Company of the Southwest (LSW). It is not a mutual fund, variable annuity, or any instrument that participates directly in stock or equity investments. Unlike mutual funds and stock or equity investments, SecurePlus Elite is an annuity with important insurance features, such as the tax deferral, Death Benefit, and annuitization features. SecurePlus Elite also differs from variable annuities in that it offers protection from market loss, a feature not always found in variable annuities.

- **RetireMax Millennium Flex** A flexible premium deferred annuity, designed by Life Insurance Company of the Southwest (LSW), for ongoing 457 contributions and transfers from other qualified vehicles. RetireMax Millennium Flex preserves your accumulated savings, guarding against losses from exposure to market fluctuation. The interest rate applicable at issue is declared in advance, and interest rates may be adjusted periodically. Rates always meet or exceed minimums guaranteed in the policy form. RetireMax Millennium Flex offers additional interest; each premium received in the first Policy Year will receive an additional 5 percent interest for 12 months.

- **Tax Vantage** A compromise fixed annuity issued by Fidelity Security Life Insurance Company (FSL) to fund your IRC 457 retirement plan. It is competitive and simple, yet flexible. Primary features include: no front-end sales charge, no deferred sales charge for benefit responsive events at participant level, no annual or quarterly administration charge, no 10% IRS penalty for withdrawals prior to age 59½, and client friendly technology and communication.

- **Fidelity Investments** Numerous tools and resources are available to help you plan for your retirement. Find a retirement account option that fits your needs with Fidelity Investments.

Distributions are available upon termination of employment, death, disability, retirement, or certain types of hardships. Distributions may be rolled into an IRA, 403(b) or 401(k) plan, or they can be used to buy back years from TRS service. There is no penalty imposed by the IRS for funds withdrawn prior to age 59½ for qualified distributions.

How do I establish a new or make changes to an existing 457 account?

If it is for an LSW or FSL account, contact Mack Whiteman with First Financial Administrators at 1-800-523-8422 or 713-254-5264, or by email at Mack.Whiteman@ffga.com.

If it is for a Fidelity Investments account:

1. Complete a Fidelity Investments Account Application/Enrollment Form. The form is available online at www.mysavingsatwork.com under Resources (by type) – Forms and Applications.

2. The Conroe ISD plan number is 84568. To obtain information on investment options, please call a Fidelity representative at 1-800-343-0860 or visit their website, www.fidelity.com.

3. Once you receive confirmation of your account from Fidelity, complete a First Financial Deferred Compensation Agreement and fax or mail the form directly to FFA, attention Retirement Services Department.

*** Only the First Financial Deferred Compensation Agreement form will be accepted to start or make changes (i.e. increase, decrease or stop) to your 457 account contributions.
Contribution limits for 2015
Under Age 50..........................$18,000
Age 50 and Above..................$24,000

Enrollment and/or changes to either type of voluntary retirement plan may be completed at any time during the year. They are not part of the New Hire or Open Enrollment processes.

Save Consistently
Saving a little each pay period is easy with payroll deduction. It’s like paying yourself first each payday. And because payroll deductions occur “behind the scenes”, you’ll never miss the extra cash! As little as $25 per paycheck can get you started.

Save Early
The sooner you start to save, the more likely you are to reach your retirement goals. These two profiles perfectly illustrate the benefits of getting started today!

Both Don and Maria plan to retire at age 65.
They each earn an average return of 7% on their retirement savings*
Whose retirement savings will go further?

Paychecks are Semi-Monthly

<table>
<thead>
<tr>
<th></th>
<th>Paycheck contributions</th>
<th>Years to retirement</th>
<th>Total Contributions</th>
<th>Balance at retirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Don starts saving for retirement at age 45</td>
<td>$150</td>
<td>20</td>
<td>$72,000</td>
<td>$152,278</td>
</tr>
<tr>
<td>Maria starts saving for retirement at age 25</td>
<td>$50</td>
<td>40</td>
<td>$48,000</td>
<td>$264,387</td>
</tr>
</tbody>
</table>

* These hypothetical investment returns are for illustrative purposes only and are not indicative of any particular investment or performance. Balances shown are before reduction for taxes. Amounts withdrawn from a qualified plan are taxable when distributed.

Note: Conroe ISD does not hire or contract with any financial agent other than First Financial Administrators, Inc. No financial agent “representing” Conroe ISD will ever call you at home or send you an email. Further, agents are prohibited from soliciting or conducting business on District property. Because investment strategies are a personal decision that each employee should investigate on his/her own, Conroe ISD makes no recommendation or approval of individual 403(b) plans, their sales representatives, agents, or financial advisors.
As of January 1, 2014, the Affordable Care Act (ACA) requires you to have health insurance for yourself and your dependents. Some people are exempt from this requirement. To learn how to apply for an exemption see Questions and Answers on the Individual Shared Responsibility Provision, www.irs.gov/Affordable-Care-Act/Individuals-and-Families/Questions-and-Answers-on-the-Individual-Shared-Responsibility-Provision. If you do not have health insurance and you are not exempt, you may be subject to a penalty (see www.healthcare.gov/fees-exemptions/fee-for-not-being-covered).

Enrollment in a Conroe Independent School District (ISD) Aetna medical plan satisfies the requirement to have health insurance. The Conroe ISD Employee Benefits booklet explains who is eligible to enroll in a medical plan. Enrollment in another plan, such as through a spouse, parent, or association, also satisfies the requirement to have health insurance if the plan provides minimum essential coverage.

As an alternative to a Conroe ISD Aetna medical plan or another health insurance program, you may enroll in insurance through the Health Insurance Marketplace. In Texas, the Marketplace is a federal government program that offers “one-stop shopping” to find and compare private health insurance options. Most individuals are eligible to enroll in insurance through the Marketplace. Open enrollment for the Marketplace occurs each year beginning November 1 for coverage beginning January 1 of the next calendar year. If you do not enroll by January 31, you cannot enroll in a Marketplace plan for that calendar year unless you qualify for a Special Enrollment Period. For information on the Marketplace, see www.healthcare.gov.

You may be eligible for a premium tax credit or other assistance toward insurance obtained through the Marketplace, depending on your household income. More information on the premium tax credit and other cost sharing provisions is available at www.healthcare.gov. Please note that the District will not contribute to premium costs if you enroll in insurance through the Marketplace. Also, you will lose the benefit of paying the premium with pre-tax income if you purchase insurance through the Marketplace.

You must decide whether to enroll in the Conroe ISD Aetna medical plan within your first 31 calendar days of employment, if you are eligible. If you decide not to enroll in the Conroe ISD Aetna medical plan during the new hire enrollment period, you will not be able to enroll again until the next annual enrollment period unless you experience a special enrollment event. On the other hand, if you decide to enroll in the Conroe ISD Aetna medical plan during your new hire enrollment period, the District’s section 125 cafeteria plan does not permit you to drop insurance before the end of the plan year unless a family status change or other qualified event, per IRC Section 125, occurs.

Additional information. The Conroe ISD plan year begins September 1 and ends August 31. Annual enrollment takes place July 1-31. If you have questions or concerns about the health insurance offered through the District, please refer to http://hr.conroeisd.net/benefits or contact the Conroe ISD Human Resources Department at 936-709-7859.

Questions about the Marketplace and how the Affordable Care Act impacts you as an individual should be addressed to www.healthcare.gov or your personal attorney.
Women’s Health and Cancer Rights

Under the Conroe ISD health plan, as required by the Women’s Health and Cancer Rights Act of 1998, coverage will be provided to a person who is receiving benefits in connection with a mastectomy and who elects breast reconstruction in connection with the mastectomy for:

1. all stages of reconstruction of the breast on which a mastectomy has been performed;
2. surgery and reconstruction of the other breast to produce a symmetrical appearance;
3. prostheses; and
4. treatment of physical complications of all stages of mastectomy, including lymphedemas.

This coverage will be provided in consultation with the attending physician and the patient, and will be provided in accordance with the plan design, limitations, copays, deductibles, and referral requirements, if any, as outlined in your plan documents.

If you have any questions about our coverage of mastectomies and reconstructive surgery, please contact the Member Services number on your ID card.


Medicare Part D Notice of Creditable Coverage

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

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

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

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. Conroe ISD has determined that the prescription drug coverage offered by its Aetna medical benefits plans 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 creditable prescription drug coverage, through no fault of your own, you will 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?

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

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

You should also know that if you drop or lose your current coverage with Conroe ISD and don’t join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go 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…

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

For More Information About Your Options Under Medicare Prescription Drug Coverage…

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

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help; or
- 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).

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

If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, your State may have a premium assistance program that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can 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, you can 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, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must permit you to enroll in your employer plan if you are not already enrolled. This is called a “special enrollment” opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, you can contact the Department of Labor electronically at www.askeba.s.dol.gov or by calling toll-free 1-866-444-EBSA (3272).

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

<table>
<thead>
<tr>
<th>State</th>
<th>Program(s)</th>
<th>Website(s)</th>
<th>Phone Number(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alabama</td>
<td>Medicaid</td>
<td><a href="http://www.myalhipp.com">http://www.myalhipp.com</a></td>
<td>1-855-692-5447</td>
</tr>
<tr>
<td>Alaska</td>
<td>Medicaid</td>
<td><a href="http://Health.hss.state.ak.us/dpa/programs/medicaid/">http://Health.hss.state.ak.us/dpa/programs/medicaid/</a></td>
<td>1-888-318-8890</td>
</tr>
<tr>
<td>Colorado</td>
<td>Medicaid</td>
<td><a href="http://colorado.gov/hcpf">http://colorado.gov/hcpf</a></td>
<td>1-800-221-3943</td>
</tr>
<tr>
<td>Florida</td>
<td>Medicaid</td>
<td><a href="https://www.flimedicaidptrecov.com/">https://www.flimedicaidptrecov.com/</a></td>
<td>1-877-357-3268</td>
</tr>
<tr>
<td>Georgia</td>
<td>Medicaid</td>
<td><a href="http://dch.georgia.gov/">http://dch.georgia.gov/</a> (Click on Programs, then Medicaid, then Health Insurance Premium Payment [HIPPI])</td>
<td>1-800-869-1150</td>
</tr>
<tr>
<td>Indiana</td>
<td>Medicaid</td>
<td><a href="http://www.in.gov/fssa">http://www.in.gov/fssa</a></td>
<td>1-800-889-9949</td>
</tr>
<tr>
<td>Iowa</td>
<td>Medicaid</td>
<td><a href="http://www.dhs.state.ia.us/hipp/">www.dhs.state.ia.us/hipp/</a></td>
<td>1-888-346-9562</td>
</tr>
<tr>
<td>Kansas</td>
<td>Medicaid</td>
<td><a href="http://www.kdheks.gov/hcf/">http://www.kdheks.gov/hcf/</a></td>
<td>1-800-792-4884</td>
</tr>
<tr>
<td>Kentucky</td>
<td>Medicaid</td>
<td><a href="http://chfs.ky.gov/dms/default.htm">http://chfs.ky.gov/dms/default.htm</a></td>
<td>1-800-635-2570</td>
</tr>
<tr>
<td>Louisiana</td>
<td>Medicaid</td>
<td><a href="http://www.lahipp.dhh.louisiana.gov/">http://www.lahipp.dhh.louisiana.gov/</a></td>
<td>1-888-695-2447</td>
</tr>
<tr>
<td>Massachusetts</td>
<td>Medicaid &amp; CHIP</td>
<td><a href="http://www.mass.gov/MassHealth">http://www.mass.gov/MassHealth</a></td>
<td>1-800-462-1120</td>
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<tr>
<td>Minnesota</td>
<td>Medicaid</td>
<td><a href="http://www.dhs.state.mn.us/id-006254">http://www.dhs.state.mn.us/id-006254</a> (Click on Health Care, then Medical Assistance)</td>
<td>1-800-657-3629</td>
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<td>Missouri</td>
<td>Medicaid</td>
<td><a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a></td>
<td>573-751-2005</td>
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<td>Montanta</td>
<td>Medicaid</td>
<td><a href="http://medicaid.mt.gov/member">http://medicaid.mt.gov/member</a></td>
<td>1-800-694-3084</td>
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<tr>
<td>Nebraska</td>
<td>Medicaid</td>
<td><a href="http://www.ACCESSNebraska.ne.gov">www.ACCESSNebraska.ne.gov</a></td>
<td>1-855-632-7633</td>
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<td>Nevada</td>
<td>Medicaid</td>
<td><a href="http://dsws.nv.gov/">http://dsws.nv.gov/</a></td>
<td>1-800-992-0900</td>
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<tr>
<td>New York</td>
<td>Medicaid</td>
<td><a href="http://www.nyhealth.gov/healthcare/medicaid/">http://www.nyhealth.gov/healthcare/medicaid/</a></td>
<td>1-800-541-2831</td>
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<td>North Carolina</td>
<td>Medicaid</td>
<td><a href="http://www.ncdhhs.gov/dma">http://www.ncdhhs.gov/dma</a></td>
<td>919-855-4100</td>
</tr>
<tr>
<td>North Dakota</td>
<td>Medicaid</td>
<td><a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a></td>
<td>1-800-755-2604</td>
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<td>Oklahoma</td>
<td>Medicaid &amp; CHIP</td>
<td><a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a></td>
<td>1-888-365-3742</td>
</tr>
<tr>
<td>Pennsylvania</td>
<td>Medicaid</td>
<td><a href="http://www.dpw.state.pa.us/hipp">http://www.dpw.state.pa.us/hipp</a></td>
<td>1-800-692-7462</td>
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<td>Rhode Island</td>
<td>Medicaid</td>
<td><a href="http://www.ohls.ri.gov">www.ohls.ri.gov</a></td>
<td>401-462-5300</td>
</tr>
<tr>
<td>South Carolina</td>
<td>Medicaid</td>
<td><a href="http://www.scdhhs.gov">http://www.scdhhs.gov</a></td>
<td>1-888-549-0820</td>
</tr>
<tr>
<td>South Dakota</td>
<td>Medicaid</td>
<td><a href="http://dss.sd.gov">http://dss.sd.gov</a></td>
<td>1-888-628-0059</td>
</tr>
<tr>
<td>Texas</td>
<td>Medicaid</td>
<td><a href="https://www.gethipp">https://www.gethipp</a> TEXAS.com/</td>
<td>1-800-440-0493</td>
</tr>
<tr>
<td>Vermont</td>
<td>Medicaid</td>
<td><a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a></td>
<td>1-800-250-8427</td>
</tr>
<tr>
<td>West Virginia</td>
<td>Medicaid</td>
<td><a href="http://www.dhr.wv.gov/bms/">http://www.dhr.wv.gov/bms/</a></td>
<td>1-877-598-3820</td>
</tr>
<tr>
<td>Wisconsin</td>
<td>Medicaid &amp; CHIP</td>
<td><a href="http://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">http://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a></td>
<td>1-800-362-3002</td>
</tr>
</tbody>
</table>

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

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

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov • 1-877-267-2323, Menu Option 4, Ext. 61565
Introduction
You are receiving this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it. When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Disability extension of 18-month period of COBRA continuation coverage
If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

Second qualifying event extension of 18-month period of continuation coverage
If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

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

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

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

Plan contact information
If you have questions about COBRA continuation coverage, please contact the Conroe ISD Benefits Office at (936) 709-7859.