



# Benefit Guide 2016

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TRC offers a comprehensive suite of benefits to promote health and financial security for you and your family. This booklet provides you with a summary of your benefits. Please review it carefully so you can choose the coverage that is right for you.



## Benefit Basics

As a TRC employee, you are eligible for benefits if you are a regular, Full Time Employee and work at least 30 hours per week. Benefit coverage is effective on the first day of the month following your date of hire, or change to Full Time, regular.

**As a new hire or newly eligible employee, you have 31 days to make your benefit elections.**

You may enroll your eligible dependents for coverage once you are eligible. Your eligible dependents include:

- Your legal spouse
- Your domestic partner
- Your children up to age 26
- Children of a domestic partner

You will be asked to provide verification of eligibility when you add new dependents to your benefit coverage. Instructions will be sent to you, if applicable.

Once your benefit elections become effective, they remain in effect until the end of the year. You may only change coverage within 31 days of a qualified life event.

**For more information about your benefits contact the TRC Benefits Solution Center at 888-882-1221.**

## Qualified Life Events

Generally, you may only change your benefit elections during the annual enrollment period. However, you may change your benefit elections during the year if you experience a qualified life event, including:

- Marriage
- Divorce or legal separation
- Birth of your child or your domestic partner's child
- Death of your spouse, domestic partner or dependent child
- Adoption of or placement for adoption of your child
- Change in employment status of employee, spouse/domestic partner or dependent child
- Qualification by the Plan Administrator of a child support order for medical coverage
- Entitlement to Medicare or Medicaid

**You must complete your benefit change through the ADP Portal, or through the TRC Benefits Solution Center within 31 days of the qualified life event.** Instructions for submitting your life event documentation are mailed to you once you enter your benefit change. Keep in mind that if you do not complete your benefit change within 31 days of the qualified event, you will have to wait until the next annual enrollment period to make changes (unless you experience another qualified life event).

### Enrolling in Your Benefits

Make your benefit elections online at [adp.trcsolutions.com](http://adp.trcsolutions.com) or call the TRC Benefits Solution Center at 888-882-1221.

## What Is a Domestic Partner?

Your domestic partner is eligible for benefits if he or she is not a relative and has lived with you for at least 6 months in a committed relationship.

# The Cost of Your Benefits

TRC pays the full cost of many of your benefits; you share the cost for some others. In addition, you pay the full cost for any voluntary benefits you elect.

Benefit	Who Pays	Tax Treatment
Medical Coverage	TRC & You	Pretax*
Dental Coverage	TRC & You	Pretax*
Vision Coverage	You	Pretax*
Basic Life and Accidental Death & Dismemberment (AD&D) Insurance	TRC	After-tax
Supplemental Life Insurance	You	After-tax
Short-Term Disability Coverage	TRC	After-tax
Long-Term Disability Coverage	TRC & You	After-tax
Flexible Spending Accounts	You	Pretax
Health Savings Account	TRC & You	Pretax
Employee Assistance Plan	TRC	After-tax
401(k) Retirement Savings Plan	TRC & You	Pretax

\*You pay for domestic partner benefits on an after-tax basis and domestic partner benefits are taxed as imputed income.



TRC is committed to promoting safe and healthy lifestyle practices that can increase the quality and years of your life. **Healthy Living, Taking Care of You** is TRC's comprehensive wellness program which focuses on prevention and risk avoidance to keep our employees and their families healthy and happy, while reducing the cost of healthcare.

We are excited to continue our Wellness initiatives and expand our Healthy Living program during 2016 and beyond. Throughout the year, there will be various Wellness activities to complete to earn a discount on your 2017 Aetna medical premiums.

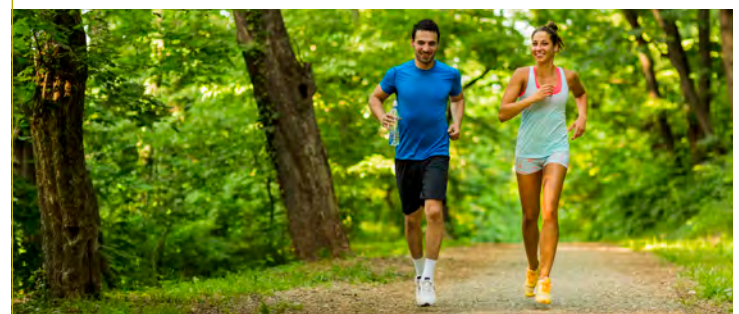
Visit TRCNET and Aetna to learn more about the wellness tools and resources available to you.

Note: If you currently use tobacco, you may participate with an Aetna health coach, focusing on tobacco cessation, as a reasonable alternative to be eligible to earn the 2016 premium discount. To qualify, you must complete three tobacco use focused calls with an Aetna health coach by calling **866-213-0153**. These three sessions must be completed by 12/31/2016.

## Teladoc

Teladoc provides you with easy 24/7 phone or online video access to U.S. board-certified doctors and pediatricians. This telemedicine service provides a less costly alternative to urgent care, the ER or physician office visits. Teladoc physicians can help you to resolve many common medical issues, such as cold and flu symptoms, allergies, bronchitis, pink eye, poison ivy, sinus infections, ear infections and more! Doctors are credentialed to diagnose, treat and write prescriptions. Teladoc is only available to employees enrolled in a TRC Aetna health plan. See Page 4 for cost information.

To register for Teladoc, visit **[www.teladoc.com/aetna](http://www.teladoc.com/aetna)** or call **800-835-2362**.



# Medical Coverage

Service	Aetna Choice High Deductible Health Plan (HDHP)		Aetna Choice 80/60 Plan	
	In-Network (You Pay)	Out-of-Network (You Pay)	In-Network (You Pay)	Out-of-Network (You Pay)
<b>Annual Deductible</b> (Individual/Family)	\$1,500 / \$3,000*		\$1,000 / \$2,000	
<b>Prescription Drug Deductible</b> (Individual/Family)	Included in Annual Deductible*		\$100 / \$300	
<b>Out-of-Pocket Maximum</b> (Individual/Family) Includes Deductible and Co-Insurance	\$3,425/\$6,850	\$4,000/\$8,000	\$3,000 / \$6,000 Medical \$2,600 / \$5,200 Pharmacy	
<b>Lifetime Maximum</b>	Unlimited		Unlimited	
<b>Preventive Care</b>	0% (deductible waived)	40% (after deductible)	0% (deductible waived)	40% (after deductible)
<b>Doctor's Services Office Visit</b>	20% (after deductible)	40% (after deductible)	\$25 copay	40% (after deductible)
<b>Doctor's Services Specialist Visit</b>	20% (after deductible)	40% (after deductible)	\$40 copay	40% (after deductible)
<b>Lab, X-Ray and MRI</b>	20% (after deductible)	40% (after deductible)	20% (after deductible)	40% (after deductible)
<b>Inpatient Hospital Services</b>	20% (after deductible)	40% (after deductible)	20% (after deductible)	40% (after deductible)
<b>Outpatient Hospital Services</b>	20% (after deductible)	40% (after deductible)	20% (after deductible)	40% (after deductible)
<b>Urgent Care</b>	20% (after deductible)	40% (after deductible)	\$50 copay	40% (after deductible)
<b>Emergency Room Care</b> (copay waived if admitted)	20% (after deductible)	20% (after deductible) (40% if non-emergency)	\$150 copay	
<b>Lab/X-Ray/MRI</b>	20% (after deductible)	40% (after deductible)	20% (after deductible)	40% (after deductible)
<b>Teladoc</b>	\$40 copay (deductible waived)	In-Network only	\$25 copay	In-Network only
<b>Prescription Drugs</b>				
<b>Retail</b> (up to 30-day supply)	\$15/\$30/\$60** (after deductible)	In-Network Only	\$15/\$30/\$60 (after deductible)	In-Network Only
<b>Mail Order</b> (up to 90-day supply)	\$30/\$60/\$120** (after deductible)	In-Network Only	\$30/\$60/\$120 (after deductible)	In-Network Only
<b>Specialty Pharmacy – Preferred</b>	10%; min. \$60 – max. \$100 (after deductible)	In-Network Only	10%; min. \$60 – max. \$100 (after deductible)	In-Network Only
<b>Specialty Pharmacy – Non-Preferred</b>	30%; min. \$150 – max. \$300 (after deductible)	In-Network Only	30%; min. \$150 – max. \$300 (after deductible)	In-Network Only

\* For the High Deductible Health Plan: Individual members enrolled in coverage are subject to the full Family Deductible and Out-of-Pocket Maximum. The Individual Deductible and Out-of-Pocket Maximum only applies to employees enrolled in Single coverage.

\*\* The IRS allows certain preventive medications to be covered NOT subject to the deductible (at the available copay). Visit TRCNET to learn which drugs are included.

**Important Note:** This is a summary of your coverage only. Please refer to your summary plan description for the full scope of coverage. In-network services are based on negotiated charges; out-of-network services are based on Reasonable & Customary (R&C) charges.

# Dental Coverage

Regular dental exams can help you and your dentist detect problems early when treatment options are more basic and costs are much lower. Keeping your teeth and gums clean and healthy will help prevent most tooth decay and periodontal disease, and is an important part of maintaining your overall health.



Plan Provisions	Delta Dental	
	In-Network	Out-of-Network
<b>Annual Deductible (Individual/Family)</b>	\$50 / \$100	
<b>Annual Maximum (per Individual)*</b>	\$1,250	
<b>Diagnostic and Preventive to include routine cleanings (every 6 months), fluoride treatments, sealants and x-rays</b>	100%, after deductible	
<b>Basic Services to include fillings, periodontics, scaling and root planning, oral surgery</b>	80% after deductible	
<b>Major Services to include crowns, bridges, full and partial dentures</b>	50% after deductible	
<b>Orthodontia (Adults and Children, only up to age 26)</b>	50% after deductible \$1,500 lifetime maximum	

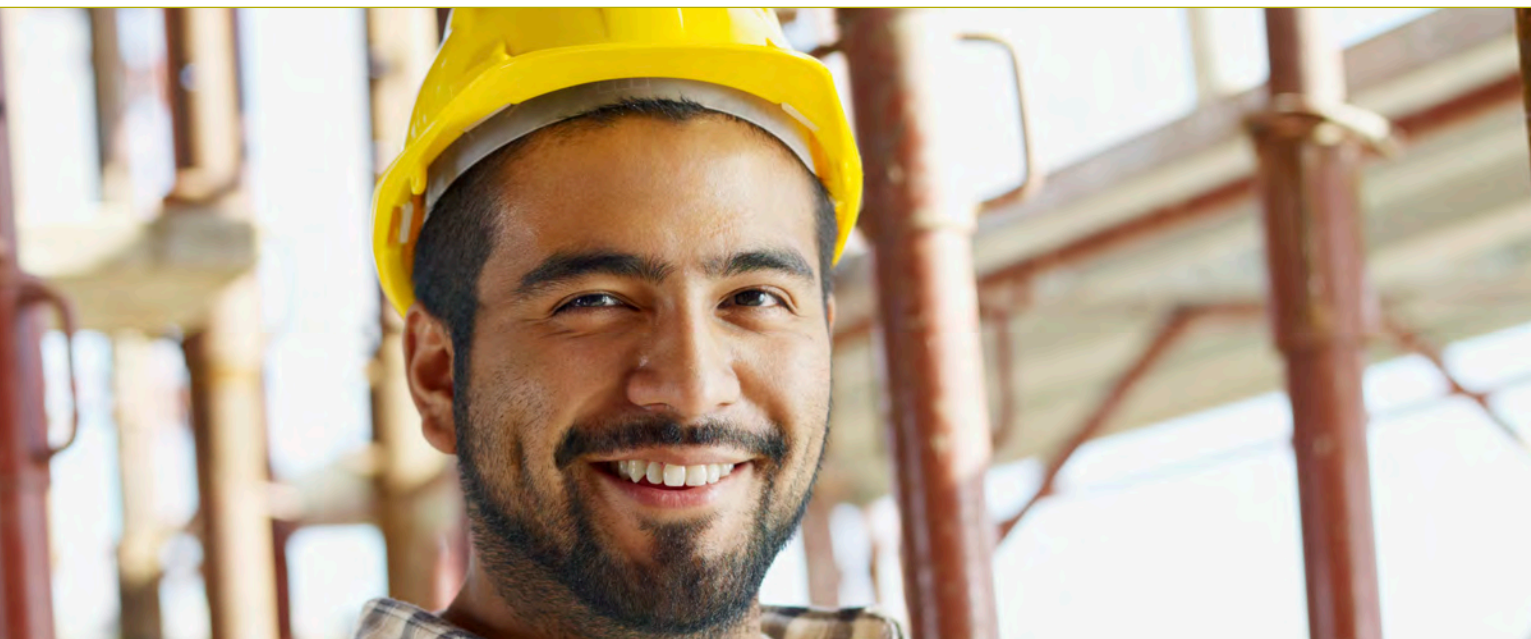
\* The Delta Rollover Max feature lets you roll over part of your unused spending in one year to increase your benefits for the following year and beyond. You must have at least one cleaning or oral exam in the plan year to qualify.

# Vision Coverage

Your vision plan covers routine eye exams and also pays for all or a portion of the cost of glasses or contact lenses if you need them.

Benefit	VSP	
	In-Network	Out-of-Network
<b>Exam</b>	\$10 copay	Plan pays up to \$50 after \$10 copay
<b>Frequency</b>		
• Exam	12 months	12 months
• Lenses	12 months	12 months
• Frames	24 months	24 months
<b>Frames (every other calendar year)</b>	\$25 copay for frames (\$120 allowance)	After \$25 copay, plan pays \$70
<b>Lenses (every calendar year)</b>		After \$25 copay, plan pays up to:
• Single Vision Lenses	\$25 copay	\$50
• Bifocal Lenses	\$25 copay	\$75
• Trifocal Lenses	\$25 copay	\$100
<b>Contact Lenses (every calendar year, instead of glasses)</b>	Up to \$120 (copay doesn't apply)	Up to \$105 after \$25 copay





## Health Spending Accounts (HSAs)

If you elect coverage under the HDHP, you may also elect a Health Savings Account (HSA). You use the money in your HSA to save for future medical expenses. Just like a personal savings account, you own the money in your HSA, and you decide how you will use it for current or upcoming medical expenses.

You can contribute money to your HSA on a pretax basis through payroll deductions. In 2016, you can contribute up to \$3,050 for Employee coverage and \$6,150 for Employee + One and Family coverage. TRC will automatically contribute \$300/\$600 to your account for 2016 if you elect to contribute to the HSA, for a total combined contribution of \$3,350/\$6,750. If you will be age 55 or older during the calendar year, you can elect to contribute an additional \$1,000 as a catch-up contribution to your HSA.

You do not forfeit any unused money in your HSA at the end of the year. It is yours to keep and rolls over to the following year, continuing to grow on a tax-deferred basis. You can use your HSA money at any time for current eligible medical expenses, or for future eligible expenses.

### Reimbursable Expenses

Qualified medical expenses that may be paid through your HSA on a tax-free basis include most medical, dental and vision care and services; prescription drugs; and premiums for COBRA, long-term care and medical and prescription drug expenses as a retiree. You can see a complete list of eligible expenses at [www.irs.gov](http://www.irs.gov) (Publications 969 and 502).

### IRS Restrictions on Electing an HSA

- If you enroll in the HSA, you cannot participate in any health care FSA because you can use your HSA to pay for eligible health care expenses
- You may not use your HSA to reimburse yourself for the expenses of your same-sex domestic partner or his/her children
- You can contribute to the HSA if you are over 65, but only if you are not enrolled in any Medicare benefits (including Part A)

### Using the Plan

- PayFlex is the administrator of the HSA
- You can reach PayFlex at **888-678-8242** or at [www.aetna.com](http://www.aetna.com)
- You can change your HSA elections at any time during the year
- Debit cards are included for your use
- Convenient online bill payment is available
- Money in your HSA is yours to keep even if you change health plans, leave TRC or retire
- You do not pay taxes on the money you withdraw to pay for eligible qualified health care expenses, including deductibles and coinsurance
  - Withdrawals for ineligible expenses are subject to a 20% tax penalty
  - You should keep careful records of your expenses and corresponding withdrawals
- If you have an account balance of at least \$1,000, you can choose to invest among nine investment options. Any earnings are automatically reinvested and grow tax-free. Investment fees apply.

# Flexible Spending Accounts

Flexible Spending Accounts (FSAs) are designed to save you money on your taxes. They work in a similar way to a savings account. Each pay period, funds are deducted from your pay on a pretax basis and credited to a Health Care and/or Dependent Day Care FSA. Contributions to an FSA cannot be changed during the year. Funds are used to pay for eligible health care or dependent day care expenses during the year. You will automatically be sent a debit card (at no cost to you) after you enroll in an FSA.

Account Type	Eligible Expenses	Annual Contribution Limits	Benefit
Health Care FSA	Most medical, dental and vision care expenses that are not covered by your health plan (such as copayments, coinsurance, deductibles, eyeglasses and doctor-prescribed over the counter medications)	Maximum contribution is \$2,550 per year	Saves on eligible expenses not covered by insurance; reduces your taxable income
Dependent Day Care FSA	Dependent day care expenses (such as day care, after school programs or elder care programs) so you and your spouse can work or attend school full-time	Maximum contribution is \$5,000 per year (\$2,500 if married and filing separate tax returns)	Reduces your taxable income

## Important Information About FSAs

Your FSA elections will be in effect from January 1 through December 31. Claims for reimbursement must be submitted by March 31 of the following year. Please plan your contributions carefully. **Any money remaining in your account as of March 31 will be forfeited.** This is known as the “use it or lose it” rule, and it is governed by Internal Revenue Service regulations. Note that FSA elections do not automatically continue from year to year. You must actively enroll each year.

## What Are the Advantages of an FSA?

Your contributions are not taxed, nor are you taxed when you receive reimbursements from the account. And you are not taxed when you file your income tax returns at the end of the year.

## FSAs Let You Save on Your Taxes

Here is an example of how much you can save when you use the FSAs to pay for your predictable health care and dependent day care expenses.

Account Type	With FSA	Without FSA
Your taxable income	\$50,000	\$50,000
Pretax contribution to Health Care and Dependent Day Care FSA	\$2,000	\$0
Federal and Social Security taxes*	\$11,701	\$12,355
After-tax dollars spent on eligible expenses	\$0	\$2,000
Spendable income after expenses and taxes	\$36,299	\$35,645
Tax savings with the Medical and Dependent Day Care FSA	\$654	N/A

\*This is an example only. It assumes a 25% federal income tax marginal rate and a 7.7% FICA marginal rate. State and local taxes vary and are not included in this example. However, you will also save on any state and local taxes





## Basic Life and Accidental Death & Dismemberment (AD&D) Insurance Coverage

Life Insurance is an important part of your financial security, especially if others depend on you for support. Accidental Death & Dismemberment (AD&D) insurance is designed to provide a benefit in the event of accidental death or dismemberment.

TRC provides Basic Life and AD&D Insurance to all eligible employees at no cost to you equal to two times your annual base salary, up to a maximum benefit of \$1,000,000.

## Optional Life Insurance Coverage

You may also purchase additional Life Insurance coverage for yourself, your spouse and your child(ren).

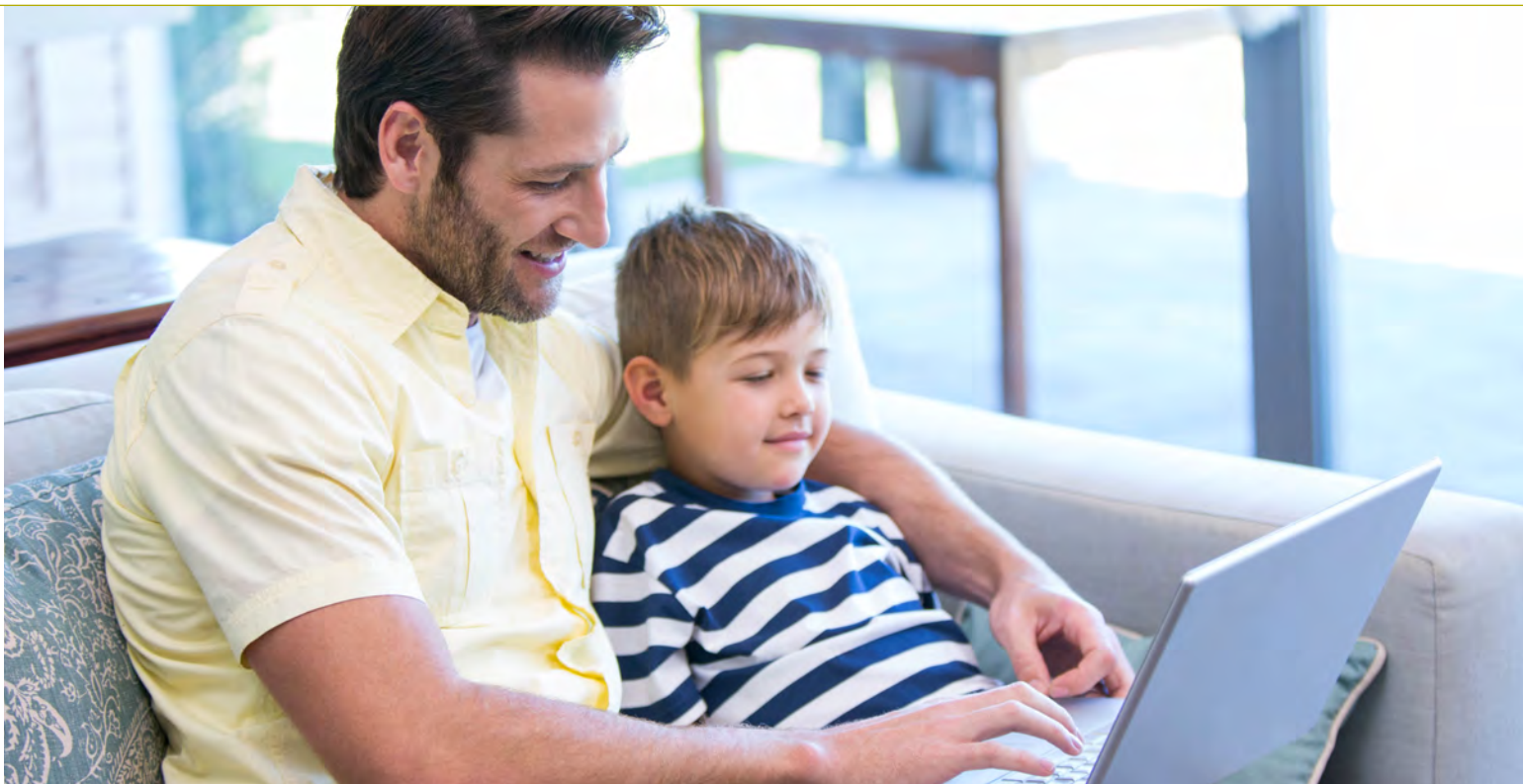
Employee coverage is available in multiples of one to five times your annual base salary, up to a maximum of \$1,000,000. As a newly eligible employee, you may elect up to three times your salary, or \$500,000 (whichever is less) without Evidence of Insurability (EOI) for yourself, and up to \$50,000 for your Spouse. Any amounts over this will require EOI.

Dependent	Available Coverage
Spouse*	\$5,000 increments up to \$250,000
Child Life*	\$10,000 benefit

\*You must elect Optional Employee Life in order to elect spouse or child Life. EOI may be required.

**Evidence of Insurability (EOI)** — If your election is subject to EOI, Aetna will mail you the necessary paperwork to complete the EOI process. Your coverage and premiums do not begin until your EOI application has been approved by Aetna.





## Disability Insurance Coverage

The goal of TRC’s Disability Insurance Plans is to provide you with income replacement should you become disabled and unable to work due to a non-work-related illness or injury. TRC provides eligible employees with short-term disability benefits at no cost to you.

Employees share in the cost of long-term disability coverage, if elected.

Coverage	Benefit
<b>Short-Term Disability (STD)</b>	<ul style="list-style-type: none"><li>Covers 66.67% of your eligible weekly base earnings to a maximum of \$1,500/week for up to 12 weeks</li></ul>
<b>Long-Term Disability (LTD)</b>	<ul style="list-style-type: none"><li>Covers 66.67% of your eligible weekly base earnings up to a maximum of \$10,000/month</li><li>Benefit begins after 90 days of disability</li></ul>

As a newly eligible employee you are able to select LTD coverage without being subject to Evidence of Insurability (EOI). Enrollment in LTD at a later date will be subject to EOI. If your coverage is subject to EOI, Aetna will mail you the necessary paperwork to complete the EOI process. Your coverage and premiums do not begin until your EOI application has been approved by Aetna.

## Employee Assistance Program (EAP)

Sometimes we all need a little help. When you find yourself in need of professional support to deal with personal, work, financial or family issues, the TRC Employee Assistance Program (EAP) can assist. You, your immediate family and any household members can use this program for a variety of issues, including:

- Marital and family conflicts
- Job related difficulties
- Stress, anxiety and depression
- Parent and child relationships
- Legal and financial counseling
- Identity theft counseling
- Financial planning
- Various other related issues

Our provider is Lifeworks by Ceridian. If you need help or guidance, you may reach out to the EAP at **877-543-5153** or **[www.lifeworks.com](http://www.lifeworks.com)**.  
(User ID: **TRC** Password: **lifeworks**)

# 401(k) Retirement Savings Plan

The TRC 401(k) Retirement Savings Plan offers a way to save for your future through easy payroll deductions. You are eligible to contribute from 1%-90% of eligible compensation to the Plan. Our Plan offers you both a 401(k) pre-tax and a Roth 401(k) post-tax savings opportunity.

**401(k) Plan** – You make pre-tax contributions. After retirement you pay income taxes on your distributions.

**Roth 401(k) Plan** – You make after-tax contributions. After retirement all distributions are tax-free. No taxes are owed.

## Eligibility

You are eligible to participate in the Plan as of your date of hire. There is no service or hours requirement.

## Employer Match

### Basic Match

- TRC contributes \$0.50 on each dollar you contribute up to a maximum of 6% of eligible compensation. **Note:** The Basic match contribution is added on a payroll basis throughout the year.

## 2016 IRS Maximums

- \$18,000 Annual Maximum 401(k) Deferral Limit
- \$6,000 Catch-up Contribution Limit for Individuals Age 50 and Older

## Enrollment

All employees (except those designated as Temporary) will automatically be enrolled in the TRC 401(k) Plan at 6% of your eligible compensation. You will receive a Welcome Guide from Fidelity (mailed to your home address) that will provide more details on TRC's 401(k) Plan and automatic enrollment, including instructions on how to opt out of the plan.

## Personalized Guidance

Fidelity's Workplace Planning and Guidance Center allows you to speak to a representative from Fidelity who can offer you personalized guidance on your 401(k) investment strategy. To use this service call **800-603-4015**.

## Fidelity Retirement Transition Services

Fidelity's new Retirement Transition Services helps you tackle key health and wealth decisions as you approach retirement, including monthly income, Social Security and Medical coverage.

To learn more, contact Fidelity at **800-835-5095**.



# Aetna's Plan Selection & Cost Estimator Tool

Aetna's Plan Selection & Cost Estimator is an online tool to help you compare health plans side-by-side and see your estimated out-of-pocket costs based on your location. With the tool you can:

- Estimate the cost of health care you may need during the year.
- Compare TRC's medical plans to see how much you'll contribute each year from your paycheck, how much you may pay out-of-pocket, and the amount your plan pays for health care services, including preventive care.

The Plan Selection & Cost Estimator tool can be found on TRCNET under Benefit Quick Links.

## Contact Information

If you have any questions not answered in your benefit materials, please call the TRC Benefits Solution Center at **888-882-1221** for assistance or send an email to **Benefits@trcsolutions.com**.

Plan	Whom To Call	Phone Number	Website
Medical	Aetna Customer Service	800-364-2386 HDHP 800-962-6842 all others	www.aetna.com
Medical Teladoc	Teladoc	800-835-2362	www.teladoc.com/aetna
Medical Health Line	Aetna Health Line	800-556-1555	www.aetna.com
Dental	Delta Dental	800-872-0500	www.deltadentalma.com
Vision	VSP	800-877-7195	www.vsp.com
Disability	Aetna	866-326-1379	www.aetnadisability.com
Life / AD&D	Aetna	800-523-5065	N/A
Health Savings Account (HSA)	PayFlex	888-678-8242	www.aetna.com
Flexible Spending Account (FSA)	Benefit Strategies	888-401-3539	www.benstrat.com
Employee Assistance Program (EAP)	Lifeworks	877-543-5153	www.lifeworks.com
401(k) Retirement Savings Plan	Fidelity Customer Service	800-835-5095	www.401k.com
	Fidelity Guidance	800-603-4015	www.401k.com
Auto/Home	Liberty	800-835-0894	www.libertymutual.com





## About this Guide

This benefit summary provides selected highlights of the TRC employee benefits program. It is not a legal document and shall not be construed as a guarantee of benefits nor of continued employment at TRC. All benefit plans are governed by master policies, contracts and plan documents. Any discrepancies between any information provided through this summary and the actual terms of such policies, contracts and plan documents shall be governed by the terms of such policies, contracts and plan documents. TRC reserves the right to amend, suspend or terminate any benefit plan, in whole or in part, at any time. The authority to make such changes rests with the Plan Administrator.

# TRC 2016 Employee Benefits Rate Sheet

Effective January 1, 2016



## Medical Bi-Weekly Contributions

	Aetna Choice High Deductible Health Plan	Aetna Choice 80/60 Plan
Employee	\$43.90	\$65.11
Employee + 1	\$83.85	\$124.36
Family	\$110.63	\$164.07

## Dental Bi-Weekly Contributions

Employee	\$5.64
Employee + 1	\$11.29
Family	\$16.94

## Vision Bi-Weekly Contributions

Employee	\$2.91
Employee + 1	\$5.82
Family	\$8.07

## Voluntary Employee & Spouse Life Monthly Contributions

Age Rate	Per \$1,000 of Coverage
< 24	\$0.053
25-29	\$0.064
30-34	\$0.085
35-39	\$0.096
40-44	\$0.107
45-49	\$0.160
50-54	\$0.245
55-59	\$0.459
60-64	\$0.704
65-69	\$1.355
70-74	\$2.197
75+	\$2.197
Child	\$0.084

To Calculate Optional Life Insurance:

Coverage Amount: \$\_\_\_\_\_ / 1,000 x \$\_\_\_\_\_ (Age Rate) x 12 / 26 = \$\_\_\_\_\_ (Bi-Weekly Cost)

## Long-Term Disability Bi-Weekly Contributions

Per \$100 of Covered Pay
\$0.0760

To Calculate Long-Term Disability Insurance:

Annual Salary \$\_\_\_\_\_ / 1,200 x \$0.076 = \$\_\_\_\_\_ (Bi-Weekly Cost)

Your actual deductions may vary slightly due to rounding.

Elections are irrevocable for the Plan Year: Elections can not be changed during the year unless you experience a qualifying event (birth/adoption of a child, marriage, death, change in spouse's employment) which is consistent with the change you are requesting.

Please contact Human Resources with any questions.