
BENEFITS BULLETIN



FOR CYPRESS-FAIRBANKS INDEPENDENT SCHOOL DISTRICT EMPLOYEES

ANNUAL BENEFITS ENROLLMENT PERIOD

JULY 2009

ANNUAL ENROLLMENT PERIOD JULY 1 - JULY 31 MAJOR PLAN CHANGES DETAILED HERE

- ❖ No employee rate increase for major medical plans
- ❖ Cy-Fair OAP (PPO) Plan converts to CFISD Choice Fund HRA Plan (Cigna's OAP Provider Network continues) effective September 1, 2009
- ❖ OAP Plan In-Network deductible (Jan 1 – Aug 31, 2009) credit given on new CFISD Choice HRA Plan.
- ❖ Cy-Fair Network (HMO type) Plan converts to CFISD KelseyCare HMO Plan effective September 1, 2009
- ❖ New medical ID cards will be sent to all employees in late August.
- ❖ PTRx Prescription Plan remains the prescription drug provider for both medical plans.
- ❖ Assurant Dental Increases Annual Benefit from \$1,500 to \$1,750 with new plan year, September 1
- ❖ The Hartford Cancer & Specified Disease Plan to increase premium rate 50% for September 1.
- ❖ New Humana Cancer & Specified Disease Plan offered

ANNUAL ENROLLMENT PERIOD JULY 1 – JULY 31

The Annual Enrollment Period opens Wednesday, JULY 1. All enrollments, changes, and cancellations must be made on-line through *benefitsCONNECT*sm no later than 4:00 p.m., Friday, JULY 31, 2009. The *benefitsCONNECT*sm system will be available to our employees via Internet access 24 hours a day, 7 days a week, from Wednesday, July 1 until 4:00 p.m., Friday, July 31. All new enrollments, cancellations and changes made during this Enrollment Period will be effective SEPTEMBER 1, 2009, or the first of the month following insurance company approval (for supplemental life insurance and the cancer & specified disease plans), whichever is later.

DO I HAVE TO GO ON-LINE?

NO. If you do not need to make any changes in your current benefit selections, there is no need to do anything. However, be aware: If you are currently a participant of the Cy-Fair OAP Plan, the plan terminates August 31, and is being replaced with the CFISD Choice Fund HRA (Health Reimbursement Account) Plan on September 1. If you do not make a change in your medical insurance selection your coverage will be AUTOMATICALLY CONVERTED to the HRA Plan for September 1.

If you are currently a participant of the Cy-Fair Network (HMO type) Plan, that plan also terminates August 31. If you do not make another selection your coverage will be AUTOMATICALLY CONVERTED to the new CFISD KelseyCare HMO Plan for September 1. Please see additional details of the plans' changes below.

ON-LINE ENROLLMENT GUIDE

The instruction brochure, the *benefitsCONNECT*sm "Employee Guide for On-Line Enrollment," for accessing and navigating the site, is available on the district's Insurance Department web page at <http://www.cfisd.net/dept2/insur/egmi.htm>.

ACCESS ALL BENEFIT PLAN INFORMATION THROUGH THE DISTRICT'S WEBSITE

Cypress-Fairbanks I.S.D. Website

www.cfisd.net

Department / Insurance

Open - "Your Benefit Station" website for plan designs, premium rates, agent contact information, and links to insurance companies and their provider networks.

Open - "*benefitsCONNECT*sm" website to enroll for coverage, make plan changes and designate beneficiaries. Follow the prompts. At the end of the process PRINT Consolidated Enrollment Form as confirmation that your changes have been made and as a record for your personal files. **If you need assistance with your Password for accessing the system, please call the district's HELP-Desk at (281) 897-4357, Monday through Thursday, 6:30 a.m. to 5:00 p.m.; Friday, 6:30 a.m. to 4:30 p.m..**

ENROLLMENT DEADLINE

All new enrollments, changes, and cancellations must be made on-line no later than **4:00 p.m., JULY 31, 2009**. All Evidence of Insurability (EOI) forms for Supplemental Life Insurance and the Cancer and Specified Disease policies **MUST BE MAILED** to the appropriate underwriting offices no later than **FRIDAY, July 31, 2009**.

CHECK YOUR PAYCHECK VERIFY YOUR DEDUCTIONS

It is your responsibility to check your paycheck voucher deductions to make sure that they correctly reflect your benefit plan selections. The first premium deductions reflecting annual enrollment changes will be on the September 4th paycheck, for bi-weekly paid

employees; the September 15th paycheck, for semi-monthly paid employees. If you see that an error has been made, contact the Payroll Department immediately so that corrections and adjustments can be made. Your delay in reporting errors beyond your paycheck issuance date can result in forfeiting your right to make corrections or recover any overpayments.

THREE BENEFITS PRESENTATION MEETINGS SCHEDULED

If you need help with your plan selections or with the on-line enrollment process, three (3) meetings have been scheduled. Because of the new medical plans being introduced we have expanded our meetings this year to include a short presentation about both of the plans to explain the new benefits that each provide. The presentations will be made by district staff from the Insurance Department. Benefit plan agents/ reps will also be in attendance to answer questions about their plans. Additionally, Insurance and Payroll Department staff will be in the ISC-West computer labs to assist you with the on-line enrollment process. Remember to bring the following information with you: your social security number, the dates of birth and social security numbers of all eligible dependents you plan to enroll in your medical and/or dental plan, the primary care physicians' names and identification numbers, if required, for your dental plan, and the names and contact information for the beneficiaries you name for your life insurance benefits. Medical and dental provider directories are available through "Your Benefit Station" on the district's Insurance Department web page (see above).

Tuesday, July 7, 2009		4:00 p.m. - 6:30 p.m.	
Medical Plan Presentation	ISC - Board Room	4:00 p.m. - 4:45 p.m.	
Meet the Agents	ISC - Board Room	4:45 p.m. - 6:00 p.m.	
Enrollment Assistance	ISC - West, Labs 1 & 2	4:30 p.m. - 6:30 p.m.	

Saturday, July 18, 2009		8:00 a.m. - 11:30 a.m.	
Medical Plan Presentation	ISC - Board Room	8:00 a.m. - 8:45 a.m.	
Meet the Agents	ISC - Board Room	8:45 a.m. - 11:00 a.m.	
Enrollment Assistance	ISC - West, Lab 2	9:00 a.m. - 11:30 a.m.	

Monday, July 20, 2009		1:00 p.m. - 4:30 p.m.	
Medical Plan Presentation	ISC - Board Room	1:00 p.m. - 1:45 p.m.	
Meet the Agents	ISC - Board Room	1:45 p.m. - 4:00 p.m.	
Enrollment Assistance	ISC - West Lab 3	2:00 p.m. - 4:30 p.m.	

Meeting Locations: Instructional Support Center (ISC)
10300 Jones Road, Board Room
(Enter at the Bell Tower Entrance)

ISC - West 10494 Jones Road @ Fallbrook
(3 story building on SE corner of Fallbrook)

CY-FAIR OPEN ACCESS PLUS (OAP) PLAN CONVERTING TO CFISD CHOICE FUND HRA PLAN

As a result of multiple year claim fund shortages, due to the increase in the number and costs of large claims (above \$100,000); and the increased usage of Out-of-Network (non-OAP providers) the Board of Trustees, at the recommendation of the district's administrators and benefit consultants, have elected to convert the OAP (PPO type)

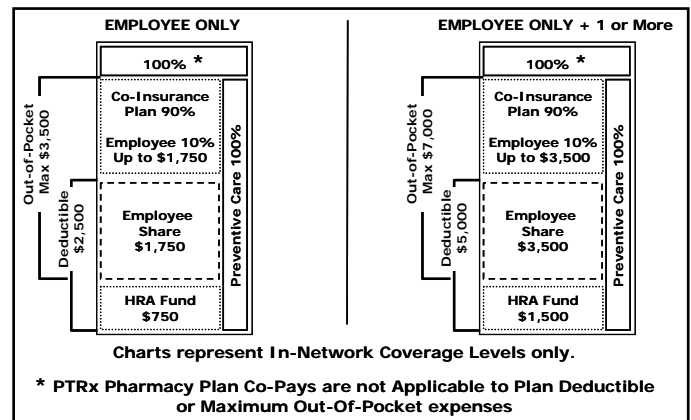
Plan to a high deductible, consumer driven plan, the CFISD Choice HRA Plan, effective September 1, 2009.

CFISD Choice Fund Health Reimbursement Account (HRA) Plan is a traditional high-deductible plan designed to encourage members to insist on quality and value, look for the best prices (use Cigna's OAP In-Network Providers), and make informed decisions about their health care. The new plan encourages preventive health care services and wellness by providing 100% coverage for preventive care for all members as recommended by the American Medical Association; while at the same time, promoting good consumerism and awareness of the actual costs incurred for medical services.

All participants currently enrolled in the CFISD OAP Plan will be automatically enrolled into the CFISD Choice Fund HRA Plan effective September 1, 2009, unless they go to the **benefitsCONNECTsm** on-line system and change their plan selection during this Annual Enrollment Period.

Unlike all of the other major medical plans the district has offered in the past, the deductibles for the new HRA plan will be accumulated September 1 through August 31 of each year; rather than during a standard calendar year. All In-Network deductibles participants have satisfied for services received between 1/1/2009 and 8/31/2009 will be carried forward and credited to the In-Network deductible on the new HRA plan. Below are diagrams of how the new plan functions.

CFISD Choice HRA Plan Components



	In Network (OAP)	Out of Network
CFISD HRA FUND CONTRIBUTION	EMPLOYEE ONLY COVERAGE - \$750	EMPLOYEE + 1 or MORE \$1,500
Deductible **	Accumulated during Plan Year 9/1/09 -8/31/10	
EMPLOYEE ONLY	\$2,500 Individual	\$ 5,000 Individual
EMPLOYEE + 1 or MORE	\$5,000 Family	\$10,000 Family
Max Out-of-Pocket **	Accumulated during Plan Year 9/1/09 -8/31/10	
EMPLOYEE ONLY	\$3,500 Individual	\$ 7,000 Individual
EMPLOYEE + 1 or MORE	\$7,000 Family	\$14,000 Family
Office Visits	10% after deductible	50% after deductible

	In Network (OAP)	Out of Network
Preventive Care	100%, no deductible (Does not reduce HRA fund)	IN-NETWORK COVERAGE ONLY
Inpatient Hospital	10% after deductible	50% after deductible
Outpatient Hospital	10% after deductible	50% after deductible
Emergency Room/Urgent Care	10% after deductible	10% after deductible (except if not true emergency; then 50% after deductible)

**** SPECIAL NOTE:** All annual deductibles and maximum out-of-pocket limits for In-Network and Out-of-Network ARE MUTUALLY EXCLUSIVE. For members with Employee + 1 or more dependents there is NO INDIVIDUAL deductible, HRA fund balance, or individual maximum out-of-pocket limit on the new plan. All deductibles, HRA and maximum out-of-pocket limits are as quoted above (Family only).

CFISD CHOICE FUND HRA PLAN NO RATE CHANGE

	Full-Time (7+ hours a day)	Part-Time (3-6 hours a day)
MONTHLY RATES		
Employee Only	\$ 104.00	\$ 104.00
Employee & Child(ren)	230.00	293.00
Employee & Spouse	320.00	383.00
Employee & Family	550.00	653.00

**CY-FAIR NETWORK (HMO type) PLAN
CONVERTING TO CFISD KELSEY-CARE HMO
PLAN EFFECTIVE SEPT 1, 2009**

CFISD KelseyCare HMO Plan is being offered effective September 1 and will replace the current Cy-Fair ISD Network (HMO type) Plan. This plan is also designed to provide better value by permitting coverage for medically necessary services only obtained from the Houston KelseyCare provider network.

All participants currently enrolled in the Cy-Fair ISD Network Plan will be automatically enrolled into the CFISD KelseyCare HMO Plan effective September 1, 2009, unless they go to benefitsConnect on-line system and change their plan selection during this Annual Enrollment Period.

Although the financial benefits or employee premium rates of the plan have not changed ALL PARTICIPANTS WILL BE REQUIRED TO USE ONLY the KelseyCare HMO Network of providers for services received on or after September 1, 2009.

If a current Network Plan participant is utilizing a Primary Care Physician and/or specialists that are not KelseyCare physicians those participants will be automatically enrolled with the Kelsey-Seybold Cypress Clinic at 13114 FM 1960 West, Suite 200 (at Wortham Blvd). However, after September 1 they are free to utilize any Kelsey Seybold facility that is convenient for them.

Transition of Care Benefits that allow for the continuation of benefits received for specified medical and behavioral conditions for a defined period of time MUST BE APPLIED FOR THROUGH

CIGNA AT THE TIME OF ENROLLMENT. Examples of acute medical conditions that may qualify for Transition of Care benefits include, but are not limited to:

- Pregnancy in the second and third trimester at the time of the effective date of coverage
- Newly diagnosed or relapsed cancer in the midst of treatment
- Recent major surgeries still in the global follow-up period (generally six to eight weeks), etc.

The Cigna HealthCare Transition of Care Request Form is available on line at the district's Insurance Department Webpage.

CFISD KelseyCare HMO Plan

NO RATE CHANGE

(Guaranteed to Aug. 31, 2010)

	Full-Time (7+ hours a day)	Part-Time (3-6 hours a day)
MONTHLY RATES		
Employee Only	\$ 150.00	\$ 150.00
Employee & Child(ren)	350.00	413.00
Employee & Spouse	420.00	483.00
Employee & Family	720.00	823.00

HOSPITAL INDEMNITY PLAN (Not Major Medical Insurance)

The Hospital Indemnity Plan is unchanged and will remain the "default" plan for all full-time employees that are not enrolled in one of the two major medical plans. This plan IS NOT INSURANCE. It simply pays a \$100 a day benefit for hospital confinements of 4 – 10 days.

	Full-Time (7+ hours a day)	Part-Time (3-6 hours a day)
MONTHLY RATES		
Employee Only	-0-	Not Available

**PTRx Pharmacy Drug Plan
CHANGES EFFECTIVE MAY 1, 2009**

PTRx Pharmacy Plan along with its SaveDirect mail service will continue to be the prescription drug provider for both major medical plans, the CFISD Choice HRA Plan and the new CFISD KelseyCare HMO. Although there are no new changes in the coverage for September there were some changes made to the "Specialty Drug" coverage that were effective May 1, 2009.

"Specialty Drug" prescriptions changed from a 90-day supply for \$60 to a 30-day supply for \$30.00 through SaveDirect's mail service. Specialty medication is defined as a high-cost (usually more than \$5,000 per year) injectable, infused, oral or inhaled drug for the treatment of severe acute or chronic medical conditions/illnesses, genetic disorders, and/or rare diseases. A listing of Specialty Drugs is assessable through the district's Insurance Department web page.

Additionally, effective May 1, the plan no longer covers "life style drugs". These include Cialis, Edex Kir, Letairis, Levitra and Viagra.

PTRx Co-Pay Schedule

	30 Day Retail	90 Day Mail
Generic	\$10.00	\$ 0
Brand	\$30.00	\$60.00
"Specialty Drugs"	\$30.00	\$30.00 for 30Days

SUPPLEMENTAL LIFE INSURANCE PLAN

No Plan or Premium Rate Changes

The district provides every part-time and full-time employee \$15,000 Basic Life insurance and \$15,000 Accidental Death and Dismemberment Insurance. Supplemental Life insurance may be purchased for additional coverage up to \$235,000. To initially enroll in or increase coverage in the Supplemental Life Insurance Plan the employee is required to submit an Evidence of Insurability (EOI) form. The EOI can be printed from the *benefitsCONNECT*sm on-line enrollment system. DO NOT SEND THE EOI FORM TO THE PAYROLL DEPARTMENT. Mail the form to The First Harbor Group, Attn: CFISD Life Enrollment, 8588 Katy Freeway, Suite 101, Houston, TX 77024, NO LATER THAN FRIDAY, JULY 31.

Rates are guaranteed through August 31, 2010.

Remember to update your beneficiary information on-line.

For additional information about the supplemental life insurance plan contact Debora Taylor, with The First Harbor Group at 281-807-8633 or e-mail her at dtaylor@firstharbor.com

CANCER & SPECIFIED DISEASE INSURANCE

Hartford plan (Sold between 1997-2004) to Increase 50%

The Cancer and Specified Disease Plan underwritten by The Hartford Life Insurance Company and sold between 1997 and 2004 has announced a 50% premium rate increase effective September 1, 2009. The district currently has 128 employees participating in this plan. All of those participants will receive an individual notice about this increase directly from the district by the first week of July. Those desiring to change or cancel their coverage need to go on-line to the *benefitsCONNECT*sm on-line enrollment system (see the front page of this Bulletin for instruction) to make their change.

New Cancer Plan Underwritten by Humana is Introduced

With the ever-increasing costs of health care and the long-term change in the demographics of both plan participants and cancer sufferers, a new cancer and specified disease plan has been designed with the expectation of more stable long term rates. The new Humana plan, although having reduced benefits from our current plans has a unique rating feature. The premium rates have been "age rated" much like life insurance. However, the difference with this plan is that your age rate bracket remains the same, regardless of your age, through the term of your uninterrupted participation. This plan pays a cash benefit directly to the employee when services are received for treatment of cancer or other specified diseases listed in the policy. The plan also includes an annual Wellness Benefit payable up to \$100 for cancer screening tests such as mammogram, Pap smear, chest X-ray, prostate screen, etc. This benefit is payable in addition to any benefit payable under the medical insurance plans.

This policy does require that the applicant be approved by medical underwriting after answering a few medical questions on the application. The application must be printed from the *benefitsCONNECT*sm on-line enrollment system. Since the coverage application has personal and private health information of the applicant and family members being enrolled, DO NOT SEND THE APPLICATION TO THE PAYROLL DEPARTMENT. Mail the application to Bay Bridge Administrators, LLC, Attn: Underwriting, P.O. Box 161690, Austin, TX 78716. Bay Bridge NO LATER THAN FRIDAY, JULY 31.

(AIG) National Union Fire Insurance Co. Cancer and Specified No Plan or Premium Rate Changes

(Rates Guaranteed through August 31, 2010)

For additional information about the cancer plan, contact Lou Moore, the plan agent, at 281-380-1488 or e-mail him at ritagmoore@yahoo.com

UNUM DISABILITY INSURANCE PLAN

No Plan or Premium Rate Changes

The disability plan protects an employee's income in the event of an accident, illness, or pregnancy that results in the employee being disabled and unable to work. Any employee working a minimum of 15 hours a week is eligible to enroll at this time. The plan offers a variety of additional benefits including a Medical Treatment Benefit, Partial Disability or Work Incentive Benefit, and the Work-Life Balance Program. Workers' Compensation (occupational) injuries are excluded from coverage under this plan. Coverage and requested changes will be effective September 1, 2009 (12-month pre-existing condition limitations apply).

SPECIAL NOTE: Pre-existing condition limitations of 12 months will apply for any condition for which treatment, consultation, care, or services, or prescribed medication was received in the three months just prior to the effective date of coverage or increase of benefits. Pre-existing condition limitations will apply to pre-existing pregnancies (conception prior to September 1.)

For additional information, contact Ed Station, the plan's agent, at 281-333-9792 or e-mail him at estationins@aol.com

ASSURANT INDEMNITY DENTAL PLAN

Plan Increases Annual Benefit from \$1,500 to \$1,750 Lifetime of Smiles® Package of Enhancements Added

- ◆ Four cleanings per year to help prevent gum disease
- ◆ Posterior tooth-colored fillings preferred by most patients
- ◆ Brush biopsies for early detection of oral cancer
- ◆ Genetic testing to help ID those at risk for gum disease
- ◆ Periochips to control bacteria

No Premium Rate Changes

For additional information, contact Ed Station, the plans agent, at 281-333-9792 or e-mail him at Estationins@aol.com

PREPAID HERITAGE DHMO DENTAL PLAN

No Plan or Premium Rate Changes

Current Rates Guaranteed to 8/31/2011

For additional information, contact Ed Station, the plans agent, at 281-333-9792 or e-mail him at Estationins@aol.com

MS OF A DENT-ALL DISCOUNT DENTAL

No Plan or Membership Rate Changes

For additional information contact Wes Ryan, the plan agent, at 281-894-5080 or e-mail him at wryaninsurance@hotmail.com

QCD OF AMERICA DENTAL AND VISION PLAN

No Plan or Membership Rate Changes

For additional information contact Doris Hurtado, the plan representative, at 1-800-229-0304 extension 20.