Cypress-Fairbanks Independent School District

BENEFITS BULLETIN

New Employees 2013-2014 ***July 2013***

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 (your first 31 days of employment).

For plan descriptions, links to insurance companies and their provider networks, and agent contact information, go to *Your Benefit* Station, posted at **www.cfisd.net** and located under Departments/Insurance. After reviewing the benefits information, if you have questions, please contact the plan's agents (contact information follows). 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.

INDEX

All new employees starting their contracts on August 16th will be automatically locked out of the *benefits*Connect[sm] system at 4:00 p.m., Sunday, September 15th. This lockout will result in them forfeiting their right to enroll in the benefits plans as new employees. The next opportunity to enroll will be during the district's Annual Enrollment Period (June, 2014) for an effective date of coverage of September 1, 2014. **Do not wait until the last minute to enroll. There are no exceptions made for forfeiture of your rights resulting from your failure to enroll before your 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 TRS-ACTIVECARE MEDICAL INSURANCE 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. **Premium is billed for the full month in which coverage begins; the premium is not pro-rated.**

ONLINE ENROLLMENT: Go to *benefits*Connect[sm] on the district website at **www.cfisd.net** posted under Departments/Insurance. If you do not have Internet access, kiosk computers have been installed in every district facility for use by all employees, or you may come by the Insurance Department at 10300 Jones Road, Suite 136, and use the kiosk to enroll. Office hours are 7:30 a.m. - 4:30 p.m., Monday through Friday.

PAYROLL DEDUCTIONS

One half of the total monthly premiums for all employee benefits selected (medical, dental, disability, and/or all the optional plans) is 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, without producing a negative balance due, the benefits will be reduced or canceled.**

SPECIAL NOTE TO FOOD SERVICE PERSONNEL, BUS DRIVERS, CLUB REWIND, AND SECURITY PERSONNEL THAT WORK ONLY DURING THE SCHOOL YEAR: Some employees do not receive paychecks year-round. Employees who do not receive twenty-four (24) checks per year will have additional Pre-Paid Insurance Premium (PIPs) deductions, for a portion of their expected upcoming summer premiums, deducted from their paychecks from October through May.

New employees that are hired after February will not have the added PIP deduction. However, they will be billed for their summer coverage.

IF YOU NEED ASSISTANCE
We Have 3 Meetings Planned

Monday, August 5, 2013		**4:30 p.m. – 6:30 p.m.**
Plan Presentation	ISC – Board Room	4:30 p.m. – 5:15 p.m.
Agents' Open House	ISC – Conf Rm C	4:30 p.m. – 6:30 p.m.
Enrollment Assistance	ISC – Conf Rm A	4:30 p.m. – 6:30 p.m.

Saturday, August 24, 2013		**9:00 a.m. – Noon**
Plan Presentation	ISC – Board Room	9:00 a.m. – 9:45 a.m.
Agents' Open House	ISC – Conf Rm C	9:30 a.m. – Noon
Enrollment Assistance	ISC – Conf Rm A	9:30 a.m. – Noon

Thursday, September 12, 2013		**4:30 p.m. – 6:30 p.m.**
Plan Presentation	ISC – Board Room	4:30 p.m. – 5:15 p.m.
Agents' Open House	ISC – Conf Rm C	4:30 p.m. – 6:30 p.m.
Enrollment Assistance	ISC – Conf Rm A	4:30 p.m. – 6:30 p.m.

Meeting Location:

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

The presentations will be made by Insurance Department staff. Benefit plan agents and representatives will also be in attendance to answer questions about their plans. Additionally, Insurance Department staff will be in Conference Room 502 A to assist you with the online enrollment process.

What you should bring with you: Remember to bring the following information with you: your social security number, the dates of birth and social security numbers of all eligible dependents you plan to enroll for coverage, the primary care physicians' names and identification numbers, if required, for your dental plan, and the names and contact information for the beneficiaries you name for your life insurance benefits.

ELECTRONIC BANKING / PAY CARD

Paychecks may be electronically deposited into a bank account or a pay card may be issued.

Complete the **BLUE** electronic banking form if you want your paycheck deposited into your personal bank account. Attach a voided check or deposit slip that includes your bank's tracking number and your account number.

Complete the **SALMON** form for the pay card application. All fees associated with the pay card will be the responsibility of the employee.
Payroll information must be obtained through the Online

Employee Access Center (EAC) posted on the intranet at **http://inside.cfisd.net.**

All staff are responsible for verifying that their checks are correct. If you see that an error has been made, contact the Payroll Department immediately so that corrections and adjustments can be made.

*benefits*Connect[sm]

Online Enrollment System

Review this *Bulletin* and the **"Your Benefit Station"** web site and choose your plan selections **before** accessing the *benefits***Connect**[sm] system.

Access *benefits***Connect**[sm] online enrollment system via the district's website at **www.cfisd.net.**

Go to: www.cfisd.net
Departments / Insurance

Open:
***benefits*Connect[sm]**
On-Line Enrollment System

Follow the prompts to login. To log into *benefits***Connect**[sm], the Human Resources Department will have to complete your basic new employee data. That should be completed by the time you sign your contract or within 5 days of the date you actually begin work. Note: 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 assistance with your online status.

Your User Name: The first 6 letters of your last name, plus your first initial + the last 4 digits of your social security number.

You Initial Password is your social security number, with no dashes or spaces. With your first successful login to *benefits***Connect**[sm], you will be instructed to change your password.

Problems Logging In? After 5 unsuccessful log-in attempts, the system will lock you out and your password will need to be reset. If you have any problems logging in or need your password reset, please contact:

CFISD'S HELP DESK
281-897-HELP
Monday - Friday 7:30 a.m. - 4:00 p.m.

To enroll in the benefits plans **you have already chosen to participate** in you will need:

- The names of each plan you wish to enroll in. (See pages 6-15 of this *Bulletin*)
- For all dependents that you wish to enroll, 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.

Get Confirmation of Your Enrollments: At the end of your online session, **PRINT** your Consolidated Enrollment Form as confirmation that your selections are correct and as a record for your personal files.

REVIEW YOUR PAYCHECK
Verify Your Deductions

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

If you see that an error has been made, contact the Insurance Department immediately at **281-897-3882** so that corrections and adjustments can be made. **Your delay in reporting errors beyond your paycheck issuance date can result in forfeiting your right to make corrections or recover any overpayments.**

HEALTH SAVINGS ACCOUNTS (HSA)

Are you looking for a medical insurance plan with the least expensive monthly premium? 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 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 JP Morgan Chase offers three ways to save on taxes:

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

You determine how much you want to contribute to your HSA. Some families contribute enough money simply to cover qualifying medical expenses they anticipate for the coming year. They save by paying these bills with pre-tax dollars. Other families make a point of contributing an extra sum for future healthcare needs. HSA funds can be used to pay for eligible expenses for yourself, your spouse, and all dependents you claim on your tax return, regardless if you have insured them on your high deductible medical plan. The money you contribute to your HSA and its earnings are tax free when used to pay for qualified medical expenses.

Which TRS-ActiveCare plans qualify for a HSA?

- Only TRS-ActiveCare 1-HD plan qualifies for a Health Savings Account.

How much can you contribute to a HSA per year? For 2013:

- When enrolled in the TRS-Active Care 1-HD Plan for Employee Only coverage, you can contribute up to $3,250.
- When enrolled for dependent coverage you can contribute up to $6,450.
- 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 non-eligible, you can continue to use your existing HSA dollars for qualified medical expenses for yourself or your dependents. When you turn 65, you can use the money for non-eligible expenses on a taxable basis (much like a traditional IRA).

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

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

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

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

Enter the appropriate HSA Enrollment ID and Verification Code.

Enrollment ID = 18976094
Verification Code = 250

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

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

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

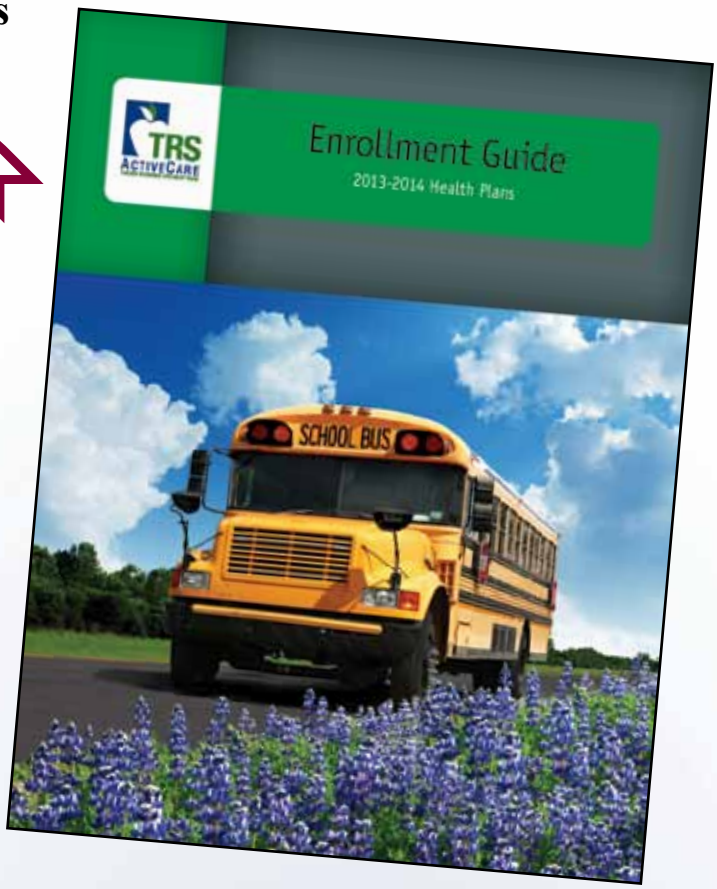
TRS-ACTIVE CARE
MEDICAL INSURANCE

PPO Provider: **Blue Cross Blue Shield of Texas**

Prescription Drug Provider: **Express Scripts**

TRS-ActiveCare

"Enrollment Guide" INDEX



Declining TRS-ActiveCare Medical Insurance: New CFISD employees that do not wish to enroll in the TRS-ActiveCare medical insurance plan **MUST formally decline** coverage for themselves and their dependents (spouse and children under the age of 26).

To decline coverage, you must "waive" the medical insurance plan on the *benefits***Connect**[sm] online enrollment system **AND indicate the reason you are waiving the coverage**. If you should lose your other medical insurance coverage mid-year (through no fault of your own), your enrollment in the TRS-ActiveCare medical plan will be delayed until the next Annual Enrollment Period unless you send written documentation of your "Special Enrollment Event" (see Mid-Year Plan Changes on page 17 that documents the reason for your loss of coverage, and a HIPAA Certificate of Creditable Coverage, documenting your prior term of coverage.

Health/Pharmacy/Dental/Vision Identification Cards: All health insurance identification cards, pharmacy cards, dental and vision insurance identification cards are mailed to the employee participant's home address directly from the insurance company. New employees should receive their identification cards within thirty (30) days of their plan enrollment.

Special Note:

If you change your address, go Online to the Employee Access Center at https://app.cfisd.net/eac/login.aspx to update your personal information. Our personnel database is used to transmit participants' eligibility and address information to the insurance companies. An employee may order additional identification cards through their plan's Customer Service number or on their websites.

Claims: Claim forms for all the benefit plans offered are available on the CFISD Insurance Department webpage link for "Your Benefit Station."

TRS-ActiveCare Plans
CFISD Employee Premium Rates 2013-2014

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

2013-2014 TRS-ActiveCare Plan Highlights

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

TRS-ActiveCare PPO Plans Preventive Care – 2013-2014

Evidence-based items or services that have in effect a rating of "A" or "B" in the current recommendations of the United States Preventive Services Task Force (USPSTF). Immunizations recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention (CDC) with respect to the individual involved. Evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration (HRSA) for infants, children, and adolescents. With respect to women, such additional preventive care and screenings, not described above, as provided for in comprehensive guidelines supported by HRSA. Routine physical examinations (one per plan year), well baby care, immunizations and routine labs. Colonoscopy (physician and facility charges). (Must meet the Preventive Care criteria of the USPSTF.) Healthy diet counseling and obesity screening/counseling.	When using Network Providers the provider MUST bill the services as "Preventive Care" ActiveCare 1-HD ActiveCare Plan 2 ActiveCare Plan 3 Plan pays 100% (deductible waived) (no copays required)

	TRS ActiveCare 1-HD	TRS-ActiveCare Plan 2	TRS-ActiveCare Plan 3
Annual Vision Examination (one per plan year)	After deductible, plan pays 80% Patient pays 20%	$30 copay for primary $50 copay for specialist	$20 copay for primary $30 copay for specialist
Annual Hearing Examination	After deductible, plan pays 80% Patient pays 20%	$30 copay for primary $50 copay for specialist	$20 copay for primary $30 copay for specialist

Insurance Department Web Page Is The Place To Go

Departments / Insurance

Open:

"Your Benefit Station"

For

Network Provider Links | **Benefit Plan Summaries** | **Agent Contact Information**

Plan Designs | **Premium Rates** | **Claim Forms**

Insurance Company Links

2013-2014 - TRS-ActiveCare Plans Potential Maximum Annual Expense

If you expect major medical expenses this coming year, this table may help you to decide which medical plan might be best for you and your family. This table indicates the financial "worst case" scenario if everyone insured had major medical expenses.

ActiveCare 1-HD *	* All tiers of coverage qualify as a High Deductible Health Plan and allow participation in a Health Savings Account				
	Employee Only	**Employee + Spouse**	**Employee + 1 Child**	**Employee + Children**	**Employee + Family**
Annual Premium Expense	$1,200	$4,296	$3,396	$3,396	$6,960
Annual Deductible	$2,400	$4,800	$4,800	$4,800	$4,800
Annual Out-of-Pocket Maximum	$3,850	$4,200	$4,200	$4,200	$4,200
RX Annual Deductible	Included in Medical Plan Deductible	Included in Medical Plan Deductible	Included in Medical Plan Deductible	Included in Medical Plan Deductible	Included in Medical Plan Deductible
RX Copays	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable
TOTAL POTENTIAL MAXIMUM OUT-OF-POCKET	**$7,450**	**$13,296**	**$12,396**	**$12,396**	**$15,960**
2013 Allowable HSA Tax-Deferred Contribution	***$3,250***	***$6,450***	***$6,450***	***$6,450***	***$6,450***

ActiveCare 2	**Employee Only**	**Employee + Spouse**	**Employee + 1 Child**	**Employee + Children**	**Employee + Family**
Annual Premium Expense	$3,492	$8,904	$6,372	$6,372	$9,948
Annual Deductible	$1,000	$2,000	$2,000	$3,000	$3,000
Annual Out-of-Pocket Maximum **(Does not include copays)**	$4,000	$8,000	$8,000	$8,000	$8,000
RX Annual Deductible per person	$200	$400	$400	$600 +	$600 +
RX Copays Assumption:	2 Maintenance Medications for one person, 1 at the Mail Order Generic Copay, and 1 at the Mail Order Preferred Brand Copay				
	$0	$600	$600	$600	$600
TOTAL POTENTIAL MAXIMUM OUT-OF-POCKET	**$8,692**	**$19,904**	**$17,372**	**$18,572**	**$22,148**
2013 Allowable HSA Tax-Deferred Contribution	***$0***	***$0***	***$0***	***$0***	***$0***

ActiveCare 3	**Employee Only**	**Employee + Spouse**	**Employee + 1 Child**	**Employee + Children**	**Employee + Family**
Annual Premium Expense	$6,540	$15,840	$11,256	$11,256	$17,556
Annual Deductible	$300	$600	$600	$900	$900
Annual Out-of-Pocket Maximum **(Does not include copays)**	$1,000	$2,000	$2,000	$3,000 +	$3,000 +
RX Annual Deductible per person	$75	$150	$150	$225 +	$225 +
RX Copays Assumption:	2 Maintenance Medications for one person, 1 at the Mail Order Generic Copay, and 1 at the Mail Order Preferred Brand Copay				
	$600	$600	$600	$600	$600
TOTAL POTENTIAL MAXIMUM OUT-OF-POCKET	**$8,515**	**$19,190**	**$14,606**	**$15,981**	**$22,281**
2013 Allowable HSA Tax-Deferred Contribution	***$0***	***$0***	***$0***	***$0***	***$0***

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

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

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

ActiveCare 1-HD *	* All tiers of coverage qualify as a High Deductible Health Plan and allow participation in a Health Savings Account.			
	Non-Pooling Option			Pooling Option
	Employee (Wife) Only +	Employee (Husband) + Children	= Family Total	Employee + Family Pooling
Annual Premium Expense	$1,200	$3,396	$4,596	$6,960
Annual Deductible	$2,400	$4,800	$7,200	$4,800
Annual Out-of-Pocket Maximum	$3,850	$4,200	$8,050	$4,200
RX Annual Deductible	Included in Medical Plan Deductible	Included in Medical Plan Deductible	Included in Medical Plan Deductible	Included in Medical Plan Deductible
RX Copays	Not Applicable	Not Applicable	Not Applicable	Not Applicable
TOTAL POTENTIAL MAXIMUM OUT-OF-POCKET	**$7,450**	**$12,396**	**$19,846**	**$15,960**
2013 Allowable HSA Tax-Deferred Contribution		***$6,450***	***$6,450***	***$6,450***

ActiveCare 2	Employee (Wife) Only +	Employee (Husband) + Children	= Family Total	Employee + Family Pooling
Annual Premium Expense	$3,492	$6,372	$9,864	$9,948
Annual Deductible	$1,000	$3,000	$4,000	$3,000
Annual Out-of-Pocket Maximum **(Does not include copays)**	$4,000	$8,000	$12,000	$8,000
RX Annual Deductible per person	$200	$600 +	$800+	$800 +
RX Copays Assumption:	2 Maintenance Medications for one person, 1 at the Mail Order Generic Copay, and 1 at the Mail Order Preferred Brand Copay			
		$600	$600	$600
TOTAL POTENTIAL MAXIMUM OUT-OF-POCKET	**$8,692**	**$18,572**	**$27,264**	**$22,348**
2013 Allowable HSA Tax-Deferred Contribution	***$0***	***$0***	***$0***	***$0***

ActiveCare 3	Employee (Wife) Only +	Employee (Husband) + Children	= Family Total	Employee + Family Pooling
Annual Premium Expense	$6,540	$11,256	$17,796	$17,556
Annual Deductible	$300	$900	$1,200	$900
Annual Out-of-Pocket Maximum **(Does not include copays)**	$1,000	$3,000 +	$4,000+	$4,000 +
RX Annual Deductible per person	$75	$225 +	$300+	$300 +
RX Copays Assumption:	2 Maintenance Medications for one person, 1 at the Mail Order Generic Copay, and 1 at the Mail Order Preferred Brand Copay			
		$600	$600	$600
TOTAL POTENTIAL MAXIMUM OUT-OF-POCKET	**$7,915**	**$15,981**	**$23,896**	**$23,356**
2013 Allowable HSA Tax-Deferred Contribution	***$0***	***$0***	***$0***	***$0***

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

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

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

2013 – 2014 BENEFIT PLAN OPTIONS

Benefit Plans	Features	Monthly Rates
TRS-ActiveCare Medical Insurance **Express Scripts Prescription Drug Plan**	Please see page 7 for the Plans Highlights. Included with enrollment in a TRS-ActiveCare Medical Plan.	**Rates effective 9/1/2013** **See Page 6**
Basic Life and Accidental Death and Dismemberment (AD&D) **Sun Life Assurance Company of Canada**	District paid for all part-time and full-time employees working a minimum of 15 hours per week. Basic Life benefit is $30,000; AD&D benefit is $30,000. Benefit reductions at age 65 and 70. Additional Benefits: Accelerated Death Benefit available for the terminally ill Beneficiary Resource Services Create Your Own Will Online	District Paid Benefit **Have you named your beneficiary?** Name or change your Life beneficiary on the *benefits***CONNECT**℠ Online Enrollment System at any time
Health Savings Account (HSA) with JPMorgan Chase Bank	**ONLY TRS-ACTIVECARE PLAN 1-HD PARTICIPANTS UNDER THE AGE OF 65 ARE ELIGIBLE (for any coverage tier).** Tax-Deferred allowing you to make pre-tax contributions into a savings account set up with JPMorgan Chase to pay for eligible medical expenses, including dental and vision expenses. Chase monthly administrative fee: $2.50 HSA funds may be used to pay for eligible 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 No annual "Use It or Loss It"; unspent funds can accrue year-after-year.	2013 Annual Pre-Tax Allowable Contributions: Emp Only $3,250 Emp + Dep $6,450 Individuals age 55 or over may make an additional $1,000 per year catch-up contribution.
Disability Insurance Plan **Insured by:** **Assurant Employee Benefits** **<u>Effective Date:</u>** **First of the month following the employee's online enrollment in the plan.**	**Insures your paycheck.** 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.** Employees' effective date of coverage is the first of the month following their online enrollment (not first of the month following their Hire Date. 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. **GUARANTEED ISSUE** – NO health questions to answer; **3 month/12 month Pre-Existing Condition Exclusion. Pre-Existing Condition Limitation for the first 12 months after the effective date of coverage.** Pre-existing condition means a condition for which you received medical treatment, consultation, care or services including diagnostic measures, or took prescribed drugs or medicines in the 3 months just prior to your effective date of coverage; and the disability begins in the first 12 months of your coverage.	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.

2013 – 2014 BENEFIT PLAN OPTIONS (continued)

Assurant Indemnity Dental Plan	A dental insurance plan allowing **freedom to choose your own dental provider, including specialists.** Optional Preferred Provider Organization through Dental Health Alliance (DHA) available for additional cost savings. Coinsurance Percentages: Type I (Preventive Services) = 100%; No waiting period for services. Type II (Basic Restorative Services) = 80%; No waiting period for Services. Type III (Major Services) = 50%; **May require 6-24 months waiting periods, depending on the services needed.** Type IV (Orthodontia for dependent children to the age of 19) = 50% covered, to a lifetime maximum of $1,200; **24 month waiting period.** Annual maximum benefit per member = $1,750 Vision Discount Services offered by VSP Access Plan.	Emp Only $ 35.00 Emp + 1 Dep $ 74.34 Emp + 2 or more Dependents $105.12
Heritage Prepaid DHMO Dental Plan	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. Members pay a monthly prepayment fee to receive services at reduced copayments. Vision Discount Services offered by VSP Access Plan.	Emp Only $ 12.08 Emp + 1 Dep $ 19.54 Emp + 2 or more Dependents $ 29.92
MSofA Dent-All Discount Plan	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 Coast to Coast 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
QCD of America Discount Dental	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.	Emp Only $ 0.00 Emp + 1 Dep $ 6.00 Emp + 2 or more Dependents $ 9.00

2013 – 2014 BENEFIT PLAN OPTIONS (continued)

Cancer & Specified Disease Insurance	The plan is underwritten by Humana Insurance Company. 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. **Requires a written application** be submitted. Print the Application from the *benefits***CONNECT**sm online enrollment system and mail it to Bay Bridge Administrators. **The application must be postmarked no later than the 31st day of your employment.**	Monthly Rates: $9.47 - $118.39 Depending on coverage selections

WRITTEN APPLICATION REQUIRED – Mail or Fax NO LATER THAN YOUR 31st DAY OF EMPLOYMENT
MAIL TO: Bay Bridge Administrators, Attn: Lou Moore, PO Box 161630, Austin, TX 78716
or FAX TO: (512) 327-1027

Guardian VSP Vision Insurance	Provides vision coverage for regular eye exams, glasses, contact lenses, and frames. Includes coverage for single vision, bifocal, trifocal, and lenticular, and medically necessary contact lenses. Provides a contact lens discount program. Requires service by Network of providers.	Emp Only $ 9.88 Emp + Child(ren) $ 16.96 Emp + Spouse $ 16.62 Emp + Family $ 26.84
Tax-Deferred Retirement Investment Plans	403(b) Plan: Administered by **Jen Resource Partners, 1-800-943-9179** You can open an account and begin investing at any time of the year. 457 Plan: Administered by **The Standard, 1-800-858-5420** You can open an account and begin investing at any time of the year.	See the Insurance Department web page for more information
TRS Group Long Term Care Insurance	This benefit is available to all Teacher Retirement System of Texas (TRS) members and their family members. **No Open-Enrollment Period; you can apply for coverage at any time.** Underwritten by Genworth Life Insurance Company Go to the TRS website at: www.trs.state.tx.us for information.	Premiums are based on plan selections and age of the insured. Medical Underwriting may be required.

2013 – 2014 BENEFIT PLAN OPTIONS (continued)

Optional Life Insurance **Insured by:** **Sun Life Assurance Company of Canada**	**NEW PLAN EFFECTIVE SEPTEMBER 1, 2013** Choose amount in increments of $10,000 up to a maximum of $250,000. Coverage available for your spouse in $5,000 increments up to $125,000, or 50% of the employee's election, whichever is less. Coverage of $10,000 available for your dependent children. The plan has Conversion and Portability Options available if you leave the District's employment. An Accelerated Death Benefit is available for the terminally ill. Waiver of Premium allows your premium to be waived in the event you become disabled.	Don't forget to name your beneficiary. You can name them or change them on the *benefits*CONNECT[sm] Online Enrollment System any time. See Monthly Rates Below

GUARANTEED ENROLLMENT ONLY DURING YOUR FIRST 31 DAYS OF EMPLOYMENT

Guarantee Issue up to $250,000 (no health questions to answer) for NEW HIRES.

Guarantee Issue up to $50,000 (no health questions to answer) for your spouse.

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

All Optional Life Insurance Premiums are Deducted After-Tax

EMPLOYEE OPTIONAL LIFE INSURANCE MONTHLY PREMIUM RATES (No AD&D)

$ Amount	<35	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
10,000	.35	0.42	0.85	1.19	1.96	2.98	5.20	9.97	16.02
20,000	.70	0.84	1.70	2.38	3.92	5.96	10.40	19.94	32.04
30,000	1.05	1.26	2.55	3.57	5.88	8.94	15.60	29.91	48.06
40,000	1.40	1.68	3.40	4.76	7.84	11.92	20.80	39.88	64.08
50,000	1.75	2.10	4.25	5.95	9.80	14.90	26.00	49.85	80.10
60,000	2.10	2.52	5.10	7.14	11.76	17.88	31.20	59.82	96.12
70,000	2.45	2.94	5.95	8.33	13.72	20.86	36.40	69.79	112.14
80,000	2.80	3.36	6.80	9.52	15.68	23.84	41.60	79.76	128.16
90,000	3.15	3.78	7.65	10.71	17.64	26.82	46.80	89.73	144.18
100,000	3.50	4.20	8.50	11.90	19.60	29.80	52.00	99.70	160.20
110,000	3.85	4.62	9.35	13.09	21.56	32.78	57.20	109.67	176.22
120,000	4.20	5.04	10.20	14.28	23.52	35.76	62.40	119.64	192.24
130,000	4.55	5.46	11.05	15.47	25.48	38.74	67.60	129.61	208.26
140,000	4.90	5.88	11.90	16.66	27.44	41.72	72.80	139.58	224.28
150,000	5.25	6.30	12.75	17.85	29.40	44.70	78.00	149.55	240.30
160,000	5.60	6.72	13.60	19.04	31.36	47.68	83.20	159.52	256.32
170,000	5.95	7.14	14.45	20.23	33.32	50.66	88.40	169.49	272.34
180,000	6.30	7.56	15.30	21.42	35.28	53.64	93.60	179.46	288.36
190,000	6.65	7.98	16.15	22.61	37.24	56.62	98.80	189.43	304.38
200,000	7.00	8.40	17.00	23.80	39.20	59.60	104.00	199.40	320.40
210,000	7.35	8.82	17.85	24.99	41.16	62.58	109.20	209.37	336.42
220,000	7.70	9.24	18.70	26.18	43.12	65.56	114.40	219.34	352.44
230,000	8.05	9.66	19.55	27.37	45.08	68.54	119.60	229.31	368.46
240,000	8.40	10.08	20.40	28.56	47.04	71.52	124.80	239.28	384.48
250,000	8.75	10.50	21.25	29.75	49.00	74.50	130.00	249.25	400.50

Guarantee Issue for new employees up to $250,000 with no health questions to answer for NEW HIRES ONLY.

2013 – 2014 BENEFIT PLAN OPTIONS (continued)

SPOUSE MONTHLY RATES ARE DETERMINED BY THE AGE OF THE EMPLOYEE (No AD&D)

SPOUSES ARE ELIGIBLE TO PURCHASE UP TO $125,000 OPTIONAL LIFE INSURANCE

$ Amount	<35	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
5,000	0.18	0.21	0.43	0.60	0.98	1.49	2.60	4.99	N/A
10,000	0.35	0.42	0.85	1.19	1.96	2.98	5.20	9.97	N/A
15,000	0.53	0.63	1.28	1.79	2.94	4.47	7.80	14.96	N/A
20,000	0.70	0.84	1.70	2.38	3.92	5.96	10.40	19.94	N/A
25,000	0.88	1.05	2.13	2.98	4.90	7.45	13.00	24.93	N/A
30,000	1.05	1.26	2.55	3.57	5.88	8.94	15.60	29.91	**N/A**
35,000	1.23	1.47	2.98	4.17	6.86	10.43	18.20	34.90	**N/A**
40,000	1.40	1.68	3.40	4.76	7.84	11.92	20.80	39.88	**N/A**
45,000	1.58	1.89	3.83	5.36	8.82	13.41	23.40	44.87	**N/A**
50,000	1.75	2.10	4.25	5.95	9.80	14.90	26.00	49.85	**N/A**
Guarantee Issue for Spouses up to $50,000 with no health questions to answer for NEW HIRES ONLY.									
55,000	1.93	2.31	4.68	6.55	10.78	16.39	28.60	54.84	**N/A**
60,000	2.10	2.52	5.10	7.14	11.76	17.88	31.20	59.82	**N/A**
65,000	2.28	2.73	5.53	7.74	12.74	19.37	33.80	64.81	**N/A**
70,000	2.45	2.94	5.95	8.33	13.72	20.86	36.40	69.79	**N/A**
75,000	2.63	3.15	6.38	8.93	14.70	22.35	39.00	74.78	**N/A**
80,000	2.80	3.36	6.80	9.52	15.68	23.84	41.60	79.76	**N/A**
85,000	2.98	3.57	7.23	10.12	16.66	25.33	44.20	84.75	**N/A**
90,000	3.15	3.78	7.65	10.71	17.64	26.82	46.80	89.73	**N/A**
95,000	3.33	3.99	8.08	11.31	18.62	28.31	49.40	94.72	**N/A**
100,000	3.50	4.20	8.50	11.90	19.60	29.80	52.00	99.70	**N/A**
105,000	3.68	4.41	8.93	12.50	20.58	31.29	54.60	104.69	**N/A**
110,000	3.85	4.62	9.35	13.09	21.56	32.78	57.20	109.67	**N/A**
115,000	4.03	4.83	9.78	13.69	22.54	34.27	59.80	114.66	**N/A**
120,000	4.20	5.04	10.20	14.28	23.52	35.76	62.40	119.64	**N/A**
125,000	4.38	5.25	10.63	14.88	24.50	37.25	65.00	124.63	**N/A**

CHILD OPTIONAL LIFE INSURANCE Monthly Premium

Child Optional Life insurance is contingent upon a minimum election of $10,000 Optional Life for the Employee

10,000	2.02	Single Monthly premium regardless of the number of eligible children.

EVIDENCE OF INSURABILITY (EOI) (if required) – Mail or Fax
NO LATER THAN YOUR 31st DAY OF EMPLOYMENT
MAIL TO: Kainos Partners, Attn: Christy Cortez, 16545 Village Dr., Jersey Village, TX 77040
or FAX TO: (281) 810-4911

DO YOU NEED SOME HELP?

The district's Insurance Department staff is always available to assist you with your benefits questions and concerns. We are located in the Instructional Support Center (North), 10300 Jones Rd., Suite 136, phone, **(281) 897-3882**. Additional assistance with your plan selections may be received by contacting the following companies directly or by visiting the **Insurance Department website**. The website has links to each benefit plan administrator and their provider networks.

FOR ASSISTANCE

Benefit	Provider	Contact	Phone Number	Website or Email
CFISD Insurance Dept	EE's Last Name A – K EE's Last Name L – Z	Laura Unger Robin Rubalcava	(281) 897-4138 (281) 897-4747	www.cfisd.net/ *Go to: Departments /.Insurance*
Medical	TRS-ActiveCare Plans 1-HD and Plans 2 & 3	Customer Service	(866) 355-5999	www.trs.state.tx.us/trs-activecare or www.bcbstx.com/trs
Prescription Drug	Express Scripts			
Medical HMO (must reside in the service area)	Scott & White (HMO)	Customer Service	(800) 321-7947	www.trs.state.tx.us/trs-activecare
	First Care (HMO)	Customer Service	(800) 884-4901	
HSA (Health Savings Account)	**Only available to those enrolling in: TRS-ActiveCare 1-HD (all tiers of coverage)**			For information: www.chase.com/hsa To enroll: http://www.cfisd.net/dept2/insur/egmi_savings.htm
Dental Insurance	Assurant Indemnity Plan	Ed Station Audrey Ayers	(281) 333-9792	estationins@aol.com or audreyins@aol.com
	Heritage Prepaid Plan			
	MSofA Dent-All	Wes Ryan	(281) 894-5080	wryaninsurance@hotmail.com
	QCD of America	Member Services	(800) 229-0304 ext. 20	www.qcdofamerica.com
Disability Insurance	Assurant Employee Benefits	Ed Station Audrey Ayers	(281) 333-9792	estationins@aol.com or audreyins@aol.com
Cancer & Specified Disease Insurance	Humana	Lou Moore	(281) 380-1488	ritagmoore@yahoo.com
Basic Life & AD&D Optional Life Insurance	Sun Life Assurance Company of Canada	Christy Cortez (Kainos Partners)	(281) 810-4911	christy@kainos-partners.com
Guardian Vision Insurance	Guardian Life Insurance	Reginald Lillie	(281) 213-9663	rlillieins@sbcglobal.net
TRS Group Long Term Care Insurance	Genworth Life Insurance	Customer Service	(866) 659-1970	www.trs.state.tx.us
Tax-Deferred Investments	403(b) Plan	JEM Resource Partners	(800) 943-9179	www.region10rams.org
	403(b) Plan: TRS Certified Investment Companies & Registered Products			**www.trs.state.tx.us**
	457 Plan	The Standard	(800) 858-5420	http://www.cfisd.net/dept2/insur/egmi.htm

MID YEAR
PLAN CHANGES

As you prepare to enroll be aware that you cannot make changes during the plan year, September 1, 2013 through August 31, 2014 unless you have a "Special Enrollment Event". Some examples of special enrollment events are below.

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 gaining coverage.

A Change in Your Dependent's Eligibility Status Due to Age: Coverage ends on a child's 26th birthday.

Work Schedule: A switch between part-time and full-time and vice versa, that results in the employee becoming either newly eligible for coverage or newly ineligible for coverage.

All changes requested must be consistent with and on account of the qualifying event.

SPECIAL NOTE: Any changes outlined above must be made within thirty (30) days of the change of status event date and must be evidenced at the time of the change with documented proof of the change. If in doubt as to whether an event qualifies for a change in elections or what is accepted as documentation of the status change, please call the Insurance Department for **assistance well in advance of the thirty (30) day deadline. New coverage will be effective retroactively** to the first day of the month following the qualifying event date or cancellation date of the former coverage, whichever is later. **Any termination of your coverage will be effective the last day of the month in which you submit the cancellation request.**

The instructions and forms needed for making a mid-year plan change are on the **District's Insurance Department web page:**

www.cfisd.net
Departments / Insurance

Open:
Mid-Year Plan Changes

NAMING A BENEFICIARY

When enrolling for benefits on the *benefits***Connect**[sm] online enrollment system please remember to name a beneficiary for your Basic Life insurance and any Supplemental Life insurance you may purchase. The district is working towards paperless documentation. You can name or change your designated beneficiary online at any time. The Basic Life benefit is assignable and is very often used to pay the deceased employee's funeral expenses. To do that, the primary beneficiary assigns, or authorizes, the life insurance company to pay the submitted funeral expense invoice, before distributing the remaining benefit proceeds to him/her. You not naming a beneficiary can seriously delay payment of your life insurance benefits when your family may need them the most.

Things to Consider Before Naming a Minor Child as Your Beneficiary. The following issues may be applicable whenever you are considering naming a minor child as a beneficiary for any benefit or asset you own.

- An assignment of benefits for funeral expenses, as mentioned above, is not permitted when a minor has been named as the primary beneficiary.
- A large sum of life insurance proceeds may not be what a parent would want their ex-spouse, as the sole surviving parent and guardian of the child, to receive.
- A parent may not want the child to receive a large sum of money automatically at the age of 18, the age of majority in Texas.
- 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. They may not follow through with your request.
- If the grandparent or trusted friend is later incapacitated or dies, their guardian or the executor of their estate would be legally obligated to use the proceeds for the benefit of the beneficiary or the beneficiary's estate; not your child.

We encourage you to consult an attorney if these issues are of concern to you.

New 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. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014. ***Please note, all individuals in the United States will be required to have health insurance by January 1, 2014. Under TRS-ActiveCare, (the district's medical insurance plan), this individual mandate is not a special enrollment event. 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 three 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 your employer, please check your summary plan description or visit Your Benefit Station, posted at www.cfisd.net and located under Departments/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 Your Employer

This section contains information about any health coverage offered by your employer. 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.

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 even greater savings by allowing you to have your retirement savings deducted pre-tax, meaning your savings amount is deducted from your gross income prior to income tax withholding deductions. If you open and save money you've earmarked for your retirement into a Tax-Deferred Investment Plan, either a 403(b) Plan or a 457 Plan, you don't pay income tax on your savings or investment earnings until you begin withdrawals after the age of 59½.

Eligibility: All district employees, including substitutes and temporary workers, working a minimum of 15 hours a week are eligible to participate in the tax-deferred investment programs.

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 completed forms must be submitted no later than the first day of the month for the deduction to begin that month.

Cy-Fair ISD Retirement Plan (457 Plan)

Effective August, 2002, a tax-deferred 457 plan, administered by **The Standard**, a district contracted third party administrator, 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. An employee may contribute up to $17,500 for 2013; $23,000, for those 50 or over. The 457 Plan offers approximately 12 funds in which to invest and its administrator provides assistance to help you determine your investor profile (risk tolerance). Additional information and enrollment forms are on the district's Insurance Department webpage at: **http://www.cfisd.net/dept2/insur/egmi.htm.**

Contribution Limits

An employee may contribute up to $17,500 in 2013. Additional contributions may be allowed if the employee is 50 years old, or qualifies for a "catch-up" provision. 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.

Tax Deferred Investments 403(b)

Under Section 403(b) and 403 (b) (7) of the Internal Revenue Code, public school employees may reduce their income tax liability by authorizing the district to pay part of their earned income into a TRS certified, tax-deferred annuity or other qualified investment program intended to provide retirement income. Go to the district's Insurance Department web page and read the Annual Notice "Benefits Bulletin" for additional information and instructions for starting a 403(b) plan.

www.cfisd.net
Departments / Insurance

Open: Tax-Deferred Investment Plans

Effective June 1, 2002, only those companies approved and listed by Teacher Retirement System of Texas as qualified providers of Tax Deferred Investment products for public school employees will be eligible for payroll contributions. The 80th Texas Legislature (2007) passed House Bill 2427, which expands the Teacher Retirement System (TRS) 403(b) responsibilities to include registration of qualified products. Beginning January 1, 2008, employees of Texas public and open enrollment charter 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 from the TRS website, **www.trs.state.tx.us.**

ALERT: Cypress-Fairbanks I.S.D. DOES NOT hire or contract with any financial agent other than The Standard, 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.

REQUIRED NOTICES

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

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

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

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

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

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

You may be eligible for assistance for paying your employer health plan premiums. To find out if you are you should contact the following department for additional information about eligibility. TEXAS – Medicaid Website: **https://www.gethipptexas.com/**
Phone: 1-800-440-0493 Or Medicaid at 1-800-252-8263.

If you have dependents residing in another state, they may also be eligible for premium assistance through their state of residency. For more information about other states that provide premium assistance programs and other special enrollment rights, you can contact either: U.S. Department of Labor, U.S. Department of Health and Human Services, Employee Benefits Security Administration Centers for Medicare & Medicaid Services at **www.dol.gov/ebsa** **www.cms.hhs.gov** 1-866-444-EBSA (3272) 1-877-267-2323, Ext. 61565.

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

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 heath 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 of a divorce, legal separation, or a child losing dependent status under the group health plan **within sixty (60) days of the qualifying event.** Cypress-Fairbanks ISD 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.

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

Medical Plans (TRS-ActiveCare Plans)
Health Care Service Corporation (888) 541-7107

Voluntary Plans (Dental, Vision, etc.)
Station & Ayers COBRA Administrations (281) 333-9792

WORKER'S COMPENSATION

THE ALLIANCE
Direct Contracting Program

Employee Notice of Alliance Requirements

Effective Date: For all work related injuries occurring February 1, 2009 or later.

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? If you are hurt at work on or after February 1, 2009, and you live in the Alliance service area (most of TX), 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.

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 it on our website at **WWW.CFISD.NET**. 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.

The District's entire Privacy Practices Statement can be found in the current "CFISD Employee Handbook".

QUESTIONS AND COMPLAINTS

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

Karen Smith, Assistant Superintendent (281) 897-4020

Stuart Snow, 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.

Welcome again to Cypress-Fairbanks I.S.D.

We hope you have a fantastic year!

NOTES: