



**A HEALTHIER TOMORROW
STARTS TODAY!**

PECOS-BARSTOW-TOYAH ISD

Employee Benefits Guide



2022 - 2023

Table of Contents

ABOUT THIS BENEFITS GUIDE

This benefits guide 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 benefits guide. If there is any discrepancy between the description of the program elements as contained in this benefits guide and the official plan documents, the language in the official plan documents shall prevail as accurate. Please refer to the plan-specific and important legal and benefit-related documents by each of the respective carriers in the benefits website at <https://pbtisd.fbmcbenefits.com/>.

You should be aware that any and all elements of Pecos Barstow Toyah ISD's benefits programs may be modified in the future, at any time, to meet Internal Revenue Service rules, or otherwise as decided by Pecos Barstow Toyah ISD.

Welcome	3
Key Things to Know	3
How to Enroll	4
Medical	5
Telemedicine.....	10
Dental	11
Vision	12
Flexible Savings Account	13
Health Savings Account	13
Basic Life & AD&D Insurance	14
Voluntary Life & AD&D Insurance	14
Short-Term Disability Insurance	15
Long-Term Disability Insurance.....	15
Employee Assistance Program	16
Universal LifeEvents	17
Accident Insurance	17
Critical HealthEvents	17
Genetic Cancer Testing.....	17
Hospital StayPay Insurance	18
Cancer Insurance	18
Medical Transport.....	18
Legal Insurance.....	18
Important Notices.....	19
CHIP Notice.....	22
Marketplace Notice.....	23
Contacts.....	25

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 19 for more details.



Welcome

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Pecos Barstow Toyah Independent School District offers a comprehensive, cost-effective and competitive benefits package. This package helps protect you and your family, but it works only if you take control and make thoughtful decisions about your benefits. To get the most from your benefits, you need to make wise enrollment decisions.

Pecos Barstow Toyah ISD gives you several tools, including this summary and the online enrollment website to help you in this decision-making.

All newly eligible employees will have 31 days from date of employment (start date) to enroll in benefits. All benefits will be effective the first day of the month following the employment start date.

Changes made to all insurance plans during annual Open Enrollment are deducted from the first payroll check in September, and coverage is effective Sept. 1, 2022.



KEY THINGS TO KNOW

MANDATORY ENROLLMENT

Coverage will NOT automatically roll to the new benefit year, so all employees must enroll with an enroller for the 2022 - 2023 plan year.



PLAN DOCUMENTS

To view provider plan documents, visit:

<https://pbtisd.fbmcbenefits.com/>



INSURANCE TERMS

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



Enrollment

ENROLLMENT

Once enrolled, coverage will begin on the first of the month following your hire date except for medical.

NOTE: If you select to enroll in medical coverage to be effective on your date of hire, then you are acknowledging that your monthly premium will be deducted in full.

This benefit will not be prorated based on the effective date. Example: If a new employee begins work in August with the first pay date being in September, there will be two deductions for the full medical premiums on your September pay check for August and September.

Carefully consider your benefit choices, since certain eligibility and qualifying event rules may apply to any changes you would like to make during the plan year.

(See the **Section 125 plan document** available for review from your employer for more information.)

Please be sure to check your first paycheck stub following your effective date to verify your insurance coverage. Report any discrepancies to the benefits department immediately.

ELIGIBILITY

All **full-time** employees, who work **20** or more hours a week and are at least age 18 are eligible to participate in the benefits program.

HOW TO ENROLL



Schedule an appointment with a benefits counselor by scanning the QR or using the link below:

fbmc-scheduler.com/Pecos-OE

To prepare for enrollment, you will want to have the following items available to you when enrolling online:

1. Social Security numbers and birth dates for your eligible family members.
2. Expense records for medical, dental, and vision care so you can plan your benefit choices.
3. Information about other benefit coverages or insurances you may have, such as the coverage details for your spouse's plans.
4. Beneficiary designation information, so you can properly identify your beneficiaries for your life insurance coverage.

IMPORTANT

Please remember that any premiums paid on a pre-tax 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
- A Change in Residence that Affects Coverage
- Loss or Gain of Spouse's Employment
- CHIPRA (Children's Health Insurance Program Reauthorization Act)



provided by: TRS

Medical

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While no one can predict the future, you can prepare for it. Your medical benefits provide you with access to people, resources, and tools to help you when you aren't feeling your best.

Pecos Barstow Toyah ISD offers four choices for health insurance. The plans have different levels of copays, deductibles, and out-of-pocket maximums. To make an informed decision, please continue reading for brief descriptions of your coverage options.

The medical program administered by **BCBSTX** provides the framework for your health and well-being.

To better meet the varying needs of our employees, Pecos Barstow Toyah ISD offers the medical plans described as follows.

REMEMBER

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

MEDICAL PREMIUMS provided by: TRS

	TRS-ACTIVECARE PLANS				REGIONAL HMO PLAN
	PRIMARY	PRIMARY+	HD	AC2	BCBSTX
Monthly					
Employee	\$0	\$0	\$0	\$458	\$134.60
Employee + Spouse	\$412	\$498	\$441	\$1,847	\$1,117.26
Employee + Child(ren)	\$61	\$138	\$80	\$952	\$528.58
Employee + Family	\$602	\$769	\$635	\$2,286	\$1220.58

TRS-ActiveCare Plans

	TRS-ACTIVECARE PRIMARY	TRS-ACTIVECARE PRIMARY+
Plan Summary	• Lowest premium of all three plans • Copays for doctor visits before you meet your deductible • Statewide network • Primary Care Provider (PCP) referrals required to see specialists • Not compatible with a 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 • Statewide network • PCP referrals required to see specialists • Not compatible with a Health Savings Account (HSA) • No out-of-network coverage
PLAN FEATURES (Individual / Family)		
Type of Coverage	In-Network Coverage Only	In-Network Coverage Only
Deductible	\$2,500/\$5,000	\$1,200/\$3,600
Coinsurance	You pay 30% after deductible	You pay 20% after deductible
Max Out-of-Pocket	\$8,150/\$16,300	\$6,900/\$13,800
Network	Statewide Network	Statewide Network
Primary Care Provider (PCP) Required	Yes	Yes
DOCTOR VISITS		
Primary Care	\$30 copay	\$30 copay
Specialist	\$70 copay	\$70 copay
IMMEDIATE CARE		
Urgent Care	\$50 copay	\$50 copay
Emergency Care	You pay 30% after deductible	You pay 20% after deductible
TRS Virtual Health-RediMD (TM)	\$0 per medical consultation	\$0 per medical consultation
TRS Virtual Health-Teladoc®	\$12 per medical consultation	\$12 per medical consultation

**TRS-ACTIVECARE HD****TRS-ACTIVECARE 2**

Plan Summary

- Similar to current 1-HD
- Lower premium
- Compatible with health savings account (HSA)
- Nationwide network with out-of-network coverage
- No requirement for PCPs or referrals
- Must meet deductible before plan pays for non-preventive care

NOTE: Closed to new enrollees

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

PLAN FEATURES (Individual / Family)

Type of Coverage	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible	\$3,000/\$6,000	\$5,500/\$11,000	\$1,000/\$3,000	\$2,000/\$6,000
Coinsurance	You pay 30% after deductible	You pay 50% after deductible	You pay 20% after deductible	You pay 40% after deductible
Max Out-of-Pocket	\$7,050/\$14,100	\$20,250/\$40,500	\$7,900/\$15,800	\$23,700/\$47,400
Network	Nationwide Network		Nationwide Network	
Primary Care Provider (PCP) Required	No		No	

DOCTOR VISITS

Primary Care	You pay 30% after deductible	You pay 50% after deductible	\$30 copay	You pay 40% after deductible
Specialist	You pay 30% after deductible	You pay 50% after deductible	\$70 copay	You pay 40% after deductible

IMMEDIATE CARE

Urgent Care	You pay 30% after deductible	You pay 50% after deductible	\$50 copay	You pay 40% after deductible
Emergency Care	You pay 30% after deductible		You pay a \$250 copay plus 20% after deductible	
TRS Virtual Health-RediMD ^(TM)	\$30 per medical consultation		\$0 per medical consultation	
TRS Virtual Health-Teladoc®	\$42 per medical consultation		\$12 per medical consultation	

TRS-ActiveCare Plans

TRS-ACTIVECARE PRIMARY

TRS-ACTIVECARE PRIMARY+

PRESCRIPTION DRUGS (30 / 90-Day Supply)

Drug Deductible	Integrated with medical	\$200 brand deductible
Generics (30-Day Supply/90-Day Supply)	\$15/\$45 copay; \$0 for certain generics	\$15/\$45 copay
Preferred Brand	You pay 30% after deductible	You pay 25% after deductible
Non-preferred Brand	You pay 50% after deductible	You pay 50% after deductible
Specialty	\$0 if Prudent RX eligible; You pay 30% after deductible	\$0 if Prudent Rx eligible; You pay 30% after deductible
Insulin Out-of-Pocket Costs	\$25 copay for 31-day supply; \$75 for 61-90 day supply	\$25 copay for 31-day supply; \$75 for 61-90 day supply

TRS-ACTIVECARE HD

TRS-ACTIVECARE 2

PRESCRIPTION DRUGS (30 / 90-Day Supply)

Drug Deductible	Integrated with medical	\$200 brand deductible
Generics	You pay 20% after deductible; \$0 coinsurance for certain generics	\$20/\$45 copay
Preferred Brand	You pay 25% after deductible	You pay 25% after deductible (\$40 min/\$80 max)/ You pay 25% after deductible (\$105 min/\$210 max)
Non-preferred Brand	You pay 50% after deductible	You pay 50% after deductible (\$100 min/\$200 max)/ You pay 50% after deductible (\$215 min/\$430 max)
Specialty	You pay 20% after deductible	\$0 if PrudentRx eligible; You pay 30% after deductible (\$200 min/\$900 max)/ No 90-day supply of specialty medications
Insulin Out-of-Pocket Costs	You pay 25% after deductible	\$25 copay for 31-day supply; \$75 for 61-90 day supply



provided by: **TRS**

Regional HMO Plans

LEARN MORE

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WEST TEXAS HMO BLUE ESSENTIALS

Brought to you by TRS-ActiveCare

PLAN FEATURES (INDIVIDUAL / FAMILY)

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

DOCTOR VISITS

Primary Care	\$20 copay
Specialist	\$70 copay

IMMEDIATE CARE

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

PRESCRIPTION DRUGS (30 / 90-DAY SUPPLY)

Drug Deductible	\$150
Generics	\$5 / \$12.50 copay ACA Preventative: \$0
Preferred Brand	30% after deductible
Non-preferred Brand	50% after deductible
Specialty	15% / 25% after deductible (preferred/nonpreferred)

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, Ochiltrie, 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

Telemedicine



Welcome to Recuro Health, your telemedicine and behavioral health provider for only \$10/month! Recuro Health has a national network of board certified, state licensed doctors offering medical consultations 24 hours a day, 7 days a week! Recuro Health doctors diagnose acute non emergent medical conditions and prescribe medications when clinically appropriate.

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 management
- trauma & PTSD
- and more...

AT-A-GLANCE

- Get access to medical consultations 24 hours a day, 7 days a week for only **\$10 per month**.
- Speak to your doctor within minutes from anywhere – home – work – or while traveling for \$0 per consult.
- **Phone** - (855) 6RECURO
- **Online** - www.RecuroHealth.com

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

ACTIVATE YOUR RECURO HEALTH ACCOUNT

1. Access by Recuro Health mobile app, online or phone
2. Enter your employer member ID located on your card
3. *If you do not have a card, you can call (855) Recuro Health anytime or reach out to your program administrator.
4. Create your username and password
5. Complete the required fields to begin your electronic medical record
6. Request a consult

*Registering your account is not required to use the service, you can call (855) 6RECURO anytime for 24/7 access to doctors.



provided by: **UNUM**

Dental

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Good health begins in your mouth. Dental Insurance pays for regular dental checkups and cleanings. It also makes treatment for cavities, root canals, and other conditions more affordable.

TYPES OF SERVICES

Class A - Routine Exams, Bitewing X-Rays, Cleanings, Fluoride Treatments, Sealants, etc.

Class B - Restorations, Simple Extractions, Oral Surgery, etc.

Class C - Endodontics (root canals), Periodontics (gum treatment), Inlays, Crowns, Onlays, Bridges, etc.

Class D - Orthodontics

NOTE: The list above is an incomplete description of benefits. For full details, please review the relevant plan documents.

DENTAL CARRYOVER BENEFIT

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.

DENTAL PLAN PREMIUMS

Monthly	PASSIVE PPO
Employee	\$26.50
EE + Spouse	\$56.24
EE + Child(ren)	\$59.14
EE + Family	\$86.54

DENTAL BENEFITS SUMMARY

DEDUCTIBLES*

Individual (applies to Class B or Class C services)	\$50.00
Family (Maximum of 3 per year) (applies to Class B or Class C services)	\$50.00

SERVICES

Class A - Diagnostic & Preventive	100%
Class B - Basic Services	80%
Class C - Major Services	50%
Class D - Orthodontics	50%

MAXIMUM BENEFIT**

Classes A, B, & C combined, per benefit year	\$1,250
Class D Lifetime Orthodontics	\$1,000

BENEFIT WAITING PERIOD***

Classes A - D Expenses	NONE
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* Waived for Class A (applies to Class B and C Services)

** Applies to Class A, B and C Services, if applicable

*** Waiting periods may apply. Refer to your certificate of coverage for details.



provided by: **UNUM**

Vision



Your vision health is an important part of complete wellness. Vision benefits are designed to give you and your covered family members the care, value, and service to help maintain good vision and overall health. This plan encourages yearly exams along with the frames and lenses you want.

VISION BENEFITS SUMMARY

	IN-NETWORK ALLOWANCES	OUT-OF-NETWORK ALLOWANCES
EXAM	\$10 co-pay	Up to \$35.00
FRAMES	\$105.00	Up to \$50.00
MATERIALS	\$25 co-pay	See allowances below
LENSES (STANDARD) PER PAIR		
Single Vision	Covered by co-pay	Up to \$25.00
Bifocal	Covered by co-pay	Up to \$40.00
Trifocal	Covered by co-pay	Up to \$50.00
Progressive	\$70 allowance	Up to \$40.00
Lenticular	Covered by co-pay	Up to \$50.00
Polycarbonate (for children to age 19)	Covered by co-pay	Not covered
Scratch resistant coating	Covered by co-pay (at Walmart only)	Not covered
CONTACT LENSES*		
Elective	\$105 allowance	Up to \$100.00
Medically Necessary	Covered	Up to \$210.00
LASIK VISION CORRECTION	Discounts are available with participating surgery providers across the country. (Not an insured benefit.)	

VISION PLAN PREMIUMS

Monthly	
Employee	\$10.76
EE + 1 Dependent	\$20.84
EE + 2+ Dependents	\$30.62

FREQUENCIES (Based on Date of Service)

Contact Lenses*	1 per 12 Months
Exam	1 per 12 Months
Frame	1 per 12 Months
Lenses	1 per 12 Months

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 here, 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.

* (1 per 12 months) In lieu of eyeglass lenses and frames (Includes fit, follow-up and materials) 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.



provided by: NATIONAL BENEFIT SERVICES

FSA/HSA

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FLEXIBLE SAVINGS ACCOUNT

provided by: NATIONAL BENEFIT SERVICES



A **Flexible Spending Account (FSA)** lets you pay for eligible expenses with tax-free money. You contribute to an FSA with pre-tax money from your paycheck each pay period. This, in turn, may help lower your taxable income. Types of FSAs:

- **Healthcare FSA** - Helps pay for qualifying medical expenses not covered by insurance (co-pays, deductibles, prescription costs, etc.)
- **Dependent Care FSA** - Helps pay for care expenses for eligible dependents such as your children, spouse and/or relative.

AT-A-GLANCE

The FSA Plan Year:

- **Sep. 1, 2022 - Aug. 31, 2023**

Claim Filing Deadlines:

- **Healthcare FSA** has a 75 day grace period.
- **Dependent Care FSA** has a 75 day grace period.

Max Annual Contribution:

- HFSA: **\$2,850**
- DCFSA: **\$5,000**

HEALTH SAVINGS ACCOUNT

provided by: NATIONAL BENEFIT SERVICES



AT-A-GLANCE

IRS Max Annual Contribution:

- Employee: **\$3,650**
- EE + Spouse: **\$7,300**
- EE + Family: **\$7,300**
- Catch-up*: **\$1,000**

*If you are age 55+ by the end of the year, you can contribute an additional \$1,000 to your HSA.

A **Health Savings Account** (also known as an HSA) is a tax-advantaged bank account you can open when you are enrolled in a qualified HDHP. The HSA provides a way to save for current and future health care expenses - with tax advantages along the way. HSAs are commonly referred to as a triple-tax-advantaged account, meaning:

- Your individual contributions to an HSA can be tax-free, up to an annual maximum set by the IRS.
- Earnings on contribution (through interest and investments) can be tax-free.
- You can use the money in your HSA, tax-free, for eligible health care expenses, prescription costs, etc.).
- Your HSA is owned by and goes with you if you become unemployed, change jobs, or retire you can:
 - You can leave the money in your current account.
 - You can transfer the money to another HSA.
 - If you make an early withdrawal - or use your HSA for non-eligible expenses - the money may be subject to penalty or taxes.



provided by: UNUM

Life/AD&D

BASIC LIFE/AD&D INSURANCE

EMPLOYER PAID



Protecting your family's future is no doubt one of your highest priorities. One way to help achieve this goal is through life insurance. Pecos Barstow Toyah ISD Independent School District provides you with a valuable basic life insurance plan at no cost to you.

AT-A-GLANCE

Basic Life Insurance Benefit:

- \$50,000

AD&D Insurance Benefit:

- \$50,000

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?

Basic Life and AD&D Insurance will be reduced as 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. We'll be there to back our benefits and provide you with the support you need.

ADDITIONAL FEATURES:

- **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.
- **Portability** - You may be able to keep coverage if you leave the District or retire.
- **Waiver of premium** — The cost may be waived if you are totally disabled for a period of time.

VOLUNTARY LIFE/AD&D INSURANCE

EMPLOYEE PAID

In addition to your Basic Life Insurance, you have the opportunity to purchase additional Voluntary Life/AD&D insurance protection from Unum. This benefit is designed to help provide financial security for you and your family. This coverage is an **employee-paid** benefit.

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 previously purchased coverage, you can increase it up to \$150,000 to meet your growing needs — with no health questions or exams.

AT-A-GLANCE

- Get up to \$50,000 in Term Life coverage, up to 5 times your earnings.
- Get up to \$500,000 of AD&D coverage for yourself in \$10,000 increments to a maximum of 10 times your earnings.
- You may also purchase coverage for your spouse and children.

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.
- **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.

Visit <https://pbtisd.fbmcbenefits.com/> for premiums and additional plan-specific information.



provided by: UNUM

Disability Insurance

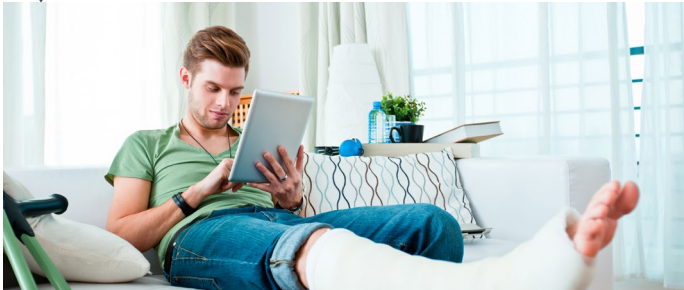
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SHORT-TERM DISABILITY INSURANCE

EMPLOYEE PAID



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:

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

*This plan does not cover pre-existing conditions.

HOW MUCH COVERAGE CAN I GET?*

- You are eligible for coverage if you are an active employee working a minimum of 20 hours per week.
- 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.

Visit <https://pbtisd.fbmcbenefits.com/> for premiums and additional plan-specific information.

LONG-TERM DISABILITY INSURANCE

EMPLOYER PAID

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.

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.

WHAT'S COVERED*

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

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

*This plan does not cover pre-existing conditions.

AT-A-GLANCE

- **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.
- **No questions** - Coverage is guaranteed so you don't have to answer medical questions.

HOW MUCH COVERAGE CAN I GET?*

- You are eligible for coverage if you are an active employee working a minimum of 20 hours per week.
- Cover 60% of your monthly income, up to a maximum payment of \$7,500.

*The monthly benefit may be reduced or offset by other sources of income.

Visit <https://pbtisd.fbmcbenefits.com/> for additional plan-specific information

Employee Assistance Program



EMPLOYER PAID

HELP WHEN YOU NEED IT MOST

Alliance Work Partners is here for you as life happens.

AWP is proud to serve as your EAP, offering you and your household valuable, confidential services at no cost to you. **This is an employer-paid benefit.**

Your benefits are designed to help you manage daily responsibilities, major events, work stresses, or any issue affecting your quality of life.

YOUR EAP BENEFITS

- **1 to 6 Counseling Sessions:** Per problem, per year. Short-term counseling sessions which include assessment, referral, and crisis services. (Same day appointments available for urgent/crisis callers, or facilitation of immediate hospitalization)
- **LawAccess:** Legal and Financial services provided by a lawyer or financial professional specializing in your area of concern. Available online or by telephone.
- **HelpNet:** Customized EAP website featuring resources, skill-building tools, online assessments and referrals.
- **WorkLife:** Resources and referrals for everyday needs. Available by telephone.
- **SafeRide:** Reimbursement for emergency cab fare for eligible employees and dependents that opt to use a cab service instead of driving while impaired.
- **Additional Features:** Newsletters, Webinar Training Series, Tips for Everyday Living.

CRITERIA FOR BENEFITS ELIGIBILITY

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

Full Benefits:

- Employee, retiree, married/divorced spouse, partner, significant other
- Any household member, regardless of age or relationship, residing in employee's home, including significant other and their children

AT-A-GLANCE

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

- **Call toll-free 24/7 access:** 1-800-343-3822
- **Deaf and hearing impaired callers:** dial 7 - 1 - 1
- **Teen Line:** 1-800-334-TEEN (8336)
- **Online:** awpnow.com

- All covered employees may bring anyone with them to their authorized/covered sessions regardless of relationship to employee.
- Children and grandchildren, age 26 or under, residing in the U.S. or Puerto Rico. This includes children and grandchildren of significant other or partner.
- Any person meeting benefit eligibility prior to lay-off or termination of an employee will continue to be eligible for benefits up to 6 months from the date of employee's lay-off or termination. Benefits are extended for 6 months from date of employee's call within this timeframe.

Assessment & Referral:

- Children and grandchildren age 27 and over of employee, married/divorced spouse, partner, or significant other living outside employee's home
- Employee instructed by law to receive court-ordered counseling
- All crisis cases (suicidal/homicidal, domestic violence, chemical dependence, substance abuse, child/elderly abuse) not otherwise covered
- Any person meeting benefit eligibility prior to lay-off or termination of an employee will continue to be eligible for assessment and referral after 6 months and up to 1 year from the date of employee's lay-off or termination. Benefits are extended 1 year from date of employee's call within this timeframe.

Information & Referral:

- Anyone contacting Alliance Work Partners regardless of contract status.

Other Benefits

[LEARN MORE](#)[Click Here](#)

UNIVERSAL LIFEEVENTS

provided by: **TRUSTMARK**

Universal LifeEvents Insurance with Long-Term Care Benefit provides a higher death benefit during your working years, when your needs and responsibilities are the greatest. 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

For premiums, please contact your Benefit Counselor.

AT-A-GLANCE

- Long-Term care (LTC) benefits that stay the same throughout your life.
- Use part of your death benefit to help manage costs if you're diagnosed with a terminal illness.
- Keep your coverage at the same price and benefits if you change jobs or retire.



ACCIDENT INSURANCE

provided by: **TRUSTMARK**

You do everything you can to keep your family safe, but accidents do happen. Take comfort knowing you have help to manage the medical costs associated with accidental injuries that occur both on- and off-the-job. Trustmark **Accident Insurance** helps by paying cash directly to you. The plan pays regardless of other coverage you have, and there are no restrictions on how you may use the money. You may also get paid a \$50 annual Wellness Benefit just for taking steps to help yourself stay well! The Wellness Benefit pays cash directly to you when you get certain screening tests or wellness exams.

ACCIDENT INSURANCE PREMIUMS

Monthly	LOW	MEDIUM
Employee	\$13.64	\$16.64
EE + Spouse	\$22.01	\$26.36
EE + Child(ren)	\$28.01	\$33.93
EE + Family	\$39.04	\$46.89



CRITICAL HEALTHEVENTS

provided by: **TRUSTMARK**

Critical HealthEvents Insurance protects you and your family in the event of a serious illness or other medical condition with portable coverage. Payments are made directly to the employee and can be applied to claims, household bills, or other expenses as needed.

For premiums, please contact your Benefit Counselor.

AT-A-GLANCE

- 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.
- Guaranteed issue, Fully portable, Payroll deducted



GENETIC CANCER TESTING

provided by: **CANCER GUARDIAN**

Cancer Guardian® is a transformative benefit program that combines the power of advanced DNA testing with the personalized support of expert cancer care resources. Cancer Guardian provides services that are not typically made available or covered by health insurance.

CANCER GUARDIAN PREMIUMS*

Monthly	
Employee	\$20.00
EE + Spouse	\$40.00

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

Other Benefits



HOSPITAL INDEMNITY INSURANCE

provided by: TRUSTMARK

Hospital Indemnity Insurance can help with medical costs that your health insurance may not cover. You can use the cash however you see fit so you can focus on your recovery. These benefits are available for you, your spouse and eligible dependent children.

Plan options and premiums for Pecos Barstow Toyah ISD are shown at right.

Plan 1 features a \$1,000 lump-sum cash payment.
Plan 2 features a \$2,000 lump-sum cash payment.

HOSPITAL STAYPAY PREMIUMS

Monthly	PLAN 1	PLAN 2
Employee	\$23.94	\$42.38
EE + Spouse	\$42.51	\$75.31
EE + Child(ren)	\$32.57	\$57.26
EE + Family	\$54.08	\$95.27



CANCER INSURANCE

provided by: METLIFE

While treatments have greatly improved, the cost of treating cancer poses an enormous financial strain on those diagnosed and their families. **Cancer Insurance** helps fill the financial gaps when benefits stop being paid, or expenses are not covered under a basic health insurance policy.

Payments are made directly to you.

AT-A-GLANCE

- 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 age-banded rates are outlined online at <https://pbtisd.fbmcbenefits.com/>



MEDICAL TRANSPORT

provided by: MASA

Most people assume that their health insurance will cover most, if not all, of the costs for these transports. Usually, the opposite is true, leaving you with financial responsibilities. **Medical Transport** coverage pays these costs so you don't have to.

MEDICAL TRANSPORT PREMIUMS

Monthly	EMERGENT PLUS	PLATINUM
Employee	\$14.00	\$39.00
EE + Family	\$14.00	\$39.00



LEGAL INSURANCE

provided by: ARAG

No matter how well you plan your life, you can be sure a few unforeseen challenges will arise. When they do, it's reassuring to know that help and support are close at hand. That's where **Legal Insurance** has you covered!

LEGAL INSURANCE PREMIUMS

Monthly	ULTIMATE ADVISOR	ULTIMATE ADVISOR PLUS
Employee	\$17.25	\$24.25
EE + Family	\$17.25	\$24.25



Important Notices

LEARN MORE

[Click Here](#)



IMPORTANT NOTICE FROM PECOS BARSTOW TOYAH ISD ABOUT 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 BCBSTX (TRS ActiveCare) and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare 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. BCBSTX (TRS ActiveCare) has determined that the prescription drug coverage offered by BCBSTX (TRS ActiveCare) is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage if You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current BCBSTX (TRS ActiveCare) coverage will be affected. You can keep this coverage if you elect to join a Medicare drug plan, and your BCBSTX (TRS ActiveCare) health plan will coordinate your benefits with Medicare for drug coverage. See pages 7-9 of the CMS Disclosure of Creditable Coverage to Medicare Part D Eligible Individuals Guidance (available at <http://www.cms.hhs.gov/CreditableCoverage/>), which outlines the prescription drug plan provisions/options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D.

If you do decide to join a Medicare drug plan and drop your current BCBSTX (TRS ActiveCare) coverage, be aware that you and your dependents will not be able to get this coverage back.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with BCBSTX (TRS ActiveCare) and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go 19 months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information about This Notice or Your Current Prescription Drug Coverage:

Contact the person listed below for further information.

NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan and if this coverage through BCBSTX (TRS ActiveCare) changes. You also may request a copy of this notice at any time.

For More Information about Your Options Under Medicare Prescription Drug Coverage:

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans. For more information about Medicare prescription drug coverage:

Visit www.medicare.gov

Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.

Call: **1-800-MEDICARE (1-800-633-4227)**

TTY users should call: **1-877-486-2048**

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available.

For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at **1-800-772-1213 (TTY 1-800-325-0778)**.

Last Updated: **July 1, 2022**

Name of Entity: Pecos Barstow Toyah ISD
Contact-Position/Office: Benefits Department
Address: 1301 S. Eddy Street, Pecos, TX, 79772
Phone Number: 432-447-7201

COBRA Q&A/CONTINUATION COVERAGE RIGHTS

What is COBRA Continuation Coverage?

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage plus a 2% administrative fee.

If you are an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because either one of the following qualifying events happens:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

Important Notices

If you are the spouse of an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because any of the following qualifying events happens:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because any of the following qualifying events happens:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because any of the following qualifying events happens:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the plan as a "dependent child".

When is COBRA Coverage Available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. When the qualifying event is the end of employment or reduction of hours of employment, death of the employee, commencement of a proceeding in bankruptcy with respect to the employer, or the employee becoming entitled to Medicare benefits (under Part A, Part B, or both), the employer must notify the Plan Administrator (NBS) of the qualifying event.

You Must Give Notice of Some Qualifying Events

For the other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's loss of eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to the Human Resources Director, including the appropriate paperwork (divorce decree; legal separation document, etc.) to support your claim if applicable.

How is COBRA Coverage Provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage. When the qualifying event is the death of the employee, the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), your divorce or legal separation, or a child's losing eligibility as a dependent child, COBRA continuation coverage lasts for up to a total of 36 months.

When the qualifying event is the end of employment or reduction of the employee's hours of employment, and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. For example, if a covered employee becomes entitled to Medicare 8 months before the date on which his employment terminates, COBRA continuation coverage for his spouse and children can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus 8 months).

Otherwise, when the qualifying event is the end of employment or reduction of the employee's hours of employment, COBRA continuation coverage generally lasts for only up to a total of 18 months. There are two ways in which this 18-month period of COBRA continuation coverage can be extended.

Disability extension of 18-month period of continuation coverage.

If you or anyone in your family covered under the Plan is determined by the Social Security Administration to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage.

Second qualifying event extension of 18-month period of continuation coverage.

If your family experiences another qualifying event while receiving 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if notice of the second qualifying event is properly given to the Plan. This extension may be available to the spouse and any dependent children receiving continuation coverage if the employee or former employee dies, becomes entitled to Medicare benefits (under Part A, Part B, or both), or gets divorced or legally separated, or if the dependent child stops being eligible under the Plan as a dependent child, but only if the event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Important Notices

LEARN MORE

[Click Here](#)



If You Have Questions:

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact identified below. For more information about your rights under ERISA, including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit the EBSA website at www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.)

Keep Your Plan Informed of Address Changes:

In order to protect your family's rights, you should keep the Plan Administrator informed of any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

NATIONAL BENEFIT SERVICES

c/o: Lynette Saunders
8523 S Redwood Rd.
West Jordan, UT 84088
(801) 406-6391
www.nbsbenefits.com

THE WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998 (WHCRA)

If you or your spouse have had or are going to have a mastectomy, you/she 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 stages of reconstruction of the breast on which the covered 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.

If you would like more information on WHCRA benefits, call the customer service number on the back of your medical ID card.

NEWBORNS' AND MOTHERS' HEALTH PROTECTION 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 insurers 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).

HIPAA SPECIAL ENROLLMENT NOTICE

Federal If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stopped contributing towards your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

As a result of the COVID-19 national emergency, the DOL, IRS, and HHS have extended both 30- and 60-day special enrollment periods. The extension is accomplished by requiring group health plans and health insurers to disregard the COVID-19 outbreak period when counting the 30- or 60-day enrollment. The COVID-19 outbreak period started March 1, 2020, and generally will end 60 days after the end of the COVID-19 national emergency.

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact:

Pecos Barstow Toyah ISD
Benefits Department
432-447-7201

CHIP Notice

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 healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in Florida, 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 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 askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in Florida, you may be eligible for assistance paying your employer health plan premiums. If you reside outside of Florida, view the entire CHIP Model Notice online at:

<https://www.dol.gov/sites/default/files/ebsa/laws-and-regulations/laws/chipra/model-notice.doc>

Contact your state for more information on eligibility.

TEXAS – MEDICAID

Website: <https://hhs.texas.gov/services/health/medicaid-chip>
Phone: 800-335-8957

To locate the list of states, current as of January 31, 2022, or to view states that have recently added a premium assistance program since January 31, 2022, or for more information on special enrollment rights, contact either:

U.S. DEPARTMENT OF LABOR
Employee Benefits Security Administration

1-866-444-EBSA (3272)
dol.gov/agencies/ebsa

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services

1-877-267-2323, Menu Option 4, Ext. 61565
cms.hhs.gov

Marketplace Notice

LEARN MORE

[Click Here](#)



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 9.61% 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 IDS 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.

Marketplace Notice

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? Consuelo Martinez		
11. Phone number (if different from above)	12. Email address comartinez@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 a 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](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.



Contacts

LEARN MORE

[Click Here](#)



PECOS BARSTOW TOYAH ISD

1301 S. Eddy Street
Pecos, TX 79772
432-447-7201

<https://pbtisd.fbmcbenefits.com/>

FBMC SERVICE CENTER 877-532-8473

www.FBMC.com

MEDICAL * BCBSTX (TRS ActiveCare)

Groups #s:

AC Primary 385003

AC Primary+ 385001

AC HD 385000

AC 2 385002

W. TX Blue Essentials 295781

866-355-5999

www.bcbstx.com/trsactivecare

TELEMEDICINE

Recuro Health

855-6RECURO

www.RecuroHealth.com

FSA/HSA* NATIONAL BENEFIT SERVICE

Group # NBS10135

800-274-0503

www.nbsbenefits.com

DENTAL*/VISION* UNUM

Group #: 475737

866-400-9304

www.AlwaysAssist.com

ACCIDENT* TRUSTMARK

Group BG00001670

866-813-7192; Option 1

www.trustmarksolutions.com

LIFE INSURANCE, AD&D & DISABILITY UNUM

-Basic Life & AD&D -

Group #: 475735

-Voluntary Life & AD&D -

Group #: 476255

-Short-Term Disability - Group #:
475736

-Long-Term Disability - Group #:
475735

866-679-3054

www.unum.com

CRITICAL ILLNESS TRUSTMARK

Group BG00001670

866-813-7192; Option 1

trustmarkbenefits.com

MEDICAL TRANSPORT MASA GLOBAL

Group #: MKPBT

Emergency: 800-643-9023

Customer Support: 800-423-3226

www.masaglobal.com

CANCER INSURANCE* METLIFE

Group #: 5390449

800-438-6388

www.metlife.com

EMPLOYEE ASSISTANCE PROGRAM

ALLIANCE WORK PARTNERS

Registration #: AWP-PBTISD-5501

800-343-3822

www.awpnow.com

HOSPITAL INDEMNITY * TRUSTMARK

Group BG00001670

866-813-7192; Option 1

www.trustmarksolutions.com

LEGAL SERVICES ARAG

Group #: 18789

800-255-3352

www.araglegal.com

GENETIC CANCER TESTING CANCER GUARDIAN

Group #: PBAR-CGx-2021-1430

844-694-3666

www.CancerGuardian.com

UNIVERSAL LIFE TRUSTMARK

Group #BG00001670

800-918-8877

*Pre-tax benefit



Contract Administrator

FBMC Benefits Management, Inc.

PO Box 1878 • Tallahassee, Florida 32302-1878

FBMC Service Center: **1-877-532-TISD (1-877-532-8473)**

Monday - Friday, 7 a.m. - 6 p.m. CST

Information contained herein does not constitute an insurance certificate or policy.
Certificates or policies will be provided to participants following the start of the plan year, if applicable.