

Table of Contents

Schedule	2
Contacts	3
Plan Rules	3
Medical	4
Medical Bridge Plan (GAP)	4
Dental Plan	4
Vision Plan	5
Critical Illness Plan	5
Cancer Plan	5
Educator Disability Plan	6
Accident Insurance Plan	6
Individual Life Insurance	6
Basic Life with AD&D, and Voluntary Group Term Life Insurance and Voluntary AD&D	7
Identity Theft Protection	7
457(b) Retirement Savings Plan	8
403(b) Retirement Savings Plan	8
Flexible Spending Account (FSA)	8
Health Savings Account (HSA)	8
Fortegra Plus Motor Club	9
Frequently Asked Questions	9
Enrollment Navigation	10

Online Enrollment Information for

- Supplemental Benefits
- Section 125 Cafeteria Plan
- Supplemental Retirement Plan

NOTE: All new 457 RETIREMENT PLAN elections will be payroll deducted and effective September 1, 2018.

Any changes made to Flexible Spending Account (FSA) contributions and supplemental insurance benefits are deducted from payroll in September, and coverage is effective September 1, 2018.

Recommended browser:
PC—Internet Explorer
Mac—Safari
(Google Chrome not compatible)

ELGIN ISD

2018-2019 OPEN ENROLLMENT BENEFIT SUMMARY

PLAN YEAR IS SEPTEMBER 1, 2018 TO AUGUST 31, 2019



OPEN ENROLLMENT: July 9th to August 14th

Benefit Advisors onsite: July 16th, 23rd and 30th

August 9th and 10th

IMPORTANT CHANGES TO KNOW THIS YEAR

NEW BENEFITS AVAILABLE

Ameritas Dental— Ameritas is the new Dental Carrier for the Dental High and Dental Low plans

KEY ITEMS

MEDICAL FLEXIBLE SPENDING ACCOUNT (FSA)—You must RE-ENROLL every year in the FSA "use-it-or-lose-it" account—even if the amount is the same as last year; \$2,650 maximum.

All employees will need to enroll online to confirm their Benefit needs for the upcoming plan year. Employees need to add their **personal email and **phone number** when enrolling.**

Your company key is:

elgin

(case sensitive)

To better serve you, please schedule an appointment by visiting:
<https://benefitselginisd.timetap.com>

ENROLLMENTS			
Date	Campus	Location	Time
June 27 th New Hire Only	Administration/ECDC	Training Room A223	8:00 AM - 4:00 PM
June 28 th New Hire Only	Administration/ECDC	Training Room A223	8:00 AM - 4:00 PM
July 16 th	Elgin Middle School		8:00 AM – 2:00 PM
July 23 rd	Elgin Middle School		8:00 AM - 2:00 PM
July 30 th	Elgin Middle School		8:00 AM – 2:00 PM
August 9 th	Elgin Middle School		8:00 AM – 5:00 PM
August 10 th	Elgin Middle School		8:00 AM – 5:00 PM

Contacts

Benefit	VENDOR	PHONE	WEBSITE	DEPENDENT ELIGIBILITY AGE
Medical	TRS	888.222.9205	www.trselectivecare.aetna.com	To age 26
Dental PPO	Ameritas	800.487.5553	www.ameritas.com	To age 26
Dental DHMO	MetLife	855.564.6638	www.metlife.com/dental	To age 26
Vision	Davis Vision	888.790.9910	www.davisvision.com	To age 26
Critical Illness	MetLife	855.564.6638	www.metlife.com/criticalillness	To age 26
Cancer	Allstate	800.521.3535	www.allstateatwork.com	To age 26
Educator Disability	Unum	866.679.3054	www.unum.com	n/a
Accident	MetLife	855.564.6638	www.MyBenefits.Metlife.com	To age 26
Individual Life Insurance	Texas Life	254.752.6521	www.texaslife.com	To age 26 to apply—covers to age 121
Group Term Life Insurance	Sun Life	800.247.6875	www.sunlife.com/us	To age 26
Identity Theft Protection	iLOCK360	855.287.8888	www.iLOCK360.com	To age 18
457(b) Retirement Plan	Region 10 RAMS	800.943.9179	www.region10rams.org	n/a
403(b) Retirement Plan	Region 10 RAMS	800.943.9179	www.region10rams.org	n/a
Flexible Spending Accounts (FSAs)	First Financial	866.853.3539	www.FFGA.com	N/A

Section 125 Cafeteria Plan Rules

The 125 Cafeteria Plan allows you to deduct certain benefit premiums from your gross earnings, before federal withholding taxes are calculated. The amount you elect to have deducted “pretax” lowers your taxable income.

TWO IMPORTANT ISSUES TO KEEP IN MIND

- You must make an election each plan year to continue your eligibility for cafeteria plan benefits.
- 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
 - Becoming Medicare eligible
 - Spousal Open Enrollment (not all plans allow this)



Eligible Benefits Under Section 125

- Medical Insurance
- Medical Bridge/Gap Insurance
- Dental Insurance
- Vision Insurance
- Critical Illness Insurance
- Cancer Insurance
- Accident Insurance

Questions for my Benefits Advisor:

TRS Medical Plan Prices for the 2018-2019 Plan Year

For more information regarding the difference between the plans, please visit:

<https://www.tractivecareetna.com>

Tier	Monthly Premium	What TRS Charges Monthly	What Elgin Contributes Monthly	What You Pay Monthly	What You Pay Semi- Monthly
TRS-ActiveCare1					
Employee	\$367.00	\$367.00	\$275.00	\$92.00	\$46.00
Employee and Children	\$701.00	\$701.00	\$275.00	\$426.00	\$213.00
Employee and Spouse	\$1035.00	\$1035.00	\$275.00	\$760.00	\$380.00
Family	\$1374.00	\$1374.00	\$275.00	\$1099.00	\$549.50
TRS-ActiveCareSelect					
Employee	\$540.00	\$540.00	\$275.00	\$265.00	\$132.50
Employee and Children	\$876.00	\$876.00	\$275.00	\$601.00	\$300.50
Employee and Spouse	\$1327.00	\$1327.00	\$275.00	\$1052.00	\$526.00
Family	\$1668.00	\$1668.00	\$275.00	\$1393.00	\$696.50
TRS-Scott&White					
Employee	\$578.36	\$578.36	\$275.00	\$303.36	\$151.68
Employee and Children	\$908.06	\$908.06	\$275.00	\$633.06	\$316.53
Employee and Spouse	\$1353.40	\$1353.40	\$275.00	\$1078.40	\$539.20
Family	\$1509.56	\$1509.56	\$275.00	\$1234.56	\$617.28
TRS-ActiveCare2*					
Employee	\$782.00	\$782.00	\$275.00	\$507.00	\$253.50
Employee and Children	\$1163.00	\$1163.00	\$275.00	\$888.00	\$444.00
Employee and Spouse	\$1855.00	\$1855.00	\$275.00	\$1580.00	\$790.00
Family	\$2194.00	\$2194.00	\$275.00	\$1919.00	\$959.50

***Note: If you're currently enrolled in TRS-ActiveCare2, you may remain on this plan. However, as of Sept. 1, 2018, TRSActiveCare2 is closed to new enrollees.**

Medical Bridge Plan (GAP) by Colonial

Dependents covered up to age 26

Even with a comprehensive health plan that covers expenses, there is a chance you could still have to pay for deductibles, co-payments, and co-insurance. This plan can offer added financial protection for out-of-pocket costs related to a covered accident or a covered sickness. Note: This plan will not be available for enrollment until medical open enrollment; dates are TBD.

- Rates vary depending on employee's age—visit www.benefitsolver.com (click LOGIN and follow prompts) for rate charts
- In-Patient/Hospital Benefit: Pays \$1,500 per person, per year
- Out-Patient Surgical Benefit: Pays \$1,500 per person, per year
- Any pre-existing condition that has been treated, received medical advice or testing, or taking medication within the previous 12 months of the effective date, will not be paid for the first 12 months of the policy



Dental Plans

Dependents covered up to age 26

Visiting the dentist can help you and your family keep a great smile as well as maintaining good health. These plans are designed to help you keep your teeth in the best shape possible. Here is how they work:

DHMO Plan by MetLife

- Must choose from the Directory of Dentists
- No claim forms
- No deductibles
- No pre-existing conditions
- No annual maximum
- Orthodontia coverage for up to 24 months



DHMO Dental Plan (semimonthly rates)	
Employee Only	\$6.05
Employee + Spouse	\$11.49
Employee + Children	\$12.10
Employee + Family	\$18.76

PPO Plan by Ameritas

- Freedom to choose dentists in- or out-of-network
- Out-of-pocket costs are lower if you chose from the Preferred Provider list of "in-network" dentists
- Annual deductible of \$50 per individual; annual maximum benefit of \$1,000 per person on the Low Plan; or \$1,500 per person for the High Plan
- Preventive care (e.g., cleaning, exams, and x-rays) is paid at 100% and not subject to the deductible
- Basic restorative care (e.g., fillings, gum treatments) is paid at 80% up to annual maximum
- Major services are covered in High Plan only at 50% up to annual maximum
- Orthodontia (available in High Plan only) lifetime maximum of \$1,000 per person
- ID cards will be mailed out

PPO Plan (semimonthly rates)	Low Plan	High Plan
Employee Only	\$6.04	\$13.72
Employee + Spouse	\$13.48	\$29.92
Employee + Children	\$19.94	\$39.48
Employee + Family	\$27.94	\$54.48



Vision Plan by Davis

Dependents covered up to age 26

Keeping up with routine eye exams is extremely important—regardless of how perfect your vision might be. On top of providing you with prescriptions for glasses or contacts, your eye doctor can check you for diseases or infections. This plan is designed to help you and your family's vision stay as healthy as possible. Highlights include:

- \$10 co-pay for eye exam
- \$10 co-pay for eyeglasses or contacts
- \$130 toward eyeglasses plus 20% off overage OR \$130 toward contacts plus 15% off overage
- You must use an in-network provider
- This plan allows for new frames every 12 months
- Employees will receive ID cards via USPS



Vision Plan (semimonthly rates)	
Employee Only	\$4.50
Employee + Family	\$10.36

Critical Illness Plan by MetLife

Dependents covered up to age 26

Receiving news that you've been diagnosed with a critical illness can impact your financial and emotional stability. Paying for treatment can be costly and your savings may not cover everything. These plans are designed to help you through the illness. Highlights include

- Guaranteed issue for entire family—no medical history required
- Low and High plans available to meet your needs
- Plan pays lump-sum benefit amount of \$15,000 (Low Plan) or \$30,000 (High Plan)
- Wellness benefit pays you \$50 (Low Plan) or \$100 (High Plan) for annual health screening test
- Plan will pay up to 300% of the benefit for each person on the plan
- Recurrence Benefit can apply
- Age-banded rates for both plans listed in Reference Center



Covered Illnesses
<ul style="list-style-type: none"> • Heart attack • Stroke • Major organ transplant • Alzheimer's disease • Cancer • Kidney failure • Skin cancer—partial benefit • Coronary artery bypass • 22 other listed conditions—partial benefit

Cancer Plan by Allstate

Dependents covered up to age 26

If you are suddenly diagnosed with cancer, it might present a challenge to your family's financial and emotional stability. This plan can help provide financial security as you undergo treatment and are not able to work. Benefits include

- Plans pay directly to offset expenses related to the treatment of cancer
- Plans pay based upon a schedule of benefits
- Plans pay up to \$10,000 annually for chemotherapy, radiation, and immunology
- Plans pay up to \$10,000 annually for blood, plasma, and platelets
- Both High and Low plans pay you \$5,000 upon initial cancer diagnosis
- The High plan includes an Intensive Care Unit (ICU) rider that will pay \$600 daily, up to 45 days, if you are confined to the ICU for ANY reason
- ICU rider will also pay for ambulance cost, air or land, if you are in ICU for 24 hours or more
- Both plans pay a wellness benefit of \$100 for an annual health screening test

Cancer Plan (semimonthly rates)	Employee Only	Family
Cancer Plan with \$5,000 Initial Diagnosis Rider (Low Plan)	\$13.02	\$21.98
Cancer Plan with \$5,000 Initial Diagnosis Rider AND Intensive Care Unit rider (High Plan)	\$14.64	\$25.28

New Hires only (within 31 days of hire) and their dependents who apply for coverage during this open enrollment will be guaranteed coverage. Pre-existing condition limitations will apply for one year for those who are not currently in the group cancer plan. 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. Allstate does not pay for any loss due to a pre-existing condition during the first 12 months of coverage.

Educator Disability Plan by Unum

Having disability insurance can help protect your income in the event you become sick, injured, or pregnant, and the doctor says you're unable to work. This plan can help provide financial security for you and your family so you can focus on recovering. Here is how this plan works:

- In the event that you become sick, injured, or pregnant, and are unable to work, disability insurance helps take the place of your missing paycheck
- Your monthly benefit will pay you up to 66⅔% of your salary for as long as you are medically disabled—up to the age of 65
- Prices vary based on how much insurance you select, and on how long an "elimination period" you select (see rate chart at www.benefitsolver.com); elimination periods tell you how long you have to wait after being diagnosed as "medically disabled" before you get paid your disability benefit; elimination periods for illness/accident are 7 days, 14 days, 30 days, 60 days, 90 days and 180 days



Highlights
<ul style="list-style-type: none"> • Pays in \$100 increments; up to 66⅔% of salary or maximum of \$8,000/month • Pays until the doctor says you can return to work, or to age 65 • Guaranteed issue for everyone, but any new or enhanced coverage has a 12-month pre-existing condition limitation

- If you select an elimination period of 30 days or less, your waiting period is waived upon in-patient hospital admittance of 24 hours or more

★ Accident Insurance Plan by MetLife

Dependents covered up to age 26

This plan is designed to help you cope with the costs associated with unexpected accidents. Despite having health insurance, out-of-pocket costs may add up quickly when you factor in expenses like co-payments and deductibles. Highlights of the plan include

- ★ **GI** • Guaranteed Issue for employees
- High and low plan to fit your budget and needs
- Coverage available for employee, spouse and children for accidents—both on and off the job
- Coverage includes—but is not limited to—fractured bones, third degree burns, concussions, broken teeth, emergency room treatment, ambulance, hospital confinement



Plan (semimonthly rates)	Low Plan	High Plan
Employee Only	\$3.88	\$7.37
Employee + Spouse	\$5.85	\$11.10
Employee + Children	\$7.49	\$14.20
Employee + Family	\$9.63	\$18.27

★ Individual Life Insurance by Texas Life

Dependents coverage can be elected up to age 25; covered up to age 26

- ★ • Coverage available for **EMPLOYEE, SPOUSE, CHILD(REN), and GRANDCHILDREN**
- **Chronic Illness Rider**- the Policy holder is eligible to withdraw 92% of the face value to help cover the cost of unexpected expenses caused by the loss of two activities of daily living or serious cognitive impairment.* Only the employee is eligible. See brochure for details and processing fee
- Employees age 49 and under: eligible to receive up to \$300,000 Express Issue
- Employees age 50-65: eligible receive up to 100,000 Express Issue
- Spousal coverage available up to \$75,000. Express Issue amounts vary depending on spouses age
- Child(ren) and Grandchildren eligible to receive up to \$50,000
- See FAQs page for definition of “express issue”
- Detailed rate chart at www.benefitsolver.com (click Login)

• Highlights
• Portable
• Coverage up to age 121
• No scheduled rate increase
• Rider for child(ren)
• Chronic Illness Rider- pays up to 92% of policy value to help cover cost of long term care

★ Group Term Life Insurance, Basic Life with AD&D, and Voluntary AD&D by Sun Life

Dependent coverage can only be carried on one employee, if both work for the district. Dependents covered up to age 26

Although no dollar amount can ever be placed on the value of your life, this insurance plan can provide stability and protection to your loved ones after you are gone. Elgin ISD provides all eligible employees with a \$25,000 Basic Life & AD&D policy. Here is how this plan works:

- Amounts of coverage still in underwriting after September 1, 2018, the effective date of coverage will be the first day of the month following the date of approval by Sun Life

Existing Employees—subject to underwriting

- Employee: Increments of \$10,000 up to \$300,000
- Spouse: Increments of \$1,000 up to \$100,000
- Child(ren): Increments of \$5,000 up to \$10,000
- Spouse and dependent child(ren) coverage is limited to 100% of the employee's coverage election

New Hires (within 31 days of hire)—Guaranteed Issue

- Employee: Increments of \$10,000, beginning at \$10,000 up to a maximum of \$150,000
- Spouse: Increments of \$1,000 up to \$50,000



This is an outline of benefits only. If there is a conflict between the terms of this outline of benefits and the contract, the terms of the contract will prevail. Please see a Benefits Advisor or review plan summary in the Reference Center at www.benefitsolver.com for additional information.

- Child(ren): Increments of \$5,000 up to \$10,000 (For a newborn under 6 months old, child coverage is limited to \$500)
- Spouse and dependent child(ren) coverage is limited to 100% of the employee's coverage election
- Dependent coverage can only be carried on one employee, if both work for the district

Voluntary AD&D is also available and is ALWAYS Guaranteed Issue. Options for AD&D coverage are as follow:

- Employee: Up to 6 times salary in \$1,000 increments, not to exceed \$300,000
- Spouse: Up to 100% of employee amount in \$5,000 increments, not to exceed \$50,000

PLEASE NOTE: For any amounts that are subject to health and underwriting guidelines for approval, you will be prompted to complete the Evidence of Insurability and submit. If the Evidence of Insurability is not completed by August 31st, 2018, the elected coverage will be declined.

Identity Theft Protection by iLOCK360

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. In 2015, identity fraud affected 13.1 million consumers costing a total of \$15 billion. Last year, 20% of all fraud losses were due to new account fraud—meaning that fraudsters were opening new accounts under stolen identities, going beyond the usual credit card fraud many consumers anticipate. Keep your identity protected with iLOCK360's comprehensive identity protection. Here is how this plan works:

- Basic coverage provided **FREE** to all eligible employees
- Monitors your identity 24/7/365
- Personal email address required to sign up for this program
- Plan can protect individual or family



Service	Basic	Plus	Premium
CyberAlert®	✓	✓✓	✓✓
Social Security number trace		✓✓	✓✓
Change of address		✓	✓
Sex offender alerts		✓	✓
Payday loan		✓	✓
Court/criminal records		✓	✓
Full service restoration and lost wallet		✓	✓✓
\$1M insurance		✓	✓
Daily monitoring of one credit bureau (TransUnion)		✓	
Daily monitoring of three credit bureaus (TransUnion, Equifax, Experian)			✓
ScoreTracker™			✓
✓ adults ✓ children			

iLOCK360 (semimonthly rates)	Basic	Plus	Premium
Employee Only	FREE	\$4.00	\$7.50
Employee + Spouse	N/A	\$7.50	\$11.00
Employee + Children	N/A	\$6.50	\$10.00
Employee + Family	N/A	\$10.00	\$13.50

457(b) Retirement Savings Plan

Section 457(b) Deferred Compensation Plan refers to Section 457(b) of the Internal Revenue Code of 1986. This is a district-sponsored voluntary retirement savings plan that allows an employee to save money for retirement on a tax-deferred basis. This plan allows you to start, stop, increase or decrease contributions at any time. The plan contains most of the same features of the 403(b) plan, but is particularly different in one unique way: distributions from the 457(b) Deferred Compensation Plan are not subject to the 10% excise tax for early withdrawal.

In 2018, you can contribute 100% of your includible compensation up to \$18,500, whichever is less. If you are age 50 or older, you can contribute up to an additional \$6,000 for a total of \$24,500 for the year. TCG Administrators (formerly JEM Resource Partners) is the plan administrator; you can elect salary deductions at www.region10rams.org. Your initial password to enroll online is **elgin457** (case sensitive). **All investing involves risk. Past performance is not a guarantee of future returns.**



403(b) Retirement Savings Plan

A 403(b) is a retirement savings plan generally offered by public schools and other tax-exempt organizations that allows employees to make contributions on a pretax basis. Most plans allow you to start, stop, increase or decrease contributions at any time. The employer determines the investment providers and employees must open an account with one of those providers to contribute. TCG Administrators (formerly JEM Resource Partners) is the plan administrator; you can elect salary deductions at www.region10rams.org. Your initial password to enroll online is **elgin403** (case sensitive). **All investing involves risk. Past performance is not a guarantee of future returns.**



This is an outline of benefits only. If there is a conflict between the terms of this outline of benefits and the contract, the terms of the contract will prevail. Please see a Benefits Advisor or review plan summary in the Reference Center at www.benefitsolver.com for additional information.

Flexible Spending Account (FSA)—Medical

This plan 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 expected to be incurred. **The maximum election amount for 2018 is \$2,650**—this 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. Please consult your employee benefits office or a Benefits Advisor, or visit the Reference Center (www.benefitsolver.com) for a list of eligible expenses. REMEMBER: If you don't use it, you lose it! You MUST re-enroll every year.



Flexible Spending Account (FSA)—Dependent Care

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 parts 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 as the monies come in from each paycheck. **The IRS does not allow the Dependent Care Account (DCA) to be pre-funded.** Where accepted, the debit card may be used for payment of dependent care expenses. Please see the summary plan description located on the enrollment website for more information. Note: Any money not claimed by the employee within ninety days (90) after the end of the plan year is **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. Please consult your employee benefits office or a Benefits Advisor, or visit the Reference Center (www.benefitsolver.com) for a list of eligible expenses. (See FAQ page).



Health Savings Account (HSA)

The Health Savings Account is only available for employees that elect a High Deductible Health Plan (HDHP). This would include the TRS AC1-HD. So to be eligible for the HSA, you would need to be enrolled in or to elect this medical plan for next year. 2018 HSA Contribution limits: Individuals (self-only coverage)—\$3,350; Family coverage—\$6,750. HSA Catch-up contributions (age 55 or older): \$1,000. The HSA is very different from the Flexible Spending Account (FSA), as it is not pre-funded and you can only utilize the account as the monies from your paycheck are received to the HSA. Also the HSA is NOT a use-it-or-lose-it plan. The monies will continue to stay in your account until utilized for qualified expenses. The HSA can be increased, decreased, started or stopped at any time throughout the plan year. These changes can be made by filling out an HSA change form available at www.benefitsolver.com. Employees who select a general purpose FSA, or whose spouse has a general purpose FSA, cannot have an HSA too.



Frequently Asked Questions

What is Guaranteed Issue (GI)?

Also referred to as Guaranteed Acceptance, or GA, means that you can't be turned down for health reasons. Guaranteed Issue is typically offered during initial enrollment for benefits.

What is a "pre-existing condition"?

A pre-existing condition is a disease or physical condition for which symptoms existed or medical advice or treatment was recommended or received prior to the effective date of coverage.

What is a deductible?

A deductible is what you must pay for your health care before your insurance pays its part. Most plans have deductibles, which start over when your "PLAN YEAR" starts over. For example, if your plan has a \$1,000 deductible and you have surgery that costs \$5,000, you'll pay \$1,000 before your insurer helps you cover your bills.

What is a co-pay?

A copay is a small, fixed amount—often \$15 or \$20—that you pay for covered services like a prescription or a doctor's visit. Some health plans also apply coinsurance to certain services. With it, you pay a percentage of the total cost of care. For example, if you have a 20% coinsurance, and your doctor's appointment costs \$300, you'd pay \$60. That's if you've met your deductible.

What does out-of-pocket maximum mean?

Your out-of-pocket maximum is the most you have to pay each year toward your medical services or prescription drugs before your insurance pays for all your care. This amount does not include what you pay in premiums. The Affordable Care Act limits the out-of-pocket maximums. In 2016, for one adult, it can be no more than \$6,850, and for a family, it can be no more than \$13,700.

What does EOB mean?



After you've visited your doctor or had a procedure in a hospital, you'll receive an explanation of benefits (EOB) form explaining how much of the charges your insurance will pay. The EOB isn't a bill itself, but it can tell you what your doctor may charge you. Look for the words "due from patient" to see how much you may owe after your insurance pays.

Before you get certain tests or procedures, do you need permission from your health insurance plan?

If your doctor says you need a test or procedure, your health plan may have to give permission if it's to be covered by insurance. Giving that permission is called preauthorization. Your plan's overview of benefits lists what care needs to be preauthorized. If you don't get it when it's required, your health plan won't pay its part of the costs.

Dependent Care Accounts

If I contribute to a Dependent Care Account, can I also write-off my daycare expenses on my taxes?

No, you may not. If you use the Dependent Care Account, you save money up-front on your taxes. Your per-paycheck deductions are taken out of your paycheck before you pay taxes on your income. Thus, your taxable income is less, and you pay less in taxes.

What kinds of care does this cover?

- Before-school and after-school care
- Expenses for preschool/nursery school
- Extended day programs
- Au pair services (amounts paid for the actual care of the dependent)
- Baby sitter (in or out of the home)
- Nanny services (amounts paid for the actual care of the dependent)
- Summer day camp for your qualifying child under the age of 13
- Elder day care for a qualifying individual



Can I use the dependent care account to fund elder care for my mother/father/spouse?

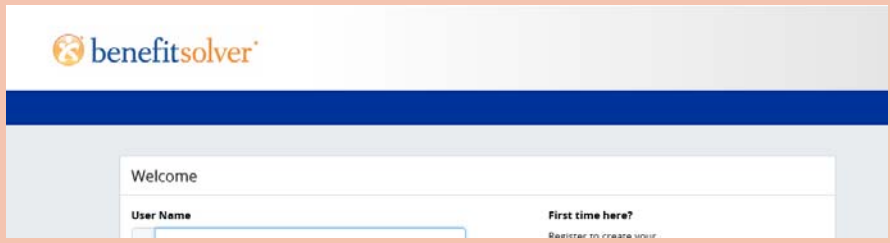
Yes, you may use your Dependent Care account to fund care for individuals who qualify as your dependent child under the age of 13 who lives with you for more than half the year (and for whom you are the custodial parent in cases of divorce) your spouse, or other tax dependent, who is incapable of self-care and lives with you for more than half the year.

Notes:

Enrollment Navigation Instructions

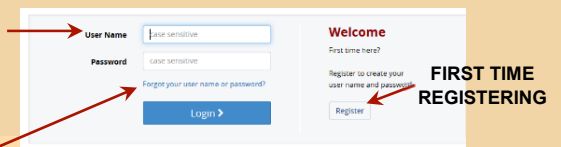
1

Visit the enrollment website at www.benefitsolver.com and click **LOGIN** to get started.



When you enter the site for the first time click **Register** and proceed. After you have registered, you will go to **User Name** and **Password**. If password is forgotten, click **Forgot Your Password**, and proceed with prompts.

AFTER YOU HAVE REGISTERED FOR THE FIRST TIME, YOU WILL GO HERE



2

Your Company Key is **elgin** (case sensitive)

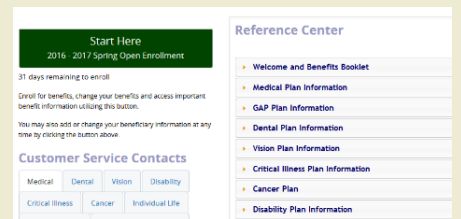
FORGOTTEN PASSWORD

You will be prompted for SSN, company key, and DOB (MM/DD/YYYY). Follow prompts.

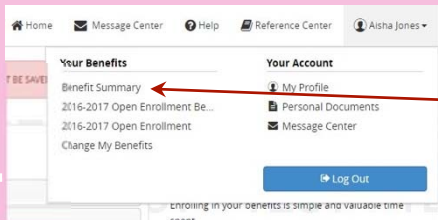


Click **START HERE**

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.



4



VIEW CURRENT BENEFITS BY CLICKING HERE

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.

