

BENEFITS BULLETIN



Annual Benefits Enrollment Period - UPDATED

JUNE 2014

ANNUAL ENROLLMENT PERIOD JULY 14 - AUGUST 8, 2014, 4:00 P.M.

The Annual Enrollment Period opens Monday, July 14, 2014. All enrollments, changes and cancellations must be made online through benefitsCONNECTsm no later than 4:00 p.m., Friday, August 8th. The benefitsCONNECTsm system will be available to our employees via Internet access 24 hours a day, 7 days a week, during the enrollment period. All new enrollments, changes and cancellations made during this Enrollment Period will be effective **SEPTEMBER 1, 2014**, or the first of the month following insurance company approval (for optional life insurance and the cancer & specified disease plans), whichever is later.

To enroll, make changes or cancel your coverage:

Go to: www.cfsid.net Staff / HR / Insurance

Click on: benefitsCONNECTsm

Click on: benefitsCONNECTsm website address:
<https://www.benefitsconnect.net/cfsid>

Login: Your User Name: The first 6 letters of your last name + your first initial + the last 4 digits of your social security number.

Your Password: You personally chose this previously. After 5 unsuccessful log-in attempts, the system will lock you out and your password will need to be reset.

Problems Logging In? Contact the District's Help Desk at 281-897-4357 if you have any problems logging in or need to have your password reset. Call during regular business hours 7:30 a.m. through 4:00 p.m. Monday through Thursday (the District will be closed on Fridays from June 13th through August 1st).

Get Confirmation of Your Changes: When you have finished your online changes, **REVIEW YOUR CONSOLIDATED ENROLLMENT FORM before you log out.** PRINT the form and compare it to your September 15th paycheck to ensure that all enrollments, changes, and cancellations are properly reflected.

TRS-ACTIVECARE CHANGES EFFECTIVE SEPTEMBER 1, 2014

- **Aetna** is the new Health Plan Administrator and **Caremark** is the new Pharmacy Benefit Manager.
- The **2014-2015 TRS-ActiveCare rates and plan summaries** are included in this bulletin (pages 3, 5 and 6), and on the Insurance website under Your Benefits Station / Medical / Insurance at <http://www.cfsid.net/en/staff/hr/insurance/>.
- **ActiveCare 3 Plan has been eliminated.** Participants enrolled in AC 3 will be moved to ActiveCare 2 unless they enroll in another plan during open enrollment.
- **New Plan: ActiveCare Select** is similar to an HMO and is available to Harris and all other surrounding county residents. See "Your Benefit Station" for plan details.
- **New Plan Feature: Teledoc Services** provides 24 hours a day / 7 days a week phone access to a national network of physicians for non-emergency medical assistance including general practitioners, internists and pediatricians that can diagnose, treat and prescribe medications for most common medical issues such as the flu. ActiveCare Select and ActiveCare 2 plans cover 100% of charges. These services are also provided under ActiveCare 1-HD for a \$40 consultant fee.
- **Quest Diagnostic Lab Savings:** The ActiveCare Select and ActiveCare 2 Plans cover 100% of lab work performed by Quest Labs. ActiveCare 1-HD participants also benefit from lower charges but are still subject to the 20% coinsurance after paying the deductible.
- **New TRS-ActiveCare ID cards will be mailed to participants by Aetna and Caremark prior to September 1, 2014. Contact Aetna at 1-800-222-9205 for a replacement card if the medical plan shown on your ID is not the plan you enrolled in during open enrollment.**

VERIFY YOUR PAYCHECK DEDUCTIONS

It is your responsibility to review your paycheck deductions on September 15, 2014 to make sure that they correctly reflect your benefit plan selections. Contact the Insurance Department if errors exist immediately at 281-897-3882 so that corrections and adjustments can be made. **Delays in reporting errors can result in forfeiting your right to make corrections or recover any overpayments.**

IF YOU NEED ASSISTANCE WE HAVE 3 MEETINGS PLANNED

Thursday, July 17, 2014		4:30 p.m. - 6:30 p.m.
Plan Presentation	ISC - Board Room	4:30 p.m. - 5:15 p.m.
Agents' Open House	ISC - Conf Rm 502 B-D	4:30 p.m. - 6:30 p.m.
Enrollment Assistance	ISC - Conf Rm 502 A	4:30 p.m. - 6:30 p.m.

Tuesday, July 22, 2014		4:30 p.m. - 6:30 p.m.
Plan Presentation	ISC - Board Room	4:30 p.m. - 5:15 p.m.
Agents' Open House	ISC - Conf Rm 502 B-D	4:30 p.m. - 6:30 p.m.
Enrollment Assistance	ISC - Conf Rm 502 A	4:30 p.m. - 6:30 p.m.

Monday, July 28, 2014		4:30 p.m. - 6:30 p.m.
Plan Presentation	ISC - Board Room	4:30 p.m. - 5:15 p.m.
Agents' Open House	ISC - Conf Rm 502 B-D	4:30 p.m. - 6:30 p.m.
Enrollment Assistance	ISC - Conf Rm 502 A	4:30 p.m. - 6:30 p.m.

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

The presentations will be made by Insurance Department staff. Benefit plan agents and representatives will also be in attendance to answer questions about their plans. Additionally, Insurance Department staff will be in Conference Room 502A to assist you with the online enrollment process.

WHAT YOU SHOULD BRING WITH YOU: 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 for coverage, 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.

WHERE CAN YOU GO TO GET INFORMATION ON THE NEW TRS- ACTIVECARE SELECT PLAN OR ON ANY OTHER PLAN OR BENEFIT?

**“Your Benefit Station”
ON THE DISTRICT’S INSURANCE WEB PAGE
IS THE PLACE TO GO**

www.cfsd.net

Staff / HR / Insurance

Open - “Your Benefit Station” website for plan designs, premium rates, agent contact information, and links to insurance companies and their provider networks. Complete TRS-ActiveCare plan information will be available on the 2014-2015 TRS-ActiveCare Enrollment Guide which can be found at:

<http://www.yourbenefitstation.com/html/trs-activecare-plans.htm>

MID-YEAR PLAN CHANGES

As you prepare to enroll or make changes in your elections, be aware that you cannot make changes during the plan year, September 1, 2014 through August 31, 2015 unless you have a “**Special Enrollment Event**”. Some examples of special enrollment events are below.

Change in Marital Status: Marriage or divorce

Newly Eligible Dependents: birth, adoption, foster care placement
Loss or Gain of Other Coverage: Change in your spouse’s employment status that results in a loss or gain of coverage or loss or gain of Medicaid coverage

Acquiring Other Coverage: Change in your spouse’s employment status that results in your gaining coverage, or a spouse’s Annual Enrollment Period

A change in your dependent’s eligibility status due to age: Coverage ends on a child’s 26th birthday

SPECIAL NOTE: Any changes outlined above must be made within thirty (30) days of the change of status event date and must be evidenced at the time of the change with documented proof of the change. If in doubt as to whether an event qualifies for a change in elections or what is accepted as documentation of the status change, please call the Insurance Department for **assistance well in advance of the thirty (30) day deadline.** New coverage will be effective retroactively to the first day of the month following the qualifying event date or cancellation date of the former coverage, whichever is later. Any termination of your coverage will be effective the last day of the month in which you submit the cancellation request.

HEALTH SAVINGS ACCOUNT (HSA) Maximize Your Healthcare Dollars

An HSA is not just a savings account. It’s a special tax-advantaged account that is used with a high-deductible health plan (HDHP), such as TRS-ActiveCare 1-HD, that allows you and your family to pay for various qualified medical expenses. Through regular contributions to an HSA, you can have the funds when you need them for all kinds of healthcare expenses. These funds are yours to keep – and your account balance continues to grow year after year. HSA contributions also help you save on your taxes as they are withheld via payroll deductions as pre-tax contributions.

Plan to enroll in an HSA plan when you enroll for your other benefits in the benefitsCONNECTsm on-line enrollment system. Specific instructions and additional information for establishing an HSA account are on the district’s Insurance Department web page at <http://www.cfsd.net/en/staff/hr/insurance/>. HSA contributions will not be withheld from employee’s pay checks until after an HSA account has been established.

ENROLLMENT DEADLINE

All new enrollments, changes and cancellations must be made no later than **4:00 p.m., August 8, 2014.** All Evidence of Insurability forms for Optional Life Insurance and the Cancer and Specified Disease policy application **MUST BE MAILED** to the appropriate underwriting offices no later than Friday, **August 15, 2014.**

CYPRESS- FAIRBANKS ISD Employee Monthly Premium Rates 2014-2015

TRS-ACTIVECARE PLANS *

MONTHLY PREMIUMS	TRS ActiveCare 1-HD	TRS ActiveCare Select	TRS ActiveCare 2	FIRST CARE HMO	SCOTT & WHITE HMO
EMPLOYEE CONTRIBUTION					
FULL-TIME EMPLOYEE RATES (MINIMUM 35 HOURS PER WEEK)					
Employee Only	\$100	\$219	\$317	\$165.14	\$227.80
Employee & Child(ren)	\$283	\$409	\$565	\$354.94	\$436.32
Employee & Spouse	\$414	\$595	\$826	\$541.76	\$584.08
Employee & Family	\$665	\$751	\$829	\$556.44	\$685.50
EMPLOYEE CONTRIBUTION					
PART-TIME EMPLOYEE RATES (15 - 34 HOURS PER WEEK)					
Employee Only	\$100	\$219	\$317	\$165.14	\$227.80
Employee & Child(ren)	\$346	\$472	\$628	\$393.94	\$492.32
Employee & Spouse	\$477	\$658	\$889	\$604.76	\$644.08
Employee & Family	\$768	\$854	\$932	\$659.44	\$788.50
EMPLOYEE CONTRIBUTION					
PART-TIME EMPLOYEE RATES (10 - 14 HOURS PER WEEK)					
Employee Only	\$325	\$450	\$555	\$390.14	\$452.80
Employee & Child(ren)	\$572	\$709	\$875	\$618.94	\$717.32
Employee & Spouse	\$850	\$1,044	\$1,287	\$977.76	\$1,020.08
Employee & Family	\$1,145	\$1,238	\$1,323	\$987.44	\$1,131.50
DENTAL INSURANCE					
	Assurant Indemnity	Heritage Prepaid	QCD of America Dental Discount	MSofA Dent-All Discount Plan (See Website for Plan Details)	
Employee Only	\$ 35.00	\$ 12.08	\$ -	Plan A	\$ 10.00
Employee & 1 Dependent	\$ 74.34	\$ 19.54	\$ 6.00	Plan B	\$ 5.00
Employee & 2 Dependent or more	\$ 105.12	\$ 29.92	\$ 9.00	Plan C	\$ 5.00
VISION INSURANCE					
	Guardian VSP Vision Plan			DISABILITY INSURANCE	Assurant Employee Benefits
Employee Only	\$ 9.88			PLAN A	
Employee & Child(ren)	\$ 16.96			(see website for plan details / rates)	\$ 5.56 - \$ 316.26
Employee & Spouse	\$ 16.62			PLAN B	
Employee & Family	\$ 26.84			(see website for plan details / rates)	\$ 4.98 - \$ 281.90
CANCER AND SPECIFIED DESEASE INSURANCE					
	Humana Insurance Company			OPTIONAL EMPLOYEE LIFE INSURANCE	Sun Life Assurance Company of Canada
Monthly Rates (Depending on Coverage Selections - See website for Plan Details)	\$ 9.47 - \$118.39			\$10,000 to \$250,000 of Life Coverage (See next page for all premium rates)	\$.35 to \$ 400.50
LONG TERM CARE INSURANCE					
	TRS / Genworth Life Insurance			OPTIONAL SPOUSE LIFE INSURANCE (See next page for all premium rates)	\$.18 to \$ 124.63
Go to TRS Website for Plan Details	www.trs.state. tx.us			OPTIONAL DEPENDENT CHILD LIFE INSURANCE (See website for additional info)	\$ 2.02
* FOR POOLING AND SPLIT EMPLOYEE RATES SEE INSURANCE DEPT WEBSITE					

CFISD Optional Life Insurance Premium Rates 2014-2015

All Optional Life Insurance Premiums are Deducted After-Tax

EMPLOYEE LIFE INSURANCE

EMPLOYEE LIFE INSURANCE PREMIUM RATES (No AD&D)

\$ Amount	<35	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
10,000	0.35	0.42	0.85	1.19	1.96	2.98	5.20	9.97	16.02
20,000	0.70	0.84	1.70	2.38	3.92	5.96	10.40	19.94	32.04
30,000	1.05	1.26	2.55	3.57	5.88	8.94	15.60	29.91	48.06
40,000	1.40	1.68	3.40	4.76	7.84	11.92	20.80	39.88	64.08
50,000	1.75	2.10	4.25	5.95	9.80	14.90	26.00	49.85	80.10
60,000	2.10	2.52	5.10	7.14	11.76	17.88	31.20	59.82	96.12
70,000	2.45	2.94	5.95	8.33	13.72	20.86	36.40	69.79	112.14
80,000	2.80	3.36	6.80	9.52	15.68	23.84	41.60	79.76	128.16
90,000	3.15	3.78	7.65	10.71	17.64	26.82	46.80	89.73	144.18
100,000	3.50	4.20	8.50	11.90	19.60	29.80	52.00	99.70	160.20
110,000	3.85	4.62	9.35	13.09	21.56	32.78	57.20	109.67	176.22
120,000	4.20	5.04	10.20	14.28	23.52	35.76	62.40	119.64	192.24
130,000	4.55	5.46	11.05	15.47	25.48	38.74	67.60	129.61	208.26
140,000	4.90	5.88	11.90	16.66	27.44	41.72	72.80	139.58	224.28
150,000	5.25	6.30	12.75	17.85	29.40	44.70	78.00	149.55	240.30
160,000	5.60	6.72	13.60	19.04	31.36	47.68	83.20	159.52	256.32
170,000	5.95	7.14	14.45	20.23	33.32	50.66	88.40	169.49	272.34
180,000	6.30	7.56	15.30	21.42	35.28	53.64	93.60	179.46	288.36
190,000	6.65	7.98	16.15	22.61	37.24	56.62	98.80	189.43	304.38
200,000	7.00	8.40	17.00	23.80	39.20	59.60	104.00	199.40	320.40
210,000	7.35	8.82	17.85	24.99	41.16	62.58	109.20	209.37	336.42
220,000	7.70	9.24	18.70	26.18	43.12	65.56	114.40	219.34	352.44
230,000	8.05	9.66	19.55	27.37	45.08	68.54	119.60	229.31	368.46
240,000	8.40	10.08	20.40	28.56	47.04	71.52	124.80	239.28	384.48
250,000	8.75	10.50	21.25	29.75	49.00	74.50	130.00	249.25	400.50

SPOUSE LIFE INSURANCE

SPOUSE RATES ARE DETERMINED BY THE AGE OF THE EMPLOYEE (NO AD&D)
SPOUSES ARE ELIGIBLE TO PURCHASE UP TO \$125,000 OPTIONAL LIFE INSURANCE

\$ Amount	<35	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
5,000	0.18	0.21	0.43	0.60	0.98	1.49	2.60	4.99	N/A
10,000	0.35	0.42	0.85	1.19	1.96	2.98	5.20	9.97	N/A
15,000	0.53	0.63	1.28	1.79	2.94	4.47	7.80	14.96	N/A
20,000	0.70	0.84	1.70	2.38	3.92	5.96	10.40	19.94	N/A
25,000	0.88	1.05	2.13	2.98	4.90	7.45	13.00	24.93	N/A
30,000	1.05	1.26	2.55	3.57	5.88	8.94	15.60	29.91	N/A
35,000	1.23	1.47	2.98	4.17	6.86	10.43	18.20	34.90	N/A
40,000	1.40	1.68	3.40	4.76	7.84	11.92	20.80	39.88	N/A
45,000	1.58	1.89	3.83	5.36	8.82	13.41	23.40	44.87	N/A
50,000	1.75	2.10	4.25	5.95	9.80	14.90	26.00	49.85	N/A
55,000	1.93	2.31	4.68	6.55	10.78	16.39	28.60	54.84	N/A
60,000	2.10	2.52	5.10	7.14	11.76	17.88	31.20	59.82	N/A
65,000	2.28	2.73	5.53	7.74	12.74	19.37	33.80	64.81	N/A
70,000	2.45	2.94	5.95	8.33	13.72	20.86	36.40	69.79	N/A
75,000	2.63	3.15	6.38	8.93	14.70	22.35	39.00	74.78	N/A
80,000	2.80	3.36	6.80	9.52	15.68	23.84	41.60	79.76	N/A
85,000	2.98	3.57	7.23	10.12	16.66	25.33	44.20	84.75	N/A
90,000	3.15	3.78	7.65	10.71	17.64	26.82	46.80	89.73	N/A
95,000	3.33	3.99	8.08	11.31	18.62	28.31	49.40	94.72	N/A
100,000	3.50	4.20	8.50	11.90	19.60	29.80	52.00	99.70	N/A
105,000	3.68	4.41	8.93	12.50	20.58	31.29	3.00	104.69	N/A
110,000	3.85	4.62	9.35	13.09	21.56	32.78	57.20	109.67	N/A
115,000	4.03	4.83	9.78	13.69	22.54	34.27	59.80	114.66	N/A
120,000	4.20	5.04	10.20	14.28	23.52	35.76	62.40	119.64	N/A
125,000	4.38	5.25	10.63	14.88	24.50	37.25	65.00	124.63	N/A

DEPENDENT CHILD LIFE INSURANCE

Child Optional Life insurance is contingent upon a minimum election of \$10,000 Optional Life for the Employee

10,000	2.02	Single Monthly premium regardless of the number of eligible children.
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EVIDENCE OF INSURABILITY (EOI) REQUIRED – Mail or Fax NO LATER THAN AUGUST 15, 2014

MAIL TO: Kainos Partners, Attn: Christy Guillen, 16545 Village Dr., Jersey Village, TX 77040

or FAX TO: (281) 810-4912

2014-2015 TRS-ActiveCare Plan Highlights

Effective September 1, 2014 through August 31, 2015 | Network Level of Benefits*



Type of Service	ActiveCare 1-HD	ActiveCare Select	ActiveCare 2
Deductible (per plan year)	\$2,500 employee only \$5,000 employee and spouse; employee and child(ren); employee and family	\$1,200 individual \$3,600 family	\$1,000 individual \$3,000 family
Out-of-Pocket Maximum (per plan year; does include medical deductible/any medical copays/coinsurance)	\$6,350 employee only** \$9,200 employee and spouse; employee and child(ren); employee and family**	\$6,350 individual \$9,200 family	\$6,000 per individual \$12,000 family
Coinsurance Plan pays (up to allowable amount) Participant pays (after deductible)	80% 20%	80% 20%	80% 20%
Office Visit Copay Participant pays	20% after deductible	\$30 copay for primary \$60 copay for specialist	\$30 copay for primary \$50 copay for specialist
Diagnostic Lab	20% after deductible	Plan pays 100% (deductible waived) if performed at a Quest facility; 20% after deductible at other facility	Plan pays 100% (deductible waived) if performed at a Quest facility; 20% after deductible at other facility
Preventive Care See reverse side for a list of services	Plan pays 100%	Plan pays 100%	Plan pays 100%
Teladoc Physician Services	\$40 consultation fee (applies to deductible and out-of-pocket maximum)	Plan pays 100%	Plan pays 100%
High-Tech Radiology (CT scan, MRI, nuclear medicine) Participant pays	20% after deductible	\$100 copay plus 20% after deductible	\$100 copay plus 20% after deductible
Inpatient Hospital (preauthorization required) (facility charges) Participant pays	20% after deductible	\$150 copay per day plus 20% after deductible (\$750 maximum copay per admission)	\$150 copay per day plus 20% after deductible (\$750 maximum copay per admission; \$2,250 maximum copay per plan year)
Emergency Room (true emergency use) Participant pays	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 Participant pays	20% after deductible	\$150 copay per visit plus 20% after deductible	\$150 copay per visit plus 20% after deductible
Bariatric Surgery Physician charges (only covered if performed at an IOQ facility) Participant pays	\$5,000 copay plus 20% after deductible	Not covered	\$5,000 copay (does not apply to out-of-pocket maximum) plus 20% after deductible
Prescription Drugs Drug deductible (per plan year)	Subject to plan year deductible	\$0 for generic drugs \$200 per person for brand-name drugs	\$0 for generic drugs \$200 per person for brand-name drugs
Retail Short-Term (up to a 31-day supply) • Generic copay • Brand copay (preferred list) • Brand copay (non-preferred list) Participant pays	20% after deductible	\$20 \$40*** 50% coinsurance	\$20 \$40*** \$65***
Retail Maintenance (after first fill; up to a 31-day supply) • Generic copay • Brand copay (preferred list) • Brand copay (non-preferred list) Participant pays	20% after deductible	\$25 \$50*** 50% coinsurance	\$25 \$50*** \$80***
Mail Order and Retail-Plus (up to a 90-day supply) • Generic copay • Brand copay (preferred list) • Brand copay (non-preferred list) Participant pays	20% after deductible	\$45 \$105*** 50% coinsurance	\$45 \$105*** \$180***
Specialty Drugs Participant pays	20% after deductible	20% coinsurance per fill	\$200 per fill (up to 31-day supply) \$450 per fill (32- to 90-day supply)

A specialist is any physician other than family practitioner, internist, OB/GYN or pediatrician. *Illustrates benefits when network providers are used. For some plans non-network benefits are also available; see Enrollment Guide for more information. Non-contracting providers may bill for amounts exceeding the allowable amount for covered services. Participants will be responsible for this balance bill amount, which may be considerable. **Includes prescription drug coinsurance ***If the patient obtains a brand-name drug when a generic equivalent is available, the patient will be responsible for the generic copayment plus the cost difference between the brand-name drug and the generic drug.

2014-2015 TRS-ActiveCare Plan Highlights

TRS-ActiveCare Plans – Preventive Care

Preventive Care Services	Network Benefits When Using Network Providers (Provider must bill services as “preventive care”)		
	ActiveCare 1-HD	ActiveCare Select	ActiveCare 2 Network
<p>Evidence-based items or services that have in effect a rating of “A” or “B” in the current recommendations of the United States Preventive Services Task Force (USPSTF)</p> <p>Immunizations recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention (CDC) with respect to the individual involved</p> <p>Evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration (HRSA) for infants, children and adolescents. Additional preventive care and screenings for women, not described above, as provided for in comprehensive guidelines supported by the HRSA.</p> <p>For purposes of this benefit, the current recommendations of the USPSTF regarding breast cancer screening and mammography and prevention will be considered the most current (other than those issued in or around November 2009).</p> <p>The preventive care services described above may change as USPSTF, CDC and HRSA guidelines are modified.</p> <p>Examples of covered services included are routine annual physicals (one per year); immunizations; well-child care; breastfeeding support, services and supplies; cancer screening mammograms; bone density test; screening for prostate cancer and colorectal cancer (including routine colonoscopies); smoking cessation counseling services and healthy diet counseling; and obesity screening/counseling.</p> <p>Examples of covered services for women with reproductive capacity are female sterilization procedures and specified FDA-approved contraception methods with a written prescription by a health care practitioner, including cervical caps, diaphragms, implantable contraceptives, intra-uterine devices, injectables, transdermal contraceptives and vaginal contraceptive devices. Prescription contraceptives for women are covered under the pharmacy benefits administered by Caremark. To determine if a specific contraceptive drug or device is included in this benefit, contact Customer Service at 1-800-222-9205. The list may change as FDA guidelines are modified.</p>	Plan pays 100% (deductible waived)	Plan pays 100% (deductible waived; no copay required)	Plan pays 100% (deductible waived; no copay required)
Annual Vision Examination (one per plan year)	After deductible, plan pays 80%; participant pays 20%	\$30 copay for primary \$60 copay for specialist	\$30 copay for primary \$50 copay for specialist
Annual Hearing Examination	After deductible, plan pays 80%; participant pays 20%	\$30 copay for primary \$60 copay for specialist	\$30 copay for primary \$50 copay for specialist

Note: Covered services under this benefit must be billed by the provider as “preventive care.” If you receive preventive services from a non-network provider, you will be responsible for any applicable deductible and coinsurance under the ActiveCare 1-HD and ActiveCare 2. There is no coverage for non-network services under the ActiveCare Select plan.

TRS-ActiveCare 3 to be discontinued effective September 1, 2014

The Teacher Retirement System of Texas (TRS) regularly reviews the TRS-ActiveCare plan options to ensure the plans meet the health care needs of public school employees and their families. Based on this review, TRS will eliminate the ActiveCare 3 option for the 2014-2015 plan year.

TRS-ActiveCare is administered by Aetna Life Insurance Company. Aetna provides claims payment services only and does not assume any financial risk or obligation with respect to claims. Prescription drug benefits are administered by Caremark.

**TRS-ActiveCare Plans 2014 - 2015
CFISD Employee Premium Rates
Potential Maximum Annual Expense**

If you expect major medical expenses this coming year, this table may help you to decide which medical plan might be best for you. This table indicates the financial “worst case” scenario if everyone insured had major medical expenses.

ActiveCare 1-HD *	* All tiers of ActiveCare 1-HD qualify as a High Deductible Health Plan and allows participation in a Health Savings Account				
	Employee Only	Employee + Spouse	Employee + 1 Child	Employee + Children	Employee + Family
Annual Premium Expense	\$1,200	\$4,968	\$3,396	\$3,396	\$7,980
Annual Deductible	\$2,500	\$5,000	\$5,000	\$5,000	\$5,000
Annual Out-of-Pocket Max, (Including coinsurance and copays) (Not including deductible Amount)	\$3,850	\$4,200	\$4,200	\$4,200	\$4,200
Total Annual Out-of-Pocket Max Including deductibles and any coinsurance / copays	\$6,350	\$9,200	\$9,200	\$9,200	\$9,200
RX Annual Deductible	Included in Medical Plan Deductible	Included in Medical Plan Deductible	Included in Medical Plan Deductible	Included in Medical Plan Deductible	Included in Medical Plan Deductible
RX Copays	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable
TOTAL POTENTIAL MAXIMUM OUT-OF-POCKET	\$7,550	\$14,168	\$12,596	\$12,596	\$17,180
<i>2014 Allowable HSA Tax-Deferred Contribution</i>	<i>\$3,300</i>	<i>\$6,550</i>	<i>\$6,550</i>	<i>\$6,550</i>	<i>\$6,550</i>
ActiveCare Select	Employee Only	Employee + Spouse	Employee + 1 Child	Employee + Children	Employee + Family
Annual Premium Expense	\$2,628	\$7,140	\$4,908	\$4,908	\$9,012
Annual Deductible	\$1,200	\$2,400	\$2,400	\$3,600	\$3,600
Annual Out-of-Pocket Max, (Including coinsurance and copays) (Not including deductible Amount)	\$5,150	\$6,800	\$6,800	\$5,600	\$5,600
Total Annual Out-of-Pocket Max Including deductibles and any coinsurance / copays	\$6,350	\$9,200	\$9,200	\$9,200	\$9,200
RX Annual Deductible per person	\$200	\$400	\$400	\$600	\$600
RX Copays Assumption:	2 Maintenance Medications for one person, 1 at the mail order generic copay and 1 at the mail order preferred brand copay				
	\$600	\$600	\$600	\$600	\$600
TOTAL POTENTIAL MAXIMUM OUT-OF-POCKET	\$9,778	\$17,340	\$15,108	\$15,308	\$19,412
ActiveCare 2	Employee Only	Employee + Spouse	Employee + 1 Child	Employee + Children	Employee + Family
Annual Premium Expense	\$3,804	\$9,912	\$6,780	\$6,780	\$9,948
Annual Deductible	\$1,000	\$2,000	\$2,000	\$3,000	\$3,000
Annual Out-of-Pocket Max, (Including coinsurance and copays) (Not including deductible Amount)	\$5,000	\$10,000	\$10,000	\$9,000	\$9,000
Total Annual Out-of-Pocket Max Including deductibles and any coinsurance / copays	\$6,000	\$12,000	\$12,000	\$12,000	\$12,000
RX Annual Deductible per person	\$200	\$400	\$400	\$600	\$600
RX Copays Assumption:	2 Maintenance Medications for 1 person, 1at mail order generic copay and 1 at mail order preferred brand copay				
	\$600	\$600	\$600	\$600	\$600
TOTAL POTENTIAL MAXIMUM OUT-OF-POCKET	\$10,604	\$22,912	\$19,780	\$19,980	\$23,148

**Note: A Health Savings Account is funded through pre-tax contributions.
ActiveCare 1-HD is the only plan that qualifies.**

DO YOU NEED SOME HELP?

The district's Insurance Department staff is always available to assist you with your benefits questions and concerns. We are located in the Instructional Support Center (North), 10300 Jones Rd., Suite 136, phone, **(281) 897-3882**. Additional assistance with your plan selections may be received by contacting the following companies directly or by visiting the **Insurance Department website**. The website has links to each benefit plan administrator and their provider networks.

FOR ASSISTANCE

Benefit	Provider	Contact	Phone Number	Website or Email
CFISD Insurance Dept	EE's Last Name A – K	Laura Unger	(281) 897-4138	www.cfishd.net/
	EE's Last Name L – Z	Robin Rubalcava	(281) 897-4747	Go to: Staff / HR / Insurance
Medical	TRS-ActiveCare Plans 1-HD, Select and AC2	Customer Service	(800) 222-9205	https://www.trselectivecareetna.com/
Prescription Drug	Caremark			http://www2.caremark.com/trselectivecare/
Medical HMO (must reside in the service area)	Scott & White HMO	Customer Service	(800) 321-7947	www.trselectivecare.com
	First Care HMO	Customer Service	(800) 884-4901	
HSA (Health Savings Account)	Only available to those enrolling in : TRS-ActiveCare 1-HD (all tiers of coverage)			For information: www.chase.com/hsa To enroll: http://www.cfishd.net/en/staff/hr/insurance/
Dental Insurance	Assurant Indemnity Plan	Ed Station Audrey Ayers	(281) 333-9792	estationins@aol.com or audreyins@aol.com
	Heritage Prepaid Plan			
	MSofA Dent-All	Wes Ryan	(281) 894-5080	wryaninsurance@hotmail.com
	QCD of America	Member Services	(800) 229-0304 ext. 170	www.qcdofamerica.com
Disability Insurance	Assurant Employee Benefits	Ed Station Audrey Ayers	(281) 333-9792	estationins@aol.com or audreyins@aol.com
Cancer & Specified Disease Insurance	Humana	Lou Moore	(281) 380-1488	ritagmoore@yahoo.com
Basic Life & AD&D and Optional Life Insurance	Sun Life Assurance Company of Canada	Christy Guillen (Kainos Partners)	(281) 810-4911	christy@kainos-partners.com
Guardian Vision Insurance	Guardian Life Insurance	Reginald Lillie	(281) 213-9663	rlillieins@sbcglobal.net
TRS Group Long Term Care Insurance	Genworth Life Insurance	Customer Service	(866) 659-1970	www.trselectivecare.com
Tax-Deferred Investments	403(b) Plan	JEM Resource Partners	(800) 943-9179	www.region10rams.org
	457 Plan	The Standard	(800) 858-5420	http://www.cfishd.net/en/staff/hr/retirement/