

BENEFITS BULLETIN



Annual Benefits Enrollment Period - UPDATED

JUNE 2015

ALL SUBSTITUTE, TEMPORARY, AND PART-TIME EMPLOYEES WORKING TEN HOURS OR MORE PER WEEK ARE ELIGIBLE FOR TRS-ACTIVECARE HEALTH INSURANCE PLANS

All full-time employees and all substitute, temporary, and part-time Cypress-Fairbanks ISD employees working 10 or more hours per week are eligible to enroll in the 2015-2016 TRS-ActiveCare Health Insurance plans during the open enrollment period. New year rates and summary plans are included in this bulletin and on the Insurance department website. TRS retirees are not eligible.

TRS-ACTIVECARE NEWS for 2015-2016

- **Mandatory Open Enrollment now required for all employees eligible for TRS-ActiveCare. Employees previously enrolled do NOT need to re-enroll but confirmation of data is required.**
- All eligible employees **not** enrolling in TRS-ActiveCare health plans are **required to waive (decline) coverage.**
- The Open Enrollment period has been extended through August 31st to allow employees additional time to submit their enrollments or waivers. However, **only enrollments completed by August 7th will ensure employees receive new ID cards by September 1, 2015.**
- **2015-2016 rates and plan summaries are on pages 4, 5 and 6 of this bulletin and on the insurance website.**
- **Out of pocket maximums increased on all plans.** However, prescription drug deductibles, co-pays and co-insurance now count towards all out of pocket maximums.
- **TRS-ActiveCare Select Plan continues for 2nd Year. Employees that reside in Harris, Ft. Bend and Montgomery counties** should take caution when enrolling in this plan as the Memorial Hermann Accountable Care Network has significantly fewer providers than other networks and provides no benefits for out of network services except for emergencies. Participants will be issued GOLD ID cards.
- **Aetna and Caremark will mail new ID cards only** to new participants and to existing participants if changes are made. Contact Aetna and Caremark at 1-800-222-9205 for information regarding ID cards.

MANDATORY ENROLLMENT REQUIRED BY TRS-ACTIVECARE

In order to comply with Affordable Care Act regulations, TRS-ActiveCare is requiring all eligible employees, including substitute and temporary employees, to either enroll in or decline (waive) the TRS-ActiveCare health benefit. **Employees previously enrolled in TRS-ActiveCare are NOT required to re-enroll but are required to confirm the accuracy of the following information in the benefitsCONNECTsm on-line system:**

- Family members and beneficiaries social security numbers.
 - Home address, P.O. Box numbers are not acceptable.
 - Personal or work telephone number.
- **All full-time employees and part-time employees that work at least 15 hours per week** are required to enroll in or decline (waive) their TRS-ActiveCare health benefit in the benefitsCONNECTsm on-line enrollment system by the end of the open enrollment period.
 - **All Substitute employees that work 10 or more hours per week** are required to enroll in TRS-ActiveCare by submitting an enrollment form to the insurance office or a decline (waiver) form to the substitute office by the end of the open enrollment period. Both forms are available on the insurance department's website. The decline (waiver) form submitted through the substitute renewal employment process satisfies this requirement.
 - **All temporary employees that work 10 hours or more per week** are required to enroll or decline the TRS-ActiveCare benefit by submitting an enrollment or a decline (waiver) form to the insurance office by the end of the open enrollment period. Both forms are available on the insurance department's website.
 - **All part-time employees that work between 10 and 14 hours per week** are required to enroll or decline the TRS ActiveCare benefit by submitting an enrollment or a decline (waiver) form to the insurance office by the end of the open enrollment period. Both forms are available on the insurance department's website.
 - **Employees that fail to enroll or waive by the end of the open enrollment period will be contacted through their supervisor.**

All other optional insurance plans such as life, dental, disability, cancer and vision will automatically roll forward to the new year unless changes are made by the end of open enrollment period.

EXTENDED ANNUAL ENROLLMENT PERIOD
July 13 – August 31, 2015, 4:00 P.M.

The Annual Enrollment Period has been extended thru August 31st to give employees additional time to enroll in or decline (waive) the TRS-ActiveCare benefits. All full time employee’s enrollments, changes, terminations and **WAIVERS** must be made online through benefitsCONNECTsm no later than 4:00 p.m., Monday, August 31st. The benefitsCONNECTsm system will be available to employees via Internet access 24 hours a day, 7 days a week, during the enrollment period. The effective date for all enrollments, changes, waivers or terminations will be September 1, 2015, or the first of the month following insurance company approval (for optional life insurance and the cancer & specified disease plans), whichever is later. 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 Monday, **August 31, 2015**.

HOW TO LOG ONTO benefitsCONNECTsm ?

To enroll, change or waive benefits in benefitsCONNECTsm on-line system:

- Go to:** www.cfsd.net Staff / HR / Insurance
- Click on:** benefitsCONNECTsm
- Click on:** <https://www.benefitsconnect.net/cfsd>

New Login Instructions:

New User Name: lower case “cfsd” followed by your employee number. Example: cfsd123456.

New Password: All employee’s passwords have been reset to their social security number. Example: 123456789.

You will be required to change your password after logging on. 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 Friday (the District will be closed on Fridays from June 12th through July 31st).

Confirm 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 **waivers** are properly reflected. **The printed enrollment form will be required to support any claim of computer system processing errors.**

**WE HAVE 2 OPEN ENROLLMENT MEETINGS
 PLANNED TO ASSIST YOU**

Thursday, July 16, 2015		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 28, 2015		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)

Benefit plan agents and representatives will be in rooms 502 B-D to answer questions about plans other than the TRS-ActiveCare plans. Benefit plan presentations, primarily on the ActiveCare health plans, will be made by Insurance Department staff in the Boardroom. It is important to attend the presentation in the boardroom if you have questions regarding the TRS-ActiveCare health plans. Additionally, Insurance Department staff will be in room 502A to assist you with the online enrollment process.

Bring your social security numbers and dates of birth of all eligible dependents, 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.

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, 2015 through August 31, 2016, 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.

TRS-ActiveCare Select Plan

Open Enrollment Tips: Make Sure Your Provider Accepts Memorial Hermann Accountable Care Network Before Enrolling

Before enrolling in a TRS-ActiveCare Health Plan, employees should determine whether their preferred providers accept the plan they are considering. In 2014-2015 plan year, many employees residing in Harris, Fort Bend, or Montgomery counties mistakenly searched for providers in the wrong network when enrolling in the TRS-ActiveCare Select plan. Employees enrolling in the **SELECT** plan and residing in these counties must use the **MEMORIAL HERMANN ACCOUNTABLE CARE** network. The TRS-ActiveCare Insurance website at www.trselectivecareetna.com enables employees to “Find a Doctor or Facility” that accepts the various plans. Employees should confirm their findings by contacting their providers directly.

HOW TO FIND A LIST OF TRS-ACTIVECARE / AETNA PARTICIPATING PROVIDERS

- Go to: 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.

ALERT: The TRS-ActiveCare SELECT plan utilizes two very different networks. Prior to enrolling in this plan, make sure to search the correct network. Where you live will determine which network you will be required to utilize.

- (1) Employees that live in Harris, Ft. Bend or Montgomery counties and enroll in the Select plan must utilize providers in the SELECT / AETNA WHOLE HEALTH PLAN which is restricted to providers in the MEMORIAL HERMANN ACCOUNTABLE CARE NETWORK. This is a much smaller network in which the majority of the providers and hospital facilities are located outside the Cypress-Fairbanks ISD boundaries. No benefits will be provided for out of network services unless it is an emergency situation.
- (2) Employees that live in any county other than Harris, Ft. Bend or Montgomery counties and enroll in the Select plan must utilize providers in the Select / Aetna Open Access network. This is a much larger network and has many providers and facilities located within the Cy-Fair ISD boundaries and throughout the Houston and surrounding areas. Regardless of the TRS-ActiveCare plan chosen, it is the employee's responsibility to confirm your search findings by contacting your provider directly.

Employee's elections during the open enrollment period are final and cannot be changed after the August 31, 2015, open enrollment period deadline until the following plan year unless the employee experiences a Special Enrollment Event such as a change in marital status or loss of other coverage.

TAX DEFERRED INVESTMENT PLANS

Cy-Fair ISD offers two investment savings programs that allow you even greater savings by allowing you to have your retirement savings deducted pre-tax, meaning your savings amount is deducted from your gross income prior to income tax withholding deductions. If you open and save money you have earmarked for your retirement into a Tax-Deferred Investment Plan, either a 403(b) Plan or a 457 Plan, you don't pay income tax on your savings or investment earnings until you begin withdrawals.

Eligibility: All district employees, including substitutes and temporary workers are eligible to participate in the tax-deferred investment programs.

Enrollment Eligibility Period: There is no annual enrollment period restriction for tax-deferred investments; you can start one at any time.

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Cy-Fair ISD Retirement Plan (457 Plan)
Effective August, 2002, a tax-deferred 457 plan was created. The current 457 Plan is administered by JEM Resource Partners. The plan has more lenient distribution guidelines than 403(b) plans and can be started for as little as \$5.00 per paycheck. An employee may contribute up to **\$18,000 in 2015; \$24,000, for those 50 or over**. The 457 Plan offers various funds in which to invest and its administrator provides assistance to help you determine your investor profile (risk tolerance).

Tax Deferred Investments 403(b)

Under Section 403(b) and 403 (b) (7) of the Internal Revenue Code, public school employees may reduce their income tax liability by authorizing the district to pay part of their earned income into a TRS certified, tax-deferred annuity or other qualified investment program intended to provide retirement income. The district's 403(b) plans are administered by JEM Resource Partners. An employee may contribute up to **\$18,000 in 2015; \$24,000, for those 50 or over, towards a 403(b)**. Refer to the district's HR / Retirement web page and read the Tax Deferred Contribution (Retirement) Plan – Annual Notice for additional information and instructions for starting a 403(b) plan. Employees may contribute the maximum amount allowable by the IRS Code to both the 403(b) and the 457 Plans.

Visit the Retirement website at www.cfsd.net, Staff/HR/Retirement for additional information and for links to:

JEM's 403(b) Website: <http://region10rams.org/>
and the 457 Plan Enrollment Instructions

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 to pay for various qualified medical expenses. HSA maximum contributions for the 2015 calendar year are \$3,350 for individuals and \$6,650 for families. All contributions are pre-tax, which saves you money.

Plan to enroll in an HSA 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 an HSA account has been established.

Go To:
"Your Benefit Station"
www.cfsd.net
Staff / HR / Insurance
for all your
Benefit Premiums & Plans

CYPRESS-FAIRBANKS ISD Employee Monthly Premium Rates 2015-2016

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	\$116	\$242	\$376	\$193.80	\$278.60
Employee & Child(ren)	\$326	\$462	\$682	\$400.74	\$517.30
Employee & Spouse	\$478	\$673	\$1,017	\$614.44	\$699.62
Employee & Family	\$751	\$844	\$1,027	\$629.84	\$813.76
EMPLOYEE CONTRIBUTION	PART-TIME EMPLOYEE RATES (15 - 34 HOURS PER WEEK)				
Employee Only	\$116	\$242	\$376	\$193.80	\$278.60
Employee & Child(ren)	\$389	\$525	\$745	\$439.74	\$573.30
Employee & Spouse	\$541	\$736	\$1,080	\$677.44	\$759.62
Employee & Family	\$854	\$947	\$1,130	\$732.84	\$916.76
EMPLOYEE CONTRIBUTION	SUBSTITUTE, TEMP, PART-TIME RATES (10+ HOURS PER WEEK)				
Employee Only	\$341	\$473	\$614	\$418.80	\$503.60
Employee & Child(ren)	\$615	\$762	\$992	\$664.74	\$798.30
Employee & Spouse	\$914	\$1,122	\$1,478	\$1,050.44	\$1,135.62
Employee & Family	\$1,231	\$1,331	\$1,521	\$1,060.84	\$1,259.76

DENTAL INSURANCE	Assurant Indemnity	Heritage Prepaid	QCD of America Dental Discount	MSofA Dent-All Discount Plan (See Website for Plan Details)
Employee Only	\$ 36.40	\$ 12.32	\$ -	Plan A \$ 10.00
Employee & 1 Dependent	\$ 77.30	\$ 19.92	\$ 6.00	Plan B \$ 5.00
Employee & 2 Dependent or more	\$ 109.32	\$ 30.52	\$ 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 EMPLOYEE LIFE INSURANCE	Sun Life Assurance Company of Canada
\$10,000 to \$250,000 of Life Coverage (See Ins. website for premium rates)	\$.35 - \$ 400.50
OPTIONAL SPOUSE LIFE INSURANCE (See Ins. website for premium rates)	\$.18 - \$ 124.63
OPTIONAL DEPENDENT CHILD LIFE INSURANCE (See Ins. website for additional info)	\$ 2.02

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

2015–2016 TRS-ActiveCare Plan Highlights

Effective September 1, 2015 through August 31, 2016 | Network Level of Benefits*



Type of Service	ActiveCare 1-HD	ActiveCare Select or ActiveCare Select – Aetna Whole Health (Baptist Health System and HealthTexas Medical Group; Baylor Scott & White Quality Alliance; Memorial Hermann Accountable Care Network; Seton Health Alliance)	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/any prescription drug deductible and applicable copays/coinsurance)	\$6,450 employee only \$12,900 employee and spouse; employee and child(ren); employee and family	\$6,600 individual \$13,200 family	\$6,600 individual \$13,200 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 Participant pays	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) Participant pays • Generic copay • Brand copay (preferred list) • Brand copay (non-preferred list)	20% after deductible	\$20 \$40*** 50% coinsurance	\$20 \$40*** \$65***
Retail Maintenance (after first fill; up to a 31-day supply) Participant pays • Generic copay • Brand copay (preferred list) • Brand copay (non-preferred list)	20% after deductible	\$25 \$50*** 50% coinsurance	\$25 \$50*** \$80***
Mail Order and Retail-Plus (up to a 90-day supply) Participant pays • Generic copay • Brand copay (preferred list) • Brand copay (non-preferred list)	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)

2015–2016 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 or ActiveCare Select – Aetna Whole Health (Baptist Health System and HealthTexas Medical Group; Baylor & White Quality Alliance; Memorial Hermann Accountable Care Network; Seton Health Alliance)	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>	<p>Plan pays 100% (deductible waived)</p>	<p>Plan pays 100% (deductible waived; no copay required)</p>
<p>Annual Vision Examination (one per plan year; performed by an ophthalmologist or optometrist using calibrated instruments) Participant pays</p>	<p>After deductible, plan pays 80%; participant pays 20%</p>	<p>\$60 copay for specialist</p>	<p>\$50 copay for specialist</p>
<p>Annual Hearing Examination Participant pays</p>	<p>After deductible, plan pays 80%; participant pays 20%</p>	<p>\$30 copay for primary \$60 copay for specialist</p>	<p>\$30 copay for primary \$50 copay for specialist</p>

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 or ActiveCare Select – Aetna Whole Health.

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; there is no coverage for non-network benefits under the Aetna Select 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 maybe 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.

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 2015 - 2016
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 + 2 Children	Employee + Family
A	ANNUAL PREMIUMS	\$ 1,392	\$ 5,736	\$ 3,912	\$ 3,912	\$ 9,012
	Annual Deductible	2,500.00	5,000.00	5,000.00	5,000.00	5,000.00
	RX Annual Deductible	Included in Annual Ded	Included in Annual Ded	Included in Annual Ded	Included in Annual Ded	Included in Annual Ded
	RX Copays	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable
	Other Out of Pocket Medical and RX expenses	3,950.00	7,900.00	7,900.00	7,900.00	7,900.00
B	TOTAL MAX OUT-OF-POCKET	\$ 6,450	\$ 12,900	\$ 12,900	\$ 12,900	\$ 12,900
A + B	TOTAL MAX OUT-OF-POCKET + PREMIUMS	\$ 7,842	\$ 18,636	\$ 16,812	\$ 16,812	\$ 21,912
	<i>2015 Allowable HSA Tax-Deferred Contribution</i>	<i>\$3,350</i>	<i>\$6,650</i>	<i>\$6,650</i>	<i>\$6,650</i>	<i>\$6,650</i>

ActiveCare Select		Employee Only	Employee + Spouse	Employee + 1 Child	Employee + 2 Children	Employee + Family
A	ANNUAL PREMIUMS	\$ 2,904	\$ 8,076	\$ 5,544	\$ 5,544	\$ 10,128
	Annual Deductible	1,200	2,400	2,400	3,600	3,600
	RX Annual Deductible	Incl in Max Out Of Pocket	Incl in Max Out Of Pocket			
	RX Copays	Incl in Max Out Of Pocket	Incl in Max Out Of Pocket			
	Other Out of Pocket Medical and RX expenses	5,400	10,800	10,800	9,600	9,600
B	TOTAL MAX OUT-OF-POCKET	\$ 6,600	\$ 13,200	\$ 13,200	\$ 13,200	\$ 13,200
A + B	TOTAL MAX OUT-OF-POCKET + PREMIUMS	\$ 9,504	\$ 21,276	\$ 18,744	\$ 18,744	\$ 23,328

ActiveCare 2		Employee Only	Employee + Spouse	Employee + 1 Child	Employee + 2 Children	Employee + Family
A	ANNUAL PREMIUMS	\$ 4,512	\$ 12,204	\$ 8,184	\$ 8,184	\$ 12,324
	Annual Deductible	1,000	2,000	2,000	3,000	3,000
	RX Annual Deductible	Incl in Max Out Of Pocket	Incl in Max Out Of Pocket			
	RX Copays	Incl in Max Out Of Pocket	Incl in Max Out Of Pocket			
	Other Out of Pocket Medical and RX expenses	5,600	11,200	11,200	10,200	10,200
B	TOTAL MAX OUT-OF-POCKET	\$ 6,600	\$ 13,200	\$ 13,200	\$ 13,200	\$ 13,200
A + B	TOTAL MAX OUT-OF-POCKET + PREMIUMS	\$ 11,112	\$ 25,404	\$ 21,384	\$ 21,384	\$ 25,524

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?

Refer to the Insurance website at www.cfid.net under Staff / HR / Insurance. All insurance information and rates can be found on the “Your Benefits Station” link. The district’s Insurance Department staff is also 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 obtained by contacting the following agents directly. They are ready to help you with all your insurance questions.

FOR ASSISTANCE

Benefit	Provider	Contact	Phone Number	Website or Email
CFISD	EE’s Last Name A – K	Laura Unger	(281) 897-4138	www.cfid.net/
Insurance Dept	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.tractivecareactna.com/
Prescription Drug	CVS Caremark			http://www2.caremark.com/tractivecare/
Medical HMO (must reside in the service area)	Scott & White HMO	Customer Service	(800) 321-7947	www.trs.state.tx.us/trs-activecare
	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.cfid.net/en/staff/hr/insurance/
Dental Insurance	Assurant Indemnity Plan	Audrey Ayers	(281) 333-9792	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	Audrey Ayers	(281) 333-9792	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.trs.state.tx.us
Tax-Deferred Investments	403(b) 403(b) Roth 457 Plan 457 Roth	JEM Resource Partners	(800) 943-9179	www.region10rams.org For enrollment instructions: http://www.cfid.net/en/staff/hr/retirement/