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Online Enrollment Information for

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

NOTE: All new 457 RETIREMENT PLAN elections will be deducted on September 15 but they will be effective on September 1, 2016.

Changes made to Flexible Spending Account (FSA) contributions are deducted in September.

Changes to voluntary insurance benefits are deducted in August and coverage is effective September 1, 2016.

Recommended browser:

PC—Internet Explorer
Mac—Safari

(Google Chrome not compatible)



EI PASO ISD

2016-2017 OPEN ENROLLMENT BENEFIT SUMMARY

PLAN YEAR IS SEPTEMBER 1, 2016 TO AUGUST 31, 2017



OPEN ENROLLMENT:

June 27th - July 31st

Benefit Advisors onsite:

July 13th-15th, July 18th-22nd, and July 25th-28th

IMPORTANT INFORMATION TO KNOW THIS YEAR

KEY ITEMS

★ INDIVIDUAL LIFE INSURANCE—Guaranteed issue available **THIS YEAR** for employee, spouse, and children—with a long-term care rider for employee and spouse—and no medical history required.

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; \$2,550 maximum.

HEALTH SAVINGS ACCOUNT (HSA)—You must be enrolled in a High Deductible Health Plan (HDHP) to open an HSA, and you will need to RE-ENROLL annually for the upcoming year.

DEPENDENT CARE ACCOUNT (DCA)—You must RE-ENROLL every year in the DCA "use-it-or-lose-it" account—even if the amount is the same as last year; \$2,500 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

elpaso

(case sensitive)

Schedule

PRESENTATION SCHEDULE in Rooms 115 & 116 at Professional Development Center (PDC), 6500 K Boeing Drive

DAY	DATE	TIME	LANGUAGE
Thursday	7/14/16	10:00 AM - 11:00 AM	English
		3:00 PM - 4:00 PM	English
Friday	7/15/16	10:00 AM - 11:00 AM	English
		11:30 AM - 12:30 PM	English
		1:30 PM - 2:30 PM	Spanish
		3:00 PM - 4:00 PM	English
Monday	7/18/16	9:00 AM - 10:00 AM	Spanish
		10:30 AM - 11:30 PM	English
		1:30 PM - 2:30 PM	Spanish
		3:00 PM - 4:00 PM	English
Thursday	7/21/16	9:00 AM - 10:00 AM	English
		10:30 AM - 11:30 PM	Spanish
		1:30 PM - 2:30 PM	English
		3:00 PM - 4:00 PM	Spanish
		6:00 PM - 7:00 PM	English
Friday	7/22/16	9:00 AM - 10:00 AM	Spanish
		10:30 AM - 11:30 PM	English
		1:30 PM - 2:30 PM	Spanish
		3:00 PM - 4:00 PM	English
Thursday	7/28/16	9:00 AM - 10:00 AM	English
		10:30 AM - 11:30 PM	Spanish
		1:30 PM - 2:30 PM	English
		3:00 PM - 4:00 PM	Spanish
		6:00 PM - 7:00 PM	Spanish

ENROLLMENT ASSISTANCE in the PINK LAB at the PDC

DAY	DATE	TIME
Wednesday	7/13/16	9:00 AM - 5:00 PM
Thursday	7/14/16	9:00 AM - 5:00 PM
Friday	7/15/16	9:00 AM - 5:00 PM
Monday	7/18/16	9:00 AM - 5:00 PM
Tuesday	7/19/16	9:00 AM - 5:00 PM
Wednesday	7/20/16	9:00 AM - 5:00 PM
Thursday	7/21/16	9:00 AM - 8:00 PM
Friday	7/22/16	9:00 AM - 5:00 PM
Monday	7/25/16	9:00 AM - 5:00 PM
Tuesday	7/26/16	9:00 AM - 5:00 PM
Wednesday	7/27/16 (PINK LAB ONLY!)	9:00 AM - 5:00 PM
Thursday	7/28/16	9:00 AM - 8:00 PM

Contacts

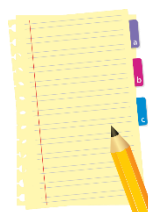
BENEFIT	VENDOR	PHONE	WEBSITE	DEPENDENT ELIGIBILITY AGE
Medical	TRS ActiveCare	800.222.9205	www.trsactivecare.aetna.com	To age 26
Mail order prescriptions	CVS/Caremark	800.222.9205	www.caremark.com/trsactivecare	To age 26
Dental	MetLife	800.942.0854	www.metlife.com/dental	To age 26
Vision	Superior	800.507.3800	www.superiorvision.com	To age 26
Educator Disability	Sun Life	888.724.0525	www.sunlife.com	n/a
Individual Life Insurance	Combined	877.352.3303	www.tcgservices.com	To age 26
Group Term Life Insurance	Sun Life	888.724.0525	www.sunlife.com	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) or Health Savings Accounts (HSAs)	TCG Administrators	800.943.9179	www.tcgservices.com	n/a
Employee Assistance Program	EAP Essential/Sun Life	800.460.4374	www.guidanceresources.com Web ID EAPessential	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
- Dental Insurance
- Vision Insurance
- Flexible Spending Accounts

Questions for my Benefits Advisor:

Medical Plan

Medical coverage is available to all eligible employees and their eligible dependents. Employees who have questions on the medical insurance can refer to documents and comparison charts in the Reference Center on the benefits enrollment website at www.tcgsservices.com or contact TRS Aetna directly at 800.222.9205. Enrollment is the opportunity for employees to enroll in a TRS-ActiveCare medical plan for the first time, add dependents, or move from one medical plan option to another.

The rates below reflect the rates for Full-Time (30 to 40-hour) employee class; please see benefit website reference center for the rates for other classes.

TRS ActiveCare Plan 1—HD	Total monthly premium	EPISD contribution	Employee cost (monthly)	Employee cost (semimonthly)
Employee Only	\$341.00	\$341.00	\$0.00	\$0.00
Employee + Spouse	\$914.00	\$435.00	\$479.00	\$239.50
Employee + Child(ren)	\$615.00	\$435.00	\$180.00	\$90.00
Employee + Family	\$1,231.00	\$435.00	\$796.00	\$398.00
Family Pooling Premium (if spouse is educator at EPISD)	\$1,231.00	\$870.00	\$361.00	\$180.50
Family Split Premium Election (if spouse works in a different TRS medical district)	\$615.50	\$435.00	\$180.50	\$90.25

TRS ActiveCare 2 Plan	Total monthly premium	Employer cost monthly	Employee cost (monthly)	Employee cost (semimonthly)
Employee Only	\$645.00	\$435.00	\$210.00	\$105.00
Employee + Spouse	\$1,552.00	\$435.00	\$1,117.00	\$558.50
Employee + Child(ren)	\$1,042.00	\$435.00	\$607.00	\$303.50
Employee + Family	\$1,597.00	\$435.00	\$1,162.00	\$581.00
Family Pooling Premium (if spouse is educator at EPISD)	\$1,597.00	\$870.00	\$727.00	\$363.50
Family Split Premium Election (if spouse works in a different TRS medical district)	\$798.50	\$435.00	\$363.50	\$181.75

TRS ActiveCare SELECT Plan	Total monthly premium	Employer cost monthly	Employee cost (monthly)	Employee cost (semimonthly)
Employee Only	\$484.00	\$435.00	\$49.00	\$24.50
Employee + Spouse	\$1,147.00	\$435.00	\$712.00	\$356.00
Employee + Child(ren)	\$779.00	\$435.00	\$344.00	\$172.00
Employee + Family	\$1,361.00	\$435.00	\$926.00	\$463.00
Family Pooling Premium (if spouse is educator at EPISD)	\$1,361.00	\$870.00	\$491.00	\$245.50
Family Split Premium Election (if spouse works in a different TRS medical district)	\$680.50	\$435.00	\$245.50	\$122.75

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 or deductibles
- No pre-existing conditions
- No annual maximum
- Orthodontia coverage for up to 24 months for child dependents under the age of 25
- New enrollees will receive their ID card via USPS



DHMO Dental Plan (semimonthly rates)	
Employee Only	\$4.17
Employee + Spouse	\$6.95
Employee + Children	\$8.07
Employee + Family	\$9.74

PPO Low Plan by MetLife

- Freedom to choose dentist 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; \$150 per family; annual maximum benefit of \$1,000 per person
- Scheduled amount to reimburse you based on each procedure up to \$1,000 maximum per calendar year
- In-network providers have agreed to the contracted rate, reducing your out of pocket expenses by staying in-network
- Orthodontia lifetime maximum of \$1,000 per person



PPO Plan (semimonthly rates)	Low Plan	High Plan
Employee Only	\$8.33	\$12.23
Employee + Spouse	\$16.67	\$24.48
Employee + Children	\$17.00	\$24.97
Employee + Family	\$25.35	\$37.21

PPO High Plan by MetLife

- Freedom to choose dentist 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; \$150 per family; annual maximum benefit of \$1,000 per person
- Preventive care is paid at 100% after deductible is met
- Basic restorative care is paid at 80% up to annual maximum
- Major services are covered at 50% up to annual maximum
- Orthodontia lifetime maximum of \$1,000 per person

Vision Plan by Superior Vision

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

- Richer benefits with in-network provider
- \$20 co-pay for eye exam
- \$20 co-pay for eyeglasses or contacts
- \$150 frame allowance **OR** \$175 contact lens allowance
- This plan allows for new frames every 12 months
- New enrollees will receive their ID card via USPS



Vision Plan (semimonthly rates)	
Employee Only	\$3.58
Employee + Spouse	\$7.15
Employee + Children	\$7.33
Employee + Family	\$10.10

Educator Disability Plan by Sun Life

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 the plan works:

- GI • Guaranteed Issue for everyone, but any new or enhanced coverage has a 12-month pre-existing condition limitation
- Pays in \$100 increments; up to 66⅔% of salary or maximum of \$7,500
- Pays until the doctor says you can return to work, or to age 65
- Prices vary based on how much insurance you select, and on how long an "elimination period" you select (see rate chart at www.tcgservices.com/login and click on "Benefit Enrollment Login"); 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 are 7 days, 14 days, 30 days, 60 days, 90 days and 180 days
- Plan includes a Hospital Waiver—meaning if you are admitted to a hospital as an inpatient for twenty-four hours or more, the elimination period will be waived and payments will begin immediately for anyone who has chosen the 7-day, 14-day, or 30-day elimination periods
- See FAQs for definition of "guaranteed issue" and "pre-existing" conditions



Individual Life Insurance by Combined Insurance

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

THIS YEAR ONLY every eligible employee, up to age 70, will be **GUARANTEED up to \$150,000** of total coverage without having to provide evidence of insurability; approval of any additional coverage over \$150,000 is subject to health and underwriting guidelines set by the insurance company.

- Coverage available for employee, spouse, and child(ren)
- Child term rider for dependent child(ren) available for age 15 days old to 25 years old
- Child(ren) who "age out" of the plan are eligible to convert the policy to an unattached, portable policy
- GI • Children are guarantee issue this year up to \$25,000 and spouse (up to age 60) has a limited guarantee issue of \$25,000 **THIS YEAR ONLY**
- See FAQs page for definition of "guaranteed issue"
- Detailed rate chart at www.tcgservices.com (click Login)

Highlights

- Portable
- Coverage up to age 120
- Rates are guaranteed up to age 100
- Rider for child(ren)
- Long-Term Care (LTC pays up to 4% of death benefit up to 25 months)

Employee Assistance Program (EAP)

The Employee Assistance Program is a total life assistance tool for you and your dependents provided by EAP Essential/Sun Life.

- Available at no charge, EAP is there 24/7/365 for confidential consultation with a medical clinician
- Program helps to manage life's challenges—whether they are issues at home or work
- To speak with a Care Coordinator, call 800.460.4374 or visit their website at www.guidanceresources.com
- Your company Web ID is EAP Essential



Questions for my Benefits Advisor:

Basic Term Life with AD&D, and Voluntary Group Term Life Insurance (GTL) by Sun Life

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. Here is how this plan works:

- District provides \$10,000 of basic life and AD&D insurance at no cost to benefit-eligible employees
- Coverage available for spouse and child(ren) ONLY if you have Sun Life Voluntary coverage for yourself
- Amounts of coverage still in underwriting after 9/1/2016 will be effective the first day of the month following the date of approval by Sun Life

Existing Employees—**subject to underwriting**

- Employee: Eligible for 1.5x, 2x or 3x annual earnings
- Spouse: Five volume options including \$12,000, \$14,000, \$16,000, \$18,000 or \$20,000
- Child(ren): Coverage is \$2,000 (for children 14 days old to 6 months old, limited coverage of \$1,000 will be provided)
- Existing employees who currently have a Sun Life policy under the Guaranteed Issue maximum can increase their coverage by 1 level up to 3x times annual salary or a maximum of \$500,000 (whichever is lesser) without medical questions



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

- Basic Life and AD&D for \$10,000
- Employee: Guaranteed Issue for employees up to 3x base annual earnings up to \$500,000
- Spouse: Guaranteed Issue up to \$20,000 in coverage
- Child(ren): Guaranteed Issue up to \$2,000 in coverage

Identity Theft Protection by iLOCK360

Dependents covered up to age 18

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 it works:

- All employees eligible for identity theft protection coverage
- Monitors your identity 24/7/365
- Personal email address required to sign up for this program
- Plan can protect individual or family

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



Service	Plus	Premium
CyberAlert SM monitors: • One social security number • Two phone numbers • Five credit/debit cards • Two email addresses • Two medical ID numbers • Five bank accounts	✓ ✓	✓ ✓
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		

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.tcgsservices.com for additional information.

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 2016, 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 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 **elpas457** (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 **elpas403** (case sensitive). **All investing involves risk. Past performance is not a guarantee of future returns.**

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 2016 is \$2,550**—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.tcgservices.com) for a list of eligible expenses. REMEMBER: If you don't use it, you lose it! You MUST re-enroll every year. The FSA card is fully funded beginning September 1, 2016. A grace period allows employees to incur expenses up to 75 days after the plan year ends and employees have 90 days to file claims.



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.tcgservices.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. To be eligible for the HSA, you would need to be enrolled in or to elect this medical plan for next year. 2016 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 online or by filling out an HSA change form available at www.tcgservices.com. Employees who select a general purpose FSA, or whose spouse has a general purpose FSA, cannot have an HSA too.

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.tcgservices.com for additional information.

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.

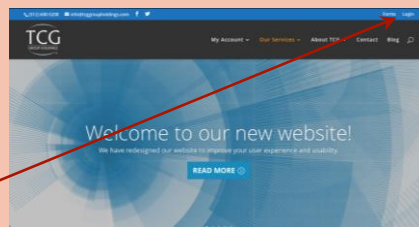


Enrollment Navigation

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

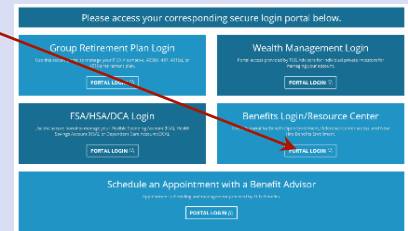
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START
HERE



CLICK
HERE

Click **BENEFIT ENROLLMENT** to access login portal.



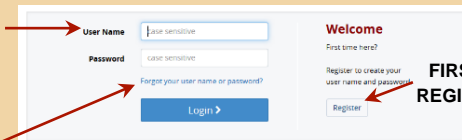
When you enter the site for the first time click **Register** and proceed. After you have registered, you will go to **User Name** and **Password**. If password is forgotten, click **Forgot Your Password**, and proceed with prompts.

3

Your company key is **elpaso** (case sensitive)

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

FORGOTTEN
PASSWORD



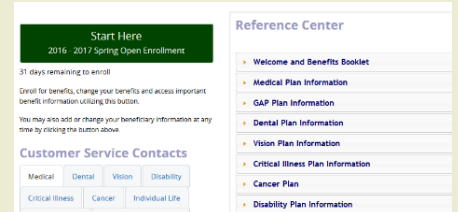
FIRST TIME
REGISTERING

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

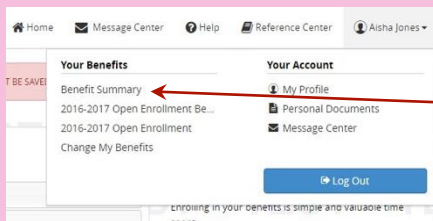


Click **START HERE**

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.



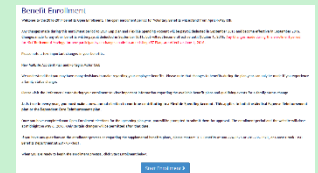
5



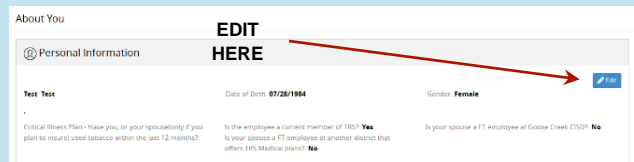
VIEW CURRENT
BENEFITS BY
CLICKING HERE

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.

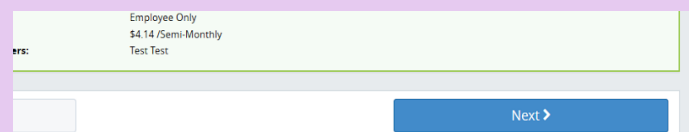


You will need to go through each benefit to select or waive each one this year. After you have completed all the benefits you will be directed to the "Review Enrollment" page. You are still able to make a change to a benefit there also. Click **EDIT** to the right of the benefit you wish to change or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



8

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



9

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. On the next screen click **I AGREE**, and then click **PRINT** for a summary of your chosen benefits.

