AISD Benefits Department

Frequently Asked Questions

WHO TO CONTACT

ARLINGTON ISD BENEFITS OFFICE STAFF

Linda Scott	FBS Client Services Representative	(682) 867-7364 hrbenefits@aisd.net
Patrice Whiteside	HR Specialist-Leaves and Retirement	(682) 867-7362 hrbenefits@aisd.net
Patrice Simmons	HR Specialist-Benefits and Wellness Services	(682) 867-7480 hrbenefits@aisd.net
Denebra Johnson	Benefits Manager	(682) 867-7700 hrbenefits@aisd.net

Office Fax (682) 867-4651 Website www.myaisdbenefits.net

INSURANCE PLANS PHONE NUMBERS 2016-2017

Medical	Aetna	(800) 222-9205 www.trsactivecareaetna.com
Pharmacy	Caremark	(800) 222-9205 www2.caremark.com/trsactivecare
Teladoc	Aetna	(855) 835-2362 www.teladoc.com/aetna
Wellness Program	Vivarae	(888) 848-3723 www.AISDWellnessProgram.com
Medical Gap Plan	American Public Life	(800) 256-8606 www.ampublic.com
Dental	CIGNA	(800) 244-6224 www.cigna.com
Vision	VSP	(800) 877-7195 www.vsp.com
Disability	Aetna	(888) 266-2917 www.wkabsystem.com
Cancer	American Public Life	(800) 256-8606 www.ampublic.com
Life and AD&D	Aetna	(800) 523-506 www.aetna.com/group/giweb/life
Individual Life	Texas Life	(800) 283-9233 www.texaslife.com
Identity Theft Protection	ID Watchdog	(800) 970-5182 www.idwatchdog.com
Reimbursement Accounts	National Benefit Services	(800) 274-0503 www.nbsbenefits.com
Employee Assistance	Aetna	(855) 283-1915 www.mylifevalues.com
Retirement	Teacher Retirement Systems	(800) 223-8778 www.trs.state.tx.us
403(b)	National Benefits Services	(800) 274-0503 www.nbsbenefits.com
457(b)	Russ Ross Financial	(817) 795-7877 www.russ-ross.com
Benefits Third Party Administrator	Financial Benefit Services	(800) 583-6908 www.fbsbenefits.com

GENERAL QUESTIONS

I recently moved, do I need to change my address with Benefits for my insurance?

No, you do not need to change it with the Benefits Department. As long as you change it with Human Resources, it will automatically forward on to all of the insurance companies.

I recently had a baby, got married/divorced, or my spouse's benefits changed at his/her employer. How can I make the appropriate changes to my benefit selections?

This type of change is known as a **Qualifying Event.** You can download the form you will need to make the change from the Benefits website at **www.myaisdbenefits.net** . Click on the "Insurance Change Form" located under the **"Quick Links"** section on the website. You will also need to provide documentation showing the effective date of the Qualifying Event. The form and documentation are due back in our office within 30 days of the event date. You can drop them off in person, email them, or fax them.

If I do not qualify for a change in status can I still change my benefits?

If you do not qualify for a change in status, which would be an event that qualifies under the IRS guidelines to make a change throughout the year to your benefits, you will be unable to make that change until the open enrollment period. The open enrollment period is usually in July and August.

When are insurance benefits effective for a new employee?

As a new employee, you have 31 days from the date of employment to enroll in the benefits of your choice. Benefits are effective as of the first day of the month following your date of hire.

Example: If an employee starts on August 10th, their insurances are effective on September 1.

How do I enroll for benefits?

Benefit enrollment is conducted online at **www.myaisdbenefits.net**. For enrollment instructions click on the **"Enrollment Instructions"** document located under the **"Quick Links"** section of the Home page. If you do not enroll, your next opportunity to gain benefits would be during Open Enrollment period for the following plan year.

Who do I contact for benefit questions?

For general benefits questions please email the Benefits Department at **hrbenefits@aisd.net**. For specific coverage questions, call the service provider directly.

When is my dependent child no longer eligible for health insurance?

Coverage for your child will remain in effect through the last day of the month in which they turn 26. As a result of this status change, your child will be eligible for COBRA enrollment.

If I do not enroll for coverage as a new employee, may I enroll at a later date?

The Arlington Independent School Districts benefit programs are pre-tax cafeteria benefits program under Section 125 of the Internal Revenue Service (IRS) Code. The IRS regulations governing the program do not permit changes after open enrollment, except in very limited circumstances. Once you have elected a plan, you must stay in the selected plan, at the selected coverage level, for the full calendar year, unless there has been a qualifying event. A qualifying event is a change in family status, such as the birth of a child, loss of a dependent, marriage, or divorce. A qualifying event can also occur in cases where your spouse's employment is terminated. You have 31 days from the occurrence of the qualifying event to make changes to your benefits. The changes made, however, must be because of and consistent with the change in status that has occurred.

The penalty for non-compliance with the IRS regulations is the loss of tax-exempt status for both Arlington Independent School District and the employees in the plan. Changes outside of the open enrollment period will be permitted only in accordance with the IRS regulations. For this reason, you are cautioned to be very careful in making your selections.

Contact the Benefits Office if you have any questions.

MEDICAL INSURANCE

When will I receive my insurance card?

It usually takes 7 to 14 business days after you enroll for your ID card to be mailed out.

I still haven't received, or I lost my new health insurance card. How can I get a new one?

Please contact Aetna directly at 1-800-222-9205.

How can I find participating providers and facilities in Aetna's network.

Aetna participating providers and facilities can be found on-line at **www.trsactivecareaetna.com**, then click **"Find a Doctor or Facility"**.

How is medical coverage provided for a newborn?

A newborn automatically has 30 days of coverage under their mother's medical plan. Within those 30 days, the employee must complete and submit a benefits change form for a change in status to continue coverage for the baby.

What is a deductible/co pay/out-of-pocket maximum?

A deductible is the amount of out-of-pocket expense that must be paid for health care services by the covered person before the health care plans starts to pay benefits.

A copay is the amount paid at the time of service for certain medical services and prescription drugs. Copays apply to medical out-of-pocket maximums.

The medical out-of-pocket maximum is the most you are required to pay for covered medical expenses out of your own pocket. When you reach the plan's out-of-pocket maximum, TRS-

ActiveCare pays 100 percent of any eligible expenses for the rest of the plan year. The out-of-pocket maximum includes the deductible, any medical copays and medical coinsurance.

How many health plan options do we have?

AISD offers four medical plan options.

What are they?

TRS ActiveCare 1-HD, TRS ActiveCare 2, TRS ActiveCare Select Plan and TRS Scott & White HMO

What's the same about them?

All 4 plans provide 100% coverage for preventive care and screenings, with no deductible or co-pay required, as long as the service meets the guidelines for a preventive care service and is not for screening of a diagnosis

What's different about the plans?

The premiums, copays and deductibles are all different. With Plan 1-HD there are no copays because you have to meet a deductible before the plan will pay for all services. The Select Plan and Scott & White HMO plan require you to stay within a very specific network of providers.

Where can I find premiums?

You can find all premiums in the **"Employee Benefits Guide"** located on the Home page of the Benefits website at **www.myaisdbenefits.net**. Click on the **"Benefits Guide"** tab located at the top of the page. Then click on the **"2016-2017 Employee Benefits Guide"**.

What's my copay?

TRS ActiveCare 1-HD - no copays because you have a deductible you have to meet first.

TRS ActiveCare 2- $30 copay for primary and $50 copay for specialist

TRS AcitiveCare Select - $30 copay for primary and $60 copay for specialist

TRS Scott & White HMO - $20 copay for primary and $50 copay for specialist

Will my premiums come out of each paycheck?

Yes. The rates you see in the **"Employee Benefits Guide"** reflect the amount that will come out of **each** paycheck.

What's the best way to decide which plan to choose?

Choosing your health plan is a personal decision. Read the medical summary pages in the 2016-2017 Employee Benefits Guide thoroughly. The summary pages for each of the plans provide an easy-to-understand summary about benefits and coverage.

How much does the District pay towards my health insurance premium?

$225 per month for Professional employees

$240 per month for all Para-Professional and Auxiliary employees

Are substitutes, part-time and temporary employees eligible for health plan coverage?

Yes. Substitutes, part-time and temporary employees are eligible for health plan coverage; however the District does not contribute anything towards their health insurance premiums.

Can I waive health plan coverage?

Yes. Everyone who is declining the TRS ActiveCare Medical Plans for themselves or any of their dependents is required to complete the **"Declination Process"**. This can be done online at **www.myaisdbenefits.net**.

I am an active employee on the AISD health plan and I also have Medicare coverage. Which plan will pay first?

In most cases, the AISD Health Plan will pay first. If you need further assistance, please contact Aetna Member Services at 800-222-9205.

If my spouse is currently covered on his or her employer's health plan, and he or she loses that coverage, am I able to add them to my plan?

Yes. Your spouse's loss of coverage would be considered a qualifying event. You will need to contact the Benefits Department within 31 days of losing coverage for information on how to add them to coverage .

Are there any discounts to my premiums if my spouse is also a AISD employee?

Yes. Married couples both working for AISD may "pool" funds to pay for medical premiums. It is optional and only beneficial if covering an entire family. Please contact the Benefits Department for more information.

Are there any discounts to my premiums if my spouse is works for another District that offers TRS ActiveCare plans?

Yes. Married couples working for different participating entities may "split" the cost of medical premiums. This requires an Application to Split Premium form to be completed by both employees and employers. Please contact the Benefits Department for more information.

If I earn less than normal during a pay period and my paycheck does not cover my premium deduction, how can I pay the balance?

You can either have the unpaid balance automatically deducted from your next paycheck, or bring a personal check or money order to the Benefits Department.

How will I pay insurance premiums when I am not working?

You can either have the unpaid balance automatically deducted from your next paycheck, or bring a personal check or money order to the Benefits Department.

How do I see a doctor before I get my insurance card?

If you need to access your benefits before you obtain your cards, you may have to pay out of pocket, unless your provider can delay filing your claims. Otherwise you can file a manual claim after-the-fact to be reimbursed what insurance would have paid. Contact Aetna at 1-800-222-9205 for a claim form.

What do I do when medical claims are denied?

Contact Aetna at 1-800-222-9205 and find out why. Aetna will be able to instruct you on the surest way to rectify the problem or discuss ways to appeal the decision.

WELLNESS PROGRAM

Why should I enroll in the Wellness Program?

If you choose to participate in the plan and you are enrolled in a TRS ActiveCare medical plan, you will be eligible for a $20 monthly reduction in your medical premiums. You will receive your own Personal Wellness Profile detailing your current health status, areas for improvement, and recommended next steps. Knowledge of your individual risk factors can help you become more proactive about your health and help prevent long-term health conditions, or improve upon current conditions.

What is required to participate in the Wellness Program?

The health management program is run on a point system. You will earn points throughout the year for completing certain program activities.

How many points must I earn?

If you earn 200 points before 8/31/16, you will be eligible to continue receiving $20 per month off of your monthly health insurance premium.

How do I get my points?

You earn points by participating in certain activities, such as, completing a health and biometric assessment, keep up with your preventive care appointments and participate in other program activities.

What happens if I don't get my points?

If you do not earn all of your points, you will no longer be eligible to receive the $20 per month off of your monthly health insurance premium.

After I am enrolled in the program, when can I log onto the website to record my points?

After you enroll, you must wait until the first of the following month to log onto the Vivarae system.

I cannot get into Vivarae's system. Who do I contact?

Please contact Vivarae directly at 1-888-848-3723. If they are unable to resolve your issue, please contact the Benefits Department.

MEDICAL GAP PLAN

What is the Medical Gap Plan?

The Medlink Medical Gap Plan is designed to help offset out-of-pocket costs that you may experience due to deductibles, co-payments and coinsurance when you are enrolled in the TRS ActiveCare 1-HD medical plan.

Will the Gap Plan help cover my costs for Doctor's visits and prescriptions?

No, it is only designed to pay for some the cost incurred for in-patient, out-patient, emergency room, diagnostic testing and urgent care services.

Will the Gap Plan pay my newborn baby?

Yes. Your Medlink plan includes coverage for routine newborn care.

Does my newborn need to be enrolled in the plan before it will pay?

No. Employees do not need to enroll the newborn in order to receive coverage for routine Newborn Care. The Child will have 30 days of coverage. After 30 days the coverage is dropped unless the child is added to the plan.

DENTAL INSURANCE

I haven't received, or I lost my dental insurance card. How can I get a new one?

Please contact Cigna directly at 1-800-244-6224.

How can I find a dentist who participates in the Cigna network?

The provider directory for Cigna is online at www.cigna.com or call Cigna directly at 1-800-244-6224.

Where can I go to find out about covered procedures and patient charges for each dental plan?

You can find additional information regarding your vision plan by either visiting **www.cigna.com**, or the benefits website, **www.myaisdbenefits.net**. Click on the **"Dental"** section located at the bottom left of the **Benefits Home** page and then click on the appropriate dental plan. Click on **"Plan Information".**

Is the plan year for my dental insurance the same as my medical insurance?

No. Although the AISD Benefits Plan year is from September through August, the CIGNA Dental PPO deductibles and maximums begin each January 1st and go through December 31st.

VISION INSURANCE

I haven't received my vision insurance card. How can I get one?

VSP does not issue ID cards for your vision insurance. Tell your provider that you are a VSP member and they handle everything from there.

How can I find an optometrist/ophthalmologist who participates in the VSP plan?

The provider directory for VSP is online at **www.vsp.com** or call VSP directly at 1-800-877-7195.

Is there additional information about the vision plan?

You can find additional information regarding your vision plan by either visiting **www.vsp.com**, or the benefits website, **www.myaisdbenefits.net**. Click on the **"Vision"** section located at the bottom left of the **Benefits Home** page. Click on **"Plan Information"**.

DISABILITY INSURANCE

Do I really need disability insurance?

If you need your income to pay for housing, food and other expenses, and have no other means to support yourself if an illness or injury kept you out of work (and without a paycheck) for over 90 days, you are a good candidate for disability insurance

How much coverage should I have?

You should have enough to cover your living expenses (rent/mortgage, groceries, utilities, etc.). You may purchase a monthly benefit amount in $100 increments, from $200 to $8,000(not to exceed 66 2/3% of monthly earnings).

What is the elimination (waiting) period?

It's the amount of time you have to wait from the first day you get ill or injured to when you start receiving benefits. Disability policies can carry elimination periods of 7, 14, 30, 60, 90, or 180 days. Generally, the longer the elimination period, the lower your premiums will be.

Is there a pre-existing condition exclusion on my policy?

Yes. There is a 3/12 pre-existing conditions clause. This is a look back period to see if you were treatment-free for a 3-month period prior to the effective date of your coverage. If you weren't treatment-free, the pre-existing condition is excluded from coverage if you're disabled within 12-months of first becoming insured. In addition, if during an annual enrollment period you apply for additional benefits or select a shorter elimination period, this plan will not cover the increase in your coverage if you have a pre-existing condition. The pre-existing condition exclusion applies to all conditions including pregnancy.

CANCER INSURANCE

Why do I need this plan?

If you are diagnosed with cancer, a supplemental cancer plan could provide financial help. If your health insurance plan does not pay for everything, you can use the benefits payable under this plan to help get the care, medicines, tests and treatment that you need.

The plan pays a benefit for each day that you are in the hospital, intensive care, a hospice or receiving outpatient treatment. If you are unable to work while undergoing treatment, you may use your benefits to help pay your mortgage, utilities, for food—how you use the benefits is entirely up to you.

How does this plan work?

The Cancer Plan is designed to supplement your existing health insurance by paying benefits beginning on the first day cancer is positively diagnosed.

Starting the first day, the plan pays a benefit for the 'first occurrence' along with a daily benefit for each day you are in the hospital, intensive care, hospice or receiving outpatient treatment.

What are the two plans available?

You may select between the Low Base Plan and the High Base Plan. You pay a slightly higher premium for the High Base Plan and receive higher benefits.

For example, the Low Base Plan pays $100 per day hospital confinement benefit.

The benefits you receive per day are also higher under the High Option Plan.

For example, the plan pays $300 per day hospital confinement benefit.

Each plan comes with the option to purchase an Intensive Care Unit rider. The ICU rider benefit would pay an additional amount if you were confined due to accident or sickness.

Who selects the doctors and hospitals?

You select your own care. You receive all the benefits for which you are eligible regardless of what physician you see or what hospital you use.

How are benefits paid?

All benefits will be payable directly to you or to anyone you choose. They can be sent to the doctor or hospital upon your request.

This is a supplemental plan that pays regardless of any other insurance you have with other companies.

How can the benefits be used?

You can use your benefits any way you want. Pay medical bills, the mortgage or buy food, the choice is yours.

Does the plan have any exclusions?

No benefits are payable for any loss incurred during the first year of the policy/certificate as a result of a Pre-Existing Condition. You must not have received medical advice, consultation or treatment, including prescribed medications, within 12 months prior to the Effective Date of coverage.

What Cancers Are Covered?

Cancer insurance is extremely versatile and flexible – you can collect your cancer insurance benefit check for most types of invasive internal cancer, as well as for malignant melanoma (cancerous skin tumors). Cancer insurance does NOT cover non-cancerous moles and benign skin tumors. However, the long list of covered cancers includes ovarian cancer, breast cancer, colon cancer, leukemia, kidney cancer, lung cancer, head and neck cancers and brain tumors, to name just a few.

What If I Already Have Health Insurance?

Don't worry – your cancer insurance policy won't be affected! Cancer insurance is supplemental, meaning it "supplements" your existing medical insurance by providing extra funds, no strings attached. Even better – if you don't have health insurance, you can still take out a cancer insurance policy for protective coverage. No matter what your current insurance situation is, cancer insurance is a simple way to stay safe.

What happens to the Cancer policy if I leave the district?

You will be able to keep the policy. You will set up payment arrangements directly with American Public Life.

GROUP LIFE INSURANCE

Does the District provide Life Insurance and Accidental Death and Dismemberment to its employees?

The District provides a $10,000 basic life insurance and Accidental Death and Dismemberment (AD&D) policy to its employees.

Can I elect additional life insurance and/or AD&D?

You can elect additional life insurance and/or AD&D as a new employee or during open enrollment. You may be required to complete an Evidence of Insurability form to be approved for additional life insurance.

What if I do not want to fill out the Evidence of Insurability form, or I did fill it out and I was not approved? Does that mean I cannot get additional life insurance?

Yes. You must complete any required information in order to be approved for additional life insurance.

INDIVIDUAL LIFE INSURANCE

Does the District offer a permanent life insurance policy?

Yes. The District offers a permanent life insurance policy, through Texas Life Insurance Company, that is yours to keep, even when you change jobs or retire, as long as you pay the necessary premium.

Are the rates about the same for the Texas Life Insurance as the Group Life Insurance?

No. The rates are somewhat higher than the rates for the Group Life Insurance. However, the benefits of a Texas Life insurance policy are; you can take the policy with you when you leave the District at the same rate you are currently paying, there is minimal cash value, and there is a guaranteed death benefit to age 121.

How do I apply for a Texas Life Insurance Policy?

You will need to contact the Benefits Department to apply for Texas Life.

FLEXIBLE SPENDING (FSA)

What types of expenses are covered under my Healthcare Flexible Spending Account?

Please see our list of **eligible expenses** for the Healthcare Flexible Spending Accounts on the benefits website, **www.myaisdbenefits.net**. Click on the **"Reimbursement Plans"** section located at the bottom left of the **Benefits Home** page. Click on **"Healthcare FSA"** The list of eligible expenses is located under **"Benefits & Forms"**.

I never received or lost my Flex Card. How can I get a new one?

Please contact National Benefit Services directly at 1-800-274-0503. They manage the flexible spending accounts for the District.

I only have a Dependent Care Account. Why can't I use my Flex Card for that?

The Flex Card can only be used for flexible spending health care accounts. Government regulations do not permit the use of a card for dependent care accounts. We apologize for any inconvenience; it is the government's policy, not the District's policy. You will have to file a claim form for a flexible spending dependent care account.

How can I get a claim form to file for my dependent care account?

Download a claim form by logging onto the benefits website, **www.myaisdbenefits.net**. Click on the **"Reimbursement Plans"** section located at the bottom left of the **Benefits Home** page. Click on **"Dependent Care FSA"**. The claim form is located under **"Benefits & Forms"**.

What happens if I do not spend all the money in my Healthcare FSA or Dependent Care FSA by the end of the plan year?

You MUST use all of the money in your accounts during the Plan Year. You will lose any remaining balance in the account at the end of the Plan Year. Money in your accounts may be used only for reimbursement of expenses you have incurred during the Plan Year. Claims for expenses you incur during the Plan Year must be submitted for reimbursement within 90 days after the Plan Year ends.

What happens to my Healthcare FSA or Dependent Care FSA if I leave the district?

If you leave the district your Healthcare or Dependent Care FSA accounts will terminate. If you wish to continue using the accounts you must elect it with your Cobra benefits.

HEALTH SAVINGS ACCOUNT (HSA)

What is a Health Savings Account (HSA)?

A health savings account (HSA) is a tax-advantaged account where money can be set aside to pay for future medical expenses. In order to contribute to an HSA, you must have an HSA-qualified high-deductible health plan in place.

Who is eligible for a Health Savings Account (HSA)?

Anyone who is enrolled in the TRS ActiveCare 1-HD medical plan.

What expenses can I use a Health Savings Account for o is eligible for a Health Savings Account (HSA)?

Anyone who is enrolled in the TRS ActiveCare 1-HD medical plan.

Are there limits to how much I can contribute to my HSA?

Families can contribute up to $6,750 and individuals can contribute up to $3,350 per year.

What types of expenses can I use my Health Care Savings Account for?

You can use this tax-advantaged account to pay for current or future healthcare expenses including deductibles, co-insurance, prescriptions, vision, dental care, and more.

Can I ever lose the funds I put into a Health Savings Account?

Unused HSA funds roll over year to year; there is no “use it or lose it” penalty. Funds that are rolled over continue to grow and earnings are tax-free. At age 65, you will have the ability to use your HSA funds for any purpose on a taxable basis. This makes funding your HSA a great way to save for retirement.

Your HSA funds are never lost due to changes in employment or health plan. If at some point you are no longer enrolled In TRS ActiveCare Plan 1-HD, you still have access to your funds and can use them to pay for medical expenses; however, you are simply no longer eligible to make contributions.

SAVING FOR RETIREMENT

Other than the money that goes into my TRS Retirement account, what other options are available to me to save for retirement?

The District offers 2 additional options for retirement savings, a 403(b) and a 457 retirement account. Both of these accounts allow contributions to grow tax deferred until withdrawn at retirement. Because the money is coming out of your paycheck pre-tax, your taxable income is lower and your tax burden is decreased.

What are the differences between a 403(b) and a 457 retirement plan?

The major differences are listed in the below:

- The IRS 10% penalty on withdrawals made prior to age 59 ½ does not apply to the 457(b), but it does apply to the 403(b) SRA.
- The 403(b) SRA allows cash withdrawals as a current member of the faculty or staff if you become disabled, in the event of financial hardship, or at age 59 ½ or older. These options are not available under the 457(b).
- The 457(b) allows cash withdrawals as a current member of the faculty or staff as a one-time withdrawal if your account balance is no more than $5,000 and you have made no contributions to the plan during the two years prior to the distribution.

How do I set up a 403(b) account?

You will find a list of District approved 403(b) vendors on the benefits website, www.myaisdbenefits.net. Click on the **"Financial Planning"** section located at the bottom left of the **Benefits Home** page. Click on **"403(b)"**. The approved vendors list is located under **"Benefits & Forms"**. Contact one of the Venders on the list to open an account. Complete the **"Salary Reduction Agreement"** also located under **"Benefits & Forms"** and fax all documentation to the number listed at the top of the **"Salary Reduction Agreement"**.

How do I set up a 457 account?

The District has selected Russ Ross Financial to be the approved 457 vendor. You will contact him at 817-795-7877 to set up a 457 account.

How can I change/stop the amount that is deducted from my paycheck, for my 403(b) or 457 retirement account?

You will complete the **"Salary Reduction Agreement"** located under on the benefits website, **www.myaisdbenefits.net**. To locate the form, click on the **"Financial Planning"** section located at the bottom left of the **Benefits Home** page. Click on **"403(b)"**. The **"Salary Reduction Agreement"** is located under **"Benefits & Forms"**. Complete the form and fax it to the number listed at the top of the **"Salary Reduction Agreement"**.

LEAVING THE DISTRICT

I'm thinking about leaving the District. Can I continue my benefits?

Yes, you can continue your health, dental, vision and flexible spending insurance through COBRA for a time period after you leave. Once you have been terminated from the district you will receive a Medical Cobra packet from Wellsystems. For your dental, vison and flexible spending benefits you will receive a Cobra packet from National Benefit Services.

Is the cost still the same as I pay now as an active employee?

No, you will have to pay the portion that the District paid towards your medical insurance while you were an active employee. The dental and vision prices are the same as that of an active employee. However, there is a 2% administrative charge applied to each premium rate for medical, dental, vision and flexible spending.

How do I get information to sign up for COBRA when I leave the District?

You will automatically receive information for COBRA within 2-3 weeks after you leave the District. The coverage is retroactive to the date when your coverage under the District stopped. Please make sure to leave an updated address with the Human Resources department, so that you receive the information.

What happens to my retirement?

You may leave your TRS Retirement money with TRS when you resign if you are planning to work for AISD or another Texas school district in the future. You may also choose to take a refund or roll your contributions into another eligible retirement plan. You will need to complete a TRS 6 form, which can be found on the TRS website, and submit it to TRS.

What happens to my insurance benefits when I leave employment?

Your coverage ends at midnight on the last day of the month in which your employment ends.

RETIRING FROM THE DISTRICT

I'm thinking about retiring from the District, what all do I need to be doing?

First call TRS at 1-800-223-8778 and request an Estimate of Benefits. Once you receive the estimate and are certain that you are ready to retire, submit your retirement form (can be found on the AISD Intranet) to your Principal/Supervisor or Manager. You will be contacted by the AISD Benefits Specialist to schedule an exit interview once your retirement notice has been approved.

When does my insurance end?

Your coverage ends the last day of the month in which you retire, unless you choose to carry your plan through the end of the plan year (August 31st)..

Can I keep my insurance?

Yes. Aetna and National Benefit Services will send you cobra packets in the mail the month following the last day of your coverage with instructions. The Benefits Department notifies those companies of the date your coverage will end due to retirement.

Can I get paid for my unused sick/personal/vacation time?

Yes. If you were hired before Jan. 1, 1985 you will receive accrued benefits.

Can I use my sick/personal/vacation time?

Yes, but only with approval from your supervisor and sometimes only part of it.

How soon do I have to tell you I'm ready to retire?

At least 30 days in advance, or as soon as you've made the decision. Notify your principal/manager/supervisor in writing that you plan to retire and when.

Can I retire at the end of December?

AISD strongly encourages you to work through the end of your contract. If that is not possible your retirement will be accepted contingent upon finding a replacement for you.

LEAVES OF ABSENCE (FMLA)

What is Family Medical Leave?

Family Medical Leave is a United States federal law requiring employers to provide employees job-protected and unpaid leave for qualified medical and family reasons. Qualified medical and family reasons include: personal or family illness, family military leave, pregnancy, adoption, or the foster care placement of a child.

Do I qualify for Family Medical Leave?

Yes, if you have worked consecutively for the district for one year or 1,250 hours you qualify for up to 12 weeks of unpaid, protected job leave due to a medical reason for you or a family member whether the absences are consecutive or intermittent.

What if I don't meet the criteria for Family Medical Leave?

Para-Professional and Professional positions may use Temporary Disability leave. Auxiliary positions may use Extended Leave. This type of leave can only be used if you are going out for a personal illness. You cannot use Temporary Disability or Extended Leave to care for a family member. The leave lasts 96 calendar days. It is not paid leave and does not come with job protection.

Do I have to use it? My Dr. wants to charge me to fill out your paperwork.

No you do not have to complete the paperwork; however, it is to your advantage to establish that your absences from work are due to a medical reason.

Do I get paid while I'm missing work?

Yes. Payroll will use your available time bank to pay you for as long as they can. In the event you run out of time you will be docked at your daily rate or will miss a day of pay, depending on your position with the district.

What happens to my insurance benefits when I am on a leave of absence?

Your benefits will continue, however, if you are not getting paid you will need to make arrangements with the Benefits Department to make sure your premiums stay up to date (see question below).

What if I miss a paycheck? Will I lose my benefits?

Payroll will notify the Benefits Department if you are a "no pay." An invoice will be mailed to you and you can either pay out of pocket or arrange for the unpaid premiums to be deducted from your paycheck when you return to work.

I can't find the paperwork. Where do I get it?

Please contact the Benefits Department for FMLA paperwork.

Do I have to tell my principal/manager/supervisor why I'm missing work?

You do not have to tell them details but they need to know how long and the general reason you are missing work. This information can be shared by completing the request form of the FML/Extended Leave/Temporary Disability packet.

Can I be fired while I'm on disability?

You can't be fired simply because you went on disability. However, in some circumstances, depending on how long you've been off work and how much longer it will be before you can return to work, AISD may be able to terminate you.

CATASTROPHIC SICK LEAVE BANK

What is the Sick Leave Bank?

It is a voluntary employee benefit program developed to provide up to 75 additional paid days to members who have suffered a catastrophic illness or injury.

When can I enroll?

You can join the Sick Leave Bank during the open enrollment period or, if you are a new employee, during the first 31 calendar days of employment.

How can I enroll?

Membership applications are available in the Benefits department.

How much does it cost?

To become a member of the Bank, you must contribute three days from your local leave balance for the current school year.

Do I need to sign or complete anything if I want to continue my membership from previous years?

No, your membership automatically carries over year after year.

How does one qualify for Sick Leave Bank days?

You may request days from the Sick Leave Bank only after you have exhausted all accumulated state, personal, sick and any accrued vacation. Sick Leave Bank days can be granted only for absences for working days and will not be granted for holidays, vacation days, or other such days for which the member is not paid.

What is considered catastrophic?

A catastrophic illness or injury is defined as a severe condition or combination of condition affecting the mental or physical health of an employee, and which causes an employee to be unable to work for a prolonged period of time. It must require the continuing services of a physician or psychiatrist.

The Sick Leave Bank is ***NOT*** intended to cover such instances as:

- Vacation
- Extending normal maternity leave
- A short term illness, such as the flu or a cold
- Worker's Compensation cases

Do I have to give three days every year?

No, you will not be required to donate any additional days in subsequent years unless you are granted days from the bank

Is there a preexisting period for new members?

The bank cannot be used for an illness, injury, or surgery which results from any condition which was known to the member on the date that he/she first became a member of the Catastrophic Sick Leave Bank.

What will be my effective date?

Your membership goes into effect the day the Benefits Department receives your application.

How will an employee be notified if they are able to receive days for sick leave bank?

You will receive a letter in the mail as to the ruling on the request for days.

Who makes up the Sick Leave Bank Committee?

The bank shall be administered by the following personnel who will be referred to as the catastrophic leave bank committee ("the committee"):

- Principal
- Counselor or librarian
- High school teacher
- Junior high school teacher
- Elementary school teacher
- Administrator
- Paraprofessional representative
- Supervisor representative
- Campus auxiliary personnel representative
- Food service representative
- Maintenance, operations, warehouse, transportation representative

In addition, three members of the community shall be invited to join the committee as follows:

- Physician
- Psychologist or psychiatric consultant
- Layman

How do I request paid leave from the sick leave bank?

A Sick Leave Bank application and Attending Physician's Statement should be sent to the Benefits Department as soon as it is know that you will be on extended sick leave and has or will exhaust all accrued leaves.

Will my health insurance continue while I am using catastrophic leave?

Yes, your health insurance will continue in full effect.

Can I donate hours directly for the use of a fellow employee?

No. Because the district has opted to have a Catastrophic Sick Leave Bank, employees are not allowed to donate hours for a fellow employee.

EMPLOYEE ASSISTANCE PROGRAM

What is the Employee Assistance Program (EAP)?

The Employee Assistance Program (EAP) offers professional guidance to you and your family members when personal or work-related problems become difficult to manage alone. The EAP offers free assessment, short-term counseling and referral information to employees and their family members. The goal is to address these issues before job performance is affected. Finding solutions to problems or developing better coping techniques will help you to better manage life's difficulties.

Does it cost to use the Employee Assistance Program (EAP)?

EAP services are free of charge. As an AISD employee you can receive three face-to-face counseling sessions a year with an EAP network provider and unlimited telephonic counseling session. If your issue cannot be resolved in the number of visits available, your EAP counselor will refer you to a counselor in the community that is best suited to address

your needs. Once referred, you will be responsible for payment. However, the EAP will help you find a counselor within your medical insurance network.

Who may use the Employee Assistance Program (EAP)?

All AISD and members of their household are eligible to use the EAP services. Often, when one family member is experiencing some difficulties, it affects other family members as well.

What types of problems are seen through the Employee Assistance Program (EAP)?

- Personal balance
- Emotional wellness
- Relationship issues
- Family issues
- Communication skills
- Stress Management
- Alcohol and drug issues
- Work-related issues
- Grief issues
- Financial and legal concerns

Is the EAP available after business hours?

Yes. The EAP is available 24 hours a day, 365 days a year.

What about confidentiality?

EAP services are confidential. That means if you or a family member calls the toll-free number, neither your employer nor anyone else will know you used the program unless you choose to tell them. All calls are confidential except as required by law (e. g., when a person's emotional condition is a threat to him- or herself or others, there is suspected child, spousal or elder abuse or abuse to people with disabilities).

Does using the EAP affect my job?

No record of your contact with Strong EAP will be provided to your employer without your written consent.

If your job performance is significantly affected, your supervisor may recommend EAP to you as a resource for you to use to resolve any personal or work related problems that may have negatively impacted your performance. The goal is for work performance to return to an acceptable level.

. **How can I contact the EAP?**

The EAP can be reached by calling 855-283-1915 or by visiting www.mylifevalues.com. (Log in username and password are both RESOURCES).

PET INSURANCE

What is the pet insurance?

Pet health insurance helps you pay for unexpected veterinary expenses due to accidents or illnesses. So, if your pet has an accident or becomes ill, Pet Insurance helps pick up the bill.

Why do I need it?

Every six seconds, a pet parent is faced with a vet bill for more than $3,000.* And one in three pets will need unexpected veterinary care each year. Pet insurance can help provide peace of mind that should your pet get sick or injured, your costs can be covered.*

What does it cost?

AISD offers 2 different pet insurance options through Nationwide Insurance. The My Pet Protection Plan starts at $40 per month. The My Pet Protection Plan with Wellness starts at $66 per month.

Can I still use my VetWhat does it cost?

Absolutely. You are fee to visit any vet and choose the course you fell is best for your pet.

What does the plan cover?

- Accidents, including poisonings and allergic reactions
- Injuries, including cuts, sprains and broken bones
- Common illnesses, including ear infections, vomiting and diarrhea
- Serious/chronic illnesses, including cancer and diabetes
- Hereditary and congenital conditions
- Surgeries and hospitalization
- X-rays, MRIs and CT scans
- Prescription medications and therapeutic diets
- Wellness exams
- Dental cleaning
- Vaccinations
- Spay/neuter
- Flea and tick prevention
- Heartworm testing and prevention
- Routine blood tests

What is not covered?

Like all pet insurers, we don't cover taxes, waste, grooming, boarding, or pre-existing conditions.

Will my premiums be deducted from my payroll?

No. If you enroll in this benefit you will pay Nationwide directly for your monthly premiums.

METLAW HYATT LEGAL PLAN

What is a legal plan and why should I enroll in one?

The MetLaw Hyatt Legal plan offers you and your family value, convenience and peace of mind by giving you easy and low-cost access to attorneys for a wide variety of personal legal services. It's like having your own attorney as if on retainer.

When you use a network attorney for covered services, all attorney fees are covered by the prepaid legal plan. Advice and consultations on an unlimited number of personal legal matters are also included in Hyatt's legal plans. When you enroll in the legal plan for only pennies a day, you can have a lawyer on your side.

Legal issues arise when you get married, have a baby, buy or sell your home or lose a spouse or a parent. Take the Legal Needs Test to determine other areas where you may be in need of legal advice or representation. Typically, lawyers charge $100 to $500 to prepare a will (double the cost if your spouse needs a will). Although Hyatt's legal service plans are offered as a voluntary benefit, the value of participating in the prepaid legal plan is clearly significant.

What is covered by my legal plan?

Hyatt legal plans provide fully covered services for the most frequently needed personal legal matters, in addition to advice and consultations on an unlimited number of many personal legal matters.

- Law for Family & Personal
- Law for Money Matters
- Law for Vehicle & Driving
- Law for Home & Real Estate
- Civil Lawsuits
- Law to Protect Your Future/Estate
- Law for Elder-Care Issues

What is not covered by my legal plan?

Non-covered issues may include the following:

- Employment-related Matters
- Appeals and class actions
- Farm Matters
- Business Or Invest Matters
- Matters Involving Property Held for Investment or Rental
- Issues When The Participant Is The landlord

Are pre-existing matters covered?

Yes, Hyatt Legal Plans encourages members to use the plan to resolve as many legal issues as possible, even if they are pre-existing matters. The only pre-existing matters that are not covered are those for which you retained an attorney before becoming eligible for plan benefits. This is necessary to protect the existing attorney-client relationship.

Do Hyatt's legal plans include telephone advice and office consultations with local attorneys for an unlimited number of covered and non-covered matters?

Yes, Hyatt Legal Plans is the only provider to cover office consultations and telephone advice for an unlimited number of covered and non-covered personal legal matters, so long as they are not excluded. These services are offered by local plan attorneys.

What matters are excluded?

Hyatt Legal Plans, Inc. offers a model legal plan called MetLaw. Customized legal plans are available for employers with more than 3,000 benefit eligible employees. MetLaw provides a consultation benefit for most personal legal matters. What's more, many personal legal matters are fully covered. For a list of fully covered services in your organization's legal plan, please log in or call the Client Service Center at 800-821-6400. The following matters are excluded from all plans:

- Employment-related matters, including company or statutory benefits
- Matters involving the employer, plan attorneys, MetLife and affiliates
- Matters in which there is a conflict of interest between the employee and spouse or dependents, in which case services are excluded for the spouse and dependents
- Appeals and class actions
- Farm and business matters, including rental issues when the plan member is the landlord
- Patent, trademark and copyright matters
- Costs and fines
- Frivolous or unethical matters
- Matters for which an attorney-client relationship exists prior to the participant becoming eligible for plan benefits

If you desire service for a personal legal matter that is outside the scope of the plan, you can still receive telephone advice or an office consultation about that matter, so long as it is not excluded. This enables you to discuss the issues at length, understand your rights and options, and decide on a course of action. After the consultation, the attorney may decide that the matter is actually covered by the plan. If it is, the attorney will advise you and provide the service. If the matter is not covered, the attorney will provide a written fee estimate and you can choose whether or not to retain the attorney for further representation.

How much does it cost?

Just $16.50 per month covers you, your spouse, and your children up to age 26. Payments are made conveniently and easily through payroll deductions.