

BENEFITS BULLETIN



Annual Benefits Enrollment Period

JUNE 2013

ANNUAL ENROLLMENT PERIOD JUNE 17 - JULY 17, 2013, 4:00 P.M.

The Annual Enrollment Period opens Monday, June 17, 2013. All enrollments, changes and cancellations must be made online through *benefitsCONNECT*sm no later than 4:00 p.m., Wednesday, July 17th. The *benefitsCONNECT*sm 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, 2013, or the first of the month following insurance company approval (for supplemental life insurance and the cancer & specified disease plans), whichever is later.

To enroll, make changes or cancel your coverage:

Go to: www.cfisd.net Departments / Insurance

Click on: *benefitsCONNECT*sm On-line Enrollment System

Click on: *benefitsCONNECT*sm logo to go to the website

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 last year. 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 14th through August 9th).

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 13th paycheck to ensure that all enrollments, changes, and cancellations are properly reflected.

TRS-ACTIVECARE ELIMINATES PLAN 1 EFFECTIVE SEPTEMBER 1

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 employees and their families. Based on their review, TRS will eliminate the ActiveCare 1 option for the new plan year beginning September 1, 2013.

If you are currently enrolled in ActiveCare 1, the district will automatically enroll you in the same tier of coverage in ActiveCare 1-HD. If you decide to enroll in Plan 2 or 3 or cancel your coverage, you will need to go to the *benefitsCONNECT*sm online enrollment system during annual enrollment and change your plan selection.

SEPTEMBER 1 PLAN CHANGES

TRS-ActiveCare Medical Insurance

Plan 1 will be discontinued. All employees currently in Plan 1 will be moved to Plan 1-HD effective September 1, if they do not go online to either waive coverage or make another selection during the Annual Enrollment Period.

Premium rates increase for all TRS-ActiveCare plans.

Annual deductibles increase for Plan 1-HD and Plan 2.

Life Insurance – District contracts with Sun Life Assurance Company of Canada for life insurance benefits.

District increases Basic Life coverage for employees to \$30,000 + \$30,000 AD&D.

Supplemental (Optional) Life coverage guaranteed up to \$250,000.

Dependent Life coverage now available for spouse and eligible dependents.

Disability Insurance Plan Change to the Assurant Employee Benefits Disability Plan will result in a 6.5% reduction in disability premiums. Current benefits are guaranteed to all those currently participating in the Unum Disability Plan.

TRS-ACTIVECARE RATE INCREASES AND PLAN DESIGN CHANGES

All of the plans offered through TRS-ActiveCare will have premium increases effective September 1, 2013. ActiveCare 1-HD and ActiveCare Plan 2 will also have changes in deductibles and out-of-pocket maximums. Please review the 2013-2014 TRS-ActiveCare Plan Highlights and Premium Rates on pages 6 and 7.

Why is health care so expensive?

Health care providers continue to charge more for their services and new healthcare technology and drugs add to overall healthcare costs. Mandated preventive care services, with no deductibles and copays, have also added to the costs with more participants taking advantage of those services. It is projected that these “free” preventive care services will eventually help lower costs in the future, through less costly treatment needed for conditions found earlier, and participants living healthier life styles.

I haven't had any claims, but my rates keep going up. Why?

TRS-ActiveCare pools the risk for healthy and not so healthy enrollees. Last year, the plan paid 1,732 claims in excess of \$100,000, and 79% of all claims dollars were paid for just 10% of enrollees.

What can be done to stop these premium increases?

TRS-ActiveCare encourages enrollees to shop around for their healthcare services whenever possible. To help consumers be more informed, BlueCross and BlueShield of Texas is working to give members new online tools to estimate health care costs before they are incurred.

How can I reduce my ActiveCare costs?

TRS is also working with BCBSTX to help members improve their health through weight management and smoking cessation programs. Obesity, diabetes, and tobacco use are major contributors to the overall cost of health care.

THE DISTRICT CONTRACTS WITH SUN LIFE ASSURANCE COMPANY OF CANADA FOR LIFE INSURANCE

New Options Include Coverage for Dependents

Currently the District provides \$15,000 Basic Life and \$15,000 Accidental Death & Dismemberment (AD&D) to all permanent part-time and full-time employees. Effective September 1st, the District will change insurance companies to Sun Life Assurance Company of Canada and increase the Basic Life benefit to \$30,000 with \$30,000 AD&D. Basic Life coverage decreases 65% (to \$10,500) at the age of 65 and an additional 15% (to \$8,925) at age 70. The employees' Supplemental (Optional) Life will also move

to Sun Life with Optional Life benefits available up to \$250,000 for employees; up to \$125,000 for spouses; and up to \$10,000 for dependent children.

All eligible employees working a minimum of 15 hours per week will be able to purchase Optional Life coverage for themselves and **NOW ALSO FOR THEIR ELIGIBLE DEPENDENTS!**

Currently enrolled employees and new hires will have the ability to purchase coverage in \$10,000 increments up to \$250,000. New hires and employees with current coverage are able to elect up to the guaranteed issue amount of \$250,000, with **NO HEALTH QUESTIONS ASKED!**

Late entrants will have the ability to purchase coverage in \$10,000 increments up to \$190,000. This means if you did not elect Supplemental (Optional) Life coverage when you were first eligible, you may now do so up to \$190,000 **WITH NO HEALTH QUESTIONS ASKED.**

NEW – SPOUSE AND CHILD OPTIONAL LIFE INSURANCE

Employees that elect Supplemental (Optional) Life coverage for themselves, may also elect to cover their spouse in increments of \$5,000 up to \$125,000 or up to 50% of the employee's election. Spouse elections up to \$50,000 are guaranteed issue **WITH NO HEALTH QUESTIONS ASKED.**

Employees electing Supplemental (Optional) Life coverage for themselves may also elect to cover their dependent child(ren) for \$10,000, **with one premium of \$2.02 a month for any number of eligible children in the family.**

Premium rates are age-rated and based on the employee's age. Age-rated premiums adjust every 5 years and are determined by the employee's age on September 1 of each plan year.

Online Will preparation is available for employee and spouse.

Now is the time to seriously look at purchasing this benefit. The guaranteed issue period is only available during this year's annual enrollment period, June 17th through July 17th, and during our Correction Period, August 1st through August 14th. An Evidence of Insurability questionnaire will be required for any additional Optional Life insurance increase of more than \$10,000 in future years.

Additional Life Insurance Benefits:

Accelerated Death Benefit – up to 75% of coverage payable to you if you are diagnosed with a terminal illness with a life expectancy of less than 12 months.

Conversion to Universal Life option is available if coverage terminates because of your termination of employment.

Portability option is available if coverage terminates because of your termination of employment and you need short term coverage just between jobs.

Waiver of Premium is available if you become totally disabled.

DISABILITY INSURANCE PLAN NOW WITH ASSURANT EMPLOYEE BENEFITS

With a 40% rate increase proposed for the current disability insurance plan renewal, the District chose to take the plan to a new insurer. Assurant Employee Benefits will take over the plan and guarantee all current participants their benefits regardless of any pre-existing condition as of September 1. The new plan offers very similar benefits to the Unum plan with a 6.5% reduction in premiums. Enrollment in the plan is guaranteed, with no health questions to answer. However, there is a pre-existing condition limitation for all new enrollments and new coverage increases. Assurant has guaranteed their premium rates for two years.

“Your Benefit Station”

ON THE DISTRICT’S INSURANCE DEPARTMENT WEB PAGE IS THE PLACE TO GO

www.cfisd.net

Departments / Insurance

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

All employees will be receiving the 2013-2014 TRS-ActiveCare Enrollment Guide soon. They will be delivered to all CFISD buildings by the last week in May.

DO I HAVE TO GO ON-LINE?

NO. If you do not need to make any changes in your current benefit selections, there is no need to do anything. All of your current plan selections will roll forward September 1, 2013.

ENROLLMENT DEADLINE

All new enrollments, changes and cancellations must be made online no later than **4:00 p.m., July 17, 2013**. All Evidence of Insurability (EOI) 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, July 19, 2013**.

REVIEW YOUR PAYCHECK VERIFY YOUR DEDUCTIONS

It is your responsibility to review your paycheck voucher deductions to make sure that they correctly reflect your benefit plan selections. The first premium deductions reflecting annual enrollment changes will be on the **September 13, 2013 paycheck**. If you see that an error has been made, contact the Insurance Department immediately at 281-897-3882 so that corrections and adjustments can be made. **Your delay in reporting errors beyond your paycheck issuance date can result in forfeiting your right to make corrections or recover any overpayments.**

IF YOU NEED ASSISTANCE WE HAVE 2 MEETINGS PLANNED

Tuesday, June 25, 2013

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 9, 2013

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.

TERMINATING YOUR EMPLOYMENT? RETIRING THIS SUMMER? When Will Your Benefits End?

For those resigning or retiring on or after the last day of the current academic term (June 5, 2013):

Medical Insurance: Because of Texas Legislature H.B. 973, your TRS-ActiveCare medical insurance will automatically be extended through the end of the district's plan year, August 31. The additional premiums needed to provide the extended coverage will be deducted from your final paycheck. If you do not want medical insurance coverage extended through August 31, send an Early Cancellation Notice for Insurance (see web page) to the *Insurance Department at ISC-North, Suite 136, at least 2 weeks before your final paycheck.*

Optional Benefits (dental, vision, cancer insurance, etc): These benefits terminate based on the end of your contract and your Pay Group. Your Pay Group can be found on your current Pay Statement in the Employee Access Center.

Pay Group 7: (250 – 261 Day employees)	Optional plans will be terminated June 30.
Pay Group 8: (Final paycheck would ordinarily be issued on July 31 st)	Optional plans will be terminated July 31.
Pay Group 9: (Final paycheck would ordinarily be issued August 31 st)	Optional plans will be terminated August 31.

COBRA Extension Information: COBRA notices, to extend your benefits beyond their termination dates, and your **HIPAA Certificate of Creditable Coverage**, evidencing your history of coverage, will automatically be mailed from the following third party administrators within 15 days of your termination of coverage date. Please note that the notices and certificates **cannot be sent to you prior to your termination of coverage date.**

COBRA Administrators:

TRS-ActiveCare Plans – COBRA administrator: Health Care Service Corporation (1-888-541-7107)

TRS-ActiveCare Plans – HIPAA Certificate of Creditable Coverage – BlueCross BlueShield of Texas (1-866-355-5999)

CFISD’s COBRA administrator for optional plans: Station & Ayers Insurance Services (281-333-9792)

MID-YEAR PLAN CHANGES

As you prepare to enroll or make changes in your elections, be aware that you can not make changes during the plan year, September 1, 2013 through August 31, 2014 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 of Other Coverage: Change in your spouse’s employment status that results in a loss or gain of coverage Medicaid coverage termination

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.

REQUIRED NOTICE

Medicaid and the Children’s Health Insurance Program (CHIP)

Offer Free or Low-Cost Health Coverage To Children And Families

If you are eligible for health coverage from your employer, but are unable to afford the premiums, many states, including Texas, have **premium assistance programs** that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums.

If you or your dependents are already enrolled in Medicaid or CHIP, you can contact the Texas State Medicaid or CHIP office to find out if premium assistance is available to you.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, your employer’s health plan is required to permit you and your dependents to enroll in the plan – as long as you and your dependents are eligible, but not already enrolled in the employer’s plan. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance.**

You may be eligible for assistance for paying your employer health plan premiums. To find out if you are you should contact the following department for additional information about eligibility. TEXAS – Medicaid Website:

<https://www.gethipptexas.com/>

Phone: 1-800-440-0493 Or Medicaid at 1-800-252-8263

If you have dependents residing in another state, they may also be eligible for premium assistance through their state of residency. For more information about other states that provide premium assistance programs and other special enrollment rights, you can contact either:

U.S. Department of Labor, U.S. Department of Health and Human Services, Employee Benefits Security Administration Centers for Medicare & Medicaid Services at

www.dol.gov/ebsa
www.cms.hhs.gov

1-866-444-EBSA (3272) 1-877-267-2323, Ext. 61565

English, Spanish and Vietnamese versions of this notice are available on the district’s Insurance Department web page in the General Information link.

HEALTH SAVINGS ACCOUNT Maximize Your Healthcare Dollars

Did the high deductibles and no copays in the TRS-ActiveCare Plan 1-HD overwhelm you this year? Did you choose the plan with the lowest premium and didn't plan on being sick? Here is a way to reduce your out-of-pocket expenses dramatically, while saving tax-free for future healthcare costs at the same time.

Out-of-pocket medical costs are higher than ever, so it makes sense to pay with pre-tax dollars and save on your future medical bills. Health Savings Account (HSA) funds can be used to pay for out-of-pocket medical expenses like deductibles and co-insurance, as well as expenses that may not be covered by traditional health insurance, such as vision care, dental and orthodontic services and long-term care insurance. In addition, HSAs can provide a cushion to pay for large or unexpected medical expenses in the future.

The Chase HSA offers three ways to save on taxes:

1. When you make a contribution via payroll deduction, it is done as a pre-tax contribution.
2. When your funds grow, there is no tax on interest paid to the account.
3. When you spend, HSA distributions used to pay exclusively for qualified medical expenses will not be subject to taxation.

You determine how much you want to contribute to your HSA. Some families contribute enough money simply to cover qualifying medical expenses they anticipate for the coming year. They save by paying these bills with pre-tax dollars. Other families make a point of contributing an extra sum for future healthcare needs. HSA funds can be used to pay for eligible expenses for yourself, your spouse, and all dependents you claim on your tax return. The money in your HSA grows tax-free until you need it.

Balances carry over from year-to-year – there's no "use it or lose it" rule. The money is yours if you leave the district, change insurance plans or retire. Even if you switch to a healthcare plan that is non-eligible, you can continue to use your existing HSA dollars for qualified medical expenses for yourself or your dependents. When you turn 65, you can use the money for non-eligible expenses on a taxable basis (much like a traditional IRA).

For more details about the HSA, log on to the JP Morgan Chase website at www.chase.com/hsa. To enroll you will need to follow these two steps:

1. Elect a Health Savings Account in *benefitsCONNECT*sm and enter your contribution amount per paycheck.
2. Set up a Health Savings Account directly with JPMorgan Chase.

To open an account at Chase, log onto the JPMorgan Chase website at the following address:

<https://www.chasehsa.com/ts-dteHSA.jsp>

Enter the appropriate HSA Enrollment ID and Verification Code.

Enrollment ID = 18976094

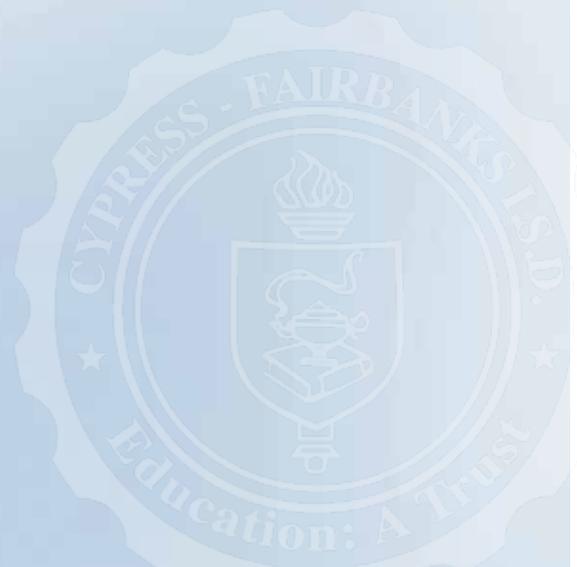
Verification Code = 250

Follow the 8 step process for enrollment. Please note: **YOU MUST SKIP STEP 5 WHICH IS "ESTABLISH ONE-TIME OR MONTHLY ELECTRONIC FUNDS TRANSFER"**. Since this account will be funded through payroll deductions, you do not want to set up an electronic funds transfer.

Once your account has been set up, JPMorgan Chase will mail you a debit card as well as information on how to access your account information and obtain balance information.

Additional information and instructions for establishing a HSA are on the district's Insurance Department web page at www.cfsd.net/dept2/insur/egmi_savings.htm.

JPMorganChase 



TRS-ActiveCare Plans CFISD Employee Premium Rates 2013-2014

FULL-TIME RATES (minimum of 35 hours per week)

Monthly Premiums	ActiveCare 1-HD	ActiveCare 2	ActiveCare 3	First Care (HMO)	Scott & White (HMO)
Employee Contribution					
Employee Only	\$100	\$291	\$545	\$166.50	\$193.42
Employee & Child(ren)	\$283	\$531	\$938	\$358.62	\$383.00
Employee & Spouse	\$358	\$742	\$1,320	\$549.06	\$509.10
Employee & Family	\$580	\$829	\$1,463	\$563.84	\$602.54

FULL-TIME RATES (Both spouses are CFISD employees – POOL FUNDS)

Monthly Premiums	ActiveCare 1-HD	ActiveCare 2	ActiveCare 3	First Care (HMO)	Scott & White (HMO)
Employee Only	\$100	\$291	\$545	\$166.50	\$193.42
Employee & Child(ren)	\$283	\$531	\$938	\$358.62	\$383.00
Employee & Spouse	\$344	\$742	\$1,320	\$535.06	\$495.10
Employee & Family	\$580	\$829	\$1,463	\$544.84	\$598.54

FULL-TIME RATES (Spouse employed by another TRS-ActiveCare participating District - SPLIT PREMIUM)

Monthly Premiums	ActiveCare 1-HD	ActiveCare 2	ActiveCare 3	First Care (HMO)	Scott & White (HMO)
Employee & Spouse	\$172	\$371	\$660	\$267.53	\$247.55
Employee & Family	\$290	\$414.50	\$731.50	\$272.42	\$299.27

PART-TIME RATES (minimum of 15 hours per week)

Monthly Premiums	ActiveCare 1-HD	ActiveCare 2	ActiveCare 3	First Care (HMO)	Scott & White (HMO)
Employee Only	\$100	\$291	\$545	\$166.50	\$193.42
Employee & Child(ren)	\$346	\$594	\$1,001	\$397.62	\$439.00
Employee & Spouse	\$421	\$805	\$1,383	\$612.06	\$569.10
Employee & Family	\$683	\$932	\$1,566	\$666.84	\$705.54

PART-TIME RATES (Both spouses are CFISD employees – POOL FUNDS)

Monthly Premiums	ActiveCare 1-HD	ActiveCare 2	ActiveCare 3	First Care (HMO)	Scott & White (HMO)
Employee Only	\$100	\$291	\$545	\$166.50	\$193.42
Employee & Child(ren)	\$346	\$594	\$1,001	\$397.62	\$439.00
Employee & Spouse	\$344	\$742	\$1,320	\$535.06	\$495.10
Employee & Family	\$580	\$829	\$1,463	\$544.84	\$598.54

PART-TIME RATES (Spouse employed by another TRS-ActiveCare participating district - SPLIT PREMIUM)

Monthly Premiums	ActiveCare 1-HD	ActiveCare 2	ActiveCare 3	First Care (HMO)	Scott & White (HMO)
Employee & Spouse	\$172	\$376.50	\$680	\$267.53	\$247.55
Employee & Family	\$305	\$436.50	\$770	\$272.42	\$299.27

PART-TIME RATES (minimum of 10 hours, but less than 15 hours per week)

A part-time employee working 10, but less than 15 hours per week is responsible for the total premium.

Monthly Premiums	ActiveCare 1-HD	ActiveCare 2	ActiveCare 3	First Care (HMO)	Scott & White (HMO)
Employee Only	\$325	\$529	\$796	\$391.50	\$418.42
Employee & Child(ren)	\$572	\$841	\$1,269	\$622.62	\$664.00
Employee & Spouse	\$794	\$1,203	\$1,810	\$985.06	\$945.10
Employee & Family	\$1,060	\$1,323	\$1,990	\$994.84	\$1,048.54

2013-2014 TRS-ActiveCare Plan Highlights

	TRS-ActiveCare 1-HD	TRS-ActiveCare 2	TRS-ActiveCare 3
Provider Network	Blue Cross and Blue Shield of Texas PPO	Blue Cross and Blue Shield of Texas PPO	Blue Cross and Blue Shield of Texas PPO
Out-of-Network Notice (Non-Contracting Provider)	The non-contracting allowable amount for TRS-ActiveCare coverage will be 50% of the provider's billed charges.		
Deductible (per plan year)	\$2,400 employee only \$4,800 employee and spouse, employee and child(ren), employee and family	\$1,000 per individual \$3,000 per family	\$300 per individual \$900 per family
Annual Maximum Out-of-Pocket (per plan year; does not include deductible or copays)	\$3,850 employee only \$4,200 employee and spouse, employee and child(ren), employee and family	\$4,000 per individual \$8,000 per family	\$1,000 per individual
Maximum Lifetime Benefits	Unlimited	Unlimited	Unlimited
Meets IRS definition of high deductible health plan?	Yes	No	No
Coinsurance Plan pays (up to <i>allowable amount</i>) Participant pays (after <i>Deductible</i>)	80% 20%	80% 20%	80% 20%
Office Visits Participant pays	20% after deductible	\$30 for primary \$50 for specialist	\$20 for primary \$30 for specialist
Preventive Care	Plan pays 100% when using network providers. See list of Covered Preventive Care Services on page 8.		
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 (facility charges) Participant pays	20% after deductible	\$150 copay per day, plus 20% after deductible (\$750 maximum copay per admission; \$2,250 maximum copay per plan year)	\$150 copay per day, plus 20% after deductible (\$750 maximum copay per admission; \$2,250 maximum copay per plan year)
Outpatient Surgery Participant pays	20% after deductible	\$150 copay per visit plus 20% after deductible	\$150 copay per visit plus 20% after deductible
Emergency Room 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)
Prescription Drug Plan	Express Scripts	Express Scripts	Express Scripts
Prescription Drug Deductible (per person, per plan year) Participant pays	Subject to plan year deductible for all medical and prescription benefits	\$0.00 for generic drugs; \$200 per person for brand (Drug deductible paid first before copays)	\$75 per person (Drug deductible paid first before copays)
Maximum Annual Benefit	Unlimited	Unlimited	Unlimited
Prescription Drug Retail Short-Term (30 Day) Participant pays	20% after deductible	Generic \$20 Preferred Brand \$40 Non-Preferred \$65 Specialty \$200	Generic \$15 Preferred Brand \$35 Non-Preferred \$60 Specialty \$200
Retail Maintenance (30 Day) AFTER FIRST FILL	20% after deductible	Generic \$25 Preferred Brand \$50 Non-Preferred \$80 Specialty \$200	Generic \$20 Preferred Brand \$45 Non-Preferred \$75 Specialty \$200
Mail Order and Retail-Plus Network (up to 90 Day)	20% after deductible	Generic \$45 Preferred Brand \$105 Non-Preferred \$180 Specialty \$200	Generic \$45 Preferred Brand \$105 Non-Preferred \$180 Specialty \$200

TRS-ActiveCare PPO Plans Preventive Care – 2013-2014

<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.</p> <p>With respect to women, such additional preventive care and screenings, not described above, as provided for in comprehensive guidelines supported by HRSA.</p> <p>Routine physical examinations (one per plan year), well baby care, immunizations and routine labs.</p> <p>Colonoscopy (physician and facility charges). (Must meet the Preventive Care criteria of the USPSTF.)</p> <p>Healthy diet counseling and obesity screening/counseling.</p>	<p>When using Network Providers the provider MUST bill the services as “Preventive Care”</p> <p>ActiveCare 1-HD ActiveCare Plan 2 ActiveCare Plan 3</p> <p>Plan pays 100% (deductible waived) (no copays required)</p>		
TRS ActiveCare 1-HD	TRS-ActiveCare Plan 2	TRS-ActiveCare Plan 3	
Annual Vision Examination (one per plan year)	After deductible, plan pays 80% Patient pays 20%	\$30 copay for primary \$50 copay for specialist	\$20 copay for primary \$30 copay for specialist
Annual Hearing Examination	After deductible, plan pays 80% Patient pays 20%	\$30 copay for primary \$50 copay for specialist	\$20 copay for primary \$30 copay for specialist

Insurance Department Web Page Is The Place To Go *Departments / Insurance*

Open:
“Your Benefit Station”
 for
Benefit Plan Summaries
Plan Designs
Network Provider Links
Premium Rates
Insurance Company Links
Claim Forms
Agent Contact Information

2013-2014 - TRS-ActiveCare Plans 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 and your family. This table indicates the financial “worst case” scenario if everyone insured had major medical expenses.

ActiveCare 1-HD *	* All tiers of coverage qualify as a High Deductible Health Plan and allow participation in a Health Savings Account				
	Employee Only	Employee + Spouse	Employee + 1 Child	Employee + Children	Employee + Family
Annual Premium Expense	\$1,200	\$4,296	\$3,396	\$3,396	\$6,960
Annual Deductible	\$2,400	\$4,800	\$4,800	\$4,800	\$4,800
Annual Out-of-Pocket Maximum	\$3,850	\$4,200	\$4,200	\$4,200	\$4,200
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	\$7,450	\$13,296	\$12,396	\$12,396	\$15,960
<i>2013 Allowable HSA Tax-Deferred Contribution</i>	<i>\$3,250</i>	<i>\$6,450</i>	<i>\$6,450</i>	<i>\$6,450</i>	<i>\$6,450</i>
ActiveCare 2					
	Employee Only	Employee + Spouse	Employee + 1 Child	Employee + Children	Employee + Family
Annual Premium Expense	\$3,492	\$8,904	\$6,372	\$6,372	\$9,948
Annual Deductible	\$1,000	\$2,000	\$2,000	\$3,000	\$3,000
Annual Out-of-Pocket Maximum (Does not include copays)	\$4,000	\$8,000	\$8,000	\$8,000	\$8,000
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				
	\$0	\$600	\$600	\$600	\$600
TOTAL POTENTIAL MAXIMUM OUT-OF-POCKET	\$8,692	\$19,904	\$17,372	\$18,572	\$22,148
<i>2013 Allowable HSA Tax-Deferred Contribution</i>	<i>\$0</i>	<i>\$0</i>	<i>\$0</i>	<i>\$0</i>	<i>\$0</i>
ActiveCare 3					
	Employee Only	Employee + Spouse	Employee + 1 Child	Employee + Children	Employee + Family
Annual Premium Expense	\$6,540	\$15,840	\$11,256	\$11,256	\$17,556
Annual Deductible	\$300	\$600	\$600	\$900	\$900
Annual Out-of-Pocket Maximum (Does not include copays)	\$1,000	\$2,000	\$2,000	\$3,000 +	\$3,000 +
RX Annual Deductible per person	\$75	\$150	\$150	\$225 +	\$225 +
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	\$8,515	\$19,190	\$14,606	\$15,981	\$22,281
<i>2013 Allowable HSA Tax-Deferred Contribution</i>	<i>\$0</i>	<i>\$0</i>	<i>\$0</i>	<i>\$0</i>	<i>\$0</i>

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

2013-2014 - TRS-ActiveCare Plans Pooling Option – Maximum Cost Comparison Only for Cy-Fair ISD married couples

This table indicates the financial “worst case” scenario if everyone insured had major medical expenses.

ActiveCare 1-HD *	* All tiers of coverage qualify as a High Deductible Health Plan and allow participation in a Health Savings Account.			
	Non-Pooling Option			Pooling Option
	Employee (Wife) Only +	Employee (Husband) + Children	= Family Total	Employee + Family Pooling
Annual Premium Expense	\$1,200	\$3,396	\$4,596	\$6,960
Annual Deductible	\$2,400	\$4,800	\$7,200	\$4,800
Annual Out-of-Pocket Maximum	\$3,850	\$4,200	\$8,050	\$4,200
RX Annual 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
TOTAL POTENTIAL MAXIMUM OUT-OF-POCKET	\$7,450	\$12,396	\$19,846	\$15,960
<i>2013 Allowable HSA Tax-Deferred Contribution</i>		<i>\$6,450</i>	<i>\$6,450</i>	<i>\$6,450</i>
ActiveCare 2	Employee (Wife) Only +	Employee (Husband) + Children	= Family Total	Employee + Family Pooling
Annual Premium Expense	\$3,492	\$6,372	\$9,864	\$9,948
Annual Deductible	\$1,000	\$3,000	\$4,000	\$3,000
Annual Out-of-Pocket Maximum (Does not include copays)	\$4,000	\$8,000	\$12,000	\$8,000
RX Annual Deductible per person	\$200	\$600 +	\$800+	\$800 +
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
TOTAL POTENTIAL MAXIMUM OUT-OF-POCKET	\$8,692	\$18,572	\$27,264	\$22,348
<i>2013 Allowable HSA Tax-Deferred Contribution</i>	<i>\$0</i>	<i>\$0</i>	<i>\$0</i>	<i>\$0</i>
ActiveCare 3	Employee (Wife) Only +	Employee (Husband) + Children	= Family Total	Employee + Family Pooling
Annual Premium Expense	\$6,540	\$11,256	\$17,796	\$17,556
Annual Deductible	\$300	\$900	\$1,200	\$900
Annual Out-of-Pocket Maximum (Does not include copays)	\$1,000	\$3,000 +	\$4,000+	\$4,000 +
RX Annual Deductible per person	\$75	\$225 +	\$300+	\$300 +
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
TOTAL POTENTIAL MAXIMUM OUT-OF-POCKET	\$7,915	\$15,981	\$23,896	\$23,356
<i>2013 Allowable HSA Tax-Deferred Contribution</i>	<i>\$0</i>	<i>\$0</i>	<i>\$0</i>	<i>\$0</i>

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

Married employees who are both active contributing TRS members may “pool” their local district and state funding to use toward the cost of TRS-ActiveCare coverage. If a husband and wife both work for the same participating entity, funds may be pooled when one selects “employee and spouse” coverage or “employee and family” coverage and the spouse declines coverage. Employees will need to evaluate their health and determine if they are better off with the non-pooling option (normally the lower premium) or pooling (with lower deductible and annual out-of-pocket maximum). To take advantage of the pooling rates, make sure you log onto *benefitsCONNECT*sm and select “My spouse works for CFISD” on your Profile page.

If a husband and wife work for different participating entities and wish to split the premium cost of the plan, each employee and his/her Benefits Administrator must complete an Application to Split Premium. Please contact the Insurance Department at 281-897-3882 for further guidance.

2013 – 2014 BENEFIT PLAN OPTIONS

Benefit Plans	Features	Monthly Rates						
<p>TRS-ActiveCare Medical Insurance</p> <p>Express Scripts Prescription Drug Plan</p>	<p>Plan 1 terminates 8/31/2013; all participants will be moved to Plan 1-HD, unless they make a change to Plan 2 or 3.</p> <p>Please see page 7 for the Plans Highlights.</p> <p>Included with enrollment in a TRS-ActiveCare Medical Plan.</p>	<p>NEW Rates effective 9/1/2013 See Page 6</p>						
<p>Basic Life and Accidental Death and Dismemberment (AD&D)</p> <p>New Contract with: SUN LIFE ASSURANCE COMPANY OF CANADA</p>	<p>NEW INSURANCE COMPANY</p> <p>Basic life insurance; pays double in the event of an accidental death.</p> <p>District paid for all part-time and full-time employees.</p> <p>Basic Life benefit is \$30,000; AD&D benefit is \$30,000.</p> <p>Benefit reductions at age 65 and 70.</p> <p>Additional Benefits: Beneficiary Resource Services Create Your Own Will Online</p>	<p>District Paid Benefit</p> <p>Have you named your beneficiary?</p> <p>Name or change your Life beneficiary on the <i>benefitsCONNECT</i>SM Online Enrollment System.</p>						
<p>Health Savings Account (HSA) with JPMorgan Chase Bank</p>	<p>ONLY TRS-ACTIVECARE PLAN 1-HD PARTICIPANTS UNDER THE AGE OF 65 ARE ELIGIBLE (for any coverage tier).</p> <p>Tax-Deferred allowing you to make pre-tax contributions into a savings account set up with JPMorgan Chase to pay for eligible medical expenses.</p> <p>Chase monthly administrative fee: \$2.50</p> <p>HSA funds may be used to pay for eligible expenses incurred by anyone you claim as a dependent on your income tax return.</p> <p>Unspent funds remain yours to spend in the future for eligible expenses.</p>	<p>2013 Annual Pre-Tax Allowable Contributions:</p> <table style="margin-left: auto; margin-right: auto;"> <tr> <td>Emp Only</td> <td style="text-align: right;">\$3,250</td> </tr> <tr> <td>Emp + Dep</td> <td style="text-align: right;">\$6,450</td> </tr> </table> <p>Individuals age 55 or over may make an additional \$1,000 per year catch-up contribution.</p>	Emp Only	\$3,250	Emp + Dep	\$6,450		
Emp Only	\$3,250							
Emp + Dep	\$6,450							
<p>Assurant Indemnity Dental Plan</p>	<p>NO CHANGE TO YOUR CURRENT BENEFITS OR RATES</p> <p>A dental insurance plan allowing freedom to choose your own dental provider, including specialists.</p> <p>Optional Preferred Provider Organization through Dental Health Alliance (DHA) available for additional cost savings.</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%; May require 6-24 months waiting periods, depending on the services needed. Type IV (Orthodontia for dependent children to the age of 19) = 50% covered; 24 month waiting period.</p> <p>Annual maximum benefit per member = \$1,750</p> <p>Vision Discount Services offered by VSP Access Plan.</p>	<table> <tr> <td>Emp Only</td> <td style="text-align: right;">\$ 35.00</td> </tr> <tr> <td>Emp + 1 Dep</td> <td style="text-align: right;">\$ 74.34</td> </tr> <tr> <td>Emp + 2 or more Dependents</td> <td style="text-align: right;">\$105.12</td> </tr> </table>	Emp Only	\$ 35.00	Emp + 1 Dep	\$ 74.34	Emp + 2 or more Dependents	\$105.12
Emp Only	\$ 35.00							
Emp + 1 Dep	\$ 74.34							
Emp + 2 or more Dependents	\$105.12							

2013 – 2014 BENEFIT PLAN OPTIONS (continued)

<p>Heritage Prepaid DHMO Dental Plan</p>	<p>NO CHANGE TO YOUR CURRENT BENEFITS OR RATES</p> <p>A Dental Health Maintenance Organization (DHMO) offering a Copayment schedule for services received from their network dental providers.</p> <p>Members MUST 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>Members pay a monthly prepayment fee to receive services at reduced copayments.</p> <p>Vision Discount Services offered by VSP Access Plan.</p>	<p>Emp Only \$ 12.08 Emp + 1 Dep \$ 19.54 Emp + 2 or more \$ 29.92 Dependents</p>
<p>MSofA Dent-All Discount Plan</p>	<p>NO CHANGE TO YOUR CURRENT BENEFITS OR RATES</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 Coast to Coast Vision Plan.</p> <p>Neighborhood Pharmacy Discounts available to members.</p> <p>Plan A: Employee + Dependents (Dental, Vision & Prescription) Plan B: Employee + Dependents (Dental & Vision) Plan C: Employee + Dependents (Vision & Prescription Discounts)</p>	<p>Plan A \$10.00 Plan B \$ 5.00 Plan C \$ 5.00</p>
<p>QCD of America Discount Dental</p>	<p>NO CHANGE TO YOUR CURRENT BENEFITS OR RATES</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>Emp Only \$ 0.00 Emp + 1 Dep \$ 6.00 Emp + 2 or more \$ 9.00 Dependents</p>
<p>DISABILITY INSURANCE PLAN</p> <p>NEW PLAN EFFECTIVE SEPTEMBER 1, 2013</p> <p>Insured by: Assurant Employee Benefits</p>	<p>NEW PLAN; DECREASE IN PREMIUM RATES Unum's Non-disabling medical treatment benefit terminates 8/31/2013.</p> <p>Insures your paycheck.</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.</p> <p>Treats pregnancy as any other illness.</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>Plan A pays for disabling injury or illness to the age of 65. Plan B pays for disabling illness up to 5 years; injury to age 65.</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>

2013 – 2014 BENEFIT PLAN OPTIONS (continued)

Disability Insurance Plan (Continued)	<p>GUARANTEE ISSUE – NO health questions to answer; 3 month/12 month Pre-Existing Condition Exclusion. Pre-Existing Condition Limitation for the first 12 months after the effective date of coverage. Pre-existing condition means a condition for which you received medical treatment, consultation, care or services including diagnostic measures, or took prescribed drugs or medicines in the 3 months just prior to your effective date of coverage; and the disability begins in the first 12 months of your coverage.</p>									
Cancer & Specified Disease Insurance	<p>NO CHANGE TO YOUR CURRENT BENEFITS OR RATES</p> <p>The plan is underwritten by Humana Insurance Company.</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.</p> <p>Includes an Annual Wellness Benefit of up to \$100 for cancer screening.</p> <p>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>Requires a written application be submitted. Print the Application from the <i>benefitsCONNECT</i>sm online enrollment system and mail it to Bay Bridge Administrators.</p> <p>THE APPLICATION MUST BE POSTMARKED NO LATER THAN JULY 19, 2013.</p>	<p>Monthly Rates: \$9.47 - \$118.39 Depending on coverage selections</p>								
<p>WRITTEN APPLICATION REQUIRED – Mail or Fax NO LATER THAN JULY 19, 2013 MAIL TO: Bay Bridge Administrators, Attn: Lou Moore, PO Box 161630, Austin, TX 78716 or FAX TO: (512) 327-1027</p>										
Guardian VSP Vision Insurance	<p>NO CHANGE TO YOUR CURRENT BENEFITS OR RATES</p> <p>Provides vision coverage for regular eye exams, lenses and frames.</p> <p>Includes coverage for single vision, bifocal, trifocal, and lenticular, and medically necessary contact lenses.</p> <p>Provides a contact lens discount program.</p> <p>Network of providers.</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding-right: 20px;">Emp Only</td> <td style="text-align: right;">\$ 9.88</td> </tr> <tr> <td>Emp + Child(ren)</td> <td style="text-align: right;">\$ 16.96</td> </tr> <tr> <td>Emp + Spouse</td> <td style="text-align: right;">\$ 16.62</td> </tr> <tr> <td>Emp + Family</td> <td style="text-align: right;">\$ 26.84</td> </tr> </table>	Emp Only	\$ 9.88	Emp + Child(ren)	\$ 16.96	Emp + Spouse	\$ 16.62	Emp + Family	\$ 26.84
Emp Only	\$ 9.88									
Emp + Child(ren)	\$ 16.96									
Emp + Spouse	\$ 16.62									
Emp + Family	\$ 26.84									
TRS Group Long Term Care Insurance	<p>This benefit is available to all Teacher Retirement System of Texas (TRS) members and their family members.</p> <p>No Open-Enrollment Period; you can apply for coverage at any time.</p> <p>Underwritten by Genworth Life Insurance Company</p> <p>Go to the TRS website at: www.trs.state.tx.us for information.</p>	<p>Premiums are based on plan selections and age of the insured.</p>								
Tax-Deferred Retirement Investment Plans	<p>403(b) Plan: You can open an account and begin investing at any time of the year.</p> <p>457 Plan: You can open an account and begin investing at any time of the year.</p>	<p style="text-align: center;">See the Insurance Department web page for more information.</p>								

2013 – 2014 BENEFIT PLAN OPTIONS (continued)

<p>Supplemental (Optional) Life Insurance</p> <p>NEW PLAN EFFECTIVE SEPTEMBER 1, 2013</p> <p>Insured by: SUN LIFE ASSURANCE COMPANY OF CANADA</p>	<p>NEW PLAN; BENEFITS UP TO \$250,000; BENEFITS FOR DEPENDENTS NOW AVAILABLE</p> <p>Choose amount up to \$250,000. NEW - Elect coverage for your spouse and children now.</p> <p>The plan has Conversion and Portability Options available if you leave the District.</p> <p>An Accelerated Death Benefit is available for the terminally ill.</p> <p>Waiver of Premium allows your premium to be waived in the event you become disabled.</p>	<p>Have you named your beneficiary?</p> <p>You can name them or change them on the <i>benefitsCONNECTsm</i> Online Enrollment System any time.</p> <p>See Monthly Rates Below</p>
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GUARANTEED ENROLLMENT ONLY DURING THIS LIMITED TIME

Guarantee Issue up to \$250,000 (no health questions to answer) for those CURRENTLY ENROLLED in Supplemental (Optional) Insurance.

Guarantee Issue up to \$190,000 (no health questions to answer) for late entrants (those NOT CURRENTLY ENROLLED) who did not enroll in Supplemental (Optional) Life Insurance when first eligible.

Guarantee Issue up to \$50,000 for your spouse.

Those applying for coverage during ANY future Annual Enrollment or Correction Periods, must complete an Evidence of Insurability form (EOI), a health questionnaire, and be approved for coverage by the insurance company.

All Optional Life Insurance Premiums are Deducted After-Tax

EMPLOYEE OPTIONAL 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	.35	0.42	0.85	1.19	1.96	2.98	5.20	9.97	16.02
20,000	.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

Guarantee Issue for Employees to \$190,000 with no health questions to answer

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

2013 – 2014 BENEFIT PLAN OPTIONS (continued)

**SPOUSE RATES ARE DETERMINED BY THE AGE OF THE EMPLOYEE (No AD&D)
SPOUSE'S 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

Guarantee Issue for Spouse to \$50,000 with no health questions to answer

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	54.60	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

CHILD Optional Monthly Premium

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 JULY 19, 2013
MAIL TO: Kainos Partners, Attn: Christy Cortez, 16545 Village Dr., Jersey Village, TX 77040
or FAX TO: (281) 810-4911**



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.cfisd.net/
	EE's Last Name L – Z	Robin Rubalcava	(281) 897-4747	Go to: <i>Departments / Insurance</i>
Medical	TRS-ActiveCare Plans 1-HD and Plans 2 & 3	Customer Service	(866) 355-5999	www.trs.state.tx.us/trs-activecare or www.bcbstx.com/trs
Prescription Drug	Express Scripts			
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.cfisd.net/dept2/insur/egmi_savings.htm	
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. 20	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 Supplemental (Optional) Life Insurance	Sun Life Assurance Company of Canada	Christy Cortez (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) Plan	JEM Resource Partners	(800) 943-9179	www.region10rams.org
	403(b) Plan: TRS Certified Investment Companies & Registered Products		www.trs.state.tx.us	
	457 Plan	The Standard	(800) 858-5420	http://www.cfisd.net/dept2/insur/egmi.htm