CYPRESS-FAIRBANKS ISD

Benefit Plan Year:
September 1, 2026 – August 31, 2027

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

BENEFITS PRESENTATION
OPEN ENROLLMENT:
August 3- August 14, 2026

Discussion Points

- The Insurance Department web page
- Benefit Enrollment
- What is TRS-ActiveCare?
- What's new with TRS-ActiveCare?
- Medical Plan Options and Benefits
- Employee Premium Rates
- Plans Maximum Cost Comparisons
- Express Scripts Drug Plan
- TRS-ActiveCare BCBS Support
- CFISD's Optional Plans

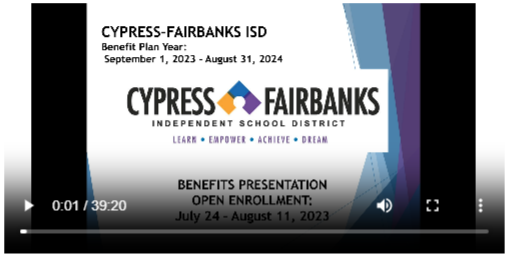
Insurance Department Website

INSURANCE

- Insurance
- **Insurance & Benefits**

INSURANCE & BENEFITS

View the Open Enrollment Presentation:



ONLINE BENEFIT ENROLLMENT

- First Financial Login Instructions

BENEFIT INFORMATION 2023 – 2024

- 2023 - 2024 Benefit Bulletin / Guía De Beneficios 2023-2024
- 2023 – 2024 Open Enrollment Power Point Presentation
- 2023 – 2024 TRS-ActiveCare Plan Highlights
- 2023 – 2024 Employee Monthly Premiums
- 2024 – 2024 Split Premiums
- 2023 – 2024 Pooling Premiums

BEGIN ENROLLMENT HERE
Employee Benefits Center

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Worker's Compensation
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Insurance Department Website

- *District Website: www.cfisd.net*
- *Staff → Insurance*
- Employee Benefit Center (EBC)
- TRS-ActiveCare Plan Designs and Summaries
- Monthly Premium Rates
- Employee Assistance Program (EAP)
- Retirement Plan Information
- Insurance Company Links
- Agent Contact Information

Benefit Enrollment Information

- **Enroll** through **Benefit Solver** during the Open Enrollment Period from August 3rd – August 14th.
- https://my.cfisd.net
  - Employee Resource Folder
  - Click Benefit Solver Icon
- All eligible employees must either enroll in TRS-ActiveCare or decline(waive).
- **Mid-Year Plan Changes** are made by submitting the change in the benefit system **and** submitting the required documentation of your "qualifying event" **NO LATER THAN 31 DAYS from the event date.**
- Instructions are on the Insurance Department web page under "Mid-Year Plan Changes"

You should choose your plan carefully – You may not change plans during a plan year unless you experience a "qualified change of status" that results in a Special Enrollment Event.

The Importance of Enrolling or Waiving

This will be the twelfth year the Affordable Care Act is requiring Providers and Employers to submit form 1094-C to the IRS and form 1095-C to employees for the 2026 tax year.

Employers must offer health insurance to eligible employees and collect declination forms from employees that choose not to enroll in order to satisfy reporting requirements and avoid penalties.

Employees failing to “decline” may not be allowed to enroll later should they experience a Special Enrollment Event.

It is imperative that you log into Benefit Solver and either enroll or waive a medical plan.

NEW CFISD EMPLOYEES

- **Enroll** through **Benefit Solver** during your **first 31 days of employment.**
- ***Example:*** **Date of Hire: Monday, 8/3/2026**
- **Enrollment Eligibility Ends: Wednesday, 9/2/2026**
- ***Example:*** **Date of Hire: Friday, 1/8/2027**
- **Enrollment Eligibility Ends: Sunday, 2/7/2027**
- Access through my.cfisd.net / Employee Resource Folder / Benefit Solver

Mid-year plan changes

Enrollees **may make plan changes** during the plan year due to a "Special Enrollment Event"

- Individuals who **voluntarily drop coverage because of a Special Enrollment Event** during the plan year **may re-enroll during the plan year due to experiencing another Special Enrollment Event**
- Changes must be made within 31 days of the event date
- All changes must be made on the benefit system and your documentation must also be uploaded within 31 days for us to approve the change.

Special enrollment event/family status change: Marriage, divorce (resulting in a loss of coverage), birth, adoption or placement for adoption, or if an individual with other health insurance coverage involuntarily loses that coverage

Common law marriage: Not considered a special enrollment event unless there is a Declaration of Common Law Marriage filed with an authorized government agency

What is TRS-ActiveCare?

A statewide health care benefits program for employees of school districts, charter schools, regional educational service centers and other educational districts

Established and signed into law in 2001 by Texas Legislature. Today over 90% of Texas school districts participate.

Law authorizes minimum funding levels to help employees pay for coverage **($150 from districts; $75 from state).**

CFISD joined

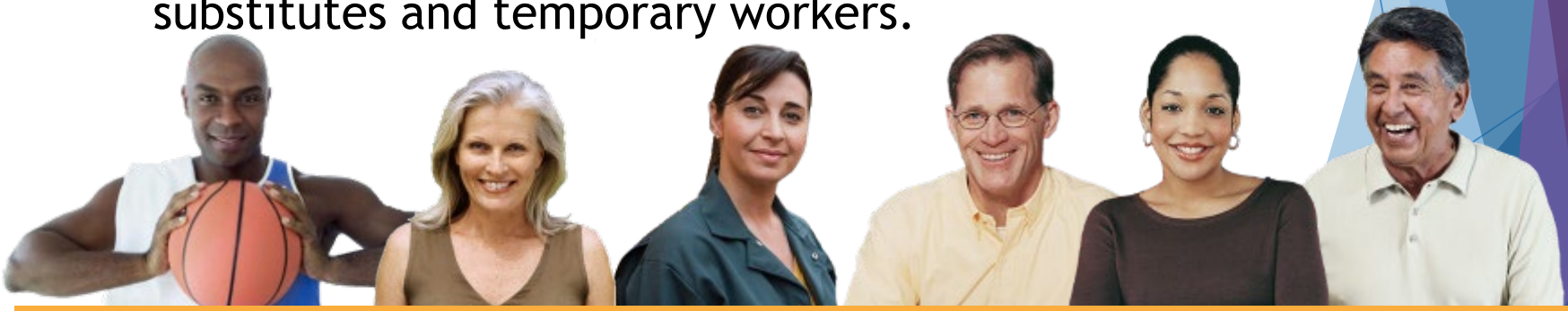
TRS-ActiveCare September 1, 2011.

1,120 districts/entities participate in TRS-ActiveCare

Who is Eligible to Enroll?

To be eligible for TRS-ActiveCare coverage, you must:

- Be employed by a participating district/entity **and**
- Be an active, contributing TRS member **or**
- Be expected to work 10 or more hours each week. This includes substitutes and temporary workers.



Health care coverage for public school employees and their families

Employees NOT Eligible to Enroll in TRS-ActiveCare

- State of Texas employees or retirees
- Higher education employees or retirees
- **TRS retirees**, either receiving or who have declined coverage under TRS-Care

These individuals are not eligible to enroll for TRS-ActiveCare coverage as employees, but they can be covered as a **dependent** of an eligible employee.

Eligible Dependents

- **Spouse** (including a common law spouse and same sex marriage)
- **Children (married or unmarried) under age 26**
  - Natural child
  - Adopted child
  - Stepchild
  - Foster child
  - Child under the employee's legal guardianship
- **Other eligible dependents**
  - Other child under age 26 (unmarried) in parent-child relationship
  - Grandchildren (under age 26)
  - Disabled children (of any age)

Special Eligibility Situations

- If an employee and spouse both work for a participating district/entity:
  - A spouse may be covered as an employee or as a dependent of an employee
  - Only one parent can cover dependent children
- A child (under age 26) employed by a district/entity and is a contributing TRS member can be covered as a dependent on his or her parent's TRS-ActiveCare coverage.
  - Current law only allows pooling of state and district funds for married couples.
  - An employee who is covered as a dependent child will not be entitled to state or district funding.

WHAT IS NEW WITH TRS-ACTIVECARE Effective September 1, 2026 ?

- Primary Plan has Tier 1 and Tier 2 Coinsurance
- AC2 has Tier 1 and Tier 2 copays
- Primary+ has Specialty Drug Cap
- Individual and family deductible increase for HD medical plan
- Enhanced Member Rewards Benefits

New TRS-ActiveCare Resource for Plan Selection

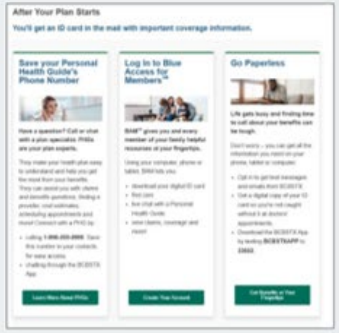
Welcome Your New Employees to TRS-ActiveCare

Use this new resource to help your employees understand their options *before enrolling* and how they can *take advantage of all the perks that come with their plan!*

1 Welcome

2 After Choosing Your Plan

3 After Your Plan Starts



https://www.bcbstx.com/trsactivecare/welcome

Guidance on Choosing a Plan

Choosing The Best Plan

Your employees have three TRS-ActiveCare plan options.

1 TRS-ActiveCare Primary

- lowest premium
- copays for doctor visits before you meet your deductible
- statewide network
- referrals from Primary Care Provider required to see specialists
- no out-of-network coverage

2 TRS-ActiveCare Primary+

- lowest deductible
- copays for many services and drugs
- higher premium
- statewide network
- referrals from Primary Care Provider required to see specialists
- no out-of-network coverage

3 TRS-ActiveCare HD

- compatible with a Health Savings Account
- nationwide network with out-of-network coverage
- no requirement for Primary Care Providers or referrals
- must meet your deductible before plan pays for non-preventive care

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 Primary Care Providers or referrals
- tiering feature that lowers out-of-pocket costs when you choose cost-effective, quality providers for your care

COINSURANCE & COPAYMENTS

WHAT IS A DEDUCTIBLE?

It is the fixed dollar amount(i.e., HD Plan Employee Only: $3,400) of the eligible expenses you are required to pay before your insurance either reimburses you or pays your medical provider directly for a covered service.

WHAT IS COINSURANCE?

Coinsurance is your share of the costs (i.e., 20%) of a covered health care service – usually a percentage of an eligible expense due **AFTER** you have met your annual deductible.

WHAT IS A COPAYMENT?

A copayment is a fixed dollar amount (i.e., $30.00 Copay for an office visit) that you are required to pay for a covered service at the time you receive care. Can also be charged in addition to the deductible and coinsurance

Plan Overview (Network Level of Benefits)

Services	ActiveCare Primary	ActiveCare HD	ActiveCare Primary+	ActiveCare 2
Deductible In-Network Out-of-Network	$2,500 / $5,000 This plan does not cover out of network services	$3,400 / $6,800 $6,800 / $13,600	$1,200 / $2,400 This plan does not cover out of network services	$1,000 / $3,000 $2,000 / $6,000
Out-of-Pocket Maximum In-Network Out-of-Network (includes medical & pharmacy deductibles, co-pays and co-insurance)	$8,050 / $16,100 Not applicable. This plan does not cover out-of-network services except for emergencies	$8,300 / $16,600 $20,500 / $41,000	$6,900 / $13,800 Not applicable. This plan does not cover out-of-network services except for emergencies	$7,900 / $15,800 $23,700 / $47,400
Coinsurance In- Network Out-of-Network participant pays (after deductible)	30% Not applicable to this plan	30% 50% of allowed amount	20% Not applicable to this plan	20% 40% of allowed amount
Office Visit Copay	$30 for primary $70 for specialist	30% after deductible	$15 for primary $70 for specialist	Tier 1 P: $20 copay Tier 2 P: $40 copay Tier 1 S: $55 copay Tier 2 S: $85 copay
Preventive Care	**Plan pays 100% when using network providers**			

Plan Overview (Network Level of Benefits)

Services	ActiveCare Primary	ActiveCare HD	ActiveCare Primary+	ActiveCare 2
High-Tech Imaging (CT Scan, MRI, Mammogram)	30% after deductible	30% after deductible	20% after deductible	20% after deductible + $100 copay per procedure
Inpatient Hospital (Childbirth, Cardiac Surgery)	Tier 1: 30% Tier 2: 40% Coinsurance after deductible	30% after deductible	20% after deductible	20% after deductible ($150 facility copay per day)
Freestanding Emergency Room	$500 copay + 30% after deductible	$500 copay +30% after deductible	$500 copay + 20% after deductible	$500 copay + 20% after deductible
Outpatient (Colonoscopy, Steroid Injections)	Tier 1: 30% Tier 2: 40% Coinsurance after deductible	30% after deductible	20% after deductible	20% after deductible ($150 facility copay per incident)

2026-2027 CFISD FULL-TIME EMPLOYEE MONTHLY PREMIUMS

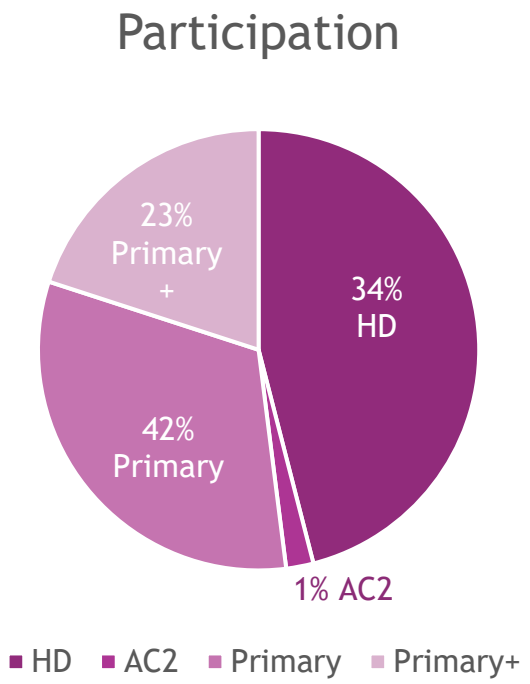
	Full –Time Employee Premium Rates			
Plans	**Primary**	**HD**	**Primary+**	**AC2**
Coverage Category	**Emp Cost**	**Emp Cost**	**Emp Cost**	**Emp Cost**
Employee Only	**$249**	**$263**	**$349**	**$775**
Employee + Child(ren)	**$648**	**$672**	**$818**	**$1,197**
Employee + Spouse	**$1,101**	**$1,139**	**$1,291**	**$1,941**
Employee + Family	**$1,455**	**$1,503**	**$1,721**	**$2,347**

Cypress-Fairbanks Enrollment Summary

CFISD – February 2026

- AC HD 2,786 = 34%
- AC Primary 3,446 = 42%
- AC Primary+ 1,821 = 23%
- AC 2 98 = 1%
- Total 8,151

- Total Eligible Employees 17,146
- Enrolled Employees 47%



Type of Service	ActiveCare Primary	ActiveCare HD	ActiveCare Primary+	ActiveCare 2
Annual Premiums	$2,988	$3,156	$4,188	$9,300
Monthly Premiums	$249	$263	$349	$775
Deductible	$2,500	$3,400	$1,200	$1,000
Coinsurance	Tier 1 – 30% Tier 2 - 40%	30%	20%	20%
Out of Pocket Maximum	$8,050	$8,300	$6,900	$7,900

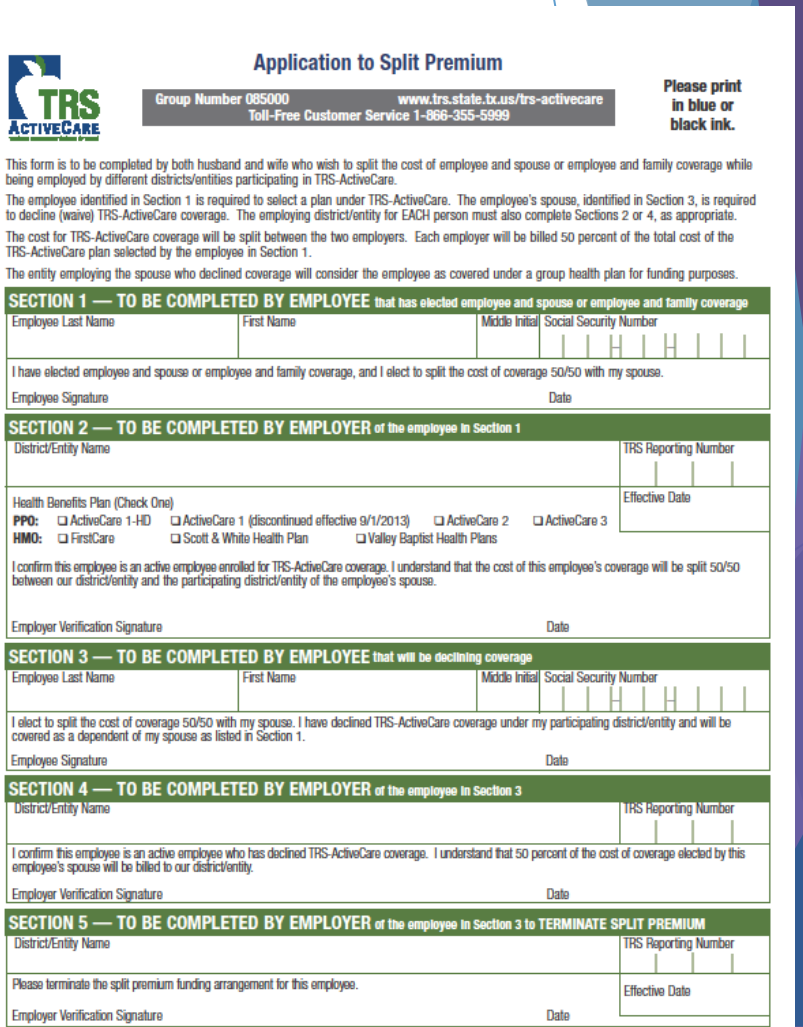
CFISD Employee Only Premium & Plan Comparison

Type of Service	ActiveCare Primary	ActiveCare HD	ActiveCare Primary+	ActiveCare 2
Annual Premiums	$17,460	$18,036	$20,652	$28,164
Monthly Premiums	$1,455	$1,503	$1,721	$2,347
Deductible	$5,000	$6,800	$2,400	$3,000
Coinsurance	Tier 1 – 30% Tier 2 - 40%	30%	20%	20%
Out of Pocket Maximum	$16,100	$16,600	$13,800	$15,800

CFISD Employee & Family Premium & Plan Comparison

Split Premium Process

- Must be employed by different districts/entities participating in TRS-ActiveCare
- One Employee chooses employee/spouse or employee/family
- One Employee must decline coverage
- Please contact the Insurance Department if you choose to split. This must be renewed yearly going forward.



Application to Split Premium

TRS ActiveCare

Group Number 085000 www.trs.state.tx.us/trs-activecare
Toll-Free Customer Service 1-866-355-5999

Please print in blue or black ink.

This form is to be completed by both husband and wife who wish to split the cost of employee and spouse or employee and family coverage while being employed by different districts/entities participating in TRS-ActiveCare.

The employee identified in Section 1 is required to select a plan under TRS-ActiveCare. The employee's spouse, identified in Section 3, is required to decline (waive) TRS-ActiveCare coverage. The employing district/entity for EACH person must also complete Sections 2 or 4, as appropriate.

The cost for TRS-ActiveCare coverage will be split between the two employers. Each employer will be billed 50 percent of the total cost of the TRS-ActiveCare plan selected by the employee in Section 1.

The entity employing the spouse who declined coverage will consider the employee as covered under a group health plan for funding purposes.

SECTION 1 — TO BE COMPLETED BY EMPLOYEE that has elected employee and spouse or employee and family coverage

Employee Last Name | First Name | Middle Initial | Social Security Number

I have elected employee and spouse or employee and family coverage, and I elect to split the cost of coverage 50/50 with my spouse.

Employee Signature Date

SECTION 2 — TO BE COMPLETED BY EMPLOYER of the employee in Section 1

District/Entity Name | TRS Reporting Number

Health Benefits Plan (Check One) | Effective Date

PPO: ❑ ActiveCare 1-HD ❑ ActiveCare 1 (discontinued effective 9/1/2013) ❑ ActiveCare 2 ❑ ActiveCare 3

HMO: ❑ FirstCare ❑ Scott & White Health Plan ❑ Valley Baptist Health Plans

I confirm this employee is an active employee enrolled for TRS-ActiveCare coverage. I understand that the cost of this employee's coverage will be split 50/50 between our district/entity and the participating district/entity of the employee's spouse.

Employer Verification Signature Date

SECTION 3 — TO BE COMPLETED BY EMPLOYEE that will be declining coverage

Employee Last Name | First Name | Middle Initial | Social Security Number

I elect to split the cost of coverage 50/50 with my spouse. I have declined TRS-ActiveCare coverage under my participating district/entity and will be covered as a dependent of my spouse as listed in Section 1.

Employee Signature Date

SECTION 4 — TO BE COMPLETED BY EMPLOYER of the employee in Section 3

District/Entity Name | TRS Reporting Number

I confirm this employee is an active employee who has declined TRS-ActiveCare coverage. I understand that 50 percent of the cost of coverage elected by this employee's spouse will be billed to our district/entity.

Employer Verification Signature Date

SECTION 5 — TO BE COMPLETED BY EMPLOYER of the employee in Section 3 to TERMINATE SPLIT PREMIUM

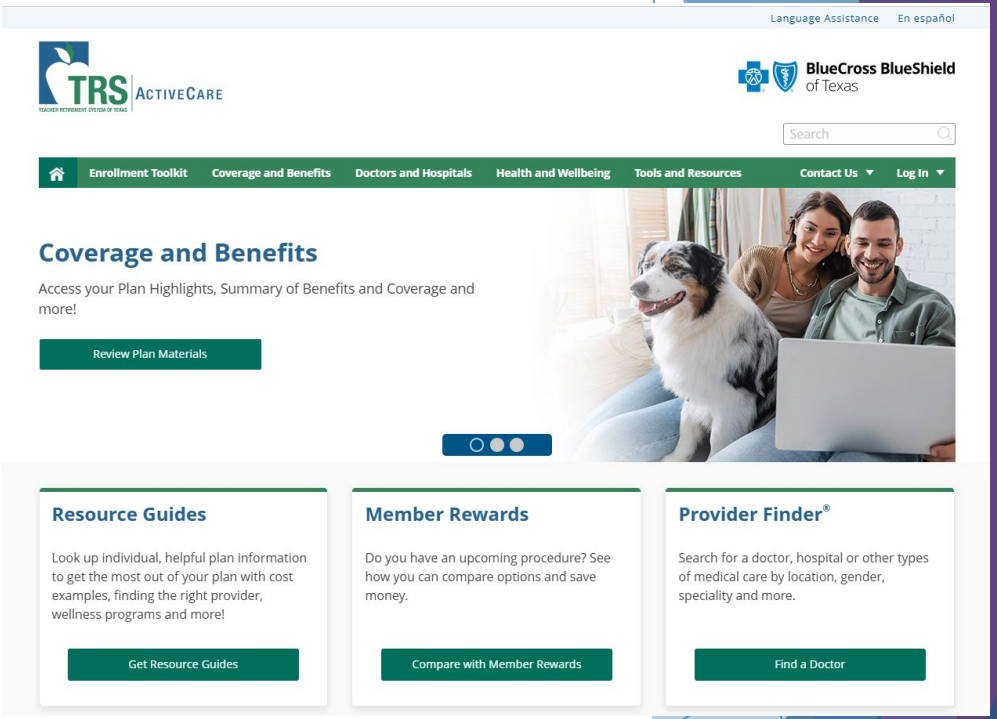
District/Entity Name | TRS Reporting Number

Please terminate the split premium funding arrangement for this employee. | Effective Date

Employer Verification Signature Date

TRS-ACTIVECARE Enrollment Support

- Plan Overview
- Plan Highlights
- Provider Locator for Doctors & Hospitals
- Prescription Drug Benefits



www.bcbstx.com/trsactivecare

What if I Have Questions on TRS-ActiveCare medical or prescription drug plans?

Call TRS-ActiveCare BCBS / Express Scripts customer support for:

- Claim questions/status
- Network provider information
- Membership and eligibility
- Medical coverage questions
- Inquiries (telephone and e-mail)
- ID card requests
- Transition of care information
- Help with online tools!

Customer Service
1-866-355-5999

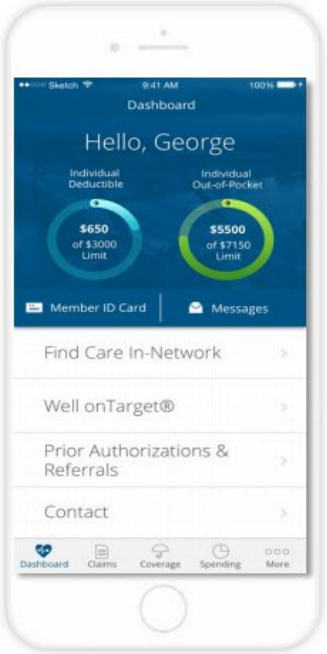
ID Cards

TRS-ActiveCare HD, Primary, Primary+ and AC2

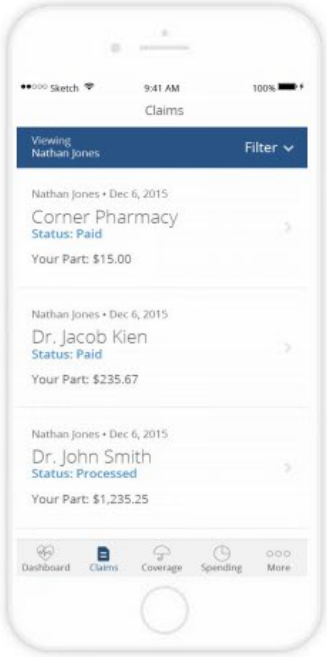
- Medical cards will only be mailed to:
  - Employees currently enrolled in HD or AC2
  - New Enrollees
  - Employees switching plans
- HD & AC2 are family ID cards and will only have the subscriber's name on them. You will receive two per household.
- Primary & Primary+ ID cards will be issued to each member of the family with the PCP on the card.
- For additional or temporary cards, please call customer service at 1-866-355-5999.

Mobile Access

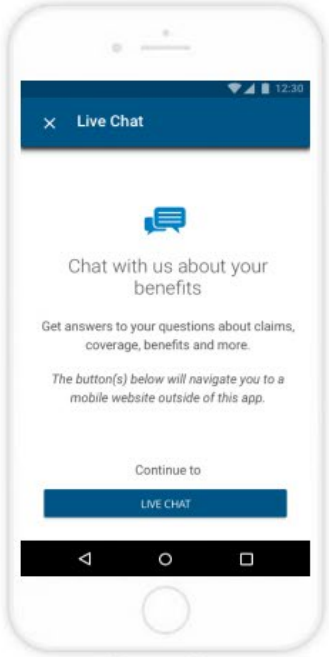
Text* **BCBSTXAPP** to **33633** to get the app.



Dashboard



See claims and EOBs



Live chat

Monday-Friday 7:00AM-6:00PM

TRS Virtual Health

Your BCBSTX coverage includes TRS Virtual Health choices powered by Teladoc® and RediMD.

TELADOC®

Medical

- Cold and flu symptoms
- Allergies
- Bronchitis
- Respiratory infections
- Stomach upset
- Sinus problems
- Skin problems

Mental Health

- Depressive and anxiety disorders
- Bipolar, schizophrenia and psychotic disorders
- Attention disorders
- Alcoholism and addiction and substance-related disorders

RediMD™ get well sooner

Medical

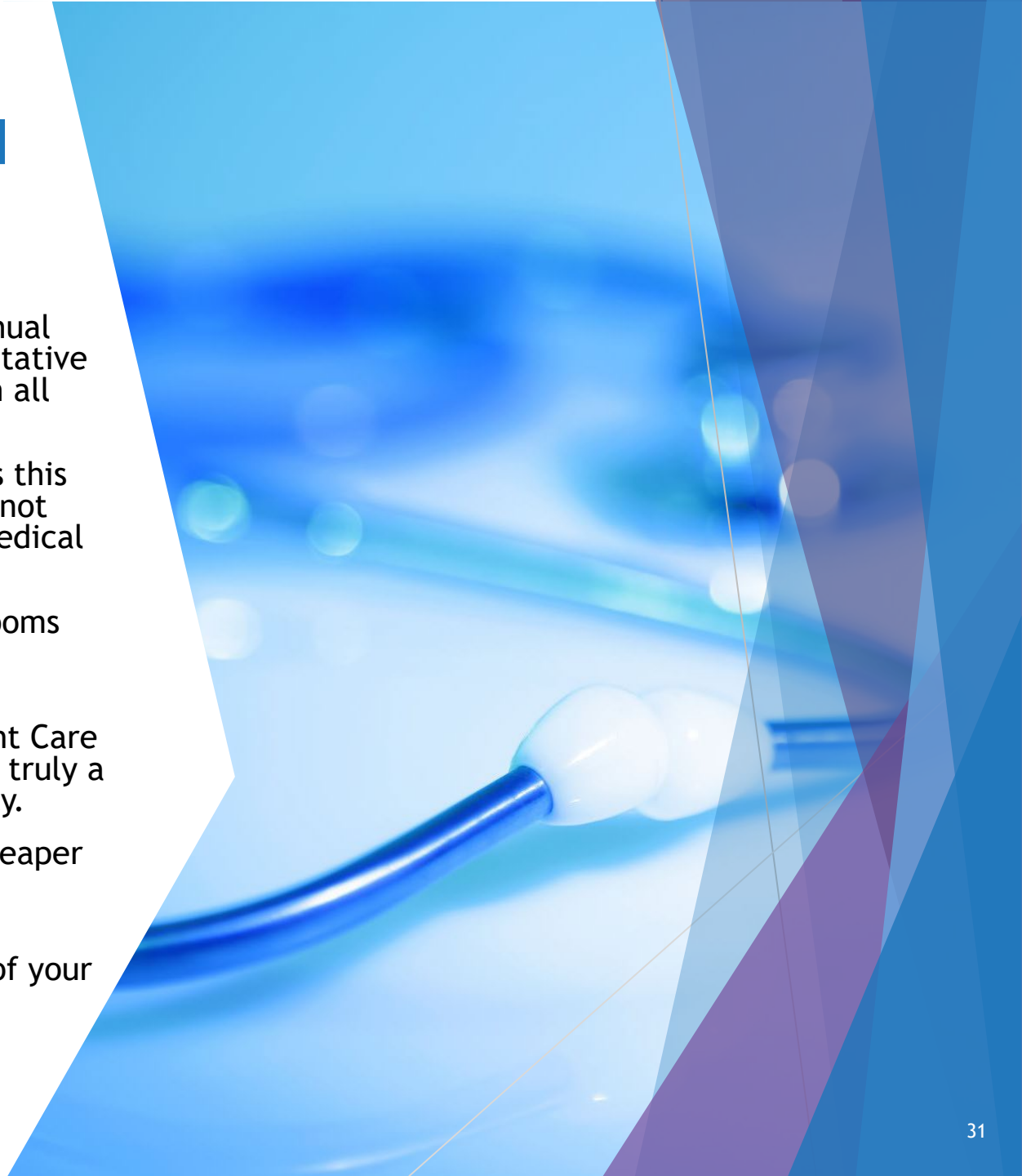
- Back Strains
- Ankle Injuries
- Shoulder Strains
- Pulled Muscles
- Contusions/Bruises
- Asthma
- Shortness of Breath
- Infections
- Allergies
- Chemical Exposure

TRS Virtual Health

- As a TRS-ActiveCare plan participant you and your eligible dependents have 24/7/365 access to U.S. board-certified doctors via telemedicine.
- Copay waived for ActiveCare Primary, ActiveCare Primary+, and ActiveCare 2 plans for RediMD; $30 consultation fee for ActiveCare HD plan. Teladoc is $12 for Primary, Primary+, and AC2; $42 for HD.
- $0 mental health copay for TRS-ActiveCare Primary and Primary+ Plans through Teladoc.
- Common diagnosis includes upper respiratory infection, bronchitis, ear infection, influenza, and the common cold.
- Consults available where the patient is – at home, work, or traveling within the United States.
- The average call back time is 20-30 minutes or schedule a specific call back time.
- Diagnosis, recommended treatment and prescriptions ordered when appropriate
- Contact Information: Teladoc (855) 835-2362 & RediMD (866) 989-2873.

Medical Tips and Reminders

- Remember to get your annual well-visit checkup. Preventative care is covered at 100% on all plans.
- Always stay in network, as this can save you hundreds, if not thousands, of dollars in medical care.
- Stand alone Emergency Rooms (ERs) are typically out of network, so be cautious.
- It is best to 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 in hospitals.
- Always research the cost of your medical needs!



Prescription Benefits

Express Scripts

EXPRESS SCRIPTS®

https://www.express-scripts.com/trsactivecare

WHO WE ARE

New Look, Same Trusted Service

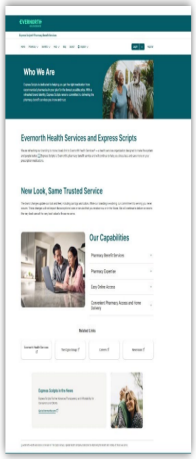
EVERNORTH HEALTH SERVICES

We've refreshed our brand for a closer connection to Evernorth Health Services®—Express Scripts is Evernorth's pharmacy benefit service.

The refresh changes our look and feel, including our logos and colors, and our commitment to you remains the same.

We will continue to deliver exceptional pharmacy care.

TRS ActiveCare



Website Features Include:

- See Plan Option Details
- Price a Medication
- Request a Temporary ID
- Locate a participating pharmacy
- Check order status with tracking
- Enroll in automatic refills

Member Services (844) 367-6108

Prescription Terminology

COMMONLY USED TERMS

Before We Start: A Few Important Terms

TRS ActiveCare

Short-term Medication

Treats short term illness or condition expected to clear up in a short term

Maintenance Medication

Treats chronic or ongoing condition, often available in 3-month supplies. (example: blood pressure, diabetic medications)

Formulary/Preferred Drug List

Preferred list of commonly prescribed drugs covered by the plan selected on the basis of safety, efficacy and cost

Generic

FDA-approved medications that contain the same active ingredients as brand name counterparts.

Preferred Brand

Brand-name drugs that are included on the plan's formulary

Nonpreferred

Brand-name drugs that are not included on the plan's formulary

Specialty Drug

Medications used to treat complex health conditions

Biosimilar

"Biologic" medication approved by the FDA nearly identical to a biologic drug.

Prior Authorization

Verification that must be obtained before a medication is dispensed that ensures it is being used for a medically-approved indication.

In-network Pharmacy

Pharmacy networks set up to help plans and members save on prescription costs

Prescription Drug Benefits Summary

	ActiveCare Primary	ActiveCare HD	ActiveCare Primary+	ActiveCare 2
Drug Deductible	Integrated with medical	Integrated with medical	$200 Brand Deductible	$200 Brand Deductible
Generics (31-Day Supply/90-Day Supply)	$15/$45 copay; $0 copay for certain generics	You pay 20% after deductible; $0 coinsurance for certain generics	$15/$45 copay	$20/$45 copay
Preferred Brand	You pay 30% after deductible	You pay 25% 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	You pay 50% after deductible
Specialty (31-Day Max)	$0 if SaveOnSP eligible; You pay 30% after deductible	You pay 20% after deductible	$0 if SaveOnSP eligible; You pay 20% after deductible	$0 if SaveOnSP eligible; You pay 30% after deductible
Insulin Out-of-Pocket Costs	$25 copay for 31-day supply; $75 copay for 61–90-day supply	You pay 25% after deductible	$25 copay for 31-day supply; $75 copay for 61–90-day supply	$25 copay for 31-day supply; $75 copay for 61–90-day supply

Pharmacy Programs

PHARMACY BENEFIT OVERVIEW

Accredo, Your specialty pharmacy

- Personalized patient care for a wide range of complex and chronic conditions – plus coordination with your doctor
- Specialty clinicians are your guide – offering individualized counseling, education, clinical support
- An easy route for getting your medication. Have questions? **Call 1-800-596-7701**
- Navigate insurance and financial assistance – with access to SaveOnSP

LET'S LOOK AT MORE SPECIFICS

PHARMACY BENEFIT OVERVIEW

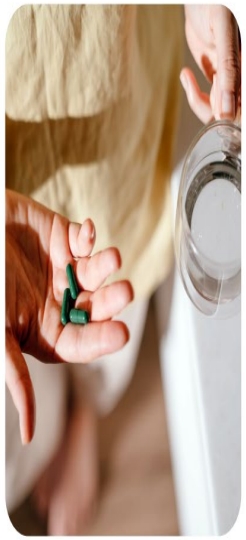
Copay Assistance Through SaveOnSP

If your employee's specialty medication is on the select-medications list, **they should contact SaveOnSP to ensure they pay as low as $0 for their included specialty medications.**

Before the first fill after their benefit goes live, they can speak with SaveOnSP for copay assistance.

Scan the QR code for resources and a list of covered drugs. Call SaveOnSP at **1-800-683-1074** to enroll.

Monday – Friday 7 a.m.– 8 p.m. Central



Ways to Lower your Prescription Drugs

- Use generic drugs when they are available.
- SaveOnSP is a drug benefit where participants pay $0 for eligible specialty drugs on Primary, Primary+, and AC2.
- Participants on AC HD and Primary can receive certain preventive generic drugs at no cost. TRS waives the deductible and coinsurance under these two plans for these drugs.
- When you're on a maintenance drug, it saves you money to fill a 90-day supply, rather than filling a 31-day supply three times. Use Express Scripts Home Delivery or one of the Smart90 participating retail pharmacies.

Care for the Family

Women

- Provides support for pregnancy, parenting, and menopause.
- Maternity Coverages:
  - Ovia Health Apps
  - Electric Breast Pump
  - Hospital-Grade Breast Pump rental
  - Lactation Specialists

Men

- Wellness coaching
- Screenings for heart health, cancer, mental health, and other issues

Baby and Child

- Growth Tracking
- Vision, Hearing, and Oral Health Screenings
- Routine Immunizations

Airrosti Remote Recovery

Airrosti Remote Recovery

Physical therapy services designed to relieve pain from the following areas:

TRS-ActiveCare Primary, TRS-ActiveCare Primary+ and TRS-ActiveCare HD* participants can fix muscle and joint pain FAST – at no additional cost! Airrosti will:

- connect them with an experienced provider
- create an individualized recovery plan on the Airrosti app
- give them easy-to-follow mobility and stability exercises to do at home
- mail them a Remote Recovery Kit with the tools they need to get the most out of their recovery plan

*No-cost after deductible is met if you have the TRS-ActiveCare HD plan

Disclaimer: In-clinic care, if elected, will be subject to regular plan benefits. You'll receive a complimentary recovery kit only after you register to begin your Airrosti Remote Recovery care plan and complete your first remote consultation with your Airrosti provider.

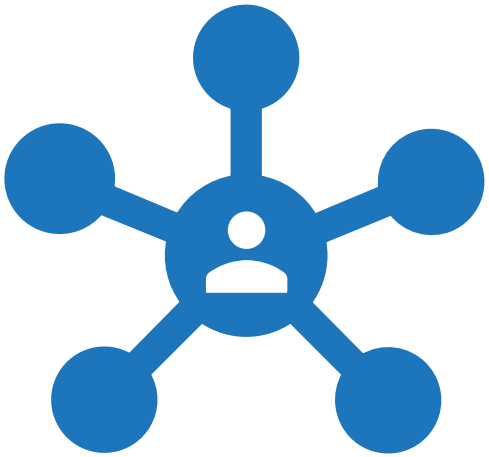
Wellness Benefits

- Well on Target
  - Manage stress
  - Improve fitness level
  - Lose/Maintain weight
  - Improve cholesterol
  - Improve blood pressure
- The Fitness Program offers affordable, no-contract memberships at gyms nationwide.
- Be Rewarded for Wellness
  - Member Rewards allows you to earn up to $599.
  - Blue Points lets you earn rewards for participating in healthy activities.
  - Effective 9/1/2026: You will get your reward in cash, in the form of a check that's mailed to your home.

Optional Benefit Plans

- Employee Assistance Program
  - The Standard
- Health Saving Account
  - HSA Bank
- Term Life Insurance
  - The Standard
- Disability
  - The Standard
- Dental
  - Cigna Dental PPO & DHMO Dental Plan (Insurance)
- Vision
  - MetLife
- Cancer & Specified Disease
  - APL
- Permanent Life
  - Texas Life
- Legal
  - ARAG
- Critical Illness
  - MetLife
- Hospital Indemnity
  - MetLife
- Accident
  - MetLife
- Identity Protection
  - iLock

Employee Assistance Program



District-Paid benefit for all employees.

- Confidential solution to life's challenges. 24/7 Support
- Confidential Emotional Support
  - Anxiety, depression, stress, grief, relationship/marital conflicts
- Work-Life Solutions
  - Assistance finding child/elder care, hiring movers, home repairs
- Legal Guidance
  - Divorce, adoption, family law, wills, trusts
- Financial Support
  - Retirement planning, taxes, mortgages, budgeting, debt, bankruptcy

The Plan is Administered by
The Standard
(877) 851-1631

Health Savings Account (HSA)

What is an HSA? **(See IRS Publication 969)**

- Special account owned by an individual and used to pay out-of-pocket expenses (such as deductibles) or to grow as savings for future qualifying expenses
- Funded by the employee
- **Pre-tax payroll deduction, maximum contribution per year of $4,400 for individual or $8,750 per family; 55 years of age and over = $1,000 additional catch-up per year.**
- Portable - meaning the HSA funds always belong to the individual

Who is eligible?
Per IRS rules, any adult can contribute to an HSA if he/she:

- Has coverage under an HSA-qualified high deductible health plan (**TRS-ActiveCare HD**)
- Has no other first-dollar medical coverage
- Is **NOT** enrolled in Medicare
- Cannot be claimed as a dependent on someone else's income tax return

Who administers the HSA?

- **HSA Bank**
- **Maintenance fee of $2.50 per month WAIVED effective 9/1/2024**
- Employee receives two debit cards and views statement online

Optional Term Life/AD&D Insurance

District-Paid Basic Life Insurance / AD & D - $30,000

Optional Life Insurance up to $500,000

(Guaranteed Issue up to $300,000)
New Hires Only

Optional Spouse Life Insurance up to $125,000

(Guaranteed Issue up to $50,000)
New Hires Only

Optional Child Life Insurance - $10,000 for each of your children

(Guaranteed with a minimum of $10,000 coverage for employee)

Plan Administered by
The Standard
(800) 628-8600

Disability Insurance

Plan provides a maximum benefit of 66% of your monthly earnings up to $7,500 if you are disabled or unable to work.
Elimination periods apply but are waived on the first day of hospital confinement.
Option 1: pays for disability injury or illness to the age of 65
Option 2: pays for disability illness up to 5 years; injury to age 65
Guaranteed Issue – No health questionnaire
A 3 month/12-month pre-existing condition exclusion limitation exists for the first 12 months after the effective date of coverage

Plan Administered by The Standard
(800) 368-1135

Dental Insurance

- Provides a range of procedures that may be covered such as comprehensive exams, cleanings, X-Rays, fillings, tooth extractions, general anesthesia, crowns, and root canals.
- Cigna Dental PPO : allows employee to choose provider
  - Type I Preventative
  - Type II Basic Restorative
  - Type III Major
  - Type IV Orthodontia
- Cigna Dental DHMO: offers copayment schedule
  - Members MUST indicate their selected provider's network ID number at the time of enrollment
  - No deductibles, waiting periods, or annual maximums

Plan Administered by Cigna Dental
(800) 244-6224

Vision Insurance

- Provides vision coverage for regular eye exams, lenses, and frames. Includes coverage for single vision, bifocal, trifocal, lenticular, and medically necessary contact lenses.
- Low Plan: frame allowance every other year
- High Plan: frame allowance every year

Plan Administered by MetLife
(800) 438-6388

Cancer & Specified Disease

- This plan pays cash benefits to the covered member when services are received for the treatment of cancer or other disease specifically named in the policy.
- Includes an annual wellness benefit up to $100 for cancer screening

The Plan is Administrated by APL
(800) 256-8606

Critical Illness

- Critical illness plan can help with the treatment of costs such has heart attacks, strokes, organ transplants.
- Benefits are paid directly to you.
- Plan pays a lump-sum initial benefit upon the first verified diagnosis of a covered condition.
- Covered conditions include but are not limited to: brain tumors, cancer, coronary artery bypass graft, certain childhood disease, certain infectious disease, heart attacks, or major organ transplants.
- $50 Wellness Benefit

Plan Administered
by Met Life
(800) 438-6388

Hospital Indemnity

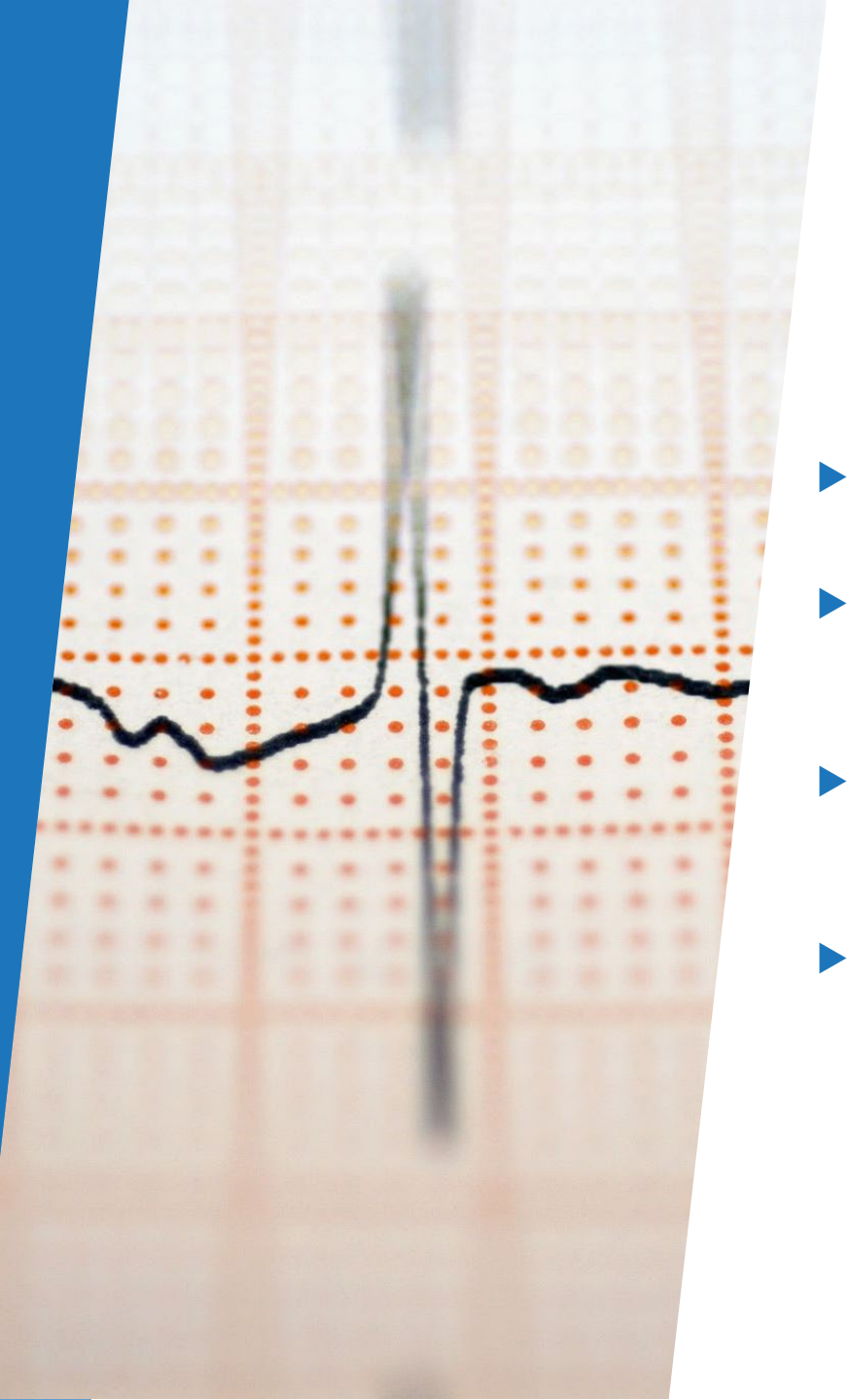
- The Hospital Indemnity plan assist with extra expenses from the result of a hospital stay.
- The plan pays a lump benefit that can be used for medical costs, insurance deductibles, groceries, transportation, or childcare. The choice is yours!

Plan Administered by MetLife
(800) 438-6388

Accident Insurance

- Pays benefits directly to you so you can determine where to spend the money.
- May assist with costs associated with concussions, lacerations, broken teeth, ER visits, ICU.

Plan Administered by MetLife
(800) 438-6388



Permanent Life

- Companion to term life insurance plan
- Provides life insurance that you can keep for a lifetime.
- You will own this policy, even if you change jobs or retire.
- Policy remains in force until you die or up to age 121.

Plan Administered by
Texas Life (800) 283-9233

Legal

- Provide access to professional lawyers.
- You can consult with a lawyer about having your will prepared, reviewing documents, contesting a traffic ticket, lawsuits, divorce.
- Expert legal advice at your fingertips!

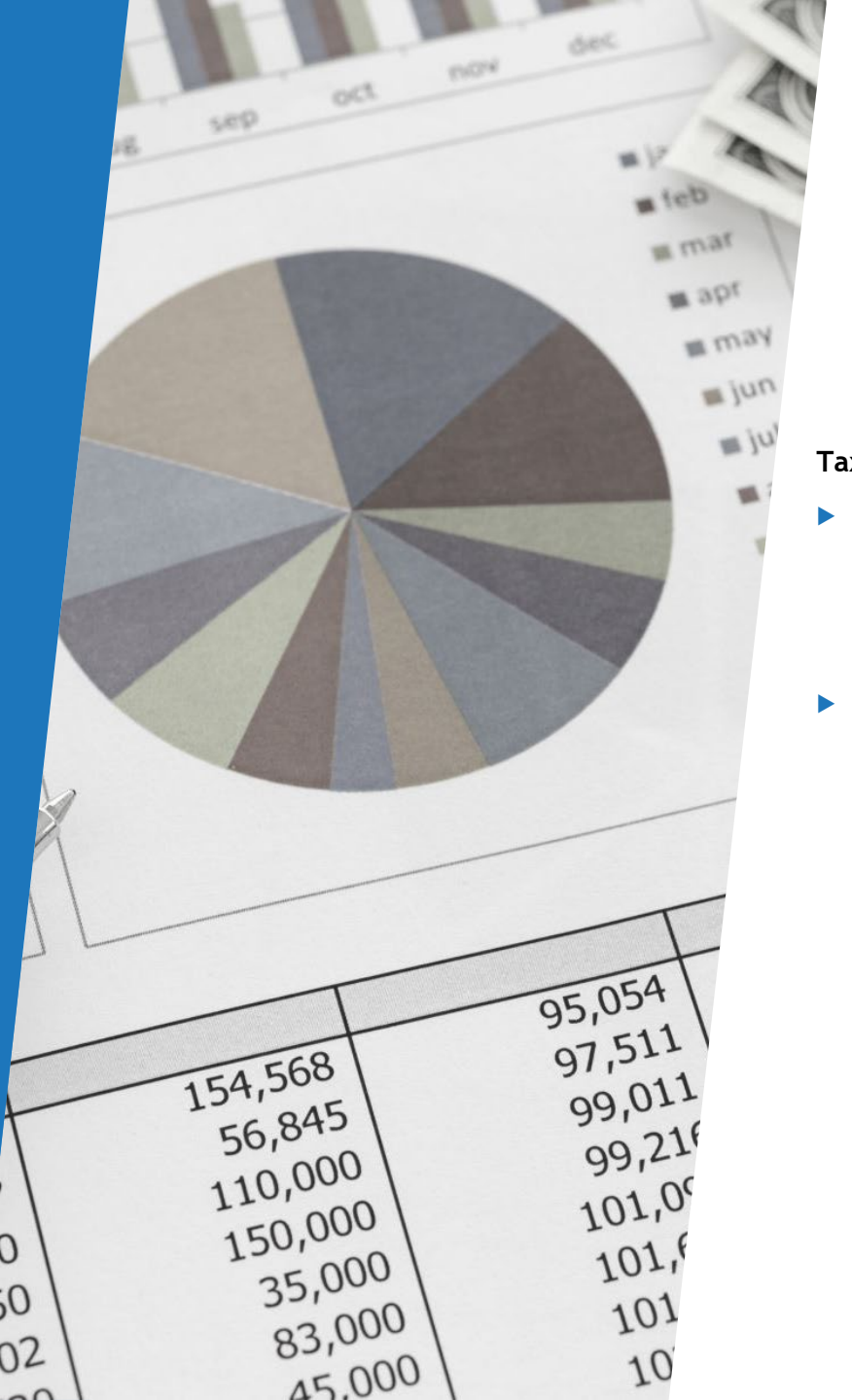
Plan Administered by ARAG
(800) 247-4184

Identity Protection

- District-Paid Benefit for the basic employee only plan. Employee must opt-in to enroll in this plan.

- Comprehensive Identity Protection at your fingertips
  - Complete Cyber Alert protection
  - Credit Bureau monitoring
  - Lost wallet protection
  - $1M insurance

Plan Administered by iLock 360
(855) 287-8888



Tax-Deferred Retirement Investment Plans

Tax Defer Savings for Your Retirement

- **403(b) Plan:**
  - Administered by TCG
  - **Start an Account any time of year**
- **457 Plan:**
  - Administered by TCG
  - Easier to open than a 403(B) account – just fill out the forms
  - 15 Investment Choices
  - **Start an Account any time of year** (minimum $5.00 per paycheck)

TCG Customer Service:

(800) 943-9179

Insurance Department Contacts

- If your last name is A – K, please contact Laura Unger
  - (281) 897-4138
  - Laura.Unger@cfisd.net

- If your last name is L-Z, please contact Robin Rubalcava
  - (281) 897-4747
  - Robin.Rubalcava@cfisd.net

If you have technical Issues with the benefit system, please contact First Financial Benefits Online Enrollment System Customer Service.

(855) 523-8422

Monday – Friday 8:00 am – 5:00 pm

Have a healthy year!