

2014 - 2015 BENEFIT BOOKLET GARLAND ISD



**Online Enrollment Procedures for:
TRS ActiveCare Medical Benefits
Supplemental Benefits
Section 125 Cafeteria Plan/HSA/FSA
Supplemental Retirement Plans**

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FOR THE PLAN YEAR

September 1, 2014 – August 31, 2015

**2014 Open Enrollment is
July 15—August 15**





Welcome to the 2014 Benefits Open Enrollment for Garland ISD. The enrollment period will begin on July 15, 2014 and will end at midnight on August 15, 2015. It is MANDATORY that all employees complete the online enrollment process to confirm their benefit elections for the 2014—2015 plan year, even if they are declining coverage.

During Open Enrollment you can change benefit plans (check out the new ones), add or drop dependents, or update beneficiaries. Elections made between July 15 and August 15 will be effective September 1, 2014 and will be payroll deducted from the September paycheck.

There are several changes in the supplemental benefit plans offered by Garland ISD. Here is what will be new effective September 1, 2014.

*MetLife replaces Guardian as provider of PPO and DHMO dental benefits. Same benefits, different vendor.

*JEM replaces TASC/FlexSystem as Flexible Spending Account (FSA) administrator. Same benefits, different vendor, and a true flex-pay debit card will be provided.

*A Health Savings Account (HSA) is available for those who participate in a high-deductible health plan, such as ActiveCare 1-HD.

*A Critical Illness plan is offered for those who want additional coverage for specific illnesses. *This plan has guaranteed issue options for this year only.*

*An Individual Life plan is offered for those who want a portable life insurance option with some long-term care benefits included. *This plan has guaranteed issue options for this year only.*

*Basic identity theft protection is provided to all eligible employees simply by enrolling in iLOCK360. Employees can purchase additional coverage if they choose.

*The 403(b) plan provider is changing from The Omni Group to JEM.

*The 457 and FICA Alternative plan provider is changing from PARS to JEM/Region 10 RAMS.

There will also be changes to TRS-ActiveCare effective September 1, 2014. The medical plan administrator will change from BCBS to Aetna, and the prescription plan administrator will change from Express Scripts to CVS CareMark. See the benefits website for details regarding other ActiveCare plan/rate changes.

You can view detailed plan information in the Reference Center at www.benefitsolver.com. Or you can contact a TCG Benefits Advisor for more information.

TCG Benefits Advisors will be available at Garland ISD from July 15 through August 15. They will hold group benefit presentations and will be available to assist with online enrollment. Please see the next page for the schedule.

Schedule for Enrollment

Employees may attend ANY of the 30-minute Benefit Presentations between July 15 and August 15, and/or go directly to the nearby Lab and complete your benefits enrollment. TCG Benefits Advisors will be helping in the Lab if you have questions on products and/or need assistance with enrolling. The group informational meetings and the enrollment labs will be at the Technology Center located at 410 Stadium Drive, Garland TX 75040.

DATE	BENEFIT PRESENTATIONS	COMPUTER LAB OPEN
July 15	3 p.m.	8 a.m. to 5 p.m.
July 16	none scheduled	8 a.m. to 5 p.m.
July 17	1 p.m.	8 a.m. to 5 p.m.
July 21	none scheduled	8 a.m. to 5 p.m.
July 22	none scheduled	8 a.m. to 5 p.m.
July 23	none scheduled	8 a.m. to 5 p.m.
July 24	10 a.m. and 5 p.m.	8 a.m. to 7 p.m.
July 28	8 a.m. and 5 p.m.	8 a.m. to 5 p.m.
July 29	none scheduled	8 a.m. to 5 p.m.
July 30	1 p.m. (in Spanish) and 5 p.m.	8 a.m. to 7 p.m.
July 31	none scheduled	8 a.m. to 5 p.m.
August 4	7 p.m.	8 a.m. - 9 p.m.
August 5	none scheduled	8 a.m. to 5 p.m.
August 6	none scheduled	8 a.m. to 5 p.m.
August 7	1 p.m.	8 a.m. to 5 p.m.
August 11	8 a.m. and 1 p.m.	8 a.m. to 5 p.m.
August 12	10 a.m. and 7 p.m.	8 a.m. to 9 p.m.
August 13	1 p.m. (in Spanish) and 5 p.m.	8 a.m. to 7 p.m.
August 14	3 p.m.	8 a.m. to 5 p.m.
August 15	3 p.m.	8 a.m. to 5 p.m.

New Hires

Welcome to Garland ISD. This booklet contains a summary of the plans that make up the competitive benefits package offered to Garland ISD employees.

New hires have 31 days from their actively-at-work date to enroll in or decline benefits with Garland ISD. Enrollment is online through www.benefitsolver.com. Instructions for first time users are in the back of this booklet. Brochures, plan documents, and links to provider directories can be found in the Reference Center on www.benefitsolver.com.

New hires can contact TCG Benefits, the third party supplemental benefits provider for Garland ISD, with benefits questions. During the summer, TCG Benefits Advisors are scheduled to assist employees at the Garland ISD Technology Center. Please see the previous page for the schedule of dates and times. They will be making benefit presentations and will be available in the computer labs to assist with online enrollment. During the plan year new hires can receive assistance from TCG Benefits Advisors over the phone or they can make an appointment to meet with a TCG Benefits Advisor in person.

Benefits are effective the first day of the month following the actively-at-work date. TRS-ActiveCare gives employees the option to choose medical coverage effective their actively-at-work date; however, the full monthly premium will be due for the month in which the actively-at-work date falls.

Premiums are deducted in arrears. For example, premiums for September coverage are deducted from the September paycheck. Bi-weekly employees will pay monthly premiums in two equal payroll deductions each month.

Premiums for medical, dental, vision, critical care, FSAs and the HSA are deducted on a pretax basis under Section 125. These benefits can only be changed during the plan year within 31 days of a family status change. See the Section 125 Cafeteria Plan Rules for more information.

Please see the Garland ISD Benefits website for the Notice of HIPAA Privacy Practices and HIPAA Consent Form. Employees can designate family members with whom the Benefits Department staff may communicate regarding the employee's medical plan information.

Please also see the Garland ISD website for the Notice to Employees: Requirements of the Affordable Care Act. You should receive this notice as part of your new hire paperwork; however, you can view this notice online as well.

Local companies provide discounts to Garland ISD employees. You can find a list of current discounts on the GISD Benefits website <http://www.garlandisd.net/departments/benefits>.

Eligibility for Benefits

Employee:

Must be an active contributing member of the Teacher Retirement System (TRS) OR employed 10 or more *regularly scheduled* hours each week. Employees must be actively at work for benefits to commence.

Dependents:

TRS-ActiveCare Medical Plans

- Spouse & Children up to age 26
- Spouse can be covered as employee or as a dependent spouse, but not both. If there are children, only one employee may enroll the children under his/her policy.
- Spouses who both work for a district that participates in TRS-ActiveCare may be eligible to have both district contributions credited toward one employee/family or employee/spouse premium. Please contact the GISD Benefits Department for more information.

MetLife Dental Plans, Vision Service Plan, Combined Critical Illness Plan, iLOCK360

- Spouse & Children, if a tax dependent, up to age 26
- GISD spouse can be covered as employee or as dependent spouse, but not both. If there are children, only one employee may enroll the children under his/her policy.

MetLife Group Universal Life

- Spouse & Children from 14 days to 19 years, or up to 25 years if full time student
- GISD spouse can be covered as employee or as dependent spouse, but not both. If there are children, only one employee may enroll the children under his/her policy.

Fidelity Life/LTD

- Spouse & Children, if a tax dependent, up to age 25, or to age 26 if elected by age 25
- If GISD spouse, total coverage for employees cannot exceed plan limit of \$250,000. Total coverage for children term rider cannot exceed plan limit of \$25,000.

Dependent Care Flexible Spending Account (FSA)

- Children under the age of 13 & dependent adults that are unable to care for themselves
- The IRS limit is \$5,000 per family. If both spouses enroll in the childcare benefit, the combined amount contributed for the household cannot be more than the IRS family limit.

Medical Flexible Spending Account (FSA)

- Spouse & Children, if a tax dependent, up to age 26
- Each spouse can choose up to the limit of \$2,500 and use the monies for qualified expenses for any eligible dependent. If one spouse is enrolled in a medical FSA the other spouse cannot enroll in an HSA.

Health Savings Account (HSA)

- Spouse & Children, if a tax dependent, up to age 26
- If one spouse is enrolled in an HSA the other spouse cannot enroll in a medical FSA. Maximum contribution to HSA depends on current TRS-ActiveCare 1-HD medical election with the district. Employee only coverage tier is \$3,300 annual maximum. All other coverage tiers are \$6,550 annual maximum. Combined contributions for the household cannot exceed the IRS limit of \$6,550.

Medical Plan



For the plan year 2014-2015 employees can choose from TRS ActiveCare 1-HD or ActiveCare Select or ActiveCare 2. ActiveCare 3 will be discontinued and the participants currently enrolled in this plan will be automatically moved to ActiveCare 2, unless they enroll in another plan option during Open Enrollment. Aetna will be the administrator for medical benefits and CVS/Caremark will be the administrator for pharmacy benefits.

ActiveCare 1-HD and ActiveCare 2 plans will use the “Aetna Open Access Choice POS II” medical network. These plans operate like a PPO. If you use a network provider you receive in-network benefits and if you use an out-of-network provider you receive out-of-network benefits.

ActiveCare Select is a new plan option that will use the “Aetna Whole Health” medical network. For the DFW area that means only providers who participate in the “Baylor Scott & White Quality Alliance”. This plan operates similar to an HMO. You must use providers in this network; there are no out-of-network benefits, except in the event of a life threatening medical emergency as defined by the plan.

Participants can search for providers on the TRS-ActiveCare website, www.trsactivecareaetna.com. Please carefully read the instructions provided on the website to choose the correct network for your search.

Other new TRS-ActiveCare features for 2014-2015 include:

- Teladoc – 24/7 access to a national network of physicians for non-emergency medical assistance. Teladoc physicians include general practitioners, internists and pediatricians. They can diagnose, treat and prescribe medications for most common medical issues, such as the flu.
- Quest Diagnostics Lab Savings – Quest Diagnostics has agreed to lower lab rates for TRS-ActiveCare participants. The ActiveCare 2 and ActiveCare Select plans cover lab services at 100% when using Quest Diagnostics for lab work.
- New Maternity Program – Aetna’s Beginning Right Maternity Program nurses can help give babies a healthier start in life. Nurses offer free education about pre-natal care, pre-term labor, newborn care and more.

TRS-ActiveCare is going paperless so the ActiveCare Enrollment Guide and ActiveCare Benefits Booklet will be available online only. You can find links to these documents on the Garland ISD Benefits website and in the Resource Center at www.benefitsolver.com. You can also view the 2014-2015 TRS-ActiveCare Plan Highlights which compare the three plan options side-by-side.

Garland ISD will continue to contribute \$325 toward an employee’s TRS-ActiveCare premium. Premium deduction amounts are on the following page. If you and your spouse both work for a district that offers TRS-ActiveCare, and you are electing employee/spouse or employee/family coverage, you may be eligible for a split premium. A split premium essentially applies two district contributions to one employee/spouse or employee/family premium. The full TRS-ActiveCare cost is divided by two, the applicable district contribution is deducted from each half, leaving the balance deducted from each spouse’s paycheck. Please contact a Benefit Advisor or the Garland ISD Benefits Department for more information.

If you have questions regarding TRS-ActiveCare coverage you can contact the TRS-ActiveCare Customer Service team at 800.222.9205 or see a Benefits Advisor.

Medical Rates

TRS ACTIVECARE PLAN 1 HD	TOTAL MONTHLY COST	GISD CONTRIBUTION FOR ELIGIBLE EMPLOYEES	EMPLOYEE'S MONTHLY PREMIUM	SPLIT
Employee Only	\$325	\$325	\$0	
Employee + Spouse	\$850	\$325	\$525	\$100
Employee + Child(ren)	\$572	\$325	\$247	
Employee + Family	\$1,145	\$325	\$820	\$247.50

TRS ACTIVECARE SELECT	TOTAL MONTHLY COST	GISD CONTRIBUTION FOR ELIGIBLE EMPLOYEES	EMPLOYEE'S MONTHLY PREMIUM	SPLIT
Employee Only	\$450	\$325	\$125	
Employee + Spouse	\$1044	\$325	\$719	\$197
Employee + Child(ren)	\$709	\$325	\$384	
Employee + Family	\$1,238	\$325	\$913	\$294

TRS ACTIVECARE PLAN 2	TOTAL MONTHLY COST	GISD CONTRIBUTION FOR ELIGIBLE EMPLOYEES	EMPLOYEE'S MONTHLY PREMIUM	SPLIT
Employee Only	\$555	\$325	\$230	
Employee + Spouse	\$1287	\$325	\$962	\$318.50
Employee + Child(ren)	\$875	\$325	\$550	
Employee + Family	\$1,323	\$325	\$998	\$336.50

Dental Plan

Dental Plans by MetLife

DHMO

The DHMO plan is an affordable plan that features no deductibles, no pre-existing conditions, and no claim forms. To use the plan, **you must select a dentist from the provider's DHMO list.** Upon your visit, you pay a predetermined **co-pay** directly to the dentist. Dependent children are eligible up to age 26. Please see a Benefits Advisor or review the plan summary in the Reference Center at www.benefitsolver.com for additional information on the DHMO plan.

MetLife DHMO (monthly rates)	
Employee Only	\$9.26
Employee + Spouse	\$17.02
Employee + Child(ren)	\$18.80
Family	\$26.62

PPO

The PPO dental plan requires you to pay an annual deductible of \$50 per covered person to a maximum of \$150 annually and then share a percentage of the dental costs. The maximum benefit per person per year on the plan is \$1,250. Dependent children are eligible up to age 26; except Orthodontics, which is up to age 19.

MetLife PPO Plan (monthly rates)	
Employee Only	\$27.96
Employee + Spouse	\$58.20
Employee + Child(ren)	\$64.68
Family	\$94.98

The PPO plan has preventive and diagnostic care that are paid at 100%. The deductible is waived for preventative and diagnostic care. On the PPO plan, basic restorative care is paid at 80% and major restorative care is paid at 50%. Orthodontics coverage is paid at 50% with a lifetime benefit of \$1,000 for eligible dependents under the age of 19. New enrollees must wait 12 months for coverage for major services. The list of major services is in the Reference Center at www.benefitsolver.com, or speak with a Benefits Advisor for more information.



Vision Plan



Vision Plan by VSP

At the time of your visit, you will pay a \$15 co-payment for your eye examination and another \$25 co-payment for your glasses. Your frame allowance is \$140 with 20% off amount over allowance, **or** contact lens allowance is \$130.

Please see a Benefits Advisor or review the plan summary in the Reference Center at www.benefitsolver.com for additional information on the vision plan.

VSP Vision Plan (monthly rates)	
Employee Only	\$8.74
Employee + Spouse	\$13.88
Employee Only	\$14.10
Family	\$22.74

Group Critical Illness Plan

Group Critical Illness Plan by Combined Insurance

Combined Insurance offers a group critical illness plan designed to cover critical illness expenses related to heart attacks, stroke, organ failure, coma, benign brain tumor, paralysis, Alzheimer's disease, and cancer (not skin cancer). Additionally, there is a wellness benefit of \$50 per covered person on the plan each year after you go for an annual health screening test. You file a simple claim form, found in the online Reference Center, with a copy of the EOB or receipt.

There are two plan options to choose from, a high and low plan. The low plan option has a lump-sum benefit amount of \$15,000 for employees, \$15,000 for insured spouse and \$3,750 for eligible children. The high plan option has a lump-sum benefit amount of \$25,000 for employees, \$25,000 for insured spouse and \$6,250 for eligible children.

Combined Insurance will pay 50% recurrence benefit, as long as you were back to work and treatment-free for at least 6 months, for up to two (2) times for each covered person for heart attack, stroke, coma, benign brain tumor or cancer (not skin cancer). Therefore, if you elect the low plan with a benefit amount of \$15,000, the recurrence benefit is \$7,500 for the employee. If you elect the high plan with a benefit amount of \$25,000, the recurrence benefit is \$12,500 for the employee.

Combined Insurance also includes Mortgage and Rent Helper; if you miss 5 or more days of work due to a critical illness, the plan will pay you an extra \$500 each month for up to 6 months. Advocacy Benefits come with the plan for personal and confidential assistance from professionals to "Find Best Docs" physician referrals, "Ask the Expert" hotline, medical travel assistance, helping understand your insurance, diagnosis and treatment advice.

This year only, Garland ISD employees and their eligible tax dependent children up to age 26 are guaranteed issue for either plan. Spouses are guaranteed issue for the low plan, and if you would like to apply for the high plan for your spouse, you can do this by answering three questions. The Benefits Advisors will be able to let you know if your spouse would be able to go onto the high plan with those answers.

Please see a Benefits Advisor or review the plan summary with a full rate sheet in the Reference Center at www.benefitsolver.com for additional information on the group critical illness plan.

Note: There is a pre-existing condition limitation for the first twelve months of coverage. A pre-existing condition is a disease or physical condition for which symptoms existed or medical advice or treatment was recommended or received within the twelve month period prior to the effective date of coverage.

Disability Plan

Disability Insurance by The Standard

Disability coverage provides payment in \$100 increments up to 66 2/3% of your salary in the event you are ill or injured and cannot work. The cost depends on the amount of coverage selected and on how quickly you wish benefits to begin. A variety of elimination (waiting) periods are available: 3 days, 30 days, 60 days, or 90 days. The plan has a feature that elimination periods of 30 days or less are waived when admitted to a hospital as an inpatient for 4 hours or more.

There are eight options for the disability plans. Options 1 - 4 offer coverage up to 5 years for sickness only and to Social Security Normal Retirement Age (SSNRA) for an injury for each of the elimination periods. Options 5 - 8 offer coverage up to SSNRA for both injury and sickness for each of the elimination periods. Therefore, rates for Options 1 - 4 are lower than Options 5 - 8 rates. Detailed rate charts are in the Reference Center at www.benefitsolver.com.

Disability coverage will be issued to all eligible employees who apply during this open enrollment period without having to provide evidence of insurability. Pre-existing condition limitations only apply on new levels of coverage elected or for any enhancements to the plan. A pre-existing condition is any condition for which advice or treatment was received in the six (6) months prior to the effective date of coverage. Pre-existing conditions will not be covered until after twelve (12) months of continuous coverage. Please see a Benefits Advisor or review the plan summary in the Reference Center at www.benefitsolver.com for additional information on the disability plan.

HIGHLIGHTS

- \$100 increments; up to 66 2/3% of salary or maximum of \$7,500/month.
- Guaranteed issue coverage for everyone, but any new or enhanced coverage has a 12-month pre-existing condition limitation.
- In-hospital elimination period waiver for elimination periods of 30 days or less

MY NOTES TO ASK THE BENEFITS ADVISOR

Basic Term Life and AD&D, and Group Universal Life (GUL)

HIGHLIGHTS

- No-cost \$15,000 basic life and AD&D insurance from Garland ISD. Must designate a beneficiary.
- GUL—Employee minimum coverage is \$20,000 or 1x base salary, whichever is greater. Maximum coverage is 3x base salary to a maximum of \$900,000.
- GUL—Spouse minimum coverage is \$10,000 up to a maximum of \$50,000.
- GUL—Child(ren) rider coverage is \$5,000 or \$10,000. For Children ages 14 days to 19 years, or if a student up to age 25.
- GUL—Offers a cash fund option, grows tax deferred.

Basic Term Life and AD&D, and Group Universal Life (GUL) Insurance by MetLife

The district provides each eligible employee with \$15,000 of Basic Term Life and AD&D insurance at no cost to the employee.

The Voluntary Group Universal Life (GUL) by MetLife allows an employee to purchase amounts of group universal life insurance for themselves, their spouse, and eligible dependent children. Employee must apply for GUL coverage to apply for spouse and/or child coverage, and your spouse and eligible children must not be confined, receiving or applying for disability benefits from any source, or hospitalized.

New Hires, within 31 days of hire, that are able to answer “no” to being hospitalized in the past 90 days, as defined by the policy, may elect up to 3x their basic annual earnings to a

maximum of \$450,000 of GUL for employee, up to \$20,000 of GUL for spouse and/or up to \$10,000 of a term life rider for child(ren).

MetLife GUL is a life insurance policy that allows you and your covered spouse to set aside dollars above the cost of the insurance in a cash fund. The cash fund grows tax deferred. For the details of the plan, please refer to your plan certificate.

Please see a Benefits Advisor or review the plan summary in the Reference Center at www.benefitsolver.com for additional information on the Basic Term Life and AD&D, and Group Universal Life plan, and for rates for the GUL plan.

MY NOTES TO ASK THE BENEFITS ADVISOR

Individual Life Insurance

Individual Life Insurance by Fidelity Life

Fidelity Life offers low-cost life insurance plans that are designed to last a lifetime. Coverage is available for employees, their spouses, and eligible dependents. The cost varies by age, gender, and the amount of coverage desired. The plan also contains a unique long-term care benefit. **The policy allows for up to 4% of the death benefit to be used monthly for long-term care expenses.** For example, a policy of \$100,000 would pay \$4,000 a month for up to twenty-five months for long-term care expenses. Any amounts used for long-term care expenses are deducted from the death benefit.

This year only, all employees, under age 70, will be guaranteed up to \$150,000 of coverage without having to provide evidence of insurability for themselves and up to \$25,000 for child(ren) coverage on a life insurance rider.

Approval of any elected coverage over the guaranteed limit for employees and for any amount on spouse is subject to health and underwriting guidelines set by Fidelity Life. The coverage is portable upon termination of employment.

Please see a Benefits Advisor or review the plan summary in the Reference Center at www.benefitsolver.com for additional information on the individual life insurance offered.

HIGHLIGHTS
• Portable; rate locks at age you begin policy
• Coverage to age 120
• Rates are guaranteed until age 100
• Rider available for child(ren)
• Long-Term Care pays up to 4% of death benefit up to 25 months

MY NOTES TO ASK THE BENEFITS ADVISOR



CYBER IDENTITY THEFT IS THE FASTEST GROWING CRIME

Your identity may be your most important asset. It defines who you are, determines how much you can borrow and can be a deciding factor in employment. These factors are why your identity is a target for online criminals. iLOCK360's identity protection solutions provide multiple layers of defense to ensure the integrity of your identity.

In 2013, identity fraud affected 13.1 million consumers costing a total of \$18 billion. These totals continue to rise each year, threatening the security and privacy of consumers. Keep your identity protected with iLOCK360's comprehensive identity protection solutions.

You may enroll in iLOCK360's identity protection plans using the benefits enrollment website. **To take full advantage**

of these services, please be sure your personal email address is available in your personal information. On or shortly before the benefit effective date, you will **receive a welcome email** from iLOCK360 allowing you to activate your protection. If an email address is not provided, a letter will be sent via USPS to your home. Any questions about coverage or activation can be directed to the toll-free number for iLOCK360 at 855.287.8888. You can also see a Benefits Advisor, or review the plan summary in the Reference Center at www.benefitsolver.com.

SERVICE	BASIC	PLUS	PREMIUM
CyberAlert	✓	✓✓	✓✓
Social Security number trace		✓✓	✓✓
Change of address		✓	✓
Sex offender		✓	✓
Payday loan		✓	✓
Court/criminal records		✓	✓
Full service restoration and lost wallet		✓	✓✓
\$1,000,000 insurance		✓	✓
Daily monitoring of one credit bureau (TransUnion)	✓	✓	
Daily monitoring of three credit bureaus (TransUnion, Equifax, Experian)			✓
ScoreTracker			✓
Educators DISCOUNTED monthly price	FREE	\$8	\$15
<p>✓ adults ✓ children</p> <ul style="list-style-type: none"> • Spouse: No BASIC available; separate account for an additional \$5/month for either paid plan. • Children to age 18: No BASIC available; can be added to primary participant's PLUS or PREMIUM account; costs additional \$5/month for either paid plan. 			

HIGHLIGHTS

- Over 100,000 compromised identities every day
- Discounted pricing for educators
- Discounted pricing for spouse and child(ren)
- Monitors 24/7/365

Employee Assistance Program

Employee Assistance Program (EAP) by ValueOptions

The EAP program is a confidential service provided by Garland ISD for their employees and their family members. Staffed by experienced clinicians 24/7, the EAP provides a range of confidential, professional services to help you resolve problems that can affect your personal and work life. With the EAP, guidance coordinators will refer you to local counselors, attorneys and financial professionals to help in a time of need. You can contact the EAP for confidential counseling and assistance 24/7 at 855.627.6414 or www.achievesolutions.net/GarlandISD. Whether you or a family member is facing challenges of a day-to-day issue or a major life event, the EAP can assist.

Please see a Benefits Advisor or review the plan summary in the Reference Center at www.benefitsolver.com for additional information on the EAP.

HIGHLIGHTS

- Available 24/7/365
- First three visits free for counseling
- 30 minutes free legal counsel

MY NOTES TO ASK THE BENEFITS ADVISOR

457 Retirement Savings

Section 457

The 457 plan is a district-sponsored voluntary retirement savings plan that allows an employee to save money for retirement on a tax-deferred basis. Your district has chosen to offer the Region 10 RAMS 457 Plan which has low-cost investment options. The Region 10 RAMS 457 Plan has investment options that do not contain any surrender charges or penalties upon distribution. The plan contains most of the same features of the 403(b) plan, but is different in one unique way. Distributions from the 457 Deferred Compensation Plan **are not** subject to the 10% excise tax for early withdrawal. In 2014, you can contribute 100% of your includible compensation, up to \$17,500, whichever is less. If you are age 50 or older, you can contribute up to an additional \$5,500 for a total of \$23,000. See a Benefits Advisor for more information, or call TCG Benefits, LLC at 888.724.0525, or log onto the website below to enroll in the Region 10 RAMS 457 Plan.

To enroll in the Region 10 RAMS 457 Plan from our benefits website, go to www.benefitsolver.com, and follow the instructions below:

1. From the Benefit Summary page, click **EDIT** next to **457 Retirement**.
2. From the 457 Retirement page, select the Portfolio in which you would like to be invested. The Portfolios are based on your personal investment risk tolerance. See the next page for general guidance; detailed information on each portfolio is available from www.region10rams.org.
3. Enter the contribution amount you would like deducted from your paycheck each pay period in the box to the right of your portfolio selection.
4. You will be able to view your election in the confirmation box at the bottom of the screen.
5. Click **NEXT** to continue the enrollment process.

Alternatively, you may also enroll from the Region 10 RAMS 457 Plan website www.region10rams.org:

1. Click **LOG IN** to start your enrollment.
2. Select your Employer from the Navigation bar.
3. Click on the 457 tab.
4. If you are a new participant in the 457 Plan, please follow the instructions below:
 - a. Select **REGISTER**;
 - b. Enter the Plan password: **garla457**;
 - c. Enter your Social Security Number without dashes;
 - d. Click **BEGIN**.
5. If you are a current participant in the 457 Plan, please follow the instruction below:
 - a. Select **LOGIN**;
 - b. Enter your Social Security Number w/o dashes for the username;
 - c. Enter your last four digits of your Social Security Number (xxxx) as your password;
 - d. Click **SUBMIT**.
6. Create your own User Name and Password and continue through the enrollment process.

HIGHLIGHTS

- Six professionally-managed portfolios
- Low-cost no-load funds
- Contributions are before-tax dollars
- No 10% early withdrawal penalty
- Up to \$17,500 yearly contributions
- Additional contribution of \$5,500 if age 50+
- Loan provision
- Employer oversight of plan investments
- Can contribute to both 457 and 403(b)

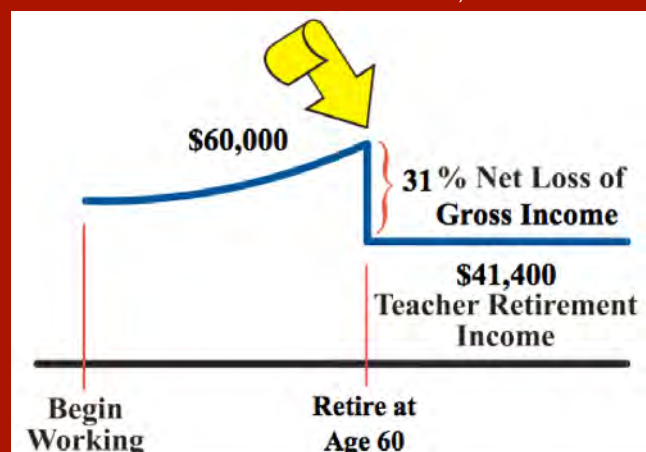
RETIREMENT GAP

Retirement Age: 60

Service: 30 Years

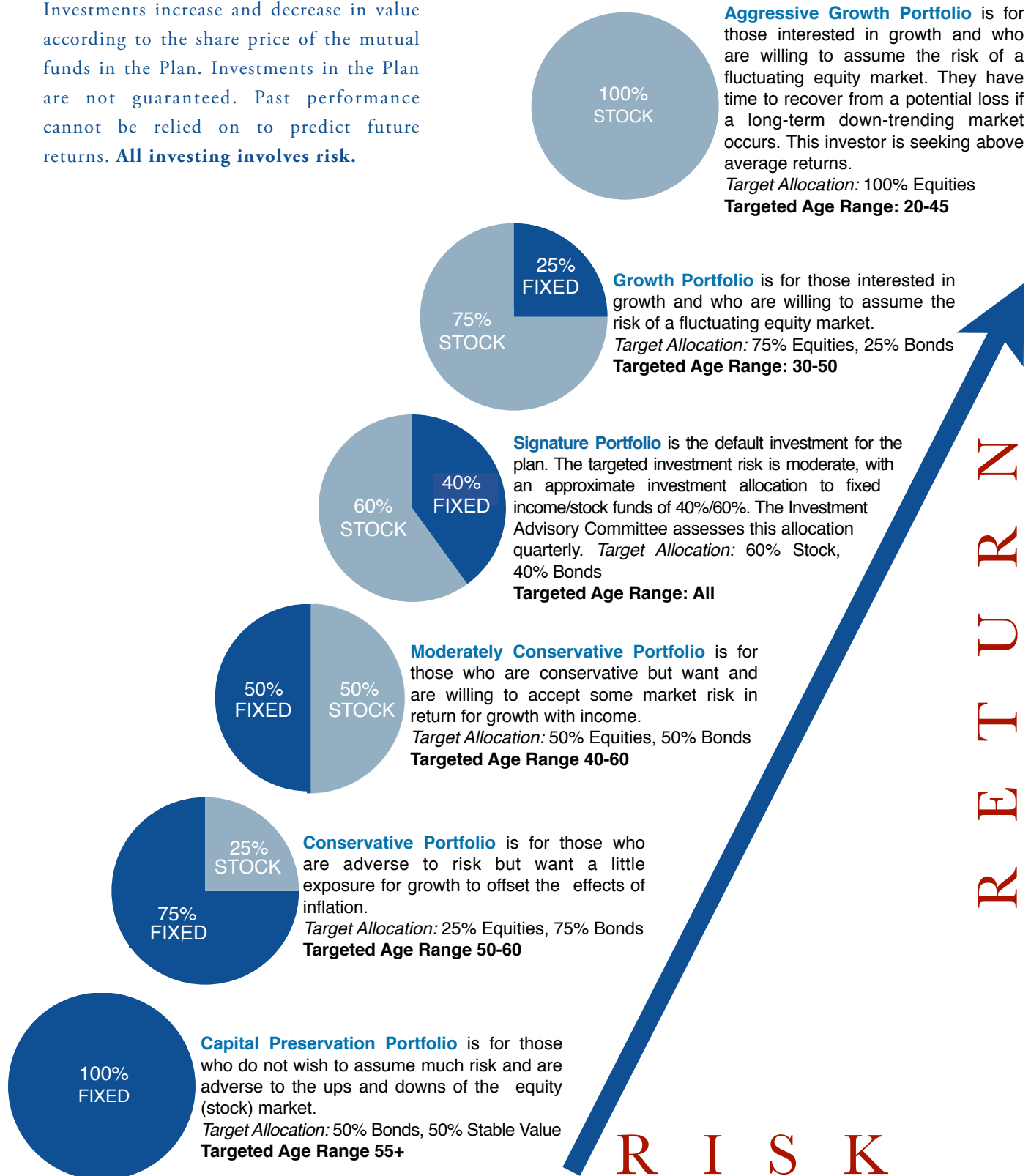
Last Year/3-Yr. High Salary: \$60,000

(Full TRS benefit with 2.3 multiplier with no survivor benefit)



Managed Portfolios for 457 Plan

Investments increase and decrease in value according to the share price of the mutual funds in the Plan. Investments in the Plan are not guaranteed. Past performance cannot be relied on to predict future returns. **All investing involves risk.**



403(b) Retirement Savings

Section 403(b)

Section 403(b) Tax-Sheltered Annuity Arrangements refers to Section 403(b) of the Internal Revenue Code of 1986. The 403(b) plan is a voluntary retirement savings plan that allows an employee to save money for retirement on a tax-deferred basis. There are different types of investments and a number of companies from which employees can choose.

In 2014, you can contribute 100% of your includible compensation, up to \$17,500, whichever is less. Participants age 50 and over may contribute up to an additional \$5,500 for a total of \$23,000 for the year. Withdrawals are generally available after termination of employment. Distributions from the 403(b) Tax Deferred Savings Plan are subject to the 10% excise tax for early withdrawal. You can contribute to both a 403(b) and a 457 simultaneously.

Consult the JEM website www.jemtpa.com for a list of approved companies for GISD. First time participants, please complete the following steps to set up your 403(b) plan:

- You must contact one of the approved companies or a representative for those companies to complete the 403(b) account paperwork with them.
- Then, you must go online to www.jemtpa.com to do your online enrollment. Your 403(b) deduction will only begin once you have completed the online enrollment. Your initial password to enroll online is **garla403** (case sensitive).
- Select the dollar amount to be deducted from your paycheck.
- Indicate which company you are choosing for your new 403(b) account.

To make changes to your current 403(b) plan, go online to www.jemtpa.com sign in using your username and password, and follow the prompts. All transactions regarding 403(b) plans, including starting a new plan or making changes to contribution amounts to a current plan, must be done through the JEM website for it to become effective on your paycheck.

If you have questions about the 403(b), please see a TCG Benefits Advisor, or call 800.943.9179, or visit the JEM website www.jemtpa.com.



MY NOTES TO ASK THE BENEFITS ADVISOR

Section 125 Cafeteria Plan Rules

The Section 125 Cafeteria Plan Benefit refers to Section 125 of the Internal Revenue Code of 1986. Simply put, the Cafeteria Plan allows certain benefit premiums to be deducted from your gross earnings, before federal withholding taxes are calculated. The amount you elect to have deducted “pretax” lowers your taxable income. Please review the sample paycheck on page 20 for an illustration of how participating in the Cafeteria plan could work for you. The plan year is September 1 through August 31.

TWO IMPORTANT ISSUES TO KEEP IN MIND

1. You must make an election each plan year to continue your eligibility for cafeteria plan benefits.
2. A benefit cannot be changed during the plan year unless you have a qualified family status change. These changes include, but are not limited to:
 - Marriage or divorce
 - Birth, adoption, or death of a spouse or child
 - Change in a spouse’s or dependent’s employment status
 - Change in eligibility status of a dependent
 - Substantial increase in a benefit premium (not for TRS AC)
 - Becoming Medicare eligible
 - Spousal Open Enrollment (not for TRS AC)

The Reference Center (www.benefitsolver.com) has a detailed list of qualified family status changes allowed. For qualified changes throughout the plan year, please contact the Garland Benefits Dept. at 972.487.3047. Please note that qualified changes must be submitted within 31 exact days from the qualifying event.



BENEFITS WITH PRETAX DEDUCTED PREMIUMS UNDER SECTION 125

- Medical Insurance
- Dental Insurance
- Vision Insurance
- Critical Illness Insurance
- Flexible Spending Accounts:
 - * Medical Reimbursement (up to \$2,500 per Plan Year)
 - * Dependent Care (up to \$5,000 per Plan Year)
- Health Savings Account

For qualified changes throughout the plan year, please contact Garland ISD Benefits Dept. at 972.487.3047.

Please note that qualified changes must be submitted within 31 exact days from the qualifying event.

FLEXIBLE SPENDING ACCOUNTS (FSA)

Plan Year is September 1, 2014 to August 31, 2015

Medical Expense Reimbursement Plan

This is a plan that allows for a tax savings on most medical, dental, and vision expenses not covered by insurance. Non-covered expenses apply to all dependent family members even if not covered by a particular insurance plan. The employee estimates an annual election based upon the amount of non-covered expenses to be incurred. The annual election amount is deducted in equal amounts from each paycheck, before taxes are calculated, and then set aside for the employee in a special account. A MasterCard debit card will be issued to you to pay for most expenses incurred. Where a debit card may not be accepted, the employee submits a claim and the money is reimbursed by check to the employee from the employee's account. Please consult your employee benefits office or an Benefits Advisor for more details.

Note: Not all expenses are eligible for reimbursement. Any money in the medical flexible spending account that is not spent within the plan year will be forfeited. Claims for expenses incurred within the plan year must be submitted by the employee no later than ninety days after the end of the plan year or the money will be forfeited. The maximum annual election amount is \$2,500 due to the Healthcare Reform Act. The Reference Center (www.benefitsolver.com) has a list of eligible expenses.

Dependent Care Expenses

NOT pre-funded

\$5000 maximum per household

This is a plan that allows for a tax savings on day care expenses for children under the age of 13 and for dependent adults unable to care for themselves. The employee estimates an annual election for the amount of expenses to be incurred. The annual election amount is deducted in equal amounts from each paycheck, before taxes are calculated, and then aside in a special account for the employee. **As expenses are incurred, the employee submits a claim and the money is reimbursed to the employee from the employee's account. Per IRS guidelines, the dependent care account cannot be pre-funded.** Where accepted, the debit card may be used for payment of dependent care expenses. Please see a Benefits Advisor or review the plan summary in the Reference Center at www.benefitsolver.com for additional information.

Note: Any money in the dependent care account that is not spent within the plan year will be forfeited. Claims for expenses incurred within the plan year must be submitted by the employee no later than ninety days after the end of the plan year or the money will be forfeited. The maximum annual election amount is \$5,000 per household. If you are married and filing separately, each spouse may only elect up to \$2,500.

HEALTH SAVINGS ACCOUNT (HSA)

Plan Year is September 1, 2014 to August 31, 2015

GISD has added an option for you of a Health Savings Account (HSA) option. These plans are only available for employees that elect a High Deductible Health Plan (HDHP), such as TRS AC1-HD. To be eligible for the HSA, you would need to be enrolled in or elect a HDHP for next year.

The IRS has announced adjustments that affect health savings accounts.

- **2014 HSA Contribution limits:** *Individuals* (self-only coverage)—\$3,300, *Family coverage*—\$6,550.
- **2015 HSA Contribution limits:** *Individuals* (self-only coverage)—\$3,350, *Family coverage*—\$6,550.
- **HSA Catch-up contributions (age 55 or older):** \$1,000.
- **HDHP minimum deductible amounts:** *Individual*—\$1,250, *Family*—\$2,500.
- **HDHP maximum out of pocket amounts:** *Individual*—\$6,250, *Family*—\$12,500.

The HSA is very different than the Flexible Savings Account (FSA), as it is not pre-funded (like the FSA) and you can only utilize the account as the monies from your paycheck are deposited to the HSA.

Since the HSA runs differently and has additional rules, please make sure to look at all the information provided in the Reference Center at www.benefitsolver.com for additional information. If your spouse is employed where FSA and HSA accounts are offered, as a family you must choose one or the other. One spouse cannot have an FSA while the other holds a HSA. If you are eligible and enrolled in Medicare, you are not eligible for an HSA. The IRS puts the burden on the employee to make sure they are staying in compliance with their rules.

Section 125 Cafeteria Plan FAQs

Q. What does this benefit program mean to me?

This program means that payroll deductions for benefit premiums such as medical insurance, dental insurance, vision insurance, critical illness insurance, FSAs, HSA will be paid with pretax dollars. The bottom line is that the reduction in taxable income may mean you have more dollars available to purchase other benefits you may need, or increased take-home pay.

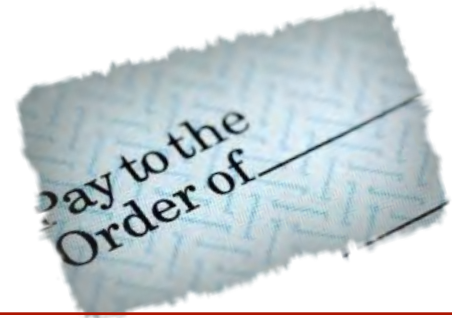
Q. Must I make my FSA/HSA elections before the effective date of the Plan?

Yes, you must make your benefit election during the annual open enrollment period. A newly hired employee will have 31 days from the active-at-work date to elect benefits.

Q. Can I make changes in my election during the plan year?

Generally no. Once you have made your benefits election, you may not make changes, such as adding or dropping benefit plans or adding or dropping eligible dependents, during the plan year. The only exception is if you have a Family Status Change. Your request to make a change in a benefit must be consistent with the change in family status. Some examples of a family status change are marriage or divorce, the death of a spouse or child in your family, the birth or adoption of a child, or a change in the employment status of you or your spouse. Please note that qualified changes must be submitted within 31 exact days from the qualifying event.

Please see a Benefits Advisor or review the plan summary in the Reference Center at www.benefitsolver.com for additional information on the Section 125 Cafeteria Plan.



Section 125 Cafeteria Plan Illustration

The example below illustrates how a married employee claiming one exception can reduce their taxable income when the cost of benefits are paid on a pretax basis.

WITHOUT Section 125	WITH Section 125 (pretax)
Monthly Salary.....\$2,000	Monthly Salary.....\$2,000
Less TRS retirement pension..... - \$128	Less TRS retirement pension..... - \$128
Taxable Income..... \$1,872	Less Insurance..... - \$250
Less Taxes..... - \$228	Taxable Income..... \$1,622
Less Insurance..... - \$250	Less Taxes..... - \$186
Take Home Pay\$1,394	Take Home Pay\$1,436

How to Check FSA/HSA Accts.

To check balances on your medical expense reimbursement and dependent care (FSA), or your health savings account (HSA):

1. Proceed to the website <http://www.jemtpa.com>.
2. Click **LOGIN** and select the **125 FLEX LOGIN**.
3. Click the **REGISTER** option which is located in the middle of the page.
4. You should now be on a page titled “Register.” Fill out all of the necessary fields. The **USERNAME** and **PASSWORD** fields are two things that you will have to create for the first time.
 - User ID: You may enter anything you would like.
 - Password: Must have between 8 - 16 characters including an upper case letter, lower case letter, number, or special character.
 - Employee ID: Your Social Security Number with no dashes or spaces.
 - Registration ID: Select **CARD NUMBER** option from the drop down box and enter your FSA card number with no dashes or spaces.
5. Once you’ve entered all the necessary information, click **REGISTER**.
6. Continue through the Registration and Authentication process by clicking **BEGIN SET-UP NOW**, this is a four-step process.
7. Now that you have successfully created an online account, please write down both your User ID and Password in a secure place for future reference. You can visit the site to keep track of both your account balance and transaction history.



GISD Contacts

TCG Benefits	281.286.3570 or 888.724.0525	
GISD Benefits Dept.	972.487.3047 or benefits@garlandisd.net	
JEM RESOURCE PARTNERS		
403(b) Retirement Plan	800.943.9179	
403(b) Salary Reduction Agreement (SRA)	www.jemtpa.com	
457 Retirement Plan	800.943.9179	
FLEXIBLE SPENDING ACCOUNTS		
Claim Forms	www.jemtpa.com	
Flex Department Fax Number	888.989.9247	
Medical Expense Reimbursement and Dependent Care Expense Accounts	800.943.9179	
SUPPLEMENTAL BENEFITS		
Critical Illness	Combined Insurance	800.544.9382
Dental DHMO	MetLife Dental	800.942.0854
Dental PPO	MetLife Dental	800.942.0854
Disability	Standard Insurance	800.368.2859
Employee Assistance Program (EAP)	ValueOptions	855.627.6414
Health Savings Account (HSA)	HSA	800.943.9179
Identity Theft	iLOCK360	855.287.8888
Life Insurance, Group	MetLife Group Universal Life	800.638.5000
Life Insurance, Individual/LTC	Fidelity Individual Life	877.352.3303 Option 3
Medical/Pharmacy	TRS ActiveCare - Aetna/CVS CareMark	800.222.9205 or www.tractivecare.aetna.com
Retirement Plan	TRS Retirement	800.223.8778
Telehealth	AmeriDoc	877.556.3669 https://www.ameridoc.com
Vision	VSP	800.877.7195

First Time User Navigation

First Time User Instructions

www.benefitsolver.com

1. Go to www.benefitsolver.com.
2. Click **REGISTER**.



...next...

3. Type in your Social Security number (no dashes), date of birth and company key, which is **garland** (case sensitive). Click **CONTINUE**.



...next...

4. Read electronic signature section and click **ACCEPT** to move forward.



...next...

5. Create your User Name and Password. Your password must be at least six characters. Confirm your password. Click **CONTINUE**. Please make a note of your ID and password for future use. Select your security phrase and answer.

The screenshot shows the 'benefitsolver' logo at the top with the tagline 'your source for online benefits!'. On the left, a 'New User Registration' sidebar lists 'User Information', 'Electronic Signature', 'Create Account' (highlighted), 'Account Confirmation', and 'Sign In'. The main content area is titled 'Create Account' and contains instructions: 'Below you must create a User Name and Password. The User Name must not contain any spaces and be at least 7 characters long. If the User Name you have chosen is already in use, you will be instructed to choose a different one.' and 'The Password must also be at least 7 characters and contain no spaces. A combination of numbers and letters is required for your Password. In addition, please select a security phrase and complete the answer to this question in the space provided. This will be used if you forget your password and need assistance in recovering it.' A note states: 'Note: Your User Name, Password, and Answer to the Security Phrase are case sensitive. You must enter your information in the correct case when accessing the site in the future.' The form fields are: 'User Name: janesmith2 (case sensitive)', 'Password: [masked] Strength: [green bar] Strongest', 'Confirm Password: [masked]', 'Security Phrase: What is your mother's maiden name?' (dropdown), and 'Answer: Smith'. 'Continue' and 'Cancel' buttons are at the bottom.

...next...

6. Click **CONTINUE** to proceed to login page.

The screenshot shows the 'benefitsolver' logo at the top. The left sidebar now highlights 'Create Account' and 'Account Confirmation'. The main content area is titled 'Complete' and displays a success message: 'You were successful! You have successfully created a User Name and Password. You may login with your new information by clicking on the button below.' A 'Continue' button is centered at the bottom.

...and last.

7. Login with your new User Name and Password that you created in step 5 above. On the next screen, click **OPEN ENROLLMENT** to begin the enrollment process.

The screenshot shows the 'benefitsolver' logo at the top. The main content area is titled 'Welcome, please login below.' and contains a login form with 'User Name: janesmith2 (case sensitive)' and 'Password: [masked]'. A 'Login' button is below the fields, with a 'Forgot your password?' link underneath. To the right, a box titled 'I am a First Time User' contains the text: 'Click below to create a new User Name and Password. Registration is easy and will only take a few minutes.' and a green 'Register' button.

Navigation for Enrollment

Your Benefit Enrollment and Information

www.benefitsolver.com

When you enter the site, use the User Name and Password you established previously to start the enrollment process. If you have forgotten your User Name or Password, click **FORGOTTEN YOUR PASSWORD**.

Your company key is **garland** (case sensitive).



You will be prompted for SSN, Company Key (**garland**), and DOB (mm/dd/yyyy). Follow prompts.

...next...

Click **START HERE**

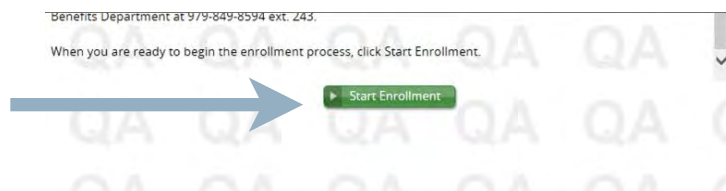
You may go to the Reference Center to get more details on the available plans. You can view provider directories for the dental and vision plans if you would like to see the available network providers.



...next...

Click **START ENROLLMENT**

The next screen contains text regarding the upcoming changes and important benefits dates. Please read the text and click **START ENROLLMENT** at the bottom of the page to proceed.



...next...

Because we have selected a new benefits website and providers, you will need to go through each benefit to select or waive each plan this year. After you have completed all the benefits you will be directed to the "Review Enrollment" page. You are still able to make a change to a benefit there also, click **EDIT** to the right of the benefit you wish to change or elect. After you review your benefits, please scroll down to the bottom of the page and click **NEXT**.

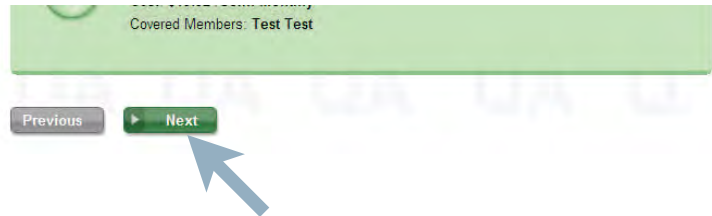


**EDIT
HERE**

...next...

When finished making your benefit change, scroll to the bottom of the page and click **NEXT**.

You will return to the review page.



...next...

When you are finished reviewing your enrollment and making changes, click **APPROVE** at the bottom or top of the Review Enrollment page. Continue to the last step on the next page.



...and last.

You must click I AGREE to complete your enrollment. If you do not click **I AGREE**, your enrollment will remain in progress and your changes will not be submitted. If you click **I DISAGREE**, your changes will be deleted.

After you click **I AGREE**, the website will ask you if you would like to print a benefit summary. Please print this for your records. A record of your enrollment will be available on the website all year.

