



BENEFITS BULLETIN



Annual Benefits Enrollment Period

APRIL 2012

ANNUAL ENROLLMENT PERIOD APRIL 23 - MAY 25, 2012 4:00 P.M.

The Annual Enrollment Period opens Monday, April 23, 2012. All enrollments, changes and cancellations must be made online through *benefitsCONNECT*sm no later than 4:00 p.m., Friday, May 25th. 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, 2012, or the first of the month following insurance company approval (for supplemental life insurance and the cancer & specified disease plans), whichever is later.

TRS-ActiveCare Increases Premiums for All Plans



Assurant Dental Increases Premiums for the Indemnity Dental Plan

HEALTH SAVINGS ACCOUNT Plan for a healthy tomorrow - starting today!

Did the high deductibles and no copays in the TRS-ActiveCare Plan 1-HD and Plan 1 overwhelm you this year? Did you chose the plan with the lowest premium and didn't plan on being sick? Everyone will need medical services at some time. If you want to continue to save premium dollars, then you need to plan for paying out-of-pocket expenses for your medical care.

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.

WATCH FOR THESE SYMBOLS



Premium rate increase



A change in the plan's benefits



Something new!



Tips and helpful information

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 set up a Health Savings Account directly with JP Morgan Chase. 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.

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

www.cfsd.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 2012-2013 TRS-ActiveCare Enrollment Guide soon. They will be delivered to all CFISD buildings the week of April 23rd.

NEED TO ENROLL, MAKE CHANGES OR CANCEL COVERAGE?

Go to: www.cfsd.net *Departments / Insurance*

Open: “benefitsCONNECTsm” website to enroll for coverage, make plan changes, add or drop dependents, and designate or change beneficiaries. Follow the prompts to 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? If you have any problems logging in or need your password reset, please contact the district’s Help Desk at:

281-897-4357

Monday–Friday 7:30 a.m. – 4:00 p.m.

Get Confirmation of Your Changes: At the end of your online session, **PRINT your Consolidated Enrollment Form** as confirmation that your changes have been made and as a record for your personal files.

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, 2012.

ENROLLMENT DEADLINE

All new enrollments, changes and cancellations must be made online no later than **4:00 p.m., May 25, 2012**. All Evidence of Insurability (EOI) forms for Supplemental Life Insurance and the Cancer and Specified Disease policy application **MUST BE MAILED** to the appropriate underwriting offices no later than **Wednesday, May 30, 2012**.

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 14, 2012 paycheck**. If you see that an error has been made, contact the Insurance Department immediately so that corrections and adjustments can be made. **Your delay in reporting errors beyond your paycheck issuance date can result in forfeiting your right to make corrections or recover any overpayments.**

IF YOU NEED ASSISTANCE WE HAVE 2 MEETINGS PLANNED

Saturday, May 5, 2012		9:00 a.m. – Noon
Plan Presentation	ISC – Board Room	9:00 a.m. – 9:45 a.m.
Agent’s Open House	ISC – Conf Rm 502 B-D	9:45 a.m. – Noon
Enrollment Assistance	ISC – Conf Rm 502 A	9:00 a.m. – Noon

Tuesday, May 15, 2012		4:30 p.m. – 6:30 p.m.
Plan Presentation	ISC – Board Room	4:30 p.m. – 5:15 p.m.
Agent’s 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 502 A 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?

All benefit insurance plans the employee is enrolled in will be terminated on the last day of the month of the employee's last day of paid employment. (i.e., If an employee terminates employment on April 20th, all coverage will terminate on April 30.)

Texas Legislature H.B 973 of 2007 entitles an employee of the district who resigns or retires after the last day of the instructional year to continue their major medical insurance through August 31. Many employees resigning during the summer are paid only through June or July. The additional premiums needed to provide the August medical coverage **will be deducted** from the resigning employees' final paychecks, unless the resigning employee provides a written notice to the Insurance Department declining the extended coverage. **COBRA notices and Certificates of Coverage will be automatically mailed to the resigning/retiring employees in mid-August.**

Retirees: Prospective TRS retirees are advised to consult with TRS about enrollment eligibility if they are planning to enroll in the TRS-Care medical plan upon their retirement.

Currently TRS-Care insurance premiums for retirees are more expensive than the district's for retirees under the age of 65 with no Medicare coverage, and their plan year and deductible year begin September 1. For most retirees it is to their financial advantage for their district medical insurance coverage to be continued through August 31, regardless of any early salary payoff they may receive. For this reason, additional payroll deductions for the extended TRS-ActiveCare coverage are automatically taken from early salary payoff checks unless the

retiree notifies the district's Insurance Department at least two (2) weeks before the final paycheck is issued of their request to have the insurance cancelled. If your final paycheck is to be issued May 31, June 30, or July 31, check with TRS-Care about their coverage and cost before requesting cancellation of your district medical insurance.

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, 2012 through August 31, 2013 unless you have a "Special Enrollment Event". Some examples of special enrollment events are below.

A 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

Work Schedule:

A switch between part-time and full-time and vice versa by the employee.

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.

2012-2013 TRS-ActiveCare Plan Highlights

	TRS-ActiveCare 1-HD	TRS-ActiveCare 1	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	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 \$2,400 employee and spouse, employee and child(ren), employee and family	\$1,200 per individual \$3,000 per family	\$750 per individual \$2,250 per family	\$300 per individual \$900 per family
Annual Maximum Out-of-Pocket (per plan year; does not include deductible or copays)	\$3,000 employee only \$5,000 employee and spouse, employee and child(ren), employee and family	\$2,000 per individual \$6,000 per family	\$2,000 per individual \$6,000 per family	\$1,000 per individual
Maximum Lifetime Benefits	Unlimited	Unlimited	Unlimited	Unlimited
Meets IRS definition of high deductible health plan?	Yes	Yes for Employee Only Coverage; No for dependents	No	No
Coinsurance Plan pays (up to allowable amount) Participant pays (after Deductible)	80% 20%	80% 20%	80% 20%	80% 20%
Office Visits Participant pays	20% after deductible	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 7.			
High-tech Radiology (CT scan, MRI, nuclear medicine) Participant pays	20% after deductible	20% after deductible	\$100 copay plus 20% after deductible	\$100 copay plus 20% after deductible
Inpatient Hospital (facility charges) Participant pays	20% after deductible	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	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	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	Medco	Medco	Medco	Medco
Prescription Drug Deductible (per person, per plan year) Participant pays	Subject to plan year deductible for all medical and prescription benefits	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	Unlimited
Prescription Drug Retail Short-Term (30 Day) Participant pays	20% after deductible	20% after deductible	Generic \$15 Preferred Brand \$35 Non-Preferred \$60 Specialty \$200	Generic \$15 Preferred Brand \$35 Non-Preferred \$60 Specialty \$200
Retail Maintenance (30 Day) AFTER FIRST FILL 	20% after deductible	20% after deductible	Generic \$20 Preferred Brand \$45 Non-Preferred \$75 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	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 Plans CFISD Employee Premium Rates 2012-2013

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

Monthly Premiums	ActiveCare 1-HD	ActiveCare 1	ActiveCare 2	ActiveCare 3	First Care (HMO)	Scott & White (HMO)
Employee Contribution						
Employee Only	\$73	\$110	\$222	\$386	\$157.06	\$173
Employee & Child(ren)	\$177	\$245	\$421	\$684	\$343.56	\$360
Employee & Spouse	\$295	\$332	\$585	\$958	\$525.16	\$525
Employee & Family	\$477	\$379	\$656	\$1,065	\$539.70	\$551

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

Monthly Premiums	ActiveCare 1-HD	ActiveCare 1	ActiveCare 2	ActiveCare 3	First Care (HMO)	Scott & White (HMO)
Employee Only	\$73	\$110	\$222	\$386	\$157.06	\$173
Employee & Child(ren)	\$177	\$245	\$421	\$684	\$343.56	\$360
Employee & Spouse	\$281	\$321	\$585	\$958	\$511.16	\$511
Employee & Family	\$477	\$379	\$656	\$1,065	\$520.70	\$547

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

Monthly Premiums	ActiveCare 1-HD	ActiveCare 1	ActiveCare 2	ActiveCare 3	First Care (HMO)	Scott & White (HMO)
Employee Only	\$73	\$110	\$222	\$386	\$157.06	\$173
Employee & Child(ren)	\$177	\$245	\$421	\$684	\$343.56	\$360
Employee & Spouse	\$140.50	\$160.50	\$292.50	\$479	\$255.58	\$255.50
Employee & Family	\$238.50	\$189.50	\$328	\$532.50	\$260.35	\$273.50

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

Monthly Premiums	ActiveCare 1-HD	ActiveCare 1	ActiveCare 2	ActiveCare 3	First Care (HMO)	Scott & White (HMO)
Employee Only	\$73	\$110	\$222	\$386	\$157.06	\$173
Employee & Child(ren)	\$240	\$308	\$484	\$747	\$382.56	\$416
Employee & Spouse	\$358	\$395	\$648	\$1,021	\$588.16	\$585
Employee & Family	\$580	\$482	\$759	\$1,168	\$642.70	\$654

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

Monthly Premiums	ActiveCare 1-HD	ActiveCare 1	ActiveCare 2	ActiveCare 3	First Care (HMO)	Scott & White (HMO)
Employee Only	\$73	\$110	\$222	\$386	\$157.06	\$173
Employee & Child(ren)	\$240	\$308	\$484	\$747	\$382.56	\$416
Employee & Spouse	\$281	\$321	\$585	\$958	\$511.16	\$511
Employee & Family	\$477	\$379	\$656	\$1,065	\$520.70	\$547

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

Monthly Premiums	ActiveCare 1-HD	ActiveCare 1	ActiveCare 2	ActiveCare 3	First Care (HMO)	Scott & White (HMO)
Employee Only	\$73	\$110	\$222	\$386	\$157.06	\$173
Employee & Child(ren)	\$240	\$308	\$484	\$747	\$382.56	\$416
Employee & Spouse	\$140.50	\$160.50	\$298	\$499	\$255.58	\$255.50
Employee & Family	\$253.50	\$200	\$350	\$571	\$260.35	\$273.50

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 1	ActiveCare 2	ActiveCare 3	First Care (HMO)	Scott & White (HMO)
Employee Only	\$298	\$338	\$460	\$637	\$382.06	\$398
Employee & Child(ren)	\$466	\$540	\$731	\$1,015	\$607.56	\$641
Employee & Spouse	\$731	\$771	\$1,046	\$1,448	\$961.16	\$961
Employee & Family	\$957	\$850	\$1,150	\$1,592	\$970.70	\$997

 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.

2012-2013 - TRS-ActiveCare Plans Potential Maximum Annual Expense

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
Premium Expense	\$876	\$3,540	\$2,124	\$2,124	\$5,724
Annual Deductible	\$2,400	\$2,400	\$2,400	\$2,400	\$2,400
Annual Out-of-Pocket Maximum	\$3,000	\$5,000	\$5,000	\$5,000	\$5,000
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	\$6,276	\$10,940	\$9,524	\$9,524	\$13,124
 2012 Allowable HSA Tax-Deferred Contribution	\$3,100	\$6,250	\$6,250	\$6,250	\$6,250

ActiveCare 1*	* Only the Employee Only tier of coverage qualifies as a High Deductible Health Plan and allows participation in a Health Savings Account.				
	Employee Only	Employee + Spouse	Employee + 1 Child	Employee + Children	Employee + Family
Premium Expense	\$1,320	\$3,984	\$2,940	\$2,940	\$4,548
Annual Deductible	\$1,200	\$2,400	\$2,400	\$3,000	\$3,000
Annual Out-of-Pocket Maximum	\$2,000	\$4,000	\$4,000	\$6,000	\$6,000
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	\$4,520	\$10,384	\$9,340	\$11,940	\$13,548
 2012 Allowable HSA Tax-Deferred Contribution	\$3,100	\$0	\$0	\$0	\$0

ActiveCare 2	Employee Only	Employee + Spouse	Employee + 1 Child	Employee + Children	Employee + Family
Premium Expense	\$2,664	\$7,020	\$5,052	\$5,052	\$7,872
Annual Deductible	\$750	\$1,500	\$1,500	\$2,250	\$2,250
Annual Out-of-Pocket Maximum (Does not include copays)	\$2,000	\$4,000	\$4,000	\$6,000	\$6,000
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				
	\$600	\$600	\$600	\$600	\$600
TOTAL POTENTIAL MAXIMUM OUT-OF-POCKET	\$6,214	\$13,520	\$11,552	\$14,502	\$17,322

ActiveCare 3	Employee Only	Employee + Spouse	Employee + 1 Child	Employee + Children	Employee + Family
Premium Expense	\$4,632	\$11,496	\$8,208	\$8,208	\$12,780
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	\$6,607	\$14,846	\$11,558	\$12,933	\$17,505

Note: A Health Savings Account is funded through pre-tax contributions. Plans and tiers in tan show which coverage tiers qualify.

TRS-ActiveCare PPO Plans Preventive Care – 2012-2013

<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).</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 1 ActiveCare Plan 2 ActiveCare Plan 3</p> <p>Plan pays 100% (deductible waived) (no copays required)</p>
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	TRS ActiveCare 1-HD & Plan 1	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

2012 – 2013 BENEFIT PLAN OPTIONS

Benefit Plans	Features	Monthly Rates
 TRS-ActiveCare Medical Insurance  Medco Prescription Drug Plan	<p>PLAN CHANGES AND RATE INCREASES Plan changes and rates increases coming for 2012-2013. Please see page 4 for the plans’ highlights.</p> <p>Included with enrollment in a TRS-ActiveCare Medical Plan.</p>	 <p>New Rates effective 9/1/2012 See Page 5</p>
<p>Basic Life and Accidental Death and Dismemberment (AD&D)</p> 	<p>Basic life insurance; pays double in the event of an accidental death. District paid for all part-time and full-time employees. Basic Life benefit is \$15,000; AD&D benefit is \$15,000. Benefit reductions at age 65 and 70.</p> <p>Additional New Benefits: Beneficiary Resource Services Create Your Own Will Online Emergency Travel Assistance</p>	<p>District Paid Benefit</p>  Are your beneficiary designations up to date? Check them on the benefitsCONNECTsm online enrollment system.
<p>Health Savings Account (HSA) with JP Morgan Chase Bank</p> 	<p>ONLY for participants under the age of 65 enrolled in the following TRS-ActiveCare medical plans: TRS-ActiveCare 1-HD for any coverage tier TRS-ActiveCare Plan 1 ONLY the employee only tier of coverage</p> <p>Tax-Deferred Health Savings Account allowing you to make pre-tax contributions into a savings account set up with JP Morgan 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>2012 Annual Pre-Tax Allowable Contributions: Emp Only \$3,100 Emp + Dep \$6,250</p> <p>Individuals age 55 or over may make an additional \$1,000 per year catch-up contribution.</p>

2012 – 2013 BENEFIT PLAN OPTIONS (continued)

<p>Assurant Indemnity Dental Plan</p> <div style="text-align: center;">  RATE INCREASE EFFECTIVE 9/1/2012 </div>	<p>NO CHANGE TO YOUR CURRENT BENEFITS</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>	<div style="text-align: center;">  New Rates Effective 9/1/2012 </div> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px 10px;">Emp Only</td> <td style="text-align: right; padding: 2px 10px;">\$ 35.00</td> </tr> <tr> <td style="padding: 2px 10px;">Emp + 1 Dep</td> <td style="text-align: right; padding: 2px 10px;">\$ 74.34</td> </tr> <tr> <td style="padding: 2px 10px;">Emp + 2 or more Dependents</td> <td style="text-align: right; padding: 2px 10px;">\$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							
<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>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px 10px;">Emp Only</td> <td style="text-align: right; padding: 2px 10px;">\$ 12.08</td> </tr> <tr> <td style="padding: 2px 10px;">Emp + 1 Dep</td> <td style="text-align: right; padding: 2px 10px;">\$ 19.54</td> </tr> <tr> <td style="padding: 2px 10px;">Emp + 2 or more Dependents</td> <td style="text-align: right; padding: 2px 10px;">\$ 29.92</td> </tr> </table>	Emp Only	\$ 12.08	Emp + 1 Dep	\$ 19.54	Emp + 2 or more Dependents	\$ 29.92
Emp Only	\$ 12.08							
Emp + 1 Dep	\$ 19.54							
Emp + 2 or more Dependents	\$ 29.92							
<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 style="margin-left: 20px;">Plan A: Employee + Dependents (Dental, Vision & Prescription) Plan B: Employee + Dependents (Dental & Vision) Plan C: Employee + Dependents (Vision & Prescription Discounts)</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px 10px;">Plan A</td> <td style="text-align: right; padding: 2px 10px;">\$10.00</td> </tr> <tr> <td style="padding: 2px 10px;">Plan B</td> <td style="text-align: right; padding: 2px 10px;">\$ 5.00</td> </tr> <tr> <td style="padding: 2px 10px;">Plan C</td> <td style="text-align: right; padding: 2px 10px;">\$ 5.00</td> </tr> </table>	Plan A	\$10.00	Plan B	\$ 5.00	Plan C	\$ 5.00
Plan A	\$10.00							
Plan B	\$ 5.00							
Plan C	\$ 5.00							
<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>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px 10px;">Emp Only</td> <td style="text-align: right; padding: 2px 10px;">\$ 0.00</td> </tr> <tr> <td style="padding: 2px 10px;">Emp + 1 Dep</td> <td style="text-align: right; padding: 2px 10px;">\$ 6.00</td> </tr> <tr> <td style="padding: 2px 10px;">Emp + 2 or more Dependents</td> <td style="text-align: right; padding: 2px 10px;">\$ 9.00</td> </tr> </table>	Emp Only	\$ 0.00	Emp + 1 Dep	\$ 6.00	Emp + 2 or more Dependents	\$ 9.00
Emp Only	\$ 0.00							
Emp + 1 Dep	\$ 6.00							
Emp + 2 or more Dependents	\$ 9.00							

<p>Unum Disability Insurance</p>	<p>NO CHANGE TO YOUR CURRENT BENEFITS OR RATES</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>Includes a medical treatment benefit of up to \$50 for a medical office visit up to 4 times a year.</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>GUARANTEED ISSUE – NO health questions to answer.</p>	<p>Plan A Rates: \$5.94 - \$338.25</p> <p>Plan B Rates: \$5.32 - \$301.50</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>
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 **Pre-Existing Condition Limitation** for the first 12 months after 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> <p></p>	<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. THE APPLICATION MUST BE POSTMARKED NO LATER THAN MAY 30, 2012.</p>	<p>Monthly Rates: \$9.47 - \$118.39 Depending on coverage selections</p>
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WRITTEN APPLICATION REQUIRED – Mail or Fax NO LATER THAN MAY 30, 2012
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>	<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> <tr> <td>Emp Only</td> <td>\$ 9.88</td> </tr> <tr> <td>Emp + Child(ren)</td> <td>\$ 16.96</td> </tr> <tr> <td>Emp + Spouse</td> <td>\$ 16.62</td> </tr> <tr> <td>Emp + Family</td> <td>\$ 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									

<p>Supplemental Life Insurance</p>	<p>Choose amount up to \$235,000.</p> <p>Evidence of Insurability (EOI) form required to be submitted for approval. Print the EOI from the <i>benefitsCONNECT</i>sm system and mail it to Kainos Partners. THE EOI MUST BE POSTMARKED NO LATER THAN MAY 30, 2012.</p> <p>The plan has Conversion and Portability Options available if you leave employment.</p> <p>An Accelerated Death Benefit is available for the terminally ill.</p>	<p> Are your beneficiary designations up to date? Check them on the <i>benefitsCONNECT</i>sm online enrollment system.</p>
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Supplemental Life Insurance (continued)	Waiver of Premium allows your premium to be waived in the event you become disabled. Premiums up to \$35,000 benefit are Pre-Tax Premiums are Post-Tax for benefits of \$45,000 and up	See Monthly Rates Below
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AGE	\$15,000	\$35,000	\$45,000	\$55,000	\$65,000	\$75,000	\$85,000	\$135,000	\$185,000	\$235,000
< 35	\$0.54	\$1.24	\$1.58	\$1.94	\$2.28	\$2.64	\$2.98	\$4.74	\$6.48	\$8.24
35 - 39	\$0.66	\$1.54	\$1.98	\$2.42	\$2.86	\$3.30	\$3.74	\$5.94	\$8.14	\$10.34
40 - 44	\$1.32	\$3.06	\$3.92	\$4.80	\$5.66	\$6.54	\$7.40	\$11.76	\$16.10	\$20.46
45 - 49	\$1.84	\$4.28	\$5.50	\$6.72	\$7.94	\$9.16	\$10.38	\$16.48	\$22.58	\$28.68
50 - 54	\$3.02	\$7.04	\$9.06	\$11.06	\$13.08	\$15.08	\$17.10	\$27.14	\$37.20	\$47.24
55 - 59	\$4.58	\$10.68	\$13.74	\$16.78	\$19.84	\$22.88	\$25.94	\$41.18	\$56.44	\$71.68
60 - 65	\$7.98	\$18.60	\$23.90	\$29.22	\$34.52	\$39.84	\$45.14	\$71.70	\$98.24	\$124.80
65 - 69	\$15.30	\$35.70	\$45.90	\$56.10	\$66.30	\$76.50	\$86.70	\$137.70	\$188.70	\$239.70
70 +	\$24.60	\$57.40	\$73.80	\$90.20	\$106.60	\$123.00	\$139.40	\$221.40	\$303.40	\$385.40

EVIDENCE OF INSURABILITY (EOI) REQUIRED – Mail or Fax NO LATER THAN MAY 30, 2012
MAIL TO: Kainos Partners, Attn: Debora Taylor, 16545 Village Dr., Jersey Village, TX 77040
or FAX TO: (281) 810-4908

Group Hospital Confinement Insurance (Medical Bridge Coverage)	<p>NO CHANGE TO YOUR CURRENT BENEFITS OR RATES</p> <p>Coverage provided by Colonial Life Insurance Company.</p> <p>Coverage available even if you decline medical insurance.</p> <p>Provides additional benefits when you have unexpected health care expenses, including outpatient surgeries, hospital confinements, and more.</p> <p>Pays benefits regardless of any other insurance you may have.</p> <p>Plan 1 – Hospital Confinement and Accidental Injury ER Visit.</p>	<p>Age banded rates dependent upon family members being covered.</p> <p>See below</p>
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Age Band	Employee Only	Employee & Child(ren)	Employee & Spouse	Employee & Family
17 – 49	\$14.88	\$22.85	\$26.76	\$34.74
50 – 59	\$19.03	\$27.00	\$37.89	\$45.87
60 – 64	\$26.46	\$34.43	\$55.06	\$63.04
65+	\$37.08	\$45.05	\$76.91	\$84.89

Plan 3 – Hospital Confinement, ER Room Visit, Outpatient Surgical and some Diagnostic Procedure benefits.
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Age Band	Employee Only	Employee & Child(ren)	Employee & Spouse	Employee & Family
17 – 49	\$20.74	\$33.69	\$38.08	\$51.05
50 – 59	\$27.93	\$40.89	\$54.73	\$67.69
60 – 64	\$35.41	\$48.36	\$72.01	\$84.96
65+	\$44.34	\$57.29	\$91.28	\$104.24

Accident Insurance	<p>NO CHANGE TO YOUR CURRENT BENEFITS OR RATES</p> <p>Coverage is provided by Colonial Life Insurance Company.</p> <p>Provides benefits for medical services required as a result of OFF-THE-JOB accidental injuries.</p>	
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Accident Insurance (continued)	Includes some Health Screening benefits for services received at least 31 days AFTER the effective date of coverage.		
	Pays benefits directly to you regardless of any other insurance you may have.		
		Optional Sickness Hospital Confinement Rider	
		Base Plan	
	Employee Only	\$17.92	\$3.50
	Employee & Child(ren)	\$26.56	\$5.50
Employee & Spouse	\$23.96	\$7.00	
Employee & Family	\$32.61	\$9.00	
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>	Premiums are based on plan selections and age of the insured.	
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>	See the Insurance Department web page for more information.	

REQUIRED ANNUAL 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 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.

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
Medical	TRS-ActiveCare Plans 1-HD and Plans 1, 2, & 3	Customer Service	(866) 355-5999	www.trs.state.tx.us/trs-activecare or www.bcbstx.com/trs
Prescription Drug	Medco Health Solutions			
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) or TRS-ActiveCare Plan 1 (Employee Only coverage)			For information: www.chase.com/hsa To enroll: http://www.cfsd.net/dept2/insur/egmi_savings.htm
Dental Insurance	Assurant Indemnity Plan	Ed Station Audrey Ayers	(281) 333-9792	estationins@aol.com or audrevins@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	UNUM	Ed Station Audrey Ayers	(281) 333-9792	estationins@aol.com or audrevins@aol.com
Cancer & Specified Disease Insurance	Humana	Lou Moore	(281) 380-1488	ritagmoore@yahoo.com
Basic Life & AD&D and Supplemental Life Insurance	Dearborn National	Debora Taylor	(281) 810-4907	debora@kainos-partners.com
Guardian Vision Insurance	Guardian Life Insurance	Reginald Lillie	(281) 213-9663	rlillieins@sbcglobal.net
Medical Bridge Insurance	Colonial Life & Accident Insurance	Debora Taylor	(281) 810-4907	debora@kainos-partners.com
Accident Insurance	Colonial Life & Accident Insurance	Debora Taylor	(281) 810-4907	debora@kainos-partners.com
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.cfsd.net/dept2/insur/egmi.htm