

Employee Benefits

2024-2025 Overview Guide



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TISD BENEFITS OVERVIEW

September 1, 2024 - August 31, 2025



Pam Norsworthy

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You are encouraged to visit our website for detailed benefit information prior to making any benefit decisions.

This brochure is simply an overview of the benefits TISD offers. Visit our Employee Benefits page (link below) on the TISD website for detailed coverage and plan cost information.

https://tomballisd.net/employee-benefits/



Click on the INFO icon throughout the benefits guide for more information



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New Employee — How to Enroll

All new employees MUST go online to elect or decline each benefit offered by Tomball ISD. You have 31 days from your start date to make your Benefit elections. If your online enrollment is not completed within 31 days of your start date, you will receive Basic Life Insurance benefits only. An overview of benefits offered are listed in this pamphlet. Click on each Benefit Info Button for a direct link to our website for detailed information in order to make your decisions. For questions, please contact the Benefits Office.

Online Enrollment Site:

https://ffga.benselect.com

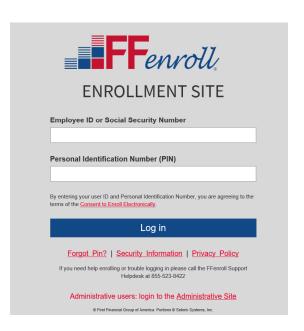
Login: Employee ID number or SSN (no dashes) **PIN:** Last 4 digits of your SSN *and* the last 2 digits

of your birth year

• Once you login you will arrive at the Welcome Screen

- Verify your personal information
- Verify all dependent information (SSN/DOB)
- · Click "Next" to begin enrollment





Mid-Year Plan Changes

Changes in your Benefit elections cannot be made in the middle of the plan year, unless you have an IRS approved **qualifying life event**. These include marriage, divorce, birth or adoption, and termination or commencement of a new job by your spouse. If any of these apply, please complete the Change in Status Election Form and Blue Cross Blue Shield enrollment application, if you plan to enroll in the TRS ActiveCare medical plan. If you are not enrolling in the medical plan, then only the Change in Status Election form is required. Forms MUST be submitted to the Benefits office **within 31 days** of the qualifying event date. Forms are available on our website.

Substitutes

Tomball ISD now offers medical insurance to substitutes. You have **31 days** from your hire date to accept or decline the medical plan. Substitutes are required to complete the TRS ActiveCare Enrollment Application before you will be eligible to accept assignments. Steps to enroll and steps to decline are included in the Substitute Benefits Information 2024-2025.

Substitutes may also participate in the 403(b) plan. You may elect to open a 403(b) at any time during the year and not just during your 31 day enrollment period.



Flexible Spending Accounts—FSA, DSA & HSA

Flexible Spending Accounts use pre-tax dollars to pay for medical co-pays, prescriptions, and/or daycare fees, thereby reducing your taxable income and increasing your take-home pay. Flex accounts allow you to save up to 30% on your eligible healthcare and/or dependent care expenses every year. TISD offers three options for the plan year September 1, 2024—August 31, 2025.

Some eligible expenses include:

- Medical/dental office visit co-pays
- Vaccinations
- Prescriptions
- Daycare Fees, Before/After School Care
- Dental/Orthodontic care services (Limited FSA plan option available)
- Eye exams and prescription glasses/lenses (Limited FSA plan option available)



TASC FlexSystem (FSA) enrollment and/ or Dependent Care FSA allows you determine the dollar amount you want to contribute to each account based on your estimated expenses for the upcoming Plan Year. Your contributions will be deducted in equal amounts from each paycheck, pre-tax, throughout the Plan Year. The more you contribute to these accounts, the more you reduce your taxable gross salary. With less taxes taken, your take-home pay increases.

The TASC FlexSystem Dependent Care FSA allows you to use pretax dollars to pay for eligible expenses related to care for your child, disabled spouse, elderly parent, or other dependent who is physically or mentally incapable of self-care, so you (or your spouse) can work, look for work, or attend school full time. Medical expenses for your dependent are not eligible for reimbursement under the Dependent Care FSA.

TASC HSA (Health Savings Account) increases your take-home pay by using pre-tax dollars to pay for eligible healthcare expenses. A Health Savings Account (HSA) works with your High Deductible Health Plan (HDHP) and lets you set aside a portion of your paycheck—before taxes—into an account. Use those funds to help pay for medical expenses (before you reach your deductible) that aren't covered by your HDHP.

- Reduces your taxable income. Your elected Plan contributions are deducted pre-tax, which reduces your taxable income and thereby increases your take-home pay.
- Gives you control. Funds in your TASC HSA stay with you, even if you change jobs. And, if you're
 no longer covered by an HDHP, your HSA stays active and remaining funds can still be used for
 medical expenses.
- Grows with you. If you maintain a minimum balance of \$2,000, any additional funds may be invested in top-ranking mutual funds yielding tax-free earnings.
- Helps you plan for the future. Until you turn 65, withdrawals used for eligible expenses are taxfree. After you turn 65, or if you become disabled, your HSA becomes similar to a regular IRA. Withdrawals you use for non-eligible expenses will be taxed at your regular income tax rate but won't incur additional penalties.

Medical Insurance

Blue Cross Blue Shield is the plan administrator for the **TRS-ActiveCare** plans. The **TRS ActiveCare Benefits Booklet** will be available online mid-July at www.bcbstx.com/trsactivecare and a "Personal Health Guide" helpline at 1-866-355-5999, 7:00 am-6:00 pm Monday-Friday.



TRS ACTIVECARE PLAN Premiums 2024-2025 PLAN YEAR (Employee cost after \$335.00/month TISD contribution)



	Effective September 1, 2024							
ActiveCare Primary		Monthly Premium		24 Pay Rate		18 Pay Rate		Total Annual Premium
(Network only plan; requires sele	ectin	g PCP and PCP	refe	erral to see spec	ialis	sts)		
Employee Only	\$	136.00	\$	68.00	\$	90.67	\$	1,632.00
Employee/Spouse	\$	937.00	\$	468.50	\$	624.67	\$	11,244.00
Employee/Children	\$	466.00	\$	233.00	\$	310.67	\$	5,592.00
Employee/Family	\$	1,267.00	\$	633.50	\$	844.67	\$	15,204.00

ActiveCare HD	Monthly Premium	24 Pay Rate	18 Pay Rate	7	Total Annual Premium
(BCBS PPO Network)					
Employee Only	\$ 149.00	\$ 74.50	\$ 99.33	\$	1,788.00
Employee/Spouse	\$ 972.00	\$ 486.00	\$ 648.00	\$	11,664.00
Employee/Children	\$ 488.00	\$ 244.00	\$ 325.33	\$	5,856.00
Employee/Family	\$ 1,311.00	\$ 655.50	\$ 874.00	\$	15,732.00

PrimaryPlus		Monthly Premium		24 Pay Rate		18 Pay Rate	•	Total Annual Premium
(Network only plan; requiring se	lectin	g a PCP and PC	CP r	eferral specialist	s)			
Employee Only	\$	218.00	\$	109.00	\$	145.33	\$	2,616.00
Employee/Spouse	\$	1,103.00	\$	551.50	\$	735.33	\$	13,236.00
Employee/Children	\$	606.00	\$	303.00	\$	404.00	\$	7,272.00
Employee/Family	\$	1,490.00	\$	745.00	\$	993.33	\$	17,880.00

ActiveCare-2				
Note: This is a closed plan. ONLY participants presently enrolled in ActiveCare 2 are eligible to remain in this plan for 2020-2021. No new enrollments will be allowed .	Monthly Premium	24 Pay Rate	18 Pay Rate	Total Annual Premium
(BCBS PPO Network)				
Employee Only	\$ 678.00	\$ 339.00	\$ 452.00	\$ 8,136.00
Employee/Spouse	\$ 2,067.00	\$ 1,033.50	\$ 1,378.00	\$ 24,804.00
Employee/Children	\$ 1,172.00	\$ 586.00	\$ 781.33	\$ 14,064.00
Employee/Family	\$ 2,506.00	\$ 1,253.00	\$ 1,670.67	\$ 30,072.00

To get the best view of Blue Cross Blue Shield resources and plan information, visit www.bcbstx.com/trsactivecare. Please learn about your BCBS medical plan and take advantage of all it offers for your health and well-being.

2024-2025 TRS-ActiveCare Plan Highlights and Changes

All TRS-ActiveCare participants have three plan options. Each includes a wide range of wellness benefits.

	TRS-ActiveCare Primary	TRS-ActiveCare Primary+	TRS-Acti	veCare HD	
Plan Summary	Lowest premium of all three plans Copays for doctor visits before you meet your deductible Statewide network Primary Care Provider referrals required to see specialists Not compatible with a Health Savings Account No out-of-network coverage	Lower deductible than the HD and Primary plans Copays for many services and drugs Higher premium Statewide network Primary Care Provider referrals required to see specialists No out compatible with a Health Savings Account No out of pathwark coverage.	Compatible with a Health Savin Nationwide network with out-of No requirement for Primary Car Must meet your deductible before	network coverage	
Plan Features					
Type of Coverage	In-Network Coverage Only	In-Network Coverage Only	In-Network	Out-of-Network	
Individual/Family Deductible	\$2,500/\$5,000	\$1,200/\$2,400	\$3,200/\$6,400	\$6,400/\$12,800	
Coinsurance	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible	
Individual/Family Maximum Out of Pocket	\$8,050/\$16,100	\$6,900/\$13,800	\$8,050/\$16,100	\$20,250/\$40,500	
Network	Statewide Network	Statewide Network	Nationwid	e Network	
PCP Required	Yes	Yes	N	0	
Doctor Visits Primary Care	\$30 conav	\$15 conav	You pay 30% after deductible	You nay 50% after deductible	
Doctor Visits					
Primary Care	\$30 copay	\$15 copay	You pay 30% after deductible	You pay 50% after deductible	
Specialist	\$70 copay	\$70 copay	You pay 30% after deductible	You pay 50% after deductible	
Immediate Care Urgent Care	\$50 copay	\$50 copay	You pay 30% after deductible	You pay 50% after deductible	
Emergency Care		You pay 20% after deductible	You pay 30% a	after deductible	
TRS Virtual Health-RediMD™	\$0 per medical consultation	\$0 per medical consultation	\$30 per medic	al consultation	
TRS Virtual Health-Teladoc®	\$12 per medical consultation	\$12 per medical consultation		al consultation	
Prescription Drugs					
Drug Deductible	Integrated with medical	\$200 deductible per participant (brand drugs only)	Integrated	vith medical	
Generics (31-Day Supply/90-Day Supply)		\$200 deductible per participant (orand drugs only)			
Preferred (Max does not apply if brand is selected and generic is available)	You pay 30% after deductible	You pay 25% after deductible (\$100 max)/ You pay 25% after deductible (\$265 max)	You pay 20% after deductible; \$0 coinsurance for certain generics You pay 25% after deductible		
Non-preferred	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible		
Specialty (31-Day Max)	\$0 if SaveOnSP eligible; You pay 30% after deductible	\$0 if SaveOnSP eligible; You pay 30% after deductible	You pay 20% after deductible		
Insulin Out-of-Pocket Costs	\$25 copay for 31-day supply; \$75 for 61-90 day supply	\$25 copay for 31-day supply; \$75 for 61-90 day supply	You pay 25% after deductible		

Learn the Terms.

- Premium: The monthly amount you pay for health care coverage.
- **Deductible:** The annual amount for medical expenses you're responsible to pay before your plan begins to pay.
- Copay: The set amount you pay for a covered service at the time you receive it. The amount can vary based on the service.
- Coinsurance: The portion you're required to pay for services after you meet your deductible. It's often a specified
 percentage of the costs; e.g., you pay 20% while the health care plan pays 80%.
- Out-of-Pocket Maximum: The maximum amount you pay each year for medical costs. After reaching the out-of-pocket maximum, the plan pays 100% of allowable charges for covered services.

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Plan Comparison

Compare Prices for Common Medical Services

REMEMBER:

Call a Personal Health Guide 24/7 to help you find the best price for a medical service. Reach them at 1-866-355-5999.

Benefit	TRS-ActiveCare Primary	TRS-ActiveCare Primary+	TRS-Activ	eCare HD	TRS-Acti	veCare 2
	In-Network Only	In-Network Only	In-Network	Out-of-Network	In-Network	Out-of-Network
Diagnostic Labs**	Office/Indpendent Lab: You pay \$0	Office/Indpendent Lab: You pay \$0	You pay 30% after deductible	You pay 50% after deductible	Office/Indpendent Lab: You pay \$0	You pay 40% after deductible
	Outpatient: You pay 30% after deductible	Outpatient: You pay 20% after deductible	arter deductible	arter deductible	Outpatient: You pay 20% after deductible	arter deductible
High-Tech Radiology	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible	You pay 20% after deductible + \$100 copay per procedure	You pay 40% after deductible + \$100 copay per procedure
Outpatient Costs	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible	You pay 20% after deductible (\$150 facility copay per incident)	You pay 40% after deductible (\$150 facility copay per incident)
Inpatient Hospital Costs	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible (\$500 facility per day maximum)	You pay 20% after deductible (\$150 facility copay per day)	You pay 40% after deductible (\$500 facility copay per incident)
Freestanding Emergency Room	You pay \$500 copay + 30% after deductible	You pay \$500 copay + 20% after deductible	You pay \$500 copay + 30% after deductible	You pay \$500 copay + 50% after deductible	You pay \$500 copay + 20% after deductible	You pay \$500 copay + 40% after deductible
	Facility: You pay 30% after deductible	Facility: You pay 20% after deductible			Facility: You pay 20% after deductible (\$150 facility copay per day)	
Bariatric Surgery	Professional Services: You pay \$5,000 copay + 30% after deductible	Professional Services: You pay \$5,000 copay + 20% after deductible	Not Covered	Not Covered	Professional Services: You pay \$5,000 copay + 20% after deductible	Not Covered
	Only covered if rendered at a BDC+ facility	Only covered if rendered at a BDC+ facility			Only covered if rendered at a BDC+ facility	
Annual Vision Exam (one per plan year; performed by an ophthalmologist or optometrist)	You pay \$70 copay	You pay \$70 copay	You pay 30% after deductible	You pay 50% after deductible	You pay \$70 copay	You pay 40% after deductible
Annual Hearing Exam (one per plan year)	\$30 PCP copay \$70 specialist copay	\$15 PCP copay \$70 specialist copay	You pay 30% after deductible	You pay 50% after deductible	\$30 PCP copay \$70 specialist copay	You pay 40% after deductible

^{**}Pre-certification for genetic and specialty testing may apply. Contact a PHG at 1-866-355-5999 with questions.

Dental Coverage

Guardian offers the **DentalGuard** Preferred PPO Benefit Plan. When you enroll with Guardian, you have access to one of the nation's largest dental networks offering significant discounts so you know there's always high-quality, affordable dental care close by. From preventive checkups and cleanings, to comprehensive oral care treatments, we have you covered. With Option 1 or 2 you can visit any dentist, but you pay less out-of-pocket when you choose a Guardian network dentist. Out-of-network benefits are limited to the PPO fee schedule.



Dental Monthly Premium	*PPO Option 1	PPO Option 2		
Employee	\$19.26	\$35.96		
Employee + Spouse	\$42.72	\$75.90		
Employee + Child(ren)	\$48.28	\$85.72		
Employee + Family	\$64.38	\$114.36		

^{*} Orthodontia not included in this plan.





Vision Coverage

The **VSP Vision Care** Benefit plan offers value and the lowest out-of-pocket costs. You'll get the best care from a VSP provider, including a WellVision Exam®—the most comprehensive exam designed to detect eye and health conditions. Easily choose a VSP doctor, a participating retail chain, or any out-of -network provider offering a variety of eyewear.





Vision Monthly Premium	*VSP Plan
Employee	\$ 8.15
Employee + Spouse	\$ 17.27
Employee + Child(ren)	\$ 18.18
Employee + Family	\$ 26.80



Aetna Accident Plan

Accidents are just that-accidents. You can't plan for them, but you can protect yourself financially as much as possible. The Aetna Accident Plan pays benefits when you get treatment for an accidental injury. The plan pays for a long list of covered minor and serious injuries. You can use the benefits to pay out-of-pocket medical costs or personal expenses. The Aetna Accident Plan pays benefits directly to you, giviing you extra cash when you need it most. It can help fill in the gaps, making it a great companion to your major medical plan.





TIER	MONTHLY PREMIUM		
Employee	\$	19.50	
Employee + Spouse	\$	27.74	
Employee + Child(ren)	\$	30.88	
Family	\$	39.10	

Long-Term Disability Insurance

Disability insurance pays a cash benefit and is designed to help protect you if you can't work due to a covered injury or sickness. It pays a monthly benefit amount based on a percentage of your gross income, so you may continue to pay for everyday living expenses.





Gap Coverage

Loomis Company is a program designed to help pay for covered out-of-pocket expenses while either confined in a hospital or being treated as an out-patient for an injury or an illness.

Hospital Confinement Benefit is designed to offset the cost incurred as an in-patient in the hospital when your primary comprehensive major medical policy applies such expenses to your deductible or coinsurance maximum, up to \$1,000 or \$2,000 plan year maximum per insured person depending on the plan.

Out-Patient Benefit may offset the cost you incur for out-patient treatment when your primary comprehensive major medical policy applies such expenses to your deductible or coinsurance maximum, up to \$500 or \$1,000 benefit limit depending on the plan chosen, and up to a maximum of four out-patient occurrences per family per plan year. An

"occurrence" is treatment of a specific injury or illness.



Critical Illness Insurance

Critical Illness Insurance pays a lump sum benefit if you are diagnosed with a covered illness or condition. The **Aetna Critical Illness Plan** can help with expenses that may not be covered by major medical insurance – such as house payments, everyday expenses, lost income, and more.

Coverage includes health care costs related to cancer, heart attack, stroke, major organ failure and end-stage renal failure.

- Cash benefit to help pay bills
- Benefit payments sent directly to employee





Cancer & Specified Disease Insurance

This Cancer & Specified Disease Insurance by Guardian offers you and your family supplemental insurance protection in the event you or a covered family member is diagnosed with cancer or 32 other covered diseases. Benefits are paid to you to help with medical and non-medical expenses associated with treatment.



Coverage Tier Monthly Premium	Low Option	High Option
Employee	\$ 17.59	\$ 25.00
Employee + Spouse	\$ 32.98	\$ 46.68
Employee + Child(ren)	\$ 20.77	\$ 28.68
Employee + Family	\$36.16	\$ 50.36

Life Insurance

This policy with **PureLife-Plus** is a voluntary universal life product and is yours to keep, even when you change jobs or retire, as long as you pay the necessary premium. Group and voluntary term, on the other hand, typically are not portable if you change jobs and, even if you can keep them after you retire, usually cost more and decline in death benefit. This plan offers many benefits.

- High death benefit
- Minimal cash value
- Long guarantees
- Accelerated death benefit rider
- Coverage for non-smokers and smokers
- Permanent, portable coverage not only for employee, but also for spouse/domestic partner, children and grandchildren.





INSURANCE COMPANY

Medical Transportation

MASA Medical Transport Solutions provides coverage against unplanned medical emergencies and is surprisingly affordable. MASA MTS protects you when your insurance plan falls short.



- Ground Ambulance
- Helicopter Transportation
- Medical Airplane
- One low fee for peace of mind for emergent transport costs
- No deductibles
- Easy claim process
 - No health questions





Tax Sheltered Annuity (403b)

Benefit Elect of Texas is a leading provider of 403(b) administration to Texas Public School Districts. In conjunction with the Teachers Retirement System of Texas (TRS), our administrative services simplify the process of offering voluntary payroll deductions of approved 403 (b), 457 and 403(b) Roth products to educators. A Tax Sheltered Annuity is a savings plan that is set up through payroll deduction that allows you to save additional money for retirement on a pre-tax basis. All earnings are accumulated on a tax deferred basis and are taxed as ordinary income when withdrawn.





Contact Pam Norsworthy, TISD Benefits Coordinator for detailed information or to set up an account.

Employee Assistance Program

WorkLifeMatters, Guardian's Employee Assistance Program (EAP) offers services to help promote well-being and enhance the quality of life for you and your family provided by Guardian. Connect to a counselor for free support services. By clicking on any of the subjects on the website, you can access tools like PowerPoint presentations, video streams, and articles.





Help with Family

- Parenting Support
- Child and Elder Care
- Learning Programs
- Special Needs Help

Help with Health

- Healthy Living
- Stress Management
- Mental Health
- Diet and Fitness
- Overall Wellness

Help with Legal & Financial

- Legal Issues
- Will Preparation
- Taxes
- Debt
- Financial Planning Tools and

Legal Shield/ID Shield

Legal Shield provides you access to legal assistance and advice from a licensed attorney. Covered services include personal legal matters, contracts or legal documents reviewed, will preparation, assistance with traffic violations, 24/7 emergency access for covered situations and more.

Legal Shield plus Gun Supplement provides you the following protection: General gun ownership and "carry" advice and consultation, Emergency 24/7 access for a Firearm incident, Trial defense for gun related matters, NFA gun trust services as well as a 25% discount off the provider lawyers standard hourly rate.

ID Shield provides you and your dependents with comprehensive ID theft protection. This protection includes Credit Report monitoring and resolution services. ID Shield provides privacy monitoring, security monitoring, consultation and a full service restoration if your identity is stolen.

Legal Shield Monthly Deduction	Individual	Family
LegalShield	\$18.95	\$18.95
IDShield	\$12.95	\$22.95
Combined	\$31.90	\$38.90
LegalShield + GS		31.90
Combined + GS		\$51.85



Pet Insurance (Pet Benefit Solutions)

Plan Features	TOTAL PET PLAN	wishbone
Description	Pet Care Bundle	Pet Health Insurance
Coverage	Discounts on pet products and vet care, 24/7 pet telehealth and lost pet recovery service.	90% reimbursement on accidents and illnesses. Optional wellness coverage is available.
Exclusions	None. All pets and conditions are covered regardless of age, breed, type or health conditions.	Pre-existing conditions.
Waiting Periods	Can be used on the employee's benefit start date.	No waiting periods for accidents and illnesses, 6 months for cruciate ligament events.
Deductibles	None. You receive savings right at the time of service.	As low as \$250 annually.
Participating Veterinarians	Participating vets in all 50 states, including Puerto Rico. (Applies to vet discounts only)	Use at any vet in the US including emergency and specialty clinics.
Rates	\$11.75/month or less per pet.	Rates vary but most plans are about \$35/month per pet.
Additional Benefits	Total Pet Plan includes all benefits from PetPlus, Pet Assure, AskVet and ThePetTag.	24/7 Pet Help Line from AskVet and Lost Pet Recovery Service from ThePetTag.





By bundling the best in pet care, Total Pet Plan brings you complete coverage from four providers

PETplus







Single Pet Plan \$11.75/month Family Plan \$18.50/month

Conveniently deducted from your paycheck

Wishbone

Pet Health Insurance

Wishbone Pet Health Insurance offers high-value, easy-to-use accident and illness coverage for your pet. Receive **90%** reimbursement on your pet's accident and illness vet bills with a low annual deductible at exclusive employee benefit rates. Most claims are processed within 5 business days, putting money back in your pocket fast! With Wishbone, you'll have peace of mind knowing your best friend can live their best life.

Every policy also includes 24/7 Pet Telehealth and Lost Pet Recovery Service, absolutely free!

Teacher's Retirement System

TRS (Teacher's Retirement System) administers a pension trust fund that has been serving the needs of Texas public education employees for over 80 years. In November 1936, voters approved an amendment to the Texas Constitution creating a statewide teacher retirement system, and in 1937, TRS was officially formed. The system is governed by a nine-member board of trustees appointed by the governor with the approval of the Texas Senate.

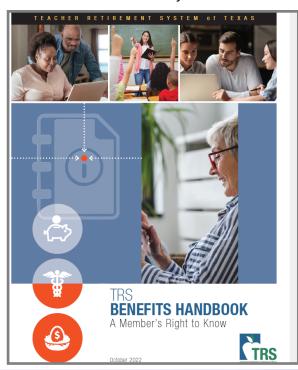
The TRS retirement plan provides service and disability retirement benefits and death benefits. The plan is administered as a qualified governmental retirement plan under the provisions of Section 401 (a) of the U.S. Internal Revenue Code of 1986, as amended (the "Internal Revenue Code"). In addition, monthly member contributions are made on a pre-tax basis, meaning that at the time you receive your salary, you do not pay federal income tax on the portion of your salary used to make the contributions. Federal income tax on the contributions and interest credited to you is deferred until you receive a distribution from TRS, such as a refund or a retirement annuity. Amounts accumulated in your member account or your retirement benefits become taxable income in the years in which they are paid to you. As a governmental plan, TRS is not an "ERISA" plan under the federal Employees Retirement Income Security Act of 1974.

The TRS retirement plan is a defined benefit plan. This designation means that the amount of the retirement benefit you are paid is determined under a formula established by law. Once you begin service retirement under the rules of the plan, you are eligible to receive a monthly benefit for life. Your monthly benefit is "defined" by the formula; it is not limited to the amount of your accumulated contributions in your TRS member account.

Welcome to MyTRS!

<u>MyTRS</u> is the online access portion of the TRS website. The new portal offers a number of enhancements and self-service options. Whether you want to plan for retirement or keep track of your personal account, *MyTRS* is a helpful resource for all members.

MyTRS is available to eligible TRS members and annuitants who complete the registration process. When you register, you create your own unique user ID and password. At TRS, the security and safety of our members and their sensitive information remain a top priority. It's now more important than ever to make sure strong security measures are in place so that your information remains private. The upgraded system allows us to do just that. Please note: If you had a MyTRS account prior to the launch in April 2022 and this is the first time you are visiting the new MyTRS, you must create a new username and password.



New to TRS

For those of you who are new TRS members, please wait approximately 60 days from your date of employment to register for *MyTRS*. During this time, your employer will provide TRS with information we need to set up your TRS membership account.

FAQs: MyTRS

Services Available to You in MyTRS

Active Member Account (pdf)
Retiree, Beneficiary, and Alternate Payee Account (pdf)





TAKING YOUR HEALTHCARE TO THE

NEXT LEVEL

Tomball ISD is partnering with Next Level Medical! Starting January 1st, 2022 Tomball ISD employees PLUS their spouse and dependents have access to a NEW healthcare benefit with a Next Level PRIME membership at just \$60 per month.



WHAT IS NEXT LEVEL PRIME?

Next Level PRIME offers all of these amazing benefits:

- X Access to 20+ Next Level clinic locations
- X Direct primary, preventive & chronic care 7 days a week from 9 a.m. 9 p.m.
- X Urgent care 7 days a week from 9 a.m. 9 p.m.
- X Telemedicine/Virtual visits 24 hour 7 days a week
- X Nurse Care Navigators to assist with all healthcare concerns/questions
- ★ Health & Wellness Coaching
- NO CO-PAYS AT THE TIME OF SERVICE!
- X NO ADDITIONAL OUT OF POCKET EXPENSIVES!
- V Unlimited access to medical care

Sign up TODAY!

Contact Pam Norsworthy at 281-357-3100 or pamelanorsworthy@tomballisd.net or click on the link below

https://ffga.benselect.com/Enroll/Login.aspx

LOGIN: Employee ID number or SSN (without dashes)

PIN: Last 4 digits of SSN + last 2 digits of birth year.

Contact Information

Pam Norsworthy, Benefits Coordinator 281-357-3100 X 2021

pamelanorsworthy@tomballisd.net

https://tomballisd.net/employee-benefits/

COMPANY	WEBSITE	PHONE
Aetna Critical Illness Insurance	www.aetna.com	800-607-3366
Aetna Accident Insurance	www.aetna.com	800-607-3366
American Fidelity Disability Insurance	www.americanfidelity.com	800-662-1113
Employee Assistance Program	www.tomballisd.net	800-386-7055
FlexSystem Dependent Care FSA	www.tasconline.com	800-422-4661
Guardian Cancer Insurance	www.guardiananytime.com	888-600-1600
Guardian Dental Coverage	www.guardiananytime.com	800-600-1600
Guardian Life Coverage	www.guardiananytime.com	800-525-4542
LegalShield/IDShield Membership	www.legalshield.com	800-654-7757
MASA Medical Transport Solutions	https://masaaccess.com	800-643-9023
Next Level Prime Medical	www.nextlevelurgentcare.com	832-957-6200
Pet Benefit Solutions	www.petbenefits.com	888-913-7387
Loomis Gap Coverage	www.loomisco.com	610-374-4040
Tax Sheltered Annuity (403b)	www.tomballisd.net	713-705-8754
Texas Life Insurance Company	www.texaslife.com/	800-283-9233, ext. 6814
TRS ActiveCare Express Scripts	www.esrx.com/trsactivecare	844-367-6108
TRS ActiveCare Insurance	www.bcbstx.com/trsactivecare	866-355-5999
TRS Teacher Retirement System	www.trs.texas.gov	800-223-8778
VSP Vision Care	www.vsp.com	800-877-7195



MY BENEFIT NOTES:

