

[How to Complete Your NEW HIRE Enrollment](#)

To begin your **NEW HIRE Enrollment** log into your Benefits Website at <https://www.benefitsolver.com>.

Note if this is your first time logging in please refer to the Spring ISD First Time User Login Instructions.

After logging into your Benefits Website, feel free to review the **Reference Center** for plan information about all Benefits available to you before enrolling. Once you have reviewed the information provided, proceed to your enrollment by clicking **Start Here** at the top of the page.

Note you will have 31 days from your Date of Hire (physical start date) to complete your enrollment. The 31 days includes your date of hire.

The screenshot displays the Spring ISD Benefits Website interface. At the top, there is a navigation bar with links for Home, Message Center, Help, Reference Center, and Test Employee. Below the navigation bar is a large banner for New Hire Enrollment. The banner features a calendar icon showing 6 days left, a "Start Here" button, and a blue arrow pointing left. A red box highlights the "Reference Center" link in the left-hand menu. The right-hand side of the page shows a "Welcome, Test" message, a "My Profile" link, a "Benefit Summary" link, and a "Customer Service Contacts" section with a search bar and various service categories. At the bottom right, there is contact information for the Spring ISD Benefits Manager, Susann Overton.

spring
isd

Home Message Center Help Reference Center Test Employee

New Hire Enrollment is Here!
New Hire Enrollment Ends February 2nd.

6 Days Left

Start Here

THIS IS A TEST SITE. YOUR CHANGES WILL NOT BE SAVED! Please go to www.benefitsolver.com

Reference Center

- Welcome and Benefits Booklet
- Medical Plan Information
- Hospital GAP Plan Information
- Hospital Indemnity Plan Information
- Dental Plan Information
- Vision Plan Information
- Critical Illness Plan Information
- Cancer Plan Information
- Disability Plan Information
- Accident Plan Information
- Group Term Life Information
- Permanent Life Plan Information

Welcome, Test

My Profile

Benefit Summary

Customer Service Contacts

Search Customer Service

Benefit Advisor Medical Dental Vision

Hospital Indemnity Gap Insurance

Critical Illness Cancer Disability

Accident Basic and Group Life Term Life

Permanent Life Legal Plan Long Term Care

Health Saving Account FSA and DCA

Employee Assistance Program

Spring ISD
Benefits Manager
Susann Overton
281-891-6052
benefits@springisd.com

After reading the Welcome Statement please Click **Start Enrollment**.

Benefit Enrollment

Welcome to Spring ISD.


An important part of your employment with Spring ISD are the benefit offerings you have available to you. **You will have 31 days from your date of hire to make your election choices.**

If at any time you need to disrupt the entering of your benefit elections, click on your name at the top right hand corner to log out, your elections will be saved through the last confirmed step. You will need to go back at a later time within your enrollment period and complete your enrollment. Please remember you are still working within your 31-days.

The "Reference Center" icon at the top right hand corner of your elections pages will link you to the specific plan information including links to carriers, plan details and plan pricing information.

Please note due to Federal Regulations under the Affordable Care Act ALL EMPLOYEES must enroll in or decline coverage for themselves and their dependents in the TRS Medical Plan.

For additional product information please contact the benefits office by email benefits@springisd.org. Please click on "Start Enrollment" to begin the benefits enrollment process.

[Start Enrollment >](#) 

Next you will be prompted to complete any missing **Personal Information**. Please complete all required information including **Tobacco Use** and **Work Email**. **If your Address or other information is incorrect, that you are unable to edit, in the benefit website, you will need to contact Spring ISD Benefits Office directly at benefitsandleaves@springisd.org.**

New Hire Enrollment

1. About You | 2. Election Information | 3. Review

THIS IS A TEST SITE. YOUR CHANGES WILL NOT BE SAVED! Please go to www.benefitolver.com

Personal Information

Your Information

First Name: *

Middle Initial:

Last Name: *

Suffix:

Social Security Number: *

Date of Birth: *

Gender: *

Tobacco Use: *

Work Email: *

Address 1:

Address 2:

City:

State:

ZIP:


City: spring
 State: TX
 ZIP: 77389

Work Email: * laeibsen@gmail.com
 Confirm Work Email: * laeibsen@gmail.com

Personal Email: user@mydomain.com
 Confirm Personal Email:

Home Phone: 555-555-1234
 Work Phone: 555-555-1234

Ethnic Identification: Please Select One
 Disabled: Please Select One

◀ Previous  Next ▶

Once your **Personal Information** is filled out Click **Next** to **Add Dependents**.

When Adding Dependents Click the **Add a New Dependent** button.

Dependent Information

Please confirm the dependent spouse and/or children information below. If you intend to cover any dependents they must be entered in this section. You must answer the Tobacco Use question for each dependent. To continue to coverage elections, select next.

If you need to edit a dependent, select the "Edit" button to the right of the screen.

If you need to add a dependent, select the "Add Dependent" button.

Due to ACA regulations that the IRS is overseeing, every employee needs to add their dependents into the benefit system, you will need to elect or waive medical coverage on them.

Please note: Dependents cannot be removed through the online system. You can still choose not to cover them within your elections.

Dependents

No Dependents Listed

+ Add a New Dependent

Note when adding dependents please fill out all Required Information. When you have completed adding all dependent information, please click **Next** at the bottom of the screen.

Please Note due to Federal Regulations under the Affordable Care Act, any spouse/dependent that you enroll in the medical coverage must have their legal name (as appears on their social security card) and social security number in the system for reporting and claim purposes. ALL EMPLOYEES must Elect or Decline Medical coverage for themselves and their dependents!

You can now begin enrolling in Benefits!

As a **NEW HIRE** you will have to **Elect or Waive** each benefit. If at any time you feel you need additional plan information you can click on the **Reference Center** in the top right corner of the screen.

Spring

Home Message Center Help **Reference Center** Test Employee

1. About You 2. Election Information 3. Review

THIS IS A TEST SITE. YOUR CHANGES WILL NOT BE SAVED! Please go to www.benefitsolver.com

TRS Aetna Medical Benefits

Annual 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 TRS-ActiveCare 1-HD and TRS-ActiveCare 2 plans are "Aetna Open Access Choice POS II" plans. These plans work very much like a PPO - you are free to choose any licensed provider, but when you choose a provider who belongs to Aetna's network you will pay less out of pocket.

The TRS-ActiveCare Select is a network-only plan similar to an HMO - you are free to see any network provider without a referral. However, there is no coverage if you see a provider who is not in the plan network. It is an "Aetna Select Open Access" plan.

You can find additional information and a link to find a Aetna network provider in the reference center.

If you have an average dependent child on the plan, it is your responsibility to fill out the "Average Dependent Child's Statement of Disability form" that is located in the Reference Center on this site and submit it into the HR/Benefits office to be processed.

Please note due to Federal Regulations under the Affordable Care Act, ALL EMPLOYEES must enroll in or decline coverage for themselves and their dependents in the TRS Medical Plan.

Please make your medical election below.

Select your plan

Your Cost Semi-Monthly

Select TRS ActiveCare 1 HD

Plan Pricing	
Employee Only	\$58.00
Employee and Spouse	\$257.00
Employee and Children	\$167.50
Family	\$415.50

Select TRS ActiveCare 2

Plan Pricing	
Employee Only	\$210.00

Previous Next

If needed you can Click **Previous** at the bottom left of the screen to go back to your previous elections to change. Please make sure all dependents are either covered or not covered by Clicking **Yes or No**, by scrolling to the bottom of every screen. Once you have Elected or Waived a Benefit Click **Next**.

Humana Vision

Vision insurance is a way to help cover expenses incurred for eye care services from optometrists and ophthalmologists. Humana is your vision provider. You can choose from independent doctors and retail providers to find the one that best fits your needs and schedule. The copy for exams when choosing an in-network provider is \$10, and the allowance for contacts is \$130.

For additional information on your Humana Vision plan visit the reference center. Please make your vision selection below.

I Want Coverage Waive Coverage

Select your plan Your Cost Semi-Monthly

Selected Humana Vision Plan

Plan Pricing

Employee Only	\$3.64
Employee and Spouse	\$7.28
Employee and Children	\$8.17
Family	\$11.30

Choose who you would like to cover in this plan

Test Employee	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Spouse Test	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Child Test	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Plan: Humana Vision Plan

[< Previous](#) [Next >](#)

Note some of the Benefits have **Eligibility Questions** or **Information** for you to Answer/Review. At the bottom of the election screen you will find the **Total Premium Amount** for your Elected Benefit.

Additional information

Employee CI Rider

Required questions and acknowledgements for this election

Are you currently working full time for the employer offering this coverage?

Please review the **Critical Illness** brochure for plan details to include benefits, limitations and exclusions. I have read the required documentation for Critical Illness. (click acknowledge to review document)

Does this coverage replace or change any existing insurance?

Yes No

Acknowledge Yes No

Plan:	Aflac Group Critical Illness Insurance - Employee
Cost:	\$11.76 (Semi-Monthly) (\$10.25 + \$1.51)
Coverage Level:	\$50,000

At the end of your enrollment you will be prompted to fill out **Beneficiary Information**. If you wish to have a **Beneficiary** that is **NOT** listed in your dependents Click **Add Beneficiary**, please make sure to fill out all Required Information. The option to split the amount is available, but it **MUST** add up to 100% of the total benefit amount. Once your Beneficiaries are designated Click **Next** at the bottom of the screen.

Beneficiary Information

Please select the beneficiaries for the plans below. Click 'Add' to apply. Please make sure both primary and contingent beneficiaries equal 100%.

Aflac Group Critical Illness Designation

Beneficiary	Designation	Allocation
Spouse Test	<input checked="" type="radio"/> Primary <input type="radio"/> Contingent <input type="radio"/> None	100 %
Child Test	<input type="radio"/> Primary <input checked="" type="radio"/> Contingent <input type="radio"/> None	50 %
Father Test	<input type="radio"/> Primary <input checked="" type="radio"/> Contingent <input type="radio"/> None	50 %

Primary Total: 100%
Contingent Total: 100%

[Add Beneficiary](#)

You will then be asked to **Review and Approve** the Elections made and Dependents added. Note all of your Elections/Changes will be highlighted in Yellow. If you wish to make a change to your benefit selections Click **Edit** on the right side of the screen. Once completed Click **Approve** at the bottom.

Election Information show all details Costs are Semi-Monthly

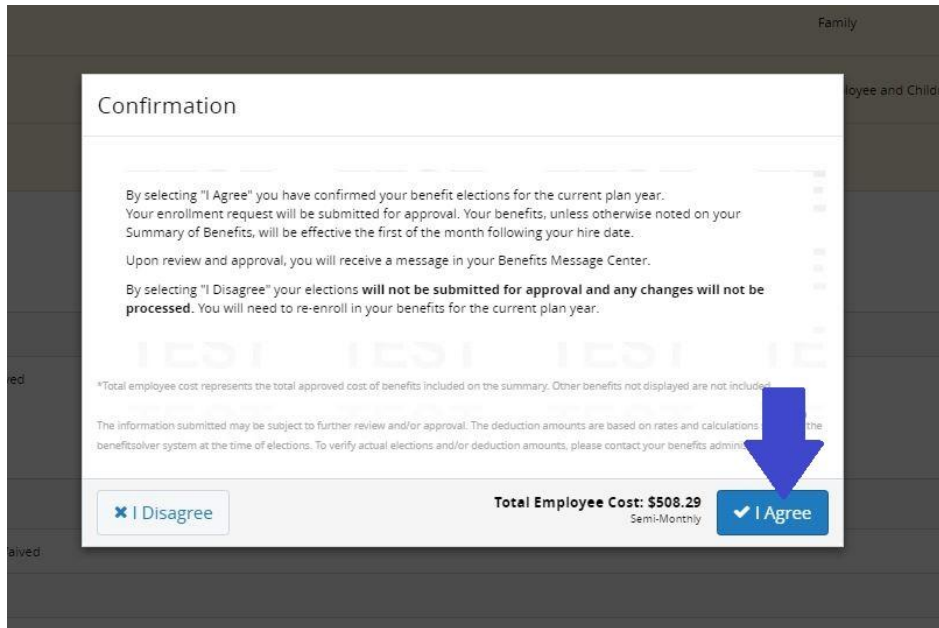
Category	Coverage	Employee Cost
MyHealth		
TED ActiveCare Select	Family	\$480.50
Aflac Group Hospital Indemnity	Coverage Waived	\$0.00
Humana HMO Dental	Family	\$15.11
Humana Vision Plan	Employee and Children	\$8.17
Aflac Group Critical Illness Insurance - Employee		\$15.51
Aflac Spouse Critical Illness	Coverage Waived	\$0.00
MySavings		
Flexible Spending Account	Coverage Waived	\$0.00
Flexible Dependent Care Account	Coverage Waived	\$0.00
MySecurity		
MetLife District Paid Basic Life	1 1/2x Salary	\$0.00
American Fidelity Hospital GAP Plan	Coverage Waived	\$0.00
Allstate Group Cancer Plan	Coverage Waived	\$0.00
American Fidelity Disability Plan	Coverage Waived	\$0.00
Aflac Group Accident Plan	Coverage Waived	\$0.00
MetLife Group Term Life	Coverage Waived	\$0.00

[Previous](#) Total Employee Cost: \$500.29 (Semi-Monthly) [Approve](#)

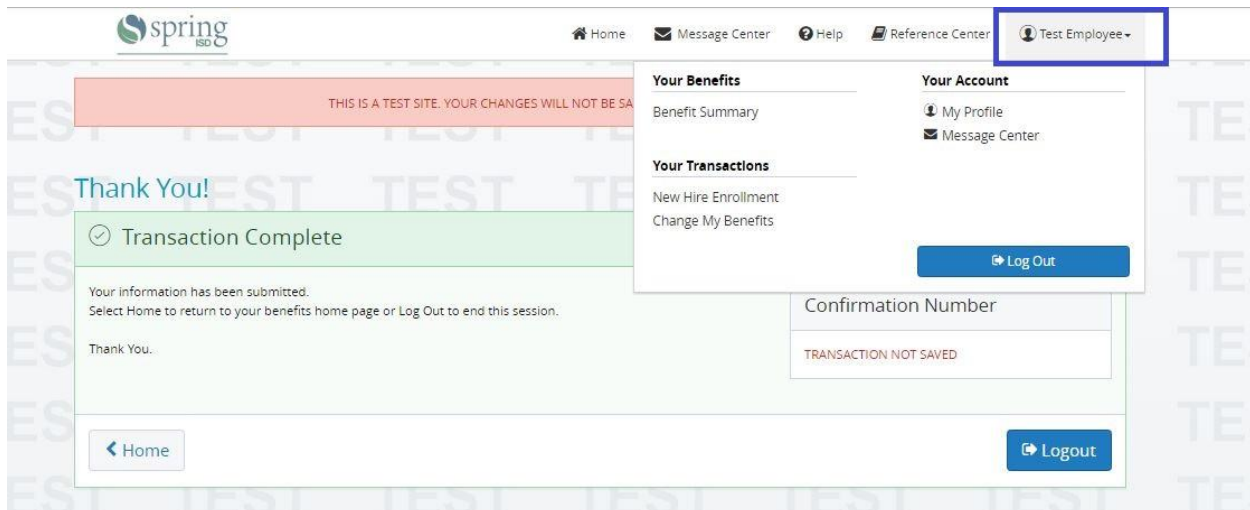
Once you click Approve a final Confirmation screen will appear. By clicking **I Agree** you will be confirming your benefits for the current plan year. All Benefits, unless otherwise noted, will be

Effective the First of the Month following your Date of Hire.

i.e hired 8-10-2016, benefits effective 9-1-2016



After Clicking I Agree you will receive a **Confirmation Number**. Please keep this number for your reference. If you like you can Click on Your Name in the top right corner to return to your Profile, see your Benefits Summary, or make an update to your Benefits.



Note you may make changes to your benefit elections at any time within your 31 day New Hire window. Simply log back into your Benefits Website www.benefitsolver.com to review your elections.