



ALDINE
Independent School District

2022

Benefits Guide

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Aldine ISD is pleased to offer a comprehensive benefit program for you and your family. The decisions you make as a new hire or during annual open enrollment remain in effect until the next open enrollment period, unless you experience a qualifying event.

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If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see page 37 for more details.

This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.

Who Is Eligible

Eligibility

- Group health insurance coverage is available to Aldine ISD employees who:
 - Work 30 or more hours per week or, have a full-time appointment or, an employee who has been appointed and expected to work for at least 90 days or 4 ½ months **and**
 - Are eligible to participate and actively contributing into Teacher Retirement System of Texas (TRS)

Who is an Eligible Dependent?

- Your spouse;
- Your child(ren) under age 26, including stepchildren, adopted children, and children for whom you are the legal guardian or who are the subject of a medical support order;
- Certain children over age 26, who are determined by Aldine ISD's Self-Funded Medical Plan Provider to be medically incapacitated and are unable to provide their own support;
- Your child(ren) who qualify as your dependents under the terms of a Qualified Medical Child Support Order (QMCSO)

Examples of dependents who are not eligible for coverage:

- Your common-law spouse, unless you have a Declaration of Informal Marriage;
- Your former spouse;
- Your child over age 26, if not medically incapacitated and unable to provide their own support;
- Foster children who are covered by another government program, unless required by law or court order;
- Any child for whom you only have power of attorney;
- Any dependent insured in the same plan type by another Aldine ISD employee

Dependent Verification System (DVS)

Uploading Your Documents Online Is Secure And Easy

1. **Go to myaldinebenefits.com** and log in with your username and password. If you don't know them, you may reset your username or password or **Register** as a first-time user. Your Company Key is ALDINE.
2. **Visit your Message Center** and reply to the recent "Submit Documentation to Verify Eligibility" message.
3. **Upload your Document(s)** directly to the message (PDF or JPEG file types are recommended).

Your and your family's privacy is our top priority, and uploading your documents to **myaldinebenefits.com** is the fastest and most secure method to submit your documentation. You may also mail copies of the required documents to the return address on this notice. **Do not send original document(s).** Your documents will not be returned and will be securely shredded within 30 days of receipt. If you choose to email your documents, send to **dv@businesssolver.com**. The subject line of your email should be **Aldine ISD - Donald Duck**.

Always include Page 2 of the full notice as a cover letter with any mailed or emailed documentation as it will help us better identify you and expedite verification of any received documentation.

If you have any questions regarding your coverage or this notice, please login to **myaldinebenefits.com**. In addition to uploading the required documentation, you can also review your election and dependent information and your verification status. You can also call us at **1.855.474.9494**.

Qualifying Life Event

When Adding or Dropping Dependents:

You have 31 days from the date of a qualified change of status event to complete changes to your benefits that are consistent with that event. If you do not make your eligible changes during the 31-day status change period (60 days for changes related to the Children's Health Insurance Program (CHIP), Medicare or Medicaid eligibility), your changes cannot be made until the next Annual Enrollment in November, to be effective at the start of the new plan year January 1st.

- Mid-year benefit changes are only permitted in the event of a Qualifying Life Event (QLE).
- Benefit election changes must be consistent with the event.
- Switching plans during the calendar year is not permitted.
- You can only make changes to the specific plans where dependents will be affected.
- Benefits and new rates become effective the date of the event for birth, adoption, marriage, divorce, and death; or the day after benefits end, when the event is loss of coverage.
- The event date must be consistent with the information in the Supporting Documentation.



Aldine ISD Benefits Overview

We provide our eligible employees with an expansive benefits program that supports overall health, wellness and financial security. Here's an overview of your options. Please visit the Aldine Benefits Outlook at www.aldinebenefits.org for more detailed information.

Health and wellness benefits include:

- Medical/Rx, dental and vision plans
- Employee Assistance Program (EAP)
- Life and Accidental Death & Dismemberment (AD&D)
- Accident, Cancer and Specified Diseases, Hospital Indemnity and Critical Illness plans
- Flexible Spending Accounts (FSA) to help pay for medical, dental, vision and dependent day care
- Health club membership program
- Personal legal plan

Financial benefits include:

- TRS
- 403(b) tax-sheltered annuities and mutual funds
- 457 savings for retirement
- 401(a) matching plan for retirement savings
- 529 savings plan for college/education

How Do I Enroll?

- During the Annual Enrollment period, you and/or your eligible dependent(s) have the opportunity to enroll for all benefits or make changes to your current benefit elections. Please note that all employees are required to enroll and make elections for all plan options for the 2022 plan year. Failure to complete enrollment will result in NO benefits for the 2022 plan year.

Dates to Remember:

New Hires:

- Must enroll within 31 days of hire date
- Benefits are effective the first of the month following of your election. Example. Hire date is January 24, 2022 and employees does not make elections until February 15, 2022, then the coverage effective date would be March 1, 2022. If the employee would like coverage to begin February 1, 2022 then they would need to contact the benefits department.

Existing Employees:

- Annual Enrollment is November 1st - 15th for coverage effective January 1, 2022. Please note, even if you were hired recently and just made an election, you will still need to make an election for the new plan year. Your plan elections will **not** automatically carry over

Additional information and resources are available at www.aldinebenefits.org. You can also call Benefits Outlook at **855.474.9494**. English and Spanish-speaking representatives are available to assist you Monday through Friday, 8 a.m. to 5 p.m.

A step-by-step guide to benefits enrollment:

1. Visit the Aldine Benefits Outlook website at www.aldinebenefits.org to review the specific benefit plans and coverages that are most appropriate for you and your covered dependents. We highly recommend reviewing the "**Benefits Overview Presentation**" in the "**Benefits Library**".
2. Watch for an Invitation to Enroll email alert at your district email address approximately two weeks after your employment date.
3. Enroll online:
 - Go to www.aldinebenefits.org
 - Click **Enroll Now!**
4. You may also call Benefits Outlook at **855.474.9494**.
5. The enrollment deadline is 31 days after your benefits effective date or the print date on your Invitation to Enroll email alert, whichever is later.
6. **Deductions for premiums may not be reflected on your first paycheck due to the timing of payroll processing and your actual selection of benefits. This means that there may be multiple deductions from your paycheck after you select your benefits. Please complete your benefits enrollment as soon as possible to lessen the impact of multiple deductions.**
7. Benefits are effective the first of the month following of your election. Example. Hire date is January 24, 2022 and employees does not make elections until February 15, 2022, then the coverage effective date would be March 1, 2022. If the employee would like coverage to begin February 1, 2022 then they would need to contact the benefits department. Elections that require Evidence of Insurability (EOI) are effective the first day of the month following notification of approval.

Important

**Aldine ISD
Annual Enrollment
November 1, 2021 -
November 15, 2021**

If you need help enrolling, call a
Benefits Outlook representative at
855.474.9494.

Online enrollment
ends at 11:59 p.m. CST.

What's Changing?

2022 Changes and Update

Aldine ISD manages a self-funded medical plan, which means our contributions pay for our own medical bills. We have been able to manage our overall healthcare spend so that we can keep premiums affordable for employees. For the 2022 benefit plan year, Aldine ISD will be making a few changes and enhancements to your overall employee benefits program.

Medical Plan Changes

- Aldine is changing their Open Access Select plan to a different network model called Texas Medical Neighborhood (TMN) plan. TMN requires a PCP selection, although it does not require a referral to see a specialist. This plan will also have a slight difference in specialist benefits between Tier 1 “preferred” specialists and those that are Tier 2. Please refer to the benefit summary provided by Aetna on the Aldine benefits resource hub.
- No other changes to the plan options, and no changes to the Employee or District contributions.

Pharmacy Plan Changes

- Aldine is leaving Express Scripts and moving their Pharmacy Benefits over to Aetna/CVS. This will involve a different formulary, possible member disruption when going from drug A to drug B, and will also require a change in Mail Order if you are getting their 90-day scripts filled now with ESI's Mail Order program.
- Yes, the Rx is tied with Medical.
- The District also has a current program where they waive all drug copays for certain generic medications to treat High Blood Pressure, High Cholesterol.

Permanent Life Policy Addition

- The District is adding a new Permanent Life benefits through TransAmerica
- This new Life policy is in **addition** to the current Life and AD&D policies offered through UNUM.

Disability Plan Changes

- The District is changing their Disability benefits – they're staying with Standard, but going with a completely different voluntary Disability plan design. Please refer to page 20 of the Benefit Guide.

What To Know To Understand Your Plan

Self-Funded

Aldine ISD manages a self-funded medical plan, which means both the District and your contributions pay our medical bills. Together, we can help manage our overall healthcare spending so we can keep premiums affordable for employees.

Using and paying for health care does not have to be complicated.

Once you know how your plan works, it's easy to get the care you need.

Coinsurance

The money that an individual is required to pay for services, after a deductible has been paid. It is often a specified percentage of the charges. For example, the employee pays 20 percent of the contracted rate while the health plan pays 80 percent.

Copayment

Set dollar amount you pay for a covered product or service. The individual must pay his or her share when services are rendered. The healthcare plan pays the remainder of the costs.

Deductible

Before health insurance will start reducing what you pay for health care, you must meet your deductible. This means that you must pay for 100% of what your services cost until you have spent a certain dollar amount (your deductible). Certain services, such as preventive care, primary care and specialist visits, do not require you to pay toward your deductible before your health plan begins lowering what you'll pay.

Elimination Period

The period of time you must be disabled, due to a covered disability, before this plan's benefits are payable.

Emergency Room

Emergency rooms are places designed to save life and limb – things like heart attacks, strokes and unstoppable bleeding – that is why they are typically the most expensive place to receive health care services. To keep health plan costs down, our medical plans have an additional \$250 copay for trips to the emergency room; however this additional copay is waived if you are admitted to the hospital. Emergency rooms are not always in hospitals and are now frequently in buildings that look like regular doctor's offices or urgent care clinics. The only way to be sure is to ask.

In-Network

Refers to the physicians, hospitals, or other health care providers who contract with the insurance plan to provide services to its members. Except in the case of an emergency, your medical plans provide for in-network coverage only, no out-of-network coverage, including labs and x-ray facilities.

Out-of-Network

Refers to physicians, hospitals, or other health care providers who do not contract with the insurance plan to provide services to its members. Services provided by out-of-network providers through the medical plan may not be covered.

Out-of-Pocket Maximum

Every Aldine ISD health plan has a limit on how much you will pay for covered services in a year. This amount is the plan's out-of-pocket maximum. Even if your costs are \$500,000, the most that you will pay for **in-network covered services** is your out-of-pocket maximum.

Preventive Care

Certain services, such as annual physical exams, routine OB/GYN services, qualifying cancer screening and more, are preventive care. These are provided at no charge – even if you have not met your deductible. Every health plan Aldine ISD offers includes these services, so do not miss out on making the most of them!

Primary / Specialist Care

The services that your regular doctor provides, in a doctor's office, are primary care. Non-emergency care beyond this, for a more severe injury or medical need, will typically be provided by a specialist.

Short-Term / Maintenance Medication

Short-term medical conditions, like a sinus infection, are often treated with what are called short-term medications which have limited or no refills. Ongoing medical conditions, like high blood pressure or diabetes, are often treated with medications that are prescribed long-term, which are called maintenance medications. See page 10 to learn more about prescription drugs.

If you're ever unclear about something when using your health plan, call Benefits Outlook at **855.474.9494**.

Medical Plan

Administered by Aetna

Your medical plan determines which doctors you see

Choose a plan that has your doctors in-network.

Each of our medical plans is associated with a different network of doctors and hospitals. If you visit a doctor that's not in the network, you may receive a larger bill than you were expecting.

If there is a doctor you want to be able to see, make sure they are in the network of any plan you are considering. A little research now can save you later. Go to www.aetna.com/docfind to see which doctors are in each network.

Texas Medical Neighborhood (TMN)

Formerly the Open Access Select Plan

The Texas Medical Neighborhood (TMN) plan is a broad network plan with a low monthly premium balanced out by a high annual deductible and out-of-pocket maximum. It has access to a broad network of doctors and hospitals, including Kelsey-Seybold clinics and health professionals.

- Access to Minute Clinic Centers at 100% no cost
- This plan requires a Primary Care Physician (PCP) designation, and then members can visit any network doctor, no referral required.

Who is this plan for?

If you want the freedom to have the largest network with the fewest restrictions, you may want to consider this plan.

Memorial Hermann Accountable Care Organization (ACO)

This plan offers you predictable costs for common medical expenses.

- Limited to Memorial Hermann providers and facilities
- Access to Minute Clinic Centers at 100% no cost
- Set copays for common medical expenses
 - Primary care: \$50
 - Specialist: \$100

Who is this plan for?

If the doctors and facilities you routinely use are in the Memorial Hermann system, consider selecting this plan.

KelseyCare ACO

This plan offers you predictable costs for common medical expenses.

- Limited to Kelsey-Seybold providers and facilities
- Access to Minute Clinic at a \$50 copay
- Set copays for common medical expenses
 - Primary care: \$50
 - Specialist: \$100

Who is this plan for?

If your doctors are part of Kelsey-Seybold and you're comfortable staying within Kelsey-Seybold's clinics for your medical care, consider this plan.

Please review the plan comparison chart to see the design for the three plans. See the comparison chart at www.aldinebenefits.org.

Knowing where to go saves time and money.

Whether it's for a common illness or something life-threatening, matching your medical needs to the right medical setting and staying in network will save both you and the district time and money.

RediMD

Examples: UTIs, colds, allergies, headaches, an upset stomach or skin irritation, the flu, strep throat, fever, vomiting or diarrhea

Primary Care Physician (PCP)

Examples: annual checkups and chronic diseases like hypertension or diabetes and mental health concerns

Urgent Care Center

Examples: broken bones, minor cuts needing stitches, the flu, strep throat, fever, vomiting or diarrhea

Emergency Room

Examples: life-threatening emergencies like chest pain, difficulty breathing, bleeding that won't stop or stroke symptoms

2022 Medical Plan Comparison

Aldine ISD contributes \$330, or \$165 per paycheck, to each employees' Medical/Rx plan election. For a more comprehensive look at these plan options, visit the Benefits Outlook website.

	Texas Medical Neighborhood	KelseyCare ACO	Memorial Hermann ACO
Rates (based on 24 pay periods)			
Employee Only	\$48.00	\$77.18	\$93.26
Employee + Spouse	\$312.07	\$355.70	\$429.82
Employee + Child	\$205.08	\$254.52	\$307.56
Employee + Children	\$266.24	\$331.62	\$400.72
Employee + Family	\$484.30	\$629.12	\$760.21
When You Get In-Network Care, You Pay¹			
Annual Deductible			
Individual	\$4,500	\$2,500	\$2,500
Family	\$9,000	\$5,000	\$5,000
Annual out-of-pocket max (includes all medical and pharmacy deductibles, copays and coinsurance)			
Individual	\$7,100	\$6,500	\$6,500
Family	\$14,200	\$13,100	\$13,000
Cost For Covered Services After Your Deductible Has Been Met²			
Preventive care exams	Free	Free	Free
Office visits			
Primary care (PCP)	0% for the first \$225, then 30%	\$50	\$50
Specialists	Tier 1: 0% for the first \$225, then 30%; Tier 2: 0% for the first \$225, then 50%	\$100	\$100
Telemedicine	Covered at 100%, deductible waived	Covered at 100%, deductible waived	Covered at 100%, deductible waived
Inpatient—hospital (pre-certification required)	30%	\$150 per day for the first 5 days	20%
Outpatient—hospital (pre-certification required)		20%	
Outpatient—freestanding and surgical center (pre-certification required)			
Emergency care	30% + \$250 copay (copay waived if admitted to the hospital)	\$20% + \$250 copay (copay waived if admitted to the hospital)	20% + \$250 copay (copay waived if admitted to the hospital)
Non-emergency care in an emergency room	50%	40%	40%
Urgent care facility	30%	\$75	\$75
Lab, X-Ray, diagnostic testing	30%	Included in physician copay at Kelsey-Seybold	20%
Advanced imaging, diagnostic scans (MRI, MRA, CAT, PET) freestanding facility, independent lab, outpatient hospital	30%	20% + \$100 copay	20%
Maternity—delivery	30%	20%	20%
Mental health and substance abuse—inpatient	30%	20%	20%
Mental health and substance abuse—outpatient	30%	\$50	\$50

¹Medical copays and prescription drug deductible and copays, plus limited fee schedule or reasonable and customary cutback penalties do not apply to the annual deductible.

²Out-of-network facility charges exceeding the limited fee schedule amount are not covered and will not be applied to the deductible or coinsurance maximum. Employee is responsible for paying the difference between the covered amount and the amount the facility charges.

Prescription Drug Benefits

Your Medical Plan Includes Prescription Drug Benefits, Administered By Aetna/CVS

Many people spend more on prescriptions than doctor visits, so don't overlook these costs when choosing a plan.

For short-term prescriptions

Take your prescription and your ID card to a participating local pharmacy. After you meet your annual prescription drug deductible, you will pay the lesser of the actual drug cost or a copay/coinsurance for each prescription.

For long-term, maintenance medications

The Maintenance Choice program lets you receive a 90-day-supply of your medications by mail through Aetna/CVS or at one of the partner pharmacies, including Aetna Rx Home Delivery mail-order pharmacy or CVS/pharmacy retail locations.

You can also sign up for their automatic prescription refill program which will automatically send your refills and request a new prescription from your doctor when needed. What you pay for prescription medications is determined by the type of medication your doctor prescribes. By speaking with your pharmacist and physician about your options, you could lower what you pay for prescriptions.

No-Cost Prescriptions for High Blood Pressure, and High Cholesterol

Generic drugs for high blood pressure and high cholesterol remain available at no cost to you, as long as you are enrolled in an Aldine ISD medical plan and purchase 90-day supplies through Aetna/CVS or at an Aetna/CVS retail Maintenance Choice pharmacy partner. Aldine ISD plans also cover women's generic contraceptives (as well as those that have no generic available) at 100%.

Generic

A prescription or Over-the-Counter (OTC) medicine that has the same active ingredient as a brand-name version that's on the market. Generic drugs often are a lower-cost option to their brand-name versions. They can be identical to the brand-name drug or are:

- generic equivalent: it's similar to the brand-name drug and has the same active ingredient, but has different inactive ingredients.
- generic alternative: it has a different active ingredient from the brand-name drug, but a similar clinical effect on the body.

Brand-Name Drug

Medicine that is sold by a company under a specific name or trademark and is protected by a patent.

Specialty Pharmacy

Specialty medicine is used to treat complex and long-term conditions, and usually has to be stored or handled in special ways. People take specialty medicines for conditions such as multiple sclerosis, rheumatoid arthritis, or hemophilia. If you are taking a specialty medicine you can find services through the CVS Specialty pharmacy.

Prescription drug plan highlights

	TMN	Memorial Hermann ACO and KelseyCare ACO
Annual Deductible	\$250 individual/\$500 per family	\$75 per individual
Annual Out-of-Pocket Maximum	Included with medical	Included with medical
Prescription drugs, 30-day retail		
Generic	30%	\$15
Preferred brand		\$35
Nonpreferred		\$55
Specialty		Call Aetna/CVS for specific drug coverage information
Prescription drugs, 90-day mail or retail		
Generic	30%	\$37.50
Preferred brand		\$87.50
Nonpreferred		\$137.50
Specialty		Call Aetna/CVS for specific drug coverage information

Resources Included With Your Health Plan

Understanding Your Health Just Got Easier

Get clear and reliable health information. Were you recently diagnosed with a medical condition, or are you facing possible surgery? Are you unsure about the best treatment for you? When it comes to your health, there's a lot to think about! Log on to www.aetna.com to get easy-to-understand medical information from Health Decision Support, a library of online learning programs. You can:

- Get a better understanding of health conditions, treatments, procedures and surgery options
- Gain a better understanding of complex medical information
- Make more informed choices about your health care

Aetna Maternity Management

Here for you. Have questions about your pregnancy? Don't worry. Aetna can help you out. You'll learn what you need to know so you can prepare. Joining is easy. This program is included with your Aetna® health benefits and insurance plan. There is no extra cost to you. All you have to do is sign up at www.aetna.com and complete a pregnancy survey. This helps us get to know you a little better.

Minute Clinic

MinuteClinic is here to help when you need them. 7 days a week, including evenings. No appointment necessary. MinuteClinic treats more than 125 minor illnesses, injuries and conditions and we accept most insurance plans.

Available to all individuals covered under Aldine's medical plans. Texas Medical Neighborhood and Memorial Hermann members have access to MinuteClinic at 0% cost. Any individual covered under Aldine's Kelsey-Seybold plan can also access MinuteClinic at a \$50 copay.

Visit MinuteClinic.com or call us at **1.866.389.ASAP (2727)** to find a clinic near you. Or download the CVS Pharmacy app for more information.

RediMD

A telemedicine provider that makes getting care for minor illnesses easier and reduces unnecessary emergency room visits, RediMD provides primary medical care online via webcam, smart-phone or telephone. To be diagnosed, get a prescription or get a recommendation for treatment, **contact RediMD at www.redimd.com**. If you are covered under Aldine's medical plans, you can access RediMD for free! If you are not covered under Aldine's medical plans, you can still use RediMD and will be charged \$35 charge per visit. Use code **aldineisd**. Be sure to check www.aldinebenefits.org for an up-to-date listing of all our offerings.

CVS Health HUB

CVS® HealthHUB is a neighborhood wellness destination with a professional care team, more health services and more wellness products, all in one place. Keeping you and your family healthy is critical. And, as we continue to navigate the uncertainty around the COVID-19 pandemic, it's important to know there's a trusted place to get affordable care and support you may need, on your schedule.

- **Professional Care Team** – Your professional care team includes nurse practitioners, physician assistants and pharmacists who work together to help you get the best care for your needs, whether you need treatment for a sudden illness like the flu or help managing a chronic condition like diabetes. They'll also share all the details of your visit with your doctor.
- **Care Concierge** – Your care concierge will guide you every step of the way and help you connect to CVS HealthHUB services and products to support your total health.
- **Extra Assistance from the Pharmacist** – Your pharmacist can help you connect to the screenings, support tools and services you may need to get on the path to better health.
- **Expanded Health and Wellness Products** – We've expanded our health and wellness products to include everything from self-care to durable medical equipment.

Important

Visit www.aldinebenefits.org for more information about your voluntary benefit options.

Specialty Medications

CVS Specialty does much more than just provide your medication — they help you manage your condition as well as your health. You'll get the support of a dedicated CareTeam led by pharmacists and nurses who are specially trained in your condition. You'll also have the choice to have your medications delivered anywhere nationwide or pick them up at any CVS Pharmacy® location.** And the CareTeam will help you with insurance, handle your claims, and find ways to keep your out-of-pocket costs low, too.

For additional information, the CVS Specialty pharmacy can be reached at **800.237.2767**.

Don't Forget About Online Tools!

Register to access to both online and member tools with Aetna! You can use their apps to get instant access to your specific health plan benefits, as well as access your Digital Member ID card!

Aetna: www.aetna.com

Employee Assistance Program (EAP)

Resources for Living: Here for You!

Available 24 hours a day, 365 days a year

Resources For Living is an employer sponsored program, **available at no cost** to you and all members of your household. That includes dependent children up to age 26, whether or not they live at home.

➤ No-Cost Counseling Sessions

- 3 Sessions/Issue/Year
- Counseling Sessions are available face to face, by phone, or televideo

To Access Services

1.844.317.2473, TTY: 711

Website: www.resourcesforliving.com Username: ALDINE Password: EAP

Emotional well-being support

You can access up to 3 counseling sessions per issue each year. You can also call us 24 hours a day for in-the-moment emotional well-being support.

Counseling sessions are available face to face or online with televideo. Services are free and confidential. We're always here to help with a wide range of issues including:

- Relationship support
- Stress management
- Work/life balance
- Family issues
- Grief and loss
- Depression
- Anxiety
- Substance misuse and more
- Self-esteem and personal development

Daily Life Assistance

Competing day-to-day needs can make it tough to know where to start. Call us for personalized guidance. We'll help you find resources for:

- Child care, parenting and adoption
- Summer programs for kids
- School and financial aid research
- Care for older adults
- Caregiver support
- Special needs
- Pet care
- Home repair and improvement
- Household services and more

We also offer carekits related to growing families, child care, caregiving and more.



Employee Assistance Program (EAP), continued

Resources for Living Continued

Online resources

Your member website offers a full range of tools and resources to help with emotional wellbeing, work/life balance and more. You'll find:

- Articles and self-assessments
- Adult care and child care provider search tool
- Stress resource center
- Video resources
- Live and recorded webinars
- Mobile app

Discount Center

Find deals on brand name products and services including electronics, entertainment, gifts and flowers, travel, fitness, nutrition and more.

myStrength

myStrength offers tools to improve your emotional health and help you overcome depression, anxiety, stress, substance misuse and/or chronic pain.

Other services

Identity theft services — One hour fraud resolution phone consultation or coaching about ID theft prevention and credit restoration. Services include a free emergency kit for victims.

MindCheck online tools make it easy to improve your emotional well-being. Measure your mindset and get feedback and resources to maintain a positive outlook.

Legal services

You can get a free 30-minute consultation with a participating attorney for each new legal topic related to:

- General
- Family
- Criminal law
- Elder law and estate planning
- Divorce
- Wills and other document preparation
- Real estate transactions
- Mediation services

If you opt for services beyond the initial consultation you can get a 25 percent discount.

*Services must be related to the employee and eligible household members. Work-related issues are not covered. Discount does not include flat legal fees, contingency fees and plan mediator services.

Financial services

Simply call for a free 30-minute consultation for each new financial topic related to:

- Budgeting
- Retirement or other financial planning
- Mortgages and refinancing
- Credit and debt issues
- College funding
- Tax and Internal Revenue Service (IRS) questions and preparation

You can also get a 25 percent discount on tax preparation services.

*Services must be for financial matters related to the employee and eligible household members.



Flexible Spending Account (FSA)

Administered by Payflex

The Simple way to save for Health and Dependent care expenses

PLEASE NOTE: Dependents insured by Aldine ISD are not eligible to enroll in the same plan type as the Employee, including coverage for the Flexible Spending Account.

Health Care FSA

You can contribute pretax dollars from your paycheck, up to the IRS limit of **\$2,850**.^{*} Your full contribution is available at the start of the plan year to pay for eligible health care expenses. It covers you, your spouse and/or your tax dependents for:

- Copays, coinsurance and deductibles
- Dental expenses like orthodontia, crowns and bridges
- Vision expenses like LASIK eye surgery, glasses and contacts
- Prescription drugs and OTC items

Dependent Care FSA

- You can contribute pretax dollars from your paycheck, up to \$5,000.^{*} Funds are for your dependent(s) age 12 or younger or a spouse or dependent incapable of self-care.
- This FSA pays for eligible child and adult care expenses, such as day care, preschool and nursery school, in-home aid, and more.
- IRS “use it or lose it” rule applies, and you cannot be reimbursed for any expense that is also covered by a tax credit on your federal tax return.

How can I access my FSA funds?

- Online account access and claim submissions: www.payflex.com
- Automatic direct deposit into your checking or savings account
- Help center at **1.844.729.3539 (TTY:711)** Monday - Friday 7 a.m. - 7 p.m. CST, and Saturday 9 a.m. - 2 p.m. CST.
- Payflex mobile app available to help manage you account, view alerts, and snap a photo of your receipts for claim submission

For more information, visit PayFlex at www.payflex.com for a full list of eligible expenses.

^{*}These limits are subject to change, and some employers may set a lower limit. Please check your plan details for how much you can contribute.



Provided by Aetna

PLEASE NOTE: A predetermination of benefits is required for expenses that exceed \$350.

Eligibility	Primary enrollee, spouse and eligible dependent children to the end of the month dependent turns age 26
Deductibles Deductible applies Basic and Major Services only	\$50 per person / \$150 per family each calendar year
Maximums	Yes
	\$1,750 per person each calendar year

	Low Plan	High Plan
Benefits and Covered Services	Passive PDN MAX with PDNII Network In-Network Fee Schedule	Passive PDN with PDNII Network 90th R & C
Preventive Services Exams, cleanings and x-rays	100%	100%
Basic Services Fillings, simple tooth extractions	80%	80%
Major Services Crowns, inlays, onlays and Implants	50%	50%
Orthodontic Benefits Adults and dependent children	50%	50%
Orthodontic Maximums	\$1,500 Lifetime	\$1,500 Lifetime

Dental Rates – Aetna		
Per Paycheck Rates	Low Plan	High Plan
Employee Only	\$18.42	\$23.96
Employee + Spouse	\$34.86	\$45.34
Employee + Child (ren)	\$36.41	\$47.36
Family	\$56.95	\$74.07



Understanding the difference between the Low Plan and High Plan!

High Plan:

Allows you to use any dentist, whether they contract with Aetna or not; however if you use an out-of-network dentist, your reimbursement will be based at 90% of Usual and Customary (UCR).

Who should consider this plan?

If your dentist is not in Aetna's network, and you do not want to change, consider this plan as it will give you the strongest reimbursement for your dental services.

Low Plan:

Allows you to use any dentist, whether they contract with Aetna or not; however if you use an out-of-network dentist, you will be subject to a Maximum Allowable Charge (PPO MAX). Under this PPO Max plan, reimbursement for services provided by an out-of-network dentist is capped. For example, if you visit an out-of-network dentist who charges \$150 for a cleaning (covered at 100%) but the MAC is set at \$100, insurance will cover \$100 and you will be responsible for the remaining \$50.

Who should consider this plan?

If your dentist is in Aetna's network, this is the plan for you as it will give you the strongest coverage and your annual plan maximum will go the furthest. If your dentist is not in Aetna's network, you may want to consider the High plan.

How To Find A Dentist

Register for member access at www.aetna.com to find additional information on your benefits and search for in-network providers.

DMO–How It Works

Provided by Aetna

THE DMO PLAN DOESN'T HAVE ANY DEDUCTIBLES OR MAXIMUMS. INSTEAD, WHEN YOU RECEIVE A DENTAL SERVICE, YOU PAY A FIXED DOLLAR AMOUNT FOR THE TREATMENT (A "COPAYMENT").

- Enrollees must select a Primary Care Dentist (PCD) prior to seeking services
- Family members can choose their own primary care dentist
- You can change your PCD once a month on your member website or by calling **1.877.238.6200**. Switch by the 15th day of the month for the change to take effect the first day of the following month
- Pay a fixed dollar amount (copay) when you receive service at your assigned PCD
- See your PCD for regular exams and to get referrals if you need specialty care
- When you visit an orthodontist, who participates in the DMO network, you won't need a referral
- Reference DMO Plan summary for more detailed Plan Descriptions, Limitations and Exclusions

Dental Rates – Aetna	
Per Paycheck Rates	DMO Plan
Employee Only	\$5.48
Employee + Spouse	\$10.24
Employee + Child (ren)	\$9.29
Family	\$13.36

Reference DMO Plan summary for more detailed Plan Descriptions, Limitations and Exclusions.

What To Consider For This Plan

Dental pre-authorizations are required before receiving services from a participating specialist (oral surgeon, endodontist, or periodontist). The member must first obtain a referral from their Primary Care Dentist before making an appointment with a specialist. This applies to all specialties except for Orthodontics, members will have direct access for participating orthodontists.

How To Find A DMO Provider

Register for member access at www.aetna.com to find additional information on your benefits and search for in-network providers.



Provided by Aetna

We need to take care of our eyes like we take care of our bodies and teeth; care should be preventive, not reactive. Many simple vision problems go undiagnosed – problems that could be detected by an eye exam – so there is no need to live with vision challenges, such as seeing objects in the distance or up close, general eye strain, blurry vision, headaches, etc.

Did you know that your eyes are the windows to your health? It's true! By looking into your eyes during a comprehensive eye exam, your eye care provider can not only identify vision issues, including cataracts, glaucoma, and macular degeneration, but they can also identify systemic diseases such as diabetes, hypertension, and high cholesterol. Early detection can help lessen some of the long-term effects and help preserve vision.

Vision			
Benefit	In-Network Provider	Out-of-Network Provider	Frequency of Benefit
Routine Exams	\$10 copay	\$40 Reimbursement	Once every 12 months
Lenses			
Single vision	\$15 copay	Up to \$40 Retail Value	Once every 12 months
Bifocal	\$15 copay	Up to \$60 Retail Value	
Trifocal	\$15 copay	Up to \$80 Retail Value	
Lenticular	\$15 copay	Up to \$80 Retail Value	
Contact Lenses			
Conventional	\$125 allowance	\$125 Reimbursement	Once every 12 months
Disposable	\$125 allowance	\$125 Reimbursement	
Medically Required	\$0 copay	\$210 Reimbursement	
Frames	\$150 allowance	\$75 Reimbursement	Once every 12 months

Vision Rates – Aetna	
Per Paycheck Rates	
Employee Only	\$2.90
Employee + Spouse	\$5.74
Employee + Child (ren)	\$6.03
Family	\$9.23

How To Find A Vision Provider

Register for member access at www.aetna.com to find additional information on your benefits and search for in-network providers.



Life and Accidental Death & Dismemberment (AD&D)

Provided by UNUM

Basic Life Insurance, Employee Only

Aldine ISD provides a \$10,000 Life and AD&D policy for all Full-time benefit eligible employees. Be sure to designate your beneficiary during Open Enrollment!

Supplemental Life & AD&D Insurance, Employee, Spouse, Dependents

If you want additional life insurance, you can buy it. Remember, whatever you buy for yourself, you can also purchase 100% of that amount for your spouse.

Employee Situation	Coverage Option
You	Get 1-7 times your salary to a maximum of \$700,000 You can get up to the lesser of 5 times your salary or \$350,000 with no health questions. This is your guaranteed issue amount.
Your Spouse	Get up to \$300,000 of coverage in \$10,000 increments. Spouse coverage cannot exceed 100% of the coverage amount you purchase for yourself. Your spouse can get up to \$50,000 with no health questions, if eligible (see delayed effective date). This is their guaranteed issue amount.
Your Children	Get up to \$20,000 of coverage in \$5,000 increments if eligible (see delayed effective date). One policy covers all of your children until their 26th birthday. The maximum benefit for children live birth to 6 months is \$5,000.
Eligibility	All benefit eligible full-time employee who are actively at work and working a minimum of 30 hours each week
Reduction Schedule	None
Actively at work	If you are not actively at work when coverage is scheduled to become effective, your coverage does not take effect until you complete your first day at work.

Buy-up Life Rates – Unum Per Paycheck Rates Per \$1,000		
Age	Employee	Spouse
15-24	\$0.0245	\$0.0245
25-29	\$0.0245	\$0.0245
30-34	\$0.0330	\$0.0330
35-39	\$0.0370	\$0.0370
40-44	\$0.0500	\$0.0500
45-49	\$0.0715	\$0.0715
50-54	\$0.1055	\$0.1055
55-59	\$0.1905	\$0.1905
60-64	\$0.2410	\$0.2410
65-69	\$0.4280	\$0.4280
70-74	\$0.6025	\$0.6025
75+	\$0.6025	\$0.6025
Child Rate	\$0.0325 per \$1,000	



*Any amounts over Guaranteed Issue are subject to EOI by Unum. You will receive notification once approved.

New! Permanent Life Policy

Benefits for Your Unique Needs

TransElite is universal life insurance, underwritten by Transamerica Life Insurance Company, that can help provide financial protection at a competitive cost.

Help Protect the People Who Depend on You

Andrea chose universal life insurance because she didn't want to worry about what would happen to her 5-year-old, Samuel, in the event of her death. It helped her feel better about his well-being to know her life insurance death benefit would help him if the worst happened. Universal life insurance can help safeguard your family members' futures, with benefits that can assist with your final expenses and their dependent care, living expenses, or college tuition.

Help Give Yourself Peace of Mind

Andrea is doing her best to save for retirement. Her universal life insurance policy builds cash value¹ so she can borrow against it in the future and protect her savings if an unexpected expense arises. In her later years, her built-up cash value will continue to pay her cost of insurance, maintaining her policy even after she retires. Life insurance should fit you, and we don't limit you with a one-size-fits-all approach. Whether you're more interested in ensuring your ability to keep a death benefit from now until you're 100, just want to add to your term life policy, or want to build cash value for your heirs, our universal life insurance policy works for just the right segment of the population: you.

Enjoy Our Hassle-Free Application and Claims Process

Apply by answering a few simple questions. No physicals or blood work required.² Our easy-to-navigate website allows you to update your information, keep track of your policies, apply for loans, submit claims, and more from your PC or mobile device.

How It Works

- No physicals or blood work
- Accumulates cash value
- Guaranteed 3% interest rate
- Loan and withdrawal options
- Convenient payroll deductions

Use Your Benefits When You Need Them the Most

Fifteen years after Andrea signs up for universal life insurance, her son Samuel's car (older than her policy) breaks down in his junior year of college. She borrows against her policy's cash value to get him a reliable car, and they pay it back together by the time he graduates.

Life is unpredictable. Universal life insurance offers help that goes beyond traditional life insurance to meet challenging situations. If you need to borrow against the cash value, you can pay it back when times get better.

If you're diagnosed with a terminal illness, you can use a portion of the policy's death benefit to make a difficult time easier.³

If you're laid off, monthly deductions are waived for up to six months so you maintain your policy.⁴

Take Our Portable, Flexible Policy With You

You have the option to keep your insurance when changing jobs and we can adjust premiums, death benefit, and cash value amounts to meet changing personal financial situations like getting married, having a child, buying a house, or seeing your child through graduation.

Eligibility

You can insure your eligible spouse, children (as Andrea did), and grandchildren with their own policies or purchase protection for your children through a child level term life insurance rider. The chart below gives the ages at which you and family members may apply, but all universal life policies can be maintained up to age 100.

	Age Limits	Benefit
Employee	Ages 16 through 80	\$20,000 - \$150,000 benefit, not to exceed 5x base salary
Spouse	Ages 16 through 65	\$25,000 benefit
Child Term Rider	Ages 15 days through 25 years	\$20,000 benefit

¹Upon written request, employees may borrow up to the available loan value of their certificate. The interest rate on cash value securing loans is 8.0% (7.4% in advance) with a minimum loan amount of \$250. The loan value of the certificate is the cash value less the amounts of any existing loans, loan interest payable in advance to the next certificate anniversary, and three monthly deductions.

²Acceptance based on answers to questions on the application for insurance.

³Accelerated Death Benefit for Terminal Condition Rider. This rider is not available in Louisiana, Massachusetts, Ohio, or Washington.

⁴This benefit is provided by the Waiver of Monthly Deductions for Layoff or Strike Rider. This rider is not available in Connecticut, Massachusetts, Puerto Rico, Tennessee, Vermont, or Washington.

Visit: transamerica.com

Disability

Provided by The Standard

Educator Long Term Disability Insurance is offered through The Standard and pays you a portion of your earnings if you cannot work because of a disabling illness or injury. You have the opportunity to purchase Long Term Disability Insurance through your employer. Once a group policy is issued to your employer, a certificate of insurance will be available to explain your coverage in detail.

- Employees can choose their Monthly Benefit Amount in \$100 increments from \$200 to \$8,000 (not to exceed 66.66% of the Employee's monthly earnings).
- Employees can choose from among six accident/sickness Benefit Waiting Periods. A benefit waiting period is the period of time in which an employee must be continuously disabled before you are eligible for benefits.

Benefit Waiting Period		
Option	Accident	Sickness
1	0 days	7 days
2	14 days	14 days
3	30 days	30 days
4	60 days	60 days
5	90 days	90 days
6	180 days	180 days

*This is based on a percentage of a predetermined amount of your predisability earnings, reduced by deductible income.

- **Pre-existing Condition Period** – The 90 day period just before your insurance becomes effective
- **Exclusion Period** – 12 months
- **24 Hour Coverage** – LTD plans provide coverage for disabilities occurring on or off job

Disability Coverage – The Standard Per Paycheck Rates Per \$100	
Benefit Waiting Period	2022 Rate
0/7	\$1.84
14/14	\$1.62
30/30	\$1.38
60/60	\$0.89
90/90	\$0.77
180/180	\$0.57

Rate Calculation Example

Monthly Benefit:

Monthly Benefit / \$100 x Rate = Monthly Rate
(i.e. \$3,300 / \$100 x \$2.75 = \$90.75)

Per Paycheck Rate:

Monthly Rate x 12 / 24 paychecks = Per Paycheck Rate
(i.e. \$90.75 x 12 / 24 = \$43.38)

Provided by AFLAC

Accident Insurance

Accidents Happen; Fortunately, We Can Help With Unexpected Expenses

Accident Insurance is offered through AFLAC. With Accident insurance, you'll receive payment(s) associated with a covered injury and related services. You can use the payment in any way you choose – from expenses not covered by your major medical plan to day-to-day costs of living such as the mortgage or your utility bills.

You have a choice of two accident plans, which allows you the flexibility to enroll for the coverage that best meets your needs. This insurance provides benefits when injuries, medical treatment and/or services occur as the result of a covered accident. Unless otherwise noted, the benefit amounts payable under each plan are the same for you and your dependent(s).

AFLAC Accident Insurance helps offset the cost associated with both minor and major accidents:

- For every covered accident, AFLAC can pay a benefit based on the injury you sustain and the various treatments and/or services received, regardless of what is covered by medical insurance.

A Benefit When You Need It

Consider some of the unexpected costs that may result from an accident such as travel to treatment centers, child care while recovering, household expenses while you can't work, or even modifications to a home or automobile. Payments are made directly to the employee and can be used for any purpose — even everyday expenses like groceries, rent and mortgage.

It's reassuring to know that an accident insurance plan can be there for you in your time of need to help cover expenses such as:

- Hospitalization
- Physical Therapy
- Major Diagnostic Testing Fractures, Burns, and Dislocations
- Accidental Death

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

AFLAC Products, continued

Cancer

Provided by AFLAC

Aflac Group Cancer pays cash benefits directly to you, unless assigned, when you need them most. If you're ever diagnosed with a covered cancer, these benefits are more important than ever. Why? Because cancer treatment is expensive more than any other chronic illness.

Every year, more and more people are being diagnosed with cancer. Treatment of cancer can lead to unexpected expenses that create an additional financial burden. Cancer insurance helps fill in the gaps that medical insurance doesn't cover. Benefits are paid directly to the employee and may be used for any purpose—such as travel to treatment centers, medical copays, deductibles and experimental treatment, as well as everyday expenses like groceries, rent and ongoing household bills.

Cancer		
	High	Low
First Occurrence Benefit	\$5,000	\$1,500
Hospital Confinement	\$300-\$600 per day	\$200-\$400 per day
Second Surgical Opinion	\$250	\$200
Radiation and Chemotherapy	\$300 per day	\$200 per day
Experimental Treatment	\$300	\$200
Surgical Benefit	\$100-\$5,000	\$95-\$3,000
Skin Cancer Surgery	\$100-600	
Bone Marrow Transplant	Up to \$10,000 in Hospital Up to \$5,000 Outpatient	
Ambulance Benefit	Incurred Charges	
Family Member Lodging	\$60 per day	\$50 per day
Transportation Benefit	Up to \$1,500	Up to \$1,200
Home Health Care	Up to \$50 a day to 30 visits	
Hospice	Up to \$12,000	Up to \$12,000
National Cancer Consultation	\$500	\$500
Cancer Screening Wellness Benefit	\$100	\$50
Optional ICU Rider	\$600 a day up to 30 days	



AFLAC Products, continued

Critical Illness

Provided by AFLAC

Added Protection For More Peace Of Mind

With the rising cost of healthcare, getting seriously ill could have a big impact on your finances. With supplemental health insurance that has critical illness coverage, you are paid cash benefits that can help pay for bills and expenses that your existing health insurance plan doesn't cover.

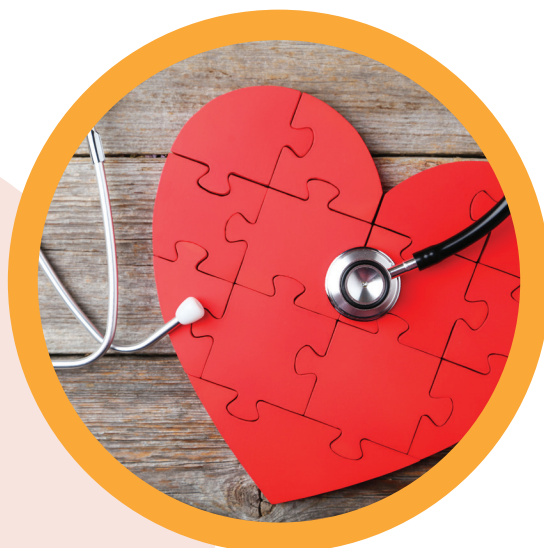
Critical Illness Insurance Offers More Coverage

If you are diagnosed with a critical illness, critical illness insurance can help you pay for expenses that aren't covered by your existing health insurance plan. Critical illness coverage pays you a lump- sum cash benefit to help pay for treatment or bills, and you can add a wellness benefit option to help cover the cost of health screening tests.

Employee and Spouse Coverage Available

Each dependent child is covered at 50 percent of the primary insured's benefit amount at no additional charge. Children-only coverage is not available.

Critical Illness Benefits		
	\$10,000	\$25,000
Heart Attack	100%	100%
Stroke	100%	100%
Cancer (Internal or Invasive)	100%	100%
Major Organ Transplant	100%	100%
Kidney Failure (End Stage renal Failure)	100%	100%
Benign Brain Tumor	100%	100%
Coma, Severe Burns, or Paralysis	100%	100%
Loss of Sight, Speech or Hearing	100%	100%
Carcinoma In Situ	25%	25%
Coronary Artery Bypass Surgery	25%	25%
Wellness Benefit (per year)	\$50	\$50



AFLAC Products, continued

Hospital Indemnity Provided by AFLAC

Hospital care and physician/clinical services combined account for over half (52%) of the nation’s health expenditures*

As health care costs continue to rise, employees realize they are responsible for paying more and more out-of-pocket costs with every accident and illness. Aflac is designed to help families plan for the health care bumps ahead and take some of the uncertainty and financial insecurity out of getting better.

How will you help protect your savings when you have a covered accident or sickness?

If you are confined to the hospital, major medical insurance will help with many medical expenses, but you could be left with out-of-pocket expenses like deductibles and co-pays. You could also lose pay while you’re out of work. And you can be sure that the bills will keep coming. Aflac is here to help!

Plan Options		
	High	Low
HOSPITAL ADMISSION (per full admission) ONCE PER COVERED SICKNESS OR ACCIDENT	\$500	\$300
HOSPITAL CONFINEMENT (per day) Maximum confinement period: 365 days per covered sickness or covered accident	\$150	\$75
HOSPITAL INTENSIVE CARE (per day) Maximum confinement period: 365 days per covered sickness or covered accident	\$300	\$150



2022 AFLAC Rates

Aflac – Cancer Rates		
Per Paycheck Rates		
	Low Option	High Option
Employee Only	\$5.55	\$10.08
Employee + Spouse	\$9.25	\$18.30
Employee + Child(ren)	\$7.10	\$13.36
Employee + Family	\$9.25	\$18.30
	Low Option + ICU Rider	High Option + ICU Rider
Employee Only	\$8.76	\$13.29
Employee + Spouse	\$15.85	\$24.91
Employee + Child(ren)	\$13.72	\$19.97
Employee + Family	\$15.85	\$24.91

Aflac – Hospital Indemnity Plans		
Per Paycheck Rates		
	Low Option	High Option
Employee Only	\$2.53	\$4.80
Employee + Spouse	\$4.73	\$8.99
Employee + Child(ren)	\$4.46	\$8.34
Employee + Family	\$6.67	\$12.53

Aflac – Critical Illness Rates		
Per Paycheck Rates		
Age Bands	Low Option \$10,000 Attained Age Rates	High Option \$25,000 Attained Age Rates
Ages 18-24		
Employee Only	\$1.30	\$2.33
Employee + Spouse	\$2.25	\$3.79
Employee + Child(ren)	\$1.30	\$2.33
Employee + Family	\$2.25	\$3.79
Ages 25-29		
Employee Only	\$1.68	\$3.29
Employee + Spouse	\$2.83	\$5.24
Employee + Child(ren)	\$1.68	\$3.29
Employee + Family	\$2.83	\$5.24
Ages 30-34		
Employee Only	\$1.85	\$3.71
Employee + Spouse	\$3.08	\$5.87
Employee + Child(ren)	\$1.85	\$3.71
Employee + Family	\$3.08	\$5.87
Ages 35-39		
Employee Only	\$2.71	\$5.85
Employee + Spouse	\$4.37	\$9.08
Employee + Child(ren)	\$2.71	\$5.85
Employee + Family	\$4.37	\$9.08

2022 AFLAC Rates, continued

Aflac – Critical Illness Rates		
Per Paycheck Rates		
Age Bands	Low Option \$10,000 Attained Age Rates	High Option \$25,000 Attained Age Rates
Ages 40-44		
Employee Only	\$3.65	\$8.21
Employee + Spouse	\$5.78	\$12.62
Employee + Child(ren)	\$3.65	\$8.21
Employee + Family	\$5.78	\$12.62
Ages 45-49		
Employee Only	\$5.28	\$12.28
Employee + Spouse	\$8.22	\$18.72
Employee + Child(ren)	\$5.28	\$12.28
Employee + Family	\$8.22	\$18.72
Ages 50-54		
Employee Only	\$5.79	\$13.56
Employee + Spouse	\$8.99	\$20.65
Employee + Child(ren)	\$5.79	\$13.56
Employee + Family	\$8.99	\$20.65
Ages 55-59		
Employee Only	\$10.93	\$26.40
Employee + Spouse	\$16.70	\$39.90
Employee + Child(ren)	\$10.93	\$26.40
Employee + Family	\$16.70	\$39.90
Ages 60+		
Employee Only	\$21.41	\$52.61
Employee + Spouse	\$32.42	\$79.22
Employee + Child(ren)	\$21.41	\$52.61
Employee + Family	\$32.42	\$79.22

Aflac – Accident Plans		
Per Paycheck Rates		
	Low Option	High Option
Employee Only	\$3.30	\$5.71
Employee + Spouse	\$5.30	\$9.05
Employee + Child(ren)	\$6.41	\$10.81
Employee + Family	\$8.41	\$14.15



Provided by LegalShield

Affordable Legal Protection At Your Fingertips

LegalShield provides you and your family the legal protection you not only need but deserve.

Shielding Over 4 Million People
With Our Legal Plans.

ESTATE PLANNING

- Codicils
- Living Wills
- Power of Attorney
- Trusts
- Wills

FAMILY

- Administrative Hearing
- Adoption
- Conservatorship
- Domestic Violence Protection
- Elder Care Assistance
- Guardianship
- Immigration Assistance
- Incompetency Defense
- Juvenile Court Defense
- Name Change
- Parental Responsibility
- Prenuptial Agreements
- School Hearings
- Uncontested Divorce

FINANCIAL

- Affidavits
- Bankruptcy
- Civil Litigation
- Consumer Protection
- Debt Collection
- Identity Theft
- Medicaid/Medicare Disputes
- Personal Property Disputes
- Promissory Notes
- Small Claims Assistance
- Social Security Disputes
- Tax Audit Protection
- Veterans Benefits Disputes

AUTO

- Driver's License Restoration
- Motor Vehicle Property Damage
- Moving Traffic Violations
- Traffic Tickets

HOME

- Boundary/Title Disputes
- Contractor Disputes
- Deeds
- Foreclosure
- Home Equity Loans
- Landlord/Tenant Issues
- Mortgages
- Property Tax Assessments
- Purchase/Sale of Home (primary or secondary)
- Refinancing
- Zoning Applications

GENERAL

- 24/7 Emergency Legal Access
- Document Review
- Legal Forms
- Live Member Support
- Mobile App
- Office Consultation
- Telephone Advice

Affordable legal protection

Employee-\$3.25/Family-\$6.25 Per Paycheck

For more information visit:

www.benefits.legalshield.com/aldineisd



Identity Theft

Allstate Identity Theft Protection

Identify protection that keeps up with your digital life

Your identity is made up of more than your Social Security number and credit score. That's why we do more than monitor your credit reports. We help you look after your online activity, from financial transactions to what you share on social media — so you can protect the trail of data you leave behind.

Introducing our next evolution in identity protection. For over 85 years, we've been protecting what matters most. Now we're providing protection from a wide range of identity threats, so you can keep loving what technology adds to your life.

- See your personal data
- Manage it with real time alerts
- Protect your identity and finances from fraud

With Allstate Identity Protection Pro Plus, you'll be able to

- See and control your personal data with our unique tool, Allstate Digital Footprint™
- Monitor social media accounts for questionable content and signs of account takeover
- Check your identity health score
- View and manage alerts in real time
- Catch fraud at its earliest sign with tri-bureau monitoring and an annual tri-bureau credit report and score
- Lock your TransUnion credit report in a click and get credit freeze assistance
- Get help disputing errors on your credit report
- See if your IP addresses have been compromised
- Receive alerts for cash withdrawals, balance transfers, and large purchases
- Get reimbursed for fraud-related losses like stolen 401(k) & HSA funds or fraudulent tax returns with our \$1 million identity theft insurance policy†
- Protect yourself and your family (everyone that's "under your roof and wallet")*

*For family plans only.

†Identity theft insurance underwritten by insurance company subsidiaries or affiliates of Assurant. The description herein is a summary and intended for informational purposes only and does not include all terms, conditions and exclusions of the policies described. Please refer to the actual policies for terms, conditions, and exclusions of coverage. Coverage may not be available in all jurisdictions.

Sign up during open enrollment!

Questions? 1.800.789.2720

Plans and pricing per pay period:

\$4.00 / Individual Plan

\$10.00 / Family Plan

Protect Yourself and Your Family

Kids' online identities can grow up faster than they do. Our Family Plan provides coverage for kids and teens of all ages, so you can help protect their personal data and give them a safe head start. If they are dependent on you financially or live under your roof, they're covered.*

It's Easy to Get Started

1. **Enroll in Allstate Identity Protection Pro Plus** – You're protected from your effective date. Our auto-on credit monitoring alerts require no additional setup.
2. **Activate Key Features** – Explore additional features in our easy-to-use portal. The more we monitor, the safer you can be.
3. **Live Your Best Life Online** – In the event of identity theft or fraud, you'll receive an alert as soon as it's detected.

Wellness Programs

Aldine ISD provides a variety of resources to enable employees and dependents who participate in the District's Medical plans to take charge of their health and develop their own personal wellness program.

Aetna One Choice Program

Ongoing nurse support and coaching when you need it most – supporting you on your path to better health. Your health — both physical and mental — is everything. Whether you're managing a chronic condition or dealing with other complex health challenges, Aetna nurses can help. A nurse can work with you to put together a plan, help you understand your benefits offerings and answer your health-related questions. With Aetna® care management, you can get access to:

- One-on-one personalized nurse support for you and your family
- Group coaching support
- Help understanding your diagnosis and treatment options
- Answers to your health-related questions
- Collaboration with service teams to help you reach your health goal
- Access to our multidisciplinary teams to help guide you to local resources
- Cancer Support Center through your Aetna member website
- Access to support programs including Kidney, Healing Better (joint replacement), and Maternity Program

24/7 Nurseline

Get answers to your health care questions, information about major medical issues, chronic illness support, and lifestyle change support 24 hours a day, 7 days a week.

PHONE #: **800.556.1555**

CVS Health Hub

CVS® HealthHUB is a neighborhood wellness destination with a professional care team, more health services and more wellness products, all in one place. Keeping you and your family healthy is critical. And, as we continue to navigate the uncertainty around the COVID-19 pandemic, it's important to know there's a trusted place to get affordable care and support you may need, on your schedule. ***Please note, if you're enrolled in the Kelsey ACO plan, your plan does not provide coverage for CVS Health Hubs.***

Specialty Pharmacy

If you take medications to treat high cholesterol, diabetes, or one of several other conditions, specialized pharmacists can answer your questions and offer improvements in the quality and affordability of your pharmacy care. Learn more: **800.237.2767**.

Employee Assistance Program (EAP)

The Employee Assistance Program (EAP) can help you resolve problems that affect your personal life or job performance. Learn more about this free program at: **www.resourcesforliving.com** or **844.317.2473**.

Fitness Club Discounts

Incentives to help you and your family stay in shape. We care about your overall health and wellness. This is why we offer various Health Club options to you and your dependents to choose from.



Retirement Information

Mandatory Retirement Plan

Teacher Retirement System of Texas

Since 1937, TRS has provided substantial pension, death and disability benefits to Texas public school employees.

Texas Public School employees that are employed in a TRS eligible position must contribute into the TRS system. The current deductions is 8.65% of TRS eligible wages. The deduction consists of an 8.0% pre-tax and a .65% after tax for TRS care program.

When retirement requirements have been met, TRS pays a lifetime annuity. Please visit the TRS website for more information. If you are planning to retire under the TRS system, you should notify TRS for a retirement packet and communicate with Human Resources regarding your retirement date, as soon as possible.

What Is TRS?	TRS is a defined benefit retirement plan governed by Internal Revenue Code Section 401(a). All eligible employees of Aldine ISD are automatically enrolled in TRS.
Who Is Eligible For TRS?	Texas law requires all benefits-eligible employees to be automatically enrolled in TRS at the time they are hired. Benefits eligible means expected to work at least 30 hours per week for at least 4 ½ months or more, excluding students employed in positions that require student status as a condition of employment.
How Does TRS Work?	Employee and employer contributions go into a large trust fund managed by knowledgeable professionals.
What Does “Defined Benefits Plan” Mean?	Benefits available from TRS are determined by a formula using a combination of years of service credit in TRS, annual salary and a multiplier established by state law.
When Can I Receive A Benefit?	A TRS member has the right to receive a lifetime annuity after 5 years of service credit with TRS and upon meeting age and service requirements.
How Can I Earn Service Credit In TRS?	The greater the number of creditable years of service, the greater the retirement benefit will be. For TRS purposes, your year begins every September 1st, and you will generally have attained credit for that year after working 90 workdays.
Can I Buy Additional Service Credit In TRS?	You can purchase previously unreported TRS-eligible service, substitute service, out-of-state service, military service, developmental leave and previously withdrawn service to increase your creditable years of service. In some cases, purchases may be made with money rolled over directly from another qualified retirement account, such as your 403(b) Tax Sheltered Annuity or 457 (b) Deferred Compensation Plan. Please contact TRS for more information regarding types of special service purchases, cost and payment options.
Does TRS Have Death Or Disability Benefits?	TRS offers both disability retirement and death benefits effective on your first day of employment. The disability retirement is dependent upon the number of years of service credit with TRS at the time of the disability. Your beneficiary is eligible for a lump sum death benefit of twice your annual salary up to \$80,000 on your first day of employment.
I Used To Work Under The Employees Retirement System . What Does That Do For My TRS Account?	Service credited under the Employees Retirement System of Texas (ERS) can be transferred to TRS. Likewise, eligible members of ERS may transfer their TRS-credited service credit to ERS. Under both situations, you must have three years of creditable service with the receiving system. The transfer of service that has been actively maintained or reinstated takes place under the rules of the system to which the credit is transferred. Such transfer may only take place when the member retires or at the time that a pre-retirement death benefit becomes payable. Interested individuals should contact TRS for more information.
What If I Want A Refund Of My TRS Account?	If you terminate your employment in public education in Texas, you can request a refund of your TRS contribution amounts. When you refund your account, you lose the service credit, which could impair your ability to obtain retiree health benefits.
What If I Have More Questions?	For more information regarding your TRS account, please visit the TRS website at www.trs.state.tx.us or call (800) 223.8778.

Contact Information

Teacher Retirement System of Texas

1000 Red River Street

Austin, Texas 78701-2698

1.800.223.8778

<http://www.trs.state.tx.us>

Retirement Information

Voluntary Retirement Plans

401(a) Matching Plan for Retirement Savings

Aldine ISD offers a retirement savings-matching plan. Employees who contribute to a tax-sheltered annuity may receive up to .5% of their annual gross compensation.

Employees who have excellent attendance (.5 to 2 days of absence) may earn an additional .5% of their annual gross compensation. Employees who have perfect attendance (zero absences) may earn an additional 1% of their annual gross compensation.

403(b) Retirement Plan

Two payroll deducted retirement saving plans are available to supplement your TRS retirement annuity. These plans give you the flexibility and means to plan your future.

A 403(b) plan, also known as a tax-sheltered annuity plan, is a retirement plan for certain employees of public schools, employees of certain Code Section 501(c)(3) tax-exempt organizations and certain ministers. A 403(b) plan allows employees to contribute some of their salary to the plan. There are significant tax advantages for participants in a 403(b), including pre-tax contributions to a 403(b) plan and earnings on these amounts are not taxed until they are distributed from the plan.

457(b) Retirement Plan

A 457(b) is a tax-advantaged retirement plan primarily for civil servants, municipal employees, law enforcement officers and public safety personnel. You can see more about the plan and how to enroll in it at <https://www.pars.org/view-agency-minisite/?agencyid=1> or call 800.540.6369.

529 Savings Plan (for college/education savings)

A 529 plan is an investment account that offers tax benefits when used to pay for qualified education expenses for a designated beneficiary. You can use a 529 plan to pay for college, K-12 tuition, apprenticeship programs and student loan repayments. If using a 529 plan to save for college, your savings will have a minimal impact on financial aid eligibility.



Contact Information

We're Here to Help

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

Aldine Benefits Department | employeebenefits@aldineisd.org

Benefit	Vendor	Group Number	Phone Number	Website
Medical	Aetna	620264	877.224.6857	www.aetna.com
Prescription Drugs	Aetna/CVS	Group #: 620264 BIN #: 610502	877.224.6857	www.aetnapharmacy.com
EAP	Aetna Resources for Living	620264	844.317.2473	www.resourcesforliving.com
Dental PPO High Plan PPO Low Plan DMO	Aetna	169663	877.238.6200	www.aetna.com
Vision	Aetna	620264	877.973.3238	www.aetnavision.com
Life & AD&D	Unum	882114	800.421.0344	www.unum.com
Disability	Standard	759096	800.378.2395	www.standard.com
Identity Theft	Allstate Identity Protection	Client ID 5103	800.789.2720	www.myaip.com
Legal Plans	Legal Shield	302036	888.807.0407	www.benefits.legalshield.com/aldineisd
FSA	Payflex	131632	844.729.3539	www.payflex.com
Accident	AFLAC	06198	800.433.3036	www.aflacgroupinsurance.com
Critical Illness				
Cancer				
Hospital Indemnity				
Retirement 403b, 457b, 529 Savings Plan	Trusted Capital Group TCG	N/A	800.943.9179	www.tcgservices.com
Retirement 401a Matching Plan	PARS, Public Agency Retirement Services	N/A	800.540.6369	pars.org

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Patient Protections Disclosure

The Aldine ISD Medical plan generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. Until you make this designation, Aetna designates one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the plan administrator.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from Aetna or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the plan administrator.

Women's Health & Cancer Rights Act

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 the plan.

If you would like more information on WHCRA benefits, please call your Plan Administrator.

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 insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

2022 Annual 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 **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 **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, 2022. Contact your state for more information on eligibility.

ALABAMA – Medicaid

<http://myalhipp.com>
855.692.5447

ALASKA – Medicaid

The AK Health Insurance Premium Payment Program
<http://myakhipp.com/> | 866.251.4861
CustomerService@MyAKHIPP.com
Medicaid Eligibility: <http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx>

ARKANSAS – Medicaid

<http://myarhipp.com>
855.MyARHIPP (855.692.7447)

CALIFORNIA – Medicaid

Health Insurance Premium Payment (HIPP) Program
<http://dhcs.ca.gov/hipp>
916.445.8322 | Fax: 916.440.5676 | Email: hipp@dhcs.ca.gov

COLORADO – Medicaid and CHIP

Health First Colorado (Colorado's Medicaid Program)
<https://www.healthfirstcolorado.com>
Member Contact Center: 800.221.3943 | State Relay 711
Child Health Plan Plus (CHP+)
<https://www.colorado.gov/pacific/hcpf/child-health-plan-plus>
Customer Service: 800.359.1991 | State Relay 711
Health Insurance Buy-In Program (HIBI)
<https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program>
HIBI Customer Service: 855.692.6442

FLORIDA – Medicaid

www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html
877.357.3268

GEORGIA – Medicaid

A HIPP Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>
678.564.1162, Press 1
GA CHIPRA Website: <https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra>
678.564.1162, Press 2

INDIANA – Medicaid

Healthy Indiana Plan for low-income adults 19-64
<http://www.in.gov/fssa/hip/> | 877.438.4479
All other Medicaid
<https://www.in.gov/medicaid/> | 800.457.4584

IOWA – Medicaid and CHIP (Hawki)

Medicaid: <https://dhs.iowa.gov/ime/members> | 800.338.8366
Hawki: <http://dhs.iowa.gov/Hawki> | 800.257.8563
HIPP: <https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp> | 888.346.9562

KANSAS – Medicaid

<https://www.kancare.ks.gov/>
800.792.4884

KENTUCKY – Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP)
Website: <https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>
855.459.6328 | KIHIPPPROGRAM@ky.gov
KCHIP: <https://kidshealth.ky.gov/Pages/index.aspx> | 877.524.4718
Medicaid: <https://chfs.ky.gov>

LOUISIANA – Medicaid

www.medicaid.la.gov or www.ldh.la.gov/lahipp
888.342.6207 (Medicaid hotline) or 855.618.5488 (LaHIPP)

MAINE – Medicaid

Enrollment: <https://www.maine.gov/dhhs/ofi/applications-forms>
800.442.6003 | TTY: Maine relay 711
Private Health Insurance Premium: <https://www.maine.gov/dhhs/ofi/applications-forms>
800.977.6740 | TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP

<https://www.mass.gov/masshealth/pa>
800.862.4840

MINNESOTA – Medicaid

<https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp>
800.657.3739

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MISSOURI – Medicaid
http://www.dss.mo.gov/mhd/participants/pages/hipp.htm 573.751.2005
MONTANA – Medicaid
http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP 800.694.3084
NEBRASKA – Medicaid
http://www.ACCESSNebraska.ne.gov Phone: 855.632.7633 Lincoln: 402.473.7000 Omaha: 402.595.1178
NEVADA – Medicaid
http://dhcfp.nv.gov 800.992.0900
NEW HAMPSHIRE – Medicaid
https://www.dhhs.nh.gov/oii/hipp.htm 603.271.5218 Toll free number for the HIPP program: 800.852.3345, ext. 5218
NEW JERSEY – Medicaid and CHIP
Medicaid: http://www.state.nj.us/humanservices/dmahs/clients/medicaid 609.631.2392 CHIP: http://www.njfamilycare.org/index.html 800.701.0710
NEW YORK – Medicaid
https://www.health.ny.gov/health_care/medicaid/ 800.541.2831
NORTH CAROLINA – Medicaid
https://medicaid.ncdhhs.gov/ 919.855.4100
NORTH DAKOTA – Medicaid
http://www.nd.gov/dhs/services/medicalserv/medicaid 844.854.4825
OKLAHOMA – Medicaid and CHIP
http://www.insureoklahoma.org 888.365.3742
OREGON – Medicaid
http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html 800.699.9075
PENNSYLVANIA – Medicaid
https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx 800.692.7462

RHODE ISLAND – Medicaid and CHIP
http://www.eohhs.ri.gov 855.697.4347 or 401.462.0311 (Direct Rlte Share Line)
SOUTH CAROLINA – Medicaid
http://www.scdhhs.gov 888.549.0820
SOUTH DAKOTA – Medicaid
http://dss.sd.gov 888.828.0059
TEXAS – Medicaid
http://gethipptexas.com 800.440.0493
UTAH – Medicaid and CHIP
Medicaid: https://medicaid.utah.gov CHIP: http://health.utah.gov/chip 877.543.7669
VERMONT – Medicaid
http://www.greenmountaincare.org 800.250.8427
VIRGINIA – Medicaid and CHIP
https://www.coverva.org/en/famis-select https://www.coverva.org/hipp/ Medicaid and Chip: 800.432.5924
WASHINGTON – Medicaid
https://www.hca.wa.gov/ 800.562.3022
WEST VIRGINIA – Medicaid
https://dhhr.wv.gov/bms/ or http://mywvhipp.com/ Medicaid: 304.558.1700 CHIP Toll-free: 855.MyWVHIPP (855.699.8447)
WISCONSIN – Medicaid and CHIP
https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm 800.362.3002
WYOMING – Medicaid
https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ 800.251.1269

To see if any other states have added a premium assistance program since January 31, 2022, 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

OMB Control Number 1210-0137 (expires 1/31/2023)

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 ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2023)

2022 Annual Legal Notices

HIPAA Notice Of Privacy Practices Reminder

Protecting Your Health Information Privacy Rights

Aldine ISD is committed to the privacy of your health information. The administrators of the Group 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 plan administrator. The notice also is available online at www.aldinebenefits.org.

HIPAA Special Enrollment Rights

Aldine ISD Notice of Your HIPAA Special Enrollment Rights

Our records show that you are eligible to participate in the 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 Premium Assistance Under 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 the plan administrator.

Important Warning

If you decline enrollment for yourself or for an eligible dependent, you must complete our form to decline coverage. On the form, you are required to state that coverage under another group health plan or other health insurance coverage (including Medicaid or a state children's health insurance program) is the reason for declining enrollment, and you are asked to identify that coverage. If you do not complete the form, you and your dependents will not be entitled to special enrollment rights upon a loss of other coverage as described above, but you will still have special enrollment rights when you have a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, as described above. If you do not gain special enrollment rights upon a loss of other coverage, you cannot enroll yourself or your dependents in the plan at any time other than the plan's annual open enrollment period, unless special enrollment rights apply because of a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan.

2022 Annual Legal Notices

Notice Of Creditable Coverage

Important Notice from Aldine 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 your current prescription drug coverage with Aldine 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 your current coverage and Medicare'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. Aldine ISD has determined that the prescription drug coverage offered by the medical 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 enroll in a Medicare prescription drug plan, you and your eligible dependents will still be eligible to receive all of your current health and prescription drug benefits. If you and your eligible dependents drop your current coverage and enroll in Medicare prescription drug coverage, you may enroll back into the Aldine ISD benefit plan during the Annual Enrollment period under Aldine ISD Health Benefits Plan.

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 Aldine 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...

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 Aldine ISD changes. You also may request a copy of this notice at any time.

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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, 2022
Name of Entity/Sender: Aldine ISD
Contact—Position/Office: LaMeka Martin, Benefits
Office Address: 2520 WW Thorne Drive
Houston, TX 77073
Phone Number: 281.985.7831

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COBRA GENERAL NOTICE

Model General Notice of COBRA Continuation Coverage Rights (For use by single-employer group health plans) ****Continuation Coverage Rights Under COBRA****

Introduction

You're getting 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 costs on your monthly premiums and 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); or
- You become divorced or legally separated from your spouse.

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Your dependent children will become qualified beneficiaries if they lose 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;
- 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 the plan administrator.

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.

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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, Medicare, Medicaid, Children's Health Insurance Program (CHIP), 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/.

Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period to sign up for Medicare Part A or B, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage.

However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit <https://www.medicare.gov/medicare-and-you>.

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

LaMeka Martin, Benefits Director, (281) 985.7831

¹<https://www.medicare.gov/sign-up-change-plans/how-do-i-get-parts-a-b/part-a-part-b-sign-up-periods>.

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Marketplace Notice

New Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit².

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after- tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact www.aldinebenefits.org.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

²An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs

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PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name Aldine Independent School District		4. Employer Identification Number (EIN) 74-6001110	
5. Employer address 2520 WW Thorne Drive		6. Employer phone number (281) 985.7831	
7. City Houston	8. State Texas	9. ZIP code 77073	
10. Who can we contact about employee health coverage at this job? LaMeka Martin, Benefits Director			
11. Phone number (if different from above) (281) 985.7831		12. Email address Lsmartin2@aldineisd.org	

Here is some basic information about health coverage offered by this employer:

➤ As your employer, we offer a health plan to:

☐ All employees. Eligible employees are:

☐ Some employees. Eligible employees are:

You can participate in an Aldine ISD benefits plan if you're a regular employee, either active or on a paid leave approved by the district, and an active, contributing member of the Teacher Retirement System (TRS), or will be within 90 days, you can also participate if you're retired from TRS and have been rehired by the district into a position that makes you eligible for benefits. In accordance with the Affordable Care Act (ACA) guidelines, you are also eligible for benefits if you work for Aldine ISD 30 hours or more per week.

➤ With respect to dependents:

☒ We do offer coverage. Eligible dependents are:

- **Legal spouse**
- **Your child(ren) under age 26, including stepchildren, adopted children, and children for whom you are the legal guardian or who are the subject of a medical support order;**
- **Certain children over age 26, who are determined by the HR Benefits Department to be medically incapacitated and are unable to provide their own support;**
- **Your child(ren) who qualify as your dependents under the terms of a qualified medical child support order (QMCSO)**

☐ We do not offer coverage.

☐ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, **HealthCare.gov** will guide you through the process. Here's the employer information you'll enter when you visit **HealthCare.gov** to find out if you can get a tax credit to lower your monthly premiums.

This benefit summary prepared by



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