2021

KEEP MOVING




EMPLOYEE BENEFITS GUIDE

INTRODUCTION

Each year, we strive to offer comprehensive and competitive benefit plans to our employees. In the following pages, you will find a summary of our benefit plans for 9/1/2021 to 8/31/2022 plan year. Please read this guidebook carefully as you prepare to make your elections for the upcoming school year.

This Benefits Guidebook describes the highlights of Pecos Barstow Toyah ISD's benefits program in non-technical language. Your specific rights to benefits under the plan are governed solely, and in every respect, by the official plan documents and not the information in this guidebook. If there is any discrepancy between the description of the program elements as contained in this benefits guidebook and the official plan documents, the language in the official plan documents shall prevail as accurate. Please refer to the plan-specific documents published by each of the respective carriers for detailed plan information. Any and all elements of Pecos Barstow Toyah ISD's benefits program may be modified in the future, at any time, to meet Internal Revenue Service rules or otherwise as decided by Pecos Barstow Toyah ISD.

Any changes you make to your benefits will be impacted on your September paycheck. Mid-year changes may be made only if you have a change in family status or a qualifying life event such as adding a new dependent as a result of marriage, birth or adoption, divorce, residency, dependent child reaches 26, death of a dependent, reduction of hours, enrollment in the marketplace, termination or commencement of your spouse's employment or loss of coverage. You have 30 days from the date of the event listed above to complete the paperwork otherwise, the change in coverage will have to be postponed until the next year's open enrollment process.

Enrollment is MANDATORY this year, coverage will not automatically roll to the next benefit year. All employees must schedule an enrollment appointment and speak to a licensed Benefit Counselor to enroll for the 2021-2022 plan year.

HOW TO ENROLL

To enroll in your benefits for the 2021-2022 plan year you must schedule an appointment with a licensed benefit counselor. All employees are required to schedule an enrollment appointment by utilizing the scheduling link or QR code at right.

Before you speak with a Benefit Counselor, please have the following information ready: dependents' names, birth dates, Social Security numbers, addresses, and phone numbers.

Scheduling Link: https://mybenefits.as.me/PecosISD

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If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see page 80 for more details.

ELIGIBILITY

HIPAA (Health Insurance Portability and Accountability Act) requires that we comply with certain privacy issues in order for us to assist you in the future with any claims issues, we will require written authorization from you on a carrier specific form.

ELIGIBILITY

Full-time employees who work a minimum of 20+ hours per week and are at least age 18 are eligible to participate in the benefits program.

Once your enrollment is completed, you may not make any changes to your elections unless you have a Qualifying Life Event or your hours worked per week drop below the minimum.

BENEFIT COVERAGE

Benefits eligible employees must work a minimum of 20+ hours per week in order for you and your dependents to participate in the Pecos Barstow Toyah ISD Benefits Program. You may elect your Medical benefits to begin on the date you are hired or on the first day of the month following your date of hire. All other benefits will begin on the first day of the month following your date of hire. All employees who have satisfied their waiting period are eligible to make any changes during the open enrollment period.

PRE-EXISTING CONDITIONS

Pre-existing conditions may apply to some lines of coverage. Pre-existing condition exclusions on enrollees of any age no longer apply to the medical plans.

TERMINATION OF COVERAGE

Life, Disability, EAP, and FSA coverage ends as of the date an employee terminates. All other benefits will stay in effect until the last day of the month in which termination occurs.

Qualifying Life Events

Please remember that any premiums paid on a pretax basis are "locked in." Your benefit elections cannot be changed mid-plan year unless you have a qualifying life event. Some examples of this would include:

- **Marriage or Divorce**
- **Birth or Adoption**
- **Death of a Dependent**
- **Loss or Gain of Spouse's Employment**
- **CHIPRA (Children's Health Insurance Program Reauthorization Act)**

The Plan Document and SPD outline all permissible changes in election. Coverage will begin on the first of the month following the date the event occurs provided the completed enrollment form and applicable supporting documents are received by HR within 30 days of the event (except for CHIPRA—60 days to notify HR).

CONTACTS

Benefit	Insurance Carrier	Group #	Phone	Website
Medical	TRS ActiveCare BCBS of TX	N/A	866-355-5999	www.bcbstx.com/trsactivecare
Medical Transport	MASA Global	MKPBT	Emergency: 800-643-9023 Customer Support: 800-423-3226	www.masaglobal.com
Telemedicine	WellVia	N/A	855-935-5842	www.wellviasolutions.com
Employee Assistance Program	Unum	475735	800-854-1446	www.unum.com/lifebalance
Health Savings Account	NBS	N/A	800-274-0503	www.nbsbenefits.com
Flexible Spending Account	NBS	N/A	800-274-0503	www.nbsbenefits.com
Dental	Unum	475737	866-679-3054	www.unum.com
Vision	Unum	475737	866-679-3054	www.unum.com
Basic Life & AD&D	Unum	475735	866-679-3054	www.unum.com
Voluntary Life	Unum	476255	866-679-3054	www.unum.com
Voluntary AD&D	Unum	476255	866-679-3054	www.unum.com
Short-Term Disability	Unum	475736	866-679-3054	www.unum.com
Long-Term Disability	Unum	475735	866-679-3054	www.unum.com
Critical Illness	Trustmark	5550	800-918-8877	trustmarkbenefits.com
Cancer	MetLife	5390449	800-638-5433	www.metlife.com
Cancer Guardian	WGE	PBAR-CGx-2021-1430	844-694-3666	www.CancerGuardian.com
Universal Life	Trustmark	5550	800-918-8877	www.trustmarksolutions.com
Accident	Trustmark	5550	800-918-8877	www.trustmarksolutions.com
Hospital Indemnity	Trustmark	5550	800-918-8877	www.trustmarksolutions.com
Legal Services	ARAG	18789	800-247-4184	www.araglegalcenter.com

2021-22 Health Maintenance Organizations: Premiums for Regional Plans

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

	TRS-ActiveCare Primary	TRS-ActiveCare Primary+	TRS-ActiveCare HD
Plan summary	• Lower premium • Copays for doctor visits before you meet deductible • Statewide network • PCP referrals required to see specialists • Not compatible with health savings account (HSA) • No out-of-network coverage	• Lower deductible than the HD and Primary plans • Copays for many services and drugs • Higher premium than the other plans • Statewide network • PCP referrals required to see specialists • Not compatible with a health savings account (HSA) • No out-of-network coverage	• Compatible with a health savings account (HSA) • Nationwide network with out-of-network coverage • No requirement for PCPs or referrals • Must meet your deductible before plan pays for non-preventive care

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/$3,600	$3,000/$6,000	$5,500/$11,000
Coinsurance	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible
Individual/Family Max Out-of-Pocket	$8,150/$16,300	$6,900/$13,800	$7,000/$14,000	$20,250/$40,500
Network	Statewide Network	Statewide Network	Nationwide Network	
Primary Care Provider (PCP) Required	Yes	Yes	No	

Doctor Visits				
Primary Care	$30 copay	$30 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
TRS Virtual Health	$0 per consultation	$30 per consultation	$30 per consultation	

Immediate Care				
Urgent Care	$50 copay	$50 copay	You pay 30% after deductible	You pay 50% after deductible
Emergency Care	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	
TRS Virtual Health	$0 per consultation	$0 per consultation	$30 per consultation	

Prescription Drugs			
Drug Deductible	Integrated with medical	$200 brand deductible	Integrated with medical
Generics (30/90 Day Supply)	$15/$45 copay; $0 for certain generics	$15/$45 copay	You pay 20% after deductible; $0 for certain generics
Preferred Brand	You pay 30% after deductible	You pay 25% after deductible	You pay 25% after deductible
Non-preferred Brand	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible
Specialty	You pay 30% after deductible	You pay 20% after deductible	You pay 20% after deductible

This plan is closed and not accepting new enrollees. If you're currently enrolled in TRS-ActiveCare 2, you can remain in this plan.

TRS-ActiveCare 2

- Closed to new enrollees
- Current enrollees can choose to stay in this plan
- Lower deductible
- Copays for many drugs and services
- Nationwide network with out-of-network coverage
- No requirement for PCPs or referrals

Plan Features	
In-Network	Out-of-Network
$1,000/$3,000	$2,000/$6,000
You pay 20% after deductible	You pay 40% after deductible
$7,900/$15,800	$23,700/$47,400
Nationwide Network	
No	

Prescription Drugs
$200 brand deductible
$20/$45 copay
You pay 25% after deductible ($40 min/$80 max)/ You pay 25% after deductible ($105 min/$210 max)
You pay 50% after deductible ($100 min/$200 max)/ You pay 50% after deductible ($215 min/$430 max)
You pay 20% after deductible ($200 min/$900 max)

Immediate Care	
$50 copay	You pay 40% after deductible
You pay a $250 copay plus 20% after deductible	
$0 per consultation	

Doctor Visit	
$30 copay	You pay 40% after deductible
$70 copay	You pay 40% after deductible
$0 per consultation	

Compare Prices for Common Medical Services

REMEMBER: Log into Blue Access for Members℠ at www.bcbstx.com/trsactivecare to use the cost estimator tool. This will help you find the best prices.

Benefit	TRS-ActiveCare Primary	TRS-ActiveCare Primary+	TRS-ActiveCare HD		TRS-ActiveCare 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 Outpatient: You pay 30% after deductible	Office/Indpendent Lab: You pay $0 Outpatient: You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible	Office/Indpendent Lab: You pay $0 Outpatient: You pay 20% after deductible	You pay 40% after 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 per procedure copay	You pay 40% after deductible + $100 per procedure copay
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 per day maximum)
Freestanding Emergency Room	You pay $500 copay + 30% after deductible	You pay $500 copay + 20% after deductible	You pay 30% after deductible + $500 copay	You pay 50% after deductible + $500 copay	You pay $500 copay + 20% after deductible	You pay $500 copay + 40% after deductible
Bariatric Surgery	Facility – You pay 30% after deductible Professional Services – You pay $5,000 copay + 30% after deductible Only covered if rendered at a BDC+ facility.	Facility – You pay 20% after deductible Professional Services – You pay $5,000 copay + 20% after deductible Only covered if rendered at a BDC+ facility.	Not Covered	Not Covered	Facility – You pay 20% after deductible ($150 facility copay per day) Professional Services – You pay $5,000 copay + 20% after deductible Only covered if rendered at a BDC+ facility.	Not Covered
Annual Vision Examination (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	$30 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 your Personal Health Guide at* **1-866-355-5999 *with questions.*

2021-22 Health Maintenance Organizations: Premiums for Regional Plans

REMEMBER: When you choose an HMO, you're choosing a regional network.

Blue Essentials - West Texas HM05M
Brought to you by TRS-Acti veCare

You can choose this plan if you live in one of these counties: Andrews, Armstrong, Bailey, Borden, Brewster, Briscoe, Callahan, Carson, Castro, Childress, Cochran, Coke, Coleman, Collingsworth, Comanche, Concho, Cottle, Crane, Crockett, Crosby, Dallam, Dawson, Deaf Smith, Dickens, Donley, Eastland, Ector, Fisher, Floyd, Gaines, Garza, Glasscock, Gray, Hale, Hall, Hansford, Hartley, Haskell, Hemphill, Hockley, Howard, Hutchinson, Irion, Jones, Kent, Kimble, King, Knox, Lamb, Lipscomb, Llano, Loving, Lubbock, Lynn, Martin, Mason, McCulloch, Menard, Midland, Mitchell, Moore, Motley, Nolan, Ochiltree, Oldham, Parmer, Pecos, Potter, Randall, Reagan, Reeves, Roberts, Runnels, San Saba, Schleicher, Scurry, Shackelford, Sherman, Stephens, Sterling, Stonewall, Sutton, Swisher, Taylor, Terry, Throckmorton, Tom Green, Upton, Ward, Wheeler, Winkler, Yoakum

TRS-ActiveCare Primary Medical Rates

	Monthly Premium	District & State Contribution Combined	Monthly EEC COST
Employee Only	$417.00	$417.00	$0.00
Employee/Spouse	$1,176.00	$555.00	$621.00
Employee/Children	$751.00	$555.00	$196.00
Employee/Family	$1,405.00	$555.00	$850.00

TRS-ActiveCare HD Medical Rates

	Monthly Premium	District & State Contribution Combined	Monthly EEC COST
Employee Only	$429.00	$429.00	$0.00
Employee/Spouse	$1,209.00	$555.00	$654.00
Employee/Children	$772.00	$555.00	$217.00
Employee/Family	$1,445.00	$555.00	$890.00

TRS-ActiveCare Primary + Medical Rates

	Monthly Premium	District & State Contribution Combined	Monthly EEC COST
Employee Only	$542.00	$542.00	$0.00
Employee/Spouse	$1,334.00	$555.00	$779.00
Employee/Children	$879.00	$555.00	$324.00
Employee/Family	$1,675.00	$555.00	$1,120.00

ActiveCare 2 Medical Rates - Grandfathered Plan

	Monthly Premium	District & State Contribution Combined	Monthly EEC COST
Employee Only	$1,013.00	$555.00	$458.00
Employee/Spouse	$2,402.00	$555.00	$1,847.00
Employee/Children	$1,507.00	$555.00	$952.00
Employee/Family	$2,841.00	$555.00	$2,286.00

West Texas Blue Essentials HMO Plan

	Monthly Premium	District & State Contribution Combined	Monthly EEC COST
Employee Only	$596.54	$555.00	$41.54
Employee/Spouse	$1,443.66	$555.00	$888.66
Employee/Children	$936.18	$555.00	$381.18
Employee/Family	$1,532.74	$555.00	$977.74

Plan Features

Type of Coverage	In-Network Coverage Only
Individual/Family Deductible	$950/$2,850
Coinsurance	You pay 25% after deductible
Individual/Family Maximum Out-of-Pocket	$7,450/$14,900

Prescription Drugs

Drug Deductible	$150
Days Supply	30-day supply/90-day supply
Generics	$5/$12.50 copay; $0 for certain generics
Preferred Brand	You pay 30% after deductible
Non-preferred Brand	You pay 50% after deductible
Specialty	You pay 15%/25% after deductible (preferred/non-preferred)

Doctor Visits

Primary Care	$20 copay
Specialist	$70 copay

Immediate Care

Urgent Care	$50 copay
Emergency Care	$500 copay before deductible and 25% after deductible

Prescription Drugs

Drug Deductible	$150
Days Supply	30-day supply/90-day supply
Generics	$5/$12.50 copay; $0 for certain generics
Preferred Brand	You pay 30% after deductible
Non-preferred Brand	You pay 50% after deductible
Specialty	You pay 15%/25% after deductible (preferred/non-preferred)

EMERGENCY TRANSPORTATION COSTS

MASA MTS is here to protect its members and their families from the shortcomings of health insurance coverage by providing them with comprehensive financial protection for lifesaving emergency transportation services, both at home and away from home.

Many American employers and employees believe that their health insurance policies cover most, if not all ambulance expenses. The truth is, they DO NOT!

Even after insurance payments for emergency transportation, you could receive a bill up to $5,000 for ground ambulance and as high as $70,000 for air ambulance. The financial burdens for medical transportation costs are very real.

HOW MASA IS DIFFERENT

Across the US there are thousands of ground ambulance providers and hundreds of air ambulance carriers. ONLY MASA offers comprehensive coverage since MASA is a PAYER and not a PROVIDER!

ONLY MASA provides over 1.6 million members with coverage for **BOTH ground ambulance and air ambulance transport, REGARDLESS of which provider transports them.**

Members are covered ANYWHERE in all 50 states and Canada!

Worldwide coverage is also available with our Platinum Membership.

Additionally, MASA provides a repatriation benefit: if a member is hospitalized more than 100 miles from home, MASA can arrange and pay to have them transported to a hospital closer to their place of residence.

MASA Medical Transport Solutions™

Any Ground. Any Air. Anywhere.™

OUR BENEFITS

Benefit*	Platinum $39/Month	Emergent Plus $14/Month
Emergent Ground Transportation	U.S./Canada	U.S./Canada
Emergent Air Transportation	U.S./Canada	U.S./Canada
Non-Emergent Air Transportation	Worldwide	U.S./Canada
Repatriation	Worldwide	U.S./Canada
Escort Transportation	Worldwide	
Mortal Remains Transportation	Worldwide	
Visitor Transportation	BCA**	
Minor Children/Grandchildren Return	BCA**	
Vehicle Return	BCA**	
Pet Return	BCA**	
Organ Retrieval	U.S./Canada	
Organ Recipient Transportation	U.S./Canada	

** Please refer to the MSA for a detailed explanation of benefits and eligibility,*

*** Basic Coverage Area (BCA) includes U.S., Canada, Mexico, and Caribbean (excluding Cuba).*

A MASA Membership prepares you for the unexpected and gives you the peace of mind to access vital emergency medical transportation no matter where you live, for a minimal monthly fee.

- One low fee for the entire family
- NO deductibles
- NO health questions
- Easy claim process

EVERY FAMILY DESERVES A MASA MEMBERSHIP

MASA Medical Transport Solutions™

Any Ground. Any Air. Anywhere.™

EMERGENT PLUS MEMBERSHIP BENEFITS

Emergent Air Transportation	In the event of a serious medical emergency, Members have access to emergency air transportation into a medical facility or between medical facilities. Please see your Member Services Agreement for the complete terms, conditions and limitations of this benefit.
Emergent Ground Transportation	In the event of a serious medical emergency, Members have access to emergency ground transportation into a medical facility or between medical facilities. Please see your Member Services Agreement for the complete terms, conditions and limitations of this benefit.
Non-Emergent Inter-Facility Transportation	In the event that a member is in stable condition in a medical facility but requires a heightened level of care that is not available at their current medical facility, Members have access to non-emergent air or ground transportation between medical facilities. Please see your Member Services Agreement for the complete terms, conditions, and limitations of this benefit.
Repatriation/ Recuperation	In the event that a Member is hospitalized more than 100-miles from their home, Members have access to air or ground medical transportation into a medical facility closer to Member's home for the purposes of recuperation. Please see your Member Services Agreement for the complete terms, conditions and limitations of this benefit.

Did You Know?

16-Million people are sent to the emergency room through a ground or air ambulance every year.*

Insurance companies typically **DO NOT** cover all air and ground ambulance expenses which can result in a bill in excess of $60,000.

Emergent Ground Ambulance transports can cost as much as

$5,000

Non-Emergent Air Medical transports can cost more than

$20,000

Emergent Air Ambulance transports often cost more than

$60,000

MASA MTS PROVIDES ULTIMATE PEACE OF MIND

Trust MASA MTS to provide you and your family peace of mind against the financial burden of medical transport bills by enrolling in a MASA MTS membership at an affordable GROUP RATE.

*SOURCE: National Hospital Ambulatory Medical Care Survey

The descriptions of the services offered by MASA are for marketing purposes only and do not represent the terms and conditions contained within each applicable Member Services Agreement. Please review the applicable Member Services Agreement for the completed terms and conditions of any service offered by MASA.

MASA OF FLORIDA Medical Transport Solutions™

Any Ground. Any Air. Anywhere.™

PLATINUM MEMBERSHIP BENEFITS

Emergent Air Transportation	In the event of a serious medical emergency, Members have access to emergency air transportation into a medical facility or between medical facilities. Please see your Member Services Agreement for the complete terms, conditions and limitations of this benefit.
Emergent Ground Transportation	In the event of a serious medical emergency, Members have access to emergency ground transportation into a medical facility or between medical facilities. Please see your Member Services Agreement for the complete terms, conditions and limitations of this benefit.
Non-Emergent Inter-Facility Transportation	In the event that a member is in stable condition in a medical facility but requires a heightened level of care that is not available at their current medical facility, Members have access to non-emergent air or ground transportation between medical facilities. Please see your Member Services Agreement for the complete terms, conditions, and limitations of this benefit.
Repatriation/ Recuperation	In the event that a Member is hospitalized more than 100-miles from their home, Members have access to air or ground medical transportation into a medical facility closer to Member's home for the purposes of recuperation. Please see your Member Services Agreement for the complete terms, conditions and limitations of this benefit.
Return Transportation	In the event the Member is hospitalized more than 100-miles away from home for more than 24-hours, Member has access to return transportation, upon their release, to the commercial airport nearest their home. Please see your Member Services Agreement for the complete terms, conditions and limitations of this benefit.
Escort Transportation	In the event that Member requires medical transportation, Member may elect to have a family member or friend accompany them during the medical transportation. This benefit is limited to the availability of space within the vehicle, giving due priority to medical personnel and equipment. Please see your Member Services Agreement for the complete terms, conditions and limitations of this benefit.
Visitor Transportation	In the event that Member is hospitalized more than 100-miles away from home for more than 7-days (consecutively), Member may elect to have a family member or friend transported (by commercial airline) to join them while they recover. Please see your Member Services Agreement for the complete terms, conditions and limitations of this benefit.
Mortal Remains Transportation	In the event the Member dies more than 100-miles from home, MASA shall pay (on behalf of the Member's estate) the airway bill associated with the return of the Member's mortal remains. Please see your Member Services Agreement for the complete terms, conditions and limitations of this benefit.
Minor Return	In the event that Member requires the use of one or more of the member transportation benefits and (as a result of such benefit) a minor child (who is in the Member's custody) is left unattended, the minor child shall have access to return transportation (by commercial airline) to the commercial airport nearest the minor child's home. Please see your Member Services Agreement for the complete terms, conditions and limitations of this benefit.
Organ Retrieval/ Organ Recipient	In the event that Member requires the use of one or more of the member transportation benefits and (as a result of such benefit) a minor child (who is in the Member's custody) is left unattended, the minor child shall have access to return transportation (by commercial airline) to the commercial airport nearest the minor child's home. Please see your Member Services Agreement for the complete terms, conditions and limitations of this benefit.
Vehicle Return	In the event that Member requires the use of one or more of the member transportation benefits and (as a result of such benefit), Member may elect to have MASA transport Member's ground vehicle to Member's home or rental return location. Please see your Member Services Agreement for the complete terms, conditions and limitations of this benefit.
Pet Return	In the event that Member requires the use of one or more of the member transportation benefits and (as a result of such benefit), Member may elect to have MASA transport Member's pet to Member's home. Please see your Member Services Agreement for the complete terms, conditions and limitations of this benefit.
Worldwide Coverage	Worldwide Coverage: Contingent on 10-day prior notice of travel to MASA, Member has world-wide access to Non-Emergent Air Transport, Repatriation/Recuperation, Return Transportation, Escort Transportation, Visitor Transportation, and Mortal Remains Transportation. Coverage is limited to trips of 90-days or less. Please see your Member Services Agreement for the complete terms, conditions and limitations of this benefit.

*Basic Coverage Area includes U.S., Canada, Mexico, and Caribbean (excluding Cuba).**One (1) year waiting period if pre-existing condition requiring transplant. There is a 90 day waiting period for pre-existing conditions for non-emergent benefits. Dependents are covered up to the age of 26. In the event that Member needs to utilize any of MASA's non-emergent benefits, Member must contact MASA in order for MASA to arrange such benefits on Member's behalf. MASA MTS of Florida is a registered tradename of Medical Air Services Association of Florida, Inc., a Florida corporation licensed as a Pre-Paid Limited Health Services Organization, pursuant to Chapter 636 of the Florida Statutes.

WELLVIA®

FBMC BENEFITS MANAGEMENT

Virtual healthcare delivered with *exceptional* care

WelcometoWellVia!

Welcome to WellVia, your telemedicine and behavioral health provider for only **$10/month!** WellVia has a national network of board certified, state licensed doctors offering medical consultations 24 hours a day, 7 days a week! WellVia doctors diagnose acute non emergent medical conditions and prescribe medications when clinically appropriate. Speak to your doctor within minutes from anywhere – home – work – or while traveling for only **$0 per consult.**

Along with on-demand medical consultations, you can now virtually connect with a Psychiatrist or Licensed Counselor through secure video consultations. Simply make an appointment on your lunch break, while traveling, or weekends to utilize this service anytime, anywhere. **Additional fees apply at the time of consult for Psychiatrist or Licensed Counselor.*

Medical Conditions

- ✓ allergies
- ✓ bladder infection
- ✓ bronchitis
- ✓ cold & flu
- ✓ rashes
- ✓ sinus conditions
- ✓ pink eye
- ✓ and more...

Behavioral Health Conditions

- ✓ child & adolescent issues
- ✓ depression
- ✓ eating disorders
- ✓ life changes
- ✓ parenting
- ✓ stress managment
- ✓ trauma & PTSD
- ✓ and more...

Activate your WellVia account

1. Access by WellVia mobile app, online or phone
2. Enter your employer member ID located on your card

   **If you do not have a card, you can call (855) WELLVIA anytime or reach out to your program administrator.*
3. Create your username and password
4. Complete the required fields to begin your electronic medical record
5. Request a consult

   Registering your account is **not required to use the service, you can call (855) WELLVIA anytime for 24/7 access to doctors.*

Prescription Policy

- If medically necessary a prescription will be called in to your pharmacy of choice.
- Our doctors do not prescribe DEA (schedule I-IV) controlled substances and non therapeutic drugs

(855) WELLVIA

(855) 935-5842

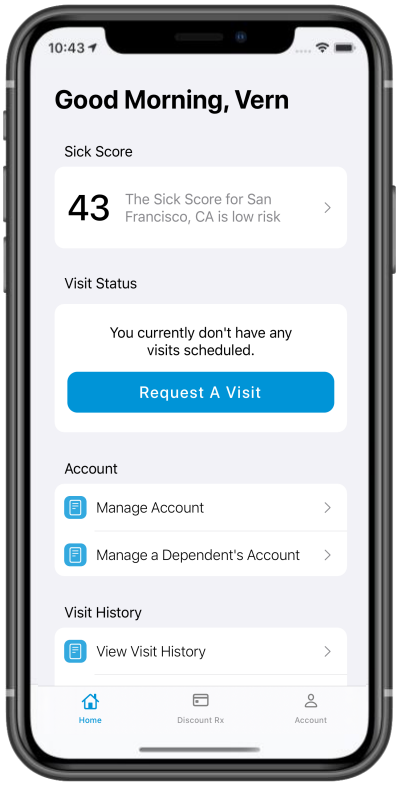
Online Portal:
www.WellViaSolutions.com

Download on the App Store

ANDROID APP ON Google play

WELLVIA®

Accessible Care • Secure Sessions • Virtual Access



Why WellVia?

24/7/365 Access to Doctors

Primary Care - Pediatrics - Urgent Care

WellVia has a national network of board certified, state licensed doctors offering medical consultations 24 hours a day, 7 days a week! WellVia doctors diagnose acute non emergent medical conditions and prescribe medications when clinically appropriate.

Why choose to use WellVia over Teladoc?

1. If you are on the TRS ActiveCare HD plan Virtual Consults are $30 a visit, with WellVia all Virtual Consults are $0

2. Virtual Care through TRS is only available to those employees and dependents who are on the TRS health plan. WellVia is available to all legal dependents regardless if they are on the health plan or not.

HEALTHCARE THAT MAKES CENTS

Type of Visit	Average Cost
Primary Care	$100
Urgent Care	$150
Emergency Room	$1400
WELLVIA®	$0

2013 Medical Expenditure Panel Survey / MEPS

COMMON CONDITIONS TREATED

- Acid Reflux
- Allergies
- Asthma
- Bladder Infection
- Bronchitis
- Cold & Flu
- Infections
- Nausea
- Rashes
- Sinus Conditions
- Sore Throat
- Thyroid Conditions
- Urinary Tract Infection
- and more...

www.WellViaSolutions.com

Download on the App Store

ANDROID APP ON Google play

Member Services: (855) WELLVIA

Disclaimer: WellVia Services are for non-emergency conditions only. WellVia does not replace the primary care doctor, services are not considered insurance or a Qualified Health Plan under the Patient Protection and Affordable Care Act. WellVia doctors do not prescribe DEA controlled substances (schedule I-IV) and do not guarantee that a prescription will be written. Available nationwide where allowable by law. For updated full disclosures, please visit www.wellviasolutions.com.

WELLVIA®

Access to Virtual Therapy

With WellVia you can virtually connect with a Psychiatrist or Licensed Counselor through secure and private Phone and Video sessions, whenever and wherever you need it. WellVia is removing the barriers to care so you can receive behavioral health services virtually. Simply make an appointment on your lunch break, while traveling, or weekends to utilize this service anytime, anywhere.

Accessible Care • Secure Sessions • Virtual Access

Behavioral Health Conditions Treated

- ✓ Stress Managment
- ✓ Child & Adolescent Issues
- ✓ Panic Disorders
- ✓ Life Changes
- ✓ Men's/Women's Issues
- ✓ Parenting
- ✓ Post Partum Depression
- ✓ Eating Disorders
- ✓ Trauma & PTSD
- ✓ Depression
- ✓ Relationship Issues
- ✓ And More...

Our Behavioral Health Platform is always accessible at no additional cost to you. When you would like to setup a secure virtual session with one of our Licensed Counselors or Psychiatrists, your cost is minimal.

✓ **Licensed Counselor** ($85) ✓ **Psychiatrist** ($225 initial visit/$99 follow-up visit)

How It Works

Step One
Request Your Virtual Therapy Session

Step Two
Complete Your Intake Assessment

Step Three
Select Your Counselor or Psychiatrist & Preferred Schedule

Step Four
Speak with Your Licensed Counselor or Psychiatrist

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unum
Better benefits at work.

EMPLOYER PAID

Help, when you need it most

With your Employee Assistance Program and Work/Life Balance services, confidential assistance is as close as your phone or computer.

Always by your side

- Expert support 24/7
- Convenient website
- Short-term help
- Referrals for additional care
- Monthly webinars
- Medical Bill Saver™ — helps you save on medical bills

Who is covered?

Unum's EAP services are available to all eligible employees, their spouses or domestic partners, dependent children, parents and parents-in-law.

Employee Assistance Program — Work/Life Balance

Toll-free 24/7 access:

- 1-800-854-1446 (multi-lingual)
- www.unum.com/lifebalance

Turn to us, when you don't know where to turn.

Employee Assistance Program (EAP)

Your EAP is designed to help you lead a happier and more productive life at home and at work. Call for confidential access to a Licensed Professional Counselor* who can help you.

A Licensed Professional Counselor can help you with:

- Stress, depression, anxiety
- Relationship issues, divorce
- Job stress, work conflicts
- Family and parenting problems
- Anger, grief and loss
- And more

Work/Life Balance

You can also reach out to a specialist for help with balancing work and life issues. Just call and one of our Work/Life Specialists can answer your questions and help you find resources in your community.

Ask our Work/Life Specialists about:

- Child care
- Elder care
- Legal questions
- Identity theft
- Financial services, debt management, credit report issues
- Even reducing your medical/dental bills!
- And more

Help is easy to access:

- **Online/phone support:** Unlimited, confidential, 24/7.
- **In-person:** You can get up to 3 visits available at no additional cost to you with a Licensed Professional Counselor. Your counselor may refer you to resources in your community for ongoing support.

* The counselors must abide by federal regulations regarding duty to warn of harm to self or others. In these instances, the consultant may be mandated to report a situation to the appropriate authority.

Unum's Employee Assistance Program and Work/Life Balance services, provided by HealthAdvocate, are available with select Unum insurance offerings. Terms and availability of service are subject to change. Service provider does not provide legal advice; please consult your attorney for guidance. Services are not valid after coverage terminates. Please contact your Unum representative for details.

Insurance products are underwritten by the subsidiaries of Unum Group.

unum.com

Unum's Employee Assistance Program

Medical Bill Saver™ makes Unum's EAP even more valuable

Better benefits at work.

EMPLOYER PAID

The Medical Bill Saver advantage

- Negotiations for medical/dental bills with a non-covered balance of $400 or more
- Expert use of critical pricing-trend information to obtain discounts from providers
- Easy-to-read Savings Result Statement summarizing the outcome of the negotiation
- Provider sign-off on payment terms and conditions
- Speedy provider payments

Employee Assistance Program services are available 24/7 at:

1-800-854-1446 (multi-lingual)
www.unum.com/lifebalance

As health care costs continue to rise, many people have trouble paying medical expenses that insurance doesn't cover. Luckily, our EAP — with the Medical Bill Saver feature — can help.

How does it work?

When a covered employee has a medical or dental bill totaling over $400 in out-of-pocket costs, our skilled negotiating team works with the provider(s) to get a discount. Successful negotiations can save employees hundreds, and sometimes thousands, of dollars.

Our experts can also show employees how to keep bills lower in the future — for example, by using in-network providers.

By helping reduce employees' out-of-pocket-costs, Medical Bill Saver can make consumer-driven health plans (CDHPs) more attractive — and more effective.

Medical Bill Saver is one more way the Unum Employee Assistance Program helps employees manage the stresses of modern life.

Real stories. Real people. Real results.

MEDICAL BILL SAVER: CASE #1

Issue: An employee had an outstanding bill for surgery performed at an out-of-network hospital.

Resolution: Unum's EAP service worked with the provider to reduce the bill.

Billed Charges: $5,032
Negotiated Discount: 50%
Savings: $2,516

MEDICAL BILL SAVER: CASE #2

Issue: An employee received a bill for a dental implant that was not covered by her dental plan.

Resolution: Unum's EAP service worked with the provider, who agreed to accept a lower fee.

Billed Charges: $1,600
Negotiated Discount: 55%
Savings: $880

MEDICAL BILL SAVER: CASE #3

Issue: Following a surgery, an employee received a large bill from a non-participating anesthesia group.

Resolution: Unum's EAP service negotiated an arrangement that reduced the employee's responsibility.

Billed Charges: $3,275
Negotiated Discount: 38%
Savings: $1,245

* The savings in these case studies cannot be guaranteed. Results may vary.

Health Savings Accounts

By NBS

Individuals covered by an IRS-qualified High-Deductible Health Plan may open and contribute to an HSA and take advantage of this great tax savings opportunity. HSAs are accounts set up to pay for your medical care including dental and vision and allow you to build up savings to pay for future medical expenses. The qualified medical expenses must be incurred after the HSA is established in order to be reimbursable on a tax-free basis. HSAs are available in conjunction with a high deductible health insurance plan. Contributions to an HSA are tax deductible.

- Contributions made through a cafeteria plan are excluded from your gross income.
- The contributions remain in your account from year to year until you use them.
- The interest or other earnings on the assets in the account are tax-free.
- An HSA is "portable" so it stays with you if you change employers or leave the work force.

	2021 Health Savings Account Contributions			
	Employee	**Employee + Spouse**	**Employee + Children Employee + Family**	**"Catch-up" Contributions for individuals age 55 and older**
IRS Maximum Allowable Contribution	$3,600 / year	$7,200 / year	$7,200 / year	$1,000.00 / year

Flexible Spending Accounts

By NBS

The Healthcare and Dependent Care Flexible Spending Accounts (FSA), administered by NBS, let you set aside pre-tax dollars from your paycheck to pay for many healthcare and dependent care expenses. By paying for these expenses with pre-tax dollars, you reduce the amount of your taxable income and increase your take-home pay. You may choose to participate in one or both FSA accounts whether you elect any other benefits.

General FSA Rules and Restrictions

In exchange for the tax advantages FSAs offer, the IRS has imposed the following rules and restrictions for both healthcare and dependent care FSAs:

- You may only use the money in your FSAs to reimburse expenses you have incurred during the plan year for which the FSA was established.
- If you have any money remaining in your FSA at the end of the year, you forfeit it.
- You cannot transfer money from one FSA to another.
- You cannot begin, stop, or change the amount of your FSA contributions during the calendar year unless you experience a Qualified Life Event (such as: marriage, divorce, or the birth/adoption of a child). Contact your HR Department for further qualifications.
- You cannot claim expenses that are reimbursed through your HCFSA or DCFSA as a deduction on your income tax return.
- Reimbursement for DCFSA claims is only up to the total amount that is in your account at that time.
- The dependent care provider cannot be anyone considered to be your dependent for income tax purposes (such as one of your older children). You are required to provide the tax identification number or Social Security number of the party providing care.

How Much Can I Contribute?

To participate, decide how much you would like to contribute to one or both accounts for the year. The money you allocate to each account is automatically deducted from your paycheck each pay period before taxes are calculated:

- For a Health Care Flexible Spending Account (HCFSA), you can contribute up to the maximum of $2,750 for the 2021 year.
- For a Dependent Care Flexible Spending Account (DCFSA), you can contribute up to the maximum of $5,000 for the 2021 year. The exceptions include:
    - If you and your spouse file separate tax returns, you may contribute $2,500 per year.
    - If your spouse is employed, your maximum contribution is the lesser of your spouse's taxable income (but no more than $5,000)
    - If your spouse is a full-time student or they are physically or mentally disabled, your maximum contribution is up to $3,000 per year if you claim expenses for one dependent and up to $6,000 per year if you claim expenses for two or more dependents.

Best Practices

Using your NBS Benefits Card

The NBS Benefits Card makes using your FSA easy by allowing you to pay your provider directly with funds from your FSA eliminating cashflow hardships. But even these transactions require substantation. Follow these tips to save time and simplify your experience.

Understanding Claim Substantiation

The rules that govern Flexible Spending Accounts require that all claims be reviewed and adjudicated to ensure they are being used for eligible medical expenses under section 125 of the Internal Revenue Code. NBS uses Merchant Category Codes (MCCs), Inventory Information Approval Systems, and sophisticated matching systems to auto-substantiate 80% of all debit card transactions.

For transactions that cannot be auto-substantiated, you will be asked to submit documentation to support your expense. Documentation may include an itemized receipt and/or a doctor's note of medical necessity. Use the NBS mobile app to take a picture of your receipt and upload it to the portal where it will be reviewed and eligible expenses will be approved. You will be notified if the expense requires any further documentation or if the expense is ineligible. In the case of ineligible expenses, you will be asked to refund your account or offset the expense with other eligible expenses.

1. Use your debit card at your provider.
2. Save your receipt.
3. Upload the receipt to NBS using the NBS Mobile App or my.nbsbenefits.com.
4. NBS will take care of the rest!

Before you leave, ask for a detailed receipt.

Receipt must include:

- The service or product
- The date of the service (Billing/ Statement Date insufficient)
- The amount of the charge

Over-the-counter medications will require a doctor's note of medical necessity.

Making it Easy

NBS Mobile App

When you're on the go, save time and hassle with the NBS Mobile App.

Submit claims, check your balances, view transactions, and submit documentation using your device's camera.

Easy and secure

- Shares user authentication with the NBS portal. Registered users can download the app and log in immediately to gain access to their benefit accounts, with no need to register their phone or your account.
- No sensitive account information is ever stored on your mobile device and all transmissions use encryption.

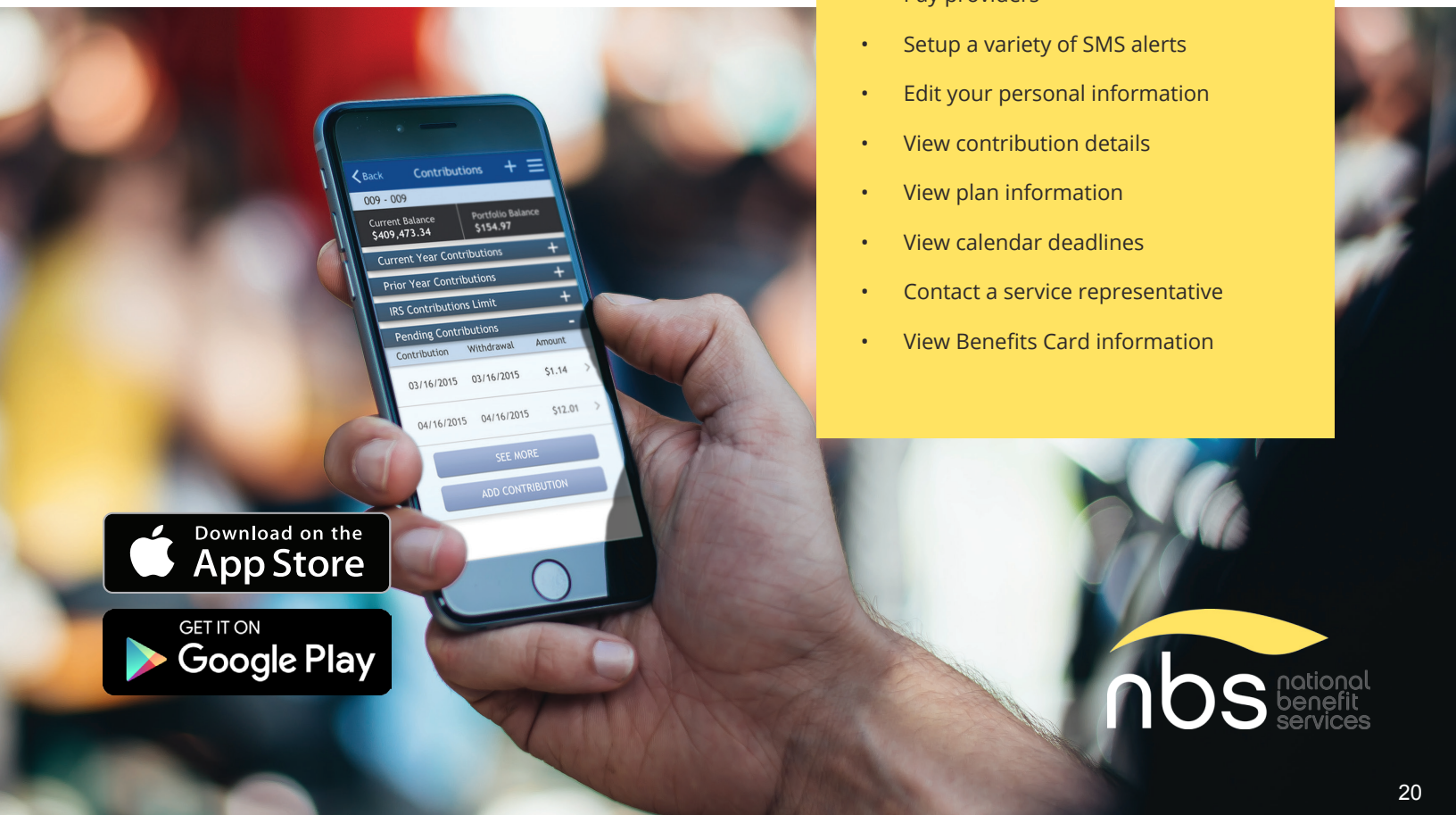
Includes virtual assistant 'Emma'

- The first voice-activated intelligent assistant for consumer-driven healthcare.
- Ask Emma questions about your account such as:
  - How much is my account balance?
  - What is the annual contribution limit?
  - Can I change my election amount?

Mobile app features

The NBS mobile app supports a wide variety of features, empowering you to proactively manage your account.

- View account balances
- View claims
- View reimbursement history
- Submit claims
- Submit documentation using your device's camera
- Pay providers
- Setup a variety of SMS alerts
- Edit your personal information
- View contribution details
- View plan information
- View calendar deadlines
- Contact a service representative
- View Benefits Card information



Pecos Barstow Toyah Independent School District

Unum Dental™

Dental Insurance can help you pay for dental exams, cleanings and other services.

How does it work?

Good dental care is critical to your overall well-being. With Unum Dental insurance, you can get the attention your teeth need — at a cost you can afford.

Unum Dental allows you to see any dentist you choose. To get the most from your benefits and reduce out-of-pocket costs, choose an in-network provider by utilizing our large national network. These providers have agreed to file your claims and uphold the highest quality standards. You can find in-network providers at unumdentalcare.com.

Why is this coverage so valuable?

- Routine dental care keeps your mouth and whole body healthy.
- Your plan is backed by Unum's commitment to excellence in customer service.
- Personalized website and mobile app to manage your benefits including claims information, ID cards and more.
- There's no waiting period for preventive and basic services.

What else is included?

Pregnancy benefit

An extra cleaning for expecting mothers in their 2nd or 3rd trimester.

Wellness benefits

Oral cancer screenings for patients 40 and older with high risk factors.

Unumdentalcare.com

Use unumdentalcare.com and the mobile app search for providers, manage your benefits and learn about good dental health. Features include easy access to ID Cards, claims history and coverage information.

Carryover benefits

Members who take care of their teeth, but use only part of their annual maximum benefit during a benefit period are rewarded with extra benefits in future years! Carryover benefits will be accrued and stored in the insured's carryover account to be used in the next benefit year.

The limits for this policy/certificate are:	Passive PPO
Carryover benefit	$300
Threshold limit	$600
Carryover account limit	$1,200

Coverage details and costs

Overview	Passive PPO
Benefit Year Maximum*	$1,250
Deductible**	$50 per benefit year Maximum 3 per family

Plan Coinsurance	In-network	Non-network
Class A Preventive	100%	100%
Class B Basic	80%	80%
Class C Major	50%	50%
Class D Orthodontics	50%	50%

*Applies to Class A, B and C Services, if applicable
**Waived for Class A (applies to Class B and C Services)

Dental Coverage	Passive PPO
	Monthly cost†
You	$26.50
You and your spouse	$56.24
You and your children	$59.14
Family	$86.54

†Rates guaranteed for 36 months from the effective date.

Dental carryover benefit and how it works

Each benefit year a member must have:

- One cleaning,
- One regular exam, and
- Total dental claims for preventive, basic and major covered procedures paid during the year below the threshold limit.
- If all three criteria above are met, a portion of the annual maximum will carry over to the next year.

Other Specifications:

- Each covered family member receives their own carryover benefit.
- Group carryover benefit rider must be in effect for one benefit year before any members can utilize carryover benefits.
- A member must be on the plan for a minimum of three months before accruing carryover benefits.
- Carryover benefit may be used toward preventive, basic and major covered services only
- A member's carryover account will be eliminated, and the accrued carryover benefits lost if the insured has a break in coverage for any length of time or any reason.

Dependent children

Dependent age guidelines vary by state. Please refer to your policy certificate or contact customer service at (888) 400-9304.

Services not listed

If you expect to require a dental service not included on this brochure, it may still be covered. Please contact customer service at (888) 400-9304 to confirm your exact benefits.

Alternate treatment

Unum covers the least expensive most commonly used and accepted American Dental Association treatments. Plan members may elect a more expensive treatment, but will be responsible for the cost difference resulting from the more expensive procedure.

Covered Procedures & Waiting Periods	Passive PPO
CLASS A PREVENTIVE SERVICES	Waiting Period: None • Routine exams (2 per 12 months) • Prophylaxis (2 per 12 months) – (1 additional cleaning or periodontal maintenance per 12 months, if member is in 2nd or 3rd trimester of pregnancy) • Bitewing x-rays (maximum of 4 films; 1 per 12 months) • Fluoride treatment for children up to age 16 (1 per 12 months) • Sealants for children up to age 16 (permanent molars, 1 per 36 months) • Space Maintainers • Emergency Treatment (1 per 12 months) • Full mouth/panoramic x-rays (1 per 36 months)
CLASS B BASIC SERVICES	Waiting Period: None • Simple restorative services (fillings) – Posterior composite restorations • Simple extractions • Oral Surgery (extractions and impacted teeth) • Anesthesia (subject to review, covered with complex oral surgery) • Repair of crown, denture or bridge
CLASS C MAJOR SERVICES	Waiting Period: None • Inlays and onlays • Non-Surgical periodontics • Surgical periodontics (gum treatments) • Periodontal maintenance (2 per 12 month in combination with prophylaxis) • Endodontics (root canals) • Crowns, bridges, dentures and implants
CLASS D ORTHODONTICS	Waiting Period: None • Separate Lifetime Maximum: $1,000 • Up to 25% of lifetime allowance may be payable on initial banding • Dependent children to age 19 only

Refer to your certificate of coverage for the services covered under your plan.

Exclusions and Limitations

The following dental services are not covered unless stated otherwise in the Certificate of Coverage:

- any treatment which is elective or primarily cosmetic in nature and not generally recognized as a generally accepted dental practice by the American Dental Association, as well as any replacement of prior elective or cosmetic restorations;
- replacement of a removable device or appliance that is lost, missing or stolen, and for the replacement of removable appliances that have been damaged due to abuse, misuse, or neglect. This may include but not be limited to removable partial dentures or dentures;
- replacement of any permanent or removeable device or appliance unless the device or appliance is no longer functional and is older than the limitation in the Schedule of Covered Procedures. This may include but not be limited to bridges, dentures and crowns;
- any appliance, service, or procedure performed for the purpose of splinting, to alter vertical dimension or to restore occlusion;
- any appliance, service or procedure performed for the purpose of correcting attrition, abrasion, erosion, abfraction, bite registration, or bite analysis;
- charges for implants (except noted above), removal of implants, precision or semi-precision attachments, denture duplication, or dentures and any associated surgery, or other customized services or attachments;
- services provided for any type of temporomandibular joint (TMJ) dysfunction, muscular, skeletal deficiencies involving TMJ or related structures, myofascial pain.

Limitations:

- Multiple restorations on one surface are payable as one surface. Multiple surfaces on a single tooth will not be paid as separate restorations. On any given day, more than 8 periapical x-rays or a panoramic film in conjunction with bitewings will be paid as a full mouth radiograph. Pre-estimates are recommended for any treatment expected to exceed $300.

A Network Access plan is available.

THIS POLICY PROVIDES LIMITED BENEFITS

This brochure is not intended to be a complete description of the insurance coverage available. The policies or their provisions may vary or be unavailable in some states. The policies have exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form Series Dental 20-GDN or contact your Unum Dental representative.

Underwriten by Starmount Life Insurance Company, Baton Rouge, LA.

EN-2026 FOR EMPLOYEES (06-21)

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Better benefits at work.

Pecos Barstow Toyah Independent School District

Unum Vision®

Quality eye care meets convenience

Plan features:

- Our network offers members access to a large national network, including independent optometrists and retail stores like Walmart, Sam's Club, Target Optical, America's Best and many more.
- Find an in-network provider at **unumvisioncare.com**
- Manage benefits online with **AlwaysAssist.com** and on-the-go with the **AlwaysAssist mobile app**.

Covered benefits:

Exam: Each member is entitled to a comprehensive vision exam. An exam co-pay applies and is outlined in the grid at right.

Materials: Each member has coverage for covered services and materials. Purchases are subject to benefit frequencies and co-pays. Plan features include:

- **Frame benefit:** You may choose any frame within a provider's collection, subject to the retail frame allowance listed at right. If the cost is greater than the plan's benefits, you are responsible for the difference.
- **Eyeglass lens benefit:** Standard plastic (CR-39 Plastic Material) single vision, bifocal, trifocal, and specialty lenses are generally covered after any applicable materials copay. If covered by plan allowance, you are responsible for any cost greater than the plan's benefit.
- **Contact lens benefit:** Members electing contact lenses instead of eye glass lenses may apply the contact lens allowance to any lenses in the provider's collection. If the cost is greater than the plan's benefits, you are responsible for the difference.

  Laser vision correction: Discounts are available with participating surgery providers across the country. (not an insured benefit)

How much does it cost?

Monthly premium	
You	$10.76
You and 1 dependent	$20.84
You and 2+ dependents	$30.62

Unum Vision benefits:

Vision Care Services	In-network Providers	Out-of-network Allowances
Exam (1 per 12 months)	$10 co-pay	Up to $35
Materials	$25 co-pay	See allowances below
Standard Plastic Lenses (1 per 12 months)		
Single Vision	Covered by co-pay	Up to $25
Bifocal	Covered by co-pay	Up to $40
Trifocal	Covered by co-pay	Up to $50
Lenticular	Covered by co-pay	Up to $50
Progressive	$70 allowance	Up to $40
Lens Options		
Scratch Resistant Coating	Covered by co-pay (at Walmart only)	Not covered
Polycarbonate Lenses for children to age 19	Covered by co-pay	Not covered
Frames (1 per 12 months) Members choose from any frame available at provider locations.	$105 allowance	Up to $50
Contact Lenses (1 per 12 months)		
In lieu of eyeglass lenses and frames (Includes fit*,follow-up and materials)	No co-pay	See allowances below
Elective	$105 allowance	Up to $100
Medically Necessary	Covered	Up to $210

*Some providers, such as Walmart, may charge for a contact lens fit and evaluation separately from your contact lens allowance, leaving the entire allowance for materials.

Laser Vision Correction Network

Membership provides access to preferred pricing. Transactions are handled directly between members and providers. Refractive surgery is an elective procedure and may involve potential risks to patients. This is not an insured benefit. Unum cannot and does not guarantee the outcome of any refractive surgical procedure or a total elimination of the need for glasses or contacts. Providers may not be available in all metropolitan areas. Login to **www.alwaysassist.com** for a list of participating laser vision correction providers.

Hearing Savings Plan

Unum offers a Hearing Savings Plan at no additional cost, to all of its Unum Dental and Unum Vision members. Partnering with EPIC Hearing Healthcare, the Hearing Savings Plan provides:

- 30-60% discounts off MSRP on name brand hearing instruments.
- 40% savings on hearing aid batteries shipped directly to members' homes.
- On-call support for member questions, managed by professional hearing counselors.

Other Unum Vision Specifications

Dependent children: Dependent age guidelines vary by state. Please refer to your policy certificate or contact customer service at 888-400-9304.

Services not listed: If you expect to require a vision service not included on this brochure, it may still be covered. Please contact customer service at 888-400-9304, to confirm your exact benefits.

This is a primary vision care benefit and is intended to cover only eye examinations and corrective eyewear. Medical or surgical treatment of eye disease or injury is not provided under this plan. Coverage may not exceed the lesser of actual cost of covered services and materials or the limits of the policy.

Some providers at optical and/or retail chains, such as Walmart, may charge for a contact lens fit and evaluation separately and apart from your contact lens allowance, leaving the entire allowance for materials.

Covered materials that are lost or broken will be replaced only at normal service intervals indicated in the Plan Design; however, these materials and any items not covered below may be purchased at Preferred Pricing from a Participating Provider. In addition, benefits are payable only for expenses incurred while the Group and individual Member coverage is in force.

This plan will not cover:

Orthoptics or vision training and any supplemental testing; Plano (non-prescription) lenses; or two pair of eyeglasses in lieu of bifocals or trifocals; Medical or surgical treatment of the eyes; An eye exam or corrective eye wear required by an employer as a condition of employment; Any injury or illness covered under Workers' Compensation or similar law, or which is work related; Plain or prescription sunglasses or tinted lenses, and no-line bifocals and blended lenses (subject to allowance); Sub-normal vision aids; Services rendered or materials purchased outside the U.S. or Canada, unless: the insured resides in the U.S. or Canada, and the charges are incurred while on a business or pleasure trip; Charges in excess of Usual and Customary for services and materials; Experimental or non-conventional treatments or devices; Safety eyewear; Spectacle lens styles, materials, treatments or "add-ons" not shown in the Schedule of Benefits.

A Network Access plan is available.

THIS POLICY PROVIDES LIMITED BENEFITS

This brochure is not intended to be a complete description of the insurance coverage available. The policies or their provisions may vary or be unavailable in some states. The policies have exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form Series VI-2002, VI-2007 and VI-2019 or contact your Unum Vision representative.

Starmount Life Insurance Company
8485 Goodwood Boulevard • Baton Rouge, LA 70806
PH: (888) 400-9304

Vision plans are marketed by Unum, administered and underwritten by Starmount Life Insurance Company, Baton Rouge, LA.

Better benefits at work.

Pecos Barstow Toyah Independent School District

EMPLOYER PAID

Term Life with Accidental Death & Dismemberment (AD&D) Insurance

can provide money for your family if you die or are diagnosed with a terminal illness.

How does it work?

You keep coverage for a set period of time, or "term." If you die during that term, the money can help your family pay for basic living expenses, final arrangements, tuition and more.

AD&D Insurance is also available, which can pay a benefit if you survive an accident but have certain serious injuries. It can pay an additional amount if you die from a covered accident.

Why choose Unum?

Your employer is offering you this coverage at no cost to you. Unum is the leading provider of employee benefits, with more than 165 years of experience.[1] We'll be there to back our benefits and provide you with the support you need.

What else is included?

A "Living" Benefit

If you are diagnosed with a terminal illness with less than 12 months to live, you can request 100% of your life insurance benefit (up to $250,000) while you are still living. This amount will be taken out of the death benefit and may be taxable.

Waiver of premium

Your cost may be waived if you are totally disabled for a period of time.

Portability

You may be able to keep coverage if you leave the company, retire or change the number of hours you work.

Employees or dependents who have a sickness or injury having a material effect on life expectancy at the time their group coverage ends are not eligible for portability.

Work-life balance Employee Assistance Program (EAP)

Get access to professional help for a range of personal and work-related issues, including counselor referrals, financial planning and legal support.

Who can get Term Life coverage?

If you are actively at work at least 20 hours per week, you can receive coverage for:

You:	You can receive a benefit amount of $50,000. You can get up to $50,000 with no health questions.

Who can get Accidental Death & Dismemberment (AD&D) coverage?

You:	You can receive an AD&D benefit amount of $50,000.

No questions or health exams required for AD&D coverage.

1 Unum internal data, 2017

Exclusions and limitations

Actively at work

Eligible employees must be actively at work to apply for coverage. Being actively at work means on the day the employee applies for coverage, the individual must be working at one of his/her company's business locations; or the individual must be working at a location where he/she is required to represent the company. If applying for coverage on a day that is not a scheduled workday, the employee will be considered actively at work as of his/her last scheduled workday. Employees are not considered actively at work if they are on a leave of absence or lay off.

Employees must be U.S. citizens or legally authorized to work in the U.S. to receive coverage.

Employees must be actively employed in the United States with the Employer to receive coverage. Employees must be insured under the plan for spouses and dependents to be eligible for coverage.

Exclusions and limitations

Life insurance benefits will not be paid for deaths that are caused by suicide occurring within 24 months after the effective date of coverage or the date that increases to existing coverage becomes effective. This exclusion standardly applies to all medically written amounts and contributory amounts that are funded by the employee including shared funding plans.

AD&D specific exclusions and limitations:

Accidental death and dismemberment benefits will not be paid for losses caused by, contributed to by, or resulting from:

- Disease of the body; diagnostic, medical or surgical treatment or mental disorder as set forth in the latest edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM)
- Suicide, self-destruction while sane, intentionally self-inflicted injury while sane or self-inflicted injury while insane
- War, declared or undeclared, or any act of war
- Active participation in a riot
- Committing or attempting to commit a crime under state or federal law
- The voluntary use of any prescription or non-prescription drug, poison, fume or other chemical substance unless used according to the prescription or direction of your doctor. This exclusion does not apply to you if the chemical substance is ethanol.
- Intoxication – "Being intoxicated" means your blood alcohol level equals or exceeds the legal limit for operating a motor vehicle in the state or jurisdiction where the accident occurred.

Delayed effective date of coverage

Employee: Insurance coverage will be delayed if you are not in active employment because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

Age reduction

Coverage amounts for Life and AD&D Insurance for you will reduce to 65% of the original amount when you reach age 65, and will reduce to 50% of the original amount when you reach age 70. Coverage may not be increased after a reduction.

Termination of coverage

Your coverage under the policy ends on the earliest of:

- The date the policy or plan is cancelled
- The date you no longer are in an eligible group
- The date your eligible group is no longer covered
- The last day of the period for which you made any required contributions
- The last day you are actively employed (unless coverage is continued due to a covered layoff, leave of absence, injury or sickness), as described in the certificate of coverage

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form C.FP-1 et al or contact your Unum representative.

Life Planning Financial & Legal Resources services, provided by HealthAdvocate, are available with select Unum insurance offerings. Terms and availability of service are subject to change. Service provider does not provide legal advice; please consult your attorney for guidance. Services are not valid after coverage terminates. Please contact your Unum representative for details.

Work-life balance EAP

The work-life balance employee assistance program, provided by HealthAdvocate, is available with select unum insurance offerings, Terms and availability of service are subjet to change. Service provider does not provide legal advice; please consult your attorney for guidance. Services are not valid after coverage terminates. Please contact your Unum representative for details.

Underwritten by:

Unum Life Insurance Company of America, Portland, Maine

Better benefits at work.

Pecos Barstow Toyah Independent School District

EMPLOYEE PAID

Term Life and Accidental Death & Dismemberment (AD&D) Insurance

can provide money for your family if you die or are diagnosed with a terminal illness.

How does it work?

You choose the amount of coverage that's right for you, and you keep coverage for a set period of time, or "term." If you die during that term, the money can help your family pay for basic living expenses, final arrangements, tuition and more.

AD&D Insurance is also available, which pays a benefit if you survive an accident but have certain serious injuries. It pays an additional amount if you die from a covered accident.

Why is this coverage so valuable?

If you buy a minimum of $10,000 of coverage now, you can increase your coverage in the future up to $150,000 to meet your growing needs. You won't have to answer any health questions or take a health exam.

What else is included?

A 'Living' Benefit — If you are diagnosed with a terminal illness with less than 12 months to live, you can request 100% of your life insurance benefit (up to $250,000) while you are still living. This amount will be taken out of the death benefit, and may be taxable. **These benefit payments may adversely affect the recipient's eligibility for Medicaid or other government benefits or entitlements, and may be taxable.** Recipients should consult their tax attorney or advisor before utilizing living benefit payments.

Waiver of premium — Your cost may be waived if you are totally disabled for a period of time.

Portability — You may be able to keep coverage if you leave the company, retire or change the number of hours you work.

Employees or dependents who have a sickness or injury having a material effect on life expectancy at the time their group coverage ends are not eligible for portability.

Who can get Term Life coverage?

If you are actively at work at least 20 hours per week, you may apply for coverage for:

You:	Choose from $10,000 to $500,000 in $10,000 increments, up to 5 times your earnings. You can get up to $150,000 with no health questions. This is your guaranteed issue amount.
Your spouse:	Get up to $250,000 of coverage in $5,000 increments. Spouse coverage cannot exceed 100% of the coverage amount you purchase for yourself. Your spouse can get up to $50,000 with no health questions, if eligible (see delayed effective date). This is their guaranteed issue amount.
Your children:	Get up to $10,000 of coverage in $2,000 increments if eligible (see delayed effective date). One policy covers all of your children until their 26th birthday. The maximum benefit for children live birth to 6 months is $1,000.

Who can get Accidental Death & Dismemberment (AD&D) coverage?

You:	Get up to $500,000 of AD&D coverage for yourself in $10,000 increments to a maximum of 5 times your earnings.
Your spouse:	Get up to $250,000 of AD&D coverage for your spouse in $5,000 increments, if eligible (see delayed effective date).
Your children:	Get up to $10,000 of coverage for your children in $2,000 increments if eligible (see delayed effective date).

No questions or health exams required for AD&D coverage.

Term Life and Accidental Death & Dismemberment (AD&D) Insurance

How much coverage can I get?

Calculate your costs

1. **Enter the coverage amount you want.**
2. **Divide by the amount shown.**
3. **Multiply by the rate. Use the rate table (at right) to find the rate based on age.**
   (Choose the age you will be when your coverage becomes effective on 09/01/2021. To determine your spouse rate, choose the age the spouse will be when coverage becomes effective on 09/01/2021.)
4. **Enter your cost.**

	1	2	3	4
Employee	$_____,000	÷ $1,000 = $_____	X $_____	= $_____
Spouse	$_____,000	÷ $1,000 = $_____	X $_____	= $_____
Child	$_____,000	÷ $1,000 = $_____	X $_____	= $_____
			Total cost	

Employee monthly rate	
Age	Per $1,000 of coverage
	Cost
15-24	$0.045
25-29	$0.044
30-34	$0.056
35-39	$0.085
40-44	$0.129
45-49	$0.206
50-54	$0.336
55-59	$0.523
60-64	$0.694
65-69	$1.111
70-74	$1.952
75+	$3.534

Spouse monthly rate	
Per $1,000 of coverage	
Cost	
$0.045	
$0.044	
$0.056	
$0.085	
$0.129	
$0.206	
$0.336	
$0.523	
$0.694	
$1.111	
$1.952	
$3.534	

Child monthly rate
$0.200 per $1,000 of coverage

1. **Enter the AD&D coverage amount you want.**
2. **Divide by the amount shown.**
3. **Multiply by the rate. Use the AD&D rate table (at right) to find the rate.**
4. **Enter your cost.**

AD&D	1	2	3	4
Employee	$_____,000	÷ $1,000 = $_____	X $0.020	= $_____
Spouse	$_____,000	÷ $1,000 = $_____	X $0.040	= $_____
Child	$_____,000	÷ $1,000 = $_____	X $0.020	= $_____
			Total cost	

AD&D monthly rates		
	Coverage amount	Rate
Employee	per $1,000 of coverage	$0.020
Spouse	per $1,000 of coverage	$0.040
Child	per $1,000 of coverage	$0.020

Billed amount may vary slightly.
If you apply for coverage above the guaranteed issue amount, you will be asked health-related questions which may affect your ability to get the larger coverage amount. In order to purchase coverage for your dependents, you must buy coverage for yourself. Coverage amounts cannot exceed 100% of your coverage amounts.

Exclusions and limitations

Actively at work

Eligible employees must be actively at work to apply for coverage. Being actively at work means on the day the employee applies for coverage, the individual must be working at one of his/her company's business locations; or the individual must be working at a location where he/she is required to represent the company. If applying for coverage on a day that is not a scheduled workday, the employee will be considered actively at work as of his/her last scheduled workday. Employees are not considered actively at work if they are on a leave of absence or lay off.

An unmarried handicapped dependent child who becomes handicapped prior to the child's attainment age of 26 may be eligible for benefits. Please see your plan administrator for details on eligibility.

Employees must be U.S. citizens or legally authorized to work in the U.S. to receive coverage. Employees must be actively employed in the United States with the Employer to receive coverage. Employees must be insured under the plan for spouses and dependents to be eligible for coverage.

Exclusions and limitations

Life insurance benefits will not be paid for deaths caused by suicide occurring within 24 months after the effective date of coverage. The same applies for increased or additional benefits.

AD&D specific exclusions and limitations:

Accidental death and dismemberment benefits will not be paid for losses caused by, contributed to by, or resulting from:

- Disease of the body; diagnostic, medical or surgical treatment or mental disorder as set forth in the latest edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM)
- Suicide, self-destruction while sane, intentionally self-inflicted injury while sane or self-inflicted injury while insane
- War, declared or undeclared, or any act of war
- Active participation in a riot
- Committing or attempting to commit a crime under state or federal law
- The voluntary use of any prescription or non-prescription drug, poison, fume or other chemical substance unless used according to the prescription or direction of your or your dependent's doctor. This exclusion does not apply to you or your dependent if the chemical substance is ethanol.
- Intoxication – 'Being intoxicated' means your or your dependent's blood alcohol level equals or exceeds the legal limit for operating a motor vehicle in the state or jurisdiction where the accident occurred.

Delayed effective date of coverage

Insurance coverage will be delayed if you are not an active employee because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

Delayed Effective Date: if your spouse or child has a serious injury, sickness, or disorder, or is confined, their coverage may not take effect. Payment of premium does not guarantee coverage. Please refer to your policy contract or see your plan administrator for an explanation of the delayed effective date provision that applies to your plan.

Age Reduction

Coverage amounts for Life and AD&D Insurance for you and your dependents will reduce to 65% of the original amount when you reach age 65, and will reduce to 50% of the original amount when you reach age 70. Coverage may not be increased after a reduction.

Termination of coverage

Your coverage and your dependents' coverage under the policy ends on the earliest of:

- The date the policy or plan is cancelled
- The date you no longer are in an eligible group
- The date your eligible group is no longer covered
- The last day of the period for which you made any required contributions
- The last day you are actively employed (unless coverage is continued due to a covered layoff, leave of absence, injury or sickness), as described in the certificate of coverage

In addition, coverage for any one dependent will end on the earliest of:

- The date your coverage under a plan ends
- The date your dependent ceases to be an eligible dependent
- For a spouse, the date of a divorce or annulment
- For dependents, the date of your death

Unum will provide coverage for a payable claim that occurs while you and your dependents are covered under the policy or plan.

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Life Planning Financial & Legal Resources services, provided by HealthAdvocate, are available with select Unum insurance offerings. Terms and availability of service are subject to change. Service provider does not provide legal advice; please consult your attorney for guidance. Services are not valid after coverage terminates. Please contact your Unum representative for details.

Unum complies with state civil union and domestic partner laws when applicable.

Underwritten by: Unum Life Insurance Company of America, Portland, Maine

Better benefits at work.

Pecos Barstow Toyah Independent School District

EMPLOYEE PAID

Short Term Disability Insurance

can pay you a weekly benefit if you have a covered disability that keeps you from working.

How does it work?

If a covered illness or injury keeps you from working, Short Term Disability Insurance can replace part of your income while you recover. As long as you remain disabled, you can receive payments for up to 12 weeks.

You're generally considered disabled if you're unable to do important parts of your job — and your income suffers as a result.

Why is this coverage so valuable?

You can use the money however you choose. It can help you pay for your rent or mortgage, groceries, out-of-pocket medical expenses and more.

What's covered?

This insurance may cover a variety of conditions and injuries. Here are Unum's top reasons for short term disability claims:[1]

- Normal pregnancy
- Injuries (excluding back)
- Joint disorders
- Cancer
- Digestive disorders

This plan does not cover pre-existing conditions. See the disclosure section to learn more.

Consider your weekly expenses

Food	$_____
Transportation (gas, car payments, repairs)	_____
Child care/elder care	_____
Mortgage/rent	_____
Utilities (electric, water, cable, phone)	_____
Medical costs (co-pays, medications)	_____
Insurance (health, life, car, home)	_____
Total weekly expenses	$_____

Cesarean section benefit

If you have a Cesarean section, you will be considered disabled for a minimum period of eight weeks unless you return to work before the end of the time.

1 Unum internal data, 2018. **Note:** Causes are listed in ranked order.

How much coverage can I get?

You*	You are eligible for coverage if you are an active employee in the United States working a minimum of 20 hours per week. **Coverage amounts** Cover 60% of your weekly income, up to a maximum benefit of $1,500 per week. The weekly benefit may be reduced or offset by other sources of income. *See the Legal Disclosures for more information

! Coverage is guaranteed as long as a certain number of employees purchase coverage. If you don't sign up now but decide to apply later, you may have to answer medical questions.

Elimination period (EP)

This is the number of days that must pass between your first day of a covered disability and the day you can begin to receive your disability benefits.

Your benefits would begin after you become disabled for 7 days.

Benefit duration (BD)

The maximum number of weeks you can receive benefits while you're disabled. You have a 12 week benefit duration.

Calculate your cost

- **For step 2:**
  Enter your rate from the Rate Chart, based on your age.
  (Choose the age you will be when your coverage becomes effective on 09/01/2021.)

Disability worksheet

1 Calculate your weekly disability benefit.

$_____ ÷ 52 = $_____ x 60% = $_____

Your annual earnings | Your weekly earnings | (Max % of income covered) | Max weekly benefit available (if the amount exceeds the plan max of $1,500, enter $1,500.

2 Calculate your cost per paycheck.

$_____ ÷ 10 = $_____ x $_____ = $_____ x 12 = $_____ ÷ 12 = $_____

Your weekly benefit amount | Your rate | Your monthly cost | Your annual cost | Number of paychecks per year | Your cost per paycheck

Age	Rates
15-24	$0.514
25-29	$1.275
30-34	$1.629
35-39	$1.043
40-44	$0.603
45-49	$0.537
50-54	$0.631
55-59	$0.748
60-64	$0.937
65+	$1.128

Billed amount may vary slightly. Your rate is based on your age and will increase as you move to the next age band. * The maximum covered annual income is $130,000.

Exclusions and limitations

Active employee

You are considered in active employment, if on the day you apply for coverage, you are being paid regularly by Pecos Barstow Toyah Independent School District for the required minimum hours each week and you are performing the material and substantial duties of your regular occupation.

Delayed effective date of coverage

Insurance coverage will be delayed if you are not an active employee because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

Definition of disability

You are considered disabled when Unum determines that, due to sickness or injury:

- You are limited from performing the material and substantial duties of your regular occupation; and
- You have a 20% or more loss in weekly earnings

You must be under the regular care of a physician in order to be considered disabled.
The loss of a professional or occupational license or certification does not, in itself, constitute disability.
'Substantial and material acts' means the important tasks, functions and operations generally required by employers from those engaged in your usual occupation that cannot be reasonably omitted or modified.Unless the policy specifies otherwise, as part of the disability claims evaluation process, Unum will evaluate your occupation based on how it is normally performed in the national economy, not how work is performed for a specific employer, at a specific location or in a specific region.

Pre-existing conditions

You have a pre-existing condition if:

- You received medical treatment, consultation, care or services including diagnostic measures for the condition, or took prescribed drugs or medicines for it in the 3 months just prior to your effective date of coverage; and
- The disability begins in the first 12 months after your effective date of coverage.

Deductible sources of income

Your disability benefit may be reduced by deductible sources of income and any earnings you have while you are disabled, including such items as group disability benefits or other amounts you receive or are entitled to receive:

- Workers' compensation or similar occupational benefit laws
- State compulsory benefit laws
- Automobile liability insurance policy
- Motor vehicle insurance policy or plan
- No fault motor vehicle plan
- Legal judgments and settlements
- Salary continuation or sick leave plans, if applicable
- Other group or association disability programs or insurance
- Social Security or similar governmental programs

Exclusions and limitations

Benefits will not be paid for disabilities caused by, contributed to by, or resulting from:

- War, declared or undeclared or any act of war
- Active participation in a riot
- Intentionally self-inflicted injuries;
- Loss of professional license, occupational license or certification;
- Commission of a crime for which you have been convicted;
- Any period of disability during which you are incarcerated;
- Any occupational injury or sickness (this will not apply to a partner or sole proprietor who cannot be covered by law under workers' compensation or any similar law);
- Excluded pre-existing conditions (see definition).

The loss of a professional or occupational license does not, in itself, constitute disability.

Termination of coverage

Your coverage under the policy ends on the earliest of the following:

- The date the policy or plan is cancelled
- The date you no longer are in an eligible group
- The date your eligible group is no longer covered
- The last day of the period for which you made any required contributions
- The last day you are in active employment except as provided under the covered layoff or leave of absence provision.

Unum will provide coverage for a payable claim that occurs while you are covered under the policy or plan.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form C.FP-1 et al., or contact your Unum representative.

Underwritten by:

Unum Life Insurance Company of America, Portland, Maine

Better benefits at work.

Pecos Barstow Toyah Independent School District

EMPLOYER PAID

Long Term Disability Insurance

can replace part of your income if a disability keeps you out of work for a long period of time.

How does it work?

This employer-paid coverage pays a monthly benefit if you have a covered illness or injury and you can't work for a few months — or even longer.

You're generally considered disabled if you're unable to do important parts of your job — and your income suffers as a result.

Why is this coverage so valuable?

Your employer is paying the cost of this coverage. You can use the money however you choose. It can help you pay for your rent or mortgage, groceries, out-of-pocket medical expenses and more.

How much coverage can I get?

You*	You are eligible for coverage if you are an active employee in the United States working a minimum of 20 hours per week. **Coverage amounts** Cover 60% of your monthly income, up to a maximum payment of $7,500. *See the Legal Disclosures for more information.

The monthly benefit may be reduced or offset by other sources of income. The IRS may require you to pay taxes on certain benefit payments. See your tax advisor for details.

! Pecos Barstow Toyah Independent School District is paying the cost of this coverage. Coverage is guaranteed so you don't have to answer medical questions.

Elimination period (EP)

Your elimination period is 90 days. This is the number of days that must pass after a covered accident or illness before you can begin to receive benefits.

Benefit duration (BD)

This is the maximum length of time you can receive benefits while you're disabled. You can receive benefits up to the Social Security (SS) normal retirement age.

What's covered?

This insurance may cover a variety of conditions and injuries. Here are Unum's top reasons for long term disability claims:[1]

- Cancer
- Back disorders
- Injuries
- Cardiovascular
- Joint disorders

This plan does not cover pre-existing conditions. See the disclosure section to learn more.

What else is included?

Work-life balance EAP
Get access to professional help for a range of personal and work-related issues, including counselor referrals, financial planning and legal support.

Worldwide emergency travel assistance
One phone call gets you and your family immediate help anywhere in the world, as long as you're traveling 100 or more miles from home. However, a spouse traveling on business for his or her employer is not covered.

Survivor benefit
If you die while you've been disabled and receiving benefits for at least 180 days, your family could get a benefit equal to 3 months of your gross disability payment.

Waiver of premium
If you're disabled and receiving benefit payments, Unum waives your cost until you return to work.

1 Unum internal data, 2018. Note: Causes are listed in ranked order.

Exclusions and limitations

Active employee

You are considered in active employment, if on the day you apply for coverage, you are being paid regularly by Pecos Barstow Toyah Independent School District for the required minimum hours each week and you are performing the material and substantial duties of your regular occupation.

Delayed effective date of coverage

Insurance coverage will be delayed if you are not an active employee because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

Benefit Duration (BD)

The duration of your benefit payments is based on your age when your disability occurs. Your Long Term Disability benefits are payable while you continue to meet the definition of disability. Please refer to your plan document for the duration of benefits under this policy.

Definition of disability

You are considered disabled when Unum determines that:

- You are limited from performing the material and substantial duties of your regular occupation due to sickness or injury; and
- You have a 20% or more loss of indexed monthly earnings due to the same sickness or injury

After 24 months, you are considered disabled when Unum determines that due to the same sickness or injury, you are unable to perform the duties of any gainful occupation for which you are reasonably fitted by education, training or experience.

You must be under the regular care of a physician in order to be considered disabled.

The loss of a professional or occupational license or certification does not, in itself, constitute disability."Substantial and material acts" means the important tasks, functions and operations that are generally required by employers from those engaged in your usual occupation and that cannot be reasonably omitted or modified.

Pre-existing conditions

You have a pre-existing condition if:

- You received medical treatment, consultation, care or services including diagnostic measures for the condition, or took prescribed drugs or medicines for it in the 12 months just prior to your effective date of coverage; and
- The disability begins in the first 24 months after your effective date of coverage, unless you have been treatment-free from the pre-existing condition for 12 consecutive months after your effective date.

Deductible sources of income

Your disability benefit may be reduced by deductible sources of income and any earnings you have while you are disabled, including such items as group disability benefits or other amounts you receive or are entitled to receive:

- Workers' compensation or similar occupational benefit laws, including a temporary disability benefit under a workers' compensation laws
- State compulsory benefit laws
- Automobile liability insurance policy
- No fault motor vehicle plan
- Third-party settlements
- Other group insurance plans
- A group plan sponsored by your employer
- Governmental retirement system
- Salary continuation or sick leave plans - if included
- Retirement payments
- Social Security or similar governmental programs

Exclusions and limitations

Benefits will not be paid for disabilities caused by, contributed to by, or resulting from:

- Intentionally self-inflicted injuries;
- Active participation in a riot;
- War, declared or undeclared or any act of war;
- Commission of a crime for which you have been convicted;
- Loss of professional license, occupational license or certification; or
- Pre-existing conditions (See the disclosure section to learn more).

The loss of a professional or occupational license does not, in itself, constitute disability.

Unum will not pay a benefit for any period of disability during which you are incarcerated.

The lifetime cumulative maximum benefit for all disabilities due to mental illness is 24 months. Disabilities based primarily on self-reported symptoms are limited to 24 months. Only 24 months of benefits will be paid for any combination of such disabilities even if the disabilities are not continuous and/or are not related. Payments can continue beyond 24 months only if you are confined to a hospital or institution as a result of the disability.

Termination of coverage

Your coverage under the policy ends on the earliest of the following:

- The date the policy or plan is cancelled
- The date you no longer are in an eligible group
- The date your eligible group is no longer covered
- The last day of the period for which you made any required contributions
- The last day you are in active employment except as provided under the covered layoff or leave of absence provision.

Unum will provide coverage for a payable claim that occurs while you are covered under the policy or plan.

Social Security advocacy services are provided by GENEX Services, Inc. or The Advocator Group, LLC. Referral to one of our advocacy partners is determined by Unum.

Worldwide emergency travel assistance services are provided by Assist America, Inc.

Work-life balance employee assistance program services are provided by HealthAdvocate. Services are available with select Unum insurance offerings. Terms and availability of service are subject to change and prior notification requirements. Service providers do not provide legal advice; please consult your attorney for guidance. Services are not valid after coverage terminates. Please contact your Unum representative for details.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form C.FP-1 et al. or contact your Unum representative.

Underwritten by:

Unum Life Insurance Company of America, Portland, Maine

Available for employees and spouses age 18–64

Trustmark Universal LifeEvents® Insurance with Long-Term Care Benefit

Two important coverages for when you need them the most.

Financial security even after a loss

Protecting your loved ones is one of life's greatest responsibilities. When a family loses someone, in addition to grief, survivors may suddenly be faced with costly expenses and debts, and even a loss of income. **Universal LifeEvents can help**.

Universal LifeEvents provides a **higher death benefit during your working years**, when your needs and responsibilities are the greatest. (See reverse for more on how Universal LifeEvents works.) You can choose a plan and benefit amount that provides the **right protection for you**.

Universal LifeEvents insurance can mean those left behind are still able to pursue their own dreams, and help ensure that the **ending** of one story won't stop the **beginning** of another.

Universal LifeEvents sample rates

Sample ranges of weekly rates for employee-only, non-smoker coverage with long-term care benefit. Your exact rate may depend on additional features selected by you and/or by your employer.

Age at purchase	$25,000 Universal LifeEvents policy
30	from **$3.49 – $4.59**
40	from **$5.05 – $6.71**
50	from **$7.84 – $10.71**

Sample rates are shown for illustrative purposes only. Rates may vary by age, smoking status, state, employer and features selected by you and/or by your employer. An application for insurance must be completed to obtain coverage.

Note: your rate is "locked in" at your age at purchase!
Once you have a policy, your rate will never increase due to age.

Solving the long-term care issue

At any point in your life, you may need long-term care services, which could cost hundreds of dollars per day. Universal LifeEvents includes a **long-term care (LTC)** benefit that can help pay for these services at any age. This benefit **remains at the same** level throughout your life, so the full amount is always available when you most need it.

Here's how it works:

4% You can **collect 4% of your Universal LifeEvents death benefit per month** for up to 25 months to help pay for long-term care services.

Flexible features available:

2x **PLUS:** if you collect a benefit for LTC, your **full death benefit** is still available for your beneficiaries, as much as **doubling** your benefit.

The LTC Benefit is an acceleration of the death benefit and is not Long-Term Care Insurance (except in LA and VA, where the LTC benefit is Long-Term Care Insurance). It begins to pay after 90 days of confinement or services, and to qualify you must meet conditions of eligibility for benefits. The LTC benefits provided by this policy may not cover all of the policyholder's LTC expenses. Pre-existing condition limitation may apply. Your policy will contain complete details. You should consult a financial advisor to determine if the long-term care benefits and the retirement benefits provided by this policy are right for you.

Universal LifeEvents is **flexible permanent** life insurance designed to last a lifetime.

The younger you are when you enroll, the **more benefit** you receive for the same premium.

No medical exams or blood work – just answer a few simple questions.

See reverse side for more information on Universal LifeEvents insurance from Trustmark Insurance Company.

What would happen if you weren't around?

1 in 3 households would have immediate trouble paying for living expenses if they lost their primary earner.[1]

40% of Americans live paycheck to paycheck. Could your family afford to stay in your home?[2]

56% of Americans have less than $10,000 saved for retirement – **1 in 3** have $0 saved. Wouldn't it be nice to have some protection?[3]

How Universal LifeEvents works

- A **higher death benefit** during working years.
- **Long-term care** (LTC) benefits that **stay the same** throughout your life.

Example: $25,000 policy

Before age 70	
Death benefit	**$25,000**
LTC benefits	**$25,000**
After age 70	
Death benefit	**$8,333**
LTC benefits	**$25,000**

Death benefit reduces to one-third at the latter of age 70 or the 15th policy anniversary.

Benefit for terminal illness

- **Use part of your death benefit** to help manage costs if you're diagnosed with a terminal illness.

Additional advantages

- **Keep your coverage** at the same price and benefits if you change jobs or retire.
- **Apply for coverage for family members:** spouse, children and grandchildren.
- **Convenient payroll deduction;** pay via direct bill, bank draft or credit card if you leave your employer.

You care. We listen.

[1]2018 Insurance Barometer Study LIMRA/Life Happens. [2] nielsen.com/us/en/insights/news/2015/savingspending-and-living-paycheck-to-paycheck-in-america.html. [3]gobankingrates.com/retirement/1-3-americans-0-saved-retirement. [5]An A.M. Best rating is an independent opinion of an insurer's financial strength and ability to meet its ongoing insurance policy and contract obligations. Trustmark is rated A- (4th out of 16 possible ratings ranging from A++ to Suspended).

This provides a brief description of your benefits under GUL.205/IUL.205 and applicable riders HH/LTC.205, BRR.205, BXR.205, ABR.205, ADB.205, CT.205 and WP.205. Benefits, definitions, exclusions, form numbers and limitations may vary by state. This policy contains a provision that guarantees against lapse for a period of 10 years (14 years in OR; 15 years for Universal LifeEvents) as long as premiums are paid as planned. If you make changes to your coverage during this period, or pay only the minimum premium, you may prevent cash value accumulation or reduce your death benefit amount. If there is negative cash value at the end of the no-lapse period, you must pay enough premium to establish positive cash value. You may also need to maintain your policy with a higher premium than the one you paid to satisfy the no-lapse guarantee or coverage may expire prior to age 100 even if the premium shown is paid as scheduled. A policy illustration will be delivered with your policy. Your policy will contain complete information. For costs and further details of the coverage, including exclusions, any reductions or limitations and terms under which the policy may be continued in force, see your agent or write to the company. For exclusions and limitations that may apply, visit www.trustmarksolutions.com/disclosures/UL/ (A112-2216-UL). In California, review "A Consumer's Guide to Long-term Care from the Department of Aging" at: http://www.aging.ca.gov/aboutcda/publications/Taking_Care_of_Tomorrow_English/. Underwriting conditions may vary, and determine eligibility for the offer of insurance. Trustmark® and LifeEvents® are registered trademarks of Trustmark Insurance Company.

Products underwritten by Trustmark Insurance Company
Rated A- (Excellent) for financial strength by A.M. Best.[5]

TrustmarkVB.com

Trustmark
benefits beyond benefits

ULELTC_BRR_SU

A112-2425 (8-19)

Available for employees age 65-75 and spouses age 65-70. Policies age 71-75 do not include LTC benefits.

Trustmark Universal Life Insurance with Long-Term Care Benefit

Two important coverages in one to help protect you for life.

Financial security even after a loss

Protecting your loved ones is one of life's greatest responsibilities. When a family loses someone, in addition to grief, survivors may suddenly be faced with costly expenses and debts, and even a loss of income. **Universal Life can help**.

Whether you are married, a parent or single and starting out, Universal Life **helps take care** of the people important to you if tragedy happens. You can choose a plan and benefit amount that provides the **right protection for you**.

Universal Life insurance can mean those left behind are still able to pursue their own dreams, and help ensure that the **ending** of one story won't stop the **beginning** of another.

Universal Life sample rates

Sample ranges of weekly rates for employee-only, non-smoker coverage with long-term care benefit. Your exact rate may depend on additional features selected by you and/or by your employer.

Age at purchase	$25,000 Universal Life policy
30	from **$5.06 - $6.27**
40	from **$7.42 - $9.44**
50	from **$11.92 - $15.44**

Sample rates are shown for illustrative purposes only. Rates may vary by age, smoking status, state, employer and features selected by you and/or by your employer. An application for insurance must be completed to obtain coverage.

Note: your rate is "locked in" at your age at purchase!
Once you have a policy, your rate will never increase due to age.

Solving the long-term care issue

At any point in your life, you may need long-term care services, which could cost hundreds of dollars per day. Universal Life includes a **long-term care (LTC)** benefit that can help pay for these services at any age.

Here's how it works:

4% You can **collect 4% of your Universal Life death benefit per month** for up to 25 months to help pay for long-term care services.

Flexible features available:

2x **PLUS:** if you collect a benefit for LTC, your **full death benefit** is still available for your beneficiaries, as much as **doubling** your benefit.

The LTC Benefit is an acceleration of the death benefit and is not Long-Term Care Insurance (except in LA and VA, where the LTC benefit is Long-Term Care Insurance). It begins to pay after 90 days of confinement or services, and to qualify you must meet conditions of eligibility for benefits. The LTC benefits provided by this policy may not cover all of the policyholder's LTC expenses. Pre-existing condition limitation may apply. Your policy will contain complete details. You should consult a financial advisor to determine if the long-term care benefits and the retirement benefits provided by this policy are right for you.

Universal Life is **flexible permanent** life insurance designed to last a lifetime.

The younger you are when you enroll, the **more benefit** you receive for the same premium.

No medical exams or blood work – just answer a few simple questions.

See reverse side for more information on Universal Life insurance from Trustmark Insurance Company.

What would happen if you weren't around?

1 in 3 households would have immediate trouble paying for living expenses if they lost their primary earner.[1]

40% of Americans live paycheck to paycheck. Could your family afford to stay in your home?[2]

56% of Americans have less than $10,000 saved for retirement – **1 in 3** have $0 saved. Wouldn't it be nice to have some protection?[3]

What can Universal Life benefits help pay for?

- Funeral and burial costs
- Rent or mortgage payments
- Tuition and loans
- Credit card bills
- Medical expenses
- Retirement savings

Benefit for terminal illness

- **Use part of your death benefit** to help manage costs if you're diagnosed with a terminal illness.

Additional advantages

- **Keep your coverage** at the same price and benefits if you change jobs or retire.
- **Apply for coverage for family members:** spouse, children and grandchildren.
- **Convenient payroll deduction;** pay via direct bill, bank draft or credit card if you leave your employer.

You care. We listen.

[1]2018 Insurance Barometer Study LIMRA/Life Happens. [2] nielsen.com/us/en/insights/news/2015/savingspending-and-living-paycheck-to-paycheck-in-america.html. [3]gobankingrates.com/retirement/1-3-americans-0-saved-retirement. [5]An A.M. Best rating is an independent opinion of an insurer's financial strength and ability to meet its ongoing insurance policy and contract obligations. Trustmark is rated A- (4th out of 16 possible ratings ranging from A++ to Suspended).

This provides a brief description of your benefits under GUL.205/IUL.205 and applicable riders HH/LTC.205, BRR.205, BXR.205, ABR.205, ADB.205, CT.205 and WP.205. Benefits, definitions, exclusions, form numbers and limitations may vary by state. This policy contains a provision that guarantees against lapse for a period of 10 years (14 years in OR; 15 years for Universal LifeEvents) as long as premiums are paid as planned. If you make changes to your coverage during this period, or pay only the minimum premium, you may prevent cash value accumulation or reduce your death benefit amount. If there is negative cash value at the end of the no-lapse period, you must pay enough premium to establish positive cash value. You may also need to maintain your policy with a higher premium than the one you paid to satisfy the no-lapse guarantee or coverage may expire prior to age 100 even if the premium shown is paid as scheduled. A policy illustration will be delivered with your policy. Your policy will contain complete information. For costs and further details of the coverage, including exclusions, any reductions or limitations and terms under which the policy may be continued in force, see your agent or write to the company. For exclusions and limitations that may apply, visit www.trustmarksolutions.com/disclosures/UL/ (A112-2216-UL). In California, review "A Consumer's Guide to Long-term Care from the Department of Aging" at: http://www.aging.ca.gov/aboutcda/publications/Taking_Care_of_Tomorrow_English/. Underwriting conditions may vary, and determine eligibility for the offer of insurance. Trustmark® and LifeEvents® are registered trademarks of Trustmark Insurance Company.

Products underwritten by Trustmark Insurance Company
Rated A- (Excellent) for financial strength by A.M. Best.[5]

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Trustmark®
benefits beyond benefits

ULLTC_BRR_SU

A112-2425 (8-19)

Cancer Insurance

Benefits that may help cover expenses that may not be covered by your medical plan.

Cancer Insurance Benefits

Eligible Individual	Benefit Amount	Requirements
Coverage Options		
Employee	**$5,000, $10,000 or $15,000**	Coverage is guaranteed provided you are actively at work. [1]
Spouse/Domestic Partner[2]	**50% of the Employee's Initial Benefit**	Coverage is guaranteed provided the employee is actively at work and the spouse/domestic partner is not subject to a medical restriction as set forth on the enrollment form and in the Certificate. [1]
Dependent Child(ren)[3]	**50% of the Employee's Initial Benefit**	Coverage is guaranteed provided the employee is actively at work and the dependent is not subject to a medical restriction as set forth on the enrollment form and in the Certificate. [1]

Benefit Payment

Your plan pays a lump-sum **Initial Benefit** upon the first verified diagnosis of a covered cancer. A recurrence Benefit is only available if an Initial Benefit has been paid for the same cancer. There is a Benefit Suspension Period that applies.

The maximum amount that you can receive through your Cancer Insurance plan is called the **Total Benefit Amount** and is 5 times the amount of your Benefit Amount. This means that you can receive multiple benefit payments until you reach the maximum of $25,000, $50,000 or $75,000.

Plan Design		
Benefit for Covered Conditions	**Initial Benefit**	**Recurrence Benefit**
Full Benefit Cancer	100% of Benefit Amount	50% of Benefit Amount
Partial Benefit Cancer	25% of Benefit Amount	12.5% of Benefit Amount
Benefit Suspension Period	After a covered condition occurs there is a 180 days Benefit Suspension Period during which most plans do not pay Recurrence benefits. The Benefit Suspension Period does not apply to first occurrences of distinct covered conditions. We will not pay Recurrence benefits for Full Benefit Cancer or Partial Benefit Cancer benefits unless the insured has not been treated nor had symptoms for at least 180 days.	

GUAM AND WASHINGTON RESIDENTS: Please refer to the Disclosure Document/Outline of Coverage for the terms of your coverage. The Skin Cancer Covered Condition is not available.

MetLife

ADF# CA2583.20

Cancer Insurance

Health Screening Benefit MetLife will provide an annual benefit of $50 per calendar year for taking one of the eligible screening/prevention measures. The Health Screening Benefit is not available in certain states. Please review your Disclosure Statement or Outline of Coverage/Disclosure Document for specific state variations and exclusions around this benefit.

Questions & Answers

Q. Who is eligible to enroll for this cancer coverage?

A. You are eligible to enroll yourself and your eligible family members![5] You need to enroll during your Enrollment Period and to be actively at work for your coverage to be effective.

Q. How do I pay for my cancer coverage?

A. Premiums will be paid through payroll deduction, so you don't have to worry about writing a check or missing a payment.

Q. What happens if my employment status changes? Can I take my coverage with me?

A. Yes, you can take your coverage with you.[6] You will need to continue to pay your premiums to keep your coverage in force. Your coverage will only end if you stop paying your premium or if your employer offers you similar coverage with a different insurance carrier.

Q. Who do I call for assistance?

A. Contact a MetLife Customer Service Representative at 1 800- GET-MET8 (1-800-438-6388), Monday through Friday from 8:00 a.m. to 8:00 p.m., EST. Or visit our website: *mybenefits.metlife.com*.

Insurance Rates

MetLife offers group rates and payment of premium through payroll deduction, so you don't have to worry about writing a check or missing a payment! Your employee rates are outlined below.

Premium Structure

Monthly Premium for $1,000 of Coverage

Issue Age	Employee Only	Employee + Spouse	Employee + Children	Employee + Spouse / Children
<25	$0.72	$1.15	$1.09	$1.52
25–29	$0.72	$1.16	$1.09	$1.53
30–34	$0.84	$1.33	$1.21	$1.69
35–39	$0.91	$1.46	$1.28	$1.83
40–44	$1.10	$1.80	$1.47	$2.17
45–49	$1.41	$2.32	$1.78	$2.69
50–54	$1.73	$2.88	$2.10	$3.24
55–59	$2.00	$3.34	$2.36	$3.71
60–64	$2.06	$3.46	$2.43	$3.83
65–69	$1.90	$3.28	$2.27	$3.65
70+	$1.89	$3.31	$2.26	$3.68

Rates will increase when a Covered Person reaches a new age band. Rates are subject to change.

[1] Coverage is guaranteed provided (1) the employee is actively at work and (2) dependents are not subject to medical restrictions as set forth on the enrollment form and in the Certificate. Some states require the insured to have medical coverage.

[1] Coverage is guaranteed provided (1) the employee is performing all of the usual and customary duties of your job at the employer's place of business or at an alternate place approved by your employer (2) dependents are not subject to medical restrictions as set forth on the enrollment form and in the Certificate. Some states require the insured to have medical coverage.

Cancer Insurance

[2] Coverage for Domestic Partners, civil union partners and reciprocal beneficiaries varies by state. Please contact MetLife for more information.
[3] Dependent Child coverage varies by state. Please contact MetLife for more information.
[4] Review the Disclosure Document or Outline of Coverage/Disclosure Document for information on which Covered Condition may be eligible for a Recurrence Benefit. There may be a Benefit Suspension Period between recurrences of the same Covered Condition, as well as occurrences of different Covered Conditions. There may be a limitation on the number of Recurrence Benefits payable per Covered Condition. We will not pay a benefit for a Covered Condition that is subject to a Benefit Suspension Period. If a Recurrence Benefit is payable for a Cancer Covered Condition, we will not pay such benefit unless the Covered Person has not had symptoms of or been treated for the same cancer for which we paid a benefit during the Treatment Free Period.
[5] Eligible Family Members means all persons eligible for coverage as defined in the Certificate.
[6] Eligibility for portability through the Continuation of Insurance with Premium Payment provision may be subject to certain eligibility requirements and limitations. For more information, contact your MetLife representative.

The MetLife Cancer Insurance plan is based on the MetLife Critical Illness Insurance (CII) policy. MetLife Cancer Insurance includes only the Cancer Covered Conditions.

METLIFE CRITICAL ILLNESS INSURANCE (CII) IS A LIMITED BENEFIT GROUP INSURANCE POLICY. Like most group accident and health insurance policies, MetLife's CII policies contain certain exclusions, limitations and terms for keeping them in force. Product features and availability vary by state. There may be a Benefit Reduction Due to Age provision. There may be a Benefit Suspension Period between recurrences of the same Covered Condition or occurrences of different Covered Conditions. MetLife offers CII on both an Attained Age basis, where rates will increase when a Covered Person reaches a new age band, and an Issue Age basis, where rates will not increase due to age. Rates are subject to change. MetLife reserves the right to raise premium rates for Issue Age CII on a class-wide basis. A more detailed description of the benefits, limitations, and exclusions applicable to MetLife's CII product can be found in the applicable Disclosure Statement or Outline of Coverage/Disclosure Document available at time of enrollment. For complete details of coverage and availability, please refer to the group policy form GPNP07-CI, GPNP09-CI, GPNP10-CI, GPNP14- CI, GPNP19-CI or contact MetLife for more information. Please contact MetLife for more information. Benefits are underwritten by Metropolitan Life Insurance Company, New York, New York.

MetLife's Critical Illness Insurance is not intended to be a substitute for Medical Coverage providing benefits for medical treatment, including hospital, surgical and medical expenses. MetLife's Critical Illness Insurance does not provide reimbursement for such expenses

Cancer Guardian

Genomic Life

Cancer Guardian

Because Cancer is Too Big

to risk going it alone...

Cancer Guardian™ is a transformative benefit program that combines the power of advanced DNA testing with the personalized support of expert cancer care resources.

Enrollment in Cancer Guardian can help you prevent and manage cancer more effectively with specialized services not typically made available or covered by health insurance:

Monthly Program Pricing*

Member	
Under Age 50	$ 20.00
50-64	$ 20.00
65+	$ 20.00
Member + Spouse	
Under Age 50	$ 40.00
50-64	$ 40.00
65+	$ 40.00

* Dependents under the age of 26 are automatically covered if the member elects coverage. 12-month enrollment is required.

Day 1 Services

Cancer Information Line
Staffed by oncology experts, members can ask cancer related questions and discuss concerns, risk-mitigation strategies, or care-giving guidance

Hereditary Risk Screening Test
Understand your genetic risk for certain hereditary cancers, cardiovascular diseases, and additional conditions

Medical Records Platform
A secure platform that allows you to store medical records for any condition and share with your medical team at any time

Post Diagnosis Services

Dedicated Cancer Support Specialist
If diagnosed with cancer, a dedicated Cancer Support Specialist (CSS) is assigned to provide practical, emotional, and clinical support

Expert Pathology Review
Ensure correct diagnosis with an expert second opinion review

Comprehensive Genomic Profiling
If diagnosed, this test interrogates more than 300 cancer-related genes in the tumor, helping inform treatment decisions and clinical trial eligibility

On-site Nurse Advocate
If diagnosed, an oncology nurse advocate can accompany you to a medical appointment to provide support and guidance

Clinical Trial Explorer
Personalized clinical trial search, reporting and enrollment platform

Financial Navigation
Projects out-of-pocket financial exposure and identifies public and private financial aid programs

Advanced DNA Testing

- **Hereditary Risk Screening** – Understand your genetic risk for hereditary cancers, cardiovascular diseases, and more for preventative planning. Test analyzes 147 genes for:

Cancer	Heart	Additional Conditions
• Breast • Ovarian • Prostate • Colorectal • Melanoma • Kidney • Stomach • Pancreatic • Uterine • Thyroid	• Aortopathies • Arrythmias • Cardiomyopathies • Genetic forms of high blood pressure and high cholesterol • Thrombophilia	• Alpha-1 antitrypsin deficiency • Malignant Hyperhermia susceptibility • Hereditary hemochromatosis • OTC deficiency • Wilson disease

69% of BRCA1 or BRCA2 carriers have NO personal family history of breast or ovarian cancer.[3]

- **Comprehensive Genomic Profiling (CGP)** – If diagnosed, CGP interrogates more than 300 cancer-related genes in the tumor, helping inform treatment decisions and clinical trial eligibility

Navigation Technology

Advanced technology platforms to help navigate the confusing and often financially devastating cancer journey.

- **Medical Records Platform** – Access a secure online resource to consolidate all medical records to share with medical experts as needed
- **Clinical Trial Explorer** – Obtain a personalized clinical trial search and receive guidance regarding eligibility and enrollment
- **Financial Navigation** – Receive a projection of your out-of-pocket financial exposure and resources on financial support programs

Cancer patients are 3.5x more likely to file bankruptcy within 5 years of diagnosis.[4]

We take Cancer Personally.

It's not just DNA testing that makes personalized medicine personal. It's each step through the cancer journey, expert pathology review, therapy selection, cancer care support, financial navigation, and clinical trial search. Cancer Guardian is your dedicated advocate every step of the way.

Cancer Guardian provides services that are not typically made available or covered by health insurance.

● Covered ● Discounted

Cancer Guardian Services		You	Your Partner	Your Children	Your Parents	Your In-laws
Hereditary Risk Screening Test	Day 1 Benefit	●	●			
Cancer Information Line	Day 1 Benefit	●	●	●		
Medical Records Platform	Day 1 Benefit	●	●	●	●	●
Cancer Support Specialists		●	●	●		
Expert Pathology Review		●	●	●	●	●
On-Site Nurse Advocate		●	●	●	●	●
Comprehensive Genomic Profiling		●	●	●	●	●
Clinical Trial Explorer		●	●	●	●	●
Financial Navigation		●	●	●	●	●

> *Everyone I have dealt with at Cancer Guardian has provided empathy and much needed support during my journey after having been diagnosed with my illness.*
>
> Their care and concern shines through in all that they have provided...allowing me to talk through my emotion, providing resources so I learn more about my rare illness, calling weekly to see how I am doing and if I am staying on track with my goals... and being by my side physically, when visiting my doctor.
>
> I am extremely grateful and comforted to have them on my team..."
>
> **Arlene Shutt**
> Cancer Guardian Member

Genomic Life

For more information call us at **844-MYGENOME** or visit **www.CancerGuardian.com.**

American Cancer Society®

Cancer Guardian and the American Cancer Society are collaborating to drive more research dollars to find better treatments for cancer. Enrolling one million people in Cancer Guardian will result in $600,000 donated annually to the American Cancer Society.

References:

1. Lifetime Risk of Developing or Dying from Cancer Basic Facts. American Cancer Society, 2019.
2. Waszak, Przemyslaw M. et al. The Spread of Medical Fake News in Social Media. Health Policy & Technology Review, Elsevier, 2018.
3. Petrucelli, Nancie, et. al, BRCA1-and BRCA2-Associated Hereditary Breast and Ovarian Cancer. 2016: https://ncbi.nlm.nih.gov/books/NBK1247
4. Ramsey S., et. al, Washington State cancer patients found to be at greater risk for bankruptcy than people without a cancer diagnosis. Health Affairs (Project Hope). 2013;32(6):1143-1152

CG-BRCH-GL-20210406

Exclusions and Limitations

Every Genomic Life™ Cancer Guardian member is allowed various Genomic Life provided services. What services are allowed and how frequent these services are delivered depends on whether the program participant has a history of cancer before the date that the participant became a member of the Genomic Life Cancer Guardian program. History of cancer includes both remote past history of cancer or ongoing active cancer. Genomic Life Cancer Guardian services are limited if the member has a past history of cancer as follows:

If the program participant has a history of cancer that occurred before the date that the participant became a Genomic Life Cancer Guardian member, then the scope of services provided upon future cancer diagnosis depend on the clinical status of the past cancer at the time that the participant became a member of the Genomic Life Cancer Guardian program as follows:

A. If the participant with a history of cancer had no evidence of cancer and met the below definition of "Cancer in Complete Remission" on the date that the participant became a Genomic Life Cancer Guardian member, the participant has access to all Genomic Life Cancer Guardian product features and Cancer Support Services as listed in the program description.

B. If the participant with a history of cancer did not meet the below definition of "Cancer in Complete Remission" on the date that the participant became a Genomic Life Cancer Guardian member, the participant only has access to limited Genomic Life Cancer Guardian product features and post diagnosis services will be based on the fee schedule below. Limited Cancer Guardian Services include Cancer Support Specialist, Cancer Information Line, Hereditary Risk Screening Test and Medical Records Platform

Post Diagnosis Fee Based Service Rates

1. Comprehensive Genomic Profiling - $3,000 per test
2. Second Opinion Pathology Review - $600 per review
    a. Pricing may vary for complex cases
3. On-Site Nurse Advocate- $350 per hour

A cancer is considered a "Cancer in Complete Remission" if all the following criteria are met:

- The member must be deemed cancer-free and in complete remission by their treating physician;
- There must be no signs or symptoms of cancer;
- There must be no imaging or lab test results that show that cancer is still present in the body; and
- The member must not be receiving any form of active hormone cancer therapy and no such cancer therapy is planned.

Note: **Treatment with hormonal therapy to prevent cancer recurrence is acceptable and not considered active cancer**

Genomic Life does not provide payment for the actual medical costs associated with the treatment plan that participants or their dependents may undergo.

Cancer DNA tests and/or Hereditary Cancer Risk Screening tests will not be ordered without a physician sign off on test requisition form(s). The physician ordering the testing can either be the member's own treating doctor or a third-party certified physician organized for the member through Genomic Life's Cancer Guardian Support Services.

Trustmark
Hospital StayPay®- Group insurance

Keeping things balanced when you get knocked off your feet.

Hospital stays can be **incredibly expensive**. And your medical insurance may **not pay for everything**.

Trustmark Hospital StayPay® insurance pays **cash directly to you** when you end up in the hospital due to a covered accident or covered sickness, no matter what other insurance you have. You can use the money for **whatever you need**, so you can worry less about your bills and **focus on recovering**.

Why Trustmark Hospital StayPay?

1. It's a **companion for your health insurance**: pairing them up helps give you **better protection** against big hospital bills.
2. Coverage pays a benefit for **most common reasons** for hospital admission, including: illness, injury, mental wellness, addiction recovery or childbirth.
3. The average cost of a three-day hospital stay is **$30,000** – it's a good idea to have extra protection![1]
4. Cover your spouse and kids as well with affordable **family coverage** options.

Cash Benefits for Hospital Stays

Your Trustmark Hospital StayPay benefits are **simple** and **easy to understand**:

First Day Stay Benefit† – Pays you a **lump-sum cash benefit** when you're first admitted to the hospital.

Daily Stay Benefit† – You'll receive an **additional benefit for each day** your stay continues after the first day.

†Benefits marked with this symbol are designed to be compatible with Health Savings Accounts (HSAs). However, anyone who has or plans to open an HSA should consult tax and legal advisors to confirm which supplemental benefits may be purchased by persons with an HSA to maintain tax-exempt status.

You will be able to review your personalized rates when you sign into your benefits system. A complete schedule of benefits and payout amounts will be included in your certificate.

Plan Features

Automatic Acceptance – No health questions to answer, and you can't be turned down for coverage based on your health.

Family Coverage – Coverage is available for employees, their spouses, their children and their financially dependent grandchildren.

Payroll Deduction – No bills to worry about: you pay for coverage via convenient payroll deduction, for as long as you stay with your employer

Renewability and Portability – You can keep your coverage as long as your premiums are paid and the employer maintains coverage. If you leave your employer, you can still keep your plan on a direct-bill basis, for as long as that employer maintains the coverage.

You can manage your coverage or easily file online claims 24/7 at TrustmarkVB.com!

NOTE: If you have previously elected Trustmark hospital indemnity coverage, your existing policy may differ from what is described here.

This is a brief description of benefits under form HII 520 C and HII 520 C MET. This hospital indemnity insurance policy/group certificate provides limited benefits that are the result of a covered accident or covered sickness. It is not a substitute for medical expense insurance, major medical expense insurance or a health benefit plan alternative. It does not provide comprehensive medical coverage. It is also not a Medicare Supplement policy, nor is it a policy of worker's compensation. Coverage issued may differ from what is described here; your certificate and outline of coverage, if applicable, will contain complete information. Limitations on pre-existing conditions may apply. Benefits, definitions, exclusions, form numbers and limitations may vary by state. For costs and coverage detail, including exclusions, limitations and terms, see your agent or write the company. Underwriting conditions may vary, and determine eligibility for the offer of insurance. Trustmark® and Trustmark Hospital StayPay® are registered trademarks of Trustmark Insurance Company.

[1]HealthCare.gov, Why Health Insurance is Important: Protection from High Medical Costs 2019. [2]An A.M. Best rating is an independent opinion of an insurer's financial strength and ability to meet its ongoing insurance policy and contract obligations. Trustmark is rated A- (4th out of 16 possible ratings ranging from A++ to Suspended).

HSP-G_MAT_DS

Trustmark Hospital StayPay® – Group insurance for Pecos Barstow Toyah ISD Employees

Plan Design & Monthly Rates (12 deductions per year): $1,000 First Day Stay

Plan Design

Base Benefits	Daily Stay 30 Days	Daily Stay - ICU 30 Days	Normal Childbirth No WP
Plan 4	$150	$150	Included

Monthly Premium Rates

First Day Stay Benefit $1,000, 1 Day

Composite	EE	EE+SP	EE+CH	FAM
All Ages	$23.94	$42.51	$32.57	$54.08

Plan Design & Monthly Rates (12 deductions per year): $2,000 First Day Stay

Plan Design

Base Benefits	Daily Stay 30 Days	Daily Stay - ICU 30 Days	Normal Childbirth No WP
Plan 4	$200	$200	Included

Monthly Premium Rates

First Day Stay Benefit $2,000, 1 Day

Composite	EE	EE+SP	EE+CH	FAM
All Ages	$42.38	$75.31	$57.26	$95.27

EE: Employee Only EE+SP: Employee & Spouse EE+CH: Employee & Children FAM: Family

This is a brief description of benefits under form HII 520 C and HII 520 C MET. Sample rates are shown for illustrative purposes only; rates may vary. An application for insurance must be completed to obtain coverage. Benefit amounts shown are samples and not a guarantee. Benefit amount payable may vary by state. This hospital indemnity insurance policy/group certificate provides limited benefits that are the result of a covered accident or covered sickness. It is not a substitute for medical expense insurance, major medical expense insurance or a health benefit plan alternative. It does not provide comprehensive medical coverage. It is also not a Medicare Supplement policy, nor is it a policy of worker's compensation. Coverage issued may differ from what is described here; your certificate and outline of coverage, if applicable, will contain complete information. Limitations on pre-existing conditions may apply. Benefits, definitions, exclusions, form numbers and limitations may vary by state. For costs and coverage detail, including exclusions, limitations and terms, see your agent or write the company. Underwriting conditions may vary, and determine eligibility for the offer of insurance. Trustmark® and Trustmark Hospital StayPay® are registered trademarks of Trustmark Insurance Company. NOTE: If you have previously elected Trustmark accident coverage, your existing policy may differ from what is described here.

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Trustmark Accident – Group Insurance

Coverage for when life takes a tumble.

Accidents happen. And the sudden **out-of-pocket costs** associated with them can be pricey.

Trustmark Accident insurance helps by paying **cash directly to you**, for covered accidents and the services to help treat them. The plan pays **regardless of other coverage** you have, and there are no restrictions on how you may use the money.

Why Trustmark Accident?

1. Helps **pay for what health insurance might not**, like copays and deductibles, and can also help with your everyday bills.
2. **Peace of mind** for your active lifestyle: having a slip-up won't break the bank.
3. After an accident, you can **focus less on your wallet** and more on your recovery.
4. You can get affordable coverage for your **entire family**, including active kids.

Cash Benefits for Injuries and Services

Accident insurance offers **24-hour coverage** for a wide array of covered **accidental injuries** and related **services**, including but not limited to:

Initial Care

- Hospital admissions and stays
- Ambulance transport
- Emergency room visits
- X-rays and diagnostic tests
- Initial doctor's office visit
- Surgeries
- Lodging and transportation

Injuries

- Fractures (broken bones)
- Dislocations
- Lacerations
- Burns
- Concussions
- Tendon/ligament injuries
- Eye injuries
- Emergency dental

Organized Sports Benefit – Provides an additional boost to your benefit amount when a covered injury occurs while participating in an **organized amateur sport** that requires formal registration.[1]

Follow-Up Care

- Follow-up visits
- Physical therapy
- Appliances (e.g.: crutches or knee scooter)
- Prosthetics and artificial limbs

You will have the option to choose from **2 plans**. When you go to your benefits system, you can select an option that best fits your budget, your needs and your lifestyle. Benefits paid will depend upon the type of injury/injuries suffered and services received.

You will be able to review your personalized rates when you sign into your benefits system. A complete schedule of benefits and payout amounts will be included in your certificate.

Additional Value-Adding Benefits

Wellness Benefit – Get paid a **benefit** just for taking steps to help yourself stay well! Your Wellness Benefit **pays you cash** directly when you get certain screening tests or other wellness exams. Each covered person can collect a benefit **once per year** in each of these categories:

Routine Visit Benefit – Payable for any of the following:

- Routine physical
- Sports physical
- Biometric screening
- Immunization
- Vision test
- Blood test for triglycerides
- Fasting blood glucose test
- Lipid panel
- Low-dose mammography or routine mammogram
- Pap smear (for women over age 18)
- Chest x-ray
- Colonoscopy
- CT colonoscopy
- Electrocardiogram (EKG/ECG)
- Human papillomavirus (HPV) vaccination
- Serum cholesterol test for HDL and LDL

You can file a claim for your Wellness benefits 24/7 at TrustmarkVB.com.

Accidental Death Benefit – Provides an **additional benefit for an accidental death** that occurs within 90 days of a covered accident. The benefit doubles if the death is due to a common carrier – a paid form of public transportation operating on a regular schedule.

Catastrophic Accident Benefit – Pays a benefit that can help with the transitional period following a **catastrophic loss**: for example, the loss of use of both arms or both legs, or total blindness.

Plan Features

Automatic Acceptance – No health questions to answer, and you can't be turned down for coverage based on your health.

Family Coverage – Coverage is available for employees, their spouses, their children and their financially dependent grandchildren.

Payroll Deduction – No bills to worry about: you pay for coverage via convenient payroll deduction, for as long as you stay with your employer.

Renewability and Portability – You can keep your coverage as long as your premiums are paid and the employer maintains coverage. If you leave your employer, you can still keep your plan on a direct-bill basis, for as long as that employer maintains the coverage.

You can manage your coverage or easily file online claims 24/7 at TrustmarkVB.com!

NOTE: If you have previously elected Trustmark accident coverage, your existing policy may differ from what is described here.

This is a brief description of benefits under forms AO 620 C and AO 620 C MET. This is accident-only coverage with limited benefits and does not pay benefits for diseases, sickness, or for loss from sickness. This is not a workers' compensation policy or a substitute for medical expense insurance, major medical insurance or a health benefit plan alternative. It is also not a Medicare Supplement policy. Coverage issued may differ from what is described here; your certificate and outline of coverage, if applicable, will contain complete information. Elimination periods may apply. Benefits, definitions, exclusions and limitations and form numbers may vary by state. For exact costs, coverage details and terms, see your agent or write the company. Underwriting conditions may vary, and determine eligibility for the offer of insurance. Trustmark® is a registered trademark of Trustmark Insurance Company.

[1]The additional benefit amount applies to covered treatment benefits and does not apply to an Accidental Death or Catastrophic Accident benefit if included in the plan. [2]An A.M. Best rating is an independent opinion of an insurer's financial strength and ability to meet its ongoing insurance policy and contract obligations. Trustmark is rated A- (4th out of 16 possible ratings ranging from A++ to Suspended).

ACC-G_24_2_OS_WELL-R_ADB_CAT

Underwritten by Trustmark Insurance Company | TrustmarkVB.com
Rated A- (EXCELLENT) A.M. Best[2]

Trustmark
benefits beyond benefits

A112-26611

Trustmark Accident – Group insurance for Pecos Barstow Toyah ISD Employees (Low Plan)

Schedule of Benefits:	
Hospital Benefits:	
Hospital First Day Stay Benefit	$500
Hospital First Day Stay Benefit - ICU	$500
Hospital Daily Stay Benefit	$100
Hospital Daily Stay Benefit - ICU	$100
Hospital Daily Stay Benefit - Step Down Unit	$100
Inpatient Rehabilitation Benefit	$100
Blood Plasma Platelets Benefit	$200
Coma Benefit	$5,000
Pain Management/Epidural Benefit	$50
Initial Benefits:	
Initial Doctor's Office Benefit	$100
Urgent Care Benefit	$100
Emergency Room Treatment Benefit	$200
Ambulance Benefit - Air	$1,000
Ambulance Benefit - Ground	$200
Major Diagnostic Testing Benefit	$200
X-Ray Benefit	$100
Follow-Up Benefits:	
Accident Follow-Up Treatment Benefit	$50
Physical Therapy Benefit (Includes Chiropractic and Acupuncture)	$50
Appliance Benefit - Major	$150
Appliance Benefit - Minor	$75
Prosthetic Device/Artificial Limb - Single	$500
Prosthetic Device/Artificial Limb - Multiple	$1,000
TrekCheck - Lodging	$100
TrekCheck - Transportation	$300
Surgical Care Benefits:	
Arthroscopic Surgery	$500
Cranial Surgery	$1,250
Hernia Surgery	$500

Surgical Care Benefits (Continued):	
Herniated Disc Surgery	$500
Open Abdominal and Thoracic Surgery	$1,250
Open Abdominal or Thoracic Surgery Exploratory	$125
Tendon/Ligament/Rotator Cuff Surgery (Multiple)	$1,200
Tendon/Ligament/Rotator Cuff Surgery (Single)	$800
Tendon/Ligament/Rotator Cuff Surgery Exploratory	$200
Torn Knee Cartilage	$500
Torn Knee Cartilage Exploratory	$100
Other (General Anesthesia)	$500
Other (Conscious Sedation)	$200
Injuries:	
Burn Benefit	Up to $10000
Skin Graft Benefit	25% of burn benefit
Concussion Benefit	$100
Emergency Dental Benefit - Crown/Extraction	$150/$50
Eye Injury Benefit	$200
Gunshot Wound Benefit:	Not Included
Laceration Benefit	Up to $400
Dislocation Benefit	Up to $4000
Fracture Benefit	Up to $7500
Traumatic Brain Injury	$1,000
Accidental Death & Catastrophic:	
Accidental Death Benefit	$25,000/$10,000/$5,000
ADB Common Carrier	$50,000/$20,000/$10,000
Catastrophic Accident	$100,000/$50,000/$50,000
Wellness:	
Routine Screening Benefit:	$50
Diagnostic Screening:	Not Included
Other Benefits:	
Auto Injury Benefit:	Not Included
Organized Sports Benefit:	20%
Workplace Care Benefit:	Not Included

Monthly Rates (12 deductions per year)

	Employee Only	Employee + Spouse	Employee + Child	Family
Rate	$ 13.64	$ 22.01	$ 28.01	$ 39.04

ACC-G_Insert1_PBTISD_2021

This is a brief description of benefits under forms AO 620 C and AO 620 C MET. Sample rates are shown for illustrative purposes only; rates may vary. An application for insurance must be completed to obtain coverage. Benefit amounts shown are samples and not a guarantee. Benefit amount payable varies by injury/service and may vary by state. Benefits are payable only as the result of a covered accident. Most benefits are paid once per person per covered accident unless otherwise noted. Hospital Confinement and ICU Benefits cannot be paid at the same time. Your policy/certificate will contain a complete schedule of benefits. Coverage issued may differ from what is described here; your certificate and outline of coverage, if applicable, will contain complete information. Elimination periods may apply. Benefits, definitions, exclusions and limitations and form numbers may vary by state. For exact costs, coverage details and terms, see your agent or write the company. Underwriting conditions may vary, and determine eligibility for the offer of insurance. Trustmark® is a registered trademark of Trustmark Insurance Company. NOTE: If you have previously elected Trustmark accident coverage, your existing policy may differ from what is described here.

Trustmark Accident – Group insurance for Pecos Barstow Toyah ISD Employees (Medium Plan)

Schedule of Benefits:	
Hospital Benefits:	
Hospital First Day Stay Benefit	$1,000
Hospital First Day Stay Benefit - ICU	$1,000
Hospital Daily Stay Benefit	$200
Hospital Daily Stay Benefit - ICU	$200
Hospital Daily Stay Benefit - Step Down Unit	$150
Inpatient Rehabilitation Benefit	$150
Blood Plasma Platelets Benefit	$400
Coma Benefit	$7,500
Pain Management/Epidural Benefit	$75
Initial Benefits:	
Initial Doctor's Office Benefit	$125
Urgent Care Benefit	$150
Emergency Room Treatment Benefit	$200
Ambulance Benefit - Air	$1,000
Ambulance Benefit - Ground	$300
Major Diagnostic Testing Benefit	$200
X-Ray Benefit	$125
Follow-Up Benefits:	
Accident Follow-Up Treatment Benefit	$75
Physical Therapy Benefit (Includes Chiropractic and Acupuncture)	$50
Appliance Benefit - Major	$200
Appliance Benefit - Minor	$100
Prosthetic Device/Artificial Limb - Single	$1,000
Prosthetic Device/Artificial Limb - Multiple	$2,000
TrekCheck - Lodging	$150
TrekCheck - Transportation	$400
Surgical Care Benefits:	
Arthroscopic Surgery	$750
Cranial Surgery	$2,000
Hernia Surgery	$750

Surgical Care Benefits (Continued):	
Herniated Disc Surgery	$750
Open Abdominal and Thoracic Surgery	$2,000
Open Abdominal or Thoracic Surgery Exploratory	$200
Tendon/Ligament/Rotator Cuff Surgery (Multiple)	$1,200
Tendon/Ligament/Rotator Cuff Surgery (Single)	$800
Tendon/Ligament/Rotator Cuff Surgery Exploratory	$200
Torn Knee Cartilage	$1,000
Torn Knee Cartilage Exploratory	$200
Other (General Anesthesia)	$500
Other (Conscious Sedation)	$200
Injuries:	
Burn Benefit	Up to $15000
Skin Graft Benefit	25% of burn benefit
Concussion Benefit	$200
Emergency Dental Benefit - Crown/Extraction	$250/$75
Eye Injury Benefit	$300
Gunshot Wound Benefit:	Not Included
Laceration Benefit	Up to $800
Dislocation Benefit	Up to $5000
Fracture Benefit	Up to $7500
Traumatic Brain Injury	$1,500
Accidental Death & Catastrophic:	
Accidental Death Benefit	$50,000/$20,000/$10,000
ADB Common Carrier	$100,000/$40,000/$20,000
Catastrophic Accident	$100,000/$50,000/$50,000
Wellness:	
Routine Screening Benefit:	$50
Diagnostic Screening:	Not Included
Other Benefits:	
Auto Injury Benefit:	Not Included
Organized Sports Benefit:	20%
Workplace Care Benefit:	Not Included

Monthly Rates (12 deductions per year)

	Employee Only	Employee + Spouse	Employee + Child	Family
Rate	$ 16.64	$ 26.36	$ 33.93	$ 46.89

ACC-G_Insert2_PBTISD_2021

This is a brief description of benefits under forms AO 620 C and AO 620 C MET. Sample rates are shown for illustrative purposes only; rates may vary. An application for insurance must be completed to obtain coverage. Benefit amounts shown are samples and not a guarantee. Benefit amount payable varies by injury/service and may vary by state. Benefits are payable only as the result of a covered accident. Most benefits are paid once per person per covered accident unless otherwise noted. Hospital Confinement and ICU Benefits cannot be paid at the same time. Your policy/certificate will contain a complete schedule of benefits. Coverage issued may differ from what is described here; your certificate and outline of coverage, if applicable, will contain complete information. Elimination periods may apply. Benefits, definitions, exclusions and limitations and form numbers may vary by state. For exact costs, coverage details and terms, see your agent or write the company. Underwriting conditions may vary, and determine eligibility for the offer of insurance. Trustmark® is a registered trademark of Trustmark Insurance Company. NOTE: If you have previously elected Trustmark accident coverage, your existing policy may differ from what is described here.

Trustmark
Critical HealthEvents®– Group insurance

Providing a financial cushion so you can focus on getting well.

A critical illness, like heart attack or stroke, can be hard on your health. It can also be a huge and **unexpected financial challenge**.

Medical insurance pays your doctor for treatment, but it may not cover all your expenses. Trustmark Critical HealthEvents® insurance **pays you cash directly** when you are diagnosed with a covered illness – use that cash for **whatever you need**. It's additional support when you need it most, and can be a lifeline to help **ease your recovery journey**.

Why Trustmark Critical HealthEvents?

1. It's added **peace of mind** for you and your family, knowing you're **prepared for the hidden costs** of a serious illness.
2. Your benefits can help pay for copays and deductibles, additional treatment, travel, help around the house or remodeling, bills or **anything else**.
3. You can collect benefits for **earlier stages and early identification** of critical illnesses, as well as for more advanced conditions.
4. Coverage **isn't one-and-done**: Critical HealthEvents **continues to provide protection** even after you collect a benefit.

Covered Conditions and Benefits Payable

Your benefits are paid at **100%, 50% or 10%** of your benefit amount, depending on the diagnosis you receive:

10% benefit

Cancer
- Invasive basal/squamous cell skin cancer
- In situ cancer
- Benign brain, spinal cord and cranial nerve tumors
- Myelodysplastic syndrome

Coronary artery disease
- Initial diagnosis after assessment and recommended treatment
- Pulmonary embolism
- Pulmonary fibrosis

Cerebral vascular disease
- Transient ischemic attack (TIA)
- Reversible ischemic neurologic deficit (RIND)

50% benefit

Cancer
- Stage 1 melanoma
- Stage 1 or 2 cancers, no lymph node involvement

Coronary artery disease
- Coronary artery obstruction
- Heart attack when clinically diagnosed
- Thoracic, aorta or valve surgery

Cerebral vascular disease
- Stroke with less than 30 days impairment
- Stroke when clinically diagnosed

100% benefit

Cancer
- Stage 3 or higher of any cancer
- Stage 2 involving lymph nodes
- Stage 2 or higher: melanoma
- Stage 1 or higher: pancreas, liver, lung, esophagus, leukemia, biliary tract, head and neck, lymphoma, multiple myeloma

Coronary artery disease
- Heart attack
- Sudden cardiac arrest

Cerebral vascular disease
- Stroke with at least 30 days impairment

End-stage renal failure and major organ failure
- When dialysis or kidney transplant is needed
- Failure of the liver, lung, pancreas or heart

Specified Illness Benefit expands the list of covered conditions. Each specified illness is eligible for a benefit once per covered person:

10% benefit
- Complications of diabetes – hospitalization for hyperglycemia, dehydration
- Stem cell/bone marrow transplant
- Acute respiratory distress syndrome
- Coma
- Epilepsy
- Rheumatoid arthritis
- Type 1 diabetes

50% benefit
- Central nervous conditions, such as lupus, sarcoidosis, encephalitis
- Neurologic diseases, such as Huntington's disease, multiple sclerosis, Parkinson's disease

100% benefit
- Permanent blindness
- Complications of diabetes – lower limb amputation
- Irreversible loss of hearing
- Occupational HIV
- Paralysis
- Lou Gehrig's disease (ALS)

Additional Value-Adding Benefits

Wellness Benefit – Get paid an **extra benefit** just for taking steps to help yourself stay well! Your Wellness Benefit **pays you cash** directly when you get certain screening tests

or other wellness exams. Each covered person can collect a benefit **once per year** in each of these categories:

Routine Visit Benefit – Payable for any of the following:

- Routine physical
- Sports physical
- Biometric screening
- Immunization
- Vision test
- Blood test for triglycerides
- Fasting blood glucose test
- Lipid panel
- Low-dose mammography or routine mammogram
- Pap smear (for women over age 18)
- Chest x-ray
- Colonoscopy
- CT colonoscopy
- Electrocardiogram (EKG/ECG)
- Human papillomavirus (HPV) vaccination
- Serum cholesterol test for HDL and LDL

Waiver of Premium for Critical Illness – Pay **no premium** for all covered persons for six months after collecting a benefit at the 100% or 50% benefit levels.

You will be able to review your personalized rates and coverage options when you sign into your benefits system. A complete schedule of benefits and payout amounts will be included in your certificate.

Plan Features

Annually Restoring Benefit – Each calendar year, your **full benefit amount** is restored. There is **no lifetime maximum**. Even if you collect 100% of your benefit in one year, your full benefit will be available again on January 1 of the next year, for a **new diagnosis or recurrence** of a previously diagnosed condition.

Automatic Acceptance – No health questions to answer, and you can't be turned down for coverage based on your health.

Family Coverage – Coverage is available for employees, their spouses, their children and their financially dependent grandchildren.

Payroll Deduction – No bills to worry about: you pay for coverage via convenient payroll deduction, for as long as you stay with your employer.

Renewability and Portability – You can keep your coverage as long as your premiums are paid and the employer maintains coverage. If you leave your employer, you can still keep your plan on a direct-bill basis, for as long as that employer maintains the coverage.

You can manage your coverage or easily file online claims 24/7 at TrustmarkVB.com!

NOTE: If you have previously elected Trustmark critical illness coverage, your existing policy may differ from what is described here.

This is a brief description of benefits under forms CII 820 and CII 820 C MET. This critical illness/specified disease insurance certificate provides supplemental health insurance coverage, which pays a limited, lump-sum benefit for specified diseases only. It is not a substitute for medical expense insurance, major medical expense insurance or a health benefit plan alternative. It does not provide comprehensive medical coverage. It is not intended to pay all medical costs associated with the specified diseases and is not designed to provide coverage for other medical conditions or illnesses. It is also not a Medicare Supplement policy, nor is it a policy of worker's compensation. Coverage issued may differ from what is described here; your certificate and outline of coverage, if applicable, will contain complete information. Separation periods and limitatons on pre-existing conditions may apply. Benefits, definitions, exclusions and limitations and form numbers may vary by state. For exact costs, coverage details and terms, see your agent or write the company. Underwriting conditions may vary, and determine eligibility for the offer of insurance. Trustmark® and Trustmark Critical HealthEvents are registered trademarks of Trustmark Insurance Company.

[1]An A.M. Best rating is an independent opinion of an insurer's financial strength and ability to meet its ongoing insurance policy and contract obligations. Trustmark is rated A- (4th out of 16 possible ratings ranging from A++ to Suspended).

CHE-G_CBO_MAX_10-ALL_SIB_WELL-R_WPCI

Underwritten by Trustmark Insurance Company | TrustmarkVB.com
Rated A- (EXCELLENT) A.M. Best[1]

Trustmark
benefits beyond benefits

A112-2713

Legal Insurance from ARAG

Designed for PECOS-BARSTOW-TOYAH INDEPENDENT SCHOOL

What does legal insurance cover?

A legal insurance plan from ARAG® **covers a wide range of legal needs** like the examples shown below — and many more — to help you address life's legal situations.

Consumer Protection
- ✔ Auto repair
- ✔ Buy or sell a car
- ✔ Consumer fraud
- ✔ Consumer protection for goods or services
- ✔ Home improvement
- ✔ Personal property disputes
- ✔ Small claims court

Criminal Matters
- ✔ Juvenile
- ✔ Parental responsibility

Debt-Related Matters
- ✔ Debt collection
- ✔ Garnishments
- ✔ Personal bankruptcy
- ✔ Student loan debt

Driving Matters
- ✔ License suspension/revocation
- ✔ Traffic tickets

Tax Issues
- ✔ IRS tax audit
- ✔ IRS tax collection

Family
- ✔ Adoption
- ✔ Guardianship/conservatorship
- ✔ Name change
- ✔ Pet-related matters

Services for Tenants
- ✔ Contracts/lease agreements
- ✔ Eviction
- ✔ Security deposit
- ✔ Disputes with a landlord

Real Estate & Home Ownership
- ✔ Buying a home
- ✔ Deeds
- ✔ Foreclosure
- ✔ Contractor issues
- ✔ Neighbor disputes
- ✔ Promissory notes
- ✔ Real estate disputes
- ✔ Selling a home

Wills & Estate Planning
- ✔ Powers of attorney
- ✔ Wills

Which plan is right for you?

UltimateAdvisor **Plus**™ offers you all of the above and more including:

- ✔ **Divorce**
- ✔ **General in-office hours**
- ✔ **Identity Theft Protection**
- ✔ **Tax services**
- ✔ **And more**

What does it cost?

UltimateAdvisor®

$17.25

UltimateAdvisor Plus™

$24.25

What is legal insurance?

Legal coverage isn't just for the serious issues, it's for your everyday needs, too. Legal insurance helps you address common situations like creating wills, transferring property or buying a home.

More details please!

See the complete list of what your plan covers at:
ARAGlegal.com/myinfo Access Code: **18789pbt**

Let's Talk! Call ARAG at 800-247-4184

Why should you get legal insurance?

Work with a network attorney and attorney fees are **100% paid-in-full** for most covered matters.

Save thousands on average, for each legal matter.*

Access more than **14,000 attorneys** within ARAG's network with an **average of 20 years of experience**.

Address your covered legal situations with a network attorney who is only a **phone call away for legal help and representation.**

Use DIY Docs® to create a variety of **legally valid documents,** including state-specific templates.

How does legal insurance work?

1. **Call 800-247-4184** when you have a legal matter.
2. **Customer Care will walk you through your options** and help you get connected to network attorneys.
3. **Meet with your network attorney** over the phone or in person to begin resolving your legal issue.

Reviews from plan members

"ARAG gives me the right protection and makes me feel at ease when a legal situation that I have to solve arrives. I made the right decision joining ARAG a few years ago and will keep this plan protection for many years to come."

– Clara Miami, FL ★★★★★

How can legal work for you?

Most of us aren't prepared for the unexpected — like the circumstances caused by the coronavirus outbreak.

Legal insurance provides a benefit you can use to plan for it all — the expected and unexpected times in your life. Go online to view a complete list of coverages and see how a legal plan can protect you.

ARAGlegal.com/myinfo
Access code: 18789pbt

Enroll in the UltimateAdvisor Plus™ plan and you'll have access to:

Identity Theft Protection

Protecting your personal information from identity thieves is more important than ever.

Identity Theft Protection can help you guard against losses related to identity theft, with services designed to track changes to your credit file, monitor whether your identity is being bought or sold online and provide full-service restoration assistance if your identity is stolen.

Let legal insurance provide the resources and guidance you need to protect your identity and personal information.

* Average cost to employee without legal insurance is based on the average number of attorney hours for ARAG claims incurred in 2017 or 2018 and paid by December 31, 2019, multiplied by $368 per hour. $368 is the average hourly rate for a U.S. attorney with 11 to 15 years experience according to The Survey of Law Firm Economics: 2018 Edition, The National Law Journal and ALM Legal Intelligence, October 2018.

Limitations and exclusions apply. Depending upon a state's regulations, ARAG's legal insurance plan may be considered an insurance product or a service product. Insurance products are underwritten by ARAG Insurance Company of Des Moines, Iowa, GuideOne® Mutual Insurance Company West Des Moines, Iowa or GuideOne Specialty Mutual Insurance Company of West Des Moines, Iowa. Service products are provided by ARAG Services, LLC. This material is for illustrative purposes only and is not a contract. For terms, benefits or exclusions, call our toll-free number.

Rev 6/20 200333pbt

Find clarity and comfort during trying times

Life planning financial & legal resources

When a loved one is terminally ill, or passes away, you may need help with the personal, financial and legal decisions that need to be made. Support is always available when you are protected by Unum Group Life Insurance.

LIFE PLANNING FINANCIAL & LEGAL RESOURCES WILL BE THERE

With Unum group life coverage, you have automatic access to Life Planning Financial & Legal Resources. This service is provided at no extra cost for employees, spouses and beneficiaries who need help during a terminal illness, or after the loss of a covered employee.

CARING CONSULTANTS CAN PROVIDE THE ASSISTANCE YOU NEED

When a life claim is submitted and approved, a specially-trained consultant will reach out to the employee or beneficiary to provide support. Each consultant holds a Master's degree in the mental health field, and is highly skilled at assisting those who need help dealing with the emotional challenges of a terminal illness or the loss of a loved one.

Life Planning consultants are also able to provide financial and legal support regarding estate settlement, Social Security, cash flow, taxes and investment planning. They can help you develop a customized financial plan to preserve your quality of life, protect resources and build future security.

These consultants are available to assist you in your time of need, and their services are designed to coordinate with the efforts of a family attorney, accountant, or broker. Their services are strictly confidential, and they do not work on commission and will not try to sell any product or service.

YOU MAY HAVE QUESTIONS LIKE THESE:

- There's so much paperwork. Where do I begin?
- Do I need to pay outstanding bills?
- How should I manage retirement accounts?
- How should I invest the insurance money?
- What do I do with the will?
- Do I need to file probate?

Answers to these questions and more are available at no charge as part of your life insurance coverage from Unum.

ASSISTANCE IS ONLY A CALL OR CLICK AWAY

Whenever you need support, a Master's level consultant can be reached by phone 24 hours a day, 365 days of the year.

To speak to a counselor or for more information:

- Call **1-800-854-1446** (multi-lingual)
- Visit **members.healthadvocate.com** (Enter Unum - Life Planning)

Don’t forget this travel essential!

Pack your worldwide emergency travel assistance phone number and leave travel worries at home.

IF YOU EXPERIENCED A MEDICAL EMERGENCY WHILE TRAVELING, WOULD YOU KNOW WHOM TO CALL?

Whenever you travel 100 miles or more from home — to another country or just another city — be sure to pack your worldwide emergency travel assistance phone number. Travel assistance speaks your language, helping you locate hospitals, embassies and other “unexpected” travel destinations. Add the number to your cell phone contacts, so it’s always close at hand. Just one phone call connects you and your family to medical and other important services 24 hours a day.

USE YOUR TRAVEL ASSISTANCE PHONE NUMBER TO ACCESS:

- Hospital admission assistance*
- Emergency medical evacuation
- Prescription replacement assistance
- Transportation for a friend or family member to join a hospitalized patient
- Care and transport of unattended minor children
- Assistance with the return of a vehicle
- Emergency message services
- Critical care monitoring
- Emergency trauma counseling
- Referrals to Western-trained, English-speaking medical providers
- Legal and interpreter referrals
- Passport replacement assistance

WHETHER TRAVELING FOR BUSINESS OR PLEASURE, ONE PHONE CALL CONNECTS YOU TO:

- Multi-lingual, medically certified crisis management professionals.
- A state-of-the-art global response operations center.
- Qualified medical providers around the world.

With the Assist America Mobile App, you can:

- Call Assist America’s Operation Center from anywhere in the world with the touch of a button.
- Access pre-trip information and country guides.
- Search for local pharmacies (U.S. only).
- Download a membership card.
- View a list of services.
- Search for the nearest U.S. embassy.
- Read Assist Alerts.

Download and activate the app today from the Apple App Store or Google Play.

Reference Number: 01-AA-UN-762490

24/7 SERVICES ANYWHERE IN THE WORLD

Unum's travel assistance services are provided by Assist America, Inc., a leading provider of global emergency assistance services through employee benefit plans. Assist America's medically certified personnel are ready to help 24 hours a day, 365 days a year, and can connect you with pre-qualified, English-speaking and Western-trained medical providers anywhere in the world.

You can access travel assistance services through the phone number on your travel assistance wallet card. If you have misplaced your card, contact your human resources department and ask for a replacement.

If you need travel assistance anywhere in the world, contact us day or night.

Within the U.S.
1-800-872-1414

Outside the U.S.
(U.S. access code) +609-986-1234

Via e-mail:
medservices@assistamerica.com

WHETHER TRAVELING FOR BUSINESS OR PLEASURE, ONE PHONE CALL CONNECTS YOU TO:

- Multi-lingual, medically certified crisis management professionals
- A state-of-the-art global response operations center
- Qualified medical providers around the world

TRAVEL ASSISTANCE FAQS

Which countries can I travel to?
Assist America's services have no geographical exclusions. Its worldwide network stands ready to help wherever your travels take you.

Is my family covered?
Your spouse and dependent children up to age 19 (or the age specified by your medical plan) are covered.**

Are pre-existing conditions excluded?
No. Whether your medical emergency is the result of a new or pre-existing condition, Assist America's trained representatives will help you find qualified medical care and facilities.

What about sports-related injuries?
Whether you've been involved in recreational or extreme sporting, worldwide emergency travel assistance will provide support for all your medical needs.

Who pays for the services I use if I have a travel emergency?
Assist America arranges and pays for 100% of the services the company provides, with no caps or charge-backs to either you or your employer. But you must call Assist America first — you can't be reimbursed for services you arrange on your own.*

Better benefits at work.™

unum.com

* Hospital admission is coordinated by Assist America, Inc. It may require a validation of your medical insurance or an advance of funds to the foreign medical facility. You must repay any expenses related to emergency hospital admissions to Assist America, Inc. within 45 days. Worldwide emergency travel assistance services, provided by Assist America, Inc., are available with select Unum insurance offerings. Terms and availability of service are subject to change and prior notification requirements. Services are not valid after coverage terminates. Please contact your Unum representative for details. All emergency travel assistance must be arranged by Assist America, which pays for all services it provides. Medical expenses, such as prescriptions or physician, lab or medical facility fees are paid by the employee or the employee's health insurance.

**Spouses and children traveling on business for their employers are not eligible to access these services during those trips.

Insurance products are underwritten by the subsidiaries of Unum Group.

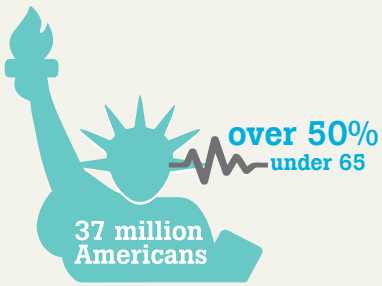
EN-1935-1 FOR EMPLOYEES (11-20)

Better benefits at work.

Power up your benefits

Hearing savings plan

DID YOU KNOW?



- Hearing trouble affects more than **37 million** adult Americans, and over **50%** are ages 18-64.[1]
- Untreated hearing loss can contribute to a wide range of physical and emotional conditions including: depression, sleep disruption, social isolation and cognitive decline.[2]
- **Nearly 95%** of people with a sensorineural hearing loss can be helped with hearing aids.[3]

Offered through: epic Hearing Health Care

We are committed to your overall wellness and have partnered with EPIC Hearing Healthcare to offer savings on hearing instruments and accessories — often not covered by health plans!

Benefits for the entire family

- Available at no additional cost to Unum Dental and Vision members with enrollment in any group or individual product.
- 30-60% discounts off major name brand hearing instruments and accessories.
- 40% savings on hearing aid batteries shipped directly to your home.
- On-call support for questions, managed by professional hearing counselors.

Hearing device cost comparisons

The EPIC process provides extensive diagnostic information to assure appropriate therapy and treatment, resulting in favorable prices and lower costs. The example below illustrates the potential cost savings and price advantages of the Unum Hearing Savings Plan for hearing aids.

Average price for hearing aid[4]	
Standard retail price for basic hearing aid	$1,400 - $1,600
Hearing Savings Plan price	$495
Average member savings	**$1,005**

MORE

To learn more call (888) 400-9304

Better benefits at work.

AlwaysAssist℠ Mobile App

Benefit management at your fingertips

Download the AlwaysAssist Mobile App for easy, on-the-go access to your ID cards, benefits, claims and more. It's simple, secure and free!

Features:

- View and share member ID cards
- Find in-network providers with click-to-call
- Access benefit summaries & track claims
- Registration is easy!

How to get started:

- Search for "AlwaysAssist" in the Apple App Store or Google Play and download.
- Login using your AlwaysAssist username and password. (Or, if you are not currently registered with AlwaysAssist, click the "Sign Up" button on the login screen.)
- Provide the appropriate information and sign in.

TRY THE APP NOW!

Scan this code to go directly to the app download page or visit **bit.ly/AlwaysAssist-App.**

Available through:

Available on the App Store

GET IT ON Google play

Better benefits at work.

AlwaysAssist Mobile App Features

Always have up-to-date dental & vision ID cards.

Never fumble around for a paper card again! Mobile ID cards are a convenient alternative and are easy to email or fax to family members and providers.

Find in-network dental & vision providers near you.

Use the search method that works best for you. The system will generate a map instantly to help you on your way to quality providers and great savings!

Schedule appointments quickly and easily.

No need to look up providers' phone numbers anymore. With one touch, you can call and schedule an appointment directly from your search results.

Manage and review your plan information.

Update your password, email address and security question, review your plan information or get in touch with Unum, all from your mobile device.

Review your dental & vision claims.

Get a snapshot of your claims and send your complete EOBs via secure email.

Access dental & vision benefits information.

Get a snapshot of your dental & vision benefits. Send your complete benefit summaries via secure email.

Better benefits at work.

AlwaysAssist.com

Access your ID card, locate providers and more!

How to register:

Visit AlwaysAssist.com or download the mobile app to register for access. Select "Member Registration" on the login screen and complete the required information.

Trouble logging in? Contact us.

Customer Service:
(888) 400-9304

TRY THE APP NOW!

Scan this code to go directly to the app download page, or visit **bit.ly/AlwaysAssist-App.**

Find all the information you need to manage your coverage — like printing your member ID card or benefit summaries, locating providers, checking claim status and learning about good dental and vision health.

Website features

- Print ID cards
- View coverage
- Manage claim privacy
- View Frequently Asked Questions
- Email customer service
- View current benefit elections
- Change email address
- Access forms and documents

AlwaysAssist℠ mobile app features

Always have up-to-date dental & vision ID cards.

Find in-network dental & vision providers near you.

Review your dental & vision claims.

Download the AlwaysAssist Mobile App for your Apple iPhone & iPad or Android devices for easy, on-the-go access to your ID cards, benefits, claims and more. It's simple, secure and free!

- Schedule appointments
- Manage your AlwaysAssist account
- Connect to the AlwaysAssist site
- Register in the app
- Access dental & vision benefits information

MetLife | Accident & Health

Help make the complex healthcare journey easier with MetLife Healthcare Navigation Services

Completely free to you and your employees enrolled in MetLife Supplemental Health coverage

Healthcare coverage and supplemental insurance are some of the most important benefits you offer your employees and their dependents.

These benefits are also among the hardest to understand and navigate.

Now you'll be able to help and support employees even more in the complex healthcare world with MetLife Healthcare Navigation Services.

Your employees will have expert, knowledgeable support, enabling them to:

- Make confident decisions about their healthcare
- Save on healthcare costs
- Help improve healthcare outcomes
- Receive the full value of their healthcare benefits

Your employees face challenges like these.

42% of people surveyed regret a healthcare decision that led to the wrong care or higher costs.[1]

Only **4 in 10** employees strongly believe their employers' benefits communication is simple to understand.[2]

See the difference MetLife Healthcare Navigation Services can make.[3]

Here's how MetLife Healthcare Navigation Services work.

Each of your enrolled employees has access to dedicated, highly trained Health Pros who can help ensure they are informed and educated about the options they have in using their medical and supplemental health benefits. An employee simply emails or calls their dedicated Health Pro—with response the same day[4] and a detailed answer to their question the next day.[4] Health Pros will:

- **Explain** coverage benefits.
- **Offer advice** on options in filing claims.
- **Recommend and screen** doctors to improve quality and reduce the overall cost of care.
- **Estimate** the price of procedures at various locations to help employees choose highly rated, cost-effective options.
- **Coordinate** care and second opinions.
- **Research** prescriptions to save money through generics, clinical alternatives and/or mail order.
- **Review** bills for accuracy to ensure employees are not being overcharged.
- **Make it easier** for your employees to get the most value from their benefits.

MetLife

Navigating life together

ADF# AI-CA-CI-HI2598.20

There's nothing you need to do to enroll in MetLife Healthcare Navigation Services.

MetLife Healthcare Navigation Services will be automatically included with MetLife Accident & Health Coverage (Critical Illness Insurance, Hospital Indemnity Insurance, Accident Insurance and Cancer Insurance)[5] effective January 1, 2021 or later.

Let your enrolled employees know about MetLife Healthcare Navigation Services.

Make sure they know about this new way to get the most from their benefits.

Enrolled employees can access and manage their MetLife Healthcare Navigation Services account at member.alight.com. They can also reach out to a dedicated MetLife Health Pro at 1-855-769-4380 or via email at MetLifeHealthPro@alight.com.

Get expert guidance for confident decisions—for your organization and your employees.
Contact your MetLife representative today.

metlife.com

1. Alight's 2019 Health and Financial Wellbeing Mindset Study (https://alight.com/research-insights/state-of-employee-wellbeing-2019)
2. Metlife's 17th Annual US Employee Benefits Trend Study (https://www.metlife.com/employee-benefit-trends/ebts-thriving-in-new-work-world-2019)
3. Services and data provided by Alight.
4. Alight's business hours are 8:00 a.m. to 8:00 p.m. Central Time on business days.
5. The Health Screening Benefit is not available in all states.

The Healthcare Navigation Services are for informational purposes only and are not a substitute for personalized advice of a licensed medical professional. Alight does not guarantee, and shall not be responsible for, the quality of any healthcare provider, treatment or outcome, any fees assessed by a healthcare provider or any payment by any insurance carriers. Neither Alight nor any of its representatives shall exercise any control over, nor have any responsibility for, the provision of medical services.

METLIFE'S ACCIDENT AND HOSPITAL INDEMNITY INSURANCE POLICIES ARE LIMITED BENEFIT GROUP INSURANCE POLICIES. The policies are not intended to be a substitute for medical coverage and certain states may require the insured to have medical coverage to enroll for the coverage. The policies or their provisions may vary or be unavailable in some states. Prior hospital confinement may be required to receive certain benefits. There may be a preexisting condition limitation for hospital sickness benefits, if applicable. MetLife's Accident and Hospital Indemnity Insurance may be subject to benefit reductions that begin at age 65. And, like most group accident and health insurance policies, policies offered by MetLife may contain certain exclusions, limitations and terms for keeping them in force. For complete details of coverage and availability, please refer to the group policy form GPNP12-AX, GPNP13-HI, GPNP16-HI or GPNP12-AX-PASG, or contact MetLife. Benefits are underwritten by Metropolitan Life Insurance Company, New York, New York. In certain states, availability of MetLife's Group Hospital Indemnity Insurance is pending regulatory approval.

Hospital does not include certain facilities such as nursing homes, convalescent care or extended care facilities. See MetLife's Disclosure Statement or Outline of Coverage/Disclosure Document for full details.

METLIFE CRITICAL ILLNESS INSURANCE (CII) IS A LIMITED BENEFIT GROUP INSURANCE POLICY. Like most group accident and health insurance policies, MetLife's CII policies contain certain exclusions, limitations and terms for keeping them in force. Product features and availability vary by state. There may be a preexisting condition exclusion. There may be a Benefit Reduction Due to Age provision. There may be a Benefit Suspension Period between recurrences of the same Covered Condition or occurrences of different Covered Conditions. MetLife offers CII on both an Attained Age basis, where rates will increase when a Covered Person reaches a new age band, and an Issue Age basis, where rates will not increase due to age. Rates are subject to change. MetLife reserves the right to raise premium rates for Issue Age CII on a class-wide basis. A more detailed description of the benefits, limitations, and exclusions applicable to MetLife's CII product can be found in the applicable Disclosure Statement or Outline of Coverage/Disclosure Document available at time of enrollment. For complete details of coverage and availability, please refer to the group policy form GPNP07-CI, GPNP09-CI, GPNP10-CI, GPNP14-CI, GPNP19-CI or contact MetLife for more information. Please contact MetLife for more information. Benefits are underwritten by Metropolitan Life Insurance Company, New York, New York.

MetLife's Critical Illness Insurance is not intended to be a substitute for Medical Coverage providing benefits for medical treatment, including hospital, surgical and medical expenses. MetLife's Critical Illness Insurance does not provide reimbursement for such expenses.

The MetLife Cancer Insurance plan is based on the MetLife Critical Illness Insurance (CII) policy. MetLife Cancer Insurance includes only the Cancer Covered Condition Category.

Metropolitan Life Insurance Company | 200 Park Avenue | New York, NY 10166

MetLife

MetLife | MetLife VisionAccess

Help your employees protect their vision at no cost to you

Over half of employees say vision is a must-have benefit.[1]

Vision health is an important part of employees' overall health, but it may not be a benefit you can afford to offer. That's why we offer MetLife VisionAccess. It provides your employees with valuable savings on vision care and eyewear so they can stay on top of their vision health — with no cost to you.

Choice. Savings. Convenience.

It's simple for employees to get the vision care they need.

- Choice of over 66,000 private practice network access points
- Savings on a broad range of services — including laser vision correction[2]
- Easy online servicing to quickly find a provider, review covered services, or print an ID card

It's easy to get started.

Just provide your employees with the program ID card flyer, and we'll take care of the rest.

- No benefit costs
- No eligibility files or administration
- No enrollment or claim forms

REGION KEY
Region 1 AK, CA (Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Solano), CT, DC, HI, MA, NJ, and NY (Bronx, Kings, Nassau, New York, Queens, Richmond, Rockland, Suffolk, Westchester)
Region 2 CA (all except Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Solano), DE, FL, IL, MD, MI, NH, NV, PA, RI, and WA
Region 3 AZ, CO, GA, LA, ME, MN, NM, NY (all except Bronx, Kings, Nassau, New York, Queens, Richmond, Rockland, Suffolk, Westchester), OH, OR, TX, UT, VA, and VT
Region 4 AL, AR, IA, ID, IN, KS, KY, MO, MS, MT, NC, ND, NE, OK, SC, SD, TN, WI, WV, WY, and PR

Member Savings

Exam

Exam	20% off of Usual and Customary fee, with a maximum copay of: **Region 1:** $90 **Region 2:** $90 **Region 3:** $80 **Region 4:** $75
Exam — Contact Lens	15% off of Usual and Customary fee Discounts on contact lens materials are not available. Members should check with their participating private practice for available offers.

Navigating life together

Member Savings

Standard Corrective Lenses — Glass or Plastic

Single Vision	20% off of Usual and Customary fee, with a maximum copay of: **Region 1:** $50 **Region 2:** $45 **Region 3:** $45 **Region 4:** $40
Lined Bifocal	20% off of Usual and Customary fee, with a maximum copay of: **Region 1:** $70 **Region 2:** $65 **Region 3:** $65 **Region 4:** $60
Lined Trifocal	20% off of Usual and Customary fee, with a maximum copay of: **Region 1:** $90 **Region 2:** $85 **Region 3:** $85 **Region 4:** $75

Standard Lens Options

Ultraviolet Coating	20% off of Usual and Customary fee, with a maximum copay of $15
Tint-Solid or Gradient	20% off of Usual and Customary fee
Standard Scratch-Resistant Coating (Scratch A)	20% off of Usual and Customary fee, with a maximum copay of $15
Standard Polycarbonate	20% off of Usual and Customary fee, with a maximum copay of $40
Standard Progressive	20% off of Usual and Customary fee, add on to bifocal, with a maximum copay of $55
Basic Anti-Reflective Coating	20% off of Usual and Customary fee, with a maximum copay of $45
Blended Invisible Bifocal	20% off of Usual and Customary fee
Intermediate Vision Lenses	20% off of Usual and Customary fee
High Index	20% off of Usual and Customary fee
Polarized	20% off of Usual and Customary fee
All Other Lens Options/Features	20% off of Usual and Customary fee

Additional Discounts

Frames	25% off of Usual and Customary fee
Laser Vision Correction[2]	Discounts averaging 15% off the regular price or 5% off a promotional offer for laser surgery including PRK, LASIK and Custom LASIK. Discounts only available from participating facilities.
Non-Prescription Sunglasses	20% off of Usual and Customary fee

Discounts are only available through private practices participating in the MetLife VisionAccess network.

The Usual and Customary fee is based on the lowest of (1) the vision provider's actual charge, (2) the vision provider's usual charge for the same or similar services, or (3) the charge of most vision providers in the same geographic area for the same or similar services as determined by Vision Service Plan.

Get expert guidance for confident decisions — for your organization, and your employees.
Contact your MetLife representative today.

1. MetLife's 18th Annual U.S. Employee Benefit Trends Study, 2020.
2. Custom LASIK coverage only available using wavefront technology with the microkeratome surgical device. Other LASIK procedures may be performed at an additional cost to the member. LaserVision Care discounts are only available from participating facilities.

metlife.com

MetLife

Metropolitan Life Insurance Company | 200 Park Avenue | New York, NY 10166

L0920007590[exp0921][All States][DC,GU,MP,PR,VI]

Will Preparation Services[1]

Legal Resources, Binding Will, Professional Support

Not having a will can cause unnecessary stress and leave difficult decisions to family members or to the courts. Help protect your family's financial future and ensure your final wishes are clear. Turn to our valuable legal resources offered through Hyatt Legal Plans. You get expert guidance – at no additional cost to you – with your Supplemental Life coverage. Whether it's creating a binding will or updating an existing will, you can take advantage of unlimited consultations with a plan attorney so you can feel confident you're making the right decisions.

Personal Guidance When it Matters Most

One-on-one consultations to help meet your needs in a private and supportive environment. Choose to meet in-person or by phone with any of our more than 14,000 participating plan attorneys. There will be no claim forms to file for covered services – fees are taken care of through your plan. And, you can use an out-of-network attorney if needed, the fees for these services are based on a set fee schedule.*

Covered Services:

Take advantage of covered services that can help you and your spouse/domestic partner prepare or update a will.

- **Unlimited Access:** consult with an attorney to prepare, update or revise a will
- **Protection for the Unexpected:** prepare living wills and powers of attorney to help ease the stress involved when individuals become unable to make their own decisions.

These services will automatically be available to you when your life insurance coverage becomes effective.

[Expert Guidance is Just a Phone Call Away]

[Simply contact a Client Services Representative to get started. You will be assigned a case number and receive help with locating a participating plan attorney.

- Call Hyatt Legal Plans' toll-free number 1-800-821-6400
- Provide the company name, customer number [customer number] [(if available) and the last 4 digits of the policy holder's Social Security number.]
- Locate a participating plan attorney near you]

[Complimentary services that also may be included with your life coverage...]

- [**Estate Resolution Services[2]:** Settle an estate with ease.]
- [**Grief Counseling Services[3]:** Access professional support in a time of need.]
- **[Funeral Discount & Planning Services[4]:]** Pre-plan to help alleviate the burden of making funeral arrangements from loved ones.
- **[Digital Legacy[5]:** Create and share a digital legacy.]

* Individuals have the option to use the out-of-network reimbursement feature to retain an attorney who does not participate in Hyatt Legal Plans' network of plan attorneys. If a non-network attorney is chosen, the individual will be responsible for any attorneys' fees that exceed the reimbursed amount.

1. [Included with Supplemental Life Insurance. Will Preparation is offered by Hyatt Legal Plans, Inc., a MetLife company, Cleveland, Ohio. In certain states, legal services benefits are provided through insurance coverage underwritten by Metropolitan Property and Casualty Insurance Company and Affiliates, Warwick, Rhode Island. For New York situsedcases, the Will Preparation service is an expanded offering that includes office consultations and telephone advice for certain other legal matters beyond Will Preparation. Tax Planning and preparation of Living Trusts are not covered by the Will Preparation Service]
2. [Included with Supplemental Life Insurance. MetLife Estate Resolution Services are offered by Hyatt Legal Plans, Inc., a MetLife company, Cleveland, Ohio. In certain states, legal services benefits are provided through insurance coverage underwritten by Metropolitan Property and Casualty Insurance Company and Affiliates, Warwick, Rhode Island. Certain services are not covered by Estate Resolution Services, including matters in which there is a conflict of interest between the executor and any beneficiary or heir and the estate; any disputes with the group policyholder, MetLife and/or any of its affiliates; any disputes involving statutory benefits; will contests or litigation outside probate court; appeals; court costs, filing fees, recording fees, transcripts, witness fees, expenses to a third party, judgments or fines; and frivolous or unethical matters.]
3. [Grief Counseling and Funeral Planning services are provided through an agreement with Harris, Rothenberg International (HRI), Inc. HRI is not an affiliate of MetLife, and the services HRI provides are separate and apart from the insurance provided by MetLife. HRI has a nationwide network of over 35,000 counselors. Counselors have master's or doctoral degrees and are licensed professionals. Subject to state regulatory approval, not approved in all states.]
4. [Services and discounts are provided through a member of the Dignity Memorial® Network, a brand name used to identify a network of licensed funeral, cremation and cemetery providers that are affiliates of Service Corporation International (together with its affiliates, "SCI"), 1929 Allen Parkway, Houston, Texas. The online planning site is provided by SCI Shared Resources, LLC. SCI is not affiliated with MetLife, and the services provided by Dignity Memorial members are separate and apart from the insurance provided by MetLife. Not available in some states. Planning services, expert assistance, and bereavement travel services are available to anyone regardless of affiliation with MetLife. Discounts through Dignity Memorial's network of funeral providers are pre-negotiated. Not available where prohibited by law. If the group policy is issued in an approved state, the discount is available for services held in any state except KY and NY, or where there is no Dignity Memorial presence (AK, MT, ND, SD, and WY). For MI and TN, the discount is available for "At Need" services only. Not approved in AK, FL, KY, MT, ND, NY and WA.]
5. [MetLife Infinity is offered by MetLife Consumer Services, Inc., an affiliate of Metropolitan Life Insurance Company. MetLife Infinity is available to anyone regardless of affiliation with MetLife.]

metlife.com

NOTICES

SPECIAL ENROLLMENT RIGHTS

This notice is being provided to ensure that you understand your right to apply for group health insurance coverage. You should read this notice even if you plan to waive coverage at this time.

Loss of Other Coverage
If you are declining coverage for yourself or your dependents because of other health insurance or group health plan coverage, you may be able to later enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage).
However, you must enroll within 30 days after your or your dependents' other coverage ends (or after the employer that sponsors that coverage stops contributing toward the other coverage).
If you or your dependents lose eligibility under a Medicaid plan or CHIP, or if you or your dependents become eligible for a subsidy under Medicaid or CHIP, you may be able to enroll yourself and your dependents in this plan. You must provide notification within 60 days after you or your dependent is terminated from, or determined to be eligible for such assistance.

Marriage, Birth or Adoption
If you have a new dependent as a result of a marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must enroll within 30 days after the marriage, birth, or placement for adoption.

TO REQUEST SPECIAL ENROLLMENT OR OBTAIN MORE INFORMATION, CONTACT YOUR PLAN ADMINISTRATOR.

WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- **All states of reconstruction of the breast on which the mastectomy was performed;**
- **Surgery and reconstruction of the other breast to produce a symmetrical appearance;**
- **Prostheses; and**
- **Treatment of physical complications of the mastectomy, including lymphedema.**

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Refer to the medical insurance section of this guide to find the deductible and coinsurance that apply to you. If you would like more information on WHCRA benefits, call the toll free phone number on your medical id card.

NEWBORNS' ACT

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

NOTICES

HIPAA PRIVACY NOTICE

This notice describes how medical information about you may be used and disclosed and how you can access this information. Please review it carefully. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) imposes numerous requirements on employer health plans concerning the use and disclosure of individual health information. This information known as protected health information (PHI), includes virtually all individually identifiable health information held by a health plan — whether received in writing, in an electronic medium or as oral communication. This notice describes the privacy practices of the Employee Benefits Plan (referred to in this notice as the Plan), sponsored by Pecos Barstow Toyah ISD hereinafter referred to as the plan sponsor.

The Plan is required by law to maintain the privacy of your health information and to provide you with this notice of the Plan's legal duties and privacy practices with respect to your health information.

It is important to note that these rules apply to the Plan, not the plan sponsor as an employer.

You have the right to inspect and copy protected health information which is maintained by and for the Plan for enrollment, payment, claims and case management. If you feel that protected health information about you is incorrect or incomplete, you may ask the Human Resource Department to amend the information. For a full copy of the Notice of Privacy Practices describing how protected health information about you may be used and disclosed and how you can get access to the information, contact the Human Resources Department.

Complaints
If you believe your privacy rights have been violated, you may complain to the Plan and to the Secretary of Health and Human Services. You will not be retaliated against for filing a complaint. To file a complaint, please contact the Plan Administrator.

PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272). If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2016. Contact your State for more information on eligibility – Texas - Medicaid
Website: https://www.gethipptexas.com
Phone: 800.440.0493

NOTICES

YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Pecos Barstow Toyah ISD. About your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to enroll in a Medicare drug plan. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

NOTE: You will receive this notice annually and at other times in the future, such as before the next period you can enroll in Medicare prescription drug coverage and if this coverage changes. You may also request a copy.

If neither you nor any of your covered dependents are eligible for or have Medicare, this notice does not apply to you or the dependents, as the case may be. However, you should still keep a copy of this notice in the event you or a dependent should qualify for coverage under Medicare in the future. Please note, however, that later notices might supersede this notice.

1. **Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage through a Medicare Prescription Drug Plan or a Medicare Advantage Plan that offers prescription drug coverage. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.**
2. **Pecos Barstow Toyah ISD has determined that the prescription drug coverage offered by Pecos Barstow Toyah ISD medical plan is, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage pays and is considered Creditable Coverage.**

Because your existing coverage is, on average, at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to enroll in a Medicare prescription drug plan, as long as you later enroll within specific time periods.

You can enroll in a Medicare prescription drug plan when you first become eligible for Medicare. If you decide to wait to enroll in a Medicare prescription drug plan, you may enroll later, during Medicare Part D's annual enrollment period. But as a general rule, if you delay your enrollment in Medicare Part D, after first becoming eligible to enroll, you may have to pay a higher premium (a penalty).

You should compare your current coverage, including which drugs are covered at what cost, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area. See the Plan's summary plan description for a summary of the Plan's prescription drug coverage. If you don't have a copy, you can get one by contacting Pecos Barstow Toyah ISD at the phone number or address listed at the end of this section.

If you choose to enroll in a Medicare prescription drug plan and cancel your current Pecos Barstow Toyah ISD prescription drug coverage, be aware that you and your dependents may not be able to get this coverage back. To regain coverage, you would have to re-enroll in the Plan, pursuant to the Plan's eligibility and enrollment rules. You should review the Plan's summary plan description to determine if and when you are allowed to add coverage.

If you cancel or lose your current coverage and do not have prescription drug coverage for 63 days or longer prior to enrolling in the Medicare prescription drug coverage, your monthly premium will be at least 1% per month greater for every month that you did not have coverage for as long as you have Medicare prescription drug coverage. For example, if nineteen months lapse without coverage, your premium will always be at least 19% higher than it would have been without the lapse in coverage.

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans. For more information about Medicare prescription drug plans Visit www.medicare.gov, call your State Health Insurance Assistance Program (see your copy of the "Medicare & You" handbook for their telephone number) for personalized help, or call 800.633.4222. TTY users should call 877.486.2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. Information about this extra help is available from the Social Security Administration (SSA) online at www.socialsecurity.gov, or you can call them at 800.772.1213. TTY users should call 800.325.0778.

Date: July 1, 2021
Name of Entity/Sender: Pecos Barstow Toyah ISD
Contact Office: Pecos Barstow Toyah ISD
Address: 1301 S. Eddy Street, Pecos, TX, 79772
Phone Number: 432-447-7201

Remember: Keep this Creditable Coverage notice. If you enroll in one of the new plans approved by Medicare which offer prescription drug coverage, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and whether or not you are required to pay a higher premium (a penalty).

New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 6-30-2023)

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.[1]

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact

. **Pecos Barstow Toyah ISD ATTN: Benefits Dept., 1301 S. Eddy Street, Pecos, TX 79772, 432-447-7201**

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit **HealthCare.gov** for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

[1] An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name **Pecos Barstow Toyah ISD**		4. Employer Identification Number (EIN) **74-6001867**
5. Employer address **1301 S. Eddy Street**		6. Employer phone number **432-447-7201**
7. City **Pecos**	8. State **TX**	9. ZIP code **79772**
10. Who can we contact about employee health coverage at this job? **Pecos Barstow Toyah ISD**		
11. Phone number (if different from above)	12. Email address **cflinn@pbtisd.esc18.net**	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:

☒ All employees. Eligible employees are:

Teachers, administrative personnel, substitutes, bus drivers, librarians, crossing guards, cafeteria workers, among others, are all eligible for coverage, provided no exception applies, if they are employees of the district/entity, not volunteers, and are either active contributing TRS members or are employed by a participating district/entity for 10 or more regularly scheduled hours each week.

Substitutes and return-to-work retirees are always considered part-time regardless of the number of hours worked. However, in order to be eligible for TRS-ActiveCare benefits they must have a minimum of 10 or more regularly scheduled hours per week.

☐ Some employees. Eligible employees are:

- With respect to dependents:

☒ We do offer coverage. Eligible dependents are:

A spouse, including a common law spouse (A common law spouse is not considered eligible unless there is a Declaration of Informal Marriage filed with an authorized government agency.) A child under 26, who is one of the following: A natural child, An adopted child or a child who is lawfully placed for legal adoption, A stepchild, A foster child, A child under the legal guardianship of the employee, A grandchild under 26 whose primary residence is the household of the employee and who is a dependent of the employee for federal income tax purposes for the reporting year in which coverage of the grandchild is in effect. "Any other dependent" (other than those listed above) under 26 in a regular parent-child relationship with the employee, meeting all four of the following requirements: The child's primary residence is the household of the employee; The employee provides at least 50% of the child's support; Neither of the child's natural parents resides in that household; and The employee has the legal right to make decisions regarding the child's medical care. This requirement does not apply to dependents 18 and over. A child, 26 or over, of a covered employee may be eligible for dependent coverage, provided that e child is either mentally or physically incapacitated to such an extent that they are dependent on the employee on a regular basis as determined by TRS, and meet other requirements as determined by TRS. A dependent does not include a brother or a sister of an employee, unless the brother or sister is an individual under 26 who is either: (1) under the legal guardianship of an employee, or (2) in a regular parent-child relationship with.

☐ We do not offer coverage.

☒ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, **HealthCare.gov** will guide you through the process. Here's the employer information you'll enter when you visit **HealthCare.gov** to find out if you can get a tax credit to lower your monthly premiums.

Contract Administrator
FBMC Benefits Management, Inc.
PO Box 1878 • Tallahassee, Florida 32302-1878
FBMC Service Center 1-877-532-TISD (1-877-532-8473)
Mon. - Fri., 8 a.m. - 5 p.m. CST
www.myFBMC.com