

# BENEFITS BULLETIN



*Annual Benefits Open Enrollment Period*

*JUNE 2017*

## ANNUAL ENROLLMENT PERIOD July 17 – August 18, 2017

The CFISD Annual Enrollment Period opens Monday, July 17 and ends Friday, August 18, 2017. This is the one time per year when you can enroll, change or cancel your benefits without a life event. Do not miss this opportunity. The new TCG Online Enrollment system will be available to all eligible employees via the Internet 24 hours a day, 7 days a week, during the enrollment period. All new enrollments and changes made during this Enrollment Period will be effective September 1, 2017, or the first of the month following insurance company approval (life insurance, cancer & specified disease), whichever is later. While this enrollment is considered passive, meaning your coverage will roll forward to the new benefit year if you do nothing, we encourage you to log on to the new system and confirm your benefit coverage and life insurance beneficiaries.

## TCG BENEFITS ONLINE ENROLLMENT SYSTEM AVAILABLE JULY 17, 2017

This is the second year we are using the TCG Benefits Online Enrollment System. You will use the same login criteria you created last year. If this is your first time using the system, the registration instructions are below.

To enroll, make changes or cancel your coverage:

**Go to:** [www.cfisd.net](http://www.cfisd.net) Staff / HR / Insurance

**Click on:** TCG Benefits Online Enrollment System

**Click on:** <http://BenefitSolver.TCGServices.com>

### New Login Instructions:

**Step 1:** click on “Register” to create your account

**Step 2:** enter Company Key: “cfisd”

**Step 3:** enter your Social Security Number

**Step 4:** enter your Date of Birth

**Step 5:** enter continue and then create your account

**New User Name:** At least 8 characters with no spaces.

**New Password:** At least 8 characters with a combination of numbers and letters and no spaces.

**Note:** Your user name, password, and answer to security phrase are case sensitive.

**Problems Logging In?** Contact TCG Benefits Online Enrollment System Customer Service at (800) 943-9179 ext. 326  
Monday – Friday from 8:00 a.m. – 5:00 p.m. for log-in assistance.

## WHAT'S NEW FOR 2017-18 BENEFIT PLAN YEAR?

- **CIGNA** is our new dental provider for the 2017-2018 plan year. Current DHMO and PPO participants will roll automatically to the new Cigna plans. However, if you are currently enrolled in the DHMO plan, you will need to review your provider's network ID when verifying your enrollment. The premiums for the DHMO and the PPO plans have decreased. Cigna provides the largest network in Texas and most PPO plan waiting periods have been eliminated. See the new rates and plan highlights on page 8 of this bulletin.
- **TRS-ActiveCare Select Plan:** Welcome back Kelsey Seybold Clinics! Depending on where you live, you may be able to choose a TRS-ActiveCare Select Plan that includes the Kelsey-Seybold network. See page 3 for details.
- **TRS-ActiveCare Medical Rates:** Premiums have increased by 8.1% overall. However, employees enrolled in AC 1-HD employee only plan (41% of all participants) will experience only a \$10 monthly increase. Most other plans have increased significantly, especially AC 2 and the employee family and spouse plans. Deductibles and pharmacy benefits did not change. See new monthly rates and plan highlights on pages 4 and 5.
- **Meet Alex!!!** Alex is an easy to use animated tool designed to help you compare the TRS-ActiveCare plans and determine which is best for you. See more info on page 6.



## CY-FAIR ISD OFFERS MEDICAL INSURANCE TO ELIGIBLE SUBS, TEMPS, AND PART-TIME EMPLOYEES AND TO ALL FULL-TIME EMPLOYEES

All full-time employees, regardless of number of hours worked, and all substitute, temporary, seasonal and part-time Cypress-Fairbanks ISD employees working 10 or more hours per week are eligible to enroll in the 2017-2018 TRS-ActiveCare Health Insurance plans during the up-coming open enrollment period. Substitutes and temporary employees can enroll by submitting an enrollment form to the insurance office by the end of the open enrollment period. Substitutes and temporary workers should contact the insurance department for the medical enrollment form. TRS retirees are prohibited from enrolling per TRS regulations.

### REQUIRED: EMPLOYEES CHOOSING NOT TO ENROLL IN TRS-ACTIVECARE MUST “WAIVE” (DECLINE) COVERAGE EVERY YEAR

In compliance with Affordable Care Act regulations, all CFISD employees eligible for medical insurance are required to enroll in one of the TRS-ActiveCare health plans or waive (decline) the coverage in the **TCG Benefits** Online Enrollment System. The waiver must be submitted each year even if the coverage was waived previously.

### GET ANSWERS TO YOUR QUESTIONS AND OBTAIN ENROLLMENT ASSISTANCE BY ATTENDING AN OPEN ENROLLMENT MEETING

<b>Thursday, July 27, 2017</b>		<b>4:30 p.m. - 6:30 p.m.</b>
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.
<b>Tuesday, August 15, 2017</b>		<b>4:30 p.m. - 6:30 p.m.</b>
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)

Benefit plan agents and representatives will be in rooms 502 B-D to answer questions about all benefit plans. Benefit plan presentations, primarily on the TRS-ActiveCare health plans, will be made by Insurance Department staff in the Boardroom. **It is suggested that you attend the presentation in the boardroom prior to visiting with the various agents.** Insurance Department staff will also be on hand to assist you with the online enrollment process.

**BRING THE FOLLOWING INFORMATION TO ONLINE ENROLLMENT ASSISTANCE MEETING:** Bring 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.

## ENROLLMENT DEADLINE

All new enrollments, changes and cancellations must be made no later than **Friday, August 18, 2017**. If you are changing medical plans and want your AETNA ID card by September 1, 2017; please enroll by **August 4, 2017**. If you would like your HSA Bank card by September 1, 2017, please enroll by **August 4, 2017**. All Evidence of Insurability forms for Optional Life Insurance and the Cancer and Specified Disease policy application **MUST BE MAILED OR FAXED** to the appropriate underwriting offices no later than **Thursday, August 31, 2017**.

### VISIT THE INSURANCE DEPT WEBSITE

[www.cfishd.net](http://www.cfishd.net)

### Staff / HR / Insurance / Your Benefits Station

**Go to - “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 is available on the 2017-2018 TRS-ActiveCare Enrollment Guide which can be found at:

<http://www.yourbenefitstation.com/html/cy-fair-ppo.htm>

### MID-YEAR PLAN CHANGES

Employees enrolling or making changes in their elections during the annual open enrollment period should be aware that they cannot make changes during the benefit plan year, September 1, 2017 through August 31, 2018 unless they 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 the last day of the month of a child’s 26<sup>th</sup> 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.

## NEW TRS-ACTIVECARE SELECT / KELSEY PLAN AVAILABLE TO SOME CFISD EMPLOYEES

Thanks to new TRS-ActiveCare rules effective September 1, 2017, some employees are now eligible to enroll in a new TRS-ActiveCare Select / Kelsey plan that utilizes the popular Kelsey-Seybold clinics as their network.

If you live in Harris, Ft. Bend or Montgomery counties, you may enroll in the new TRS-ActiveCare Select / Kelsey plan or remain in the existing Select / Memorial Hermann Whole Health network plan. Participants cannot be covered under both networks. Current Select plan participants residing in these counties must change their elections to AC 1-HD, AC 2 or the Select / Kelsey plan should they wish to switch as they will be automatically rolled forward into the Memorial Hermann network if no action is taken.

Current Select plan participants living in Brazoria or Galveston counties will be automatically rolled into the Select / Kelsey plan without any employee action during this open enrollment period as the Memorial Hermann networks are not available to these residents under the Select Plan. These employees also have the option to enroll in AC 1-HD or AC 2.

Residents of all other counties currently enrolled in the Select plan will remain in the Memorial Hermann Open Access network without any action from the employee. The Kelsey / Select and Memorial Hermann Whole Health networks are not available in these counties however employees may also enroll in the AC 1-HD or AC 2 plans.

Employees may use the following chart for plan eligibility:

If you live in the following counties:	You are eligible to enroll in:
Harris, Ft. Bend, or Montgomery county	AC 1-HD AC 2 AC Select - Memorial Hermann Whole Health AC Select - Kelsey Select
Brazoria or Galveston county	AC 1-HD AC 2 AC Select - Kelsey Select
Any other county not listed above	AC 1-HD AC 2 AC Select - Memorial Hermann Open Access

## COMPARE TRS-AC 2 TO SELECT PLANS

The CFISD Benefit office encourages all employees currently enrolled in the AC 2 plan to reconsider the TRS-ActiveCare Select plan. The new Kelsey Select network and expansion of the Memorial Hermann Whole Health network should make the Select plans more acceptable than in previous years. The Memorial Hermann Whole Health network recently added a new hospital and doctor facilities within CFISD district boundaries.

## OPEN ENROLLMENT TIPS: DETERMINE IF YOUR PROVIDER ACCEPTS THE TRS-ACTIVECARE PLAN YOU ARE CONSIDERING

Before enrolling in a TRS-ActiveCare Health Plan, employees should determine whether their preferred providers accept the plan they are considering. The TRS-ActiveCare Insurance website at [www.trselectivecareetna.com](http://www.trselectivecareetna.com) enables employees to “Find a Doctor or Facility” that accepts the various plans. Employees should also confirm their findings by contacting their providers directly.

## TRS-ACTIVECARE PARTICIPATING PROVIDERS

Go to: [www.trselectivecareetna.com/](http://www.trselectivecareetna.com/)  
 Select: Find a Doctor or Facility  
 Select: “Find a Doctor”

Follow the instructions on screen to locate providers that accept the various TRS-ActiveCare Insurance Plans. Make certain you search for the correct Select plan based on where you live.

## CAREMARK PRESCRIPTION DRUG PLAN: HOW TO SAVE MONEY ON YOUR PRESCRIPTIONS

- TRS-ActiveCare members with diabetes may qualify for a OneTouch blood glucose meter at no cost. Contact CVS Caremark Member Services Diabetic Meter Team at (800) 588-4456 for details.
- Even though the AC 1-HD plan normally requires members pay their deductibles before the plan pays for any prescription drugs, participants are not required to pay anything for certain **preventive generic drugs when they fill a short term 31 day supply**. Many of the drugs on the High Deductible Health Plan Generics Only Preventive Drug List are common maintenance medications. The drug list can be found on the Caremark website at: <http://info.caremark.com/trselectivecare>
- Select and AC 2 participants can also save money by filling their 60 to 90 day supply generic or preferred brand prescriptions through a Retail-Plus pharmacy. A list of Retail-Plus pharmacies can be found at: <http://info.caremark.com/trselectivecare>

## 403(b) and 457 TAX SHELTERED SAVINGS PLANS

All CFISD employees, including substitutes and temporary workers are eligible to enroll in a Tax Sheltered Saving Plan to supplement your retirement. Contact TCG Administrators at 1-800-943-9179 for 403(b) and 457 enrollment information or visit the retirement website at [cfisd.net](http://cfisd.net) under *Staff/HR/Retirement*. Existing employees can also enroll in the 457 plan during open enrollment through the TCG Benefits On-Line Enrollment System.

## CYPRESS- FAIRBANKS ISD Employee Monthly Premium Rates 2017-2018

### TRS-ACTIVECARE PLANS \*

MONTHLY PREMIUMS	TRS ActiveCare 1-HD	TRS ActiveCare Select	TRS ActiveCare 2	FIRST CARE HMO	SCOTT & WHITE HMO
<b>EMPLOYEE CONTRIBUTION</b>	<b>FULL-TIME EMPLOYEE RATES ( MINIMUM 35 HOURS PER WEEK )</b>				
Employee Only	\$126	\$283	\$476	\$289.82	\$336.04
Employee & Child(ren)	\$382	\$534	\$752	\$552.07	\$607.42
Employee & Spouse	\$555	\$815	\$1,233	\$851.60	\$827.08
Employee & Family	\$836	\$1,102	\$1,510	\$867.52	\$954.98
<b>EMPLOYEE CONTRIBUTION</b>	<b>PART-TIME EMPLOYEE RATES ( 15 - 34 HOURS PER WEEK )</b>				
Employee Only	\$126	\$283	\$476	\$289.82	\$336.04
Employee & Child(ren)	\$445	\$597	\$815	\$591.07	\$663.42
Employee & Spouse	\$618	\$878	\$1,296	\$914.60	\$887.08
Employee & Family	\$939	\$1,205	\$1,613	\$970.52	\$1,057.98
<b>EMPLOYEE CONTRIBUTION</b>	<b>SUBSTITUTE, TEMP, PART-TIME RATES ( 10+ HOURS PER WEEK )</b>				
Employee Only	\$351	\$514	\$714	\$514.82	\$561.04
Employee & Child(ren)	\$671	\$834	\$1,062	\$816.07	\$888.42
Employee & Spouse	\$991	\$1,264	\$1,694	\$1,287.60	\$1,263.08
Employee & Family	\$1,316	\$1,589	\$2,004	\$1,298.52	\$1,400.98

DENTAL INSURANCE	Cigna PPO	Cigna DHMO	QCD of America Dental Discount	MSofA Dent-All Discount Plan ( See Website for Plan Details)	
Employee Only	\$ 34.22	\$ 9.04	No Charge	Plan A	\$ 10.00
Employee & 1 Dependent	\$ 72.68	\$ 14.18	\$ 6.00	Plan B	\$ 5.00
Employee & 2 Dependent or more	\$ 102.76	\$ 22.40	\$ 9.00	Plan C	\$ 5.00

VISION INSURANCE	Guardian VSP Vision Plan
Employee Only	\$ 10.36
Employee & Child(ren)	\$ 17.80
Employee & Spouse	\$ 17.44
Employee & Family	\$ 28.18

DISABILITY INSURANCE	Assurant Employee Benefits
PLAN A ( see website for plan details / rates )	\$ 5.56 - \$ 316.26
PLAN B ( see website for plan details / rates )	\$ 4.98 - \$ 281.90

CANCER AND SPECIFIED DISEASE INSURANCE	Humana Insurance Company
Monthly Rates ( Depending on Coverage Selections - See website for Plan Details )	\$ 9.47 - \$118.39

OPTIONAL LIFE INSURANCE	Voya Financial
OPTIONAL EMPLOYEE LIFE INS. \$10,000 to \$500,000 of Life Coverage ( See website for premium rates )	\$ .59 to \$875.50
OPTIONAL SPOUSE LIFE INS. \$5,000 TO \$125,000 of Life Coverage ( See website for premium rates )	\$ .30 to \$218.88
OPTIONAL DEPENDENT CHILD LIFE INSURANCE ( See website for additional info )	\$ .42

LONG TERM CARE INSURANCE	TRS / Genworth Life Insurance
Go to TRS Website for Plan Details	www.trs.state.tx.us

\* FOR POOLING AND SPLIT EMPLOYEE RATES SEE INSURANCE DEPT WEBSITE



# 2017 – 2018 TRS-ActiveCare Plan Highlights

Effective September 1, 2017 through August 31, 2018 | In-Network Level of Benefits\*

Medical Coverage	ActiveCare 1-HD	ActiveCare Select or ActiveCare Select Whole Health (Baptist Health System and HealthTexas Medical Group; Baylor Scott & White Quality Alliance; Kelsey Select; Memorial Hermann Accountable Care Network; Seton Health Alliance)	ActiveCare 2
<b>Items in bold are new changes or increases</b>			
<b>Deductible</b> (per plan year) <b>In-Network</b> <b>Out-of-Network</b>	\$2,500 employee only/\$5,000 family <b>\$5,000 employee only/\$10,000 family</b>	\$1,200 individual/\$3,600 family Not applicable. This plan does not cover out-of-network services except for emergencies.	\$1,000 individual/\$3,000 family <b>\$2,000 individual/\$6,000 family</b>
<b>Out-of-Pocket Maximum</b> (per plan year; medical and prescription drug deductibles, copays, and coinsurance count toward the out-of-pocket maximum) <b>In-Network</b> <b>Out-of-Network</b>	The individual out-of-pocket maximum only includes covered expenses incurred by that individual.  \$6,550 individual/\$13,100 family <b>\$13,100 individual/\$26,200 family</b>	<b>\$7,150 individual/\$14,300 family</b> Not applicable. This plan does not cover out-of-network services except for emergencies.	<b>\$7,150 individual/\$14,300 family</b> <b>\$14,300 individual/\$28,600 family</b>
<b>Coinsurance</b> <b>In-Network</b> Participant pays (after deductible) <b>Out-of-Network</b> Participant pays (after deductible)	20% <b>40% of allowed amount</b>	20% Not applicable. This plan does not cover out-of-network services except for emergencies.	20% <b>40% of allowed amount</b>
<b>Office Visit Copay</b> Participant pays	20% after deductible	\$30 copay for primary \$60 copay for specialist	\$30 copay for primary \$50 copay for specialist
<b>Diagnostic Lab</b> Participant pays	20% after deductible	Plan pays 100% (deductible waived) if performed at a Quest facility; participant pays 20% after deductible at other facility	Plan pays 100% (deductible waived) if performed at a Quest facility; participant pays 20% after deductible at other facility
<b>Preventive Care</b> See below for examples	Plan pays 100%	Plan pays 100%	Plan pays 100%
<b>Teladoc<sup>®</sup> Physician Services</b>	\$40 consultation fee (counts toward deductible and out-of-pocket maximum)	Plan pays 100%	Plan pays 100%
<b>High-Tech Radiology</b> (CT scan, MRI, nuclear medicine) Participant pays	20% after deductible	\$100 copay plus 20% after deductible	\$100 copay plus 20% after deductible
<b>Inpatient Hospital (preauthorization required) (facility charges)</b> 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)
<b>Emergency Room</b> (true emergency use) Participant pays	20% after deductible	<b>\$200 copay</b> plus 20% after deductible (copay waived if admitted)	<b>\$200 copay</b> plus 20% after deductible (copay waived if admitted)
<b>Outpatient Surgery</b> Participant pays	20% after deductible	\$150 copay per visit plus 20% after deductible	\$150 copay per visit plus 20% after deductible
<b>Bariatric Surgery</b> Physician charges (only covered if performed at an IOQ facility) Participant pays	\$5,000 copay (does apply to out-of-pocket maximum) plus 20% after deductible	Not covered	\$5,000 copay (does not apply to out-of-pocket maximum) plus 20% after deductible
<b>Annual Vision Examination</b> (one per plan year; performed by an ophthalmologist or optometrist using calibrated instruments) Participant pays	20% after deductible	\$60 copay for specialist	\$50 copay for specialist
<b>Annual Hearing Examination</b> Participant pays	20% after deductible	\$30 copay for primary \$60 copay for specialist	\$30 copay for primary \$50 copay for specialist

### Preventive Care

Some examples of preventive care frequency and services:

- **Routine physicals** – annually age 12 and over
- **Mammograms** – 1 every year age 35 and over
- **Smoking cessation counseling** – 8 visits per 12 months
- **Well-child care** – unlimited up to age 12
- **Colonoscopy** – 1 every 10 years age 50 and over
- **Healthy diet/obesity counseling** – unlimited to age 22; age 22 and over – 26 visits per 12 months
- **Well woman exam & pap smear** – annually age 18 and over
- **Prostate cancer screening** – 1 per year age 50 and over
- **Breastfeeding support** – 6 lactation counseling visits per 12 months

**Note:** Covered services under this benefit must be billed by the provider as “preventive care.” Non-network preventive care is not paid at 100%. 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 or ActiveCare Select Whole Health.

For a complete listing of preventive care services, please view the Benefits Booklet at [www.tractivecareatna.com](http://www.tractivecareatna.com) for the latest list of covered services.

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.

## 2017 – 2018 TRS-ActiveCare Plan Highlights

Prescription Coverage	ActiveCare 1-HD	ActiveCare Select or ActiveCare Select Whole Health (Baptist Health System and HealthTexas Medical Group; Baylor Scott & White Quality Alliance; Kelsey Select; Memorial Hermann Accountable Care Network; Seton Health Alliance)	ActiveCare 2
<b>Drug Deductible</b> (per person, per plan year)	Must meet plan-year deductible before plan pays.**	\$0 generic; \$200 brand	\$0 generic; \$200 brand
<b>Short-Term Supply at a Retail Location</b> (up to a 31-day supply) Tier 1 – Generic Tier 2 – Preferred Brand Tier 3 – Non-Preferred Brand	20% coinsurance after deductible, except for certain generic preventive drugs that are covered at 100%.**	\$20 for a 1- to 31-day supply \$40 for a 1- to 31-day supply*** 50% coinsurance for a 1- to 31-day supply***	\$20 for a 1- to 31-day supply \$40 for a 1- to 31-day supply*** \$65 for a 1- to 31-day supply***
<b>Extended-Day Supply at Mail Order or Retail-Plus Pharmacy Location</b> (60- to 90-day supply)**** Tier 1 – Generic Tier 2 – Preferred Brand Tier 3 – Non-Preferred Brand	20% coinsurance after deductible	\$45 for a 60- to 90-day supply \$105 for a 60- to 90-day supply*** 50% coinsurance for a 60- to 90-day supply***	\$45 for a 60- to 90-day supply \$105 for a 60- to 90-day supply*** \$180 for a 60- to 90-day supply***
<b>Specialty Medications</b>	20% coinsurance after deductible	20% coinsurance per fill	\$200 per fill (up to 31-day supply) \$450 per fill (32- to 90-day supply)
<b>Short-Term Supply of a Maintenance Medication at Retail Location</b> (up to a 31-day supply) The second time a participant fills a short-term supply of a maintenance medication at a retail pharmacy, they will pay a convenience fee. They will be charged the coinsurance and copays in the row below the second time they fill a short-term supply of a maintenance medication. Participants can avoid paying the convenience fee by filling a larger day supply of a maintenance medication through mail order or at a Retail-Plus location.			
Tier 1 – Generic Tier 2 – Preferred Brand Tier 3 – Non-Preferred Brand	20% coinsurance after deductible	\$35 for a 1- to 31-day supply \$60 for a 1- to 31-day supply 50% coinsurance for a 1- to 31-day supply	\$35 for a 1- to 31-day supply \$60 for a 1- to 31-day supply \$90 for a 1- to 31-day supply

### What is a maintenance medication?

Maintenance drugs are prescriptions commonly used to treat conditions that are considered chronic or long-term. These conditions usually require regular, daily use of medicines. Examples of maintenance drugs are those used to treat high blood pressure, heart disease, asthma and diabetes.

### When does the convenience fee apply?

For example, if you are covered under TRS-ActiveCare Select, the first time you fill a 31-day supply of a generic maintenance drug at a retail pharmacy you will pay \$20, then you will pay \$35 each month that you fill a 31-day supply of that generic maintenance drug at a retail pharmacy. A 90-day supply of that same generic maintenance medication would cost \$45, and you would save \$225 over the year by filling a 90-day supply.

## MEET ALEX! HE'S HERE TO HELP YOU DECIDE WHICH TRS-ACTIVECARE PLAN IS BEST FOR YOU.

ALEX is an online tool you can use to learn more about TRS-ActiveCare plan options available to you and help you decide which works best for you and your family.

ALEX collects some simple information and walks you through benefits, features and costs without all the insurance jargon.

Let ALEX:

- Help you understand and compare plan options
- Explain health benefits terms
- Show you how different plan features work – deductibles, coinsurance, out-of-pocket maximums
- Walk you through estimating tax savings with a health savings account (if you are considering the ActiveCare 1-HD plan)



When you are done, ALEX will summarize his recommendations on your own personal benefits web page. Just click the link to restart the conversation any time.

**To use the tool, visit [www.myalex.com/trsactivecare](http://www.myalex.com/trsactivecare)**

A specialist is any physician other than family practitioner, internist, OB/GYN or pediatrician.

\*Illustrates benefits when in-network providers are used. For some plans non-network benefits are also available; there is no coverage for non-network benefits under the ActiveCare Select or ActiveCare Select Whole Health Plan; 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.

\*\*For ActiveCare 1-HD, certain generic preventive drugs are covered at 100%. Participants do not have to meet the deductible (\$2,500 - individual, \$5,000 - family) and they pay nothing out of pocket for these drugs. The list of drugs is on the TRS-ActiveCare website.

\*\*\*If a participant obtains a brand-name drug when a generic equivalent is available, they are responsible for the generic copay plus the cost difference between the brand-name drug and the generic drug.

\*\*\*\*Participants can fill 32-day to 90-day supply through mail order.

## 2017 – 2018 BENEFIT PLAN OPTIONS

Benefit Plans	Features	Monthly Rates
<b>TRS-ActiveCare Medical Insurance</b>	Health Plan Administrator – Aetna Pharmacy Benefit Manager – CVS Caremark	Please see page 4 for rates.  <a href="http://www.cfsd.net/dept2/insur/egmi.htm">http://www.cfsd.net/dept2/insur/egmi.htm</a>
<b>Health Savings Account (HSA)</b>  <b>HSA Bank</b>	<p><b>ONLY</b> for participants under the age of 65 enrolled in the qualifying high deductible TRS-ActiveCare 1-HD medical plan.</p> Tax-Deferred Health Savings Account allowing you to make pre-tax contributions into a savings account set up with HSA Bank to pay for eligible medical expenses.                     HSA Bank monthly administrative fee: \$2.50                     HSA funds may be used to pay for out of pocket eligible medical expenses incurred by anyone you claim as a dependent on your income tax return.                     Unspent funds remain yours to spend in the future for eligible expenses.	2017 Annual Pre-Tax Allowable Contributions: Emp Only     \$3,400 Emp + Dep    \$6,750  Individuals age 55 or over may make an additional \$1,000 per year catch-up contribution.  <a href="http://www.cfsd.net/dept2/insur/egmi_savings.htm">http://www.cfsd.net/dept2/insur/egmi_savings.htm</a>
<b>Basic Life / AD&amp;D (Accidental Death and Dismemberment)</b>  <b>Voya Financial</b>	Premium Paid by District for all part-time and full-time employees working a minimum of 15 hours per week.  Basic life benefit is \$30,000; AD&D benefit is \$30,000  Benefit reduces to \$19,500 at age 65 and to \$15,000 at age 70  Additional Benefits: Accelerated Death Benefit <ul style="list-style-type: none"> <li>• 75% coverage for life Expectancy less than 12 months</li> </ul> Everest Funeral Planning Travel Assistance	District Paid Benefit  Have you named your beneficiary?  Name or change your Life beneficiary on the <b>TCG Benefits</b> Online Enrollment System at any time.
<b>Optional Life Insurance AD&amp; D (new benefit)</b>  (Group Policy # 69486-0)  <b>Voya Financial</b>	<p><b>Employee</b> - Coverage amounts up to \$500,000; \$10,000 minimum.  <b>Spouse</b> - Coverage up to 100% of employee's coverage; \$125,000 maximum; \$5,000 minimum.  <b>Child</b> - Coverage of \$10,000 available for each dependent child.</p> <p><b>GUARANTEED ISSUE AMOUNTS</b></p> <ul style="list-style-type: none"> <li>• Employee - \$250,000 as a <b>new hire</b>; \$10,000 each year thereafter up to \$500,000 maximum</li> <li>• Spouse - \$50,000 as a <b>spouse of a new hire</b>; \$5,000 each year thereafter to a \$125,000 maximum</li> <li>• Child(ren) - \$10,000</li> </ul> <p>All coverage requests that exceed the Guaranteed Issue amounts require an Evidence of Insurability form (EOI), a health questionnaire, and will require approval from <b>Voya Financial</b>.</p>	<p style="text-align: center;"><u>Monthly Rates</u></p> Optional Employee: \$.59-875.50 Optional Spouse: \$.30-218.88 Optional Child: \$.42  <a href="http://yourbenefitstation.com/cfsd/voya-financial-life-insurance.html">http://yourbenefitstation.com/cfsd/voya-financial-life-insurance.html</a>

**EVIDENCE OF INSURABILITY MUST BE SUBMITTED BY MAIL OR FAX NO LATER THAN AUGUST 31, 2017**  
**MAIL TO: Kainos Partners, Attn: LIFE EOI, 16545 Village Drive., Jersey Village, TX 77040**  
**or FAX TO: (281) 810-4912**

## 2017 – 2018 BENEFIT PLAN OPTIONS (continued)

<p><b>NEW DENTAL PLAN FOR 2017-2018</b></p> <p><b>PPO Dental Plan Cigna Dental</b></p>	<p>A dental insurance plan allowing <b>employees to choose your own dental provider and specialists.</b></p> <p>Coinsurance Percentages:          Type I (Preventive Services) = 100%; No waiting period for services.          Type II (Basic Restorative Services) = 80%; No waiting period for Services.          Type III (Major Services) = 50%; No waiting period for services.          Type IV (Orthodontia) = 50%; 12 month waiting period. <b>Waived this year only for employees with a hire date of 8/1/2017 or prior.</b></p> <p>Annual maximum benefit per member = \$2,000</p> <p>Orthodontia lifetime maximum = \$1200</p> <p>Vision Discount Services offered by Cigna Vision Network.</p>	<p>Emp Only           \$ 34.22          Emp + 1 Dep       \$ 72.68          Emp + 2 or more Dependents   \$102.76</p>
<p><b>NEW DENTAL PLAN FOR 2017-2018</b></p> <p><b>DHMO Dental Plan Cigna Dental</b></p>	<p>A Dental Health Maintenance Organization (DHMO) offering a Copayment schedule for services received from their <b>network dental providers.</b></p> <p>Members <b>MUST</b> indicate their selected provider's network ID number in the online enrollment system at the time of their enrollment.</p> <p>No deductibles, waiting periods, or annual maximums.</p> <p>Vision Discount Services offered by Cigna Vision Network.          Additional Benefits: Identity Theft Program, Healthy Rewards</p>	<p>Emp Only           \$ 9.04          Emp + 1 Dep       \$ 14.18          Emp + 2 or more Dependents   \$ 22.40</p>
<p><b>Dental &amp; Vision Discount Plan MSofA Dent-All</b></p>	<p>Receive discounts on dental services, orthodontics, cosmetic, oral surgery, prosthodontics and more.</p> <p>Members pay a monthly membership fee to receive services at discounted prices that are 20% to 80% off the usual and customary fees.</p> <p>Members must use plan providers.</p> <p>Vision Discount Services offered by U.S. Vision Plan.</p> <p>Neighborhood Pharmacy Discounts available to members.</p> <p>Plan A: Employee + Dependents (Dental, Vision &amp; Prescription)          Plan B: Employee + Dependents (Dental &amp; Vision)          Plan C: Employee + Dependents (Vision &amp; Prescription Discounts)</p>	<p>Plan A           \$10.00          Plan B           \$ 5.00          Plan C           \$ 5.00</p>
<p><b>Dental &amp; Vision Discount Plan QCD of America</b></p>	<p>A managed cost plan in which subscribers pay for dental services received from a provider in the QCD Affiliated Dentist Network.</p> <p>The subscriber pays for services at a discounted rate based upon the QCD fee schedule.</p> <p>Vision Discount Services offered by Davis Vision through their Clear Vision Discount Program.</p> <p>Wellness program provides discount on prescriptions for family and pets.</p>	<p>Emp Only           \$ 0.00          Emp + 1 Dep       \$ 6.00          Emp + 2 or more Dependents   \$ 9.00</p>



## 2017 – 2018 BENEFIT PLAN OPTIONS (continued)

<p><b>Disability Insurance Plan</b></p> <p><b>Insured by:</b> <b>Assurant Employee Benefits</b></p>	<p>Provides a maximum benefit of 66 2/3% of your monthly earnings up to \$7,500 if you are disabled and unable to work. <b>Treats pregnancy as any other illness.</b></p> <p>Elimination Period options (in days) for injury/sickness: 0 days for injury/7days for sickness; 14 days/14 days, 30 days/30 days.</p> <p>Elimination periods are waived on first day of hospital confinement.</p> <p><b>Plan A</b> pays for disabling injury or illness to the age of 65. <b>Plan B</b> pays for disabling illness up to 5 years; injury to age 65. ( Benefit available over age 65 – reduced benefit schedule applies )</p> <p><b>GUARANTEED ISSUE</b> – NO health questions to answer. <b>A 3 month / 12 month Pre-Existing Condition Exclusion Limitation exists for the first 12 months after the effective date of coverage.</b> Pre-existing condition means a condition for which you received medical treatment, consultation, care or services including diagnostic measures, or took prescribed drugs in the 3 months prior to your effective date of coverage; and the disability begins in first 12 months of coverage.</p> <p><b>CURRENT ENROLLEES</b> – NO health questions to change your benefit. <b>Pre-existing will apply only to the increased benefits.</b></p>	<p>Plan A Rates: \$5.56 - \$316.26</p> <p>Plan B Rates: \$4.98 - \$281.90</p> <p>Employees should re-evaluate their monthly disability benefit at least every two years to keep their benefit in pace with their salary.</p>
<p><b>Cancer &amp; Specified Disease Insurance</b></p> <p><b>Humana</b></p>	<p>I've got a major medical plan, why do I need a cancer plan?</p> <p>The plan pays cash benefits directly to the covered member when services are received for the treatment of cancer or other diseases specifically named in the policy. Includes an Annual Wellness Benefit of up to \$100 for cancer screening. Employees having a family history of cancer or a personal life-style risk (smoking or other exposure) might want to consider the policy.</p> <p>A health questionnaire must be answered to pass eligibility. Bay Bridge Administrators will mail all employees that enroll an application. Applications must be mailed back or faxed to Bay Bridge Administrators by August 31, 2017.</p>	<p>Monthly Rates: \$9.47 - \$118.39</p> <p>Depending on coverage selections</p>
<p><b>Return Applications to: Bay Bridge Administrators, Attn: Underwriting, PO Box 161630, Austin, TX 78716 or FAX TO: (512) 275-9352</b></p>		
<p><b>Guardian VSP Vision Insurance</b></p>	<p>Provides vision coverage for regular eye exams, lenses and frames. Includes coverage for single vision, bifocal, trifocal, and lenticular, and medically necessary contact lenses. Provides a contact lens discount program.</p>	<p>Emp Only           \$ 10.36 Emp + Child(ren)   \$ 17.80 Emp + Spouse       \$ 17.44 Emp + Family       \$ 28.18</p>
<p><b>TRS Group Long Term Care Insurance</b></p>	<p>This benefit is available to all TRS members and their family members.</p> <p><b>No Open-Enrollment Period; you can apply for coverage at any time.</b> Underwritten by Genworth Life Insurance Company. Go to the TRS website at: <a href="http://www.trs.state.tx.us">www.trs.state.tx.us</a> for information.</p>	<p>Premiums are based on plan selections and age of the insured.</p>

## 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 335, 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
<b>CFISD Insurance Dept.</b>	EE's Last Name A – K	Laura Unger	(281) 897-4138	<a href="http://www.cfisd.net/">www.cfisd.net/</a>
	EE's Last Name L – Z	Robin Rubalcava	(281) 897-4747	<i>Go to: Staff / HR / Insurance</i>
<b>Medical</b>	TRS-ActiveCare Plans Aetna	Customer Service	(800) 222-9205	<a href="http://www.trsavecareetna.com">www.trsavecareetna.com</a>
<b>Prescription Drug</b>	Caremark			
<b>Medical HMO (must reside in the service area)</b>	Scott & White HMO	Customer Service	(800) 321-7947	<a href="http://www.trsavecareetna.com">www.trsavecareetna.com</a>
	First Care HMO	Customer Service	(800) 884-4901	
<b>HSA (Health Savings Account)</b>	Only available to those enrolling in: TRS-ActiveCare 1-HD (all tiers of coverage)		(800) 357-6246	For HSA information: <a href="http://www.hsabank.com">www.hsabank.com</a> For enrollment procedures: <a href="http://www.cfisd.net/dept2/insur/egmi_savings.htm">http://www.cfisd.net/dept2/insur/egmi_savings.htm</a>
<b>Dental Insurance</b>	Cigna PPO Plan	Audrey Ayers (Station & Ayers)	(281) 333-9792	<a href="mailto:audreyvins@aol.com">audreyvins@aol.com</a>
	Cigna DHMO Plan			
<b>Discount Plans</b>	MSofA Dent-All	Wes Ryan	(281) 894-5080	<a href="mailto:wryaninsurance@hotmail.com">wryaninsurance@hotmail.com</a>
	QCD of America	Member Services	(800) 229-0304 ext. 170	<a href="http://www.qcdofamerica.com">www.qcdofamerica.com</a>
<b>Disability Insurance</b>	Assurant Employee Benefits	Audrey Ayers (Station & Ayers)	(281) 333-9792	<a href="mailto:audreyvins@aol.com">audreyvins@aol.com</a>
<b>Cancer &amp; Specified Disease Insurance</b>	Humana	Lou Moore	(281) 380-1488	<a href="mailto:ritagmoore@yahoo.com">ritagmoore@yahoo.com</a>
<b>Basic Life &amp; AD&amp;D and (Optional) Life Insurance</b>	Voya Financial	Pam Henry (Kainos Partners)	(281) 810-4911	<a href="mailto:pam@kainos-partners.com">pam@kainos-partners.com</a>
<b>Guardian Vision Insurance</b>	Guardian Life Insurance	Reginald Lillie	(281) 213-9663	<a href="mailto:rlillieins@sbcglobal.net">rlillieins@sbcglobal.net</a>
<b>TRS Group Long Term Care Insurance</b>	Genworth Life Insurance	Customer Service	(866) 659-1970	<a href="http://www.trsavecareetna.com">www.trsavecareetna.com</a>
<b>Tax-Deferred Investments</b>	403(b) Plan	TCG Administrators	(800) 943-9179	<a href="http://www.region10rams.org">www.region10rams.org</a>
	457 Plan	TCG Administrators	(800) 943-9179	<a href="http://www.region10rams.org">www.region10rams.org</a>