Cypress-Fairbanks Independent School District

NEW HIRE

BENEFITS BULLETIN

CYPRESS FAIRBANKS INDEPENDENT SCHOOL DISTRICT
LEARN • EMPOWER • ACHIEVE • DREAM

New Employees 2022-2023 ***June 2022***

WELCOME TO CYPRESS-FAIRBANKS I.S.D.

Here at Cypress-Fairbanks Independent School District we believe our employees are our greatest asset. We know how hard our employees work each day to make a difference in the lives of the children of CFISD. It is an important job and we are very grateful that you have chosen to work with us. This is why we work hard to provide you with a comprehensive benefit package that gives you the coverage you need when you need it. We hope that you have a long and successful career here at Cypress-Fairbanks I.S.D. This Benefits Bulletin is being provided as an outline of the benefits program available to you as a newly hired employee of Cypress- Fairbanks I.S.D.

ENROLLMENT INSTRUCTIONS

Your benefits are an important part of your overall compensation package and your selections can have a significant financial impact on you and your family. As a newly hired employee your enrollment eligibility period for benefits is limited to your first 31 days of employment. In accordance with the Affordable Care Act and TRS-ActiveCare reporting requirements, all new hires are required to either enroll in one of the TRS-ActiveCare Medical Plans or decline (waive) the benefit in the First Financial Benefit on-line enrollment system. There are no exceptions to this requirement. New hires that do not enroll or waive their benefits within 31 days of their first day of employment will be considered out of compliance.

For plan descriptions, links to insurance companies and their provider networks, and agent contact information, go to "Your Benefits Station", at www.cfisd.net located under Staff / HR / Insurance. Please contact the plan's agents listed on page 27 if you have any questions. You are strongly advised not to wait until the last day to attempt enrollment in case you experience a system problem.

ENROLLMENT DEADLINE: No later than your 31st day of active employment.

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All new employees starting their contracts on August 8th will be automatically locked out of the First Financial Benefits Online System at 11:59 p.m., Wednesday, September 7th (31 days). This lockout will result in the forfeiture of rights to enroll in the benefit plans as new employees. The next opportunity to enroll will be during the district's following Annual Enrollment Period in August 2023 for an effective date of coverage of September 1, 2023. There are no exceptions made for failure to enroll before the deadline.

Effective Date of Coverage: First Day of the Month following the newly hired employee's first day of paid employment or the first of the month following the date of insurance company approval (if required for coverage), whichever is later. For disability insurance the effective date of coverage will be the first day of the month following the employee's online enrollment in coverage.

For TRS-ActiveCare Medical Plans Only: A newly hired employee may choose coverage to begin on his or her first day of paid employment, or the first of the month following the first day of paid employment (September 1). Choosing first day of employment coverage (August 8th) means you will pay the full monthly premium for August even though you will only be covered for half of the month. This can be an expensive decision, please make sure you understand this policy as it will affect your paycheck and cannot be reversed.

All New Employees Must Enroll or Waive Benefits: All new employees are required to either enroll in one of the TRS-ActiveCare Medical plans or decline the benefit. This is an IRS, Affordable Care Act and a TRS-ActiveCare requirement. Log in to the First Financial Enrollment System link located at CFISD.NET / Staff / HR / Insurance to enroll or decline and to enter your beneficiary for the $30,000 Basic Life Insurance provided to all eligible employees at no cost. Computers are available throughout the district and in the Insurance Department lobby at 10300 Jones Road.

PAYROLL DEDUCTIONS

One half of the total monthly premiums for all employee benefits selected (medical, dental, disability, and/or all the optional plans) are deducted each pay period. If an employee's gross income is not sufficient to cover the cost of the benefit plans that have been selected, the benefits will be reduced or canceled.
SPECIAL NOTE TO CHILD NUTRITION, BUS DRIVERS, CLUB REWIND AND OTHER PERSONNEL THAT WORK ONLY DURING THE SCHOOL YEAR: Employees who do not work year-round and do not receive twenty-four (24) checks per year will have additional Pre-Paid Insurance Premium (PIPs) deductions deducted from their paychecks from October through the first paycheck in June. The PIP deductions will pay for a portion of their summer premiums. Please consider this when enrolling as your paycheck must be sufficient to cover all deductions.

WWW.CFISD.NET

STAFF / HR / INSURANCE

Go to the Insurance website to get all your Insurance questions answered. There you can find:

- First Financial On-line Enrollment Link
- "New Employee" Benefit Bulletin
- 2022-2023 Benefit Premium Rates
- Your Benefits Station Link with all benefit information and links

- Blue Cross Blue Shield
  TRS-ActiveCare Website Link
  <u>Where you can access:</u>

- 2022-2023 TRS-ActiveCare Enrollment Guide
- BCBS of Texas Customer Service
  (866) 355-5999
- Blue Access for Members
- Find a Doctor or Facility
- Choose a PCP
- Summary of Benefits and Coverage
- Obtain a temporary ID card
- Teladoc/RediMD – Consult with a Doctor 24/7 at either a low or no cost to you
- Quick access Caremark (Rx)
- Women's and Family Health
- Mobile Access – BCBSTX App
- 24 Hour Nurse Information line
- WELL on TARGET
- Fitness Program
- Wellness Coaching
- Health Advisor
- Discount Programs

First Financial Benefits On-line Enrollment System

Access the First Financial System through the district's Insurance website.

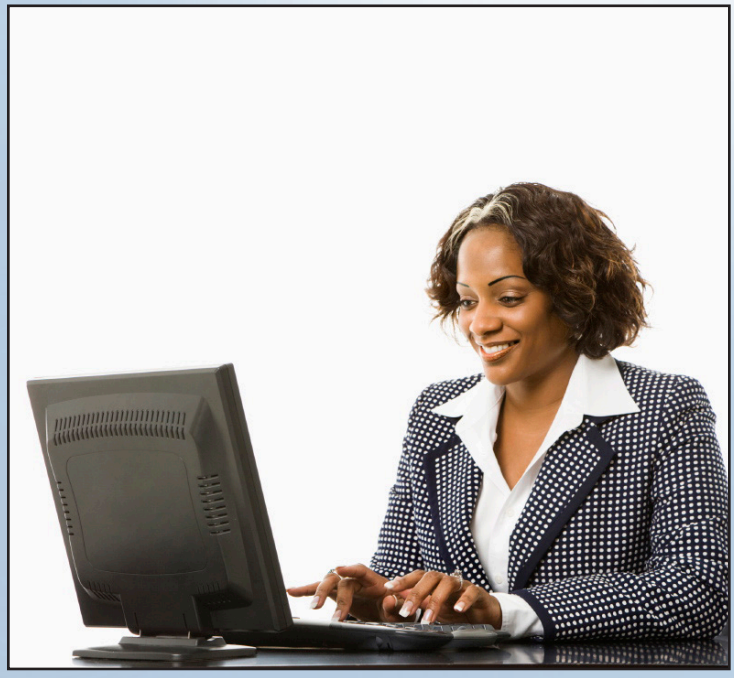
Access the First Financial Benefit System through the district's website.

Go to: http://www.cfisd.net
Click: Staff
Click: Staff Portal
Click: Employee Resources Folder
Click: Benefit Solver Icon

You can also log in by going to: http://my.cfisd.net and clicking the Employee Resources Folder and then the Benefit Solver Icon.

When can you first log in?

On your first day of employment if you have signed your contract and all your new hire data has been processed. If you attempt to log in and find that the system does not recognize you, try logging in again in a few days. If you are still unsuccessful call the Insurance Department at 281-897-3882 for confirmation of your online status.



Technical Assistance?

Contact First Financial Online Enrollment System Customer Service if you require technical assistance during enrollment.

First Financial Enrollment Hotline
(855) 523-8422
Monday–Friday 8:00 a.m. – 5:00 p.m.

Information you will need to Enroll:

- The names of each plan you wish to enroll in. (See pages 14-16 of this Bulletin)
- For all family members, whether you plan to enroll them or not, you will need their names, social security numbers and dates of birth.
- For any life insurance beneficiary designations you wish to make for Basic and Optional Life insurance, you will need your beneficiaries' names, social security numbers, addresses and phone numbers.
- Personal or work telephone number.

Get Confirmation of Your Enrollments: After making your enrollments, review and print your confirmation form before you log out. The printed confirmation will be required to support any claim of computer processing errors.

REVIEW YOUR PAYCHECK
Verify Your Deductions

It is your responsibility to review your paycheck voucher deductions on the Employee Access Center to make sure that they correctly reflect your benefit plan selections. The first premium deductions reflecting your plan enrollments should be deducted on the first paycheck of the month following your employment date, depending on the timing of payroll. If premiums are not deducted on the first paycheck of the month, double deductions will be taken on the last check of the month.

If you see that an error has been made on your check, 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 excess deductions.

Welcome to TRS-ActiveCare Health Plans

Cypress-Fairbanks ISD has participated in the Teachers Retirement System ActiveCare Health Plans since the 2011-2012 school year.

Who is Eligible to enroll in the TRS-ActiveCare Medical Plans?

All Cypress-Fairbanks ISD full-time employees and all Part-time, Substitute and Temporary employees expected to work 10 hours or more per week are eligible to enroll.

Are New Hires Required To Enroll or Decline (Waive) the TRS-ActiveCare Medical Plans?

Yes! Even if you do not plan to enroll, you are required to log-in and waive your benefit.

All full-time and all part-time employees expected to work 15 hours or more per week are **REQUIRED** to log in to the First Financial Benefits Online Enrollment System and either enroll in one of the TRS-ActiveCare plans or decline (waive) the benefit. This is a requirement of TRS-ActiveCare and the IRS and will enable the district to comply with Affordable Care Act reporting responsibilities.

Part-time employees expected to work between 10 and 14 hours per week are also eligible to enroll however they must pay the full premium without CFISD employer paid premium assistance. Refer to the Employee Monthly Premium Rates chart in this bulletin. To enroll, request a TRS-ActiveCare Enrollment form from the CFISD Insurance Department within 31 days of hire date. Contact the Insurance Department at (281) 897-3882 for assistance.

Substitutes expected to work at least 10 hours per week may elect to enroll by also submitting a TRS-ActiveCare Enrollment form described above to the Insurance office within 31 days of their hire date. Substitutes electing not to enroll should submit their declination of benefits (waive) through the annual substitute renewal process.

What Medical Plans does CFISD and TRS-ActiveCare offer?

Employees may enroll in one of three PPO Plans or the one HMO plan. Enrollment eligibility depends on where you live. All employees may enroll in the ActiveCare HD, ActiveCare Primary, ActiveCare Primary+, or the AC2 plan; however, your residence will determine eligibility for the HMO plan.

PPO Plans:

ActiveCare HD
ActiveCare Primary
ActiveCare Primary+
ActiveCare 2 ***(No longer available for new enrollees)***

Health Plan Administrator: **BlueCross BlueShield** **website: https://www.bcbstx.com/trsactivecare**
Pharmacy Benefit Manager: **Caremark** **website: https://info.caremark.com/trsactivecare**

HMO Plans: (see following website for residence requirements. Outlying counties only)

Scott & White **website: https://trs.swhp.org/**

TRS-ActiveCare HD (PPO)

ActiveCare HD is a high-deductible health plan (HDHP) that offers traditional medical coverage, plus the opportunity to contribute pre-tax dollars to a health savings account (HSA).

Deductible:

In-Network: $ 3,000 individual / $ 6,000 family
Out-of-Network: $ 5,500 individual / $11,000 family

You must meet a deductible before the plan starts to pay benefits, except for in-network preventive care.

Coinsurance:

30% **In-Network**, 50% of allowed amount **Out-of-Network**

Once the deductible is met, you pay a portion of your covered expenses. The plan pays a percentage of covered expenses (called coinsurance) and you pay a certain percentage. Your share is less when you use in-network providers. **Note:** Only in-network expenses will apply to meet the **in-network** deductible and only out-of-network expenses will apply to meet the **out-of-network** deductible.

Out-of-pocket-maximum:

In-Network: $ 7,050 individual / $14,100 family
Out-of-Network: $20,250 individual / $40,500 family

The plan limits your out-of-pocket expenses. Once your share of expenses reaches the plan's out-of-pocket maximum, the plan pays benefits at 100% for the rest of the plan year. The ActiveCare HD out-of-pocket maximum applies to each covered person individually, up to the maximum per family. The individual out-of-pocket maximum only includes covered expenses incurred by that individual. After each covered person meets his/her individual out-of-pocket maximum, the plan pays 100% of the benefits for that person. Only **in-network** expenses will accumulate towards meeting the in-network out-of-pocket maximum and only **out-of-network** expenses will accumulate towards meeting the out-of-network out-of-pocket maximum.

Choose wisely, save money. Take advantage of plan features available in the AC HD plan.

- Certain generic preventive drugs are available at no cost to you. The deductible and coinsurance do not apply to certain generic preventive drugs that are available to you and your family at no cost. For a list of these drugs, go to **https://info.caremark.com/trsactivecare**.
- Teladoc® lets you consult with a primary care physician by phone. RediMD allows face to face diagnosis. Use these services for minor problems and save a trip to the doctor's office. A consult with RediMD costs $30 and a consult with Teladoc costs $42 regardless of any deductible balance.
- ActiveCare HD plan also exclusively qualifies you to enroll in a Health Savings Plan that you can use to pay current or future qualified medical expenses. See the HSA information elsewhere in this bulletin.

Annual Cost, Premiums Only

- Employee Only Coverage: ($102.00 x 24 checks) **$ 2,448.00**
  (Does not include amount you pay towards deductible)

TRS-ActiveCare Primary (PPO)

It's important to understand the network you will use in this plan.

This is because the Primary Plan is a network-only plan. It pays benefits *only* when you receive care from doctors and other providers who belong to your dedicated network (except in a true medical emergency) within the state of Texas. **If you seek care outside your network, you will pay all billed charges out of your own pocket.**

How the plan works:

For most doctor's office visits, you pay a flat dollar amount. Services not subject to doctors' office copay, are subject to the plan deductible and/or other applicable copays. For many services, this is a flat dollar amount plus a percentage of the billed charge. The plan pays benefits only when you and your covered dependents use in-network providers (except in a true emergency). If you seek care outside the network that applies to you (see network chart), you will pay all billed charges out of your own pocket. Once your out-of-pocket expenses reach the plan's out-of-pocket maximum, the plan pays 100% of covered expenses for the rest of the plan year. This plan **requires** a Primary Care Physician (PCP).

Deductible: $ 2,500 individual / $ 5,000 family
This plan does not cover out-of-network services except for true emergencies. Not all visits to emergency rooms are covered as true emergencies.

Coinsurance: 30%. This plan does not cover out-of-network services except for true emergencies.

Out-of-pocket-maximum:

The plan limits your out-of-pocket expenses. Once your share of expenses reaches the plan's out-of-pocket maximum of $8,150 individual / $16,300 family, the plan pays benefits at 100% for rest of year. No out-of-network services are covered except for true emergencies.

Doctor Visits / Immediate Care:

Primary Care Doctor Visit: $30 copay
Specialty Doctor Visit: $70 copay
Urgent Care: $50 copay
TRS Virtual Health: $0 RediMD; $12 Teladoc

Annual Cost, Premiums Only

- Employee Only Coverage: ($96.00 x 24 checks) **$ 2,040.00**
  (Does not include amount you pay towards deductible)

TRS-ActiveCare Primary+ (PPO)

It's important to understand the network you will use in this plan.

This is because the Primary+ Plan is a network-only plan. It pays benefits *only* when you receive care from doctors and other providers who belong to your dedicated network (except in a true medical emergency) within the state of Texas. **If you seek care outside your network, you will pay all billed charges out of your own pocket.**

How the plan works:

For most doctor's office visits, you pay a flat dollar amount. Services not subject to doctors' office copay, are subject to the plan deductible and/or other applicable copays. For many services, this is a flat dollar amount plus a percentage of the billed charge. The plan pays benefits only when you and your covered dependents use in-network providers (except in a true emergency). If you seek care outside the network that applies to you (see network chart), you will pay all billed charges out of your own pocket. Once your out-of-pocket expenses reach the plan's out-of-pocket maximum, the plan pays 100% of covered expenses for the rest of the plan year. This plan **requires** a Primary Care Physician (PCP).

Deductible: $ 1,200 individual / $ 3,600 family
This plan does not cover out-of-network services except for true emergencies. Not all visits to emergency rooms are covered as true emergencies.

Coinsurance: 20%. This plan does not cover out-of-network services except for true emergencies.

Out-of-pocket-maximum:

The plan limits your out-of-pocket expenses. Once your share of expenses reaches the plan's out-of-pocket maximum of $6,900 individual / $13,800 family, the plan pays benefits at 100% for rest of year. No out-of-network services are covered except for true emergencies.

Doctor Visits / Immediate Care:

Primary Care Doctor Visit: $30 copay
Specialty Doctor Visit: $70 copay
Urgent Care: $50 copay
TRS Virtual Health: $0 RediMD; $12 Teladoc

Annual Cost, Premiums Only

- Employee Only Coverage: ($132.50 x 24 checks) **$ 3,180.00**
  (Does not include amount you pay towards deductible)

TRS-ActiveCare 2 (PPO)

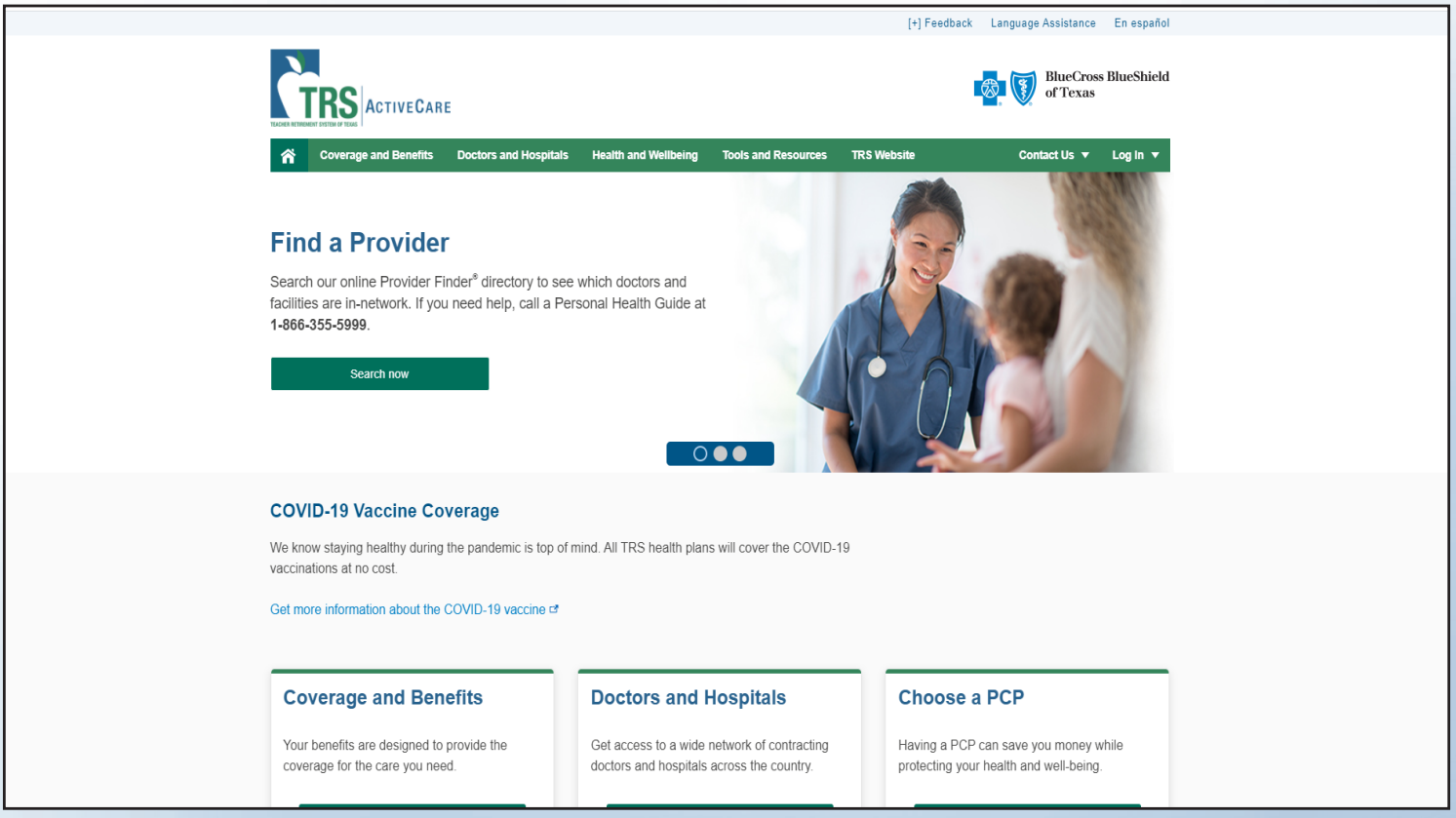
TRS-ActiveCare will no longer accept new participants in the TRS-ActiveCare 2 plan as of September 1, 2018. According to TRS, "recent analysis on state wide health claims revealed a steady rise in high cost claims that have made the TRS-ActiveCare 2 plan unsustainable." If you are transferring from a district where you are currently enrolled in TRS-ActiveCare 2, please contact your benefits specialist to assist you with enrolling for the plan here at Cypress-Fairbanks I.S.D.

How can I find which Providers and Facilities that accept the TRS-ActiveCare Plans?

The First Financial Benefits On-Line Enrollment System has been programmed to allow you to enroll only in the Plans for which you are eligible for in accordance with the TRS-ActiveCare guidelines. To find network providers and facilities for all plans, go to **https://www.bcbstx.com/trsactivecare** and click the Doctors and Hospitals "Search Now" feature.

Get to know your BlueCross BlueShield TRS-ActiveCare website:

https://www.bcbstx.com/trsactivecare



CYPRESS- FAIRBANKS ISD Employee Monthly Premium Rates 2022-2023

TRS-ACTIVECARE PLANS *

MONTHLY PREMIUMS	TRS ActiveCare Primary	TRS ActiveCare HD	TRS ActiveCare Primary+	TRS ActiveCare 2**	SCOTT & WHITE HMO
EMPLOYEE CONTRIBUTION	**FULL-TIME EMPLOYEE RATES** (MINIMUM 35 HOURS PER WEEK)				
Employee Only	$170	$182	$265	$775	$302.82
Employee & Child(ren)	$420	$442	$498	$1,197	$623.32
Employee & Spouse	$677	$709	$763	$1,941	$889.22
Employee & Family	$852	$890	$1,036	$2,347	$1,079.20
EMPLOYEE CONTRIBUTION	**PART-TIME EMPLOYEE RATES** (15 - 34 HOURS PER WEEK)				
Employee Only	$170	$182	$265	$775	$302.82
Employee & Child(ren)	$483	$505	$561	$1,260	$623.32
Employee & Spouse	$740	$772	$826	$2,004	$982.22
Employee & Family	$955	$993	$1,139	$2,450	$1,149.20
EMPLOYEE CONTRIBUTION	**SUBSTITUTE, TEMP, PART-TIME RATES** (10+ HOURS PER WEEK)				
Employee Only	$395	$407	$496	$1,013	$527.82
Employee & Child(ren)	$709	$731	$798	$1,507	$848.32
Employee & Spouse	$1,113	$1,145	$1,212	$2,402	$1,325.22
Employee & Family	$1,332	$1,370	$1,523	$2,841	$1,525.20

DENTAL INSURANCE	Cigna PPO	Cigna DHMO	QCD of America Dental Discount	MSofA Dent-All Discount Plan (See Website for Plan Details)	
Employee Only	$ 37.72	$ 9.48	No Charge	Plan A	$ 10.00
Employee & 1 Dependent	$ 80.12	$ 14.88	$ 6.00	Plan B	$ 5.00
Employee & 2 Dependent or more	$ 113.28	$ 23.50	$ 9.00	Plan C	$ 5.00

VISION INSURANCE	Guardian VSP Vision Plan A	Guardian VSP Vision Plan B	DISABILITY INSURANCE	Assurant Employee Benefits
Employee Only	$ 10.36	$13.80	PLAN A (see website for plan details / rates)	$5.56 - $316.26
Employee & Child(ren)	$ 17.80	$23.70		
Employee & Spouse	$ 17.44	$23.22	PLAN B (see website for plan details / rates)	$4.98 - $281.90
Employee & Family	$ 28.18	$37.50		

Identity Protection	iLock 360 Plus Plan	iLock 360 Premium Plan	CANCER AND SPECIFIED DISEASE INSURANCE	Humana Insurance Company
Employee Only	$ 8.00	$ 15.00	Monthly Rates (Depending on Coverage Selections - See website for Plan Details)	$9.47 - $118.39
Employee & Child(ren)	$ 13.00	$ 20.00		
Employee & Spouse	$ 15.00	$ 22.00		
Employee & Family	$ 20.00	$ 27.00		

OPTIONAL LIFE INSURANCE	Optional Employee	Optional Spouse	Optional Child
Voya Financial	$.59 - $875.50	$.30 - $218.88	$0.42

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

CFISD Optional Life Insurance Premium Rates

Employee Monthly Rates for Optional Life Insurance

EMPLOYEE Optional MONTHLY Premium

Rate Per 1,000	0.059	0.066	0.113	0.150	0.233	0.343	0.583	1.098	1.751
EE Age	<35	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
10,000	0.59	0.66	1.13	1.50	2.33	3.43	5.83	10.98	17.51
20,000	1.18	1.32	2.26	3.00	4.66	6.86	11.66	21.96	35.02
30,000	1.77	1.98	3.39	4.50	6.99	10.29	17.49	32.94	52.53
40,000	2.36	2.64	4.52	6.00	9.32	13.72	23.32	43.92	70.04
50,000	2.95	3.30	5.65	7.50	11.65	17.15	29.15	54.90	87.55
60,000	3.54	3.96	6.78	9.00	13.98	20.58	34.98	65.88	105.06
70,000	4.13	4.62	7.91	10.50	16.31	24.01	40.81	76.86	122.57
80,000	4.72	5.28	9.04	12.00	18.64	27.44	46.64	87.84	140.08
90,000	5.31	5.94	10.17	13.50	20.97	30.87	52.47	98.82	157.59
100,000	5.90	6.60	11.30	15.00	23.30	34.30	58.30	109.80	175.10
110,000	6.49	7.26	12.43	16.50	25.63	37.73	64.13	120.78	192.61
120,000	7.08	7.92	13.56	18.00	27.96	41.16	69.96	131.76	210.12
130,000	7.67	8.58	14.69	19.50	30.29	44.59	75.79	142.74	227.63
140,000	8.26	9.24	15.82	21.00	32.62	48.02	81.62	153.72	245.14
150,000	8.85	9.90	16.95	22.50	34.95	51.45	87.45	164.70	262.65
160,000	9.44	10.56	18.08	24.00	37.28	54.88	93.28	175.68	280.16
170,000	10.03	11.22	19.21	25.50	39.61	58.31	99.11	186.66	297.67
180,000	10.62	11.88	20.34	27.00	41.94	61.74	104.94	197.64	315.18
190,000	11.21	12.54	21.47	28.50	44.27	65.17	110.77	208.62	332.69
200,000	11.80	13.20	22.60	30.00	46.60	68.60	116.60	219.60	350.20
210,000	12.39	13.86	23.73	31.50	48.93	72.03	122.43	230.58	367.71
220,000	12.98	14.52	24.86	33.00	51.26	75.46	128.26	241.56	385.22
230,000	13.57	15.18	25.99	34.50	53.59	78.89	134.09	252.54	402.73
240,000	14.16	15.84	27.12	36.00	55.92	82.32	139.92	263.52	420.24
250,000	14.75	16.50	28.25	37.50	58.25	85.75	145.75	274.50	437.75
260,000	15.34	17.16	29.38	39.00	60.58	89.18	151.58	285.48	455.26
270,000	15.93	17.82	30.51	40.50	62.91	92.61	157.41	296.46	472.77
280,000	16.52	18.48	31.64	42.00	65.24	96.04	163.24	307.44	490.28
290,000	17.11	19.14	32.77	43.50	67.57	99.47	169.07	318.42	507.79
300,000	17.70	19.80	33.90	45.00	69.90	102.90	174.90	329.40	525.30
310,000	18.29	20.46	35.03	46.50	72.23	106.33	180.73	340.38	542.81
320,000	18.88	21.12	36.16	48.00	74.56	109.76	186.56	351.36	560.32
330,000	19.47	21.78	37.29	49.50	76.89	113.19	192.39	362.34	577.83
340,000	20.06	22.44	38.42	51.00	79.22	116.62	198.22	373.32	595.34
350,000	20.65	23.10	39.55	52.50	81.55	120.05	204.05	384.30	612.85
360,000	21.24	23.76	40.68	54.00	83.88	123.48	209.88	395.28	630.36
370,000	21.83	24.42	41.81	55.50	86.21	126.91	215.71	406.26	647.87
380,000	22.42	25.08	42.94	57.00	88.54	130.34	221.54	417.24	665.38
390,000	23.01	25.74	44.07	58.50	90.87	133.77	227.37	428.22	682.89
400,000	23.60	26.40	45.20	60.00	93.20	137.20	233.20	439.20	700.40
410,000	24.19	27.06	46.33	61.50	95.53	140.63	239.03	450.18	717.91
420,000	24.78	27.72	47.46	63.00	97.86	144.06	244.86	461.16	735.42
430,000	25.37	28.38	48.59	64.50	100.19	147.49	250.69	472.14	752.93
440,000	25.96	29.04	49.72	66.00	102.52	150.92	256.52	483.12	770.44
450,000	26.55	29.70	50.85	67.50	104.85	154.35	262.35	494.10	787.95
460,000	27.14	30.36	51.98	69.00	107.18	157.78	268.18	505.08	805.46
470,000	27.73	31.02	53.11	70.50	109.51	161.21	274.01	516.06	822.97
480,000	28.32	31.68	54.24	72.00	111.84	164.64	279.84	527.04	840.48
490,000	28.91	32.34	55.37	73.50	114.17	168.07	285.67	538.02	857.99
500,000	29.50	33.00	56.50	75.00	116.50	171.50	291.50	549.00	875.50

Spouse Monthly Rates for Optional Life Insurance

Spouse rates are determined by the age of the Employee

SPOUSE Optional MONTHLY Premium (Life Only)

Life Rate	0.059	0.042	0.113	0.150	0.233	0.343	0.583	1.098	1.751
EE Age	<35	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
5,000	0.30	0.21	0.57	0.75	1.17	1.72	2.92	5.49	8.76
10,000	0.59	0.42	1.13	1.50	2.33	3.43	5.83	10.98	17.51
15,000	0.89	0.63	1.70	2.25	3.50	5.15	8.75	16.47	26.27
20,000	1.18	0.84	2.26	3.00	4.66	6.86	11.66	21.96	35.02
25,000	1.48	1.05	2.83	3.75	5.83	8.58	14.58	27.45	43.78
30,000	1.77	1.26	3.39	4.50	6.99	10.29	17.49	32.94	52.53
35,000	2.07	1.47	3.96	5.25	8.16	12.01	20.41	38.43	61.29
40,000	2.36	1.68	4.52	6.00	9.32	13.72	23.32	43.92	70.04
45,000	2.66	1.89	5.09	6.75	10.49	15.44	26.24	49.41	78.80
50,000	2.95	2.10	5.65	7.50	11.65	17.15	29.15	54.90	87.55
55,000	3.25	2.31	6.22	8.25	12.82	18.87	32.07	60.39	96.31
60,000	3.54	2.52	6.78	9.00	13.98	20.58	34.98	65.88	105.06
65,000	3.84	2.73	7.35	9.75	15.15	22.30	37.90	71.37	113.82
70,000	4.13	2.94	7.91	10.50	16.31	24.01	40.81	76.86	122.57
75,000	4.43	3.15	8.48	11.25	17.48	25.73	43.73	82.35	131.33
80,000	4.72	3.36	9.04	12.00	18.64	27.44	46.64	87.84	140.08
85,000	5.02	3.57	9.61	12.75	19.81	29.16	49.56	93.33	148.84
90,000	5.31	3.78	10.17	13.50	20.97	30.87	52.47	98.82	157.59
95,000	5.61	3.99	10.74	14.25	22.14	32.59	55.39	104.31	166.35
100,000	5.90	4.20	11.30	15.00	23.30	34.30	58.30	109.80	175.10
105,000	6.20	4.41	11.87	15.75	24.47	36.02	61.22	115.29	183.86
110,000	6.49	4.62	12.43	16.50	25.63	37.73	64.13	120.78	192.61
115,000	6.79	4.83	13.00	17.25	26.80	39.45	67.05	126.27	201.37
120,000	7.08	5.04	13.56	18.00	27.96	41.16	69.96	131.76	210.12
125,000	7.38	5.25	14.13	18.75	29.13	42.88	72.88	137.25	218.88

CHILD Optional MONTHLY Premium (Life Only)

Child Optional Life monthly premium is a flat amount determined by the election amount

10,000	0.42	Single monthly premium regardless of the number of eligible children

2022-23 TRS-ActiveCare Plan Highlights Sept. 1, 2022 – Aug. 31, 2023

TRS ActiveCare
TEACHER RETIREMENT SYSTEM OF TEXAS

How to Calculate Your Monthly Premium

Total Monthly Premium
− Your District and State Contributions
= **Your Premium**

Ask your Benefits Administrator for your district's specific premiums.

Wellness Benefits at No Extra Cost*

Being healthy is easy with:

- $0 preventive care
- 24/7 customer service
- One-on-one health coaches
- Weight loss programs
- Nutrition programs
- Ovia™ pregnancy support
- TRS Virtual Health
- Mental health benefits
- And much more!

**Available for all plans. See the benefits guide for more details.*

Things to Know

- TRS's Texas-sized purchasing power enables access to broad networks without county boundaries.
- Specialty drug insurance means you're covered, no matter what life throws at you.

All TRS-ActiveCare participants have **three plan options**. Each includes a wide range of wellness benefits.

	TRS-ActiveCare Primary	TRS-ActiveCare Primary+	TRS-ActiveCare HD
Plan Summary	• Lowest premium of all three plans • Copays for doctor visits before you meet your deductible • Statewide network • Primary Care Provider (PCP) referrals required to see specialists • Not compatible with a Health Savings Account (HSA) • No out-of-network coverage	• Lower deductible than the HD and Primary plans • Copays for many services and drugs • Higher premium • Statewide network • PCP referrals required to see specialists • Not compatible with a Health Savings Account (HSA) • No out-of-network coverage	• Compatible with a Health Savings Account (HSA) • Nationwide network with out-of-network coverage • No requirement for PCPs or referrals • Must meet your deductible before plan pays for non-preventive care

Monthly Premiums	Total Premium	Your Premium	Total Premium	Your Premium	Total Premium	Your Premium
Employee Only	$395	$	$496	$	$407	$
Employee and Spouse	$1,113	$	$1,212	$	$1,145	$
Employee and Children	$709	$	$798	$	$731	$
Employee and Family	$1,332	$	$1,523	$	$1,370	$

Plan Features				
Type of Coverage	In-Network Coverage Only	In-Network Coverage Only	In-Network	Out-of-Network
Individual/Family Deductible	$2,500/$5,000	$1,200/$3,600	$3,000/$6,000	$5,500/$11,000
Coinsurance	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible
Individual/Family Maximum Out of Pocket	$8,150/$16,300	$6,900/$13,800	$7,050/$14,100	$20,250/$40,500
Network	Statewide Network	Statewide Network	Nationwide Network	
PCP Required	Yes	Yes	No	

Doctor Visits				
Primary Care	$30 copay	$30 copay	You pay 30% after deductible	You pay 50% after deductible
Specialist	$70 copay	$70 copay	You pay 30% after deductible	You pay 50% after deductible

Immediate Care				
Urgent Care	$50 copay	$50 copay	You pay 30% after deductible	You pay 50% after deductible
Emergency Care	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	
TRS Virtual Health-RediMD (TM)	$0 per medical consultation	$0 per medical consultation	$30 per medical consultation	
TRS Virtual Health-Teladoc®	$12 per medical consultation	$12 per medical consultation	$42 per medical consultation	

Prescription Drugs			
Drug Deductible	Integrated with medical	$200 brand deductible	Integrated with medical
Generics (30-Day Supply/90-Day Supply)	$15/$45 copay; $0 copay for certain generics	$15/$45 copay	You pay 20% after deductible; $0 coinsurance for certain generics
Preferred Brand	You pay 30% after deductible	You pay 25% after deductible	You pay 25% after deductible
Non-preferred Brand	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible
Specialty	$0 if PrudentRx eligible; You pay 30% after deductible	$0 if PrudentRx eligible; You pay 30% after deductible	You pay 20% after deductible
Insulin Out-of-Pocket Costs	$25 copay for 31-day supply; $75 for 61-90 day supply	$25 copay for 31-day supply; $75 for 61-90 day supply	You pay 25% after deductible

This plan is closed and not accepting new enrollees. If you're currently enrolled in TRS-ActiveCare 2, you can remain in this plan.

TRS-ActiveCare 2
• Closed to new enrollees • Current enrollees can choose to stay in plan • Lower deductible • Copays for many services and drugs • Nationwide network with out-of-network coverage • No requirement for PCPs or referrals

Total Premium	Your Premium
$1,013	$
$2,402	$
$1,507	$
$2,841	$

In-Network	Out-of-Network
$1,000/$3,000	$2,000/$6,000
You pay 20% after deductible	You pay 40% after deductible
$7,900/$15,800	$23,700/$47,400
Nationwide Network	
No	

$30 copay	You pay 40% after deductible
$70 copay	You pay 40% after deductible

$50 copay	You pay 40% after deductible
You pay a $250 copay plus 20% after deductible	
$0 per medical consultation	
$12 per medical consultation	

$200 brand deductible
$20/$45 copay
You pay 25% after deductible ($40 min/$80 max)/ You pay 25% after deductible ($105 min/$210 max)
You pay 50% after deductible ($100 min/$200 max)/ You pay 50% after deductible ($215 min/$430 max)
$0 if PrudentRx eligible; You pay 30% after deductible ($200 min/$900 max)/ No 90-day supply of specialty medications
$25 copay for 31-day supply; $75 for 61-90 day supply

HEALTH SAVINGS ACCOUNTS (HSA)

Are you looking for a medical insurance plan with the least expensive monthly premium? The plan with the least expensive premium will result in more out-of-pocket expense for you when you need medical services. Could a plan with deductibles and co-insurance; but no copays, work for you and your family, or will you be overwhelmed with the out-of-pocket costs? Do you see a doctor often, take a few prescription medications? Or are you rarely sick? Everyone will need medical services at some time; if not now, sometime in the future. If you want to save premium dollars, then you need to plan on paying some 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 HSA, through HSA Bank offers two ways to save on taxes:

1. When you make a contribution via payroll deduction, it is done as a pre-tax contribution. This reduces your taxes.

2. 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, up to the maximum allowed by the IRS. 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, regardless if you have insured them on your high deductible medical plan. The money you contribute to your HSA are tax free when used to pay for qualified medical expenses.

Which TRS-ActiveCare plans qualify for a HSA?

- Only the TRS-ActiveCare HD Plan qualifies for a Health Savings Account.

How much can you contribute to a HSA per year?

For 2022:

- When enrolled in the TRS-Active Care HD Plan for Employee Only coverage, you can contribute up to $3,650.
- When enrolled for dependent coverage you can contribute up to $7,300.
- Those 55 years old or older can contribute an additional $1,000 a year under a catch-up provision.

For 2023:

- When enrolled in the TRS-Active Care HD Plan for Employee Only coverage, you can contribute up to $3,850.
- When enrolled for dependent coverage you can contribute up to $7,750.
- Those 55 years old or older can contribute an additional $1,000 a year under a catch-up provision.

Health Savings Account 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 not eligible for a Health Savings Account, 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 an HSA account, refer to the CFISD Insurance website and click on Health Savings Account. To enroll in an HSA, log onto the First Financial Benefits Online System and:

1. First enroll in TRS-ActiveCare HD plan and

2. Follow the First Financial Benefit Online instructions and enroll in an HSA account with HSA Bank.

3. Once HSA Bank approves your account and notifies the CFISD Insurance department, your HSA deductions will begin on the following scheduled pay check.

4. HSA Bank will mail you an HSA Bank debit card within 10-14 days of approval.

2022 – 2023 BENEFIT PLAN OPTIONS

Benefit Plans	Features	Monthly Rates
TRS-ActiveCare Medical Insurance	Health Plan Administrator – Blue Cross Blue Shield (BCBS) Pharmacy Benefit Manager – CVS Caremark	**Please see page 9 for rates.**
Health Savings Account (HSA) **HSA Bank**	Participants must be enrolled in the qualifying high deductible TRS-ActiveCare HD medical plan and **NOT** enrolled in Medicare. Tax-Deferred Health Savings Account allowing you to make pre-tax contributions into a savings account set up with HSA Bank to pay for eligible medical expenses. HSA Bank monthly administrative fee: $2.50 HSA funds may be used to pay for out of pocket eligible medical expenses incurred by anyone you claim as a dependent on your income tax return. Unspent funds remain yours to spend in the future for eligible expenses.	2022 Annual Pre-Tax Allowable Contributions: Emp Only $3,650 Emp + Dep $7,300 Individuals age 55 or over may make an additional $1,000 per year catch-up contribution. https://www.yourbenefitstation.com/cfisd/hsa-bank.html
Basic Life / AD&D (Accidental Death and Dismemberment) Insurance **Voya Financial**	Basic life benefit is $30,000; AD&D benefit is $30,000 Benefit reduces to $19,500 at age 65 and to $15,000 at age 70 Additional Benefits: Accelerated Death Benefit • 75% coverage for life Expectancy less than 12 months Everest Funeral Planning Travel Assistance	District Paid Benefit for all part-time and full-time employees working a minimum of 15 hours per week. Have you named your beneficiary? Name or change your life beneficiary on the **First Financial Benefits** Online Enrollment System at any time.
Optional Life / AD&D Insurance **(Group Policy # 69486-0)** **Voya Financial**	**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. **GUARANTEED ISSUE AMOUNTS** • 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 **CFISD spouses cannot cover each other under spouse life. 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.**	Monthly Rates Optional Employee: $.59-875.50 Optional Spouse: $.30-218.88 Optional Child: $.42 http://yourbenefitstation.com/cfisd/voya-financial-life-insurance.html
iLock 360 **Identity Protection**	Comprehensive Identity Protection at your fingertips. • Complete CyberAlert protection • Credit bureau monitoring • Lost wallet protection • $1M insurance CyberAlert Internet Surveillance scours websites, chat rooms, and bulletin boards 24/7/365 to identify trading or selling of your personal information.	Monthly Rates Basic Employee Only: District Paid Plus/Premium Plan Rates Emp $8.00/$15.00 Emp+ Children $13.00/$20.00 Emp + Spouse $15.00/$22.00 Emp + Fam $20.00/$27.00

2022 – 2023 BENEFIT PLAN OPTIONS (continued)

PPO Dental Plan Cigna Dental	A dental insurance plan allowing **employees to choose your own dental provider and specialists.** 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. Annual maximum benefit per member = $2,000 Orthodontia lifetime maximum = $1200 Vision Discount Services offered by Cigna Vision Network.	Emp Only $ 37.72 Emp + 1 Dep $ 80.12 Emp + 2 or more Dependents $113.28
DHMO Dental Plan Cigna Dental	A Dental Health Maintenance Organization (DHMO) offering a Copayment schedule for services received from their **network dental providers.** Members **MUST** indicate their selected provider's network ID number in the online enrollment system at the time of their enrollment. No deductibles, waiting periods, or annual maximums. Vision Discount Services offered by Cigna Vision Network. Additional Benefits: Identity Theft Program, Healthy Rewards	Emp Only $ 9.48 Emp + 1 Dep $ 14.88 Emp + 2 or more Dependents $ 23.50
Dental & Vision Discount Plan MSofA Dent-All	Receive discounts on dental services, orthodontics, cosmetic, oral surgery, prosthodontics and more. Members pay a monthly membership fee to receive services at discounted prices that are 20% to 80% off the usual and customary fees. Members must use plan providers. Vision Discount Services offered by U.S. Vision Plan. Neighborhood Pharmacy Discounts available to members. Plan A: Employee + Dependents (Dental, Vision & Prescription) Plan B: Employee + Dependents (Dental & Vision) Plan C: Employee + Dependents (Vision & Prescription Discounts)	Plan A $10.00 Plan B $ 5.00 Plan C $ 5.00
Dental & Vision Discount Plan QCD of America	A managed cost plan in which subscribers pay for dental services received from a provider in the QCD Affiliated Dentist Network. The subscriber pays for services at a discounted rate based upon the QCD fee schedule. Vision Discount Services offered by Davis Vision through their Clear Vision Discount Program. Wellness program provides discount on prescriptions for family and pets.	Emp Only $ 0.00 Emp + 1 Dep $ 6.00 Emp + 2 or more Dependents $ 9.00

2022 – 2023 BENEFIT PLAN OPTIONS (continued)

Benefit Plans	Features	Monthly Rates
Disability Insurance Plan **Sun Life (acquired by Assurant)**	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. Elimination Period options (in days) for injury/sickness: 0 days for injury/7days for sickness; 14 days/14 days, 30 days/30 days. Elimination periods are waived on first day of hospital confinement. **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) **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. **CURRENT ENROLLEES – NO health questions to change your benefit. Pre-existing will apply only to the increased benefits.**	Plan A Rates: $5.56 - $316.26 Plan B Rates: $4.98 - $281.90 Employees should re-evaluate their monthly disability benefit at least every two years to keep their benefit in pace with their salary.
Cancer & Specified Disease Insurance **Humana**	I've got a major medical plan; why do I need a cancer plan? 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. A health questionnaire must be answered to pass eligibility via the online benefit platform.	Monthly Rates: $9.47 - $118.39 Depending on coverage selections
Guardian VSP Vision Insurance	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. Plan A – Frame allowance every other year. Plan B – Frame allowance yearly.	Plan A Rates: Emp Only $ 10.36 Emp + Child(ren) $ 17.80 Emp + Spouse $ 17.44 Emp + Family $ 28.18 Plan B Rates: Emp Only $ 13.80 Emp + Child(ren) $ 23.70 Emp + Spouse $ 23.22 Emp + Family $ 37.50
Employee Assistance Program (EAP) **Voya / ComPsych**	ComPsych Guidance Resources integrated program offers 24/7 personal, family, and life issues support and resources. • Marital and family conflict • Grief, depression, alcohol and drug abuse, stress and anxiety • Family Source: Child Care, Adoption, and Elder Care	District Paid Benefit.

Select: "Mid-Year Plan Changes Packet"

As you prepare to enroll be aware that you cannot make changes during the benefit plan year of September 1, 2022 through August 31, 2023 unless you have a **"Special Enrollment Event"**. Examples include:

A Change in Marital Status:
- Marriage
- Divorce

Acquiring Newly Eligible Dependents:
- Birth
- Adoption
- Foster Care Placement

Loss of Other Coverage:
Change in spouse's employment status that results in a loss of coverage.

- **Acquiring or Losing Coverage in a Governmental Plan:** Medicaid, CHIP, or HIPP.
- **Acquiring Other Coverage:** Change in your spouse's employment status or a spouse's Annual Enrollment Period that results in you acquiring coverage.
- **A Change in Your Dependent's Eligibility Status Due to Age:** Coverage ends on the last day of the month of the child's 26th birthday.
- **Work Schedule:** A switch between part-time and full-time and vice versa, that results in the employee becoming either newly eligible for coverage or newly ineligible for coverage.

SPECIAL NOTE: Any changes outlined above must be made within thirty-one (31) 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-one (31) day deadline. To terminate stepchildren's coverage, please make sure it is documented in the divorce decree. 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. The instructions for making a mid-year plan change are located on the District's Insurance Department web page.

NAMING A BENEFICIARY

All full-time and part-time employees that work at least 15 hours are automatically enrolled in a Voya Financial Basic Life Insurance plan at the district's expense. Your Basic Life insurance coverage amount for the 2022-2023 plan year is $30,000. It is your responsibility to name your designated beneficiary in the First Financial Benefits On-line Enrollment System when you also enroll in your other benefits. Failing to name a beneficiary can seriously delay payment of your life insurance benefits when your family may need them the most. You can change your designated beneficiary online at any time. Employees eligible for the basic life insurance are also eligible for the Optional Life Insurance plan through Voya Financial. **A guaranteed issue of up to $250,000 without any medical questions, is available to all new hires who enroll within their first 31 days of employment.** New hires, enrolling after their first 31 days, in subsequent open enrollment periods, must complete an evidence of insurability form subject to approval.

The following should be considered if you are naming a minor child as a beneficiary.

- Assignment of benefits for funeral expenses is not permitted.
- A parent may not want the child to receive a large sum of money automatically at the age of 18.
- A parent may not want an ex-spouse, as the sole surviving parent, to receive a large sum of money.
- While you could name a grandparent or a trusted friend to receive the funds for the benefit of your minor child there is no legal obligation for them to distribute the benefit for, or later to, your child.
- If the grandparent is later incapacitated or dies, their guardian or executor would be legally obligated to use the proceeds for the benefit of the beneficiary or the beneficiary's estate; not your child.

TAX DEFERRED INVESTMENT PLANS

Saving for Your Retirement

Everybody would like to eventually retire. And everybody will eventually worry whether they have saved enough money to retire. The best way to save for your retirement is to start saving early in your career, and save consistently. One way to do that is to make saving as easy as possible. An automatic payroll deduction that will automatically send your designated savings amount directly to your bank or financial investment firm is consistent and easy. You don't see it; you won't spend it. With long term continual savings you can build your retirement nest egg painlessly.

Cy-Fair ISD offers two investment savings programs that allow you to make contributions towards retirement savings pre-tax. This means your savings contributions are withheld from your gross income prior to income tax withholding deductions. Both plans are administered by the district's third party administrators, TCG Administrators.

If you contribute into either a 403(b) or a 457(b) Tax-Deferred Investment Plan, you don't pay income tax on your savings or investment earnings until you begin withdrawals. You can withdraw funds without a penalty from a 403(b) plan after age 59½. Funds can be withdrawn from a 457(b) plan, without a penalty, at retirement or at termination of employment.

Eligibility: All district employees, including substitutes and temporary workers, are eligible to participate in a 403(b) and 457(b) plan.

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

Payroll Contribution Start Date: The first of any month. All online enrollments and completed forms must be submitted no later than the first day of the month for the deduction to begin that month.

457 Plan: Cy-Fair ISD's Retirement Plan:

In August, 2002, a Cy-Fair ISD Tax-Deferred 457 plan was created. The plan has more lenient distribution guidelines than 403(b) plans and can be started for as little as $5.00 per paycheck. The 457 Plan offers approximately 6 portfolios in which to invest and its administrator, TCG Administrators, is available to help you determine your investor profile (risk tolerance). See enrollment instructions on the district's website under Staff/HR/Retirement and New 457 Plan Info. **http://www.cfisd.net/en/staff/hr/retirement/**.

457 Plan: Contribution Limits:

An employee may contribute up to $20,500 in 2022, $27,000 if the employee is 50 years old. Contributions to the 457 Plan are mutually exclusive of the 403(b) Plans. This means an employee may contribute the maximum amount allowable by the Internal Revenue Code to both the 403(b) and the 457 Plans.

403(b) Plan:

According to section 403(b) and 403(b)(7) of the Internal Revenue Code, public school employees may authorize the district to remit part of their earned income into a TRS certified, tax-deferred annuity or other qualified investment program intended to provide retirement income.

As of January 1, 2008, employees of Texas public schools may enter into new salary reduction agreements only for 403(b) products on the TRS registered product list. The list of TRS certified investment companies and their registered products is available on the TRS website, **www.trs.state.tx.us**.

An employee may contribute up to $20,500 in 2022, $27,000 if the employee is 50 years old. Employees may contribute the 403(b) maximum contribution in addition to the 457 Plan maximum amount as they are mutually exclusive.

ALERT: Cypress-Fairbanks ISD **DOES NOT** hire or contract with any financial agent other than TCG Administrators, for the 457 plan. No financial agent "representing" CFISD will ever call you at home. Further, agents are prohibited from soliciting or conducting business on district property. Because investment strategies are a personal decision that each employee should investigate on his/her own, Cypress-Fairbanks I.S.D. makes no recommendation or approval of individual 403(b) plans, their sales representatives, agents, or investment counselors.

For enrollment instructions, additional information and links to the RAMS Region 10 and TCG Administrators websites regarding the 457 or 403(b) plans visit the Insurance department website.

www.cfisd.net

Staff / HR / Retirement

- **403(b) and 403(b)(7) Plan**
- **457 Plan Information**

Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: The Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away ***New hires who wish to enroll in TRS-ActiveCare must do so no later than your 31st day of active employment.***

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit. *

All TRS-ActiveCare plans, including the two HMO options, meet the minimum value requirement under the Affordable Care Act (ACA).

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by CFISD, please check your summary plan description or visit Your Benefit Station, posted at www.cfisd.net and located under Staff/ HR/ Insurance.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

* An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

PART B: Information about Health Coverage Offered by CFISD

This section contains information about any health coverage offered by CFISD. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name CYPRESS-FAIRBANKS ISD	4. Employer Identification Number (EIN) 74-6000654	
5. Employer address PO BOX 692003	6. Employer phone number (281) 897-4000	
7. City HOUSTON	8. State TEXAS	9. ZIP code 77269-2003
10. Who can we contact about employee health coverage at this job? INSURANCE DEPARTMENT WWW.CFISD.NET		
11. Phone number (if different from above) (281) 897-3882	12. Email address Insurance@cfisd.net	

Here is some basic information about health coverage offered by this employer:

• As your employer, we offer a health plan to:

☐ All employees.

☒ Some employees. Eligible employees are: Employees of the district and are either active contributing TRS members or are employed for 10 or more regularly scheduled hours each week.

• With respect to dependents:

☒ We do offer coverage. Eligible dependents are:

- A spouse (including common law spouse)
- A child under the age of 26, who is one of the following:
  - A natural child
  - An adopted child or a child who is lawfully placed for legal adoption
  - A stepchild
  - A foster child
  - A child under the legal guardianship of the employee
- "Any other child" under the age of 26 (unmarried) in a regular parent-child relationship with the employee, meeting all four of the following requirements:
  - The child's primary residence is the household of the employee;
  - The employee provides at least 50% of the child's support;
  - Neither of the child's natural parents resides in that household; and
  - The employee has the legal right to make decisions regarding the child's medical care.
- A grandchild under age 26 whose primary residence is the household of the employee and who is a dependent of the employee for federal income tax purposes for the reporting year in which coverage of the grandchild is in effect.
- An unmarried child, age 26 or over, of a covered employee may be eligible for dependent coverage, provided that the child is either mentally or physically incapacitated to such an extent to be dependent on the employee on a regular basis as determined by TRS, and meets other requirements as determined by TRS.

☐ We do not offer coverage.

☒ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. Here's the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.

REQUIRED NOTICES

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, the State of Texas may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual Insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

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.

Texas Medicaid Contact info:
Website: http://www.gethipptexas.com/
Phone: 1-800-440-0493

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 the Texas State Medicaid or CHIP office or dial **1-877-543-7669** 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.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer's health plan, your employer must allow you to enroll in your employer plan if you are not already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance.** If you have questions about enrolling in your employer plan, contact the Dept of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

Additional information on special enrollment rights can be found at the U.S. Dept of Labor website www.dol.gov/ebsa 1-866-444-EBSA (3272) or U.S. Dept of Health and Human Services for Medicare and Medicaid Services website www.cms.hhs.gov 1-877-267-2323, Option 4, Ext 61565.

WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998

The federal law entitled the *Women's Health and Cancer Rights Act of 1998* requires group health plans and health insurers providing coverage for mastectomies to provide certain mastectomy-related benefits or services.

The following information is being provided to you as required by law. This notice is a summary, for information purposes only, and is not intended to be legal advice.

The Women's Health and Cancer Rights Act of 1998 (The "ACT") was enacted as part of H.R. 4328, Federal Omnibus Consolidated and Emergency Supplemental Appropriations Bill for 1999.

The Act requires that group health plans and health insurance issuers, in the group or individual markets, that provide medical and surgical benefits with respect to mastectomy, must provide plan participants and plan beneficiaries who are receiving benefits in connection with a mastectomy, and who elect breast reconstruction in connection with the mastectomy, coverage for the following:

- reconstruction of the breast on which the mastectomy has been performed;
- surgery and reconstruction of the other breast to produce a symmetrical appearance;
- and prostheses and treatment of physical complication at all stages of mastectomy, including lymphedemas.

Coverage for these benefits or services will be provided in a manner determined in consultation with the attending physician and the patient. Coverage for the mastectomy-related services or benefits required under the Women's Health Law may be subject to the same deductibles and co-insurance or co-payment provisions that apply with respect to other established medical or surgical benefits under the group heatlh plan or coverage.

Insured plans, including large and small groups, individual coverage, association plans and self-funded plans, are subject to the law. The Act's requirements are effective for plan years beginning on or after October 21, 1998. In addition to the mandated coverage, the Act requires that group plans and health insurance issuers provide written notice of the availability of the coverage to plan participants and plan beneficiaries at the time of initial enrollments, and annually thereafter. The Act prohibits group health plans and health insurance issuers from:

- denying eligibility or continuing eligibility;
- not enrolling or non-renewing coverage under the terms of the plan solely for the purpose of avoiding compliance with the Act;
- penalizing or otherwise reducing or limiting the reimbursements of an attending health care provider;
- providing incentives (monetary or otherwise) to an attending health care provider; or inducing a provider to provide care in a manner inconsistent with the Act.

The summary above is an overview of the *Women's Health and Cancer Rights Act of 1998*. **This is your legally required notification.** If you have any questions regarding the provisions of this law, please contact your plan's Member or Customer Service Department (the telephone number is on your health insurance ID card) or check with a staff member of the district's Insurance Department.

COBRA LAW

Continuation of Health Insurance Coverage
(Medical, Dental & Vision Insurance)

Pursuant to the Consolidated Omnibus Budget Reconciliation Act (COBRA), TRS-ActiveCare offers employees and their families the opportunity to obtain temporary extension of health coverage at the group rate in certain instances where coverage under the plan would otherwise end. The district offers COBRA extended coverage for optional plans as mandated under the law.

An employee or an employee's dependent covered by a district health insurance plan (medical, dental, and/or vision), may extend coverage for a period of eighteen (18) months if the employee's/dependent's coverage is lost due to the occurrence of any of the following qualifying events and the employee or dependent is not covered by any other group health insurance plan:

- voluntary termination of employment (*i.e.* resignation or retirement);
- involuntary termination of employment (other than for gross misconduct);
- temporary disability leave; or
- reduction in work hours.

In the event of one of the above qualifying events, COBRA coverage is available for up to eighteen (18) months, but may be extended to a total of twenty-nine (29) months in certain cases of disability (see Disability Extension below). The employee and each covered dependent has an individual right to request COBRA coverage.

A covered dependent may elect COBRA coverage for a period of up to thirty-six (36) months if coverage is lost due to one of the following qualifying events:

- the employee's death;
- divorce or legal separation;
- the employee becomes eligible for Medicare;
- or the dependent child ceases to be dependent because of age, dependency status, or marriage.

The cost for this extended coverage is 102% of the total premium (the amount you and Cypress-Fairbanks ISD have been paying for health insurance coverage, plus a 2% administration charge). If the cost for COBRA coverage changes during your participation you will be notified of the new premium in writing prior to its due date.

The coverage may be terminated automatically if: (1) you fail to make a monthly premium payment, (2) obtain health coverage through a new employer, (3) Medicare coverage begins for a person benefiting from the extension; (4) a spouse remarries and becomes eligible for coverage under another group health plan; or, (5) the plan itself is terminated.

Both you and Cypress-Fairbanks Independent School District have responsibilities when certain events occur which qualify you for continued coverage. You or a covered dependent have the responsibility to inform Cypress-Fairbanks ISD's Cobra Administrator, bswift, of a divorce, legal separation, or a child losing dependent status under the group health plan **within sixty (60) days of the qualifying event.** Bswift will then notify any other covered dependents that are affected by the event of their right to elect COBRA coverage.

COBRA participants also have the responsibility of notifying the district if they experience additional COBRA qualifying events during their COBRA term that might qualify them for additional months of extended coverage.

Legislative changes to COBRA coverage effective January 1, 1997.

Disability Extension - If you elect COBRA continuation coverage based on termination of employment or reduction of hours, and you become disabled (as determined by Social Security) anytime within the first sixty (60) days of COBRA continuation coverage, you and your covered family members may elect a special additional eleven (11)-month extension, for a total of twenty-nine (29) months of COBRA continuation coverage. **To elect the eleven (11)-month extension, you must notify the Plan Administrator within sixty (60) days of the date Social Security determines that you or your family member is disabled and within the first eighteen (18) months of COBRA continuation coverage.** (The cost of COBRA coverage will increase from 102% to 150% of total premium during this additional eleven (11)-month extension period.)

Newborn and Adopted Children - If you are entitled to COBRA because you are a current or former employee of Cypress-Fairbanks ISD and a child is born to or adopted by you while you are on COBRA continuation coverage, you can enroll your new child for COBRA continuation coverage immediately. Also, your newborn or adopted child will attain "qualified beneficiary" status; in other words, he/she will have independent election rights and second qualifying event rights.

Pre-existing Condition Limitation - COBRA coverage may be terminated when you become covered under another group health plan, but only if the other plan does not contain an exclusion or limitation that affects a pre-existing condition you have. If you do become covered under another group health plan and are affected by a pre-existing condition limitation, COBRA coverage may be canceled as soon as that pre-existing condition limitation is satisfied due to the new plan's crediting toward the limitation any prior coverage you had.

You should also be aware that you may be able to get coverage through the Health Insurance Marketplace that may cost less than COBRA continuation coverage and that the COBRA offer will not limit your eligibility for coverage or for a tax credit through the Marketplace.

You always have 60 days from the time you lose your job based coverage to enroll in the Marketplace. That is because losing your job-based health coverage is a "special enrollment" event. After 60 days your special enrollment period will end and you may not be able to enroll, so you should take action right away. In addition, anyone can enroll in Marketplace coverage during an "open enrollment" period.

If you do sign up for COBRA continuation coverage, you can switch to a Marketplace plan during a Marketplace open enrollment period. You can also end your COBRA continuation coverage early and switch to a Marketplace plan if you have another qualifying event such as marriage or birth of a child through another "special enrollment period." But be careful though - if you terminate your COBRA continuation coverage early without another qualifying event, you'll have to wait to enroll in Marketplace coverage until the next open enrollment period, and could end up without any health coverage in the interim.

Once you've exhausted your COBRA continuation coverage and the coverage expires, you'll be eligible to enroll in Marketplace coverage through a special enrollment period, even if Marketplace open enrollment has ended.

If you sign up for Marketplace coverage instead of COBRA continuation coverage, you cannot switch to COBRA continuation coverage under any circumstances.

If you have any questions about the COBRA law, need premium information, or need to report a qualifying event, please contact:

CFISD COBRA Administrators for

Medical Plans (TRS-ActiveCare):

bswift (833) 682-8972

Voluntary Plans (Dental, Vision, etc.)

Station & Ayers (281) 333-9792

WORKER'S COMPENSATION

THE ALLIANCE
Direct Contracting Program

Employee Notice of Alliance Requirements

Important Contact Information:

To locate a provider, go to:
www.pswca.org.

To contact your adjuster at the
TASB Risk Management Fund, visit;
www.tasbrmf.org
or call (800) 482-7276.

Information, Instructions, Rights and Obligations: If you are injured at work, tell your supervisor or employer immediately. The information in this notice will help you to seek medical treatment for your injury. Your employer will also help with any questions about how to get treatment. You may also contact your adjuster at the TASB Risk Management Fund (the Fund) for any questions about treatment for a work related injury. The Fund is your employer's workers' compensation coverage provider and they are working with your employer to ensure you receive timely and appropriate health care. The goal is to return you to work as soon as it is safe to do so.

How do I choose a treating doctor? **You are required to choose a treating doctor from the provider list.** This is required for you to receive coverage of healthcare costs for your work related injury. A provider listing is available through the Alliance website at www.pswca.org and a link to that site is also contained on the Fund's website at www.tasbrmf.org. It identifies providers who are taking new patients.

If your treating doctor leaves the Alliance, we will tell you in writing. You will have the right to choose another treating doctor from the list of Alliance doctors. If your doctor leaves the Alliance and you have a life threatening or acute condition for which a disruption of care would be harmful to you, your doctor may request that you treat with him or her for an extra **90 days**.

What if I live outside the service area? If you believe you live outside of the service area, you may request a service area review by calling your adjuster.

How do I change treating doctors? If you become dissatisfied with your first choice of a treating doctor, you can select an alternate treating doctor from the list of direct contract treating doctors in the service area where you live. The Fund will not deny a choice of an alternate treating doctor. **Before you can change treating doctors a second time, you must obtain permission from your adjuster.**

How are treating doctor referrals handled? Referrals for health care services that you or your doctor request will be made available on a timely basis as required by your medical condition. Referrals will be made **no later than 21 days** after the request. Your doctor should refer you to another Alliance provider unless it becomes medically necessary to make a referral outside of the Alliance. You do not have to get a referral if you are in need of emergency care.

Who pays for the healthcare? Alliance providers have agreed to seek payment from the Fund for your health care. They should not request payment from you. If you obtain health care from a doctor who is not in the Alliance without prior approval from your adjuster, you may have to pay for the cost of that care and your income benefits may be disputed. You may treat with medical providers that are **not contracted** with the Alliance only if one of the following situations occurs:

- Emergencies: You should go to the nearest hospital or emergency care facility.
- You do not live within an Alliance service area.
- Your treating doctor refers you to a provider or facility outside of the Alliance. This referral must be approved by your adjuster.

How to File a Complaint: You have the right to file a complaint with the Alliance. You may do this if you are dissatisfied with any aspect of direct contract program operations. This includes a complaint about the program and/or your Alliance doctor. It may also be a general complaint about the Alliance. A complainant can notify the Alliance Grievance Coordinator of a complaint by phone, from the Alliance website www.pswca.org or in writing via mail or fax. Complaints should be forwarded to:

POLITICAL SUBDIVISION
WORKER'S COMPENSATION
ALLIANCE

PSWCA (The Alliance)
Attention: Grievance Coordinator
P.O. Box 763
Austin, TX 78767-0763
Phone: 866-997-7922

A complaint must be filed with the program grievance coordinator **no later than 90 days from the date the issue occurred.** Texas law does not permit the Alliance to retaliate against you if you file a complaint against the program. Nor can the Alliance retaliate if you appeal the decision of the program. The law does not permit the Alliance to retaliate against your treating doctor if he or she files a complaint against the program or appeals the decision of the program on your behalf.

What to do when you are injured on the job:

If you are injured while on the job, tell your employer as soon as possible. A list of Alliance treating doctors in your service area may be available from your employer. A complete list of Alliance treating doctors is also available online at www.pswca.org. Or, you may contact us directly at the following address and/or toll-free telephone number:

TASB Risk Management Fund
P.O. Box 2010
Austin, TX 78768
(800) 482-7276

In case of an emergency: If you are hurt at work and it is a life threatening emergency, you should go to the nearest emergency room. If you are injured at work after normal business hours or while working outside your service area, you should go to the nearest care facility. After you receive emergency care, you may need ongoing care. You will need to select a treating doctor from the Alliance provider list. This list is available online at www.pswca.org. If you do not have internet access call (800) 482-7276 or contact your employer for a list. The doctor you choose will oversee the care you receive for your work related injury. Except for emergency care you must obtain all health care and specialist referrals through your approved Alliance treating doctor.

Emergency care does not need to be approved in advance: "Medical emergency" is defined in Texas laws. It is a medical condition that comes up suddenly with acute symptoms that are severe enough that a reasonable person would believe that you need immediate care or you would be harmed. That harm would include your health or bodily functions being in danger or a loss of function of any body organ or part.

Non-emergency care: Report your injury to your employer as soon as you can. Select a treating doctor from the Alliance provider list. This list is available online at www.pswca.org. If you do not have internet access, call 800-482-7276 or contact your employer for a list.

Treatments Requiring Advance Approval: Certain treatments or services prescribed by your doctor need to be approved in advance. Your doctor is required to request approval from the TASB Risk Management Fund before the specific treatment or service is provided. For example, you may need to stay more days in the hospital than what was first approved. If so, the added treatment must be approved in advance.

The following non-emergency healthcare treatment requests must be approved in advance:

- Inpatient hospital admissions
- Outpatient Surgical or Ambulatory Surgical Services
- Spinal Surgery
- All Non-exempted Work Hardening
- All Non-exempted Work Conditioning
- Physical or Occupational Therapy except for the first six (6) visits if those six visits were done within the first 2 weeks immediately following the date of injury or the date of surgery.
- Any investigational or Experimental Service
- All Psychological Testing and Psychotherapy
- Repeat Diagnostic Studies greater than $350
- All Durable Medical Equipment (DME) in excess of $500
- Chronic Pain Management and Interdisciplinary Pain Rehabilitation
- Drugs not included in the Texas Department of Insurance (TDI) Division of Workers' Compensation Formulary
- All Narcotic Medications Dispensed for greater than 60 days
- Any Treatment or Service that exceeds the Official Disability Guidelines (ODG)

The number your doctor must call to request one of these treatments is 800-482-7276, ext 6654.
If a treatment or service request is denied, TASB will tell you in writing. This written notice will have information about your right to request a reconsideration or appeal of the denied treatment. It will also tell you about your right to request a review by an Independent Review Organization through the Texas Department of Insurance.

Direct contracting service areas are subject to change. To locate a treating doctor within your area, visit the PSWCA web site at www.pswca.org or call your adjuster at 800-482-7276.

Grandfathered Plan Disclosure

The TRS-ActiveCare Health Plan Administrators believes this plan is a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted.

Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the plan administrator.

You may also obtain more information about the Patient Protection and Affordable Care Act at www.healthcare.gov.

INSURANCE DEPARTMENT WEBSITE IS THE PLACE TO GO

From the Cy-Fair ISD Website:

WWW.CFISD.NET
Staff / HR / Insurance

Select:

"Your Benefits Station"
For

Benefit Plan Summaries
Network Provider Links
Premium Rates
Insurance Company Links
Claim Forms
Agent Contact Information

CYPRESS-FAIRBANKS INDEPENDENT SCHOOL DISTRICT
NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

OUR LEGAL DUTIES

We are required by law to reasonably safeguard the privacy of your protected health information. We are also required to give you this notice about our legal duties and privacy practices relating to protected health information. Protected health information is any individually identifiable health information, whether oral or recorded in any medium, that is created or received by entities such as health care providers, health plans, or employers, and relates to the physical or mental health or condition of an individual, or to the payment for the provision of health care to an individual and that is maintained in a designated record set(s).

We are required to abide by the terms of this notice currently in effect. We reserve the right to change our privacy practices and the terms of this notice for all protected health information we maintain even if it was created or received before issuing the revised notice. If a material revision is made, we will distribute a copy of the revised notice.

This notice takes effect on April 14, 2003, and remains in effect until we replace it.

You may request a copy of this notice at any time or you may view the District's entire Privacy Practices Statement in the "CFISD Employee Handbook" located on the district's HR website at: http://www.cfisd.net/en/staff/hr/employee-handbook/.

For more information about our privacy practices, or for additional copies of this notice, please contact the individual designated at the end of this notice.

QUESTIONS AND COMPLAINTS

If you have questions, concerns, or complaints about our privacy practices please contact us.

Amanda Boyles, Assistant Superintendent (281) 897- 4020

Karen Smith, Associate Superintendent (281) 897- 3856

If you believe that your privacy rights have been violated or you are concerned about a decision relating to access, restriction, amendment, accounting, or notice, you may file a grievance with the contact person listed below. You may also submit a written complaint to the Secretary of the U.S. Department of Health and Human Services at: Region VI, Office for Civil Rights, U.S. Department of Health and Human Services, 1301 Young Street, Suite 1169, Dallas, Texas 75202; or by e-mail at: OCRComplaint@hhs.gov.

The privacy of your health information is important to us. We will not retaliate against you for filing a complaint.

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 EE's Last Name L – Z	Laura Unger Robin Rubalcava	(281) 897-4138 (281) 897-4747	www.cfisd.net/ *Go to: Staff / HR / Insurance*
Medical	TRS-ActiveCare Plans BlueCross BlueShield	Customer Service	(866) 355-5999	www.bcbstx.com/trsactivecare
Prescription Drug	CVS Caremark			
Medical HMO (must reside in the service area)	Scott & White HMO	Customer Service	(800) 321-7947	https://trs.swhp.org
HSA (Health Savings Account)	Only available to those enrolling in: TRS-ActiveCare HD (all tiers of coverage)		(800) 357-6246	For HSA information: www.hsabank.com For enrollment procedures: http://www.cfisd.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	Jessica Demler (Assured Partners) Customer Service	(281) 810-4943 (877) 886-5050	Jessica.Demler@assuredpartners.com
Guardian Vision Insurance	Guardian Life Insurance	Reginald Lillie Customer Service	(281) 213-9663 (888) 600-1600	rlillieins@sbcglobal.net
Identity Protection	iLock 360	Customer Service	(855) 287-888	www.iLOCK360.com
Employee Assistance Program	Voya Financial / ComPsych	Customer Service	(877) 533-2363	www.guidanceresources.com
Tax-Deferred Investments	403(b) and 457 Plan	TCG Administrators	(800) 943-9179	www.region10rams.org

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