Amarillo ISD

Our mission is to graduate every student prepared for life and success beyond high school.

2023 Employee Benefits Guide

July 1, 2023 - June 30, 2024 Plan Year

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Benefits for You & Your Family

Eligible Employees:
You may enroll in the Amarillo Independent School District Employee Benefits Program within the first 30 days of employment.

Eligible Dependents:
If you are eligible for our benefits, then your dependents are too. In general, eligible dependents include your spouse, domestic partner, and children up to age 26. If your child is mentally or physically disabled, coverage may continue beyond age 26 once proof of the ongoing disability is provided. Children may include natural, adopted, stepchildren and children obtained through court-appointed legal guardianship, as well as children of same sex state-registered domestic partners. Dependents who are also benefit eligible employees of the District are not eligible to be covered as either spouses or dependents.

When Coverage Begins:
Newly hired employees and dependents will be effective in Amarillo Independent School District's benefits programs on the first day of the month following 28 (contract) days of employment. All elections are in effect for the entire plan year and can only be changed during Open Enrollment unless you experience a family status event.

Family Status Change:
A change in family status is a change in your personal life that may impact your eligibility or dependent's eligibility for benefits.

Examples of family status changes include:

- Change of legal marital status (i.e., marriage, divorce, death of spouse, legal separation)
- Change in number of dependents (i.e., birth, adoption, death of dependent, ineligibility due to age)
- Change in employment or job status (spouse loses job, etc.)

If such a change occurs, you must make the changes to your benefits within 30 days of the event date. Documentation may be required to verify your change of status. Failure to request a change of status within 30 days of the event may result in your having to wait until the next open enrollment period to make your change. Please contact HR to make these changes.

Note: The District will periodically review spouse/dependent(s) eligibility of new participants. Spouse/Dependent(s) who cannot be verified will be removed from the employee's insurance plans.

Medical Insurance

It's recommended that you choose an in-network primary care physician (PCP) for your medical coverage, even though it is not required. A PCP can be your Family Practitioner, Internist, General Medicine, Pediatrician, or an OB/GYN (Obstetrician and Gynecologist). Each member of your family may have a different PCP.

If you are newly enrolling in medical benefits, make an appointment with your PCP- even if you're NOT sick, once the plan year has begun. This relationship will set the foundation for staying healthy—today and well into the future.

Preventive Care

You and your family have access to a wide range of preventive services under the Affordable Care Act. These services are 100% covered by your medical plan when using in-network providers. For more details about the covered services please visit www.healthcare.gov/coverage/preventive-care-benefits.

Common preventive services include:

- Routine physicals (age 18+) or Pediatric exams (birth to age 17)
- Well-woman exams
- Blood pressure screening for adults and children
- Immunizations for adults and children

Provider Search

Make sure that your provider or facility is in-network. To locate a network provider, follow the steps below or call 800-687-5944.

- Visit www.imstpa.com and click the "Member" link and then the "Find A Provider" link.
- Click "Non Member Search" if you don't have your own member number yet.
- Enter your Member information found on your IMS ID Card. IF YOU DO NOT YET HAVE A MEMBER NUMBER, USE RABC1230002. If you use this number, you are considered a "Guest."
- Enter the Zip Code for the area you would like to search.
- When searching zip codes inside the OMNI Network area, you will be directed to search within the OMNI Find a Provider results.
- When searching zip codes outside the OMNI Network area you will be directed to the Cigna website. YOU MAY HAVE TO SCROLL DOWN TO SEE THE CIGNA LINK.
  - Enter the search location again.
  - Click "Continue as guest"
  - **When asked to select a plan, click "PPO"**

Member Service Portal

Your medical carrier's member portal is your access to secure, personalized services with interactive health tools built around you, your benefits, and your health.

Access the IMS portal at http://www.imstpa.com.

Amarillo Independent School District will offer two plans through Insurance Management Services (IMS). Highlights of the medical plan are listed below. The charts on the following page are a brief outline of what is offered. Please refer to the summary plan description for complete plan details.

Option 1: PPO Plan

The PPO Plan offers a nationwide network of doctors and hospitals and gives you the flexibility to choose any provider, however the plan pays higher benefits when you use in-network providers.

Option 2: CDHP with HSA

The high deductible health plan, like the PPO, provides access to a nationwide network of doctors and hospitals. You pay a significantly lower monthly cost for coverage with the High Deductible Health Plans.

The CDHP plan gives you the opportunity to establish a Health Savings Account which helps you pay for out-of-pocket expenses and can be applied toward your deductible. The funds in the HSA are used to pay for IRS qualified medical expenses such as services applied to the deductible, dental, vision, and more.

- The District will match up to $20 per month for a Health Savings Account **(**HSA) setup through Education Credit Union.

Important Info About Out-of-Network Providers

You should know that using out-of-network providers can cost you a lot of money. The plans pay benefits based on the allowable amount. If you go to a provider that is not in the IMS network, you will be responsible for paying:

- Billed charges above the allowable amount (explained below),
- Higher coinsurance and deductibles,
- Balance billed charges above the out-of-pocket maximum,
- The full amount of any limited or non-covered services, and
- Failure-to-preauthorize penalty if you do not get advance approval for a service.

IMS establishes the allowable amount, which will be the lesser of the provider's billed charges or the IMS non-contracting allowable amount. The non-contracting allowable amount is developed from base Medicare participating reimbursements adjusted by a predetermined factor established by IMS.

The non-contracting allowable amount is usually much less than what the provider bills for charges. If you receive services from a non-contracted provider, you are responsible for paying the difference between the non-contracting allowable amount and what the provider charges.

Benefit Coverage	IMS - CDHP		IMS - PPO	
	In-Network Benefits	Out-of-Network Benefits	In-Network Benefits	Out-of-Network Benefits
Annual Deductible				
Individual	$3,000	$6,000	$3,000	$6,000
Family	$6,000	$12,000	$9,000	$18,000
Coinsurance	100%	60%	80%	60%
Maximum Out-of-Pocket*				
Individual	$3,000	$11,000	$6,500	$11,000
Family	$6,000	$27,000	$12,700	$33,000
Physician Office Visit				
Primary Care	100% after deductible	60% after deductible	$35 copay	60% after deductible
Specialty Care	100% after deductible	60% after deductible	$50 copay	60% after deductible
Preventive Care				
Adult Periodic Exams	100%	60% after deductible	100%	60% after deductible
Well-Child Care	100%	60% after deductible	100%	60% after deductible
Diagnostic Services				
X-ray and Lab Tests	100% after deductible	60% after deductible	80% after deductible	60% after deductible
Complex Radiology	100% after deductible	60% after deductible	80% after deductible	60% after deductible
Urgent Care Facility	100% after deductible	60% after deductible	$75 copay	60% after deductible
Emergency Room	100% after deductible	100% after deductible	80% after deductible	80% after deductible
Inpatient	100% after deductible	60% after deductible	80% after deductible	60% after deductible
Outpatient and Surgical	100% after deductible	60% after deductible	80% after deductible	60% after deductible
Mental Health				
Inpatient	100% after deductible	60% after deductible	80% after deductible	60% after deductible
Outpatient	100% after deductible	60% after deductible	80% after deductible	60% after deductible
Substance Abuse				
Inpatient	100% after deductible	60% after deductible	80% after deductible	60% after deductible
Outpatient	100% after deductible	60% after deductible	80% after deductible	60% after deductible
Other Services				
Chiropractic	100% after deductible; limited to 30 visits per year	60% after deductible; limited to 30 visits per year	$50 copay ; limited to 30 visits per year	60% after deductible; limited to 30 visits per year

Pharmacy – Elixir Solutions National Preferred Formulary			
Retail Pharmacy	**CDHP (30 or 90 Day Supply)**	**PPO (30 Day Supply)**	**PPO (90 Day Supply)**
Generic (Tier 1)	0% after deductible	$15 copay	20% off Allowable amount minus $15 copay
Preferred (Tier 2)	0% after duductible	$60 copay	20% off Allowable amount minus $60 copay
Non-Preferred (Tier 3)	0% after deductible	$90 copay	20% off Allowable amount minus $90 copay
Preferred Specialty (Tier 4)	0% after deductible	$300 copay	Not Covered
Mail Order Pharmacy	**(90 Day Supply)**	**(90 Day Supply)**	
Generic (Tier 1)	0% after deductible	$30 copay	
Preferred (Tier 2)	0% after duductible	$135 copay	
Non-Preferred (Tier 3)	0% after deductible	$205 copay	
Preferred Specialty (Tier 4)	Not Covered	Not Covered	

Elixir Solutions can provide you with additional resources and savings towards prescriptions drugs you may take.

What are my options for Care?

You have many options for how and where you can receive care through your IMS medical plan. But which one is best for your situation? Use the chart below to help you decide and see the benefit grid on the next page for service costs.

Care Center	What is it?	What can they treat?
Telemedicine / Virtual Visits 	• Convenient, low-cost option for treating common, non-urgent health concerns • A doctor will diagnose the issue over the phone and write a prescription, if necessary. • **Available 24/7/365 days a year, by web, phone or mobile app**	• Minor illnesses • Minor infections • Cold and flu symptoms • Bronchitis • Allergies • Mental health • Headaches/migraines • And more…
Doctor's Office 	• Routine care or treatment for a current health issue • Your primary doctor knows you and your health history • To manage your medications • To refer you to a specialist • **Normally available Monday-Friday. Check with your provider for actual office hours.**	• Routine checkups and preventive services • Immunizations • Minor injuries, such as sprains • Illnesses • Manage your general health and chronic conditions
Urgent Care Clinic 	• Treatment of non-life-threatening injuries or illnesses • Staffed by qualified physicians • **Generally open night and weekends; some open 24/7**	• Cold and flu symptoms • Minor accidents or falls • Minor sprains or fractures • Minor cuts and burns • Vomiting, diarrhea
Emergency Room 	• Immediate treatment for serious, life-threating conditions. • Ready to treat any critical situation • Can be hospital-based or freestanding • **Available 24/7/365 days a year**	• Chest pain • Difficulty breathing • Severe abdominal pain • Broken bones • Head injuries • Uncontrolled bleeding • Seizures • Coughing or vomiting blood

Virtual Visits - CareXpress

www.carexpressurgentcare.com

Find A Doctor / Facility

806-373-5944.
www.imstpa.com

Health Savings Account (HSA)

When you are enrolled in the HSA Plan and meet the eligibility requirements, the IRS allows you to open and contribute to an HSA Account.

What is a Health Savings Account (HSA)?

An HSA is a tax-sheltered bank account that you own to pay for eligible health care expenses for you and/or your eligible dependents for current or future healthcare expenses. The Health Savings Account (HSA) is yours to keep, even if you change jobs or medical plans. There is no "use it or lose it" rule; your balance carries over year to year.

Plus, you get extra tax advantages with an HSA because:

- Money you deposit into an HSA is exempt from federal income taxes.
- Interest in your account grows tax free; and
- You don't pay income taxes on withdrawals used to pay for eligible health expenses. (If you withdraw funds for non-eligible expenses, taxes and penalties apply).
- You also have a choice of investment options which earn competitive interest rates, so your unused funds grow over time.

Are you eligible to open a Health Savings Account (HSA)?

Although everyone is able to enroll in the Qualified High Deductible Health Plan, which is the CDHP plan for AISD, not everyone is eligible to open and contribute to an HSA. If you do not meet these requirements, you cannot open an HSA.

- You must be enrolled in a Qualified High Deductible Health Plan (QHDHP)
- You must not be covered by another non-QHDHP health plan, such as a spouse's PPO plan.
- You are not enrolled in Medicare.
- You are not in the TRICARE or TRICARE for Life military benefits program.
- You have not received Veterans Administration (VA) benefits within the past three months.
- You are not claimed as a dependent on another person's tax return.
- You are not covered by a traditional health care flexible spending account (FSA). This includes your spouse's FSA. (Enrollment in a limited purpose health care FSA is allowed).

HSA Contributions

You are able to contribute to your Health Savings Account on a pre-tax basis through payroll deductions up to the IRS statutory maximums. The IRS has established the following maximum HSA contributions for 2023.

- $3,850 Individual or $7,750 Family
- If you are age 55 and over, you may contribute an extra $1,000 as a catch up.

How do I get reimbursed for my eligible expenses?

The easiest way to use your HSA dollars is by using your HSA Debit Card at the time you incur an eligible expense. Or you can withdraw money from an ATM. But keep your receipts! You must be able to prove that you were reimbursing yourself for an eligible expense if you are audited. If you use your HSA funds for non-eligible expenses, you will be charged a 20% penalty tax (if under age 65) as well as federal income taxes.

Select the image below to see a brief video for ways you can optimize your HSA.

Flexible Spending Accounts (FSA)

The Flexible Spending Account (FSA) plan with FFGA, Inc. allows you to set aside pre-tax dollars to cover qualified healthcare and dependent care expenses you would normally pay out of your pocket with post-tax dollars. You pay no federal or state income taxes on the money you place in an FSA.

The FSA plan year is January 1st to December 31st each calendar year. You can participate in a Health Care FSA and/or the Dependent Care FSA, but **you MUST re-enroll in the FSA each plan year. Prior year elections will not carry over**. Once you enroll in the FSA, you cannot change your contribution amount during the year unless you experience a qualifying life event.

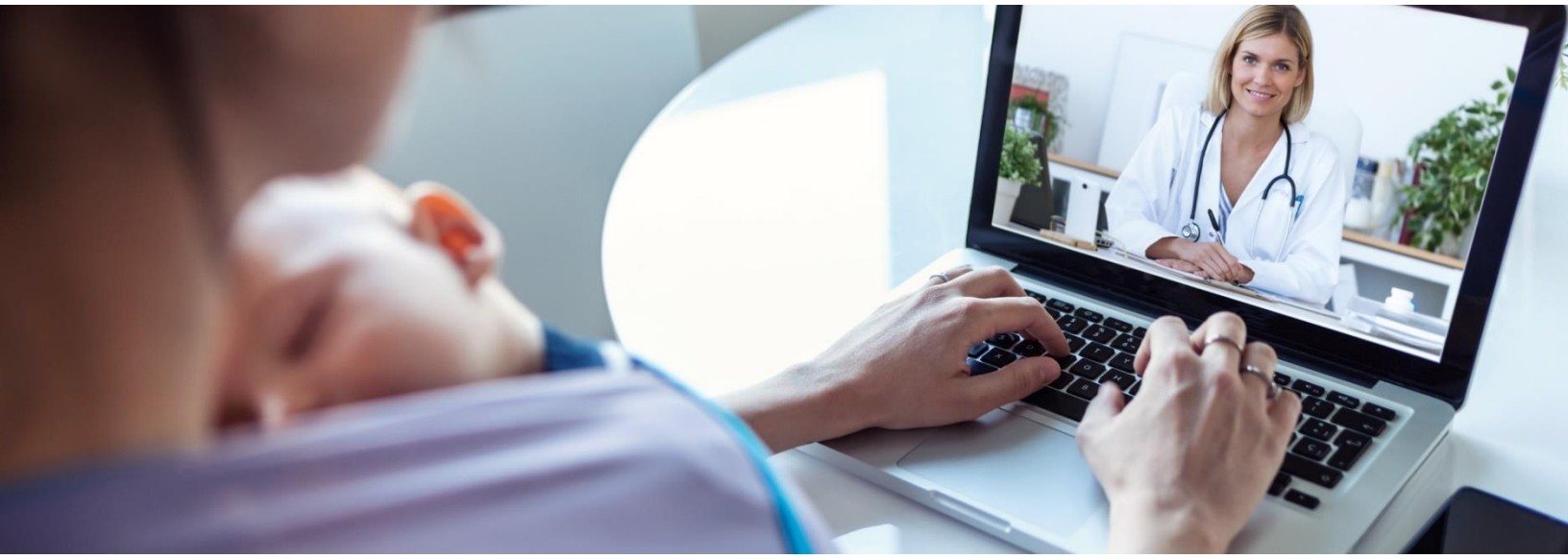
Note: You MUST re-enroll in FSA's each year. You are not allowed to enroll in the healthcare FSA if you are enrolled in the HSA medical plan.

Plan	Full Healthcare FSA	Dependent Care FSA
Who's Eligible	For employees enrolled in the Buy-Up Medical plan or another non-HSA medical plan.	For all benefit eligible employees
Put In:	Contribute up to $2,850* per FSA Plan Year.	Contribute up to $5,000 per year, or $2,500 if married and filing separate tax returns.
Who's Covered	You, your spouse, and dependent children, even if not covered on your medical plan.	Dependent children under age 13 or any dependent claimed on federal income taxes who is incapable of self-care.
Eligible Expenses	Medical, dental or vision copays, coinsurance, deductibles, eyeglasses, and many over-the-counter medications.	Day care and after-school programs for dependents up to age 13 or day care for a tax-claimed dependent of any age. Care must be necessary for you and your spouse to work or attend school full-time.
Spend By:	Carry over up to $550* to the next plan year. Unused funds over this amount will be forfeited.	Any unused funds in your account after December 31st will be forfeited under the IRS "use-it-or-lose-it" rules.

- Choose a specific amount of money to contribute each pay period, pre-tax, to one or both accounts during the year.
- The amount is automatically deducted from your pay at the same level each pay period.
- As you incur eligible expenses, you may use your flexible spending debit card to pay at the point of service OR submit the appropriate paperwork to be reimbursed by the plan.
- **Save your receipts!** You may be required to produce them during a plan year audit as required by the IRS.

Select the image below to see a video on ways to optimize your FSA.

For more on the FSA, log on at www.ffbenefits.com/amarilloisd.
The Flex Group Number for Amarillo ISD is 55062



Telemedicine by CareXpress

VIRTUAL, FACE-TO-FACE CARE FROM *ANYWHERE*

BSA CareXpress ANYWHERE

Quality care… anytime and anywhere with CareXpress

Why wait for the care you need now? CareXpress gives you 24/7/365 access to a board-certified physician through the convenience of phone or video consultations. CareXpress is an independent company that provides telehealth consultation services on behalf of your health plan.

The care you need.

CareXpress doctors can treat many of the most common medical conditions, including:

- Cold and flu symptoms
- Allergies
- Bronchitis
- Urinary tract infections
- Respiratory infections
- Sinus Problems
- And more!

$55 CDHP Consultation
$10 PPO Copay

Our Goal

CareXpress will ensure our community has access to the best healthcare **wherever** and **whenever** they need it. That's why we developed **CareXpress Anywhere**, a virtual healthcare clinic that allows patients to see a provider virtually, **24 hours a day, 7 days a week.**

It's easy to get started

Visit us online at www.carexpressurgentcare.com. Select "Check In" and use the CareXpress Anywhere option to schedule a telemedicine/virtual appointment to see a provider in minutes!

Amarillo Independent School District's Wellness Initiatives

Whether your goal is to have more energy, lose weight, manage stress, or improve your diet, Amarillo Independent School District Wellness program can help you. We consider Wellness to be a vital part of our overall benefits program.

As healthcare costs continue to rise, we strive to offer competitive health benefits to take care of you and your family. A successful wellness program is a win-win — it means our employees are improving their lives, and we are one step closer to managing rising health insurance costs.

Participation is encouraged and rewards individuals who participate in the wellness activities provided through: online resources/media, onsite activities, preventative screenings and develop healthy lifestyle patterns. Rewards may vary from year to year, but they are reviewed in order to maintain compliance with EEO, DOL and HIPPA guidelines. The main incentives provided to those who participate in the wellness initiatives are:

- Wellness and Medical Care Management Programs
- Biometric Screenings
- Non-Tobacco Use

Wellness and Medical Care Management Programs

The Medical Plan Administrator provides online education and activities that promotes a healthy lifestyle. In addition to resources, the Medical Plan Administrator also provides resources for chronic diseases. The Medical Plan Administrator provides rewards (separate from the District) based upon their requirements and rules of participation in wellness/education activities which may result achieving certain levels to obtain gifts cards or savings towards wellness related items.

Biometric Screenings

The purpose of the Biometric Screenings is to allow employees an opportunity to reduce their premiums and deductible through some preventive screenings while providing information to the Medical Plan Administrator for effective Wellness Management.

A premium reduction is based upon simply participating in the Biometric Screening. The deductible is reduced by participants meeting certain wellness criteria captured by a 3rd party vendor. Failure to meet any of the Biometric Screening criteria for deductible credit does not affect enrollment or premiums regarding insurance benefits with the district. The deductible can be lowered up to $500 for achieving the goals of each of the following criteria:

Biometric Screening Criteria			
Measurement	**National Institute of Health Level**	**AISD Plan Level**	**Credit for Meeting Criteria**
Blood Pressure	120/80	Less Than 140/90	$100
Body Mass Index	Less than 25kg/m	Less than 30 kg/m	$100
Tobacco/Nicotine	None Detected	None Detected	$200
Online HRS		Completed	$100

Children who are covered on the medical plan will have their deductible reduced equal to the credits received by the subscribing parent. Spouses who are on the medical plan will have their deductible reduced based upon the credits received through their own personal Biometric Screening.

Maximum deductible credit on the Consumer Driven Health Plan is $500 for individual coverage or $1,000 for family. Maximum deductible credit for the PPO Plan is $500 for individual or $1500 for family coverage. The deductible credit is applied on the back end of the deductible.

If it is unreasonably difficult due to a medical condition for you to achieve the standards for the reward under this program, or if it is medically inadvisable for you to attempt to achieve the standards for the reward under this program, call us at (806) 326-1403 and we will work with you to develop another way to qualify for the reward.

Non-Tobacco User Incentive

According to the CDC, “Tobacco use remains the leading preventable cause of disease, death, and disability in the United States. Of the 19.3% of American adults who smoke, about half will die prematurely from smoking-related causes”. Because of this, smokers are more likely to develop a chronic condition which increases absenteeism and health related expenses to the district and employees which can be avoided.

For those who are on the district’s medical insurance plan and meet the definition of a non-tobacco user, a premium reduction incentive will be awarded. A tobacco user is defined as, “A person who has used a tobacco product five or more times in the past three consecutive months”. A tobacco product is defined as, “cigarettes, cigars, pipe tobacco, chewing tobacco, snuff, dip, or any other product containing tobacco”. If a spouse is not on the medical plan and uses smokeless tobacco, the incentive can still be received by the employee.

To receive this credit, employees must pass the nicotine test during the annual Biometric Screening process. Failure to participate or pass the test will result in the credit being removed and/or any credits received during the plan year will be charged-back.

Dental Insurance

Regular dental checkups can help find early warning signs of certain health problems, which means you can get the care you need to get healthy.

Amarillo Independent School District offers a Dental PPO plan through MetLife Insurance Company for all employees. With the Dental PPO plan you also have the ability to obtain dental care services from the dentist of your choice (contracted or not). The dental plan provides a higher level of benefit if you choose to use an in-network PPO provider.

To find a dentist by name or location, go to www.metlife.com/insurance/dental-insurance/ or call dental customer service at 800-942-0854.

Please Note: It is recommended that when a course of treatment is expected to cost $300 or more, and is of a non-emergency nature, your dentist should submit a treatment plan before he/she begins. This enables you to see what your out-of-pocket expenses will be. There is also a possibility that suggested procedures may be denied, and alternative procedures approved based upon X-rays and supporting documentation.

Please refer to the summary plan description for complete plan details

	MetLife Insurance Company	
Benefit Coverage	PPO Dentists	Out-of-Network Dentists
Annual Deductible		
Individual	$50	$50
Family	$150	$150
Waived for Preventive Care?	Yes	Yes
Annual Maximum		
Per Person/Family (indicate calendar/benefit year)	$1,500	$1,500
Preventive	100%	100%
Basic	80%	80%
Major	50%	50%
Orthodontia		
Benefit Percentage	50%	50%
Adults (and Covered Full-Time Students, if Eligible)	Covered	Covered
Dependent Children	Covered	Covered
Lifetime Maximum	$4,000	$4,000

Member Services
800-942-0854

Vision Insurance

Sight, it's a beautiful thing and not to be taken for granted. Whether you want to be incognito and wear contact lenses or stand out in the crowd with the latest stylish frames, this vision plan has you covered. Go anywhere in the network for an exam, but we suggest you use a major retail chain when getting your frames and lenses.

Eye doctors detect problems in vision, overall eye health, and detect signs of other health conditions like diabetic eye disease, high blood pressure and high cholesterol.

In Network Value Added Features:

- Additional lens enhancements: In addition to standard lens enhancements, enjoy an average 20-25% savings on all other lens enhancements.
- Savings on glasses and sunglasses: Get 20% savings on additional pairs of prescription glasses and nonprescription sunglasses, including lens enhancements. At times, other promotional offers may also be available.
- Laser vision correction: Savings averaging 15% off the regular price or 5% off a promotional offer for laser surgery including PRK, LASIK and Custom LASIK. This offer is only available at MetLife participating locations.

Benefit Coverage	Vision Service Plan
Copay	
Routine Exams	$10 copay
Materials	$25 copay
Lenses	
Single Vision Lenses	$25 copay
Bifocal Lenses	$25 copay
Trifocal Lenses	$25 copay
Frames	
Retail Equivalent	Allowance: $250 for standard and $270 on featured after $25 copay
Contact Lenses	
Necessary / Prescribed	Covered at 100%
Elective	$250 allowance
Other Services	
Laser Corrective Surgery	Discount available
Frequency	
Routine Exams	12 months
Lenses	12 months
Frames	12 months
Contact Lenses (Elective)	12 months

Member Services
855-638-3931

Life and AD&D

Amarillo Independent School District provides company-paid Basic Life/Accidental Death & Dismemberment (AD&D) Insurance through Dearborn/BCBSTX to assist you and your family in the event of a loss. The life insurance policy will pay as follows:

Basic Life	
You	
Benefit Maximum	$50,000
Guaranteed Issue	$50,000

Important Reminder! Be sure to assign a beneficiary or living trust to ensure your assets are distributed according to your wishes.

Voluntary Life Offerings

In addition to the employer paid Basic Life and AD&D coverage, you have the option to purchase additional voluntary life insurance to cover any gaps in your existing coverage that may be a result of age reduction schedules, cost of living, existing financial obligations, etc. Your election, however, could be subject to medical questions and evidence of insurability.

Voluntary Life and AD&D Insurance

You may purchase additional Life/AD&D insurance with BlueCross BlueShield of Texas if you want more coverage. Your contributions will depend on your age and the amount of coverage you elect.

Your contributions will depend on your age and the amount of coverage you elect.

- **Employee:** Increments of $50,000 to $300,000 Guarantee Issue is $200,000 at initial enrollment.
- **Spouse:** Available up to half the employee elected amount. Maximum $50,000; Guarantee Issue at initial enrollment.
- **Dependent Coverage:** May elect $10,000 for spousal coverage and $5,000for each eligible dependent from infant to age 26.

Benefits are reduced beginning at age 65. Additional benefits include conversion, portability, waiver of premium and accelerated benefits.

Disability Insurance

In the event you are unable to work as a result of an illness or injury, Amarillo Independent School District provides disability insurance. The plans offer income protection and will replace a portion of your earnings while you are unable to work. If your disability extends beyond 12 weeks, you will be eligible to receive Long Term Disability benefits.

Long Term Disability (LTD)

Employer Paid LTD	
Benefit Coverages	
Elimination Period	90 days
Benefit Percentage	40%

Buy UP Long Term Disability	
Benefit Coverages	
Elimination Period	90 days
Benefit Percentage	Buy up to 60% or 66.67% Guaranteed Issue within the first 30 days of employment or after with EOI.

LTD benefits received are reduced by State Disability Income (SDI) for employees residing in states with a State Disability Program (CA, NY, NJ, HI and RI), Workers Compensation and Social Security.

Short Term Disability (STD)

If your paycheck suddenly stopped today, what would you do? 70% of the working population lives paycheck to paycheck. It could be a financial concern if a disabling injury or sickness occurred. A disability plan offers income protection when you are disabled and cannot work. Plan benefits are paid directly to you and can be used however you like. Short Term Disability coverage is available as a voluntary benefit through FFGA

Voluntary Benefits

You have the option to purchase additional voluntary benefits via post-tax payroll deductions through FFGA. Benefits you may purchase include:

- Short Term Disability
- Cancer Insurance
- Critical Illness
- Group Accident

Cancer Insurance

A cancer diagnosis can be devastating, both personally and financially. Cancer insurance can provide financial assistance if you are diagnosed with cancer. With 61% of cancer expenses coming with indirect, nonmedical costs, it is likely that your major medical coverage will not cover all the costs associated with a cancer diagnosis.

Critical Illness

A critical illness can come at a high price. Critical illness insurance offers financial protection when it is needed the most with cash benefits paid directly to the insured. Supplementing major medical insurance with critical illness insurance can help pay for care so you can focus on getting well.

Critical illness insurance may cover:

- Severe burns
- Coma
- Permanent damage from a stroke
- Bypass surgery
- Kidney failure
- Major organ transplant

Accident Insurance Plan

Accident insurance is a way to protect you and your family from the unexpected expenses of an accident. Not only can the policy assist with hospital stays and medical exams, but travel costs as well. With benefits paid directly to you, you can determine where to spend the money.

- Concussions
- Lacerations
- Broken teeth
- Emergency room visits
- Ambulance transportation
- Intensive Care Unit (ICU)

403(b)

A 403(b) plan is a Tax Deferred Retirement Plan offered by public schools and non-profit organizations. They are similar to 401k plans because they allow you to place a percentage of your salary into an employer-sponsored plan that helps you save for retirement. You will not have to pay taxes on what you contribute, or earnings made until you withdraw the money.

The plan is designed to withdraw at retirement so that you are in a lower tax bracket and will pay less tax. To enroll, you will have to find a Retirement Planning Specialist who can help you find the appropriate vendor to prepare for your retirement.

Your Insurance Premiums

Monthly Payroll Premiums

Monthly Payroll Premiums – 12 Month

CDHP Plan	Premium	Non-Tobacco User Incentive Credit		Premium After Credits
Employee Only	$65.00	-$65.00		$0.00
Employee + Spouse	$415.00	-$65.00		$350.00
Employee + Child(ren)	$340.00	-$65.00		$275.00
Employee + Family	$590.00	-$65.00		$525.00
PPO Plan				
Employee Only	$150.00	-$65.00		$85.00
Employee + Spouse	$520.00	-$65.00		$455.00
Employee + Child(ren)	$435.00	-$65.00		$370.00
Employee + Family	$705.00	-$65.00		$640.00

MetLife Dental	
Benefit Coverages	
Employee Only	$30.58
Employee + Spouse	$61.15
Employee + Child(ren)	$70.56
Employee + Family	$94.08

MetLife Vision Plan	
Benefit Coverages	
Employee Only	$12.98
Employee + Spouse	$25.97
Employee + Child(ren)	$27.80
Employee + Family	$44.40

Monthly Payroll Premiums – 10 Month

CDHP Plan	Premium	Non-Tobacco User Incentive Credit		Premium After Credits
Employee Only	$78.00	-$78.00		$0.00
Employee + Spouse	$498.00	-$78.00		$420.00
Employee + Child(ren)	$408.00	-$78.00		$330.00
Employee + Family	$708.00	-$78.00		$630.00
PPO Plan				
Employee Only	$180.00	-$78.00		$102.00
Employee + Spouse	$624.00	-$78.00		$546.00
Employee + Child(ren)	$522.00	-$78.00		$444.00
Employee + Family	$846.00	-$78.00		$768.00

Bi-Weekly Payroll Premiums – 12 Month

CDHP Plan	Premium	Non-Tobacco User Incentive Credit	Premium After Credits
Employee Only	$32.50	-$32.50	$0.00
Employee + Spouse	$207.50	-$32.50	$175.00
Employee + Child(ren)	$170.00	-$32.50	$137.50
Employee + Family	$295.00	-$25.00	$262.50
PPO Plan			
Employee Only	$75.00	-$32.50	$42.50
Employee + Spouse	$260.00	-$32.50	$227.50
Employee + Child(ren)	$217.50	-$32.50	$185.00
Employee + Family	$352.50	-$32.50	$320.00

MetLife Dental	
Benefit Coverages	
Employee Only	$15.29
Employee + Spouse	$30.58
Employee + Child(ren)	$35.28
Employee + Family	$47.04

MetLife Vision Plan	
Benefit Coverages	
Employee Only	$6.49
Employee + Spouse	$12.99
Employee + Child(ren)	$13.90
Employee + Family	$22.20

Bi-Weekly Payroll Premiums – 9 Month

CDHP Plan	Premium	Non-Tobacco User Incentive Credit	Premium After Credits
Employee Only	$39.00	-$39.00	$0.00
Employee + Spouse	$249.00	-$39.00	$210.00
Employee + Child(ren)	$204.00	-$39.00	$165.00
Employee + Family	$354.00	-$39.00	$315.00
Employee Only	$90.00	-$39.00	$51.00
Employee + Spouse	$312.00	-$39.00	$273.00
Employee + Child(ren)	$261.00	-$39.00	$222.00
Employee + Family	$423.00	-$39.00	$384.00

Frequently Asked Questions

What is a Plan Year?
July 1st through June 30th

As a New Hire when do my benefits start?
Your coverage will begin 28 days after the first day of employment on the 1st of the following month.

When will deductions begin for my benefits?
Deductions will begin the payroll before your benefits begin (under new hire or open enrollment processes).

If I do not enroll my family on my health coverage when I am first hired when may I have the opportunity to enroll them?
You may enroll family members during Open Enrollment or if you have a qualified Status Change. A qualified Status Change is defined as such: marriage, divorce, birth of a child, adoption or loss of coverage with spouse. Status Changes must be reported to the Benefits Office within 30 days of the qualifying event.

What is a Family Status Change or Qualifying event that would allow me to make changes to my insurance during the Plan Year?
You may enroll family members during Open Enrollment or if you have a Qualified Status Change. A Qualified Status Change is defined as such: marriage, divorce, birth of a child, adoption or loss of coverage with spouse. Status Changes must be reported to the Benefits Office within 30 days of the qualifying event, and you must provide documentation.

Are the Dates of Birth and Social Security Numbers for my Dependent(s)/Spouse required to add them to my insurance?
Yes

When will my benefit deductions begin after my status change?
They will begin the first payroll after the change. Any back premium owed, will be deducted from your next paycheck

What is the age limit on child dependents?
You may carry any child up to age 26. The child is not required to be a full-time student. Once your child turns 26, please contact the benefits office to take them off.

If I am not taking the District's Health Insurance, do I still have to do the online enrollment?
Yes. You will need to do the online enrollment to ensure that all your information is correct.

What is the Hospital Indemnity Plan? How do I use the plan?
The Hospital Indemnity Plan is an AISD "Opt-Out" plan. If you have insurance with your spouse or other coverage, you may elect this coverage to allow you to use their plan as your primary insurance. There are no cards issued with this plan. Claim forms are available through the AISD Benefits office.

How would I be able to fill a script for a Specialty Drug?
Contact Elixir Solutions at 1-800-361-4542

Are there Pre-existing condition clauses that will affect my coverage?
Pre-existing conditions have gone away on the Medical and RX benefits as of July 1, 2014, under guidelines set by the Affordable Care Act.

How do I find an in-network provider for my Medical Insurance?
Go to www.IMSTPA.com for the most current list.

What is the difference between the PPO and CDHP?
Both plans have a $3,000 deductible; however, the PPO plan allows you to pay co-pays for provider visits and prescriptions and is subject to higher out of pocket limits. With the CDHP Plan you will pay full discounted price for similar services until the deductible is met.

Can two AISD employees be on the same medical or dental policy?
No.

When will I get information to continue my benefits under COBRA?
You will receive a letter around the middle of the month from AISD containing the enrollment paperwork.

Will I receive medical, prescription, and/or dental cards?
Yes. You will receive them the day before or the day coverage begins. There will be a separate card for medical, prescriptions, and dental and vision.

Will I receive Vision cards? Yes

Who do I need to contact regarding supplemental insurance policies and questions?
You will need to contact FFGA at: amarillo@ffga.com

Who do I need to contact regarding my Flex Spending Medical or Dependent Reimbursement Account?
You will need to contact First Financial Group of America at 1-888-580-8015 or Jason.kennedy@ffga.com

If I paid for an item eligible for reimbursement under my Flexible Spending Account, how do I get reimbursed?
You will need to complete the reimbursement form. The form is online under the Benefits Information sections of www.amaisd.org or on First Financial Group of America's website http://www.ffbenefits.com/amarilloisd.

I am having issues and/or have not been reimbursed by FFGA. Who do I need to speak with?
First Financial Group of America is the administrator of the District's Flex Spending benefits and AISD does not have access to that information. Please contact First Financial Group of America at 1-888-580-8015.

Why do I have this 457 Account?
The 457 Account is an alternative for non-TRS eligible employees to contribute towards their retirement since AISD does not participate in the Social Security Program.

When can I withdraw and how can I withdraw my funds from my 457 account?
You may withdraw your funds when your employment ends with the district. Call TIAA-CREF at 1-800-842-2252

How do I change (or cancel) what is being deducted from my check for my 403(b)?
You will need to complete a Salary Reduction Agreement and fax it to First Financial Group of America 325-6734478.

I need someone to sign paperwork for me to transfer/withdraw my 403(b). Who can do this?
All signatures for 403(b) transactions are handled through the Districts Third Party Administrator, First Financial Group of America along with their form found on the AISD and First Financial website http://www.ffbenefits.com/amarilloisd.

Helpful Terminology

Allowable Amount – The maximum amount determined by the health plan to be eligible for consideration of payment for a particular service, supply or procedure.

Allowable Charge – The maximum amount a Health Plan will reimburse a doctor or hospital for a given service.

Annual Deductible – The amount of eligible expenses you are required to pay annually before reimbursement by your health plan begins.

Annual Limit – An insurance plan my limit the dollar amount it will pay during one year for a certain treatment or service, or for all benefits provided in a year.

Annual Out-of-Pocket – The maximum amount, per year, you are required to pay out of your own pocket for covered health care services.

Coinsurance – A percentage of an eligible expense that you are required to pay for a service covered by your health plan.

Coordination of Benefits (COB) – An arrangement where, if you or your dependents are covered under more than one group health plan, the plans work together to coordinate reimbursement for the medical services you received.

Copayment – A fixed dollar amount you are required to pay for a covered service at the time you receive care.

Covered Service – A service that is covered according to the terms in your health care policy.

Deductible – A fixed amount of the eligible expenses you are required to pay before reimbursement by your health plan begins.

Dependent – A person, other than the member/subscriber (generally a spouse or child). Who receives health care coverage under the member's/subscriber's policy.

Drug Formulary – A list of commonly prescribed drugs (also known as a prescription drug list). Not all drugs listed in a plan's prescription drug list are automatically covered under that plan.

Exclusions – Specific medical conditions or circumstances that are not covered under a health plan.

Explanation of Benefits (EOB) – The form sent to you after a claim has been processed by your health plan. The EOB explains the actions taken on the claim such as the amount paid, the benefit available, and reasons for denying payment and the claims appeal process.

Generic Substitute – A prescription drug that is the generic equivalent of a drug listed on your health plan's formulary.

In-Network – Covered services provided or ordered by your primary care physician (PCP) or another network provider referred by your PCP.

Inpatient Services – Services provided when a member/subscriber is registered and treated as a bed patient in a health care facility such as a hospital.

Maximum Allowance – A fixed amount that providers agree to accept as payment in full for particular covered service.

Out-of-Network – Services not provided, ordered or referred by your primary care physician (PCP).

Out-of-Pocket Maximum – The maximum amount you have to pay for eligible expenses under your health plan during a defined benefit period.

Outpatient Services – Treatment that is provided to a patient who is able to return home after care without an overnight stay in a hospital or other inpatient facility.

Pre-Determination – The process by which a member/subscriber or their primary care physician (PCP) notifies the health plan, in advance, of plans for the member/subscriber to undergo a course of care such as a hospital admission or a complex diagnostic test.

Preferred Drug List – A list of commonly prescribed drugs (also known as a prescription drug list). Not all drugs listed in a health plan's prescription drug list are automatically covered under that plan.

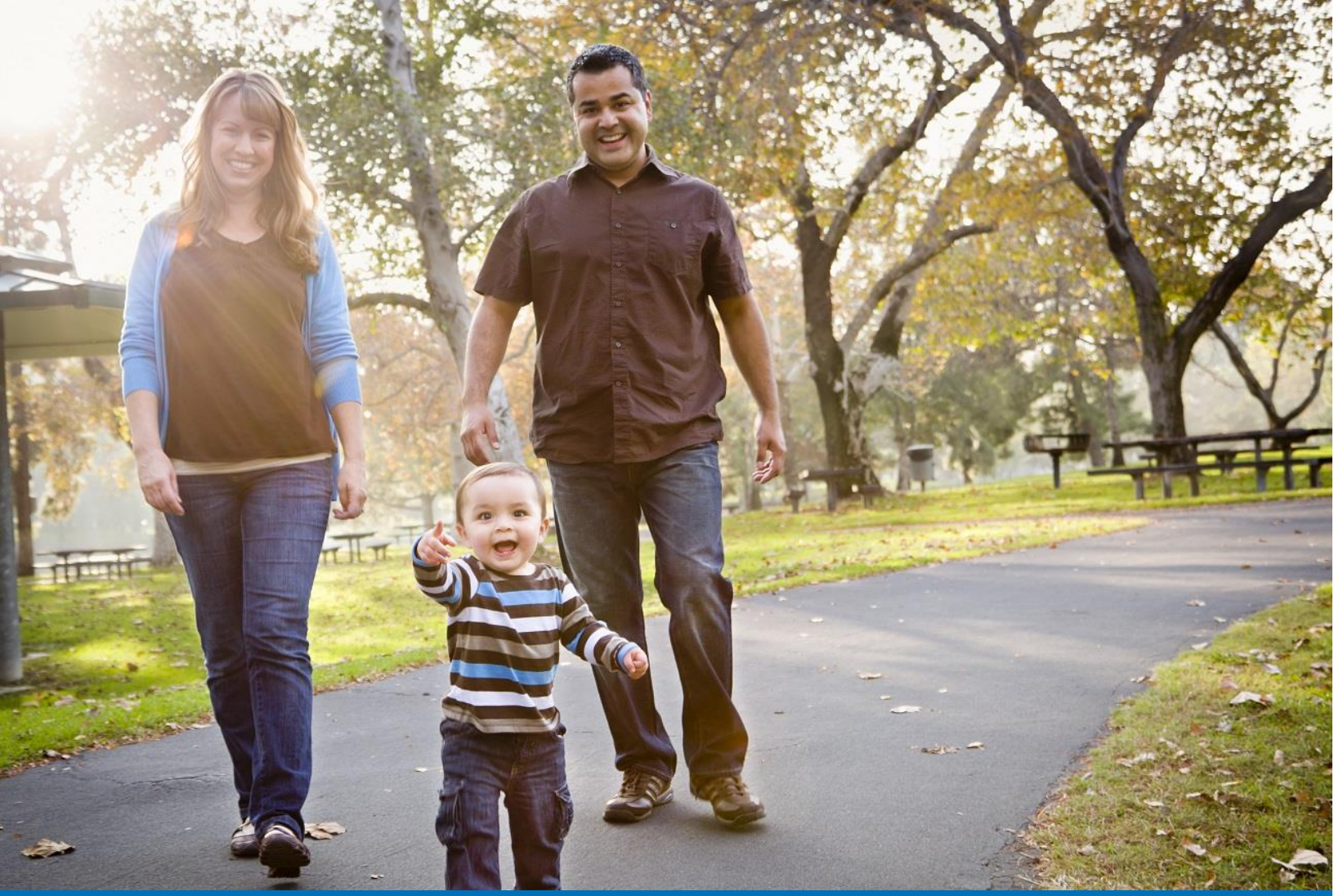
Please email the Benefits Office at benefits@amaisd.org or call 806.326.1403 with any further questions.

Customer Service Information

Carrier	Type of Coverage	Web / E-mail	Contact Information
Insurance Management Services (IMS)	Medical PPO	www.imstpa.com	806-373-5944
Insurance Management Services (IMS)	Member Advocate		Jennifer Moreno at 800-687-5944 ext 245; or, Kat Vanderpool at 800-687-5944 ext 422
Elixir Solutions	Pharmacy	www.elixirsolutions.com care@elixirsolutions.com	800-361-4542 Specialty Rx: 877-437-9012
MetLife Dental	Dental PPO	www.metlife.com/dental	800-942-0854
MetLife Vision	Vision	www.metlife.com/vision	855-638-3931
First Financial Group of America	Flex Spending Accounts Medical & Dependent Care	Email: amarillo@ffga.com Web Information: http://www.ffbenefits.com/amarilloisd	888-580-8015
BlueCross BlueShield of Texas	Life and AD&D		877-442-4207
BlueCross BlueShield of Texas	Long Term Disability (LTD)		877-442-4207
Teacher Retirement System of Texas	Retirement	www.trs.texas.gov	800-223-8778
AISD Benefits Department	Benefits	benefits@amaisd.org	806-326-1403

Please email the Benefits Office at benefits@amaisd.org or call 806.326.1403 with any further questions.

NOTE: If there are any discrepancies, the official carrier documents will prevail.



7200 West Interstate 40
Amarillo, Texas 79106
806-326-1403

This brochure summarizes the benefit plans that are available to Amarillo Independent School District eligible employees and their dependents. Official plan documents, policies and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail. These documents are available upon request through the Benefits. Information provided in this brochure is not a guarantee of benefits.