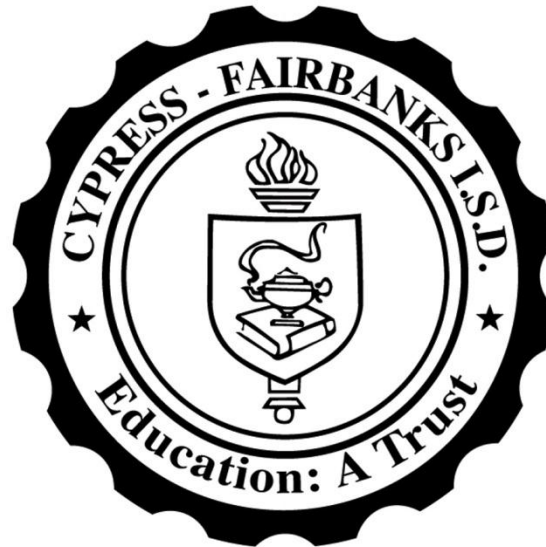


2011 CFISD BENEFITS ENROLLMENT



Plan Year

September 1, 2011 – August 31, 2012

- **WHY THE CHANGES?**

Current Self-funded CIGNA HRA and HMO Plans

- **Expenses have exceeded revenues**

Since 2005 = (\$25.2 million +) shortfall

Shortfall made up annually from district's general fund

No increase in employee premiums since 2004-2005

Move to the State's TRS-ActiveCare Plan

- **Reduce operating budget by \$20 million versus eliminating 400 positions**
- **Eliminate the financial risk - CFISD no longer in the health insurance business**

Agenda

- What is TRS-ActiveCare?
- Plan Options and Benefits and how to enroll
- Medco Prescription Drug Plan
- TRS-ActiveCare HMO's (limited by county of residence)
- Employee Premium Rates
- Health Savings Account (HSA)
- Declining TRS-ActiveCare
- CFISD's Other Optional Plans





TRS-ActiveCare®

TEACHER RETIREMENT SYSTEM OF TEXAS



Plan Overview

ActiveCare 1-HD, 1, 2 and 3 Plans

FirstCare and Scott & White HMOs

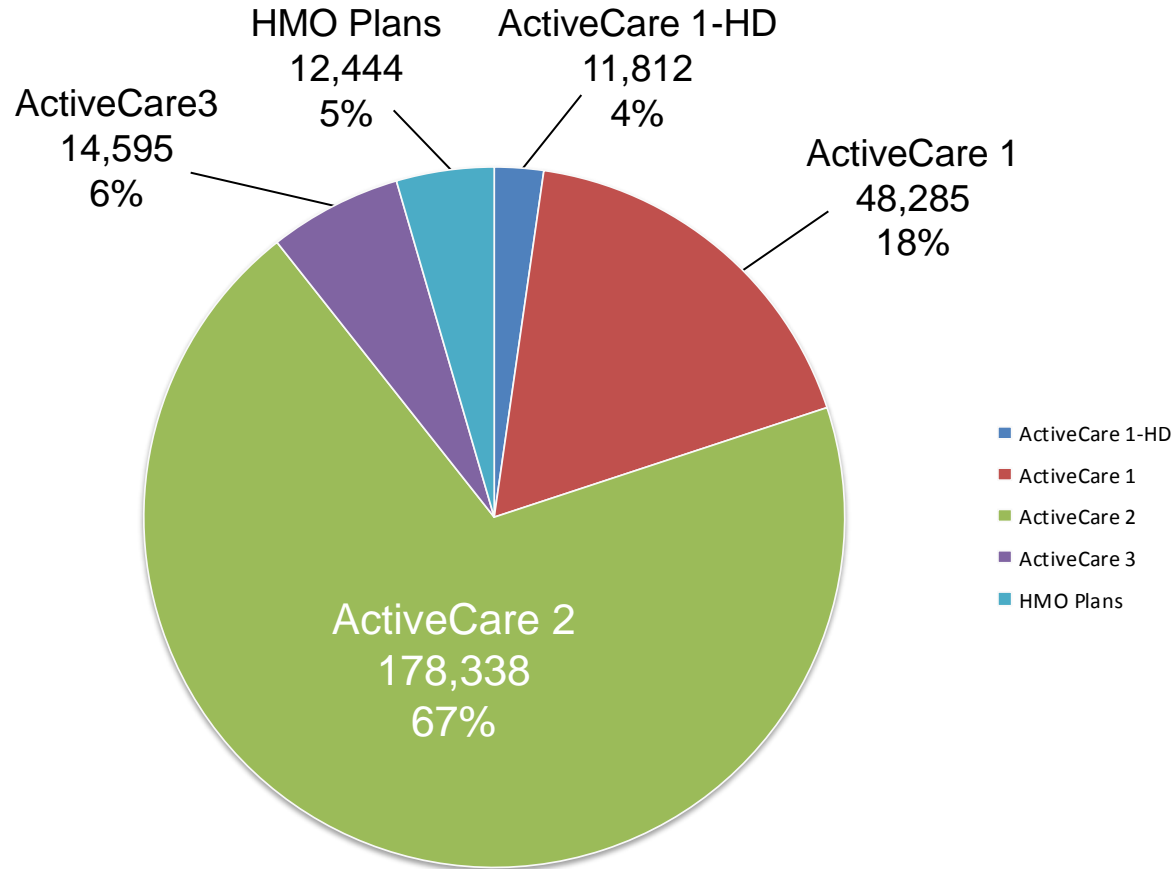
2011-2012 Plan Year

What is TRS-ActiveCare?

- Established and signed into law in 2001 (Chapter 1579, Texas Insurance Code)
 - Blue Cross and Blue Shield of Texas selected to administer the program in January 2002 and 2008
 - Medco selected as PBM in January 2002 and 2008
 - Program effective date was September 1, 2002
 - HMO options added in 2003
- A statewide health care benefits program for employees of school districts, charter schools, regional educational service centers and other educational districts
- Law authorizes funding levels to help employees pay for coverage

1,115 districts/entities participate in TRS-ActiveCare (89% of eligible entities)

Enrollment Summary (Employees by Plan, Feb. 2011)



FirstCare Health Plans 3% Scott & White Health Plan 1.8% Valley Baptist Health Plans 0.2%

265,474 Employees • 445,969 Members (Employees and Dependents)

Who is Eligible to Enroll?

To be eligible for TRS-ActiveCare coverage, you must:

- Be employed by a participating district/entity **and**
 - Be an active, contributing TRS member **or**
 - Be employed 10 or more regularly scheduled hours each week



Health care coverage for public school employees and their families

Employees NOT Eligible to Enroll

- State of Texas employees or retirees
- Higher education employees or retirees
- **TRS retirees**, receiving or who declined coverage under TRS-Care

These individuals are not eligible to enroll for TRS-ActiveCare coverage as employees, but they can be covered as a **dependent** of an eligible employee.

Eligible Dependents

- **Spouse** (including a common law spouse)
- **Children (married or unmarried) under age 26**
 - Natural child
 - Adopted child
 - Stepchild
 - Foster child
 - Child under the employee's legal guardianship
- **Other eligible dependents** (*see page 21 in TRS-ActiveCare Enrollment Guide*)
 - Other child under age 26 (unmarried) in parent-child relationship
 - Grandchildren (under age 26)
 - Disabled children (of any age)



Special Eligibility Situations

- If an employee and spouse both work for a participating district/entity:
 - A spouse may be covered as an employee or as a dependent of an employee
 - Only one parent can cover dependent children
- A child (under age 26) employed by a district/entity and a contributing TRS member cannot be covered as a dependent
 - The child must be covered as an employee
 - If the child is not a contributing TRS member, the child may be covered as a dependent

PPO Network for ActiveCare 1-HD, 1, 2 and 3

Largest PPO network in the state

- Includes over 59,000 physicians and over 590 hospitals in Texas.
- Includes over 2,000 primary care physicians, 11,000 specialists, and over 80 hospitals in Harris County
- Available in all 254 Texas counties
- Advantages to using network providers
 - Receive highest level of benefits
 - No claims to file
 - No balance billing



**BlueCross BlueShield
of Texas**

**Need to locate a
Provider?**

www.bcbstx.com/trs

PPO Plan Overview (Network Level of Benefits)

Services	ActiveCare 1-HD	ActiveCare 1	ActiveCare 2	ActiveCare 3
Deductible (individual/family)	\$2,400/\$2,400	\$1,200/\$3,000	\$750/\$2,250	\$300/\$900
Out-of-Pocket Maximum (individual/family; does not include deductibles)	\$3,000/\$5,000	\$2,000/\$6,000	\$2,000/\$6,000	\$1,000 per individual
Coinsurance (Plan pays/ participant pays)	80% / 20%	80% / 20%	80% / 20%	80% / 20%
Office Visit Copay	20% after deductible		\$30 for primary \$50 for specialist	\$20 for primary \$30 for specialist
Preventive Care	Plan pays 100% when using network providers			

Primary means care provided by **family practitioners, internists, OB/GYNs** and **pediatricians**. All other physicians are specialists.

PPO Plan Overview (Network Level of Benefits)

Services	ActiveCare 1-HD	ActiveCare 1	ActiveCare 2	ActiveCare 3
High-tech Radiology (CT scan, MRI, nuclear medicine)	20% after deductible		\$100 copay per service, plus 20% after deductible	\$100 copay per service, plus 20% after deductible
Inpatient Hospital	20% after deductible		\$150 copay per day, plus 20% after deductible (\$750 max copay per admission; \$2,250 max/year)	\$150 copay per day, plus 20% after deductible (\$750 max copay per admission; \$2,250 max/year)
Emergency Room	20% after deductible		\$150 copay, plus 20% after deductible (copay waived if admitted)	\$150 copay, plus 20% after deductible (copay waived if admitted)
Outpatient Surgery	20% after deductible		\$150 copay per visit, plus 20% after deductible	\$150 copay per visit, plus 20% after deductible

Bariatric Surgery Benefit

Benefit	ALL Services MUST be Performed by Blue Distinction Center for Bariatric Surgery Providers or they will not be covered
Bariatric Surgery Copay <i>(per person, per procedure, plus 20% after deductible for surgeon charges)</i>	<p style="text-align: center;">\$5,000</p> <p style="text-align: center;">(Does not apply to plan year deductible or to out-of-pocket maximum)</p>
Facility Charges	<p style="text-align: center;">Inpatient</p> <p style="text-align: center;">\$150 copay per day, plus 20% after deductible (\$750 maximum copay per admission; \$2,250 maximum per plan year)</p> <p style="text-align: center;">Outpatient</p> <p style="text-align: center;">\$150 copay per procedure, plus 20% after deductible</p>
Other Covered Services <i>(assistant surgeon, anesthesia, other professional services, etc.)</i>	<p style="text-align: center;">20% after deductible</p>

The bariatric surgery copay benefit applies to lap band and gastric bypass procedures performed **on or after September 1, 2011**.

Transitional Benefits

If currently seeking care from a **non-network** provider, transitional benefits may be available

- Conditions that may be eligible
 - Pregnancy (third trimester) or high risk
 - Newly diagnosed cancer
 - Terminal illness
 - Recent heart attack
 - Other ongoing acute care
- Complete a *Transitional Benefits/Release of Patient Information Form* (available on the district's Insurance Department web page)
- All requests are subject to approval by Blue Cross Blue Shield

Condition Management & Special Programs

If you have a chronic condition, we offer support.



- **Support** for: asthma, diabetes, coronary artery disease, congestive heart failure, chronic obstructive pulmonary disorder and other health conditions – 1-800-462-3275
- Tobacco Cessation and Weight Management Support – 1-800-462-3275
- Special Beginnings for expectant mothers 1-800-421-7781
- 24/7 Nurseline – 1-800-581-0368
- Personal Health Manager (PHM)
- Health Risk Assessment
- Blue Access for Members – online tool

Blue Access[®] for Members

Online member management tool

- Check claim status, view claim summaries and print EOBs (Explanations of Benefits)

EOBs are available online; must log in and elect to receive paper copies

- Order additional ID cards, and print temporary ID cards
- Monthly health articles
- Links to health information and wellness tools and resources, including the Personal Health Manager
- www.bcbstx.com/trs



Send secure e-mail messages to BCBS Customer Advocates available Monday thru Friday, 7 a.m. to 10 p.m. (CT)



"Live Chat"
Log In to
Blue Access
for Members

MEDCO Prescription Drug Benefits

Network Level

Features	ActiveCare1-HD	ActiveCare 1	ActiveCare 2	ActiveCare 3
Drug Deductible (per person, per plan year)	Subject to plan year deductible		\$100	\$75
Retail Short-Term (up to 30-day supply) Generic/Preferred Brand/Non-Preferred Brand	20% coinsurance after deductible		\$15 \$35* \$60*	\$15 \$35* \$60*
Retail Maintenance (after second fill, up to 30-day supply) Generic/Preferred Brand/Non-Preferred Brand			\$20 \$45* \$75*	\$20 \$45* \$75*
Medco by Mail (up to 90-day supply) Generic/Preferred Brand/Non-Preferred Brand			\$45 \$105* \$180*	\$45 \$105* \$180*

* If you obtain a brand-name drug when a generic equivalent is available, you are responsible for the generic copayment plus the cost difference between the brand-name drug and the generic drug. Chart illustrates benefits when network pharmacies are used. Non-network benefits are also available; see Enrollment Guide for more information.

Specialty Medications

Specialty medications: Used to treat **complex conditions**, such as cancer, growth hormone deficiency, hemophilia, hepatitis C, immune deficiency, multiple sclerosis, and rheumatoid arthritis

Features	ActiveCare1-HD	ActiveCare 1	ActiveCare 2	ActiveCare 3
Specialty Medications (retail or mail)	20% after plan year deductible		\$200 per fill after Rx deductible	\$200 per fill after Rx deductible

Lower your cost for prescriptions with My Rx Choices®

- Personal assessment of cost-saving opportunities based on *your* prescription plan and the medications you use
- Simply visit www.medco.com/save. You'll need to take a moment to register before using this service. You can also call 1-866-355-5999

Medco Information Resources

- **TRS Website – www.trs.state.tx.us/trs-activecare**
 - Pharmacy Benefit Highlights
 - List of maintenance medications
 - FAQs
 - Download forms
- **Medco Member Website – www.medco.com**
 - Prior authorization list
 - Formulary information
 - Locate a participating pharmacy
 - Health and wellness information
 - My Rx Choices[®] / Price a Medication
 - Online ordering
 - Order Medco By Mail refills
 - Download forms
 - Medco widget
- **Customer Service [1-866-355-5999](tel:1-866-355-5999)**
- **Benefits Booklet**

medco[®]

HMOs - Limited by County of Residence

Scott & White

Service Areas

Austin

Bastrop

Blanco

Burleson

Caldwell

Grimes

Hays

Lee

Leon

Madison

Travis

Walker

Waller

Washington

Williamson

FirstCare

Service Areas

Bell

Bosque

Brazos

Burnet

Coryell

Falls

Hamilton

Hill

Lampasas

Limestone

Llano

McLennan

Milam

Robertson

San Saba

HMOs (Limited by county of residence)

Services	Scott & White	FirstCare
Deductible (individual/family)	\$750/\$2,250	\$750/\$1,250
Out-of-Pocket Maximum (individual/family; excludes deductibles)	\$3,000/\$6,000	\$3,500/\$6,000
Outpatient Surgery Copay	\$100 copay plus 20% after deductible	25% after deductible
Office Visit Copay	\$20 PCP/\$50 Specialist	\$30 PCP/\$60 Specialist
Other Outpatient Services	20% after deductible	25% after deductible
Inpatient Services	\$100 per day + 20% after deductible	25% copayment after deductible
Prescriptions	Scott & White Plan Deductibles & Copays	FirstCare Deductibles & Copays
Preventive Care	Plan pays 100% when using network providers	

PCP - Primary means care provided by **family practitioners, internists, OB/GYNs** and **pediatricians**. All other physicians are specialists.

How to Enroll

- **Everyone must enroll or decline coverage in TRS-ActiveCare**
- Newly Hired Employee – within their first 31 days of employment
- Annual Enrollment Periods for 2012-2013 Plan Year:
 - Spring 2012 (CFISD Spring Enrollment)
 - August 1 - August 31 (Summer Enrollment for New Employees)
- **Enroll** through **benefitsConnect** online enrollment system

You should choose your plan carefully – You may not change plans during a plan year unless you experience a “qualified change of status” and you have a TRS-ActiveCare Declination Form on file with Blue Cross Blue Shield of Texas.

Declining Coverage

TRS requires a ***TRS-ActiveCare Declination Form from all employees*** declining coverage

- The form **must** be on file with Blue Cross Blue Shield of Texas for **you and all of your eligible dependents** to enroll later in the plan year due to loss of coverage
 - If the form is on file, the employee may be enrolled but must submit a certificate of creditable coverage to reduce or eliminate any pre-existing waiting period
 - If the certificate of creditable coverage reveals a gap in coverage exceeding 63 days, coverage preceding the gap will not be counted toward the pre-existing waiting period
 - **If the form is not on file your request to add coverage will be denied**

Declining Coverage

You must decline coverage for yourself and/or all of your eligible dependents in order for you to elect coverage mid-year in the event you or they experience a “qualifying event” and lose their other coverage.

Cypress-Fairbanks Independent School District
PO Box 692003
Houston, TX 77269-2003

Reporting Number: 0603
Group Number: 085000

TRS-ActiveCare COVERAGE DECLINATION FORM

Employee Number		YOUR PERSONAL INFORMATION		Campus		Occupation	
<input type="checkbox"/> Male	<input type="checkbox"/> Married	Last Name		First Name		Middle Initial	
<input type="checkbox"/> Female	<input type="checkbox"/> Single	Birth Date (MM/DD/YYYY)		Social Security Number		Work Phone Number	
Mailing Address		Home Phone Number		City		State Zip	
Home E-Mail Address							
DECLINING HEALTH COVERAGE							
<p>This is to certify that the available coverage has been explained to me. I have been given the opportunity to apply for the coverage offered to me and my eligible dependents and have voluntarily elected to decline the coverage as indicated below. If I desire to apply for coverage at a later date, I understand there may be a delay in the effective date of the coverage as well as a preexisting condition exclusion period (not applicable to HMO coverage). Effective September 1, 2011, a preexisting condition waiting period is not applicable for any individual under the age of 19.</p> <p>Maintain a copy of this form in your personal files. You will need to present it in the event you or any of your dependents listed below experience a mid-year qualifying event and want to enroll in TRS-ActiveCare coverage in the future.</p>							
Name <input type="checkbox"/> Employee		Reason for declining: <input type="checkbox"/> Has Other Group Coverage <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Other, Explain:					
Name <input type="checkbox"/> Spouse		Reason for declining: <input type="checkbox"/> Has Other Group Coverage <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Other, Explain:					
Name <input type="checkbox"/> Dependent Child		Reason for declining: <input type="checkbox"/> Has Other Group Coverage <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Other, Explain:					
Name <input type="checkbox"/> Dependent Child		Reason for declining: <input type="checkbox"/> Has Other Group Coverage <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Other, Explain:					
Name <input type="checkbox"/> Dependent Child		Reason for declining: <input type="checkbox"/> Has Other Group Coverage <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Other, Explain:					
Name <input type="checkbox"/> Dependent Child		Reason for declining: <input type="checkbox"/> Has Other Group Coverage <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Other, Explain:					
Name <input type="checkbox"/> Dependent Child		Reason for declining: <input type="checkbox"/> Has Other Group Coverage <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Other, Explain:					
I understand that by signing this form I am also accepting responsibility for sending a copy of this form to TRS-ActiveCare at the address below.							
Signature						Date	

It is the employee's responsibility to mail this form to: **Blue Cross and Blue Shield of Texas**
P.O. Box 660400
Dallas, TX 75266-0400

Form Distribution:
Original – Enrollment Counselor/Payroll Dept Yellow – Mail to TRS-ActiveCare Pink – Employee's Personal Records

Preexisting Condition Exclusions

- **Preexisting condition exclusions WILL NOT APPLY:**
 - To any individual **under the age of 19**
 - To employees that initially enroll when the district/entity begins participating in TRS-ActiveCare
 - To new hires who enroll within 31 days after their actively-at-work date
 - To HMO enrollees
- **A 12-month preexisting condition limitation MAY APPLY to employees or dependents due to:**
 - A special enrollment event
 - A future enrollment period as determined by TRS
 - An employee is hired by another participating district/entity (or rehired by the same participating district/entity)
 - **unless a gap in coverage is less than 63 consecutive days or the employee submits proof of creditable coverage**

Mid-Year Plan Changes

Enrollees **may make plan changes** during the plan year due to a “qualified change of status” event (prior completion of the Declination Form will apply)

- Individuals who **voluntarily drop coverage** during the plan year **may re-enroll during the plan year due to a qualified change of status**
- Changes must be made within 31 days after the event date (special rules apply to newborns)
- An application must be submitted for any change

Special enrollment event/family status change: Marriage, divorce (resulting in a loss of coverage), birth, adoption or placement for adoption, or if an individual with other health insurance coverage involuntarily loses that coverage

Common law marriage: Not considered a special enrollment event unless there is a Declaration of Common Law Marriage filed with an authorized government agency

Cost of Coverage

	Full –Time Employee Premium Rates					
Plans	1-HD	Plan 1	Plan 2	Plan 3	FirstCare HMO	Scott & White HMO
Coverage Category	Emp Cost	Emp Cost	Emp Cost	Emp Cost	Emp Cost	Emp Cost
Employee Only	\$62.00	\$97.00	\$196.00	\$333.00	\$143.78	\$163.80
Employee + Spouse	\$267.00	\$302.00	\$526.00	\$838.00	\$491.48	\$498.90
Employee + Child(ren)	\$159.00	\$224.00	\$380.00	\$600.00	\$322.34	\$342.90
Employee + Family	\$440.00	\$346.00	\$591.00	\$934.00	\$505.68	\$522.90

Employee and family coverage for ActiveCare 1-HD is more expensive than ActiveCare 1 because the deductible and out-of-pocket maximum amounts for family are less, and the plan may begin paying 100% benefits sooner

Cost of Coverage

	Part –Time Employee Premium Rates					
Plans	1-HD	Plan 1	Plan 2	Plan 3	FirstCare HMO	Scott & White HMO
Coverage Category	Emp Cost	Emp Cost	Emp Cost	Emp Cost	Emp Cost	Emp Cost
Employee Only	\$62.00	\$97.00	\$196.00	\$333.00	\$143.78	\$163.80
Employee + Spouse	\$330.00	\$365.00	\$589.00	\$901.00	\$554.48	\$558.90
Employee + Child(ren)	\$222.00	\$287.00	\$443.00	\$663.00	\$361.34	\$398.90
Employee + Family	\$543.00	\$449.00	\$694.00	\$1,037.00	\$608.68	\$625.90

Employee and family coverage for ActiveCare 1-HD is more expensive than ActiveCare 1 because the deductible and out-of-pocket maximum amounts for family are less, and the plan may begin paying 100% benefits sooner

Application to Split Premium

- Married couples working for different participating entities may split funds
- Optional
- Requires an Application to Split Premium form to be completed by both employees and employers
- Form available online



Please print in blue or black ink.

Group Number 085000 www.tri-state.tx.us/tri-actvecare Toll-Free Customer Service 1.866.356.5999

Application
to Split
Premium

This form is to be completed by both husband and wife who wish to split the cost of employee and spouse or employee and family coverage while being employed by different districts/entities participating in TRS-ActiveCare.

The employee identified in Section 1 is required to select a plan under TRS-ActiveCare. The employee's spouse, identified in Section 3, is required to decline (waive) TRS-ActiveCare coverage. The employing district/entity for EACH person must also complete Sections 2 or 4, as appropriate.

The cost for TRS-ActiveCare coverage will be split between the two employers. Each employer will be billed 50 percent of the total cost of the TRS-ActiveCare plan selected by the employee in Section 1.

The entity employing the spouse who declined coverage will consider the employee as covered under a group health plan for funding purposes.

SECTION 1 — TO BE COMPLETED BY EMPLOYEE that has elected employee and spouse or employee and family coverage

Employee Last Name	First Name	Middle Initial	Social Security Number
I have elected employee and spouse or employee and family coverage, and I elect to split the cost of coverage 50/50 with my spouse.			
Employee Signature			Date

SECTION 2 — TO BE COMPLETED BY EMPLOYER of the employee in Section 1

District/Entity Name	TRS Reporting Number
I confirm this employee is an active employee enrolled for TRS-ActiveCare coverage. I understand that the cost of this employee's coverage will be split 50/50 between our district/entity and the participating district/entity of the employee's spouse.	
Employer Verification Signature	Effective Date
Date	

SECTION 3 — TO BE COMPLETED BY EMPLOYEE that will be declining coverage

Employee Last Name	First Name	Middle Initial	Social Security Number
I elect to split the cost of coverage 50/50 with my spouse. I have declined TRS-ActiveCare coverage under my participating district/entity and will be covered as a dependent of my spouse as listed in Section 1.			
Employee Signature			Date

SECTION 4 — TO BE COMPLETED BY EMPLOYER of the employee in Section 3

District/Entity Name	TRS Reporting Number
I confirm this employee is an active employee who has declined TRS-ActiveCare coverage. I understand that 50 percent of the cost of coverage elected by this employee's spouse will be billed to our district/entity.	
Employer Verification Signature	Date

SECTION 5 — TO BE COMPLETED BY EMPLOYER of the employee in Section 3 to TERMINATE SPLIT PREMIUM

District/Entity Name	TRS Reporting Number
Please terminate the split premium funding arrangement for this employee.	
Employer Verification Signature	Effective Date
Date	

Submit to: Blue Cross and Blue Shield of Texas, P. O. Box 660400, Dallas, TX 75266-0400

8700.5/77.0300

Cost of Coverage – Pooling Funds

	Full-Time and Part-Time (Spouse is also CFISD Employee – Pool Funds)					
Plans	1-HD	Plan 1	Plan 2	Plan 3	FirstCare HMO	Scott & White HMO
Coverage Category	Emp Cost	Emp Cost	Emp Cost	Emp Cost	Emp Cost	Emp Cost
Employee Only	N/A	N/A	N/A	N/A	N/A	N/A
Employee + Spouse	\$253.00	\$291.00	\$526.00	\$838.00	\$477.48	\$484.90
Employee + Child(ren)	N/A	N/A	N/A	N/A	N/A	N/A
Employee + Family	\$440.00	\$346.00	\$591.00	\$934.00	\$486.68	\$518.90

Funds may be pooled when:

- The CFISD employee selects Employee + Spouse or Employee + Family coverage, and the CFISD spouse declines coverage.

Health Savings Account (HSA)

- **What is an HSA?** **(See IRS Publication 969)**
 - Special account owned by an individual and used to pay out-of-pocket expenses (such as deductibles) or to grow as savings for future qualifying expenses
 - Funded by the employee
 - Pre-tax payroll deduction, maximum contribution per year of \$3,050 for individual or \$6,150 per family
 - Portable, meaning the HSA funds always belong to the individual
- **Who is eligible?**

Per IRS rules, any adult can contribute to an HSA if he/she:

 - Has coverage under an HSA-qualified high deductible health plan (TRS-ActiveCare 1-HD, all coverage categories; TRS-ActiveCare Plan 1, for employee-only coverage)
 - Has no other first-dollar medical coverage
 - Is not enrolled in Medicare
 - Cannot be claimed as a dependent on someone else's income tax return
- **Who administers the HSA?**
 - JP Morgan Chase & Co.
 - Maintenance fee of \$2.50 per month paid by employee
 - Employee receives two debit cards and views statement online

ID Cards Will Be Mailed to Your Home

- ActiveCare 1-HD, 1, 2 and 3 PPO plans
 - All enrollees will receive TRS-ActiveCare ID cards
 - Separate cards for medical and prescription drugs
 - Blue Cross and Blue Shield of Texas
 - Medco
- HMO plans
 - All HMO participants will receive cards
 - Each individual covered under the plan will receive a card

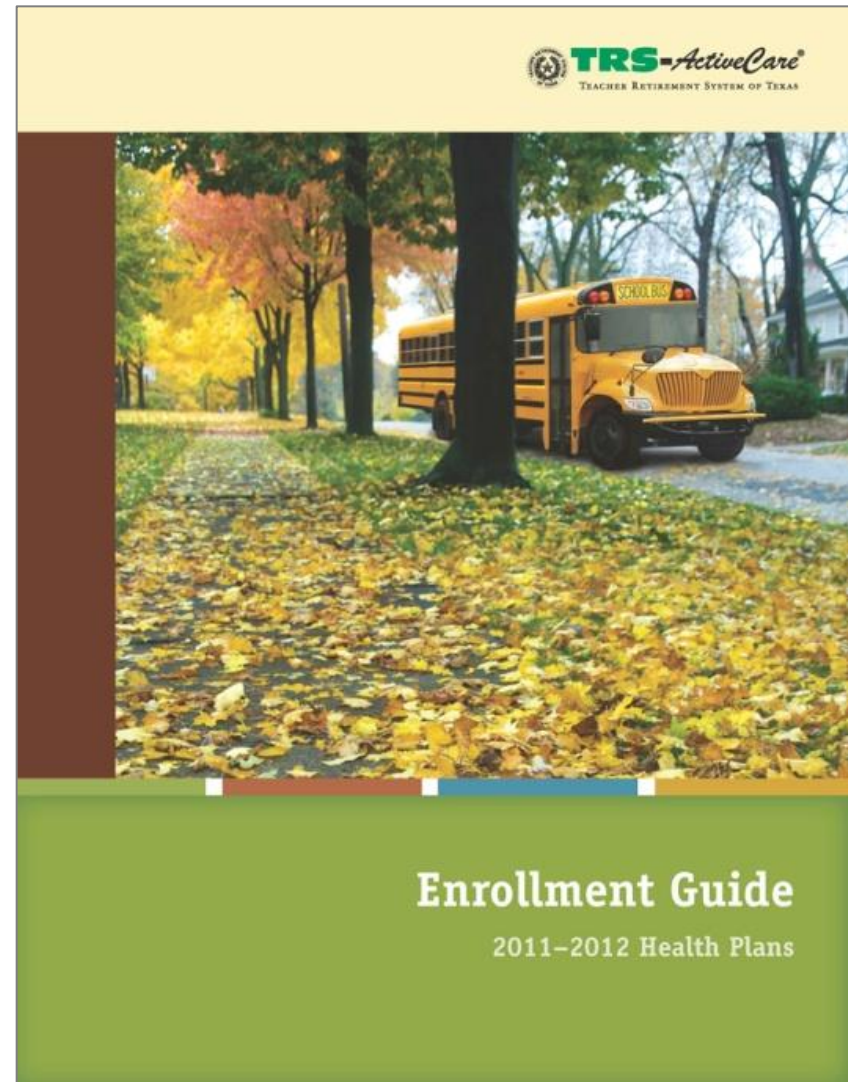
Enrollment Support

Available Online

- Enrollment guide (English and Spanish)
- Downloadable forms (enrollment application, split premium, claim form, etc.)
- Provider locator
- Frequently asked questions

www.bcbstx.com/trs

www.trs.state.tx.us/trs-activecare



What if I Have Questions?

Personalized Service

- Call TRS-ActiveCare customer service for:
 - Claim questions/status
 - Network provider information
 - Membership and eligibility
 - Medical coverage questions
 - Inquiries (telephone and e-mail)
 - ID card requests
 - Transition of care information
 - Help with online tools!



Customer Service
1-866-355-5999

Other Optional Plans Available

- Basic Life & AD&D (\$15,000) **FREE- paid by CFISD**
- Supplemental Life Insurance to \$235,000
- UNUM Disability Insurance Plan to protect your income
- 4 Dental Plans each with Vision Discounts
 - 2 Dental Insurance Plans (Assurant & Heritage)
 - 2 Discount Dental Plans (MSofA Dent-All & QCD of America)
- Cancer & Specified Disease Insurance
- Guardian VSP Vision Insurance Plan
- Colonial Group Medical Bridge Insurance
- Colonial Accident Insurance
- Long Term Care Insurance through Genworth Life available through TRS
- 457 and 403(b) Tax Deferred Investment Plans – Enroll at any time

Go to **“Your Benefit Station”** on the district’s **Insurance Department web page** to view all plan summaries and rates.

Thank you for coming.