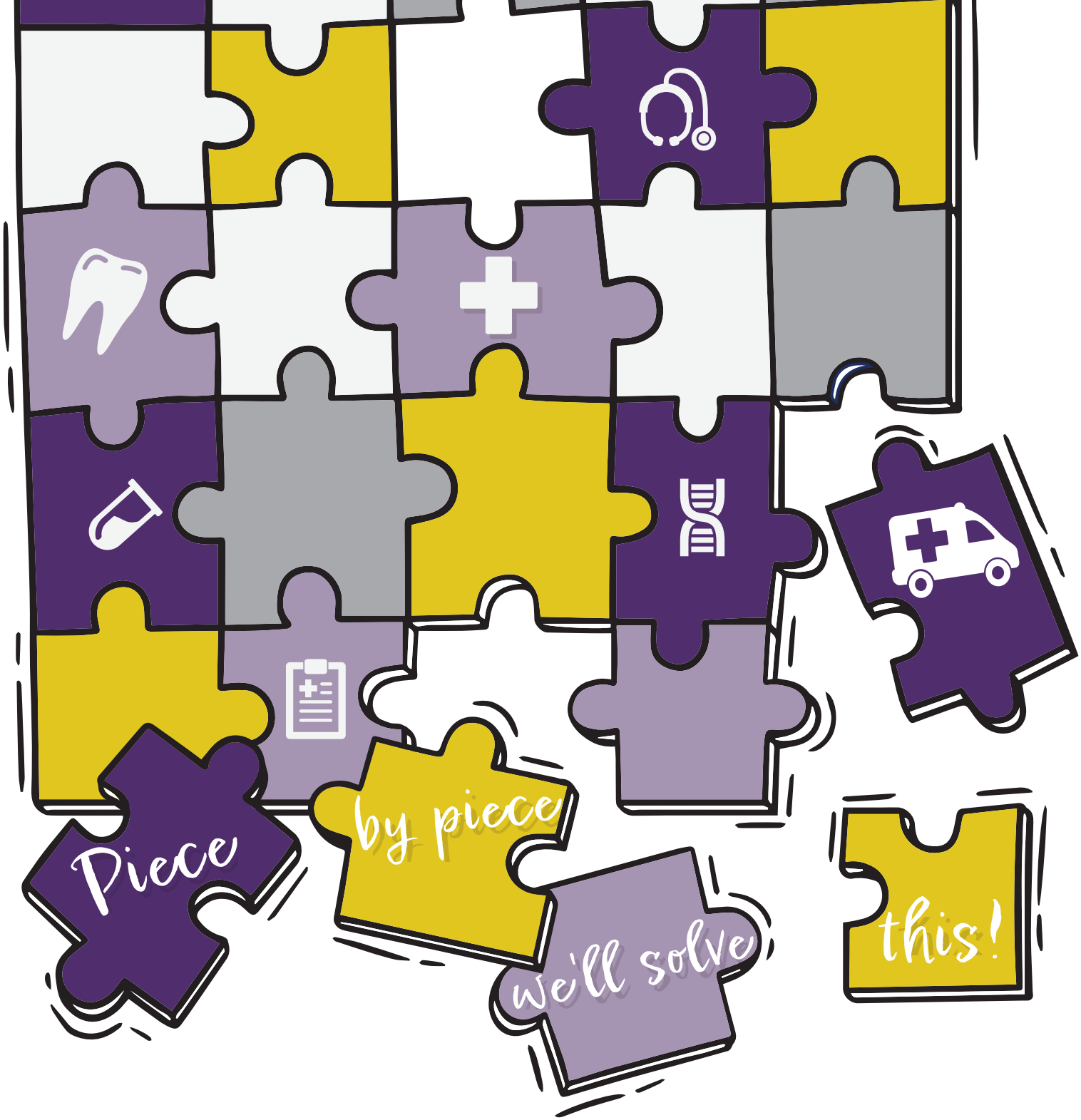


# 2025-26
## EMPLOYEE BENEFITS GUIDE
# PECOS ISD

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### 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.**



**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, 2025.

## 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 2025-2026 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.you in this decision-making.

# 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 code or using the link below:
**https://pbtisd.fbmcbenefits.com/**

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 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
- 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 |
|---|---|---|---|---|---|
| **Monthly** | **PRIMARY** | **PRIMARY+** | **HD** | **AC2** | **BCBSTX** |
| Employee | $0 | $0 | $0 | $363 | $564.50 |
| Employee + Spouse | $479 | $624 | $511 | $1,752 | $2,311.60 |
| Employee + Child(ren) | $61 | $183 | $81 | $857 | $1,265.00 |
| Employee + Family | $772 | $967 | $812 | $2,191 | $2,495.30 |

provided by: **TRS-ActiveCare**

# TRS-ActiveCare Plans

| | TRS-ActiveCare Primary | TRS-ActiveCare Primary+ |
|---|---|---|
| Plan Summary | • Lowest premium of all three plans<br>• Copays for doctor visits before you meet your deductible<br>• Statewide network<br>• Primary Care Provider (PCP) referrals required to see specialists<br>• Not compatible with a Health Savings Account (HSA)<br>• No out-of-network coverage | • Lower deductible than the HD and Primary plans<br>• Copays for many services and drugs<br>• Higher premium<br>• Statewide network<br>• PCP referrals required to see specialists<br>• Not compatible with a Health Savings Account (HSA)<br>• 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/$2,400 |
| Coinsurance | You pay 30% after deductible | You pay 20% after deductible |
| Max Out-of-Pocket | $8,050/$16,100 | $6,900/$13,800 |
| Network | Statewide Network | Statewide Network |
| Primary Care Provider (PCP) Required | Yes | Yes |
| **DOCTOR VISITS** | | |
| Primary Care | $30 copay | $15 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 | • Compatible with health savings account (HSA)<br>• Nationwide network with out-of-network coverage<br>• No requirement for PCPs or referrals<br>• Must meet deductible before plan pays for non-preventive care | | **NOTE:** Closed to new enrollees<br>• Current enrollees can choose to stay in plan<br>• Lower deductible<br>• Copays for many drugs and services<br>• Nationwide network with out-of-network coverage<br>• No requirement for PCPs or referrals | |
| **PLAN FEATURES (Individual / Family)** | | | | |
| Type of Coverage | In-Network | Out-of-Network | In-Network | Out-of-Network |
| Deductible | $3,300/$6,600 | $6,600/$13,200 | $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 | $8,300/$16,600 | $20,500/$41,000 | $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 | |

provided by: **TRS-ActiveCare**

# TRS-ActiveCare Plans

**LEARN MORE**
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| | TRS-ActiveCare Primary | TRS-ActiveCare Primary+ |
|---|---|---|
| **PRESCRIPTION DRUGS (30 / 90-Day Supply)** | | |
| Drug Deductible | Integrated with medical | $200 deductible per participant (brand drugs only) |
| Generics (31-Day Supply/90-Day Supply) | $15/$45 copay; $0 for certain generics | $15/$45 copay |
| Preferred (Max does not apply if brand is selected and generic is available) | You pay 30% after deductible | You pay 25% after deductible ($100 max)/ You pay 25% after deductible ($265 max) |
| Non-preferred Brand | You pay 50% after deductible | You pay 50% after deductible |
| Specialty (31-Day Max) | $0 if SaveOn$^{SP}$ eligible; You pay 30% after deductible | $0 if SaveOn$^{SP}$ 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 |
|---|---|---|
| Drug Deductible | Integrated with medical | $200 brand deductible |
| Generics (31-Day Supply/90-Day Supply) | You pay 20% after deductible; $0 coinsurance for certain generics | $20/$45 copay |
| Preferred (Max does not apply if brand is selected and generic is available) | 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 (31-Day Max) | You pay 20% after deductible | $0 if SaveOn$^{SP}$ 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-ActiveCare**

# Regional HMO Plans

| | **West Texas HMO Blue Essentials**<br>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<br>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 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 |

provided by: **Recuro Health**

# Telemedicine

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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 managment
- 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: **METLIFE**

# Dental

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.

## Who is a Participating Dentist?

A participating, or network, dentist is a general dentist or specialist who has agreed to accept negotiated fees as payment in full for covered services provided to plan members, subject to any deductibles, copayments, cost sharing and benefit maximums. Negotiated fees typically range from 30-45% below the average fees charged in a dentist's community for the same or substantially similar services.

There are thousands of general dentists and specialists to choose from nationwide. You can receive a list of these participating dentists online at www.metlife.com/dental or call 1-800-275-4638 to have a list faxed or mailed to you.

## May I Choose a Non-Participating Dentist?

Yes. You are always free to select the dentist of your choice. However, if you choose a non-participating (out-of-network) dentist, your out-of-pocket costs may be greater than your out-of-pocket costs when visiting an in-network dentist.

## Dental Plan Premiums

| Monthly | PASSIVE PPO |
|---|---|
| Employee | $24.91 |
| EE + Spouse | $52.87 |
| EE + Child(ren) | $55.59 |
| EE + Family | $81.35 |

## Dental Benefits Summary[1]

| 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) | $150.00 |
| **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 person, per benefit year | $1,500 |
| Class D Lifetime Orthodontics | $1,000 |
| **BENEFIT WAITING PERIOD***** | |
| Classes A - D Expenses | NONE |

1 - Rates reflect using In-Network providers
* 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: **METLIFE**

# Vision

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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. To find a network provider go to http://www.metlife.com and select the Superior Vision by MetLife network, or call 855-638-3931.

## Vision Benefits Summary

| | IN-NETWORK ALLOWANCES | OUT-OF-NETWORK ALLOWANCES |
|---|---|---|
| **EYE EXAMINATION** | | |
| **EXAM** | $10 co-pay | Up to $45 |
| **RETINAL IMAGING** | Up to $39 copay | Applied to the exam allowance |
| **MATERIAL/EYEWEAR (GLASSES/CONTACTS)** | | |
| **STANDARD CORRECTIVE** | | |
| **Single Vision** | $25 copay | $30 allowance |
| **Bifocal** | $25 copay | $50 allowance |
| **Trifocal** | $25 copay | $65 allowance |
| **Lenticular** | $25 copay | $100 allowance |
| **STANDARD LENS ENHANCEMENT** | | |
| **Ultraviolet Coating** | Covered in Full | Applied to the allowance for the applicable correctivel lens |
| **Standard Polycarbonate** (child up to age 18) | Covered in Full | Applied to the allowance for the applicable correctivel lens |
| **ADDITIONAL LENS ENHANCEMENT[1]** | | |
| **Progressive Standard** | Up to $55 copay | $50 allowance |
| **Progressive Premium/ Custom** | Premium: Up to $95-$105 copay<br>Custom: Up to $150-$175 copay | $50 allowance |
| **Standard Polycarbonate** (adult) | Single Vision: Up to $31 copay<br>Multifocal: Up to $35 copay | Applied to the allowance for the applicable corrective lens |
| **Scratch-resistant coating** (variable by type) | Up to $17 - $33 copay | Applied to the allowance for the applicable corrective lens |
| **Tints (plastic lenses)** | Pink I & II: $0 copay<br>Solid Plastic: $15 Copay<br>Plastic Gradient Dye: $17 Copay | Applied to the allowance for the applicable corrective lens |
| **Anti-reflective coating** (variable by type) | Up to $41 - $85 copay | Applied to the allowance for the applicable corrective lens |
| **Photochromic** (variable by type) | Up to $47 - $82 copay | Applied to the allowance for the applicable corrective lens |

provided by: **METLIFE**

# Vision

## Vision Benefits Summary

| | IN-NETWORK ALLOWANCES | OUT-OF-NETWORK ALLOWANCES |
|---|---|---|
| **ADDITIONAL LENS ENHANCEMENT[1]** | | |
| **Frame Allowance**<br>(You will receive an additional 20% off any amount that you pay over your allowance. This offer is available from all participating locations except Costco, Walmart and Sam's Club.) | $105 allowance<br>$125 allowance on featured frames | $55 allowance |
| *Costco, Walmart and Sam's Club* | $60 allowance | |
| **Contact Lenses** | | |
| Elective | $105 allowance | $90 allowance |
| Necessary | Covered in full after eyewear copay | $210 allowance |
| **VALUE ADDED FEATURES** | | |
| **Additional Savings on Glasses and Sunglasses1** | Get 20% off the cost for additional pairs of prescription glasses and non-prescription sunglasses, including lens enhancements. At times, other promotional offers may also be available. | |
| **Laser Vision correction[2]** | Savings averaging 15% off the regular price or 5% off a promotional offer for laser surgery including PRK, LASIK and Custom LASIK. Offer is only available at MetLife participating locations. | |

1 Member costs for listed lens enhancements will be limited to copays that MetLife has negotiated with participating providers. These copays can be viewed by members after enrollment at www.metlife.com/mybenefits. All lens enhancements are available at participating private practices. Maximum copays and pricing are subject to change without notice. Please check with your provider for details and copays applicable to your lens choice. Please contact your local Costco, Walmart and Sam's Club to confirm the availability of lens enhancements and pricing prior to receiving services. Additional discounts may not be available in certain states.
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. Laser vision care discounts are only available from participating locations.

## Vision Plan Premiums

| VISION | RATE PER EMPLOYEE |
|---|---|
| **Employee Only** | $8.61 |
| **Employee + 1 Dependent** | $16.67 |
| **Employee + Family** | $24.50 |

| FREQUENCIES | |
|---|---|
| **Class Description: All Active Full Time Employees** | |
| **Examinations** | 1 per 12 months |
| **Standard Corrective Lenses** | 1 per 12 months |
| **Frames** | 1 per 12 months |
| **Contact Lenses** | 1 per 12 months |

**Either glasses or contacts allowed per frequency**

## In-Network Benefits

- There are no claims for you to file when you go to a participating vision provider. Simply pay your copay and, if applicable, any amount over your allowance at the time of service.

## Plan Limitations

- 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.

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 pretax 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, 2025 - Aug. 31, 2026**

*Claim Filing Deadlines:*

• **Healthcare FSA** has a 75 day grace period.

• **Dependent Care FSA** has a 75 day grace period.

*Max Annual Contribution:*

- HFSA: **$3,300**
- DCFSA: **$5,000**

**Due to IRS regulations, the maximum monthly employer credit that can be contributed into the Healthcare FSA is $41.66. Employees will still be able to contribute into the Healthcare FSA through pretax payroll deductions. The maximum annual contribution from all sources cannot exceed $3,300.**

## Health Savings Account

provided by: **NATIONAL BENEFIT SERVICES**


### At-A-Glance

*IRS Max Annual Contribution:*

- Employee: **$4,300**
- EE + Family: **$8,550**
- 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: **ONEAMERICA**

# Life/AD&D

## Term 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 term 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?

Term Life insurance is coverage provided by your employer that lasts for a set period of time, or "term." While you're working, it can be used to ensure your family is able to replace your earnings and potential future earnings if you die. That money can be used to pay your final expenses and to cover housing, household debts, education and more when your income is no longer available. Having Term Life insurance can help provide peace of mind that your family will be protected.

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.

Benefits reduce to 65% at age 65 and to 50% at age 70.

### Portability:

If you leave your employer, and wish to take your coverage with you, other options may be available for continuing coverage. Contact your HR department to learn more or visit www.oneamerica.com/keepmybenefits.

## 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 OneAmerica. 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 included, which pays a benefit if you survive an accident but have certain serious injuries.

### Why is this coverage so valuable?

Buying term life insurance through work is more affordable than trying to purchase it on your own because you're getting a group rate. You can get started with as little as $10,000, and can increase your benefit on an annual basis up to the Guarantee Issue amount.

### At-A-Glance

- You may elect a benefit amount from $10,000 to a maximum of $500,000, not to exceed 5 times your annual base salary.
- Your guarantee issue amount is $150,000.
- Your spouse is eligible for up to $250,000 in coverage ($50,000 guarantee issue); you have one option for dependent children: $10,000

### What Else Is Included

- Employees can increase an additional $10,000 without Evidence of Insurability up to the plan max.
- If death is the result of an accident, beneficiaries may receive an additional benefit as stated in your certificate.
- If diagnosed with a terminal illness and have less than 12 months to live, you may apply to receive 25%, 50% or 75% of your life insurance benefit to use for whatever you choose.

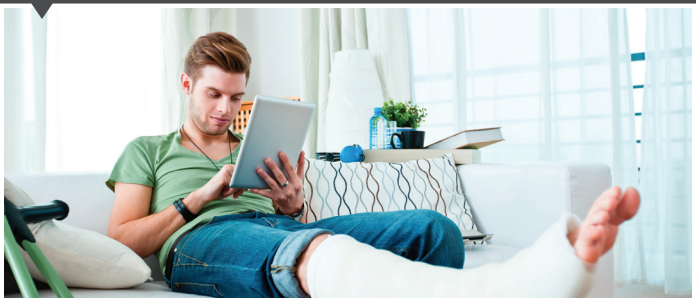
**Visit https://pbtisd.fbmcbenefits.com/ for premiums and additional plan-specific information.**

provided by: **ONEAMERICA**

# Disability Insurance

**LEARN MORE**
Click Here

## Short-Term Disability Insurance — Employee Paid



### How It Works — and Why It Matters

If a covered illness or injury keeps you from working, Short-Term Disability Insurance can replace part of your income for up to 12 weeks. You're considered disabled if you can't perform key job duties and lose income. Benefits can be used for rent, groceries, medical bills, and more.

### Understanding the 3/12 Pre-Existing Condition Limitation

This plan includes a pre-existing condition limitation known as "3/12." This means any condition for which you received treatment, consultation, care, or services within the 3 months before your coverage start date may not be covered if you file a claim within the first 12 months of your policy. After 12 months of continuous coverage, the limitation no longer applies.

### What's Covered*

This insurance may cover a variety of conditions and injuries, including:

- **Normal pregnancy**
- **Partial disability**
- **Recurrent disability**

*This plan does not cover pre-existing conditions.

### How Much Coverage Can I Get?

- You are eligible for coverage if you are a full-time employee.
- You may select a minimum weekly benefit of $200 up to a maximum Weekly benefit of $1,500, in increments of $100, not to exceed 60% of your weekly pre-disability earnings.

### When Will Benefits Begin?

If approved, your benefits begin after your 7-day elimination period for injury or 7-day elimination period for illness.

**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.

LTD benefits begin on the 91st day of total disability and pay a portion of your monthly wages.

### 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.

It can also provide access to rehabilitation resources that can help you get back to work.

### How Much Coverage Can I Get?

Your benefit is 60 percent of your monthly pre-disability earnings, up to a maximum monthly benefit of $7,500.

### Included Benefits

- **Waiver of premium**
- **Survivor benefit**
- **Return to work incentives**
- **Workplace modification benefit**

### What are the Limitations?

- Pre-existing condition limitation – 12/12/24 months
- Mental illness - 2 years
- Drug and alcohol abuse - 2 years
- Special Conditions - 2 years

### How Long Will I Receive Benefits?

Your maximum benefit duration depends on your age when disability begins and lasts up to Social Security normal retirement age.

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

provided by: **ALLIANCE WORK PARTNERS**

# Employee Assistance Program


## 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

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 - Registration Code: AWP-PBTISD-5501

- 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

## Accident Insurance

provided by: **Chubb**

NEW PROVIDER

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. Chubb **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 receive a $50 wellness benefit each year for every covered individual on your plan.

### Accident Insurance Premiums

| Monthly | LOW | HIGH |
|---|---|---|
| Employee | $12.46 | $16.38 |
| EE + Spouse | $20.11 | $26.25 |
| EE + Child(ren) | $25.60 | $33.42 |
| EE + Family | $35.67 | $46.08 |

## Critical Illness

provided by: **Chubb**

NEW PROVIDER

**Critical Illness 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.

You may receive a $50 wellness benefit each year for every covered individual on your plan.

**For premiums, please contact your Benefit Counselor.**

### At-A-Glance

- Renewability - coverage is auotmatically renewed as long as the insured is an eligible employee, premiums are paid as due, and the policy is in force.
- Portability - employees can keep their coverage if they change jobs or retire while the policy is in force. Once ported coverage cannot be cancelled as long as premiums are paid as due. Employees may not port coverage while they are actively employed by the district.
- Attained Age Premium - rates increase on the policy anniversary as employees move into new age brackets.
- HSA Compliant - you may have a critical illness plan as well as a Health Savings Account.

## Genetic Cancer Testing

provided by: **Genomic Life**

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

### Genomic Life Premiums*

| Monthly | LOW | HIGH |
|---|---|---|
| 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

NEW PROVIDER

provided by: **Chubb**

**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.

### Hospital Indemnity Premiums

| Monthly | LOW PLAN | HIGH PLAN |
|---|---|---|
| Employee | $19.24 | $30.68 |
| EE + Spouse | $42.20 | $68.12 |
| EE + Child(ren) | $32.48 | $56.68 |
| EE + Family | $54.06 | $94.38 |

## 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 | $17.30 | $24.25 |
| EE + Family | $17.30 | $24.25 |

# Important Notices

LEARN MORE
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## 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, 2025**

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

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**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

COBRA Department
PO Box 219494
Kansas City, MO 64121-9494
(800) 274-0503
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).

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 Texas, 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 Texas, you may be eligible for assistance paying your employer health plan premiums.
If you reside outside of Texas, 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, 2025, or to view states that have recently added a premium assistance program since January 31, 2025, 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

## PART A: General Information

As a result of the Affordable Care Act, starting in 2014, there became 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 starts November 1, 2025, and ends January 15, 2025, in most states.

### 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. For plan years beginning in calendar year 2025, if the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.02% 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

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

# 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
**855-562-8317**

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*
### METLIFE
Group #: 5390449

**Dental: 800-942-0854**
**Vision: 855-638-3931**

www.metlife.com

## ACCIDENT*
### Chubb
Group BKRC53431

**Phone: 866-324-8222**

**Claims: 833-542-2013**

**Self Service portal:** chubb.com/Workplacebenefitsclaims

## LIFE INSURANCE, AD&D & DISABILITY
### ONE AMERICA
-Basic Life & AD&D -
Group #: 623905

-Voluntary Life & AD&D -
Group #: 623905

-Short-Term Disability -
Group #: 623905

-Long-Term Disability -
Group #: 623905

**800-553-5318**

www.OneAmerica.com

## CRITICAL ILLNESS
### Chubb
Group BKRC53431

**Phone: 866-324-8222**

**Claims: 833-542-2013**

**Self Service portal:** chubb.com/Workplacebenefitsclaims

## 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 *
### Chubb
Group BKRC53431

**Phone: 866-324-8222**

**Claims: 833-542-2013**

**Self Service portal:** chubb.com/Workplacebenefitsclaims

## LEGAL SERVICES
### ARAG
Group #: 18789

**800-255-3352**

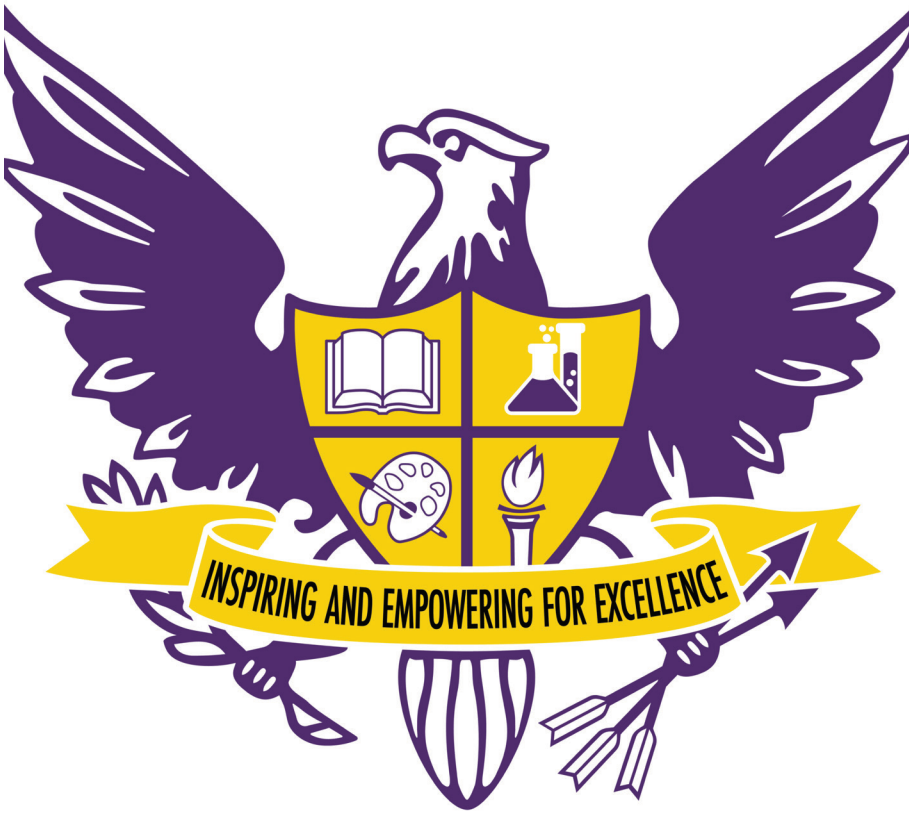
www.araglegal.com

## GENETIC CANCER TESTING
### Genomic Life
Group #: PBAR-CGx-2021-1430

**844-694-3666**

www.genomiclife.com

***Pretax benefit**




FBMC
BENEFITS MANAGEMENT

*Contract Administrator*

FBMC Benefits Management, Inc.
7300 TX-121, Suite 300 • McKinney, TX 75070

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.