



Summary of Benefits

2020





Changes to the District's Contribution to the Medical Fund

Currently the District is contributing \$245/month/employee to help offset the total cost of your premiums

$$\begin{aligned} \$245 \times 8322 \text{ employees} &= \$2,038,890/\text{month} \\ \$2,038,890 \times 12 \text{ months} &= \$24,466,680/\text{year} \end{aligned}$$

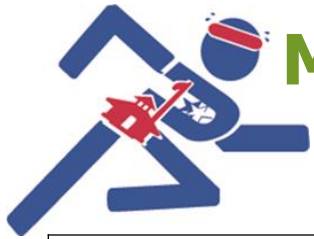
Effective 01/01/2020 the District's contribution will increase by \$50/month/employee

$$\begin{aligned} \$295 \times 8322 \text{ employees} &= \$2,454,990/\text{month} \\ \$2,454,990 \times 12 \text{ months} &= \$29,459,880/\text{year} \end{aligned}$$

Total Increase for 2020

$$\begin{aligned} \$600/\text{employee}/\text{year} \\ \$4,993,200/\text{year} \end{aligned}$$





Medical Plan II – Aetna CPOSII

Network	In-Network	Out-of-Network
HealthFund Amount contributed by Pasadena ISD	ZERO	
Plan Coinsurance	20%	50%
Calendar Year Deductible Individual Family	\$5,000 per person \$10,000 per family	\$7,500 per person \$22,500 per family
Out-of-Pocket Maximum Individual Family	\$7,900 per person \$15,800 family	\$15,000 per person \$45,000 per family
Lifetime Maximum Benefit	Unlimited	Unlimited
Primary Care Physician (PCP) Office Visits	20% after deductible	50% after deductible
Specialty Care - Aexcel Office Visits	20% after deductible	50% after deductible
Specialty Care - Non-Aexcel Office Visits	20% after deductible	50% after deductible



Medical Plan II – Aetna CPOSII CONT'D

Preventive Care Annual routine physical: Adult and Well Child, GYN, Mammograms, Colorectal Cancer Screenings, PSA Tests	100%	50% after deductible
Diagnostic Outpatient Lab/ X-rays/Testing (part of office visit)	20% after deductible	50% after deductible
Diagnostic Outpatient Lab/ X-rays/Testing (Facility)	100%	50% after deductible
Complex Imaging Services	20% after deductible	50% after deductible
Inpatient Hospital Services	\$150 co-pay/day (5-day max.) then 20% after deductible	\$150 co-pay/day (5-day max.) then 50% after deductible
Outpatient Surgery	\$150 co-pay then 20% after deductible	\$150 co-pay then 50% after deductible
Emergency Room Copay/Coinsurance (Copay waived if admitted)	\$500 copay, then 20% after deductible	same as preferred care
Ambulance	20% after deductible	same as preferred care
Urgent Care Copay/Coinsurance (Copay waived if admitted)	20%	50% after deductible
Walk In Clinics	20% after deductible	50% after deductible

*Out of Network benefit paid at the Limited Fee Schedule

Medical Plan II – Aetna CPOS II 2020 Monthly Premiums

	District Contributions	Monthly Employee Cost
Employee Only	\$295	\$269
Employee & Spouse	\$295	\$610
Employee & Child(ren)	\$295	\$488
Family	\$295	\$886





Medical Plan IV – Aetna Select

Network	MEMORIAL HERMANN, HCA, and ST. LUKES FACILITIES ONLY	Out-of-Network
HealthFund Amount contributed by Pasadena ISD	ZERO	N/A
Plan Coinsurance	20%	N/A
Calendar Year Deductible Individual Family	\$3,500 per person \$7,000 per family	N/A
Out-of-Pocket Maximum Individual Family	\$7,900 per person \$15,800 family	N/A
Lifetime Maximum Benefit	Unlimited	N/A
Primary Care Physician (PCP) Office Visits	20% after deductible	N/A
Specialty Care - Aexcel Office Visits	20% after deductible	N/A
Specialty Care - Non-Aexcel Office Visits	20% after deductible	N/A



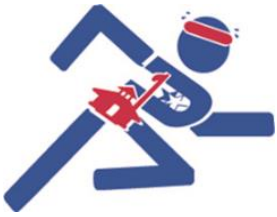
Medical Plan IV – Aetna Select Cont'd

Preventive Care Annual routine physical: Adult and Well Child, GYN, Mammograms, Colorectal Cancer Screenings, PSA Tests	100%	N/A
Diagnostic Outpatient Lab/ X-rays/Testing (part of office visit)	20% after deductible	N/A
Diagnostic Outpatient Lab/ X-rays/Testing (Facility)	100%	N/A
Complex Imaging Services	20% after deductible	N/A
Inpatient Hospital Services	20% after deductible	N/A
Outpatient Surgery	20% after deductible	N/A
Emergency Room Copay/Coinsurance (Copay waived if admitted)	\$500 copay, then 20% after deductible	same as preferred care
Ambulance	20% after deductible	same as preferred care
Urgent Care Copay/Coinsurance (Copay waived if admitted)	20%	N/A
Walk In Clinics	20% after deductible	N/A



Medical Plan IV – Aetna Select 2020 Monthly Premiums

	District Contributions	Monthly Employee Cost
Employee Only	\$295	\$152
Employee & Spouse	\$295	\$347
Employee & Child(ren)	\$295	\$297
Family	\$295	\$532



Medical Plan V – Aetna Select

Network	ACO MEMORIAL HERMANN (Harris, Ft. Bend, & Montgomery Counties ONLY)	Out-of-Network
HealthFund Amount contributed by Pasadena ISD	ZERO	N/A
Plan Coinsurance	20%	N/A
Calendar Year Deductible Individual Family	\$3,500 per person \$7,000 per family	N/A
Out-of-Pocket Maximum Individual Family	\$7,900 per person \$15,800 family	N/A
Lifetime Maximum Benefit	Unlimited	N/A
Primary Care Physician (PCP) Office Visits	20% after deductible	N/A
Specialty Care - Aexcel Office Visits	20% after deductible	N/A
Specialty Care - Non-Aexcel Office Visits	20% after deductible	N/A



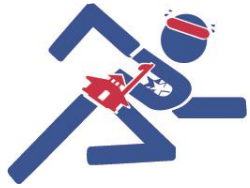
Medical Plan V – Aetna Select Cont'd

Preventive Care Annual routine physical: Adult and Well Child, GYN, Mammograms, Colorectal Cancer Screenings, PSA Tests	100%	N/A
Diagnostic Outpatient Lab/ X-rays/Testing (part of office visit)	20% after deductible	N/A
Diagnostic Outpatient Lab/ X-rays/Testing (Facility)	100%	N/A
Complex Imaging Services	20% after deductible	N/A
Inpatient Hospital Services	20% after deductible	N/A
Outpatient Surgery	20% after deductible	N/A
Emergency Room Copay/Coinsurance (Copay waived if admitted)	\$500 copay, then 20% after deductible	same as preferred care
Ambulance	20% after deductible	same as preferred care
Urgent Care Copay/Coinsurance (Copay waived if admitted)	20%	N/A
Walk In Clinics	20% after deductible	N/A

Medical Plan V – Aetna Select 2020 Monthly Premiums

	District Contributions	Monthly Employee Cost
Employee Only	\$295	\$121
Employee & Spouse	\$295	\$304
Employee & Child(ren)	\$295	\$254
Family	\$295	\$479





Wellness Clinic



PISD Wellness Clinic

1850 E. Sam Houston Parkway, South

Pasadena, TX 77503

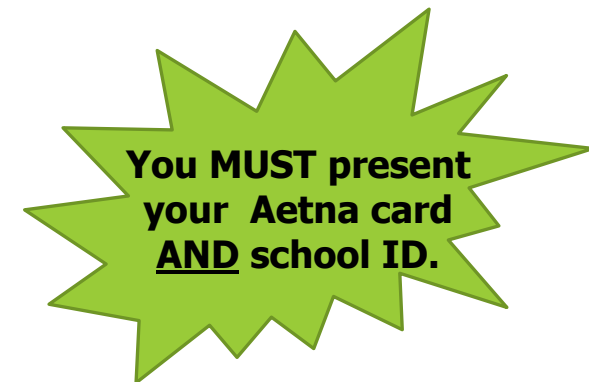
713-740-5300

Hours:

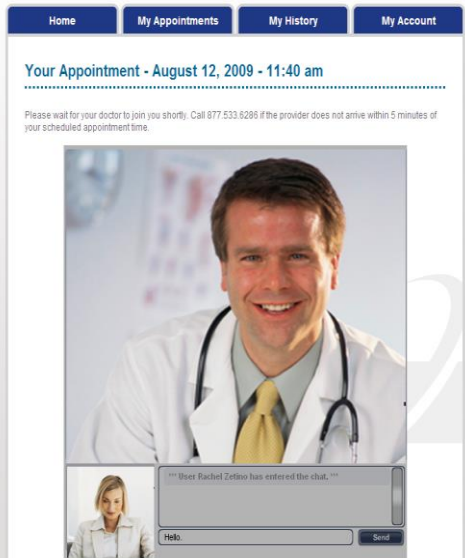
Monday/Wednesday/Friday 8:00am to 4:00pm

Tuesday/Thursday 1:00pm to 8:00pm

Saturday 8:00am to 1:00pm



**You MUST present
your Aetna card
AND school ID.**



RediMD gives you the option to have a regular doctor's visit online or by phone. No Copay Required. Visit us at :

www.redimd.com

- *Any time you need to see or speak with a doctor*
- *We are "Always Open"*

RediMD provides primary medical care online via webcam, smart phone, or by telephone. You can see and speak with a physician or other medical professional who can diagnose, recommend treatment and prescribe medications if needed.

RediMD service is available for you to use

- At your home during days, nights, and weekends for you and your family

• If you and your dependents are covered under Pasadena ISD medical insurance then you have free access to RediMD.

• If you are not covered under Pasadena ISD medical insurance then you, the employee, can have access to RediMD with a cost of \$50/visit. Your dependents/spouse will not have access to RediMD.

***Pasadenaisd** code for employees with Pasadena ISD insurance

***Pasadenaisd50** code for employees with other insurance

• RediMD is available for you and your dependents, if covered under Pasadena ISD medical insurance, to use at home. Only one account is necessary per household.

• A computer with internet connection and web camera, or a smart phone with internet connection and a skype account (free download from apps store) is required for all face-to-face visits.

• If you forget your password. RediMD uses the highest encryption possible. We will not send out passwords to unsecured emails for your protection. Please call the RediMD number below to have it reset.

• Visit us at www.RediMD.com for more information and to register

REDIMD TREATS MOST PRIMARY CARE AILMENTS INCLUDING, BUT NOT LIMITED TO:

Cold
Allergies
Diabetes

Cough
Skin Issues
Sinus Infection

Flu
Blood Pressure
Stress Problems

Sore Throat
Headaches
Stomach Problems

Important
Notice

Wellness/Premium Credit

In order for you to receive the \$25/month credit for your medical premiums for 2020 – ALL you will need is to be registered through RediMD by January 31, 2020.

If you and your spouse are covered under the medical plan then you BOTH must register through RediMD.

If you are already registered then there is NOTHING you need to do in order to receive the credit.

NO biometric screenings/blood work this year!

www.redimd.com

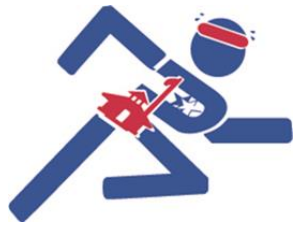
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Walk-In Clinics

You and your dependents that are covered under our medical plan will have access to following walk-in clinics. You will only have a \$35 co-pay.





Pharmacy Benefits

Participating Pharmacy – up to 30 days supply

Tier 1: Generic Drug	\$30 Co-Pay
Tier 2: Preferred Brand Drug	\$45 Co-Pay
Tier 3: Non-Preferred Drug	\$75 Co-Pay

Home Delivery – up to 90 days supply

Tier 1: Generic Drug	\$50 Co-pay
Tier 2: Preferred brand Drug	\$80 Co-pay
Tier 3: Non-preferred brand Drug	\$140 Co-Pay

**** ALL plans include the following deductible
(combined Tier 2 & Tier 3 drugs only)**

\$200 deductible per person

\$400 deductible for family



Aetna Member Resources



Group Plan Number: 838899

Member Services Toll Free Number 1-866-841-3541

Claims Address: P.O. Box 981106, El Paso TX 79998-1106

Remember to Register for **Aetna Navigator**

How to Register - Registration is an easy process:

Go to www.aetna.com and click on "Register" under "Aetna Navigator® Member Log In"

Complete the requested information



How to Find a PCP

www.aetna.com/docfind/custom/pasadenaisd

DocFind –

Go to and click on doc find.

Select your provider category. You can search by city, state, zip, specialty, hospital affiliation, provider name, gender, language and education.

Select the "**Aetna Choice POSII (Aetna Health Fund)**" network **Medical II**

Select the "**Open Access Aetna Select (Aetna Health Fund)**" network **Medical IV**

Select **Plan V Memorial Hermann Accountable Care Network (Aetna Health Fund)**

Click on search to find a provider



Effective January 1, 2020 – First Financial Administrators, Inc. will be our FSA Administrator.

- **2019 Plan Year (TASC)** – FSA claims incurred during the 2019 plan year through Feb. 29, 2020 will need to be sent to TASC. Claims must be sent to TASC no later than May 29, 2020. Your TASC benefits card will no longer work after Dec. 31, 2019. Call 800-422-4661 with questions about your 2019 account balance.
- **2020 Plan Year First Financial Administrators, Inc.** – Participants will begin to receive their benefits cards prior to Jan. 1, 2020. The card will arrive in a white, unmarked envelope. Once you swipe your First Financial Benefits Card, the funds will be deducted from 2020 plan year contributions. Services must be rendered during the 2020 plan year.

Note: The IRS requires validation of most transactions for FSAs.

Receipts must be submitted when requested. Please note that your benefits card will be suspended if proper substantiation is not provided to First Financial within **60 days** of either the purchase date or date of service. Acceptable types of substantiation include receipts that include details of service provided or an explanation of benefits (EOB) from your insurance provider. Documentation should be uploaded via the online portal or the mobile app.



Contact Numbers

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