LAMAR CONSOLIDATED HIGH SCHOOL

FOSTER HIGH SCHOOL FALCONS

DR. THOMAS E. RANDLE HIGH SCHOOL ESTABLISHED 2021

GEORGE RANCH HIGH SCHOOL Established 2010

FULSHEAR HIGH SCHOOL CHARGERS EST. 2016

2021-2022

SEE INSIDE

FOR DETAILS OF YOUR

EMPLOYEE BENEFITS PACKAGE

INSIDE THIS BOOKLET

Employee Benefits 2021 - 2022

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OPEN ENROLLMENT **CALENDAR OF EVENTS**

MAY 3 — JULY 30	Enroll with First Financial using the call center
SEPTEMBER 1	Elections are effective
SEPTEMBER 15	Check Pay Stub for correct deductions

FINE PRINT: The information contained in this enrollment guide is an outline of the coverage offered by Lamar Consolidated Independent School District. It does not include all of the terms, exclusions, limitations and conditions of the actual contract language. If there is a conflict between the information in this guide and the actual plan documents or policies, the documents or policies will always govern. Complete details about the benefits can be obtained by reviewing current plan descriptions, contracts, certificates, policies and plan documents. Plan documents or policies will be made available for review upon request. Lamar Consolidated Independent School District reserves the right to modify, amend, suspend or terminate any plan at any time for any reason.

If you have Medicare or will become eligible for Medicare in the next 12 months, Federal law gives you more choices about your prescription drug coverage. Please refer to your Medicare Part D Non-Creditable Coverage Notice on pages 18-19 of this guide for more details.

LAMAR CISD

ENROLLMENT ELIGIBILITY

Lamar Consolidated ISD

Lamar Consolidated Independent School District is proud to provide our employees and their families with a comprehensive and affordable benefits package, allowing you to enroll in those plans that best fit your family's needs. This guide can help you make sure you're enrolled in the benefits that best fit your life situation. At this time, you may enroll or make changes to your elections. Get ready by taking the time to know more about your options and then take action to enroll.

- **Employee Eligibility:** All FT (full-time) employees are eligible for Medical and Dental benefits first of the month following date of hire. For example, if an employee begins work on May 15, 2022, his or her benefits would be effective June 1, 2022.
- **Dependent Eligibility:** Dependents eligible for coverage include your legal spouse and children under age 26. For medical and dental, children under age 26 are eligible regardless of marital or dependent status. Older children who were disabled prior to the limiting age and grandchildren are also considered eligible dependents if you are their legal court ordered guardian and are claiming them as a dependent for tax purposes.
- **Benefit Enrollment Period:** After your initial enrollment period (when you first become eligible for benefits), you may enroll, waive coverage, or change your benefit elections during the stated annual open enrollment period each year (for coverage to become effective September 1) or at any time during the plan year in the event of a qualified change in status (also called a "life event"). **If you have a change in status and wish to change any of your benefit elections, you must contact the benefits department *within 30 days of the date of the event*.**

Qualified Changes in Status:

Employee's marriage or divorce or death of employee's spouse

Birth, adoption or death of a dependent child

Change in employee's, spouse's or dependent child's employment status that affects benefit eligibility

Child becoming ineligible for coverage due to reaching age 26

Change in the employee's, spouse's or a dependent child's residence that affects eligibility for coverage

Employee's receipt of a Qualified Medical Child Support Order or letter from the Attorney General ordering the employee to provide (or allowing the employee to drop) Medical coverage for a child

Changes made by a spouse or dependent child during his/her annual enrollment period with another employer

The employee, spouse or dependent child becoming eligible or ineligible for CHIP, Medicare or Medicaid

Significant employer – or carrier – initiated changes in or cancellation of the employee's, spouse's or dependent child's coverage

WHAT'S CHANGED THIS YEAR?

Employee Benefits 2021 - 2022

"Change is the law of life, and those who look only to the past and present are certain to miss the future" *-John F. Kennedy*

As no changes have been made in several years to the benefit levels, we are in need of changing a few benefits to keep up with the increasing cost of healthcare and keep the district's health plan budget in balance.

BROAD Plan A

- ⇒ Deductible increase
- ⇒ Out of Pocket Increase
- ⇒ PCP Copay Increase
- ⇒ Specialist Copay Increase
- ⇒ Pharmacy Copay Increase

BROAD Plan B

- ⇒ Deductible increase
- ⇒ Out of Pocket Increase
- ⇒ PCP Copay Increase
- ⇒ Specialist Copay Increase
- ⇒ Pharmacy Copay Increase

Memorial Hermann Plan A, Memorial Hermann Plan B, Kelsey Seybold Plan A, Kelsey Seybold Plan B and the High Deductible Health Plan will not have any changes this year.

Please see Pages 6-9 for a highlight of plan details.

Lamar Consolidated ISD

High Deductible Health Plan

The IRS Sets limits each year for Tax free Contributions to HSA.

Once you reach age 55, the IRS will allow the Account holder to contribute an additional amount:

	2021 IRS Limits	Age 55 Catch Up Limit
Individual	$3,600	$1,000
Family	$7,200	
District Contribution		Up to $500

- Tax Deductible Contributions up to the legal limit
- Tax Free withdrawals for medical, dental and vision expenses
- Tax Deferred for any interest earned, tax free if used for medical expenses
- It is ALWAYS Yours! You stay with the district or not on the HDHP Plan, the money is always yours

So we like to talk about the great Cost Savings and Health Savings Account, but we need to talk about the other areas too:

What is so difficult about a HDHP plan?

- Office Visits, Prescription Drugs, Diagnostic Testing are all out of pocket until your reach your Deductible.
  - Except Preventative Care Services and Appointments (annual physicals)
- You will need to "shop" for health care using your my UHC Tools
  - Did you know an MRI in our area can cost between $250—$4,000 for the same image?
- Large bills will come in after medical services are rendered
  - Please utilize your Health Savings Accounts to save money for any expenses
  - Also, work with your provider to make payment plans to pay off larger bills, as you contribute to your HSA Account.

For additional questions, Please let ALEX assist you in making the best medical plan and tax savings decision for you and your family.

www.myalex.com/lcisd

MEDICAL AND PHARMACY PLANS

Employee Benefits 2021 - 2022

Broad Choice Network: UnitedHealthcare®

Medical Plans

	Plan A	Plan B	Plan HDHP
BENEFIT	IN-NETWORK ONLY	IN-NETWORK ONLY	IN-NETWORK ONLY
Annual Deductible	$4,000 Ind./$12,000 Fam.	$2,000 Ind./$6,000 Fam.	$4,500 Ind./$9,000 Fam.
Maximum Out-of-Pocket	$8,000 Ind./$16,000 Fam.	$8,000 Ind./$16,000 Fam.	$4,500 Ind./$9,000 Fam.
Routine Preventive Care	$0 copay	$0 copay	$0 copay
PCP Office Visit	$30 / $50 copay	$30 / $50 copay	0% after deductible
Spec Office Visit	$50/ $100 copay	$50/ $100 copay	0% after deductible
Virtual Visit	$0 copay	$0 copay	0% after deductible
Lab and X-ray	10% after deductible	40% after deductible	0% after deductible
Inpatient Hospital	$750 copay + 10% after deductible	$750 copay + 40% after deductible	0% after deductible
Outpatient Hospital	10% after deductible	40% after deductible	0% after deductible
Emergency Services	$500 copay	$500 copay	0% after deductible
Urgent Care Services	$25 copay	$25 copay	0% after deductible
Inpatient Mental Health	10% after deductible	40% after deductible	0% after deductible
Outpatient Mental Health	$30 copay	$30 copay	0% after deductible

SAVE MONEY, USE CHOICE NETWORK PROVIDERS

Pharmacy

Rx BENEFIT	Plan A	Plan B	Plan HDHP
Pharmacy Deductible	$150 Individual/ $450 Family (Not Tier 1)		N/A
Tier 1 (Retail/Mail Order)	$15 / $30	$15/ $30	0% after deductible
Tier 2 (Retail/Mail Order)	$60 or 30% / $120	$60 or 30% / $120	0% after deductible
Tier 3 (Retail/Mail Order)	$90 or 40%/ $180	$90 or 40% / $180	0% after deductible

You can receive a 90-day supply of medicine through Optum Rx pharmacy benefit. Visit www.myuhc.com or call the number on the back of your card to set up your mail order service.

LAMAR CISD

MEDICAL AND PHARMACY PLANS

Lamar Consolidated ISD

Nexus Network: MEMORIAL HERMANN | UT Physicians A Part of UTHealth

Medical Plans

	Plan A		Plan B	
Benefit	TIER1	TIER 2	TIER 1	TIER2
Annual Deductible	$3,000 Ind./$9,000 Fam.		$1,000 Ind./$3,000 Fam.	
Maximum Out-of-Pocket	$5,750 Ind./$12,000 Fam.		$5,750 Ind./$12,000 Fam.	
Routine Preventive Care	$0 copay		$0 copay	
PCP Office Visit	$20 copay	$30 copay	$20 copay	$30 copay
Spec Office Visit	$40 copay	$80 copay	$40 copay	$80 copay
Virtual Visit	$0 copay		$0 copay	
Lab and X-ray	0% after deductible		30% after ded	50% after ded
Inpatient Hospital	0% after ded	$750 copay + 20% after ded	30% after ded	$750 copay + 50% after ded
Outpatient Hospital	0% after ded	20% after ded	30% after ded	50% after ded
Emergency Services	$500 copay		$500 copay	
Urgent Care Services	$25 copay		$25 copay	
Inpatient Mental Health	$750 copay + 20% after ded		$750 copay + 30% after deductible	
Outpatient Mental Health	$20 copay		$20 copay	

SAVE MONEY, USE NEXUS OA NETWORK PROVIDERS

Pharmacy

Rx BENEFIT	Plan A	Plan B
Pharmacy Deductible	$100 Individual/ $300 Family (Not Tier 1)	
Tier 1 (Retail/Mail Order)	$10 / $20	$15 / $30
Tier 2 (Retail/Mail Order)	$30 or 20% / $60	$35 or 20% / $70
Tier 3 (Retail/Mail Order)	$60 or 25%/ $120	$70 or 25% / $140

You can receive a 90-day supply of medicine through Optum Rx pharmacy benefit. Visit www.myuhc.com or call the number on the back of your card to set up your mail order service.

MEDICAL AND PHARMACY PLANS

Employee Benefits 2021 - 2022

Charter Network: Kelsey Seybold Clinic®

Medical Plans

	Plan A	Plan B
BENEFIT	IN-NETWORK ONLY	IN-NETWORK ONLY
Annual Deductible	$3,000 Ind./$9,000 Fam.	$1,000 Ind./$3,000 Fam.
Maximum Out-of-Pocket	$5,750 Ind./$12,000 Fam.	$5,750 Ind./$12,000 Fam.
Routine Preventive Care	$0 copay	$0 copay
PCP Office Visit	$20 copay	$20 copay
Spec Office Visit	$40copay	$40 copay
Virtual Visit	$0 copay	$0 copay
Lab and X-ray	0% after deductible	30% after deductible
Inpatient Hospital	0% after deductible	30% after deductible
Outpatient Hospital	0% after deductible	30% after deductible
Emergency Services	$500 copay	$500 copay
Urgent Care Services	$25 copay	$25 copay
Inpatient Mental Health	$750 copay + 0% after deductible	$750 copay + 30% after deductible
Outpatient Mental Health	$20 copay	$20 copay

Pharmacy

Rx BENEFIT	Plan A	Plan B
Pharmacy Deductible	$100 Individual/ $300 Family (Not Tier 1)	
Tier 1 (Retail/Mail Order)	$10 / $20	$15 / $30
Tier 2 (Retail/Mail Order)	$30 or 20% / $60	$35 or 20% / $70
Tier 3 (Retail/Mail Order)	$60 or 25%/ $120	$70 or 25% / $140

SAVE MONEY, USE KELSEY SEYBOLD PROVIDERS

You can receive a 90-day supply of medicine through Optum Rx pharmacy benefit. Visit www.myuhc.com or call the number on the back of your card to set up your mail order service.

LAMAR CISD

VOLUNTARY DENTAL PLAN

Lamar Consolidated ISD

VOLUNTARY DENTAL COVERAGE

BENEFIT	Low PPO	High PPO	DHMO
Calendar Year Deductible	$100 per person/ $300 per family	$100 per person/ $300 per family	Not Applicable
Preventive Care (Cleanings, Exams, X-ray)	0% after deductible	0% after deductible	Various copays
Basic Care (Endo, Perio, Oral Surgery)	30% after deductible	20% after deductible	Various copays
Major Care (Crowns, Bridges, Dentures)	60% after deductible	50% after deductible	Various copays
Orthodontics (Children to age 19)	50% after deductible	50% after deductible	Various copays
Annual Benefit Maximum	$750 per person	$1,500 per person	Unlimited

For DHMO copays, please refer to the Schedule of Benefits

USE YOUR DENTAL CLEANINGS TO PREVENT PROBLEMS LATER ON

VOLUNTARY DENTAL PREMIUM

	UHC Low PPO	**UHC High PPO**	**UHC DHMO**
Employee Only	$20.70	$21.79	$6.53
Employee + Spouse	$41.39	$43.58	$12.66
Employee + Children	$51.94	$54.69	$13.69
Employee + Family	$75.95	$79.97	$19.82

PAYROLL DEDUCTIONS

Employee Benefits 2021 - 2022

The Lamar Consolidated Independent School District deducts medical and dental premiums from each of your pay checks (semi monthly) on a pre tax basis.

MEDICAL PREMIUM

Plan A			
	UHC Choice Broad	**UHC Nexus Memorial Hermann**	**UHC Charter Kelsey Seybold**
Employee Only	$68.49	$48.25	$48.25
Employee + Spouse	$377.69	$266.08	$266.08
Employee + Children	$313.51	$220.86	$220.86
Employee + Family	$453.82	$319.72	$319.72
Plan B			
	UHC Choice Broad	**UHC Nexus Memorial Hermann**	**UHC Charter Kelsey Seybold**
Employee Only	$96.44	$67.94	$67.94
Employee + Spouse	$505.70	$356.26	$356.26
Employee + Children	$406.36	$286.28	$286.28
Employee + Family	$657.44	$426.40	$426.40
Plan HDHP			
	UHC Choice Broad	**HSA IRS Contribution Limit**	**HSA Catch Up Contribution (age 55 ↑)**
Employee Only	$24.65	$3,600	$1.000
Employee + Spouse	$219.48	$7,200	$1.000
Employee + Children	$181.57	$7,200	$1.000
Employee + Family	$268.23	$7,200	$1.000

LEGAL NOTICES

Lamar Consolidated ISD

Primary Care Provider Notice

Lamar Consolidated Independent School District Health Plan—Nexus Network generally requires the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, visit www.welcometouhc.com/nexus2

Lamar Consolidated Independent School District Health Plan—Charter Network generally requires the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. Until you make this designation, Lamar Consolidated Independent School District—Charter Network Plan designates one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, visit www.welcometouhc.com/charter

Women's Health & Cancer Rights Act

Do you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all states of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Contact your Human Resources for more information

Michelle's Law

Michelle's Law requires group health plans to provide continued coverage for a dependent child covered under the plan if the child loses eligibility under Lamar Consolidated Independent School District Health Plan because of the loss of student status resulting from a medically necessary leave of absence from a post-secondary educational institution. If your child is covered under Lamar Consolidated Independent School District Health Plan, but will lose eligibility because of a loss of student status caused by a medically necessary leave of absence, your child may be able to continue coverage under our plan for up to one year during the medically necessary leave of absence. This coverage continuation may be available if on the day before the medically necessary leave of absence begins your child is covered under Lamar Consolidated Independent School District Health Plan and was enrolled as a student at a post-secondary educational institution.

A "medically necessary leave of absence" means a leave of absence from a post-secondary educational institution (or change in enrollment status in that institution) that: (1) begins while the child is suffering from a serious illness or injury, (2) is medically necessary, and (3) causes the child to lose student status as defined under our plan.

The coverage continuation is available for up to one year after the first day of the medically necessary leave of absence and is the same coverage your child would have had if your child had continued to be a covered student and not needed to take a medical leave of absence. Coverage continuation may end before the end of one year if your child would otherwise lose eligibility under the plan – for example, by reaching age 26.

If your child is eligible for this coverage continuation and loses coverage under the plan at the end of the continuation period, COBRA continuation may be available at the end of the Michelle's Law coverage continuation period.

If you have any questions concerning this notice or your child's right to continued coverage under Michelle's law, please contact Human Resources.

HIPAA Notice of Privacy Practices Reminder

Lamar Consolidated Independent School District Health Plan is committed to the privacy of your health information. The administrators of the Lamar Consolidated Independent School District Health Plan (the "Plan") use strict privacy standards to protect your health information from unauthorized use or disclosure.

The Plan's policies protecting your privacy rights and your rights under the law are described in the Plan's Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting Human Resources.

HIPAA Special Enrollment Rights

Lamar Consolidated Independent School District Initial Notice of Your HIPAA Special Enrollment Rights

LEGAL NOTICES

Employee Benefits 2021 - 2022

Our records show that you are eligible to participate in the Lamar Consolidated Independent School District Health Plan (to actually participate, you must complete an enrollment form and pay part of the premium through payroll deduction).

A federal law called HIPAA requires that we notify you about an important provision in the plan - your right to enroll in the plan under its "special enrollment provision" if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

Loss of Other Coverage (Excluding Medicaid or a State Children's Health Insurance Program). If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

Loss of Coverage for Medicaid or a State Children's Health Insurance Program. If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

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

Eligibility for Medicaid or a State Children's Health Insurance Program. If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or to obtain more information about the plan's special enrollment provisions, contact Human Resources.

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)**.

LEGAL NOTICES

Lamar Consolidated ISD

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2020 . Contact your State for more information on eligibility –

State	Website	Phone Number
ALABAMA	http://myalhipp.com/	1-855-692-5447
ALASKA	http://myakhipp.com/ http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	1-866-251-4861 CustomerService@MyAKHIPP.com
ARKANSAS	http://myarhipp.com/	1-855-MyARHIPP (855-692-7447)
CALIFORNIA	https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx	1-800-541-5555
COLORADO	https://www.healthfirstcolorado.com/	1-800-221-3943/ State Relay 711
	https://www.colorado.gov/pacific/hcpf/child-health-plan-plus	1-800-359-1991/ State Relay 711
FLORIDA	http://flmedicaidtplrecovery.com/hipp/	1-877-357-3268
GEORGIA	https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp	678-564-1162 ext 2131
INDIANA	http://www.in.gov/fssa/hip/ http://www.indianamedicaid.com	1-877-438-4479 1-800-403-0864
IOWA	https://dhs.iowa.gov/ime/members http://dhs.iowa.gov/Hawki	1-800-338-8366 1-800-257-8563
KANSAS	http://www.kdheks.gov/hcf/default.htm	1-800-792-4884
KENTUCKY	https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx https://kidshealth.ky.gov/Pages/index.aspx https://chfs.ky.gov	1-855-459-6328 KIHIPP.PROGRAM@ky.gov1-877-524-4718
LOUISIANA	www.medicaid.la.gov www.ldh.la.gov/lahipp	1-888-342-6207 1-855-618-5488 (LaHIPP)
MAINE	http://www.maine.gov/dhhs/ofi/public-assistance/index.html	1-800-442-6003 Maine relay 711
MASSACHU-SETTS	http://www.mass.gov/eohhs/gov/departments/masshealth/	1-800-862-4840
MINNESOTA	https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/medical-assistance.jsp	1-800-657-3739
MISSOURI	http://www.dss.mo.gov/mhd/participants/pages/hipp.htm	573-751-2005
MONTANA	http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP	1-800-694-3084
NEBRASKA	http://www.ACCESSNebraska.ne.gov	1-855-632-7633
NEVADA	http://dhcfp.nv.gov	1-800-992-0900
NEW HAMPSHIRE	https://www.dhhs.nh.gov/oii/hipp.htm	603-271-5218 1-800-852-3345, ext 5218
NEW JERSEY	http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ http://www.njfamilycare.org/index.html	609-631-2392 1-800-701-0710
NEW YORK	https://www.health.ny.gov/health_care/medicaid/	1-800-541-2831
NORTH CAROLINA	https://medicaid.ncdhhs.gov/	919-855-4100

LEGAL NOTICES

Employee Benefits 2021 - 2022

State	Website	Phone Number
NORTH DAKOTA	http://www.nd.gov/dhs/services/medicalserv/medicaid/	1-844-854-4825
OKLAHOMA	http://www.insureoklahoma.org	1-888-365-3742
OREGON	http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html	1-800-699-9075
PENNSYLVANIA	https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx	1-800-692-7462
RHODE ISLAND	http://www.eohhs.ri.gov/	1-855-697-4347 401-462-0311
SOUTH CAROLINA	https://www.scdhhs.gov	1-888-549-0820
SOUTH DAKOTA	http://dss.sd.gov	1-888-828-0059
TEXAS	http://gethipptexas.com/	1-800-440-0493
UTAH	https://medicaid.utah.gov/ http://health.utah.gov/chip	1-877-543-7669
VERMONT	http://www.greenmountaincare.org/	1-800-250-8427
VIRGINIA	https://www.coverva.org/hipp/	1-800-432-5924 1-855-242-8282
WASHINGTON	https://www.hca.wa.gov/	1-800-562-3022
WEST VIRGINIA	http://mywvhipp.com/	1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN	https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf	1-800-362-3002
WYOMING	https://wyequalitycare.acs-inc.com/	307-777-7531

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

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.

Lamar Consolidated ISD

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 Human Resources.

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.

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

LEGAL NOTICES

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PART B: Information About Health Coverage Offered by Your Employer

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

3. Employer Name Lamar Consolidated Independent School District		4. Employer Identification Number (EIN) 74-6002016
5. Employer Address 3911 Avenue I		6. Employer phone number 832-223-0000
7. City Rosenberg	8.State Texas	9. ZIP Code 77471
10. Who can we contact about the employee health coverage at this job? Human Resources		
11. Phone number (if different from above) 832-223-0315	12.Email address emontalvo@lcisd.org	

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

- As you employer, we offer a health plan to:
  - ☐ All employees. Eligible employees are:
  - X Some employees. Eligible employees are:
    All employees who work an average of 20 hours per week.
- With respect to dependents:
  - X We do offer coverage. Eligible dependents are:
    Legal spouses, biological, adoptive, court appointed children until age 26, married or un-married.
  - ☐ We do not offer coverage.

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

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

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

LEGAL NOTICES

Lamar Consolidated ISD

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

13. **Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?**

☐ **Yes** (Continue)
13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? _____(mm/dd/yyyy) (Continue)

☐ **No** (STOP and return this form to employee)

14. Does the employer offer a health plan that meets the minimum value standard*
☐ Yes (Go to question 15) ☐ No (STOP and return form to employee)

15. For the lowest-cost plan that meets the minimum value standard* offered only to the employee (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/ she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.

a. How much would the employee have to pay in premiums for this plan? $ _____

b. How Often? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Quarterly ☐ Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP

16. What change will the employer make for the new plan year? _____

☐ Employer won't offer health coverage

☐ Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.* (Premium should reflect the discount for wellness programs. See question 15.)

a. How much would the employee have to pay in premiums for this plan? $ _____

b. How Often? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Quarterly ☐ Yearly

• An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)

LEGAL NOTICES

Employee Benefits 2021 - 2022

IMPORTANT NOTICE FROM LAMAR CONSOLIDATED INDEPENDENT SCHOOL DISTRICT ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Lamar Consolidated Independent School District Employee Benefit Trust Health Plan 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. Lamar Consolidated Independent School District Employee Benefit trust Health Plan has determined that the prescription drug coverage offered by the Lamar Consolidated Independent School District Employee Benefit Trust Health Plan medical plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is **therefore considered Creditable Coverage**. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?
You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

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

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?
If you decide to join a Medicare drug plan, your current Lamar Consolidated Independent School District Employee Benefit Trust Health Plan coverage may or may not be affected. Your current coverage pays for other health expenses in addition to prescription drug.

If you enroll in a Medicare prescription drug plan, you and your eligible dependents will be eligible to receive all of your current health and prescription drug benefits. As long as you are an active employee, the Lamar Consolidated Independent School District Employee Benefit Trust Health Plan prescription drug coverage will be considered primary, and benefits will have to be coordinated with the Medicare prescription drug plan. If you do decide to join a Medicare drug plan and drop your current Lamar Consolidated Independent School District Employee Benefit Trust Health Plan coverage, be aware that you and your dependents may not be able to get this coverage back.

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 Lamar Consolidated Independent School

District Employee Benefit Trust Health 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…
Contact the person listed below for further information. NOTE: You'll get this notice each year. You will receive a copy of this notice during the annual election period (before the next period you can join a Medicare drug plan), or if this coverage through Lamar Consolidated Independent School District Employee Benefit Trust Health Plan changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage…
More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You will 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).

Date:	September 1, 2021
Name of Entity:	Lamar Consolidated Independent School District
Contact:	Human Resources Department
Office Address:	3911 Avenue I Rosenberg, TX 77471

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).

LAMAR CISD

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QUESTIONS ABOUT YOUR BENEFITS?

BENEFIT	VENDOR	GROUP #	PHONE #	WEB
Medical	United Healthcare	742785	Broad - 866-844-4864 Charter – 877-805-1970 Nexus – 888-331-3408	www.myuhc.com
Prescription Drugs	United Healthcare	742785	Broad - 866-844-4864 Charter – 877-805-1970 Nexus – 888-331-3408	www.myuhc.com
Health Savings Accounts	Optum Bank	742785	866-234-8913	www.optumbank.com
Dental	United Healthcare	742785	877-816-3596	www.myuhc.com
Advocate Center	Gallagher	N/A	844-717-9401	lamarcisdbenefits@ajg.com
Employee Benefits Department	LCISD	N/A	Main—832-223-0300 Erica—832-223-0315 Cheryl—832-223-0313 Trudy—832-223-0307	www.lcisd.org

Gallagher

Insurance | Risk Management | Consulting