

BENEFITS BULLETIN



Annual Benefits Open Enrollment Period

MAY 2019

ANNUAL ENROLLMENT PERIOD July 22 – August 16, 2019

The CFISD Annual Enrollment Period opens Monday, July 22 and ends Friday, August 16, 2019. This is the one time per year when you can enroll, change or cancel your benefits without a life event. Do not miss this opportunity. The **First Financial** Benefits Online Enrollment System will be available to all eligible employees via the Internet 24 hours a day, 7 days a week, during the enrollment period. All new enrollments and changes made during this Enrollment Period will be effective September 1, 2019, or the first of the month following insurance company approval (life insurance, cancer & specified disease), whichever is later. While this enrollment is considered passive, meaning your coverage will roll forward to the new benefit year if you do nothing, we encourage you to log on to the system and confirm your benefit coverage and life insurance beneficiaries.

FIRST FINANCIAL BENEFITS ONLINE ENROLLMENT SYSTEM

This is our fourth year using the First Financial (formerly TCG) Benefits Online Enrollment System. You will use the same login criteria you created last year and provide the answer to your security question. If this is your first time using the system, the registration instructions are below.

To enroll, make changes or cancel your coverage:

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

Click on: **First Financial Benefits Online Enrollment System**

Click on: <http://benefitsolver.tcgservices.com>

First Time Login Instructions:

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

Step 2: enter Company Key: “cfisd”

Step 3: enter your Social Security Number

Step 4: enter your Date of Birth

Step 5: enter continue and then create your account

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

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

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

Problems Logging In? Contact First Financial Benefits Online Enrollment System Customer Service at (855) 523-8422 Monday – Friday from 8:00 a.m. – 5:00 p.m. for log-in assistance.

WHAT'S NEW FOR 2019-20 BENEFIT PLAN YEAR?

- TRS Board of Trustees increased the 2019-2020 TRS-ActiveCare Premiums an average 3% for AC 1-HD and the Select Plans. The premium increase is 8% for AC2.
- Dental PPO has an increase on average of \$3.50 and Dental DHMO \$.70 due to out of network claims. Please stay in network. All other optional plans do not have an increase.
- The Scott and White HMO Plan decreased by 3.5%.
- TRS-ActiveCare 2 is frozen. You will not be permitted to enroll in this plan. Only current participants may stay on ActiveCare 2.
- There is an increase in the out of pocket max for in-network and out of network services. Deductibles did not change.
- TRS Health App – Please download for easy access to your medical care.



Meet Alex!!! Alex is an easy to use animated tool designed to help you compare the TRS-ActiveCare plans and determine which is best for you. <https://www.myalex.com/trsactivecare/2018>



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

All full-time employees, regardless of number of hours worked, and all substitute, temporary, seasonal and part-time Cypress-Fairbanks ISD employees working 10 or more hours per week are eligible to enroll in the 2019-2020 TRS-ActiveCare Health Insurance plans during the up-coming open enrollment period. Substitutes and temporary employees can enroll by submitting an enrollment form to the insurance office by end of the open enrollment period. Substitutes and temporary workers should contact the insurance department for the medical enrollment form. TRS retirees are prohibited from enrolling per TRS regulations.

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

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

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

Thursday, July 25, 2019		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, August 13, 2019		4:30 p.m. - 6:30 p.m.
Plan Presentation	ISC - Board Room	4:30 p.m. - 5:15 p.m.
Agents' Open House	ISC - Conf Rm 502 B-D	4:30 p.m. - 6:30 p.m.
Enrollment Assistance	ISC - Conf Rm 502 A	4:30 p.m. - 6:30 p.m.

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

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

BRING THE FOLLOWING INFORMATION TO ONLINE ENROLLMENT ASSISTANCE MEETING: Bring your social security number, the dates of birth and social security numbers of all eligible dependents you plan to enroll for coverage, the primary care physicians' names and identification numbers, if required, for your dental plan, and the names and contact information for the beneficiaries you name for your life insurance benefits.

ENROLLMENT DEADLINE

All new enrollments, changes and cancellations must be made no later than **Friday, August 16, 2019**. There will be no exceptions to this hard deadline. If you want your AETNA ID card by September 1, 2019, please enroll by **August 8, 2019**. The Evidence of Insurability form for Cancer and Specified Disease policy application **MUST BE MAILED OR FAXED** to the appropriate underwriting offices no later than Friday, **August 31, 2019**.

VISIT THE INSURANCE DEPT WEBSITE www.cfishd.net Staff / HR / Insurance / Your Benefits Station

Go to - “Your Benefit Station” website for plan designs, premium rates, agent contact information, and links to insurance companies and their provider networks. Complete TRS-ActiveCare plan information is available on the 2019-2020 TRS-ActiveCare Enrollment Guide which can be found at:

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

MID-YEAR PLAN CHANGES

Employees enrolling or making changes in their elections during the annual open enrollment period should be aware that they cannot make changes during the benefit plan year, September 1, 2019 through August 31, 2020 unless they have a “Special Enrollment Event”. Some examples of special enrollment events are below.

Change in Marital Status: Marriage or divorce

Newly Eligible Dependents: Birth, adoption, foster care placement

Loss or Gain of Other Coverage: Change in your spouse's employment status that results in a loss or gain of coverage or loss or gain of Medicaid coverage.

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

A change in your dependent's eligibility status due to age: Coverage ends 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. To terminate a former spouse or stepchildren's coverage, please make sure it is documented in the divorce decree.

TRS-ACTIVECARE SELECT PLANS

TRS-ActiveCare Select plans are an alternative to AC-2 if you prefer a medical plan with co-pays. With this plan, you will either decide to use Kelsey-Seybold facilities or Memorial Hermann facilities.

If you live in Harris, Ft. Bend or Montgomery counties, you may enroll in the TRS-ActiveCare Select / Kelsey plan or the Select / Memorial Hermann Whole Health network plan. Participants cannot be covered under both networks.

If you live in Brazoria or Galveston counties, you may enroll in the TRS-ActiveCare Select/Kelsey plan as the Memorial Hermann network is not available to residents in these counties.

Employees may use the following chart for plan eligibility:

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

DETERMINE IF YOUR MEDICAL PROVIDER ACCEPTS THE TRS-ACTIVECARE PLAN YOU ARE CONSIDERING

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

TRS-ACTIVECARE PARTICIPATING PROVIDERS

Go to: www.tractivecareetna.com/
 Select: Find a Doctor or Facility
 Select: “Find a Doctor”

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

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

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

MEDICAL TIPS AND REMINDERS

- Please remember to get your annual well-visit checkup. Preventative care is covered at 100% and only 18% of participants in Texas are taking advantage of this benefit.
- Always try and stay in network for medical services; this can save you hundreds if not thousands of dollars in medical care. Stand alone Emergency Rooms (ERs) are typically out of network, so please be cautious.
- Go to an Urgent Care or Ready Clinic unless it is truly a life threatening emergency.
- CAT Scans and MRIs are cheaper at imaging centers than hospitals. Always research the price of your medical needs.

403(b) and 457 TAX SHELTERED SAVINGS PLANS

All CFISD employees, including substitutes and temporary workers are eligible to enroll in a Tax Sheltered Saving Plan to supplement their retirement. Contact TCG Administrators at 1-800-943-9179 for 403(b) and 457 enrollment information or visit the retirement website at cfisd.net under Staff / HR / Retirement.

Employees can enroll in the 457 plan during open enrollment through the First Financial Benefits On-Line Enrollment System. There are six levels of portfolios for employees to choose from ranging from a Preservation Portfolio with the least amount of risk to the Aggressive Growth Portfolio which has the highest level of risk. The Signature Portfolio is the default investment for the 457 Plan with a moderate level of risk.

Financial consultants recommend employees start saving as early as possible. You may start with a contribution as low as \$10 per check and gradually increase or cancel as you choose.

CYPRESS- FAIRBANKS ISD Employee Monthly Premium Rates 2019-2020

TRS-ACTIVECARE PLANS *

MONTHLY PREMIUMS	TRS ActiveCare 1-HD	TRS ActiveCare Select	TRS ActiveCare 2**	SCOTT & WHITE HMO
EMPLOYEE CONTRIBUTION				
FULL-TIME EMPLOYEE RATES (MINIMUM 35 HOURS PER WEEK)				
Employee Only	\$153	\$325	\$614	\$333.54
Employee & Child(ren)	\$433	\$602	\$957	\$595.76
Employee & Spouse	\$630	\$918	\$1,559	\$870.58
Employee & Family	\$935	\$1,231	\$1,895	\$1,011.28
EMPLOYEE CONTRIBUTION				
PART-TIME EMPLOYEE RATES (15 - 34 HOURS PER WEEK)				
Employee Only	\$153	\$325	\$614	\$333.54
Employee & Child(ren)	\$496	\$665	\$1,020	\$651.76
Employee & Spouse	\$693	\$981	\$1,622	\$930.58
Employee & Family	\$1,038	\$1,334	\$1,998	\$1,114.28
EMPLOYEE CONTRIBUTION				
SUBSTITUTE, TEMP, PART-TIME RATES (10+ HOURS PER WEEK)				
Employee Only	\$378	\$556	\$852	\$558.54
Employee & Child(ren)	\$722	\$902	\$1,267	\$876.76
Employee & Spouse	\$1,066	\$1,367	\$2,020	\$1,306.58
Employee & Family	\$1,415	\$1,718	\$2,389	\$1,457.28

DENTAL INSURANCE	Cigna PPO	Cigna DHMO	QCD of America Dental Discount	MSofA Dent-All Discount Plan
Employee Only	\$ 35.92	\$ 9.48	No Charge	Plan A - \$10.00
Employee & 1 Dependent	\$ 76.30	\$ 14.88	\$ 6.00	Plan B - \$5.00
Employee & 2 Dependent or more	\$ 107.88	\$ 23.50	\$ 9.00	Plan C - \$5.00

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

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

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

OPTIONAL LIFE INSURANCE	Voya Financial
OPTIONAL EMPLOYEE LIFE \$10,000 to \$500,000 Coverage (See website for rates)	\$.59 to \$875.50
OPTIONAL SPOUSE LIFE \$5,000 TO \$125,000 Coverage (See website for rates)	\$.30 to \$218.88
OPTIONAL DEPENDENT CHILD LIFE INSURANCE	\$0.42

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

* FOR POOLING AND SPLIT EMPLOYEE RATES SEE INSURANCE DEPT WEBSITE
 ** ONLY FOR CURRENT ENROLLEES. PLAN IS FROZEN FOR NEW ENROLLEES.

2019–20 TRS-ActiveCare Plan Highlights

Effective Sept. 1, 2019 through Aug. 31, 2020 | In-Network Level of Benefits¹



Medical Coverage	TRS-ActiveCare 1-HD	TRS-ActiveCare Select or TRS-ActiveCare Select Whole Health (Baptist Health System and HealthTexas Medical Group; Baylor Scott and White Quality Alliance; Kelsey Select; Memorial Hermann Accountable Care Network; Seton Health Alliance)	TRS-ActiveCare 2 <small>NOTE: If you're currently enrolled in TRS-ActiveCare 2, you can remain in this plan. However, as of Sept. 1, 2018, TRS-ActiveCare 2 is closed to new enrollees.</small>
Deductible (per plan year)			
In-Network	\$2,750 employee only/\$5,500 family	\$1,200 individual/\$3,600 family	\$1,000 individual/\$3,000 family
Out-of-Network	\$5,500 employee only/\$11,000 family	Not applicable. This plan does not cover out-of-network services except for emergencies.	\$2,000 individual/\$6,000 family
Out-of-Pocket Maximum (per plan year; medical and prescription drug deductibles, copays, and coinsurance count toward the out-of-pocket maximum)	The individual out-of-pocket maximum only includes covered expenses incurred by that individual.		
In-Network	\$6,750 individual/\$13,500 family	\$7,900 individual/\$15,800 family	\$7,900 individual/\$15,800 family
Out-of-Network	\$20,250 individual/\$40,500 family	Not applicable. This plan does not cover out-of-network services except for emergencies.	\$23,700 individual/\$47,400 family
Coinsurance			
In-Network Participant pays (after deductible)	20%	20%	20%
Out-of-Network Participant pays (after deductible)	40% of allowed amount unless otherwise noted	Not applicable. This plan does not cover out-of-network services except for emergencies.	40% of allowed amount unless otherwise noted
Office Visit Copay Participant pays	20% after deductible	\$30 copay for primary \$70 copay for specialist	\$30 copay for primary \$70 copay for specialist
Diagnostic Lab Participant pays	20% after deductible	20% after deductible	20% after deductible
Preventive Care See below for examples	Plan pays 100%	Plan pays 100%	Plan pays 100%
Teladoc® Physician Services	\$40 consultation fee (counts toward deductible and out-of-pocket maximum)	Plan pays 100%	Plan pays 100%
High-Tech Radiology (CT scan, MRI, nuclear medicine) Participant pays	20% after deductible	\$100 copay plus 20% after deductible	\$100 copay plus 20% after deductible
Inpatient Hospital Facility Charges Only (preauthorization required)			
In-Network	20% after deductible	\$150 copay per day plus 20% after deductible (\$750 maximum copay per admission)	\$150 copay per day plus 20% after deductible (\$750 maximum copay per admission; \$2,250 maximum copay per plan year)
Out-of-Network	Plan pays up to \$500 per day cap of covered charges after deductible; you pay the excess over the \$500 per day cap	Not applicable. This plan does not cover out-of-network services except for emergencies.	Plan pays up to \$500 per day cap of covered charges after deductible; you pay the excess of over the \$500 per day cap
Urgent Care	20% after deductible	\$50 copay per visit	\$50 copay per visit
Freestanding Emergency Room Participant pays	\$500 copay per visit plus 20% after deductible	\$500 copay per visit plus 20% after deductible	\$500 copay per visit plus 20% after deductible
Emergency Room (true emergency use) Participant pays	20% after deductible	\$250 copay plus 20% after deductible (copay waived if admitted)	\$250 copay plus 20% after deductible (copay waived if admitted)
Outpatient Surgery Participant pays	20% after deductible	\$150 copay per visit plus 20% after deductible	\$150 copay per visit plus 20% after deductible
Bariatric Surgery (only covered if performed at an IOQ facility) Physician charges; Participant pays	\$5,000 copay (does apply to out-of-pocket maximum) plus 20% after deductible	Not covered	\$5,000 copay (does not apply to out-of-pocket maximum) plus 20% after deductible
Annual Vision Examination (one per plan year; performed by an ophthalmologist or optometrist) Participant pays	20% after deductible	\$70 copay for specialist	\$70 copay for specialist
Annual Hearing Examination Participant pays	20% after deductible	\$30 copay for primary \$70 copay for specialist	\$30 copay for primary \$70 copay for specialist

Preventive Care

Some examples of preventive care frequency and services:

- **Routine physicals** – annually age 12 and over
- **Mammograms** – one every year age 35 and over
- **Smoking cessation counseling** – eight visits per 12 months

- **Well-child care** – unlimited up to age 12
- **Colonoscopy** – one every 10 years age 50 and over
- **Healthy diet/obesity counseling** – unlimited to age 22; age 22 and over – 26 visits per 12 months

- **Well woman exam & pap smear** – annually age 18 and over
- **Prostate cancer screening** – one per year age 50 and over
- **Breastfeeding support** – six lactation counseling visits per 12 months

Note: Covered services under this benefit must be billed by the provider as “preventive care.” Non-network preventive care is not paid at 100%. If you receive preventive services from a non-network provider, you will be responsible for any applicable deductible and coinsurance under the TRS-ActiveCare 1-HD and TRS-ActiveCare 2. There is no coverage for non-network services under the TRS-ActiveCare Select plan or TRS-ActiveCare Select Whole Health. For more information, please view the Benefits Booklet at www.trselectivecareaetna.com.

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

2019–20 TRS-ActiveCare Plan Highlights

Prescription Coverage	TRS-ActiveCare 1-HD	TRS-ActiveCare Select or ActiveCare Select Whole Health (Baptist Health System and HealthTexas Medical Group; Baylor Scott and White Quality Alliance; Kelsey Select; Memorial Hermann Accountable Care Network; Seton Health Alliance)	TRS-ActiveCare 2
Drug Deductible (per person, per plan year)	Must meet plan-year deductible before plan pays. ²	\$0 generic; \$200 brand	\$0 generic; \$200 brand
Short-Term Supply at a Retail Location (up to a 31-day supply)			
Tier 1 – Generic	20% coinsurance after deductible, except for certain generic preventive drugs that are covered at 100%. ²	\$15 copay	\$20 copay
Tier 2 – Preferred Brand	25% coinsurance after deductible ³	25% coinsurance (min. \$40 ⁴ ; max. \$80) ³	25% coinsurance (min. \$40 ⁴ ; max. \$80) ³
Tier 3 – Non-Preferred Brand	50% coinsurance after deductible ³	50% coinsurance ³	50% coinsurance (min. \$100 ⁴ ; max. \$200) ³
Extended-Day Supply at Mail Order or Retail-Plus Pharmacy Location (60- to 90-day supply) ⁵			
Tier 1 – Generic	20% coinsurance after deductible	\$45 copay	\$45 copay
Tier 2 – Preferred Brand	25% coinsurance after deductible ³	25% coinsurance (min. \$105 ⁴ ; max. \$210) ³	25% coinsurance (min. \$105 ⁴ ; max. \$210) ³
Tier 3 – Non-Preferred Brand	50% coinsurance after deductible ³	50% coinsurance ³	50% coinsurance (min. \$215 ⁴ ; max. \$430) ³
Specialty Medications (up to a 31-day supply)			
Specialty Medications	20% coinsurance after deductible	20% coinsurance	20% coinsurance (min. \$200 ⁴ ; max. \$900)
Short-Term Supply of a Maintenance Medication at Retail Location up to a 31-day supply			
The second time a participant fills a short-term supply of a maintenance medication at a retail pharmacy, they will be charged the coinsurance and copays in the rows below. Participants can save more over the plan year by filling a larger day supply of a maintenance medication through mail order or at a Retail-Plus location.			
Tier 1 – Generic	20% coinsurance after deductible	\$30 copay	\$35 copay
Tier 2 – Preferred Brand	25% coinsurance after deductible ³	25% coinsurance (min. \$60 ⁴ ; max. \$120) ³	25% coinsurance (min. \$60 ⁴ ; max. \$120) ³
Tier 3 – Non-Preferred Brand	50% coinsurance after deductible ³	50% coinsurance ³	50% coinsurance (min. \$105 ⁴ ; max. \$210) ³

What is a maintenance medication?

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

When does the convenience fee apply?

For example, if you are covered under TRS-ActiveCare Select, the first time you fill a 31-day supply of a generic maintenance drug at a retail pharmacy you will pay \$15, then you will pay \$30 each month that you fill a 31-day supply of that generic maintenance drug at a retail pharmacy. A 90-day supply of that same generic maintenance medication would cost \$45, and you would save \$180 over the year by filling a 90-day supply.

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

¹ Illustrates benefits when in-network providers are used. For some plans non-network benefits are also available; there is no coverage for non-network benefits under the TRS-ActiveCare Select or TRS-ActiveCare Select Whole Health Plan; see Enrollment Guide for more information. Non-contracting providers may bill for amounts exceeding the allowable amount for covered services. Participants will be responsible for this balance bill amount, which may be considerable.

² For TRS-ActiveCare 1-HD, certain generic preventive drugs are covered at 100%. Participants do not have to meet the deductible (\$2,750 – individual, \$5,500 – family) and they pay nothing out of pocket for these drugs. Find the list of drugs at info.caremark.com/trsactivecare.

³ If a participant obtains a brand-name drug when a generic equivalent is available, they are responsible for the generic copay plus the cost difference between the brand-name drug and the generic drug.

⁴ If the cost of the drug is less than the minimum, you will pay the cost of the drug.

⁵ Participants can fill 32-day to 90-day supply through mail order.

Monthly Premiums

TRS-ActiveCare Monthly Premium	TRS-ActiveCare 1-HD			TRS-ActiveCare Select/ActiveCare Select Whole Health			TRS-ActiveCare 2		
	Full monthly premium*	Premium with min. state/district contribution**	Your monthly premium***	Full monthly premium*	Premium with min. state/district contribution**	Your monthly premium***	Full monthly premium*	Premium with min. state/district contribution**	Your monthly premium***
Individual	\$378	\$153	\$153	\$556	\$331	\$325	\$852	\$627	\$614
+Spouse	\$1,066	\$841	\$630	\$1,367	\$1,142	\$918	\$2,020	\$1,795	\$1,559
+Children	\$722	\$497	\$433	\$902	\$677	\$602	\$1,267	\$1,042	\$957
+Family	\$1,415	\$1,190	\$935	\$1,718	\$1,493	\$1,231	\$2,389	\$2,164	\$1,895

* If you are not eligible for the state/district subsidy, you will pay the full monthly premium. Please contact your Benefits Administrator for your monthly premium.

** The premium after state, \$75 and district, \$150 contribution is the maximum you may pay per month. Ask your Benefits Administrator for your monthly cost. (This is the amount you will owe each month after all available subsidies are applied to your premium.)

*** Completed by your benefits administrator. The state/district contribution may be greater than \$225.

2019 – 2020 BENEFIT PLAN OPTIONS

Benefit Plans	Features	Monthly Rates				
<p>TRS-ActiveCare Medical Insurance</p>	<p>Health Plan Administrator – Aetna Pharmacy Benefit Manager – CVS Caremark</p>	<p>Please see page 4 for rates.</p>				
<p>Health Savings Account (HSA) HSA Bank</p>	<p>Participants must be enrolled in the qualifying high deductible TRS-ActiveCare 1-HD medical plan and NOT enrolled in Medicare.</p> <p>Tax-Deferred Health Savings Account allowing you to make pre-tax contributions into a savings account set up with HSA Bank to pay for eligible medical expenses.</p> <p>HSA Bank monthly administrative fee: \$2.50</p> <p>HSA funds may be used to pay for out of pocket eligible medical expenses incurred by anyone you claim as a dependent on your income tax return.</p> <p>Unspent funds remain yours to spend in the future for eligible expenses.</p>	<p>2019 Annual Pre-Tax Allowable Contributions:</p> <table style="margin-left: 20px;"> <tr> <td>Emp Only</td> <td>\$3,500</td> </tr> <tr> <td>Emp + Dep</td> <td>\$7,000</td> </tr> </table> <p>Individuals age 55 or over may make an additional \$1,000 per year catch-up contribution.</p>	Emp Only	\$3,500	Emp + Dep	\$7,000
Emp Only	\$3,500					
Emp + Dep	\$7,000					
<p>Basic Life / AD&D (Accidental Death and Dismemberment) Insurance Voya Financial</p>	<p>Basic life benefit is \$30,000; AD&D benefit is \$30,000</p> <p>Benefit reduces to \$19,500 at age 65 and to \$15,000 at age 70</p> <p>Additional Benefits:</p> <ul style="list-style-type: none"> Accelerated Death Benefit <ul style="list-style-type: none"> • 75% coverage for life Expectancy less than 12 months Everest Funeral Planning Travel Assistance 	<p>District Paid Benefit for all part-time and full-time employees working a minimum of 15 hours per week.</p> <p>Have you named your beneficiary?</p> <p>Name or change your life beneficiary on the First Financial Benefits Online Enrollment System at any time.</p>				
<p>Optional Life / AD&D Insurance (Group Policy # 69486-0) Voya Financial</p>	<p>Employee - Coverage amounts up to \$500,000; \$10,000 minimum. Spouse - Coverage up to 100% of employee's coverage; \$125,000 maximum; \$5,000 minimum. Child - Coverage of \$10,000 available for each dependent child.</p> <p>GUARANTEED ISSUE AMOUNTS</p> <ul style="list-style-type: none"> • Employee - \$250,000 as a new hire; \$10,000 each year thereafter up to \$500,000 maximum • Spouse - \$50,000 as a spouse of a new hire; \$5,000 each year thereafter to a \$125,000 maximum • Child(ren) - \$10,000 <p>**CFISD spouses cannot cover each other under spouse life.</p> <p>All coverage requests that exceed the Guaranteed Issue amounts require an Evidence of Insurability form (EOI), a health questionnaire, and will require approval from Voya Financial.</p>	<p style="text-align: center;"><u>Monthly Rates</u></p> <p>Optional Employee: \$.59-875.50 Optional Spouse: \$.30-218.88 Optional Child: \$.42</p> <p>http://yourbenefitstation.com/cfisd/voya-financial-life-insurance.html</p>				

2019 – 2020 BENEFIT PLAN OPTIONS (continued)

Benefit Plans	Features	Monthly Rates
<p>PPO Dental Plan Cigna Dental</p>	<p>A dental insurance plan allowing employees to choose your own dental provider and specialists.</p> <p>Coinsurance Percentages: Type I (Preventive Services) = 100%; No waiting period for services. Type II (Basic Restorative Services) = 80%; No waiting period for Services. Type III (Major Services) = 50%; No waiting period for services. Type IV (Orthodontia) = 50%; 12 month waiting period.</p> <p>Annual maximum benefit per member = \$2,000</p> <p>Orthodontia lifetime maximum = \$1200</p> <p>Vision Discount Services offered by Cigna Vision Network.</p>	<p>Emp Only \$ 35.92 Emp + 1 Dep \$ 76.30 Emp + 2 or more \$107.88 Dependents</p>
<p>DHMO Dental Plan Cigna Dental</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>Vision Discount Services offered by Cigna Vision Network. Additional Benefits: Identity Theft Program, Healthy Rewards</p>	<p>Emp Only \$ 9.48 Emp + 1 Dep \$ 14.88 Emp + 2 or more \$ 23.50 Dependents</p>
<p>Dental & Vision Discount Plan MSofA Dent-All</p>	<p>Receive discounts on dental services, orthodontics, cosmetic, oral surgery, prosthodontics and more.</p> <p>Members pay a monthly membership fee to receive services at discounted prices that are 20% to 80% off the usual and customary fees.</p> <p>Members must use plan providers.</p> <p>Vision Discount Services offered by U.S. Vision Plan.</p> <p>Neighborhood Pharmacy Discounts available to members.</p> <p>Plan A: Employee + Dependents (Dental, Vision & 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>Dental & Vision Discount Plan QCD of America</p>	<p>A managed cost plan in which subscribers pay for dental services received from a provider in the QCD Affiliated Dentist Network.</p> <p>The subscriber pays for services at a discounted rate based upon the QCD fee schedule.</p> <p>Vision Discount Services offered by Davis Vision through their Clear Vision Discount Program.</p> <p>Wellness program provides discount on prescriptions for family and pets.</p>	<p>Emp Only \$ 0.00 Emp + 1 Dep \$ 6.00 Emp + 2 or more \$ 9.00 Dependents</p>

2019 – 2020 BENEFIT PLAN OPTIONS (continued)

Benefit Plans	Features	Monthly Rates
<p>Disability Insurance Plan</p> <p>Sun Life (acquired by Assurant)</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. Treats pregnancy as any other illness. You do not have to use your leave days prior to filing a claim.</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. (Benefit available over age 65 – reduced benefit schedule applies)</p> <p>GUARANTEED ISSUE – NO health questions to answer. A 3 month / 12 month Pre-Existing Condition Exclusion Limitation exists 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 in the 3 months prior to your effective date of coverage; and the disability begins in first 12 months of coverage.</p> <p>CURRENT ENROLLEES – NO health questions to change your benefit. Pre-existing will apply only to the increased benefits.</p>	<p>Plan A Rates: \$5.56 - \$316.26</p> <p>Plan B Rates: \$4.98 - \$281.90</p> <p>Employees should re-evaluate their monthly disability benefit at least every two years to keep their benefit in pace with their salary.</p>
<p>Cancer & Specified Disease Insurance</p> <p>Humana</p>	<p>I've got a major medical plan; why do I need a cancer plan?</p> <p>The plan pays cash benefits directly to the covered member when services are received for the treatment of cancer or other diseases specifically named in the policy. Includes an Annual Wellness Benefit of up to \$100 for cancer screening. Employees having a family history of cancer or a personal life-style risk (smoking or other exposure) might want to consider the policy.</p> <p>A health questionnaire must be answered to pass eligibility. Bay Bridge Administrators will mail all employees that enroll an application. Applications must be mailed back or faxed to Bay Bridge Administrators by August 31, 2019.</p>	<p>Monthly Rates: \$9.47 - \$118.39</p> <p>Depending on coverage selections</p>
<p>Return Applications to: Bay Bridge Administrators, Attn: Underwriting, PO Box 161630, Austin, TX 78716 or FAX TO: (512) 275-9352</p>		
<p>Guardian VSP Vision Insurance</p>	<p>Provides vision coverage for regular eye exams, lenses and frames. Includes coverage for single vision, bifocal, trifocal, and lenticular, and medically necessary contact lenses. Provides a contact lens discount program.</p>	<p>Emp Only \$ 10.36 Emp + Child(ren) \$ 17.80 Emp + Spouse \$ 17.44 Emp + Family \$ 28.18</p>
<p>TRS Group Long Term Care Insurance</p>	<p>This benefit is available to all TRS members and their family members.</p> <p>No Open-Enrollment Period; you can apply for coverage at any time. Underwritten by Genworth Life Insurance Company. 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>

DO YOU NEED SOME HELP?

The district's Insurance Department staff is always available to assist you with your benefits questions and concerns. We are located in the Instructional Support Center (North), 10300 Jones Rd., Suite 335, phone, **(281) 897-3882**. Additional assistance with your plan selections may be received by contacting the following companies directly or by visiting the **Insurance Department website**. The website has links to each benefit plan administrator and their provider networks.

FOR ASSISTANCE

Benefit	Provider	Contact	Phone Number	Website or Email
CFISD Insurance Dept.	EE's Last Name A – K	Laura Unger	(281) 897-4138	www.cfishd.net/
	EE's Last Name L – Z	Robin Rubalcava	(281) 897-4747	<i>Go to: Staff / HR / Insurance</i>
Medical	TRS-ActiveCare Plans Aetna	Customer Service	(800) 222-9205	www.trsaveactivecareetna.com
Prescription Drug	Caremark			
Medical HMO (must reside in the service area)	Scott & White HMO	Customer Service	(800) 321-7947	www.trsaveactivecareetna.com
HSA (Health Savings Account)	Only available to those enrolling in: TRS-ActiveCare 1-HD (all tiers of coverage)		(800) 357-6246	For HSA information: www.hsabank.com For enrollment procedures: http://www.cfishd.net/dept2/insur/egmi_savings.htm
Dental Insurance	Cigna PPO & DHMO	Audrey Ayers (Station & Ayers)	(281) 333-9792	audrey@yourbenefitstation.com
Discount Dental	MSofA Dent-All	Wes Ryan Customer Service	(281) 894-5080 (866)362-1517	wryaninsurance@hotmail.com
	QCD of America	Member Services	(800) 229-0304 ext. 170	www.qcdofamerica.com
Disability Insurance	Sun Life	Audrey Ayers Customer Service	(281) 333-9792 (800) 877-2701	audrey@yourbenefitstation.com
Cancer & Specified Disease Insurance	Humana	Lou Moore Customer Service	(281) 380-1488 (800) 845-7519	ritagmoore@yahoo.com
Basic Life & AD&D and (Optional) Life Insurance	Voya Financial	Nancy Alvarado (Kainos Partners) Customer Service	(281) 810-4943 (877) 886-5050	nancy@kainos-partners.com
Guardian Vision Insurance	Guardian Life Insurance	Reginald Lillie Customer Service	(281) 213-9663 (888) 600-1600	rlillieins@sbcglobal.net
TRS Group Long Term Care Insurance	Genworth Life Insurance	Customer Service	(866) 659-1970	www.trsave.state.tx.us
Tax-Deferred Investments	403(b) and 457 Plan	TCG Administrators	(800) 943-9179	www.region10rams.org