Employee Benefits
Employee Benefits Information

EMPLOYEE BENEFITS

Ector County ISD Administration Bldg. – 1st Floor Human Resources, Suite 128 – 130
802 N Sam Houston, TX 75761 – Phone: 432-456-9789 Fax: 432-456-9788
https://www.ectorcountisds.org/Pages/17078

PERSONNEL:
Donna Ziriax, Director
432-456-9789
Donna.ziriax@ectorcountisds.org

Yolanda Gordon, Employee Benefits Coordinator
432-456-9784
Yolanda.gordon@ectorcountisds.org

Estela Veil, Risk Benefits Manager
432-456-9782
Estela.veil@ectorcountisds.org

Maria Mendi dez, Health Benefits Specialist
432-456-9780
Maria.mendi dez@ectorcountisds.org

FREQUENTLY REQUESTED INFORMATION:
BlueCross BlueShield of Texas 800-521-2227 www.bcbstx.com (Network Type: Blue Choice PPO)
Express Scripts: 866-299-0772 www.express-scripts.com
Metlife (Dental): 866-942-0854 www.metlife.com/mybenefits
Superior (Vision): 800-507-3800 www.supervision.com
Teacher Retirement System (TRS): 800-223-8778 www.trs.state.tx.us
Cody Harris: 432-456-9783 Cell: 432-556-1901 codyharris@ffge.com
ECISD Payroll Department: 432-456-9789

SICK LEAVE FUND:
• Administered by Donna Ziriax in Benefits: 432-456-9789
• Employees must apply for Family Medical Leave to be eligible for the Sick Leave Fund

STUDENT INJURIES ON CAMPUS:
• Notify Athletic Departments at 432-456-9059
• Submit a copy of injury report (if available) Fax: 432-456-9058

SCHOOL ACCIDENT [VOLUNTARY ACCIDENT INSURANCE THROUGH THE SCHOOL DISTRICT]:
• Standard Security Life: 432-456-9059
Staff Resources

Quick Facts
- Campus Contact List
- Organizational Chart
- Branding Standards

Staff Resources
- Webmail
- Office 365
- SharePoint
- Employee Self Service
- Eduphoria
- SafeSchoo
- Moodle
- Clever
- txGradebook
- Smartfind Express
- Parent Link
- Calendars

Employee Self Service (ESS) view your check stub, enter absences or view your “year to date”

Complete your yearly mandatory training

Request a substitute
Benefits Overview

**Benefits Orientation**

- Employee Benefits Department Information (Yellow)
  - Location – Human Resources Suite
  - Phone & fax numbers
  - Website
  - Personnel
  - First Financial Representative – Cody Harris – contact information
  - Customer service numbers & websites
    - Blue Cross-Blue Shield of Texas
    - Dental Group
    - Vision Group
    - First Financial Administrators
- ECISD Benefits Highlights
  - Teacher Retirement 800.223.8778, www.trrs.state.tx.us
  - Health Insurance – ECISD Medical Plan / BCBS / Express Scripts
  - Life Insurance – Standard Life Insurance
  - Sick leave – Policy DEC-Local
  - Family Medical Leave
  - Vacation – 12-month employees – Policy DED-Local
  - Employee Assistance Program – Centers for Children & Families
- Optional Benefits
  - Dental Insurance – MetLife
  - Vision Insurance – Superior Vision
  - Supplemental & Dependent Life Insurances – Sun Life Financial & Texas Life
  - Disability Insurance – American Fidelity Assurance
  - Supplemental Retirement Accounts
    - 403b Annuities – Various providers
    - 457 Deferred Compensation – First Financial
  - Cancer, Accident, Heart & Stroke Insurance – American Fidelity & Allstate
  - Section 125 Cafeteria Plan
    - Premium reduction – First Financial
    - Flexible Spending Accounts – First Financial
    - Section 127 Dependent Care – First Financial
    - Prepaid Legal Insurance
  - Worker Compensation – Immediately report any workplace accident to your supervisor
  - Unemployment Compensation
- ECISD Medical Plan
  - Eligibility
  - Options
    - Option 1
  - Option II
  - Health Savings Accounts (HSA)
  - Hospital Indemnity (III)
  - Benefits
  - Rates
  - BCBS Information
  - Mandatory Notices
  - Enrollment & Form
- Family Medical Leave Act (FMLA)
  - Benefits
  - Eligibility
  - Procedures & Forms
- Sun Life Financial Insurance
  - Basic – employer provided
  - Eligibility, benefits & enrollment
  - Supplemental & Dependent – employee option
  - Eligibility, benefits & enrollment
- Employee Assistance Program (EAP)
  - Benefits & eligibility
  - Centers for Children & Families
- Optional Benefits
  - Employee Benefit Handbook
  - Cody Harris, FPA – Office-456.9783, Cell-556.1901
  - Dental & Vision Insurance
  - Prepaid Legal
- Miscellaneous Information
  - Employee account – complete User Agreement (HR)
  - Employee badge – HR Handout
  - Payroll Information
    - Direct deposit check stub, etc. – ECISD home→For Staff→Employee Access
    - Department website – ECISD home→Departments→Payroll
### RATES FOR PAYROLL 6 (PAID MONTHLY)

**INSURANCE RATES**  
**EFFECTIVE 01/01/2019**

#### Option I (Rx Co-Pay)

<table>
<thead>
<tr>
<th>Plan Description</th>
<th>Monthly Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>115.00</td>
</tr>
<tr>
<td>Employee + One Child</td>
<td>223.00 + 338.00</td>
</tr>
<tr>
<td>Employee + Two or more Children</td>
<td>271.00 + 386.00</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>375.00 + 490.00</td>
</tr>
<tr>
<td>Employee + Family</td>
<td>457.00 + 572.00</td>
</tr>
</tbody>
</table>

*Individual Deductible: $1,300  OPT I  Family Deductible: $2,600*

#### Option III (No Rx Co-Pay)

<table>
<thead>
<tr>
<th>Plan Description</th>
<th>Monthly Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>50.00</td>
</tr>
<tr>
<td>Employee + One Child</td>
<td>208.00 + 258.00</td>
</tr>
<tr>
<td>Employee + Two or more Children</td>
<td>245.00 + 295.00</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>325.00 + 375.00</td>
</tr>
<tr>
<td>Employee + Family</td>
<td>393.00 + 443.00</td>
</tr>
</tbody>
</table>

*Individual Deductible: $1,900  OPT III  Family Deductible: $3,800*

#### Hospital Indemnity

<table>
<thead>
<tr>
<th>Plan Description</th>
<th>Monthly Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>0.00</td>
</tr>
</tbody>
</table>

#### Optional Benefits:

- **MetLife (Dental)**
  - **Dental Only**
    - Employee: 29.91
    - Employee + Family: 80.07

- **Superior Vision**
  - **Vision Only**
    - Employee: 8.65
    - Employee + Family: 23.35

*Employees who get paid once a month*
## Schedule of Coverage - Option I

<table>
<thead>
<tr>
<th>Plan Provisions</th>
<th>In-Network Benefits</th>
<th>Out-of-Network Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deductibles</strong></td>
<td>None</td>
<td>$250 per-admission Deductible</td>
</tr>
<tr>
<td>• Per-Admission Deductible</td>
<td></td>
<td>$2,600 – per individual</td>
</tr>
<tr>
<td>• Calendar Year Deductible</td>
<td></td>
<td>$5,200 – per family</td>
</tr>
<tr>
<td>Applies to all Eligible Expenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Co-Share Stop-Loss Amounts</strong></td>
<td>$7,900 – per individual</td>
<td>$7,900 – per individual</td>
</tr>
<tr>
<td>In-Network &amp; Out-of-Network Benefits</td>
<td>$15,800 – per family</td>
<td>$15,800 – per family</td>
</tr>
<tr>
<td>are a combined total out-of-pocket</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Lifetime Annual Maximum on Essential Benefits</strong></td>
<td>Unlimited</td>
<td></td>
</tr>
<tr>
<td>(For essential health benefits, as defined under federal law)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Inpatient Hospital Expenses</strong></td>
<td>80% of Allowable Amount</td>
<td>60% of Allowable Amount after $250 per-admission Deductible and Calendar Year Deductible</td>
</tr>
<tr>
<td>(Preauthorization is required)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>All usual Hospital services and supplies, including semiprivate room, intensive care, and coronary care units.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Schedule of Coverage - Option III

<table>
<thead>
<tr>
<th>Plan Provisions</th>
<th>In-Network Benefits</th>
<th>Out-of-Network Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deductibles</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Per-Admission Deductible</td>
<td>None</td>
<td>$250 per-admission Deductible</td>
</tr>
<tr>
<td>• Calendar Year Deductible</td>
<td>$1,900 – per individual</td>
<td>$3,800 – per individual</td>
</tr>
<tr>
<td>Applies to all Eligible Expenses</td>
<td>$3,800 – per family</td>
<td>$7,600 – per family</td>
</tr>
<tr>
<td><strong>Co-Share Stop-Loss Amounts</strong></td>
<td>$6,750 – per individual</td>
<td>$6,750 – per individual</td>
</tr>
<tr>
<td>In-Network &amp; Out-of-Network Benefits are a combined total out-of-pocket</td>
<td>$13,500 – per family</td>
<td>$13,500 – per family</td>
</tr>
<tr>
<td><strong>Lifetime Annual Maximum on Essential Benefits</strong></td>
<td></td>
<td><strong>Unlimited</strong></td>
</tr>
<tr>
<td>(For essential health benefits, as defined under federal law)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Inpatient Hospital Expenses</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Preauthorization is required)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>All usual Hospital services and supplies, including semiprivate room, intensive care, and coronary care units.</td>
<td>80% of Allowable Amount after Calendar Year Deductible</td>
<td>60% of Allowable Amount after $250 per-admission Deductible and Calendar Year Deductible</td>
</tr>
</tbody>
</table>
Schedule of Coverage - Hospital Indemnity Plan

<table>
<thead>
<tr>
<th>Type of Service</th>
<th>Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Services</td>
<td></td>
</tr>
<tr>
<td>Daily allowance</td>
<td>$300</td>
</tr>
<tr>
<td>Benefit days available per period of bed-patient</td>
<td></td>
</tr>
<tr>
<td>Regular Admissions (includes Chemical Dependency)</td>
<td>60 days</td>
</tr>
<tr>
<td>Special Admissions - Mental Health</td>
<td>60 days</td>
</tr>
</tbody>
</table>

This benefit is available for Employees only. Dependents are not eligible for coverage.

1-800-441-9188  www.bcbstx.com  Network Type: Blue Choice PPO

https://www.ectorcountyisd.org/Page/121 -- Medical Booklets
Preventive Care Services

- In-network: covered 100%
- Out-of-Network: No Benefits Available

**ODESSA LOCATIONS**

- CPL Inc.
  401 N. Hancock Ave
  ☎ 432-582-0000

- LabCorp Of America
  850 Tower Dr. Suite 101
  ☎ 432-332-1830
  www.labcorp.com

- Medical Center Hospital
  500 West 4th
  ☎ 432-640-4000

- Odessa Regional Medical Center
  520 East 6th St.
  ☎ 432-582-8000

- Quest Diagnostics
  523 N Alleghany Ave.
  ☎ 432-332-9045
  888-277-8772

**MIDLAND LOCATIONS**

- DX Incorporated
  2008 West Ohio
  ☎ 432-683-3206

- LabCorp of America
  2500 W. Illinois Ave
  ☎ 432-681-8150
  www.labcorp.com

- CPL Inc.
  2407 W. Louisiana Ave; #104
  ☎ 432-582-0000

- Midland Memorial Hospital
  2200 W Illinois Ave.
  ☎ 432-685-1111

These are the locations that you may go to for blood work. **YOU MUST TAKE** the physician's orders with you and it will be completed at no charge.
PLAN DEFINITIONS & COVERAGE CONDITIONS

ELIGIBLE EMPLOYEE shall mean a regular full-time employee in a board-authorized position or qualifying retiree for Ector County ISD. All full-time employees must be regularly scheduled to work a minimum of 20 hours per week.

WAITING PERIOD shall mean any period of time imposed by the Plan between the first day of employment and the first day of eligibility for coverage under the plan. Currently Ector County ISD employees which are eligible for coverage, will be effective the first of the month following the date of hire, unless an employee is hired on the first working day of the month at which the effective date will be the first day of that month.

OPEN ENROLLMENT PERIOD shall mean the first week of October through the first week of December preceding the Plan Anniversary Date during which Employees and Dependents may enroll for coverage.

EXTENSION OF COVERAGE DURING A QUALIFIED LEAVE OF ABSENCE If a covered Employee takes a qualified leave of absence as recognized by the Family Medical Leave Act of 1993 or similar state law, coverage for the Employee and any covered Eligible Dependents may be continued for 12 weeks following the date the qualified leave of absence began provided the Employee pays any required contributions in a timely manner. If the employee does not return to his/her normal work schedule at the end of the qualified FMLA leave, that individual may continue the insurance coverage by going on COBRA and paying the COBRA premium.

If an employee goes on a leave of absence that does not qualify for FMLA, then the individual may only continue the insurance coverage by going on COBRA and paying the COBRA premium.

EXTENSION OF COVERAGE DUE TO TOTAL DISABILITY If a covered Employee becomes Totally Disabled, coverage for the Employee and any covered Eligible Dependents may be continued under COBRA until the earliest of:

1) the date Total Disability ends; or
2) the date the Participant becomes covered under any other group health plan that does not have a limitation for the Participant’s disability; or
3) until the COBRA coverage expires.

The Employee will be responsible for making timely payments of any required contributions to the Plan.

EXTENSION OF COVERAGE DUE TO LAYOFF There is no extension of coverage under the Plan due to layoffs.

CLAIM DISPUTE RESOLUTION—HOW TO APPEAL A DENIAL If you have filed for a “Right to Review Claims Determination as defined in BC/BS booklet and believe a claim was improperly settled, the following process is available:
Annual Notices

- Interim Benefits to Comply with the Federal Patient Protection and Affordable Care Act: [Patient Protection and Affordable Care Act](#)
  Also known as the PPACA
- Important Notice regarding your Prescription Drug Coverage and Medicare: [Prescription Drug Coverage and Medicare](#)
- Notice to Enrollees in the ECISD Self-Funded Non-federal Government Group Health Plan: [ECISD Self-Funded Notice](#)
- Important Notices: [Pre-Existing Conditions](#)
- HIPAA Notice of Privacy Practices: [HIPAA Protected Health Information](#)
- Children's Health Insurance Program (CHIP): [CHIP Notice](#)
- Continuation Coverage Rights under COBRA: [COBRA Notice](#)
- ACA Marketplace Coverage Information: [Marketplace Coverage Option](#)
- ACA Marketplace Coverage Information (Spanish): [Marketplace Coverage Options](#)
MCH ProCare

ProCare Healthcare Plan
FOR
ECTOR COUNTY INDEPENDENT SCHOOL DISTRICT

UPDATES EFFECTIVE JANUARY 1, 2018

ECISD healthcare plan members can access primary healthcare by calling one of the MCHS Clinics to make an appointment with one of the MCHS primary care providers for minor illnesses and injuries.

Clinics at Walmart
$30 Co-Pay

Primary Care
$30 Co-Pay

Urgent Care Clinics
$112 Co-Pay

Please Note: ECISD employees who have Hospital Indemnity coverage are not eligible for this Clinic plan. ECISD employees who select Option III coverage with a Health Savings Account (HSA) are not eligible for this Clinic plan due to IRS regulations. Part-time employees are not eligible for this Clinic plan.
Care When and Where You Need It Just Got Easier

Virtual Visits
Convenient health care at your fingertips

Getting sick is never convenient and finding time to get to the doctor can be hard. Blue Cross and Blue Shield of Texas (BCBSTX) provides you and your covered dependents access to care for non-emergency medical issues through MDLIVE. Through ECISO's Blue Cross and Blue Shield Medical Plans the cost is as follows:

- **Option I and Option III Plan Members:** $0 Copay
- **High Deductible Plan (HSA) Members:** $44 until deductible is met; thereafter $0 Co-pay

Whether you’re at home or traveling, access to an independently contracted board-certified doctor is available 24 hours a day, seven days a week. You can speak to a doctor immediately or schedule an appointment based on your availability. Virtual visits can also be a better alternative than going to the emergency room or urgent care center.

MDLIVE doctors can help treat the following conditions and more:

**General Health**
- Allergies
- Asthma
- Nausea
- Sinus infections

**Pediatric Care**
- Cold
- Flu
- Ear problems
- Pinkeye
CLAIM DISPUTE RESOLUTION
HOW TO APPEAL A DENIAL

If you have filed for a “Right to Review Claims Determination” as defined on page 14 of the Blue Cross Blue Shield Booklet and believe a claim was improperly settled, the following process is available.

If you wish to request a variance from health plan specifications or to appeal after the Claims Administrator’s determinations, then you may appeal in writing within 60 days of the denial, to the Health Plan Trustees of the Plan Administrator, which is a committee comprised of the following:

- Executive Director of District Operations
- Assistant Superintendent of Human Resources
- Assistant Superintendent of Business Operations
- Director of Benefits & Risk Management

Any such appeal should be addressed in writing as follows:

Ector County Independent School District
Attn.: Donna Ziriax, Director of Employee Benefits
P. O. Box 3912
Odessa, Tx. 79760
## Preferred Retail Pharmacy Network

**2019**

<table>
<thead>
<tr>
<th>PHARMACY</th>
<th>ADDRESS</th>
<th>CITY</th>
<th>ST</th>
<th>ZIP</th>
</tr>
</thead>
<tbody>
<tr>
<td>H-E-B</td>
<td>3325 W WADLEY AVE</td>
<td>MIDLAND</td>
<td>TX</td>
<td>79707</td>
</tr>
<tr>
<td>H-E-B</td>
<td>5407 ANDREWS HWY</td>
<td>MIDLAND</td>
<td>TX</td>
<td>79706</td>
</tr>
<tr>
<td>PROVIDE RX</td>
<td>2208 N LOOP 250 W STE 101</td>
<td>MIDLAND</td>
<td>TX</td>
<td>79707</td>
</tr>
<tr>
<td>SUPER MERCADO PHARMACY</td>
<td>2208 N BIG SPRING ST</td>
<td>MIDLAND</td>
<td>TX</td>
<td>79705</td>
</tr>
<tr>
<td>WAL-MART</td>
<td>4517 N MIDLAND DR</td>
<td>MIDLAND</td>
<td>TX</td>
<td>79707</td>
</tr>
<tr>
<td>WAL-MART</td>
<td>200 W INTERSTATE 20</td>
<td>MIDLAND</td>
<td>TX</td>
<td>79701</td>
</tr>
<tr>
<td>EVANS PRESCRIPTION PHARMACY</td>
<td>310 DOTSY AVE</td>
<td>ODESSA</td>
<td>TX</td>
<td>79763</td>
</tr>
<tr>
<td>H-E-B</td>
<td>3801 E 42ND ST</td>
<td>ODESSA</td>
<td>TX</td>
<td>79762</td>
</tr>
<tr>
<td>H-E-B</td>
<td>2501 W UNIVERSITY BLVD</td>
<td>ODESSA</td>
<td>TX</td>
<td>79764</td>
</tr>
<tr>
<td>SAM'S CLUB</td>
<td>4230 JOHN BEN SHEPPARD PKWY</td>
<td>ODESSA</td>
<td>TX</td>
<td>79762</td>
</tr>
<tr>
<td>TOWN AND COUNTRY DRUG</td>
<td>2745 N GRANDVIEW AVE</td>
<td>ODESSA</td>
<td>TX</td>
<td>79762</td>
</tr>
<tr>
<td>UNIVERSITY PHARMACY</td>
<td>4850 E UNIVERSITY BLVD</td>
<td>ODESSA</td>
<td>TX</td>
<td>79762</td>
</tr>
<tr>
<td>WAL-MART</td>
<td>4210 JOHN BEN SHEPHERD PKWY</td>
<td>ODESSA</td>
<td>TX</td>
<td>79762</td>
</tr>
<tr>
<td>WAL-MART</td>
<td>2450 W LOOP 338</td>
<td>ODESSA</td>
<td>TX</td>
<td>79763</td>
</tr>
</tbody>
</table>
## Prescription Benefits

### Prescription Benefit for Option I – Effective 1-1-19

<table>
<thead>
<tr>
<th>Tier</th>
<th>Title</th>
<th>Retail Networks</th>
<th>Mail</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Co-pays / Minimum Payment</td>
<td>Restricted</td>
<td>National</td>
</tr>
<tr>
<td>1</td>
<td>Generic</td>
<td>$12</td>
<td>$20</td>
</tr>
<tr>
<td>2</td>
<td>Preferred</td>
<td>$80</td>
<td>$90</td>
</tr>
<tr>
<td>3</td>
<td>Non-Formulary</td>
<td>$100</td>
<td>$110</td>
</tr>
<tr>
<td>Specialty Rx</td>
<td>Formulary</td>
<td>20% Until Maximum Out-of-Pocket of $2,500 per Rx is reached</td>
<td>N/A</td>
</tr>
<tr>
<td>Specialty Rx</td>
<td>Non-Formulary</td>
<td>20% Until Maximum Out-of-Pocket of $2,500 per Rx is reached</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Specialty Rx’s may require authorization. **Maximum out-of-pocket of $7,900 individual & $15,800 family includes medical and Rx out-of-pocket expenses, including deductibles and co-pays.**

### Prescription Benefit for Option III – Effective 1-1-18 (No Changes)

<table>
<thead>
<tr>
<th>Tier</th>
<th>Title</th>
<th>Retail</th>
<th>Mail</th>
<th>Co-pays and/or Minimum Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Generic</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Preferred</td>
<td></td>
<td></td>
<td><strong>Must Meet Plan Deductible</strong>, then the Plan pays 80% of the cost of the prescription up to the maximum annual Medical and/or Rx out-of-pocket.</td>
</tr>
<tr>
<td>3</td>
<td>Non-Formulary</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specialty Rx</td>
<td>Formulary</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specialty Rx</td>
<td>Non-Formulary</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Maximum out-of-pocket for any Rx is part of the maximum annual out-of-pocket for all medical and prescription services including deductibles and co-pays. **Maximum out-of-pocket is $6,750 individual & $13,500 family.**

**Limitations on Rx Coverage for Plan 1:** All Mail Order Rx’s must be provided by Express Scripts.

Charges for contraceptive drugs, medicines, or devices used to prevent pregnancy are covered as benefits are provided by the Express Scripts prescription drug benefit or specifically listed under **Major Medical Benefits.**

**Speciality Drugs:** Very expensive drugs used to treat chronic diseases are obtained through Accredo Specialty Pharmacy mail order services at 866-848-9870. Specialty medications do require prior authorization through KPCM Specialty and providers should contact 844-744-4410. These medications treat chronic disorders such as hemophilia, growth hormone deficiency, multiple sclerosis, immune disorders, hepatitis c, cystic fibrosis, respiratory syncytial virus, genetic emphysema, and others.

**Notes:** Express Scripts 1-866-229-0772
Important Message About Your New Baby!

If you wish to add your new baby to your health coverage, you must come in to the Benefits Office to complete an enrollment form within 31 days of the birth or:

THE BABY WILL NOT BE COVERED!!

If you do not come in within the 31 days, the next time you will be able to enroll your new baby will be during the Fall Open Enrollment period with coverage beginning on January 1st of the following year.

Documentation Needed:
1. Verification of Birth Facts
2. Copy application/letter showing you have applied for Social Security Card

Questions; Contact:  ECISD Benefits and Risk Management Office
☎ 432-456-9789
Monday – Friday
8:00am – 5:00pm
EMPLOYEE RIGHTS AND RESPONSIBILITIES UNDER THE FAMILY AND MEDICAL LEAVE ACT

Basic Leave Entitlement
FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to eligible employees for the following reasons:

- For incapacity due to pregnancy, prenatal medical care or childbirth;
- To care for the employee's child after birth, or placement for adoption or foster care;
- To care for the employee's spouse, son or daughter, or parent, who has a serious health condition; or
- For a serious health condition that makes the employee unable to perform the employee's job.

Eligibility Requirements
Employees are eligible if they have worked for a covered employer for at least one year, for 1,250 hours over the previous 12 months, and if at least 50 employees are employed by the employer within 75 miles.

Eligibility Requirements
Employees are eligible if they have worked for a covered employer for at least one year, for 1,250 hours over the previous 12 months, and if at least 50 employees are employed by the employer within 75 miles.

Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than 3 consecutive calendar days combined with at least two visits to a health care provider or one visit and a regimen of continuing treatment, or incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment.

Use of Leave
An employee does not need to use this leave entitlement in one block. Leave can be taken intermittently or on a reduced leave schedule when medically necessary. Employees must make reasonable efforts to schedule leave for planned medical treatment so as not to unduly disrupt the employer's operations. Leave due to qualifying exigencies may also be taken on an intermittent basis.

Substitution of Paid Leave for Unpaid Leave
Centers for Children and Families
Employee Assistance Program
For ECISD

Description of Services:
Centers for Children and Families will provide Individual, Marital, Family, Play, and Group Counseling for District employees and their families. Counseling is offered to persons age 3 to adult.

Counselors may be accessed for any of the following needs:
- Depression
- Work related difficulties
- Anxiety
- Stress management
- Anger Management
- Bipolar Disorder
- Marital Discord
- Family Conflict/Violence
- Domestic Violence
- Substance Abuse
- Grief/Loss
- Skill building for Parents
- Peer Difficulties
- Behavioral acting out in Children
- Thoughts of Suicide
- Eating Disorders
- Divorce/Blended Families
- Compulsive sexual behaviors/Internet Addictions
- Premarital Counseling
- Referral to Community Resources

-An after hour on call service is available for emotional/behavioral crisis.

Employees will receive up to 6 counseling sessions at no charge through this agreement. Should longer-term care be needed, Centers does accept insurance, Medicaid and CHIPS as well as offering a sliding fee scale.

Scheduling an Appointment:
Appointments can be scheduled by calling either the Odessa (580-7006) or Midland (570-1084) office. First appointments are generally offered within one week of the initial phone contact.

Counseling Staff:
Centers for Children and Families Clinical Program is staffed by 12 Masters level counselors holding the following licenses and certifications:
10 Licensed Professional Counselors (LPC)
2 Licensed Professional Counselor – Interns (LPC-I)
2 Registered Play Therapists (RPT)
1 Spanish speaking counselor is available in both Midland and Odessa

Locations:
4241 Tanglewood Lane
Odessa, Texas 79762
580-7006

1004 N. Big Spring Street, Suite 325
Midland, Texas 79701
570-1084
Plan Design for: Ector County Independent School District
Original Plan Effective Date: January 1, 2018
Network: PDP Plus

The Preferred Dentist Program was designed to help you get the dental care you need and help lower your costs. You get benefits for a wide range of covered services — both in and out of the network. The goal is to deliver affordable protection for a healthier smile and a healthier you.

<table>
<thead>
<tr>
<th>Coverage Type</th>
<th>In-Network(^1)</th>
<th>Out-of-Network(^1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type A - Preventive</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Type B - Basic Restorative</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>Type C - Major Restorative</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Type D - Orthodontia</td>
<td>50%</td>
<td>50%</td>
</tr>
</tbody>
</table>

Deductible\(^3\)
- Individual: $50
- $50

Annual Maximum Benefit:
- Per Individual: $2,000
  - Orthodontia Lifetime Maximum
    - Ortho applies to Child Only: $1,000 per Person
    - Child to age 19
  - $1,000 per Person

Dependent Age:
- Eligible for benefits until the day that he or she turns 26.

1. "In-Network Benefits" refers to benefits provided under this plan for covered dental services that are provided by a participating dentist. "Out-of-Network Benefits" refers to benefits provided under this plan for covered dental services that are not provided by a participating dentist.
2. Negotiated fee refers to the fees that participating dentists have agreed to accept as payment in full, subject to any copayments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change.
3. Applies to Type B and C services only.
4. Out-of-network benefits are payable for services rendered by a dentist who is not a participating provider. The Reasonable and Customary charge is based on the lowest of:
   - the dentist’s actual charge (the “Actual Charge”)
   - the dentist’s usual charge for the same or similar services (the “Usual Charge”) or
   - the usual charge of most dentists in the same geographic area for the same or similar services as determined by MetLife (the “Customary Charge”). For your plan, the Customary Charge is based on the 80th percentile. Services must be necessary in terms of generally accepted dental standards.

**IMPORTANT RATE INFORMATION**

<table>
<thead>
<tr>
<th>Monthly Premium Payment</th>
<th>12 Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$30.91</td>
</tr>
<tr>
<td>Employee + Family</td>
<td>$40.07</td>
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</table>

<table>
<thead>
<tr>
<th>Semi-Monthly Premium Payment</th>
<th>17 Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$21.11</td>
</tr>
<tr>
<td>Employee + Family</td>
<td>$56.52</td>
</tr>
</tbody>
</table>

MetLife: 1-800-942-0854
Network: PDP Plus

MetLife: A member of MetLife
Metropolitan Life Insurance Company, New York, NY 10166
PEANUTS® United Feature Syndicate, Inc
Superior Vision

Vision Plan Benefits for Ector County Independent School District

<table>
<thead>
<tr>
<th>Co-Pays</th>
<th>Premiums</th>
<th>Services/Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exam $10</td>
<td>12 Pay Period</td>
<td>Exam 12 months</td>
</tr>
<tr>
<td>Materials $10</td>
<td>Emp. only $8.65</td>
<td>Frame 12 months</td>
</tr>
<tr>
<td>Contact Lens Fitting (standard &amp; specialty) $25</td>
<td>Emp. + family $23.35</td>
<td>Contact Lens Fitting 12 months</td>
</tr>
<tr>
<td></td>
<td>17 Pay Period</td>
<td>Lenses 12 months</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Contact Lenses 12 months</td>
</tr>
</tbody>
</table>

Benefits

- Exam (Ophthalmologist) In-Network: Covered in full
- Exam (Optometrist) In-Network: Covered in full
- Frames In-Network: $125 retail allowance
- Contact Lens Fitting (standard) In-Network: Covered in full
- Contact Lens Fitting (specialty) In-Network: $50 retail allowance
- Lenses (standard) per pair In-Network: Covered in full
- Single Vision In-Network: Covered in full
- Bifocal In-Network: Covered in full
- Trifocal In-Network: Covered in full
- Progressive lens upgrade In-Network: See description
- Contact Lenses Out-of-Network: $150 retail allowance

In-Network

Out-of-Network

- Exam (Ophthalmologist) Out-of-Network: Up to $42 retail
- Exam (Optometrist) Out-of-Network: Up to $37 retail
- Frames Out-of-Network: Up to $50 retail
- Contact Lens Fitting (standard) Out-of-Network: Not covered
- Lenses (standard) per pair Out-of-Network: Not covered
- Single Vision Out-of-Network: Up to $26 retail
- Bifocal Out-of-Network: Up to $34 retail
- Trifocal Out-of-Network: Up to $50 retail
- Progressive lens upgrade Out-of-Network: Up to $50 retail
- Contact Lenses Out-of-Network: Up to $100 retail

Discount Features

Look for providers in the Provider Directory who accept discounts, as some do not; please verify their services and discounts (range from 10%-30%) prior to service as they vary.

Discounts on Covered Materials

- Frames: 20% off amount over allowance
- Lens options: 20% off retail
- Progressives: 20% off amount over retail lined bifocal lens, including lens options

The following options have out-of-pocket maximums on standard (not premium, brand, or progressive) lenses:

<table>
<thead>
<tr>
<th>Maximum Member Out-of-Pocket</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single Vision $13</td>
</tr>
<tr>
<td>Bifocal &amp; Trifocal $15</td>
</tr>
<tr>
<td>Scratch coat $15</td>
</tr>
<tr>
<td>Ultraviolet coat $25</td>
</tr>
<tr>
<td>Tints, solid or gradients $25</td>
</tr>
<tr>
<td>Anti-reflective coat $50</td>
</tr>
<tr>
<td>Polycarbonate $50</td>
</tr>
<tr>
<td>High index 1.6 $55</td>
</tr>
<tr>
<td>Photochromics $80</td>
</tr>
</tbody>
</table>

Discounts on Non-Covered Exam and Materials

- Exams, frames, and prescription lenses: 30% off retail
- Lens options, contacts, other prescription materials: 20% off retail
- Disposable contact lenses: 10% off retail

Refractive Surgery

Superior Vision has a nationwide network of refractive surgeons and leading LASIK networks who offer members a discount. These discounts range from 15%-50%, and are the best possible discounts available to Superior Vision.

Disclaimer: All final determinations of benefits, administrative duties, and definitions are governed by the Certificate of Insurance for your vision plan. Please check with your Human Resources department if you have any questions.
**403(b) and 457(b) Contributions**

**Act Now to Maximize Your 403(b) and 457(b) Contributions**

In compliance with the requirements of IRC §403(b)(12)(A)(ii) this Notice will advise you of the voluntary 403(b) Program established and maintained for the benefit of all employees.

Now is the time to act if you wish to maximize your pre-tax contributions to the 403(b) and 457(b) Plans or make changes for this calendar (taxable) year.

Go to www.ffga.com to view your employers’ retirement plan options and availability. You can also verify if the plan offers both 403(b) and 457(b) Plans before you decide how to proceed.

**Eligibility** - All employees who are employed by the Employer, including full and part-time employees.

**Contributions** - When you enroll in the program, the amounts you designate as salary deferrals are withheld from your wages and forwarded to an investment provider of your choice. Several types of contributions may be available in your plan:

- **Pre-Tax Salary Deferrals:** These are amounts contributed into a 403(b) Plan that are deferred from your paycheck before federal income taxes are applied.

- **Roth Salary Deferrals:** (If your plan allows) These amounts are also deferred from your paycheck, but are subject to federal income taxes. When you withdraw monies from a Roth plan the funds may be excluded from taxation. Special rules apply to Roth contributions and you should contact your tax advisor before electing this option.

For 2017, you may defer from your wages, a maximum of $18,000 to all 403(b) and 457(b) plans unless you will reach 50 years of age during the year. In that case, you would be eligible to contribute an additional $6,000. Deferrals may not exceed 100% of your wages.

**Rollovers:** (If your plan allows) You may also rollover funds from another employer’s plan if you receive an eligible rollover distribution.

**Plan Investment Options** - Your contributions to the 403(b) Plan must be made to an investment provider approved by your Employer. Before enrolling in the plan, you must first establish an account with one of the Providers listed. Once you have executed an investment contract and established an account, you can begin making contributions.

**Assistance** - You may enroll in the plan or receive assistance with these provisions by contacting the plan’s Third Party Administrator, First Financial Administrator, Inc. or a representative for one of the plan’s Investment Companies listed on www.ffga.com.

Additional information about the provisions and options in your plan are available by contacting First Financial Administrators at (800) 523-8422 or from the plan’s web site, www.ffga.com.

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**Questions? Contact First Financial at (800) 523-8422 or visit us at www.ffga.com.**
ECISD provides all full-time employees with $10,000 of life insurance through Sun Life. Employees are automatically enrolled when they complete a Medical Plan enrollment.
You must visit the Benefits Enrollment site to complete your enrollment.

https://benefits.ffga.com/ectorcountyisd

(Benefits Enrollment Site)

Enrollment Solutions Help Desk number: 855-523-8422
Benefits Office number: 432-456-9789

**Username**: social security number

**Pin**: last 4 digits of your SSN and the last 2 digits of the year you were born in
Benefits Presentation

Medical Benefits
The ECISD Medical Plan is a self-funded group health plan that provides hospitalization, major medical and prescription drug coverage to employees and, if elected, their dependents. Two plan options are offered. One of these options is a high deductible plan that is eligible for a Health Savings Account. High-Deductible plans do not cover any expenses, other than preventive, before the deductible has been met. An In-hospital Indemnity option, intended for employees with another group coverage, is also offered. Hospitalization and major medical claims are administered by BlueCross BlueShield of Texas. The prescription drug program is administered by Express Scripts.

Medical Benefits
- Medical Plan Booklet
- BlueCross BlueShield of Texas
- MDLIVE
- MCH ProCare
- Lab Providers
- Rates
- Rx Plan
- Health Saving Accounts (H.S.A.)
- COBRA
- Express Scripts