2022 – 2023
EMPLOYEE BENEFITS

POTEET INDEPENDENT SCHOOL DISTRICT

ALAMO INSURANCE GROUP
BROWN & BROWN, INC.

1100 School Drive, Poteet, TX 78065 | T: (830) 742-3567 | F: (830) 742-3332 | ww1.poteetisd.org

Welcome to your Employee Benefits!

Poteet ISD will be utilizing Professional Enrollment Concepts' (PEC) services for our benefit communication and enrollment. Benefit Counselors will provide you with a detailed explanation of your entire benefit program. They will review your benefits with you on an individual, confidential basis. They will also be able to discuss any personal situations you may have that could potentially impact your benefit decision.

Each year, we strive to offer comprehensive benefit plans to our employees. In the following pages, you will find a summary of our benefit plans for the **2022-2023 plan year (9/1/2022 - 8/31/2023)**. Please read this Benefits Guidebook carefully as you prepare to make your elections for the upcoming plan year.

About this Benefits Guidebook

This Benefits Guidebook describes the highlights of Poteet ISD's benefits program in non-technical language. Included in this Benefits Guidebook is important information about each of the benefit plans offered to you and your family. It includes the benefits paid by Poteet ISD as well as voluntary products which you can customize to meet your individual needs.

Please remember that these general descriptions are not intended to provide all the details of requirements of these benefits. The official Plan Documents will prevail if any inconsistencies are found between the Benefit Guidebook and the official Plan Documents. You should be aware that any and all elements of Poteet ISD's benefits program may be modified in the future, at any time, to meet Internal Revenue Service rules, or otherwise as decided by Poteet ISD.

How to Enroll

You have two easy ways to complete your enrollment, you can call the Benefits Service Center or meet with a Benefit Counselor face to face.

Benefits Service Center: Contact one of our Benefits Counselors at the Benefits Service Center by calling **(866) 335-6368**.

Face to Face Enrollment: 7/20-7/21 and 8/11-8/12 where you can visit with a benefit counselor. *There will also be Spanish speaking counselors during these days.*

Please note, enrollment is MANDATORY, whether electing or waiving benefits.

Before you speak with a Benefit Counselor, please have the following information ready: *dependents' names, birth dates, Social Security numbers, addresses, and phone numbers.*

Benefits Service Center:
(866) 335-6368

Monday - Friday: 8:00am – 7:00pm (CST)
Saturday: 9:00am – 3:00pm (CST)

Table of Contents

Eligibility

Employee Eligibility

Group health coverage and all other benefits are available to full-time (20 or more hours per week) employees. The insurance plan year is from September 1 through August 31.

Effective Dates of Coverage

In order for an employee's coverage to take effect, the employee must call in to the Benefits Service Center for coverage for the employee and any eligible dependents. If you are hired on the 1st day of the month your benefits would become effective that day. If you are hired in the middle of the month, your benefits would become effective 1st of the month following.

Eligible Dependents

If you apply for coverage, you may include your dependents. All employees must ensure that only family members who meet the following requirements are enrolled in the Poteet ISD insurance and health care benefit programs.

Eligible dependents include one or more of the following:

- Your spouse
- A child under the limiting age of 26
- A child of any age who is medically certified as disabled and dependent on the parent for support and maintenance.

  Child means:

  - Your natural child; or
  - Your legally adopted child, including a child for whom the participant is a party in a suit in which the adoption of the child is sought; or
  - Your stepchild; or
  - A grandchild can be covered if:
    - Unmarried
    - Under age 25
    - Claimed as the employee's dependent for federal income tax purposes at the time the dependent coverage is applied for
  - A child for who a Participant has received a court order requiring that Participant to have financial responsibility for providing health insurance; or
  - A child not listed above:
    - Whose primary residence is your household; and
    - To who you are legal guardian or related by blood or marriage; and
    - Who is dependent upon you for more than one-half of his support as defined by the Internal Revenue Code of the United States.

Eligibility

Status Changes

Important Information Regarding Status Changes

- Employees pay for their benefits on a pre-tax basis. As a result, the Internal Revenue Service will not allow an employee to change his/her elections during the year unless the employee experiences a **qualifying event.**

  Qualifying events include:
  - Marriage, divorce or legal separation
  - Birth or adoption of a child
  - Gain or loss of coverage through employee's spouse's employer
  - Gain or loss of spouse's job
  - Employee's child gaining or losing eligibility status; and/or
  - Death of a dependent, spouse, or child

- An employee must change his/her coverage within 31 calendar days from the date of the qualifying event.
- An employee must ensure the change in coverage is consistent with the status change. For example, if the employee gets married, he/she has 31 calendar days to enroll the new spouse or drop coverage if the employee will be added to the spouse's plan.

DEER OAKS EAP SERVICES

Employee Assistance Program

The Deer Oaks Employee Assistance Program (EAP) is a free service provided for you, your dependents, and household members by your employer. This program offers a wide variety of counseling, referral, and consultation services, which are all designed to assist you and your family in resolving work and life issues in order to live happier, healthier, more balanced lives. From stress, addiction, and change management, to locating child care facilities, legal assistance, and financial challenges, our qualified professionals are here to help. These services are completely confidential and can be easily accessed 24/7, offering you around-the-clock assistance for all of life's challenges.

- Program Access: You may access the EAP by calling the toll-free Helpline number, using our iConnectYou App, or instant messaging with a work-life consultant through our online instant messaging system.
- Telephonic Assessments & Support: In-the-moment telephonic support and crisis intervention are available 24/7 along with intake and clinical assessments.
- Short-term Counseling: Counseling sessions with a qualified counselor to assist with issues such as stress, anxiety, grief, marital/family challenges, relationship issues, addiction, etc. Counseling is available via structured telephonic sessions, video, and in-person at local provider offices.
- Referrals & Community Resources: Our team provides referrals to local community resources, member health plans, support groups, legal resources, and child/elder care/daily living resources.
- Advantage Legal Assist: Free 30 minute telephonic or in-person consultation with a plan attorney; 25% discount on hourly attorney fees if representation is required; unlimited online access to a wealth of educational legal resources, links, tools and forms; and interactive online Simple Will preparation.
- Advantage Financial Assist: Unlimited telephonic consultation with an Accredited Financial Counselor qualified to advise on a range of financial issues such as bankruptcy prevention, debt reduction, financial planning, and identity theft; supporting educational materials available; unlimited online access to a wealth of educational financial resources, links, tools and forms (i.e. tax guides, financial calculators, etc.).
- Alternate Modes of Support: Your EAP offers support alternatives in addition to traditional short-term counseling including telephonic life coaching, AWARE stress reduction sessions, and virtual group counseling. During your call with one of our counselors, ask if these programs would be right for you.
- Work-life Services: Our work-life consultants are available to assist you with a wide range of daily living resources such as locating pet sitters, event planners, home repair, tutors, travel planning, and moving services. Simply call the Helpline for resource and referral information.
- Child & Elder Care Referrals: Our child and elder care specialists can help you with your search for licensed child and elder care facilities in your area. They will discuss your needs, provide guidance, resources, and qualified referral packets. Searchable databases and other resources are also available on the Deer Oaks member website.
- Take the High Road Ride Reimbursement Program: Deer Oaks reimburses members for their cab, Lyft and Uber fares in the event that they are incapacitated due to impairment by a substance or extreme emotional condition. This service is available once per year per participant, with a maximum reimbursement of $45.00 (excludes tips).

CONTACT US:
Toll-Free: (888) 993-7650
Website: www.deeroakseap.com
Email: eap@deeroaks.com

Medical

New Carrier - Humana

Poteet ISD offers four medical plan options giving great flexibility for you and your family to manage your healthcare needs. These plans are administered through Humana. Once enrolled, you may visit Humana's website at www.humana.com to access claims payment, provider directories (www.humana.com/directories), request ID cards and review prescription drug alternatives.

Carefully assess which medical plan best suits your need.

Benefit	Plan 1 HDHP *(National Point of Service - Open Access)*		Plan 2 ON HAND (Virtual Base Plan) *(National Point of Service - Open Access)*	
	Network *(HSA Compatible)*	**Out-of-Network**	**Network**	**Out-of-Network**
Deductible (per calendar year)	*(Individual / Family)* $3,000 / $6,000	*(Individual / Family)* $9,000 / $18,000	*(Individual / Family)* $5,000 / $10,000	*(Individual / Family)* $20,000 / $40,000
Out of Pocket Maximum (per calendar year; medical and prescription drug deductibles, copays, and coinsurance count toward the out-of-pocket maximum)	*(Individual / Family)* $6,750 / $13,500	*(Individual / Family)* $20,250 / $40,500	*(Individual / Family)* $5,000 / $10,000	*(Individual / Family)* $25,000 / $50,000
Coinsurance (Participant pays)	20% after deductible	50% after deductible	Plan pays 100%	50% after deductible
Primary Care Office Visit	20% after deductible	50% after deductible	Plan pays 100%	50% after deductible
Specialist Office Visit	20% after deductible	50% after deductible	Plan pays 100%	50% after deductible
Preventative Care	Plan pays 100%	50% after deductible	Plan pays 100%	50% after deductible
Virtual Visits (Doctor on Demand)	$0 -$56 depending on service		$0 copay - primary care	
Diagnostic Lab	20% after deductible	50% after deductible	Up to $5 copay	50% after deductible
Imaging (CT/PET scan, MRIs)	20% after deductible	50% after deductible	0% after deductible	50% after deductible
Inpatient Hospital	20% after deductible	50% after deductible	0% after deductible	50% after deductible
Outpatient Surgery	20% after deductible	50% after deductible	0% after deductible	50% after deductible
Emergency Room Care	20% after deductible		0% after deductible	
Urgent Care	20% after deductible	50% after deductible	0% after deductible	50% after deductible
Pregnant Office Visits	Plan pays 100%	50% after deductible	Plan pays 100%	50% after deductible
Childbirth/Delivery Professional	20% after deductible	50% after deductible	0% after deductible	50% after deductible
Childbirth/Delivery Facility	20% after deductible	50% after deductible	0% after deductible	50% after deductible
Prescription Drug (Select RX)				
Retail				
Tier 1	$10 copay	30% after $10 copay	$5 copay	50% after deductible
Tier 2	$40 copay	30% after $40 copay	$5 copay	50% after deductible
Tier 3	$70 copay	30% after $70 copay	0% after deductible	50% after deductible
Tier 4	25% after deductible	30% after 25%	0% after deductible	50% after deductible
Mail Order				
Tier 1	$25 copay	30% after $25 copay	$12.50 copay	50% after deductible
Tier 2	$100 copay	30% after $100 copay	$12.50 copay	50% after deductible
Tier 3	$175 copay	30% after $175 copay	0% after deductible	50% after deductible
Tier 4	25% after deductible	30% after 25%	0% after deductible	50% after deductible

MEDICAL SERVICES

Medical

New Carrier - Humana

Benefit	Plan 3 HMO 2500 *(HMO Premier)*	Plan 4 HMO 1500 *(HMO Premier)*
	In-Network Only	**In-Network Only**
Deductible (per calendar year)	*(Individual / Family)* $2,500 / $5,000	*(Individual / Family)* $1,500 / $3,000
Out of Pocket Maximum (per calendar year; medical and prescription drug deductibles, copays, and coinsurance count toward the out-of-pocket maximum)	*(Individual / Family)* $8,550 / $17,100	*(Individual / Family)* $7,900 / $15,800
Coinsurance (Participant pays)	30% after deductible	20% after deductible
Primary Care Office Visit	$30 copay	$30 copay
Specialist Office Visit	$60 copay	$70 copay
Preventative Care	Plan pays 100%	Plan pays 100%
Virtual Visits (Doctor on Demand)	$0 copay - primary care	$0 copay - primary care
Diagnostic Lab	Plan pays 100%	Plan pays 100%
Imaging (CT/PET scan, MRIs)	30% after deductible	20% after deductible
Inpatient Hospital	30% after deductible	20% after deductible
Outpatient Surgery	30% after deductible	20% after deductible
Emergency Room Care	$350 copay	$350 copay
Urgent Care	$100 copay	$100 copay
Pregnant Office Visits	Plan pays 100%	Plan pays 100%
Childbirth/Delivery Professional	30% after deductible	20% after deductible
Childbirth/Delivery Facility	30% after deductible	20% after deductible
Prescription Drug (Select RX)		
Retail		
Tier 1	$15 copay	$15 copay
Tier 2	$35 copay	$35 copay
Tier 3	$55 copay	$55 copay
Tier 4	25% coinsurance	25% coinsurance
*Tier 5**	25% coinsurance	25% coinsurance
Mail Order		
Tier 1	$37.50 copay	$37.50 copay
Tier 2	$87.50 copay	$87.50 copay
Tier 3	$137.50 copay	$137.50 copay
Tier 4	25% coinsurance	25% coinsurance
Tier 5	N/A	N/A

*30-day supply. Preauthorization may be required - if not obtained, the member is responsible for 100% of the cost of the drug.

Medical – Rate Deductions

Humana

Plan 1 HDHP		
Coverage Tier	**Semi-Monthly**	**Monthly**
Employee Only	$52.41	$104.81
Employee + Spouse	$420.78	$841.55
Employee + Child(ren)	$214.33	$428.65
Family	$532.10	$1,064.19

Plan 2 ON HAND (Virtual Base Plan)		
Coverage Tier	**Semi-Monthly**	**Monthly**
Employee Only	$31.27	$62.54
Employee + Spouse	$361.18	$722.35
Employee + Child(ren)	$176.29	$352.57
Family	$460.88	$921.75

Plan 3 HMO 2500		
Coverage Tier	**Semi-Monthly**	**Monthly**
Employee Only	$81.73	$163.46
Employee + Spouse	$503.48	$1,006.96
Employee + Child(ren)	$267.12	$534.23
Family	$630.93	$1,261.86

Plan 4 HMO 1500		
Coverage Tier	**Semi-Monthly**	**Monthly**
Employee Only	$103.10	$206.19
Employee + Spouse	$563.74	$1,127.47
Employee + Child(ren)	$305.58	$611.16
Family	$702.94	$1,405.88

MEDICAL SERVICES

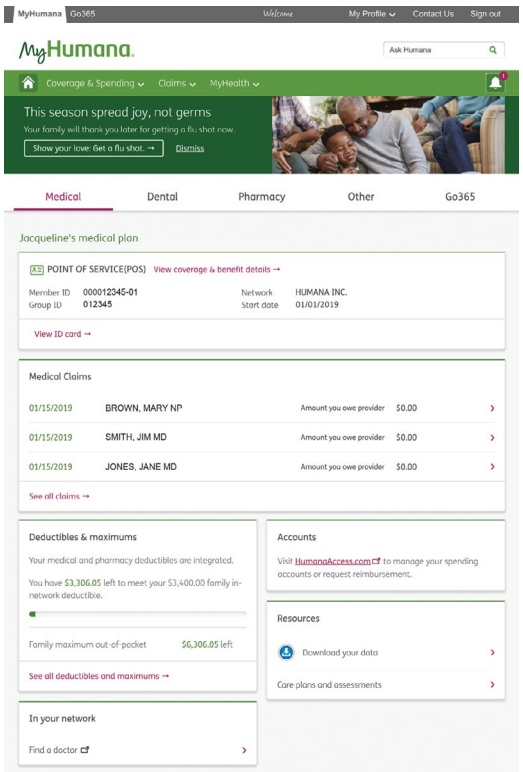
MyHumana: Your health plan at your fingertips

Your personal MyHumana account gives you quick, convenient and secure access to your Humana plan information, educational resources and access to wellness programs. It's available anytime, anywhere.

CLICK HERE TO LEARN HOW TO REGISTER

Humana.

A dashboard that puts all your information in one spot



Download a print version here

Scroll over each bullet point to learn how to navigate through the MyHumana dashboard!

- Quick access to all your plans
- Chat with a representative with any of your questions about your plan
- Check the status of your claims
- View, print and email ID cards
- Review deductibles, coverage levels and limits
- Find a doctor near you
  - Search by name, specialty or condition
  - Compare doctors and get directions
- Connect with Go365® and other health and wellness resources*

Use MyHumana anywhere

Download the MyHumana Mobile app from your app store. You can also sign up for text message alerts** at **Humana.com.**

Register for MyHumana today to stay connected to your health benefits anytime you need them.

ANDROID APP ON Google play

Download on the App Store

*Check with your benefits administrator for program availability.
**Message and data rates may apply.

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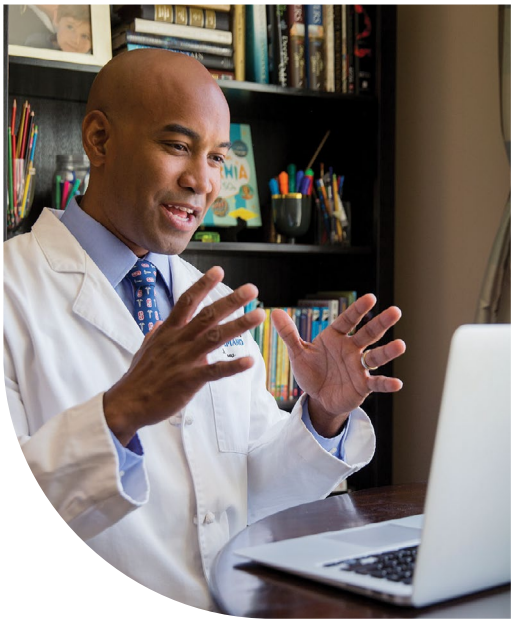
Quality care that's virtually there 24/7



Doctor On Demand® is there for your everyday health needs

See a **board-certified doctor**—for nonemergency care—in minutes from your home, office or while you're traveling in the United States, from your smartphone, tablet or computer. It's easy.

For everyday health needs, Doctor On Demand usually costs less than a visit to the emergency room or urgent care.

DOCTOR ON DEMAND	COST
Everyday health concerns • Colds, flu and sore throat • Upper respiratory infections • Skin and eye problems • Urinary tract infections • Prescriptions and refills • Labs and screenings	**$0–$56**
Mental health services • Depression • Stress • Anxiety • Trauma • Other nonemergency mental health concerns	The same cost as an in-office mental health visit

Download the Doctor On Demand app today

1. Go to the App store or Google Play to get it on your smartphone or tablet. You can also visit DoctorOnDemand.com.
2. Enter your health insurance information; select Humana and enter your group ID and member ID.
3. Enter a payment method (you'll always see your cost upfront).
4. See a doctor within minutes.

Humana. | dr. on demand

Pricing is subject to change without notice. Doctor On Demand services are not available for Humana members in Puerto Rico and outside the U.S. This document is a general description of the identified benefits. The actual plan document will determine the benefit available to you. If there is disagreement between this general description and the plan document, the plan document will control. Limitations on telehealth services, also referred to as virtual visits or telemedicine, vary by state. These services are not a substitute for emergency care and are not intended to replace your primary care provider or other providers in your network. Any descriptions of when to use telehealth services is for informational purposes only and should not be construed as medical advice. Please refer to your evidence of coverage for additional details on what your plan may cover or other rules that may apply.

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MEDICAL SERVICES

Say hello to Go365.

It's your personalized wellness and rewards program.

Getting healthier is easier – and lots more fun – with Go365™. When it comes to health and wellness, you have your own approach. One that works for you. Go365 makes it easier to get moving along your path with more ways to start, more Activities to unlock, and more ways to rack up rewards.

Unlock Activities.

Go365 is all about you. You'll receive Activities personalized to help you reach your health goals, no matter where you are on your journey to better health. Just unlock your Activities and earn Points for higher Status.

Stay inspired.

Getting healthier can be hard. Go365 makes it easier by connecting you to all the tools and resources you need to get there. Tracking your activity is a breeze – just connect your compatible apps or fitness devices and earn Points for all your healthy activities.

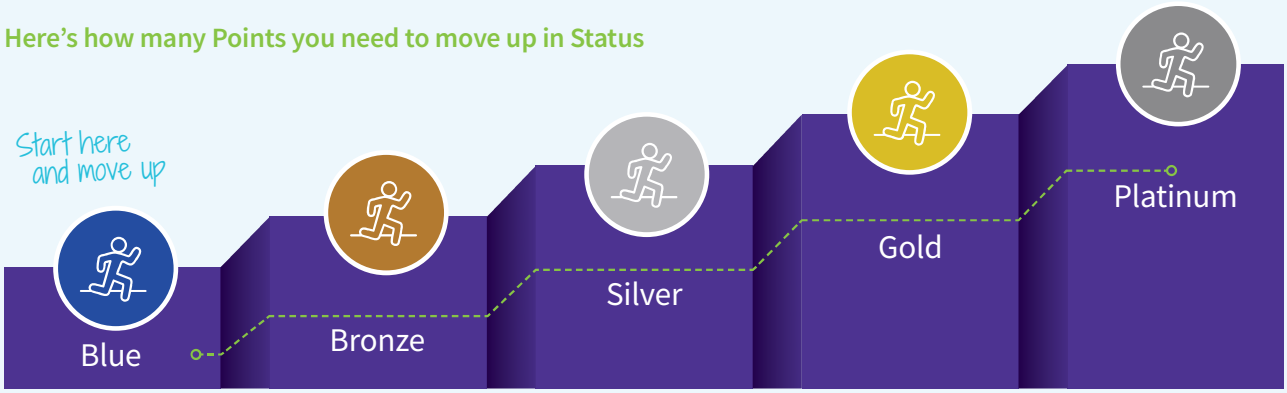
Earn rewards.

Making healthier choices is a lot more fun with Go365. The more you move up in Status, the more Bucks you can earn and spend on great items in the Go365 Mall. Plus, Bonus Bucks, surprise rewards, and monthly Jackpot drawings make getting healthy more fun!

More Points. Higher Status.

Earning Points pays off big with higher Status levels. Get your spouse and kids involved too and see how fast you can move up in Status.

Here's how many Points you need to move up in Status



3 ways to get to Bronze

1. Complete at least one Health Assessment section online or on the Go365 App
2. Get a Biometric Screening
3. Log a verified workout

5,000 One adult per policy	8,000 One adult per policy	10,000 One adult per policy
8,000 **combined** two adults per policy	12,000 **combined** two adults per policy	15,000 **combined** two adults per policy
+3,000 for each member 18 years and older per policy	+4,000 for each member 18 years and older per policy	+5,000 for each member 18 years and older per policy

Adult children can only move a family to Bronze Status by completing a verified workout.

ANDROID APP ON Google play

Download on the App Store

Go365.com

Unlock Activities.

Watch your success lead to your wellbeing.

Go365 is for anyone, at any stage… no matter what shape you're in or how hard you work out. Go365 knows what it takes to motivate and reward you to make healthier choices for life.

Activities	These are simple things you can do every day to get healthier. Tracking your steps, getting a flu shot, going for a bike ride – these are easy ways to keep moving forward with Go365.
Recommended Activities	Once you complete your Health Assessment, you'll get personalized Activities based on your responses. Because Recommended Activities are created just for you, they can have a big impact on your overall health. Plus, you earn more Points for each one you complete.
Go365 Kids*	Kids can earn Points when they do "kid" things, like playing on a soccer or baseball team. When you do things that are good for their health, like keeping up with their immunizations and getting a dental check-up, your kids earn more Points.
Challenges	Earn Points by going head-to-head against your friends and co-workers and compete for the most steps taken or pounds lost.

Have some healthy fun.

Getting healthier is a lot more fun with Go365. Earn Bucks you can use in the Go365 Mall for e-giftcards from Amazon.com, Target, Lowes and Spafinder, the latest activity trackers from Garmin and Fitbit, and more. Plus, you could win a prize in our monthly Jackpot drawings or get a surprise reward.

The merchants represented are not sponsors of Go365 or otherwise affiliated with Go365. The logos and other identifying marks attached are trademarks of and owned by each represented company and/or its affiliates. Please visit each company's website for additional terms and conditions. *Go365 Kids is not available to all Go365 programs. Check with your Employer or Benefits Administrator to check your eligibility. Go365 is not an insurance product. Not available with all Humana health plans. Humana, Inc. and its subsidiaries comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1-877-320-1235 (TTY: 711). ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-320-1235 (TTY: 711). 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-877-320-1235 (TTY：711).

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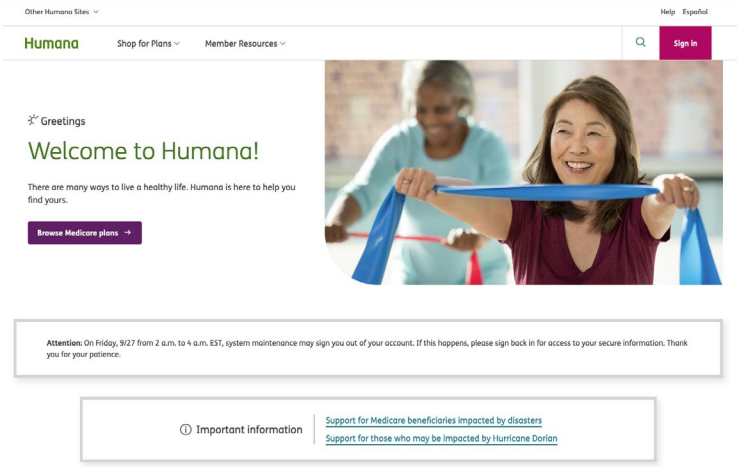
Find a doctor with Physician Finder Plus

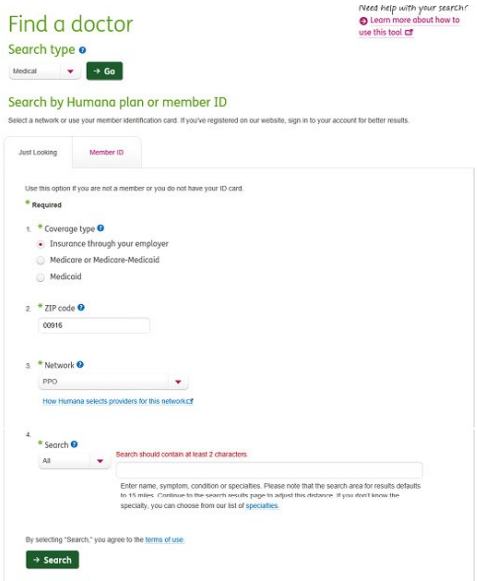
Physician Finder Plus is Humana's online provider look-up tool. It's your guide to the latest information about providers in Humana's network.

The tool provides the names, addresses and phone numbers of in-network providers. You can choose to sort your results by specialty or distance from your home or office.

To find a participating provider, visit **Humana.com** and scroll to bottom of page, then select **Find a doctor**. Using the "**Just Looking**" tab, you will need your ZIP code and plan type to help narrow your search. This service is also available on MyHumana and the MyHumana Mobile app for your smartphone.

If you need more assistance finding an in-network provider, call the Customer Care number on the back of your Humana member ID card.





Humana

To find a participating provider, select the **Search type** (Medical, Dental, or Pharmacy) and use the **Just Looking** tab and then enter the following:

- Coverage type: **Insurance through your employer**
- Your ZIP code
- Network: **Select the arrow and choose from the list**
- Search: Name, specialty, condition or all
- Select the **Search** button

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Flexible Spending Account

NBS

Using a Flexible Spending Account (FSA) is great way to stretch your benefit dollars. You use before-tax dollars in your FSA to reimburse yourself for eligible out-of-pocket health (Healthcare FSA) and dependent care (Dependent Care FSA) expenses. That means you can enjoy tax savings and increased take-home pay—all with the convenience of a benefits card. You are also covered with a 75-day grace period in case you couldn't use all of your allotted funds by the end of the year.

WHAT IS AN FSA?

With an FSA, you elect to have your annual contribution (up to $2,850* for a Healthcare FSA and $5,000* for a Dependent Care FSA) deducted from your paycheck each pay period, in equal installments throughout the year, until you reach the yearly maximum you have specified. The amount of your pay that goes into an FSA will not count as taxable income, so you will have immediate tax savings. FSA dollars can be used during the plan year to pay for qualified expenses and services.

- A Healthcare FSA allows reimbursement of qualifying out-of-pocket health expenses.
- A Dependent Care FSA allows reimbursement of dependent care expenses, such as daycare) incurred by eligible dependents.

**The entire elected Healthcare FSA contribution amount is front loaded to the benefits card and available for immediate use. The elected Dependent Care contribution amount is loaded each pay period.*

ACCESSING MY FSA:

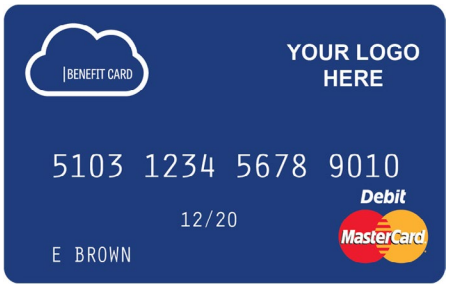
With all FSA account types, you'll receive access to a secure, easy-to-use web portal where you can track your account balance, view your claims history and submit requests for reimbursements.

In addition, you'll receive a convenient benefits card to make it easy to pay for eligible services and products. When you use the card, payments are automatically withdrawn from your account. Just swipe the card and go. Most expenses can be validated through the card transaction but you may be prompted to provide a copy of the itemized receipt for certain transactions in accordance to IRS regulations. When required, itemized receipts can be easily uploaded to either the consumer portal online or,

WITH AN FSA YOU CAN:

An FSA is a great way to pay for expenses with pre-tax dollars.

- Enjoy significant tax savings with pre-tax deductible contributions and tax-free reimbursements for qualified plan expenses
- Quickly and easily access funds using the prepaid benefits card at point of sale, or request to have funds directly deposited to your bank account via online or mobile app
- Reduce filing hassles and paperwork by using your prepaid benefits card
- Enjoy secure access to accounts using a convenient Consumer Portal available 24/7/365
- Manage your FSA "on the go" with an easy-to-use mobile app
- File claims easily online (when required) and let the system determine approval based on eligibility and availability of funds
- Stay up to date on balances and action required with automated email alert and convenient portal and mobile home page messages
- Get one-click answers to benefits questions



Health Savings Account

NBS

Now, more than ever, healthcare dollars need to go further. With a Health Savings Account (HSA), you'll pay less in taxes and increase your take-home pay. So enroll in an HSA and keep more of the money you've earned. *That's real savings, real simple.*

What is a Health Savings Account (HSA)?

An HSA works with a high deductible heath plan (HDHP), and allows you to use before-tax dollars to reimburse yourself for eligible out-of-pocket health expenses for you, your spouse and your dependents, which in turn saves you on taxes and increases your spendable income.

How it Works

Anyone can deposit money into your HSA account, up to an annual individual or family limit* set by the IRS. When you enroll, an account will be created for you at a sponsor bank. You'll be given access to a secure, easy-to-use web portal where you can track your account balance, view your investment accounts and submit requests for reimbursements.

In addition, you'll receive a convenient benefit card to make it easy to access the money in your HSA. The card contains the value of your HSA account and you can use it to pay for eligible services and products. When you use the card, payments are automatically withdrawn from your account, so there are no out- of-pocket costs and you won't have to submit receipts to verify the purchase. Just swipe the card and go. It's that easy! Please note: the IRS requires that you retain documentation for your eligible expenses.

IRS HSA Contribution Limits	2022	2023
Individual	$3,650	$3,700
Individual (age 55+)	$4,650	$4,700
Family	$7,300	$7,400
Family (age 55+)	$8,300	$8,400

Benefits to You:

- An HSA is yours. Funds in your HSA account stay with you, even if you change jobs.
- Contribute tax free. An HSA reduces your taxable income. The money is tax free both when you put it in and when you take it out to cover qualified health expenses.
- Grow funds tax free. An HSA grows with you. If you maintain a minimum balance of $2,000 your additional funds may be invested in mutual funds yielding tax-free earnings.
- Spend tax free. Withdrawals used for eligible expenses are tax free.
- Funds can be withdrawn anytime for health expenses.
- After age 65, the funds can be used for any purpose, without penalty

You can use your HSA dollars and card to pay for:

- ✓ Routine Healthcare: office visits, X-rays, lab work
- ✓ Hospital Expenses: room and board, surgery
- ✓ Medications: prescription and over-the-counter (OTC) drugs when prescribed by a physician
- ✓ Dental Care: cleanings, fillings, crowns
- ✓ Vision Care: eye exams, glasses, contacts
- ✓ Copays and Coinsurance (the portions of healthcare bills paid by you)
- ✓ Eligible OTC Items* such as: first aid dressings and supplies – bandages, rubbing alcohol
- ✓ Contact Lens Solution/Supplies
- ✓ Diagnostic Products such as: thermometers, blood pressure monitors, cholesterol testing
- ✓ Insulin and Diabetic Testing Supplies

**The list of eligible OTC items changed per the Patient Protection and Affordable Care Act of 2010. Contact your plan administrator for more information or visit www.irs.gov for details.*

The amount you save in taxes with a Health Savings Account will vary depending on the amount you set aside in the account, your annual earnings, whether or not you pay Social Security taxes, the number of exemptions and deductions you claim on your tax return, your tax bracket and your state and local tax regulations. Check with your tax advisor for information on you participation will affect your tax savings.

This brochure highlights some of the benefits of a Card. If there is a discrepancy between this material and your official plan document, the plan document will govern. WEX Health reserves the right to amend or modify the services at any time.

Dental

Unum

Unum Dental gives you the freedom to choose whether you would like to visit a participating dentist or an out-of-network dentist. There are considerable cost savings when using a dentist who is in the Unum Network. The following is a brief summary of the major plan provisions.

Benefit	Dental PPO Plan
Deductible (Per person. Applies to Class B and C services)	$50 per person $150 per family
Benefit Year Maximum (per calendar year. Includes Class A, B, and C services)	$1,500 per person
Class A - Preventive Services Routine Exams: 2 per 12 months Bitewing X-rays: 1 per 12 months Full Mouth/Panoramic X-rays: 1 per 36 months Periapical X-rays Cleaning: 2 per 12 months Fluoride to age 16: 1 per 12 months Sealants to age 16: 1 per 36 months Pre-Diagnostic Testing after age 40: 1 in 12 months	100%
Class B - Basic Services Simple Extractions Complex Extractions Space Maintainers Restorative Amalgams Restorative Composites (anterior and posterior teeth) Fillings	80%
Class C - Major Services Onlays Crowns: 1 per 10 years (per tooth) Crown Repair Endodontics (surgical and non-surgical) Periodontics (surgical and non-surgical) Denture Repair Implants Prosthodontics: 1 per 10 years Anesthesia	50%
Orthodontics (dependent child to age 19 only) Waiting Period: None	50% Lifetime Maximum: $1,000

Dental PPO		
Coverage Tier	**Monthly**	**Semi-Monthly**
Employee Only	$26.04	$13.02
Employee + Spouse	$51.33	$25.67
Employee + Child(ren)	$56.93	$28.47
Family	$74.23	$37.12

Vision

Unum

Your vision health is an important part of complete wellness. Unum is pleased to present your vision benefits which are designed to give you and your covered family members the care, value and service to help maintain good vision and overall health.

Benefit*	Vision Plan	
	Network	**Out-of-Network**
Exam (once per 12 months)	$10 copay	Up to $35
Materials	$25 copay	See allowances below
Standard Plastic Lenses (once per 12 months)		
Single Vision	Covered by copay	Up to $25
Bifocal	Covered by copay	Up to $40
Trifocal	Covered by copay	Up to $50
Lenticular	Covered by copay	Up to $50
Progressive	$70 allowance	Up to $40
Contact Lenses (once per 12 months)**		
Fit & Follow Up Exams	Member cost up to $60	Not covered
Elective	$130 allowance	Up to $100
Medically Necessary	Covered in full	Up to $210
Frames (once per 24 months)	$130 retail allowance	Up to $50

We offer nationwide access to discounts on LASIK surgery through a partnership with TLC Vision. Discounts are also available with participating local providers. This is not an insured benefit. Visit UnumVisionCare.com to find the specialist closest to you.

Coverage Tier	Monthly	Semi-Monthly
Employee Only	$8.94	$4.47
Employee + Spouse	$14.26	$7.13
Employee + Child(ren)	$14.56	$7.28
Family	$23.50	$11.76

*Special payment and reimbursement terms apply for materials purchases at Costco.
**In lieu of eyeglass lenses & frames.

Basic Term Life and AD&D

Unum

Poteet ISD provides Basic Term Life and Accidental Death & Dismemberment (AD&D) to all active full-time employees working 30 or more hours per week. Employees receive $10,000 of Basic Life and AD&D Benefits.

Poteet ISD provides this coverage at ***NO COST TO EMPLOYEES***.

Please note: *Basic Term Life and AD&D reduces to 65% at age 65 and to 50% at age 70.*

Supplemental Term Life and AD&D

Unum

With Unum's Supplemental Term Life Insurance, Poteet ISD gives you the opportunity to buy valuable life insurance coverage for yourself, your spouse, and your dependent children — all at affordable group rates.

	Supplemental Term Life Plan		
	Employee Life Benefits	**Spouse Life Benefits**	**Child Life Benefits**
Benefit Amount	You may choose to purchase benefits in increments of $10,000 not to exceed 5X your annual salary	You may choose to purchase benefits in increments of $5,000	You may choose to purchase benefits up to $10,000 (children live birth to 6 months is $1,000)
New Hire Guarantee Issue	$150,000	$25,000	$10,000
Overall Maximum	The lesser of 5X your salary, or $500,000	$100,000	$10,000
AD&D Coverage Maximum	The lesser of 5X your salary, or $500,000	$100,000	$10,000

Please note: *Supplemental Term Life and AD&D reduces to 65% at age 65 and to 50% at age 70.*

Long Term Disability

Unum

Long Term Disability Insurance provides income replacement benefits for you and your family in the event you are unable to work due to injury or illness. This covers injuries and illnesses that are both work-related and non-work related.

You are eligible for LTD coverage if you are an active, full-time employee working a minimum of 20 hours per week. **You can purchase a monthly benefit in $100 increments (minimum $200) up to 66-2/3% of your monthly earnings (rounded to the nearest $100) not exceeding $8,000.**

There is a 3/12 pre-existing conditions clause. This means a 3-month look-back period to see if you were treatment-free prior to the effective date of your coverage. If you weren't treatment-free, the pre-existing condition is excluded from coverage if you were disabled within 12 months of your coverage effective date. Pre-exemption applies to: decreases in the elimination period, increases in the maximum benefit period, and late applicants.

Please speak with your Plan Administrator for the definition of monthly earnings and any other questions.

Benefit Plan						
Duration of Benefits	SS ADEA					
Elimination Period (Days)						
Injury (Days)	0*	14*	30*	60	90	180
Sickness (Days)	7*	14*	30*	60	90	180
Rate Per Increment of $100	2.85	2.41	2.07	1.67	0.95	0.67

* If, because of your disability, you are hospital confined as an inpatient, benefits begin on the first day of inpatient confinement.

You may choose one of the six injury & illness Benefit Waiting periods shown above. These are the periods of time in which an employee ***must be continuously disabled before any benefits are paid.***

Universal LifeEvents with Long-Term Care

Trustmark

Financial security even after a loss

Protecting your loved ones is one of life's greatest responsibilities. When a family loses someone, in addition to grief, survivors may suddenly be faced with costly expenses and debts, and even a loss of income. Universal LifeEvents can help. Universal LifeEvents provides a higher death benefit during your working years, when your needs and responsibilities are the greatest. (See reverse for more on how Universal LifeEvents works.) You can choose a benefit amount that provides the right protection for you. Universal LifeEvents insurance can mean those left behind can still pursue their own dreams, and help ensure that the ending of one story won't stop the beginning of another.

Solving the long-term care issue

At any point in your life, you may need long-term care services, which could cost hundreds of dollars per day. Universal LifeEvents includes a long-term care (LTC)* benefit that can help pay for these services at any age. This benefit never reduces due to age, so the full amount is always available when you most need it.

- **Here's how it works** - You can collect 4% of the face amount of your Universal LifeEvents policy per month for up to 25 months to help pay for long-term care services.
- **Flexible features available** - PLUS: If you collect a benefit for LTC, your full death benefit is still available for your beneficiaries, as much as doubling your benefit
- **How Universal LifeEvents Works** - A higher death benefit during working years. Full LTC benefits when you're most likely to need them.

Need additional information?

Trustmark
Phone: (866) 335-6368

Monday – Friday:	8:00am – 7:00pm CST
Saturday:	9:00am – 3:00pm CST

Please note: *Employee must apply for and maintain coverage on themselves to have coverage on the spouse and eligible dependents.*

*The LTC Benefit is an acceleration of the death benefit and is not Long-Term Care Insurance (except in LA, where the LTC benefit is Long-Term Care Insurance.) It begins to pay after 90 days of confinement or services, and to qualify you must meet conditions of eligibility for benefits. Pre-existing condition limitation may apply. Benefits may not be available in all states or may be named differently.Your policy will contain complete details.

Critical Illness with Cancer

Unum

You have responsibilities - to yourself and to your family. Critical Illness with Cancer Insurance protects you and your family in the event of a serious illness or other medical condition with coverage that is portable (meaning you can take it with you, if you leave!) Payments are made directly to the employee, and can be applied to claims, household bills, or other expenses as needed.

	Critical Illness with Cancer Plan
Benefit	**Initial Benefit Amount**
Employee (Guaranteed Issue - $30,000) **Spouse (Guaranteed Issue - $30,000)** **Child (Guaranteed Issue - $15,000)**	$15,000 or $30,000 100% of employee amount 50% of employee amount
Covered Conditions	Initial Benefit
Invasive Cancer (including all Breast Cancer) **Kidney Failure** **Heart Attack** **Major Organ Transplant** **Stroke** **Benign Brain Tumor** **Coma** **Loss of hearing, Sight or Speech** **HIV or Hepatitis** **Permanent Paralysis**	100%
Coronary Artery Disease (Major)	50%
Non-Invasive Cancer **Infectious Disease** **Amyotrophic Lateral Sclerosis (ALS)** **Dementia (including Alzheimer's Disease)** **Multiple Sclerosis** **Parkinson's Disease**	25%
Coronary Artery Disease (Minor)	10%
Skin Cancer	$500
Additional Conditions for your Children	
Cerebral Palsy **Cleft Lip or Palate** **Cystic Fibrosis** **Down Syndrome** **Spina Bifida**	100% (50% of elected coverage amount)
Health Screening Benefit	$50 per covered person per calendar year
Pre-Existing Conditions	12/12 exclusion

Please speak with a Benefits Counselor for more information.

Accident

Unum

You do everything you can to keep your family safe, but accidents do happen. It's comforting to know you have help to manage the medical costs associated with accidental injuries, both **on and off the job**. Accident (24 hour coverage) Insurance provides you with additional coverage to help cover medical expenses and living costs when you get hurt unexpectedly.

Benefit Type	Accident Plan
Accidental Death Benefit Rider Employee Spouse Children	 $75,000 $37,500 $18,750
Accidental Death Benefit Rider – Common Carrier Employee Spouse Children	 $75,000 $37,500 $18,750
Ambulance	Ground $300 | Air $1,000
Appliance	$50 - $200
Cuts/Lacerations	$50 - $600
Second and Third Degree Burns	$500 - $10,000
Therapy Services (15 visits)	$20
Concussion	$400
Dislocations	$150 - $3,375
Emergency Care	$100
Telehealth Services	$25
Fractures	$100 - $4,500
Inpatient Surgery	$100 – $1,500
Emergency Dental Repair	$90 - $350
Lodging (per night)	$150
Physician Follow-Up (2 visits)	$75
Hospital Admission (per accident)	$1,500
Hospital Daily Stay	$350
Hospital ICU Admission (per accident)	$1,500
Hospital ICU Daily Stay	$350
Short Hospital Stay	$200
Prosthetic Device	$750 - $1,500
Be Well Benefit (per covered person per calendar year)	$50

Coverage Tier	Monthly	Semi-Monthly
Employee Only	$15.63	$7.82
Employee + Spouse	$27.35	$13.68
Employee + Child(ren)	$34.90	$17.45
Family	$46.62	$23.31

Hospital Indemnity

Unum

Hospital insurance is designed to help provide financial protection for covered individuals by paying a benefit due to a hospitalization and in some cases, for treatment received for an accident or sickness, even if that treatment occurs outside the hospital. Employees can use the benefit to meet the out-of-pocket expenses and extra bills that can occur. Lump sum benefits are paid directly to the employee based on the amount of coverage listed in the schedule of benefits.

Hospital Indemnity Plan				
Subcategory	**Benefit Limits**	**Benefit**	**High Plan**	**Low Plan**
Admission Benefit	Once per calendar year	Admission	$1,000	$500
		ICU Supplemental Admission	$1,000	$500
Daily Stay Benefit	Per day up to 365 days	Daily Stay	$200	$100
		ICU Daily Stay	$200	$100
Pre-Existing Conditions			12/12 exclusion	

Coverage Tier	**High Plan**		**Low Plan**	
	Monthly	**Semi-Monthly**	**Monthly**	**Semi-Monthly**
Employee Only	$32.32	$16.16	$13.38	$6.69
Employee + Spouse	$62.28	$31.14	$26.58	$13.29
Employee + Child(ren)	$44.37	$22.19	$18.95	$9.48
Family	$74.34	$37.17	$31.72	$15.86

Learn more about your annual Be Well Benefit

Your Unum plan pays a Be Well Benefit for one Be Well screening each year.

With Unum's Be Well Benefit, you and other covered family members can receive a valuable incentive for important tests and screenings. Many of these tests are routinely performed, so it's easy to take advantage of this benefit.

Your Critical Illness Be Well benefit is $50.

BE WELL SCREENINGS

- Annual exams by a physician including sports physicals and well-child visits, dental and vision exams
- Cancer screenings including pap smear, colonoscopy
- Cardiovascular function screenings
- Cholesterol and diabetes screenings
- Imaging studies, including chest X-ray, mammography
- Immunizations including HPV, MMR, tetanus, influenza

IT'S EASY TO FILE A CLAIM

You can receive a benefit for tests that are performed after your initial coverage date.

Follow these simple steps:

File your claim online with a one-time registration on **unum.com**, by mail or over the phone. Simply call **1-800-635-5597** to learn more.

You will need to provide the following:

- First and last names of the **employee** and **claimant** (the employee might not be the claimant)
- Employee's **Social Security number** or **policy number**
- **Name** and **date** of the test
- Name of **physician** and the **facility** where the test was performed.

Each year, you can earn a valuable incentive just for taking care of your health. And so can each of your covered family members.

For more information, please contact your HR representative.

Better benefits at work.™

unum.com

EN-1911-BeWell FOR EMPLOYEES (1-21)

PERSONAL SERVICES

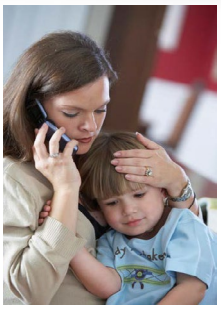
SafetyNets plus provides 3 Benefits For You and Your Immediate Family

All For $14.95 Per Month + Free Student Loan Analysis

Powered by GotZoom!

How long are you waiting for medical care?

+20 million members **95% member satisfaction**
$0 visit fee **92% issues resolved after 1st visit**



Feel better now! 24/7 access to a doctor is only a call or click away—anytime, anywhere with a **$0 visit fee**. With Teladoc, you can talk to a doctor by phone, online video or mobile app to get a diagnosis, treatment options and prescription if medically necessary. Save time and money by avoiding crowded waiting rooms in the doctor's office, urgent care clinic or ER. Simply use your phone, computer, smartphone or tablet to request a visit with a U.S. physician licensed in your state. Teladoc doctors respond on average within 10 minutes to treat non emergency medical issues such as the following:

cold & flu symptoms	constipation	urinary tract infection
sinus problems	allergies	diarrhea
gastroenteritis	respiratory infection	bronchitis
pink eye	pharyngitis	rash & other skin eruptions

TELADOC®

Disclaimers:

 Teladoc does not replace the primary care physician. Teladoc does not guarantee that a prescription will be written. Teladoc operates subject to state regulation and may not be available in certain states. Teladoc does not prescribe DEA controlled substances, non-therapeutic drugs and certain other drugs which may be harmful because of their potential for abuse. Teladoc physicians reserve the right to deny care for potential misuse.

Available with no age restrictions.

Allstate IDENTITY PROTECTION

InfoArmor has joined the **Allstate family of companies.** Their mission is to help protect more digital lives and continue to deliver impeccable customer service. PrivacyArmor is now known as Allstate Identity Protection Pro.

InfoArmor

Identity & Credit Monitoring. Proactive identity monitoring utilizing data sources and proactive alerts including account applications for credit cards, wireless carriers, loans, utility accounts, and even non-credit accounts. PrivacyArmor monitors high-risk identity activity such as password resets, fund transfers, unauthorized account access, compromised credentials, address changes, public record alerts, and more. Uncover and resolve issues early to help minimize damages.

Digital Identity Report. Take control of your privacy and reputation. Our deep internet search creates a snapshot of your exposed information online.

Three Year Rolling History. InfoArmor monitors your identity for past adverse events to make sure that you are not only protected moving forward but we also fix anything in the past (pre-existing conditions).

Internet Surveillance. By scanning an ever-evolving network of compromised machines, we detect information misuse and compromised credentials in the Underground Internet and alert consumers with unparalleled accuracy.

Privacy Advocate Remediation. An expert is on your side to guide you through the identity restoration process and fight back against identity thieves.

$1,000,000 Identity Theft Insurance Policy. If you are a victim of fraud, we will reimburse your out of pocket costs to reinforce your financial security.†

Solicitation Reduction and IdentityMD. Reduce unwanted calls, mail and preapproved credit offers and receive guidance on how to limit exposure to fraud.

Did You Know?

49 million American consumers were victims of identity fraud in 2020 costing those victims **56 billion**[1].

It takes most businesses over **6 months** to notice a data breach.[2]

More than **60%** of fraud comes from mobile devices.[3]

*Network provides comprehensive coverage, although no solution can detect all suspicious activity. Nonetheless, our Privacy Advocates will work tirelessly to restore your identity regardless of when or how the damage was done.
†Identity theft insurance underwritten by insurance company subsidiaries or affiliates of AIG. The description herein is a summary and intended for informational purposes only and does not include all terms, conditions and exclusions of the policies describe. Please refer to the actual policies for terms, conditions, and exclusions of coverage. Coverage may not be available in all jurisdictions.

1 "2021 Identity Fraud Study", independent study by Javelin Strategy & Research. 2 Ponemon Institute. "Fifth Annual Benchmark Study on Privacy & Security of Healthcare Data," May 2015. 3 RSA. "Q1 2018 Fraud Report," May 2018

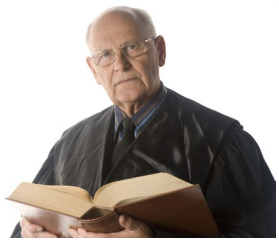
Disclosures: **This plan is not insurance.** This discount card program contains a 30-day cancellation period. The plan is not insurance coverage and does not meet the minimum creditable coverage requirements under the Affordable Care Act. Available only to TX residents.

SafetyNets® plus

Save time, money and stress. Protect yourself and your family with the SafetyNets plus package of benefits.

Family Legal Protection Plan

7 out of 10 families had a need for an attorney in the past year.



This plan is so much more than just an online do-it-yourself legal plan. Members have access to face-to-face or phone consultations with licensed network attorneys and so much more. There are no caps or limitations to how many times members can utilize the plan fro new legal matters.

Four great ways to save:

1. No-Cost Services
2. Exclusive Flat Fee Services
3. Low Hourly Plan Discount Rate Services
4. Discounted Contingency Fees

Legal Access

No-Cost services including :

- Free Simple Will with free annual updates
- Free Living Will substitution for Free Simple Will
- One-on-one consultations for new legal matters
- Unlimited phone consultations (for each new legal matter)
- Phone calls made and letters written on your behalf
- Attorney review of legal documents (6 page max per new matter)
- Helpful advice on representing yourself in small claims court
- Assistance in solving your problems with government programs

Available to member, spouse or domestic partner, unmarried dependent children up to age 26. Also available to member and spouse's elder parents, step parents, adoptive parents and grandparents, even if not residing in member's household.

gotzoom Your Path to Student Loan Relief

Reduce your Student Loan Debt by up to 80% without refinancing.

Educators and Public Service employees enjoy special status with the Department of Education (DOE). The Public Service Loan Forgiveness program (PSLF) helps make Educators among the highest loan forgiveness recipients.

- Gotzoom is the premier "White Glove" Financial Wellness company whose sole focus is on reducing the financial stress overtaking the workforce Please
- visit www.safetynetsplus.com/poteetisd and select the GotZoom benefit under the Products tab. Then simply follow the instructions. Your benefit will be effective 9/1/2021
- All administrative details are managed by GotZoom for the employee
- GotZoom monitors DOE programs and reviews the employee's status annually to find any additional debt reduction options
- **Employee's loan analysis and Benefits Summary are free (no obligation)**
- Service fees apply only after the employee has reviewed and approved repayment/forgiveness programs
- Application Fee: $407; Monthly Fee: $32.95

Participants can realize savings with both reduced monthly payments and shorter loan terms.

We have helped participants save an average of ***$468*** in monthly payments or ***$5,616*** per year for up to ten years. A total savings of ***$56,160***.

PLEASE NOTE: InfoArmor account **must be activated** direct with InfoArmor *and* **Teladoc** account **must be registered** direct with Teladoc upon becoming effective. Instructions for both will be sent to your home address upon becoming effective, along with your SafetyNets plus ID cards.
All other benefits do not require activation and are ready to use upon becoming effective.

SafetyNets plus is provided by National Benefit Plans, Ltd. • San Antonio, TX • (800) 787-3988

SafetyNets plus

PERSONAL SERVICES

EMERGENCY TRANSPORTATION COSTS

MASA MTS is here to protect its members and their families from the shortcomings of health insurance coverage by providing them with comprehensive financial protection for lifesaving emergency transportation services, both at home and away from home.

Many American employers and employees believe that their health insurance policies cover most, if not all ambulance expenses. The truth is, they DO NOT!

Even after insurance payments for emergency transportation, you could receive a bill up to $5,000 for ground ambulance and as high as $70,000 for air ambulance. The financial burdens for medical transportation costs are very real.

HOW MASA IS DIFFERENT

Across the US there are thousands of ground ambulance providers and hundreds of air ambulance carriers. ONLY MASA offers comprehensive coverage since MASA is a PAYER and not a PROVIDER!

ONLY MASA provides over 1.6 million members with coverage for **BOTH ground ambulance and air ambulance transport, REGARDLESS of which provider transports them.**

Members are covered ANYWHERE in all 50 states and Canada!

Worldwide coverage is also available with our Platinum Membership.

Additionally, MASA provides a repatriation benefit: if a member is hospitalized more than 100 miles from home, MASA can arrange and pay to have them transported to a hospital closer to their place of residence.

MASA Medical Transport Solutions™

Any Ground. Any Air. Anywhere.™

OUR BENEFITS

Benefit*	Platinum $39/Month	Emergent Plus $14/Month
Emergent Ground Transportation	U.S./Canada	U.S./Canada
Emergent Air Transportation	U.S./Canada	U.S./Canada
Non-Emergent Air Transportation	Worldwide	U.S./Canada
Repatriation	Worldwide	U.S./Canada
Escort Transportation	Worldwide	
Mortal Remains Transportation	Worldwide	
Visitor Transportation	BCA**	
Minor Children/Grandchildren Return	BCA**	
Vehicle Return	BCA**	
Pet Return	BCA**	
Organ Retrieval	U.S./Canada	
Organ Recipient Transportation	U.S./Canada	

** Please refer to the MSA for a detailed explanation of benefits and eligibility,*

*** Basic Coverage Area (BCA) includes U.S., Canada, Mexico, and Caribbean (excluding Cuba).*

A MASA Membership prepares you for the unexpected and gives you the peace of mind to access vital emergency medical transportation no matter where you live, for a minimal monthly fee.

- One low fee for the entire family
- NO deductibles
- NO health questions
- Easy claim process

For more information, please contact Jaran Floyd or Brice Calahan

830-377-8637 | Jfloyd@masamts.com
956-252-6818 / Bcalahan@masamts.com

EVERY FAMILY DESERVES A MASA MEMBERSHIP

Important Notices

09/01/2022

Poteet ISD

Mailing Address 1100 School Drive
Poteet, TX 78065

Contact Name Diamantina Flores

Contact Title Accounting Supervisor

Contact Email: dflores@poteetisd.org

Contact Phone: 830-742-3567

Brown & Brown INSURANCE
EMPLOYEE BENEFITS

NOTICE OF SPECIAL ENROLLMENT RIGHTS

This notice is being provided to help you understand your right to apply for group health coverage. You should read this notice even if you plan to waive health coverage at this time.

Loss of Other Coverage

If you are declining coverage for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, 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).

Marriage, Birth or Adoption

If you have a new dependent as a result of a marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, or placement for adoption.

Medicaid or CHIP

If you or your dependents lose eligibility for coverage under Medicaid or the Children's Health Insurance Program (CHIP) or become eligible for a premium assistance subsidy under Medicaid or CHIP, you may be able to enroll yourself and your dependents. You must request enrollment within 60 days of the loss of Medicaid or CHIP coverage or the determination of eligibility for a premium assistance subsidy.

To request special enrollment or obtain more information, please contact the plan administrator (see cover page for contact information).

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

GENETIC INFORMATION NONDISCRIMINATION ACT (GINA)

The Genetic Information Nondiscrimination Act of 2008 protects employees against discrimination based on their genetic information. Unless otherwise permitted, your employer may not request or require any genetic information from you or your family members.

GINA prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law.

To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic Information" as defined by GINA, includes an individual's family medical history, the results of genetic tests, the fact that a member sought or received genetic services, and genetic information of a fetus carried by a member or an embryo lawfully held by a member receive assistive reproductive services.

MENTAL HEALTH PARITY AND ADDICTION ACT

The Mental Health Parity and Addiction Act of 2008 general requires group health plans and health insurance issuers to ensure that financial requirements (such as co-pays and deductibles) and treatment limitations (such as annual visit limits) applicable to mental health or substance use disorder benefits are no more restrictive than the predominant requirements or limitations applied to substantially all medical/surgical benefits. For more Information regarding the criteria for medical necessity determinations made under your employer's plan with respect to mental health or substance use disorder benefits, please contact your plan administrator at (see cover page for contact information).

WOMEN'S HEALTH AND 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). The Women's Health and Cancer Rights Act requires group health plans and their insurance companies and HMOs to provide certain benefits for mastectomy patients who elect breast reconstruction. 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.
Breast reconstruction benefits are subject to deductibles and co-insurance limitations that are consistent with those establishes for other benefits under the plan. If you would like more information on WHCRA benefits, contact your plan administrator (see cover page for contact information).

MICHELLE'S LAW

When a dependent child loses student status for purposes of the group health plan coverage as a result of a medically necessary leave of absence from a post-secondary educational institution, the group health plan will continue to provide coverage during the leave of absence for up to one year, or until coverage would otherwise terminate under the group health plan, whichever is earlier.
For additional information, contact your plan administrator (see cover page for contact information).

GRANDFATHERED HEALTH PLANS

This group health plan believes this plan is a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the plan administrator (see cover page for contact information).

CERTIFICATE OF CREDITABLE COVERAGE

You can request a certificate of creditable coverage, free of charge, from your group health plan or health insurance issuer when you lose coverage under the plan, when you become entitled to COBRA, when COBRA coverage ceases, if you request it before you lose coverage, or if you request it up to 24 months after losing coverage.

If you are joining a grandfathered health plan, you may be subject to pre-existing condition exclusion for 12 months (18 months for late enrollees) after your enrollment date (if you are age 19 or older) without evidence of creditable coverage from your prior plan.

UNIFORMED SERVICES EMPLOYMENT AND RE-EMPLOYMENT RIGHTS ACT OF 1994 (USERRA)

The Uniformed and Services Employment and Re-Employment rights Act of 1994 (USERRA) sets requirements for continuation of health coverage and re-employment in regard to an Employee's military leave of absence. These requirements apply to medical and dental coverage for you and your Dependents. They do not apply to any Life, Short Term or Long Term Disability or Accidental Death & Dismemberment coverage you may have. A full explanation of USERRA and your rights is beyond the scope of this document. If you want to know more, please see the Summary Plan Description (SPD) for any of our group insurance coverage or go to this site: http://www.dol.gov/vets/programs/userra/main.htm

An alternative source is VETS. You can contact them at 1-866-4-USA-DOL or visit this site: http;//www.dol.gov/vets
An interactive online USERRA Advisor can be viewed at http://www.dol.gov/elaws/userra.htm

NEW HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS AND YOUR HEALTH COVERAGE

Form Approved
OMB No. 1210-0149
(expires 6-30-2023)

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 credit. [1]

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 Diamantina Flores at 830-742-3567 or dflores@poteetisd.org.

[1] *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.*

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 **Poteet ISD**		**4. Employer Identification Number (EIN)X** **74-6001936**
5. Employer address **1100 School Drive**		**6. Employer phone number** **830-742-3567**
7. City **Poteet**	**8. State** **TX**	**9. Zip Code** **78065**
10. Who can we contact about health coverage at this job? **Diamantina Flores**		
11. Phone number (if different from above)	**12. Email address** **dflores@poteetisd.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: [fill in eligibility rules if applicable]
  - ☑ Some employees. Eligible employees are: [full-time, working 20-30 hours week or more]

- With respect to dependents:
  - ☑ We do offer coverage. Eligible dependents are: [your legal spouse, regardless of gender, and your natural, step or adopted children until the end of the month in which they reach age 26]
  - ☐ 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 this 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.

YOUR INFORMATION. YOUR RIGHTS. OUR RESPONSIBILITIES.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

EFFECTIVE DATE: 09/01/2022

Privacy Officer: Diamantina Flores
Title: Accounting Supervisor
Email: dflores@poteetisd.org
Phone: 830-742-3567

YOUR RIGHTS

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

YOUR CHOICES

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

OUR USES AND DISCLOSURES

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

YOUR RIGHTS

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say "yes" if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say "no" if it would affect your care.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting **www.hhs.gov/ocr/privacy/hipaa/complaints/.**
- We will not retaliate against you for filing a complaint.

YOUR CHOICES

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation
- *If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*
- In these cases we *never* share your information unless you give us written permission:
- Marketing purposes
- Sale of your information

OUR USES AND DISCLOSURES

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Help manage the health care treatment you receive

- We can use your health information and share it with professionals who are treating you.
- *Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.*

Run our organization
- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.
- *Example: We use health information about you to develop better services for you.*

Pay for your health services
- We can use and disclose your health information as we pay for your health services.
- *Example: We share information about you with your dental plan to coordinate payment for your dental work.*

Administer your plan
- We may disclose your health information to your health plan sponsor for plan administration.
- *Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.*

- How else can we use or share your health information?
- We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues
- We can share health information about you for certain situations such as:
- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research
- We can use or share your information for health research.

Comply with the law
- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests
- We can use or share health information about you:
- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions
- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

OUR RESPONSIBILITIES
- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.
- For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice
- We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you.

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

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit **www.healthcare.gov**.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at **www.askebsa.dol.gov** or call **1-866-444-EBSA (3272)**.

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 July 31, 2021. Contact your State for more information on eligibility –

ALABAMA – Medicaid	COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442
ALASKA – Medicaid	**FLORIDA – Medicaid**
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268
ARKANSAS – Medicaid	**GEORGIA – Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext 2131

PERSONAL SERVICES

CALIFORNIA – Medicaid	INDIANA – Medicaid
Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Email: hipp@dhcs.ca.gov	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki)	**MONTANA – Medicaid**
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562	Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084
KANSAS – Medicaid	**NEBRASKA – Medicaid**
Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
KENTUCKY – Medicaid	**NEVADA – Medicaid**
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov	Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900
LOUISIANA – Medicaid	**NEW HAMPSHIRE – Medicaid**
Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)	Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218
MAINE – Medicaid	**NEW JERSEY – Medicaid and CHIP**
Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: -800-977-6740. TTY: Maine relay 711	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710

MASSACHUSETTS – Medicaid and CHIP	NEW YORK – Medicaid
Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
MINNESOTA – Medicaid	**NORTH CAROLINA – Medicaid**
Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739	Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100
MISSOURI – Medicaid	**NORTH DAKOTA – Medicaid**
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	**UTAH – Medicaid and CHIP**
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
OREGON – Medicaid	**VERMONT– Medicaid**
Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
PENNSYLVANIA – Medicaid	**VIRGINIA – Medicaid and CHIP**
Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx Phone: 1-800-692-7462	Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-800-432-5924
RHODE ISLAND – Medicaid and CHIP	**WASHINGTON – Medicaid**
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
SOUTH CAROLINA – Medicaid	**WEST VIRGINIA – Medicaid**
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
SOUTH DAKOTA - Medicaid	**WISCONSIN – Medicaid and CHIP**
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
TEXAS – Medicaid	**WYOMING – Medicaid**
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2021, or for more information on special enrollment rights, contact either:

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

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

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)

IMPORTANT NOTICE FROM POTEET ISD ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE, HUMANA PLANS

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with 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) **Poteet ISD has determined that the prescription drug coverage offered by all Humana Plans, 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 15 to December 7.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

WHAT HAPPENS TO YOUR CURRENT COVERAGE IF YOU DECIDE TO JOIN A MEDICARE DRUG PLAN?

If you decide to join a Medicare drug plan, your current coverage Humana Plan at Poteet ISD will not be affected. You can keep this coverage if you elect part D and this plan will coordinate with Part D coverage.

If you do decide to join a Medicare drug plan and drop your current coverage, be aware that you and your dependents will be able to get this coverage back at the next annual enrollment opportunity or qualified life event.

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 this plan 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…

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).

Or contact the person listed below.
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 Poteet ISD changes. You also may request a copy of this notice at any time.

Effective Date: 09/01/2022

Employer Name: Poteet ISD

Contact Name/Title: Diamantina Flores
Accounting Supervisor

Address: 1100 School Drive
Poteet, TX 78065

Phone: 830-742-3567

Email: dflores@poteetisd.org

Contacts

Refer to this list when you need to contact one of your benefit providers. For general information, please contact ***Alamo Insurance Group*** or ***Accounting Supervisor, Diamantina Flores*** at **dflores@poteetisd.org**

Plan	Vendor	Policy Number	Website	Contact
Medical	Humana	401566	www.humana.com	(866) 355-5999
Dental	Unum	00449745	www.unumdentalcare.com	(888) 400-9304
Vision	Unum	00449745	www.unumvisioncare.com	(888) 400-9304
Disability Basic Term Life and AD&D Supplemental Term Life	Unum	0449856 0449743 0449744	www.Unum.com/Employees AskUnum@unum.com	(800) 421-0344
Accident Critical Illness Hospital Indemnity	Unum	0449747 0449746 0449748	www.Unum.com/Employees AskUnum@unum.com	(800) 635-5597
SafetyNets Plus	SafetyNets Plus	N/A	www.safetynetplus.com	(800) 787-3988
Flexible Spending Account Health Savings Account COBRA	NBS	N/A	www.nbsbenefits.com	(800) 274-0503
Universal Life	Trustmark	N/A	www.trustmarkbenefits.com	(866) 335-6368
Employee Assistance Program	Deer Oaks EAP Services	N/A	www.deeroakseap.com eap@deeroaks.com	(888) 993-7650
Benefits Service Center	Professional Enrollment Concepts	N/A		(866) 335-6368

Staff Member	E-mail	Phone
Alamo Insurance Group / Brown & Brown Insurance Services		
Nora Delgado *Account Manager*	nora.diazdelgado@bbrown.com	(210) 524-7116

EMPLOYEE BENEFITS
2022 – 2023 PLAN YEAR

ALAMO INSURANCE GROUP
BROWN & BROWN, INC.

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