

2015 - 2016 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, 2015 – August 31, 2016

**2015 Open Enrollment is
July 20—August 20, 2015**





**OPEN
ENROLLMENT
IS FROM
JULY 20, 2015
TO
AUGUST 20, 2016**

Welcome to the 2015 Benefits Open Enrollment for Garland ISD. It is MANDATORY that all employees complete the online enrollment process to confirm or decline their benefit elections for the 2015—2016 plan year.

During Open Enrollment you can change benefit plans, add or drop dependents, or update beneficiaries. Elections made between July 20 and August 20 will be effective September 1, 2015 and will be payroll deducted from the September paycheck.

Only the TRS-ActiveCare medical coverage will have changes effective September 1, 2015—there are no other plan or rate changes.

You can view detailed plan information in the Reference Center at www.tgbenefits.com (formerly 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 20 through August 20. They will hold group benefit presentations and will be available to assist with online enrollment. Please see the presentation/enrollment assistance schedule on the next page.



2015-2016 Enrollment Schedule

Employee Medical and Supplemental Benefits Open Enrollment is from July 20, 2015 - August 20, 2015. Garland ISD Technology Center will be open for enrollments beginning July 21, 2015. There will be several 30-minute Benefits Presentations beginning **August 11, 2015**. Benefit Advisors will be available to assist with questions and online enrollment.

Garland ISD Technology Center is located at:

410 Stadium Drive, Garland, TX 75040

Benefits Presentations

08/11/2015	8:00 AM	10:00 AM	3:00 PM	5:00 PM	7:00 PM *
08/13/2015	8:00 AM *	10:00 AM	3:00 PM	5:00 PM	7:00 PM
08/18/2015	8:00 AM	10:00 AM *	3:00 PM	5:00 PM	7:00 PM
08/20/2015	8:00 AM	10:00 AM	3:00 PM	5:00 PM *	7:00 PM

*** Bilingual presentations will be held at indicated times**

Technology Center Enrollment Schedule

07/21/2015	8:00 AM - 8:00 PM
07/23/2015	8:00 AM - 8:00 PM
07/28/2015	8:00 AM - 8:00 PM
07/30/2015	8:00 AM - 8:00 PM
08/04/2015	8:00 AM - 8:00 PM

08/06/2015	8:00 AM - 8:00 PM
08/11/2015	8:00 AM - 8:00 PM
08/13/2015	8:00 AM - 8:00 PM
08/18/2015	8:00 AM - 8:00 PM
08/20/2015	8:00 AM - 8:00 PM

Bilingual assistance will be available during entire Open Enrollment



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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.tcgbenefits.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.tcgbenefits.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. 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 on 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. Biweekly employees will pay monthly premiums in two equal payroll deductions each month.

Premiums for medical, dental, vision, critical illness, 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.



Eligibility for Benefits

Employees

Full-time and Part-time Employees who Contribute to TRS (TRS Members)

- Eligible for a comprehensive benefits package including district provided and voluntary benefits.
- Eligible for the district contribution of \$325 per month toward cost of TRS-ActiveCare medical.
- Premiums are deducted from paychecks and paid in arrears.
- Will enroll/decline online through third party enrollment system.

Part-time Employees who do not Contribute to TRS (Non-TRS Members)

- Eligible for TRS-ActiveCare medical beginning with the 2015-2016 plan year and voluntary retirement plans.
- Expected to work 10 or more hours per week to maintain eligibility.
- Must pay the full cost of TRS-ActiveCare medical. Not eligible for the district contribution.
- Premiums are paid by cash, check or money order in advance.
- Will enroll/decline medical by completing a TRS-ActiveCare Application/Change Form.
- See “TRS-ActiveCare for Part-time Non-TRS Members” on the Garland ISD Benefits web page for further details regarding eligibility and payments.

Substitutes (Non-TRS Members)

- Eligible for TRS-ActiveCare medical beginning with the 2015-2016 plan year and voluntary retirement plans.
- Expected to work 10 or more hours per week if assignments are available to maintain eligibility.
- Must pay the full cost of TRS-ActiveCare medical. Not eligible for the district contribution.
- Premiums are paid by cash, check or money order in advance.
- Will enroll/decline medical by completing a TRS-ActiveCare Application/Change Form.
- See “TRS-ActiveCare for Substitutes” on the Garland ISD Benefits web page for further details regarding eligibility and payments.

Note: Retiree-rehires in any category who participate in TRS-Care are not eligible to participate in TRS-ActiveCare and must decline TRS-ActiveCare medical coverage.

(Dependents are discussed on the next page.)



Dependents

TRS-ActiveCare Medical Plans

- Spouse & Children up to age 26
- GISD-employed 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

- 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.

iLOCK360

- Spouse & Children, up to age 18

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.

Combined/Fidelity Life

- 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 who 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 \$2,550 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. The IRS has announced adjustments that affect health savings accounts.
 - **2015 HSA Contribution limits:** *Individuals* (self-only coverage)—\$3,350, *Family coverage*—\$6,550.
 - **2016 HSA Contribution limits:** *Individuals* (self-only coverage)—\$3,350, *Family coverage*—\$6,750.
 - **HSA Catch-up contributions (age 55 or older):** \$1,000.
 - **HDHP minimum deductible amounts:** *Individual*—\$1,300, *Family*—\$2,600.
 - **HDHP maximum out of pocket amounts:** *Individual*—\$6,450, *Family*—\$12,900.

Medical Plan



For the plan year 2015-2016 employees can choose from TRS ActiveCare 1-HD, ActiveCare Select, ActiveCare 2, or Scott & White HMO plan. 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 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 similarly 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 AC1-HD, Select, and AC2 providers on the TRS-ActiveCare website, www.trsactivecareactna.com. Please carefully read the instructions provided on the website to choose the correct network for your search.



New this year! Scott & White has partnered with TRS to offer you an HMO Plan. This low-cost plan provides you with \$3 generic prescription co-pays and \$20 Primary Care Physician co-pays as well as lower deductibles of \$800 for employee only and \$2,400 for the family. This is an HMO plan, which means you MUST utilize approved providers within Scott & White HMO Provider Network, which you can find at www.trs.swhp.org. Out-of-network visits will not be covered—with an exception for life-threatening medical emergencies.

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 Reference Center at www.tcgbenefits.com. You can also view the 2015-2016 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.

*** See page five for substitute and part-time non-TRS employee eligibility for TRS ActiveCare beginning with the 2015-2016 plan year.**



Medical Rates

TRS-ACTIVECARE PLAN 1-HD	TOTAL MONTHLY COST	GISD* CONTRIBUTION FOR ELIGIBLE EMPLOYEES	EMPLOYEE'S MONTHLY PREMIUM	SPLIT
Employee Only	\$341.00	\$325.00	\$16.00	
Employee + Spouse	\$914.00	\$325.00	\$589.00	\$132.00
Employee + Child(ren)	\$615.00	\$325.00	\$290.00	
Employee + Family	\$1,231.00	\$325.00	\$906.00	\$290.50

TRS-ACTIVECARE SELECT PLAN	TOTAL MONTHLY COST	GISD* CONTRIBUTION FOR ELIGIBLE EMPLOYEES	EMPLOYEE'S MONTHLY PREMIUM	SPLIT
Employee Only	\$473.00	\$325.00	\$148.00	
Employee + Spouse	\$1,122.00	\$325.00	\$797.00	\$236.00
Employee + Child(ren)	\$762.00	\$325.00	\$437.00	
Employee + Family	\$1,331.00	\$325.00	\$1,006.00	\$340.50

TRS-ACTIVECARE 2 PLAN	TOTAL MONTHLY COST	GISD* CONTRIBUTION FOR ELIGIBLE EMPLOYEES	EMPLOYEE'S MONTHLY PREMIUM	SPLIT
Employee Only	\$614.00	\$325.00	\$289.00	
Employee + Spouse	\$1,478.00	\$325.00	\$1,153.00	\$414.00
Employee + Child(ren)	\$992.00	\$325.00	\$667.00	
Employee + Family	\$1,521.00	\$325.00	\$1,196.00	\$435.50



SCOTT AND WHITE HMO	TOTAL MONTHLY COST	GISD* CONTRIBUTION FOR ELIGIBLE EMPLOYEES	EMPLOYEE'S MONTHLY PREMIUM	SPLIT
Employee Only	\$503.60	\$325.00	\$178.60	
Employee + Spouse	\$1,135.62	\$325.00	\$810.62	\$242.81
Employee + Child(ren)	\$798.30	\$325.00	\$473.30	
Employee + Family	\$1,259.76	\$325.00	\$934.76	\$304.88

* Substitutes and part-time non-TRS employees are not eligible for GISD contribution.



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.tcgbenefits.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
Employee + 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
Employee + 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.tcgbenefits.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.tcgbenefits.com for additional information on the vision plan.

VSP VISION PLAN (MONTHLY RATES)	
Employee Only	\$8.74
Employee + Spouse	\$13.88
Employee + Child(ren)	\$14.10
Employee + 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.

Combined Insurance will pay 50% recurrence benefit, as long as you were back to work and treatment-free for at least six 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 five or more days of work due to a critical illness, the plan will pay you an extra \$500 each month for up to six months. Advocacy Benefits come with the plan for personal and confidential assistance from professionals. These include "Find Best Docs" physician referrals, "Ask the Expert" hotline, medical travel assistance, helping understand your insurance, and diagnosis and treatment advice.

Please see a Benefits Advisor or review the plan summary with a full rate sheet in the Reference Center at www.tcgbenefits.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 fewer 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.tcgbenefits.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.

Preexisting Condition Waiver

For the first 90 days of disability, The Standard will pay full benefits even if you have a preexisting condition. After 90 days, The Standard will continue benefits only if the preexisting condition exclusion does not apply.

Please see a Benefits Advisor or review the plan summary in the Reference Center at www.tcgbenefits.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 fewer

MY NOTES TO ASK THE BENEFITS ADVISOR

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

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.tcgbenefits.com for additional information on the Basic Term Life and AD&D, and Group Universal Life plan, and for rates for the GUL plan. **NOTE:** You must enroll at www.tcgbenefits.com, complete the MetLife paperwork, and submit for coverage.

HIGHLIGHTS
<ul style="list-style-type: none"> • No-cost \$15,000 basic life and AD&D insurance from Garland ISD. Must designate a beneficiary.
<ul style="list-style-type: none"> • 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.
<ul style="list-style-type: none"> • GUL—Spouse minimum coverage is \$10,000 up to a maximum of \$50,000.
<ul style="list-style-type: none"> • 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.
<ul style="list-style-type: none"> • GUL—Offers a cash fund option, grows tax deferred.



MY NOTES TO ASK THE BENEFITS ADVISOR

Individual Life Insurance

Individual Life Insurance by Combined/Fidelity Life

Combined/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.

Guaranteed Issue amounts are \$150,000 for Employee, \$25,000 for spouse and \$25,000 for children. Approval of any elected coverage over \$150,000 for employees and for \$25,000 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.tcgbenefits.com for additional information on the individual life insurance offered. **NOTE:** You must enroll at www.tcgbenefits.com, complete the Combined/Fidelity paperwork, and submit for coverage.

HIGHLIGHTS
• Portable; rate locks at age you begin policy
• Coverage to age 121
• Rates are guaranteed until age 100
• Rider available for child(ren)
• Long-term care (LTC) 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 2014, identity fraud affected 12.7 million consumers costing a total of \$16 billion—with another *new* identity fraud victim every two seconds. Keep your identity protected with iLOCK360’s comprehensive identity protection.

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. 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.tcgbenefits.com.

SERVICE	BASIC	PLUS	PREMIUM
CyberAlert SM	✓	✓ ✓	✓ ✓
Social Security number trace		✓ ✓	✓ ✓
Change of address		✓	✓
Sex offender alerts		✓	✓
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 TM			✓
Educators DISCOUNTED monthly price	FREE	\$8	\$15
✓ adults ✓ children • 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.tcgbenefits.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

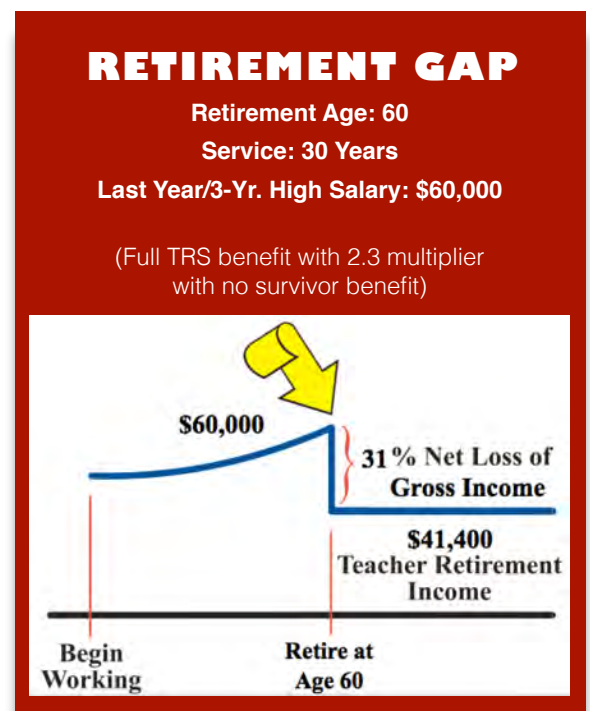
Section 457

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 a unique way. Distributions from the 457 Deferred Compensation Plan are not subject to the 10% excise tax for early withdrawal. In 2015, you can contribute 100% of your includible compensation up to \$18,000, whichever is less. If you are age 50 or older, you can contribute up to an additional \$6,000 for a total of \$24,000. See a Benefits Advisor for more information, call TCG Benefits, LLC at 888.724.0525, or log onto the website below to enroll in the Region 10 RAMS 457 Plan.

HOW TO enroll in the Region 10 RAMS 457 Plan:

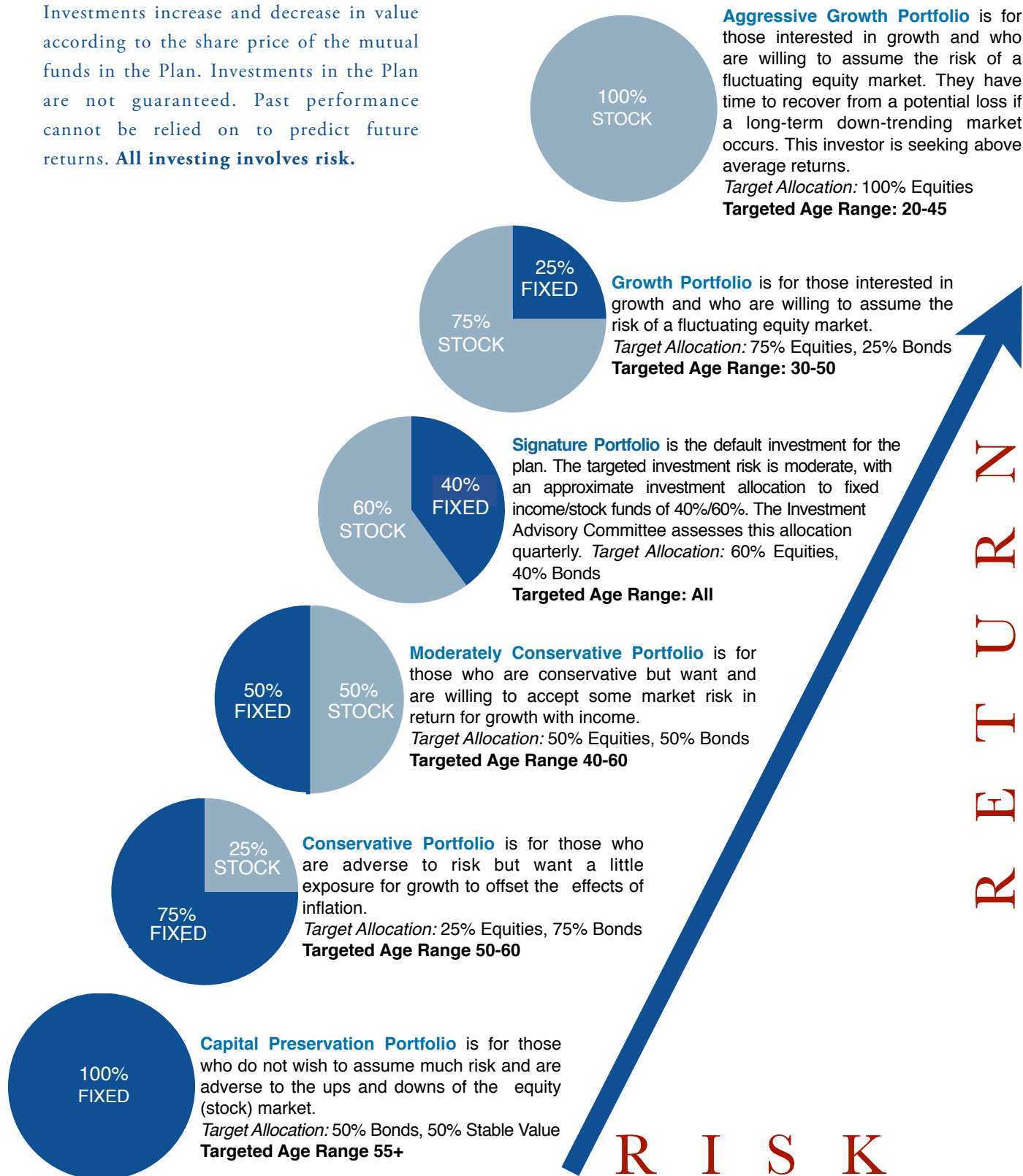
1. Direct your browser to www.tcgbenefits.com.
2. At the bottom half of the home page, click on the RAMS icon, this will take you to the Region 10 RAMS site where you can create or login to an account.
3. Once you're at the Region 10 RAMS site click **LOGIN** from the top of the home page.
4. Select your Employer from the Navigation bar, then click on the 457 tab.
5. If you are **enrolling** as a *new* participant in the 457 Plan, please follow the instructions below:
 - a. Select **REGISTER**;
 - b. Enter the Plan password: **garla457** and click **BEGIN**;
 - c. Enter your Social Security number without dashes;
 - d. Click **CONTINUE**.
6. Upon entering the site, you will move through the following steps:
 - a. **Personal Information**
 - i. Enter your personal information and click **NEXT**.
 - b. **Beneficiaries**
 - i. Click **ADD ADDITIONAL BENEFICIARY**.
 - ii. Enter in the Beneficiary information and click **NEXT**.
 - c. **Contributions**
 - i. Select your "Action" from the drop down box for your pretax contribution or the after-tax Roth contribution.
 - ii. Enter the contribution amount and click **NEXT**.
Please note that the contribution amount is the amount you want deducted from your paycheck EVERY pay period
 - d. **Investment Elections**
 - i. Select the "Source of Money" from which to apply the allocation.
 - ii. Enter the percentage of your contribution to the investment of your choice—the elections must total 100%.
 - e. **Confirmation**
Please confirm that all information is correct, including your Investment Election, and click **FINISH**.

HIGHLIGHTS
• Six professionally-managed portfolios
• Low-cost no-load funds
• Contributions are before-tax dollars
• No 10% early withdrawal penalty
• Up to \$18,000 yearly contributions
• Additional contribution of \$6,000 if age 50+
• Loan provision
• Employer oversight of plan investments
• Can contribute to both 457 and 403(b)



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 2015, you can contribute 100% of your includible compensation up to \$18,000, whichever is less. Participants age 50 and over may contribute up to an additional \$6,000 for a total of \$24,000 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. If you have questions about the 403(b), please see a TCG Benefits Advisor, or call 800.943.9179, or visit the Region 10 RAMS website www.region10rams.org.

How to enroll in the Region 10 RAMS 403(b) Plan:

1. Direct your browser to www.tcgbenefits.com.
2. At the bottom half of the home page, click on the RAMS icon, this will take you to the Region 10 RAMS site where you can create or login to an account.
3. Once you're at the Region 10 RAMS site click **LOGIN** at the top of the home page.
4. Click on **ACCESS MY PLAN** to view the approved vendor list.
5. Select your employer from the navigation bar.
6. Select **PLAN DESCRIPTION**, then click on 403(b) Texas Approved Vendor List.
7. Select a 403(b) vendor from the approved vendor list.
8. Contact the 403(b) vendor to establish an account.

After establishing your account with one of the approved 403(b) vendors, you can set up your salary deferral (*contribution amount*) and allocation (*the vendor to which you are contributing funds*) using the following steps:

1. Direct your browser to www.tcgbenefits.com.
2. At the bottom half of the home page, click on the RAMS icon, this will take you to the Region 10 RAMS site where you can create or login to an account.
3. Once you're at the Region 10 RAMS site click **LOGIN** at the top of the home page.
4. Click on **LOGIN** at the upper right corner.
5. Select your employer from the navigation bar.
6. Select the "403(b)" tab and click **REGISTER**.
7. Enter the Plan Password from the Summary Plan Description—**garla403**.
6. Enter your Social Security Number without dashes and select **BEGIN**.

Upon entering the site, you will move through the following steps:

- a. **Personal Information**
 - i. Enter your personal information and click **NEXT**.
- b. **Investment Election**
 - i. Click the box next to Employee Deferral.
 - ii. Scroll down to your vendor and enter your contribution amount in the white box to the right.
Please note that the contribution amount is the amount you want deducted from your paycheck EVERY pay period.
 - iii. Check the Authorization box at the bottom of the screen and click **NEXT**.
- c. **Confirmation**

Please confirm that all information is correct, including your Investment Election, and click **FINISH**.

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 21 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.tcgbenefits.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 \$2,550 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, 2015 to August 31, 2016

Medical Expense Reimbursement Plan

This is a plan that allows for 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 \$2,550 due to the Healthcare Reform Act. The Reference Center (www.tcgbenefits.com) has a list of eligible expenses.

Dependent Care Expenses

NOT pre-funded

\$5,000 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 set 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.tcgbenefits.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, 2015 to August 31, 2016

This plan is 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.

- **2015 HSA Contribution limits:** *Individuals* (self-only coverage)—\$3,350, *Family coverage*—\$6,550.
- **2016 HSA Contribution limits:** *Individuals* (self-only coverage)—\$3,350, *Family coverage*—\$6,750.
- **HSA Catch-up contributions (age 55 or older):** \$1,000.
- **HDHP minimum deductible amounts:** *Individual*—\$1,300, *Family*—\$2,600.
- **2015 HDHP maximum out of pocket amounts:** *Individual*—\$6,450, *Family*—\$12,900.
- **2016 HDHP maximum out of pocket amounts:** *Individual*—\$6,550, *Family*—\$13,100

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.tcgbenefits.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 an HSA. **If you are eligible and enrolled in Medicare, you are not eligible for an HSA.** The IRS puts the responsibility 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 actively-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.tcgbenefits.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	888.724.0525	
GISD Benefits Dept.	972.487.3047	
VOLUNTARY RETIREMENT PLANS		
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	
Medical Expense Reimbursement and Dependent Care Expense Accounts (FSAs)	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	800.523.2894
Life Insurance, Individual/LTC	Combined/Fidelity	877.352.3303 Option 3
TRS Medical/Pharmacy	TRS ActiveCare - Aetna/CVS CareMark	800.222.9205 or www.tractivecareetna.com
Medical HMO	Scott & White	800.321.7947 https://trs.swhp.org
State Retirement Plan	TRS Retirement	800.223.8778
Vision	VSP	800.877.7195

Existing User Navigation

First, visit www.tcgbenefits.com (previously www.benefitsolver.com)

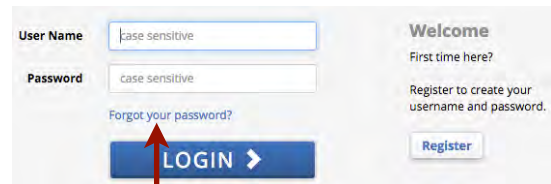
...next...

Click **LOG IN TO BENEFITS ENROLLMENT** to get started.



...next...

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 **FORGOT YOUR PASSWORD**.

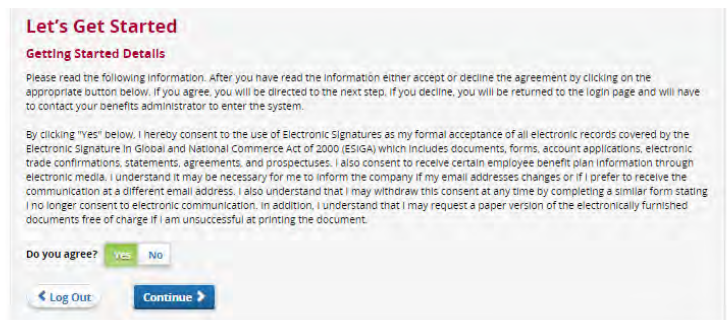


**FORGOTTEN
USER NAME or PASSWORD?**
You will be prompted for SSN, Company Key (garland), and DOB (mm/dd/yyyy). Follow prompts.

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

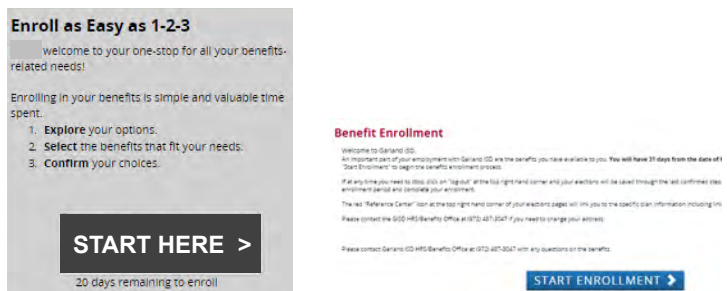
...next...

The next screen contains text regarding electronic signatures. Please read, then click **YES** and **CONTINUE**.



...next...

Click **START HERE**, then on next screen click **START ENROLLMENT**.



NOTE:

If you are **not changing** any of your current benefit elections for the upcoming plan year, you may click **APPROVE** to keep your existing benefits for the 2015-2016 plan year. **However**, FSA, Dependent FSA and HSA must be re-elected every year to maintain coverage—even if you are electing the same amount.

If you have added a dependent, you must go through each benefit to select or waive each one.

...next...

Now you will go through each benefit to select or waive each plan. 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

Home Benefits **Review Enrollment** References Center

Review Enrollment

Please review the following information. After you have verified that all your information is correct, click on the "Approve" button. If you would like to make changes or new selections, simply click on the "Edit" link to the right of the area in which you would like to make the changes.

Total Employee Cost **\$0.00***
Semi-Monthly
Print Approve

Personal Information Edit

Test Test
123 HCDE Avenue
Houston, TX 12345
US

Date of Birth: 01/01/1960 Gender: Female

Dependent Information Edit
No Dependents Listed

Election Information Costs are Semi-Monthly Employee

Previous **NEXT**

...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.

Total Employee Cost

\$44.40*
Monthly

APPROVE >

...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.

Confirmation

By selecting "I Agree" you have confirmed your benefit elections for the current plan year of September 1 through August 31. Your enrollment request will be submitted for approval. Your benefits, unless otherwise noted on your Summary of Benefits, will be effective the first of the month following your hire date. Upon review and approval, you will receive a message in your Benefits Message Center.

By selecting "I Disagree" your elections will not be submitted for approval and any changes will not be processed. You will need to re-enroll in your benefits for the current plan year.

Previous **I Disagree**

Total Employee Cost

\$44.40*
Monthly

I AGREE >

First Time User Navigation

First, visit www.tcgbenefits.com

1. Click **LOG IN TO BENEFITS ENROLLMENT** to get started.



...next...

2. Click **Register** to begin the enrollment process.

...next...

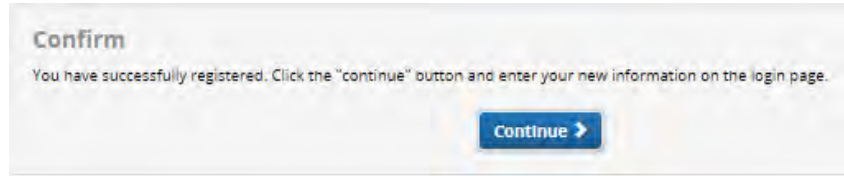
3. Type in your Social Security number (no dashes), date of birth and company key, which is **garland** (case sensitive). Click **CONTINUE**.

...next...

4. 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.

...next...

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



...and last.

6. Login with your new User Name and Password that you created in step 4. On the next screen, click **OPEN ENROLLMENT** to begin the enrollment process.

