Hawley ISD
OPEN ENROLLMENT

YOUR BENEFITS ARE A SURE BET!

EMPLOYEE BENEFITS GUIDE

Table of Contents

About this Benefits Guide

This benefits guide describes the highlights of Hawley 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 **HawleyISD.FBMCBenefits.com.**

You should be aware that any and all elements of Hawley ISD's benefits programs may be modified in the future, at any time, to meet Internal Revenue Service rules, or otherwise as decided by Hawley 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 16 for more details.

Welcome

Hawley ISD 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.

Hawley 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 30 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.**

NOTE: This is an outline of benefits and eligibility only. If there is a conflict between the terms of the outline of benefits and the insurance company's contract, the terms of the contract will prevail.

Key Things to Know

Mandatory Enrollment

Coverage will NOT automatically roll to the new benefit year, so all employees must enroll with an enroller or complete self enrollment through the Employee Navigator portal for the 2025-2026 plan year.

What's New

Please note that the following benefits have changed:

1. TRS Medical Benefit Rates have increased.
2. Ameritas Dental and Vision rates will remain the same.
3. The IRS has increased the amount that employees can contribute into the Healthcare Flexible Spending Account (FSA) or the Health Savings Account (HSA).

Plan Documents

To view provider plan documents, visit:
HawleyISD.FBMCBenefits.com

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

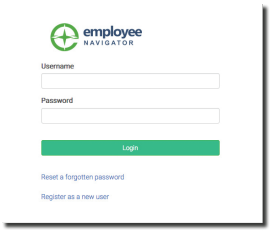
All **full/part-time** employees, who work **10** or more hours a week are eligible for all benefit offerings through the District.

How to Enroll

1 Assisted Enrollment with a Benefits Counselor

Schedule an appointment with a benefits counselor by scanning the QR code or using the link below:
Hawleyisd.fbmcbenefits.com

2 Self-Enroll with Employee Navigator



Utilize the Employee Navigator Portal to update your elections and/or your beneficiaries.

Use the link below to access the **Portal Registration Instructions**

Company ID: **Hawley-ISD**

You can make elections for benefits at **www.employeenavigator.com**. To prepare for enrollment, you will want to have the following items available to you when enrolling online:

- Social security numbers and birth dates for your eligible family members.
- Expense records for medical, dental, and vision care so you can plan your benefit choices.
- Information about other benefit coverages or insurances you may have, such as the coverage details for your spouse's plans.
- 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)

HEALTH IS ALWAYS A SURE BET

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.

Hawley ISD offers **4** 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 (TRS ActiveCare)**, provides the framework for your health and well-being. To better meet the varying needs of our employees**, Hawley ISD** offers the medical plans described as follows.

Key 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; i.e. 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.

Medical Premiums

	TRS-ActiveCare Plans				BCBSTX
Monthly	**PRIMARY**	**PRIMARY+**	**HD**	**AC2**	**WTX BLUE ESS**
Employee	$67.00	$151.00	$81.00	$588.00	$789.50
Employee + Spouse	$904.00	$1,073.00	$942.00	$1,977.00	$2,536.60
Employee + Child(ren)	$412.00	$555.00	$436.00	$1,082.00	$1,490.00
Employee + Family	$1,248.00	$1,476.00	$1,296.00	$2,416.00	$2,720.30

Medical Plan Comparison

	TRS-ActiveCare Primary	TRS-ActiveCare Primary+	TRS-ActiveCare HD	
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	• Compatible with a Health Savings Account (HSA) • Nationwide network with out-of-network coverage • No requirement for PCPs or referrals • Must meet your deductible before plan pays for non-preventive care	
PLAN FEATURES (Individual / Family)				
Type of Coverage	In-Network Coverage Only	In-Network Coverage Only	**In-Network**	**Out-of-Network**
Deductible	$2,500/$5,000	$1,200/$2,400	$3,300/$6,600	$6,600/$13,200
Coinsurance	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible
Max Out-of-Pocket	$8,050/$16,100	$6,900/$13,800	$8,300/$16,600	$20,500/$41,000
Network	Statewide Network	Statewide Network	Nationwide Network	
Primary Care Provider (PCP) Required	Yes	Yes	No	
DOCTOR VISITS				
Primary Care	$30 copay	$15 copay	You pay 30% after deductible	You pay 50% after deductible
Specialist	$70 copay	$70 copay	You pay 30% after deductible	You pay 50% after deductible
IMMEDIATE CARE				
Urgent Care	$50 copay	$50 copay	You pay 30% after deductible	You pay 50% after deductible
Emergency Care	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	
TRS Virtual Health-RediMD (TM)	$0 per medical consultation	$0 per medical consultation	$30 per medical consultation	
TRS Virtual Health-Teladoc®	$12 per medical consultation	$12 per medical consultation	$42 per medical consultation	
PRESCRIPTION DRUGS (31 / 90-DAY SUPPLY)				
Drug Deductible	Integrated with medical	$200 brand deductible	Integrated with medical	
Generics (31-Day Supply/90-Day Supply)	$15/$45 copay; $0 for certain generics	$15/$45 copay	You pay 20% after deductible; $0 coinsuance for certain generics	
Preferred Brand	You pay 30% after deductible	You pay 25% after deductible ($100 max)/ You pay 25% after deductible ($265 max)	You pay 25% after deductible	
Non-preferred Brand	You pay 50% after deductible	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	You pay 20% 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	You pay 25% after deductible	

	TRS-ActiveCare 2		West Texas Blue Essentials HMO
Plan Summary	• 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		**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
PLAN FEATURES (Individual / Family)			
Type of Coverage	**In-Network**	**Out-of-Network**	**In-Network Coverage Only**
Deductible	$1,000/$3,000	$2,000/$6,000	$950/$2,850
Coinsurance	You pay 20% after deductible	You pay 40% after deductible	You pay 25% after deductible
Max Out-of-Pocket	$7,900/$15,800	$23,700/$47,400	$7,450/$14,900
Network	Nationwide Network		Regional Network
Primary Care Provider (PCP) Required	No		Yes
DOCTOR VISITS			
Primary Care	$30 copay	You pay 40% after deductible	$20 copay
Specialist	$70 copay	You pay 40% after deductible	$70 copay
IMMEDIATE CARE			
Urgent Care	$50 copay	You pay 40% after deductible	$50 copay
Emergency Care	You pay a $250 copay plus 20% after deductible		You pay a $500 copay plus 25% after deductible
TRS Virtual Health-RediMD (TM)	$0 per medical consultation		N/A
TRS Virtual Health-Teladoc®	$12 per medical consultation		N/A
PRESCRIPTION DRUGS (30 / 90-DAY SUPPLY)			
Drug Deductible	$200 brand deductible		$150 (excl. generics)
Generics (30-Day Supply/90-Day Supply)	$20/$45 copay		$5/$12.50 copay; $0 for certain generics
Preferred Brand	You pay 25% after deductible ($40 min/$80 max)/ You pay 25% after deductible ($105 min/$210 max)		30% after deductible
Non-preferred Brand	You pay 50% after deductible ($100 min/$200 max)/ You pay 50% after deductible ($215 min/$430 max)		50% after deductible
Specialty	$0 if SaveOn^{SP} eligible; 30% after ded. ($200 min/$900 max) / No 90-day supply of specialty medications		You pay 15%/25% after deductible (preferred/non-preferred)
Insulin Out-of-Pocket Costs	$25 copay for 31-day supply; $75 for 61-90 day supply		N/A

Provided by: **Ameritas**

Dental

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

Types of Services

- **Type 1** - Routine Exam, Cleanings, X-rays, Sealants, Space Maintainers
- **Type 2** - Restorative Amalgams, Restorative Composites (anterior and posterior teeth), Simple Extractions
- **Type 3** - Onlays, Crowns, Endodontics, Periodontics, Dentures, Implants, Complex Extractions, Anesthesia
- **Class 4** - Child only orthodontic treatments

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

Carryover Benefits

Your dental plan includes Dental Rewards as a way to grow your annual maximum benefit. Simply by visiting a dental provider each year and submitting a claim, you can increase your annual maximum benefit over time. After your initial benefit is used, accumulated rewards are there to help pay for more expensive procedures, such as root canals or crowns.

How it Works - For each year, you submit at least one dental claim and your total dental benefits paid for the year are at or under $500 you qualify to carry over $250 in rewards to the following year. You may accumulate rewards up to the maximum amount of $1,000. Please note, if you do not submit a dental claim during the year, no rewards are earned and accumulated rewards are reset to zero. However, you can start qualifying for rewards again the very next year.

SMILE LIKE A WINNER

Dental Plan Premiums

Monthly	LOW	HIGH
Employee	$21.56	$33.20
EE + One (Spouse or Child)	$40.16	$65.88
EE + Family (Two or more dependents)	$70.84	$111.64

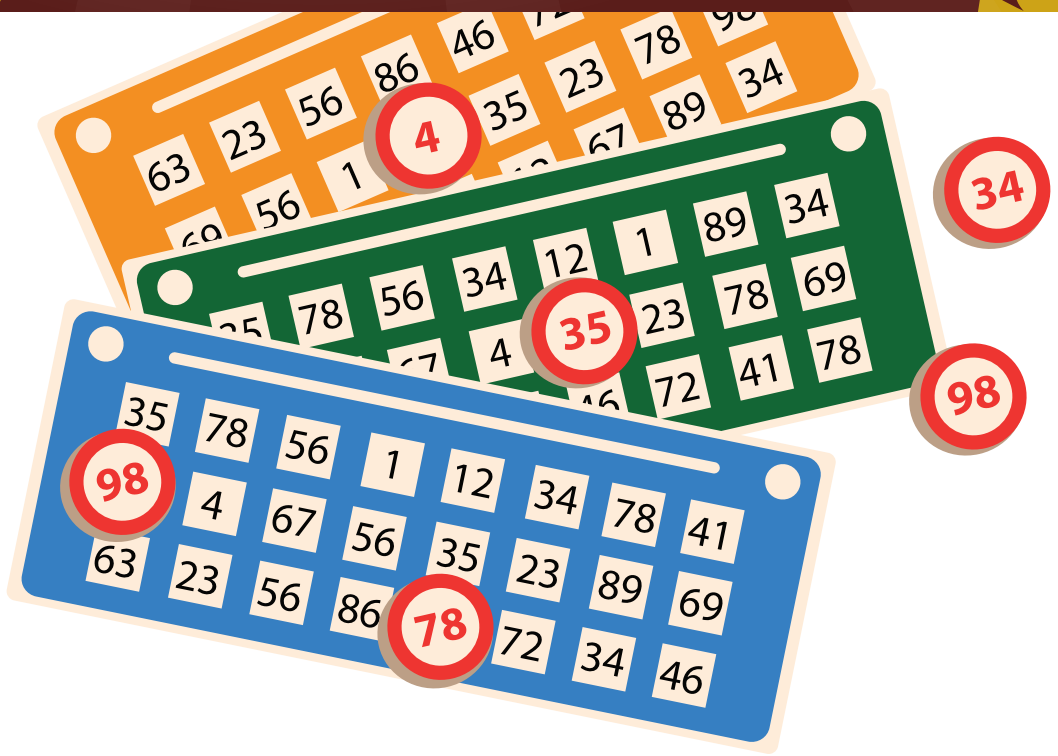
Dental Benefits Summary

DEDUCTIBLE (per Calendar Year) - Maximum 3 per family	$50.00	$50.00
PLAN CO-INSURANCE (In & Out-of-Network)		
Type 1 - Preventive	80%	100%
Type 2 - Basic	50%	80%
Type 3 - Major	50%	50%
Type 4 - Orthodontics (Children Only)	50%	50%
BENEFIT YEAR MAXIMUM		
Type 1, 2 & 3 (Yearly per Person)	$1,000	$1,000
Type 4 (Lifetime per Person)	$1,000	$1,000

Provided by: **Ameritas**

Vision

SEE THE JACKPOT CLEARLY



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 Plan Premiums

Monthly	COST
Employee	$7.56
EE + Spouse	$15.04
EE + Child(ren)	$14.00
EE + Family	$21.48

FREQUENCIES (Based on Date of Service)	
Exam	12 Months
Frame	24 Months
Lenses	12 Months
Contact Lenses*	12 Months

*Contact lenses are in lieu of eyeglasses and frames

Vision Benefits Summary

	IN-NETWORK	OUT-OF-NETWORK
EXAM	$10 co-pay	Up to $35
LENSES	$25 co-pay	See below
FRAMES	$150 Allowance	Up to $75
LENSES (STANDARD) PER PAIR		
Single Vision	Covered in Full	Up to $25
Bifocal	Covered in Full	Up to $40
Trifocal	Covered in Full	Up to $55
Lenticular	20% Discount	Not Covered
Progressive	$65 + Deductible	Not Covered
Polycarbonate (Under Age 19)	$40	Not Covered
CONTACT LENSES*		
Elective	Up to $150	Up to $120
Medically Necessary	Covered in Full	Up to $200
Fit & Follow-up Exams	Up to $40	N/A
LASIK VISION CORRECTION	Average discount of 15% off retail price or 5% off promotional price	N/A

*Contact lenses are in lieu of eyeglasses and frames

Provided by: **National Benefit Services**

FSA/HSA

Flexible Savings Account

STACK THE DECK WITH PRE-TAX SAVINGS

At-A-Glance

The FSA Plan Year:

- **Sep. 1, 2025 - Aug. 31, 2026**

Max Annual Contribution:

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

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. There are two 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 eligible care expenses for eligible dependents such as your children, spouse and/or relative.

Health Savings Account

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
  - However, if you make an early withdrawal - or use your HSA for non-eligible expenses - the money may be subject to penalty or taxes.

At-A-Glance

IRS Max Annual Contribution:

- Employee: **$4,300**
- EE + Family: **$8,550**
- Catch-up: **$1,000**

(Contributions for Individuals age 55+)

Provided by: OneAmerica

Life/AD&D

Basic Life/AD&D Insurance

Employer Paid

SECURE YOUR WINNINGS FOR LIFE

Protecting your family's future is no doubt one of your highest priorities. One way to help achieve this goal is through life insurance. **Hawley ISD** provides you with a valuable Basic Life/AD&D insurance plan at no cost to you.

At-A-Glance

Basic Life Insurance Benefit:

- **$10,000**

AD&D Insurance Benefit:

- **$10,000**

Reductions Due to Age

- At age 70, Life and AD&D Insurance benefits will reduce to 50% of the original amount.

Additional Features:

- **Death Benefit Extension** - your life insurance will continue if you become totally disabled.
- **"Living" Benefit Option** - an advanced partial payment of your Life Insurance to you that is available once during your lifetime.
- **Conversion Privilege** - if you or your covered dependent terminates the policy, you may purchase an individual policy without evidence of insurability

Voluntary Life/AD&D Insurance

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

Reductions Due to Age

- At age 70, Life and AD&D Insurance benefits will reduce to 50% of the original amount.
- If the employee first enrolls for Voluntary Life and AD&D Insurance at age 70 or older, the above age reductions will apply to:
  - Any Guarantee Issue Amount available without evidence of insurability; and
  - The maximum amount of insurance for which he or she is eligible.

Guaranteed Issue & Evidence of Insurability

- **Guaranteed Issue** - The amount of coverage you can purchase without having to provide Evidence of Insurability
- **Evidence of Insurability (EOI)** - A record of a person's past and current health events used to determine a person's overall health.

Coverage Amounts

	EE	SPOUSE	CHILD
Guaranteed Issue	$150,000	$50,000	$10,000
Increments	$10,000	$5,000	$10,000
Minimum	$10,000	$10,000	$10,000
Maximum	Lesser of **$500,000** - OR- **5 x Annual Income**	$250,000	$10,000

NOTE: One policy will covers all dependent children until their 26th birthday.

Provided by: **OneAmerica**

Educator Disability Insurance

WHEN LIFE SPINS THE WHEEL, BE COVERED

You always have bills to pay, even when you can't get to work due to injury, illness, or surgery. **OneAmerica's Educator Disability Protection** is designed to help you make ends meet during difficult times and protect your income should you become disabled as a result of a covered accident or illness.

A Lot Rides on Your Paycheck

Most of us take our health and ability to work for granted. You know how much you'd be missed at school, but consider how a temporary loss of income would affect your family's financial security. If a disability kept you from earning an income, how would you pay your mortgage, your car payment and other expenses? That's why Educator Select disability insurance is so important.

The Affordable Solution

OneAmerica's Educator Disability Protection is offered to you at a competitive group rate, with the ease and convenience of payroll deductions. Best of all, you choose the benefit amount that suits the needs of your family and you do not have to answer any health questions or have a medical exam when you apply for coverage.

Benefit Costs & Waiting Periods

The **Benefit Waiting Period** is the period of time that you must be continuously disabled before bents become payable. Below is a list of the available waiting periods and their cost per $100 of benefit.

Disability Insurance Premiums

Monthly	COST OF LTD* (per $100 Benefit)	WAITING PERIOD
Option 1	$5.08	0/3 days
Option 2	$2.84	14/14 days
Option 3	$2.34	30/30 days
Option 4	$1.60	60/60 days
Option 5	$1.38	90/90 days
Option 6	$1.22	150/150 days

How to Estimate Your Premium

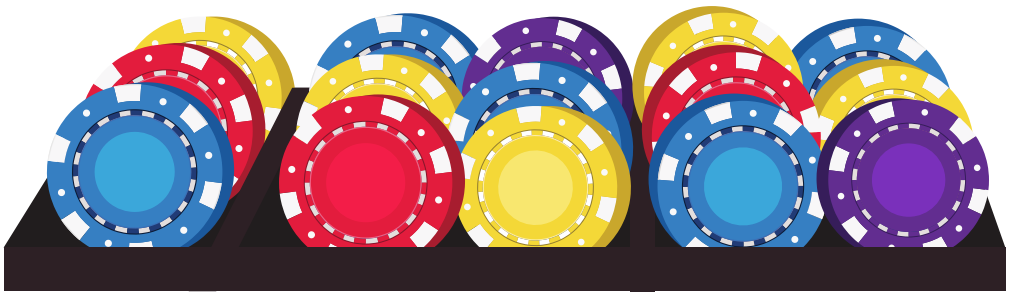
The estimated monthly premium for life insurance is determined by dividing the desired amount of coverage by 100 & then multiplying the result by the desired option's premium rate.

Coverage Amount	$ 1,500	$ _____
Divide by 100	÷ 100	÷ 100
Multiply result by Premium Rate	**15**	_____
	$X.XX (Option 2)	$ _____
Est. Monthly Rate	**$42.60**	$ _____

Provided by: OneAmerica

Employee Assistance Program

HELP WHEN THE CHIPS ARE DOWN



An Employee Assistance Program (EAP) is designed to help you lead a happier and more productive life at home and at work. It provides you and your family with access to additional benefits free of charge, courtesy of Hawley ISD.

Confidential Counseling

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

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

Financial Information and Resources

Speak by phone with our Certified Public Accountants and Certified Financial Planners on a wide range of financial issues, including:

- Estate or Retirement planning
- Debt, credit or loan problems
- Tax questions
- Saving for College

Legal Support and Resources

Talk to our attorneys by phone. If you require representation, we'll refer you to a qualified attorney in your area for a free 30-minute consultation with a 25% reduction in customary legal fees thereafter. Call about:

- Divorce and family law
- Real estate transactions
- Debt and bankruptcy
- Civil and criminal actions
- Landlord/tenant issues
- Contracts

Work/Life Balance

Our Work-Life specialists will do the research for you, providing qualified referrals and customized resources for:

- Child & Elder care
- Moving & Relocation
- College Planning
- Pet Care
- Home Repair

GuidanceResources® Online

GuidanceResources Online is your one stop for expert information on the issues that matter most to you... relationships, work, school, children, wellness, legal, financial, free time and more.

- Timely articles, HelpSheets℠ , tutorials, streaming videos and self-assessments
- "Ask the Expert" personal responses to your questions
- Child care, elder care, attorney and financial planner searches

Free Online Will Preparation

EstateGuidance® lets you quickly and easily write a will on your computer. Just go to **guidanceresources.com** and click on the EstateGuidance link. Follow the prompts to create and download your will at no cost. Online support and instructions for executing and filing your will are included. You can:

- Name an executor to manage your estate
- Choose a guardian for your children
- Specify your wishes for your property
- Provide funeral and burial instructions

Your ComPsych® GuidanceResources® Program

CALL ANYTIME
Call: **855.387.9727**
TDD: 800.697.0353
Online: **guidanceresources.com**
Your company Web ID: **ONEAMERICA3**

Other Benefits

Accident Insurance

Provided by: **Allstate**

New Provider

You don't know when an accident will happen, and you don't know how much it may cost. Hospital stays, medical treatment, follow-up visits and other expenses can all add up quickly. Major medical insurance may not cover everything, but Allstate Benefits **Accident Insurance** can help. This insurance provides additional coverage to help pay medical expenses and living costs when you get hurt. All funds from the policy are paid directly to you to use however you see fit.

Monthly	Accident Insurance Premiums
Employee	$17.83
EE + Spouse	$26.65
EE + Child(ren)	$33.57
EE + Family	$42.39

Health Screening Benefit:	$100 per Insured/Yr.

Critical Illness

Provided by: **Allstate**

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.

Health Screening Benefit:	$75 per Insured/Yr.

Benefits Summary	
Coverage Amounts Available	$5,000 - $50,000
Guaranteed Issue Amounts	EE: up to **$50,000** Spouse: up to **$25,000** Children: up to **$25,000**

Whole Life

Provided by: **Allstate**

New Provider

Life is unpredictable. Let Allstate Benefits help your employees prepare for the unexpected with **Whole Life Insurance**. Our insurance can help provide financial security for life and its uncertainties. Whole Life Insurance from Allstate Benefits can help your family realize the goals and dreams you shared together, and builds cash value you can draw on while still alive.

Please speak with a Benefits Counselor for personalized rates.

Benefit Highlights

- Fully-guaranteed death benefit (premiums payable to age 95)
- If you live to age 121, a lump-sum maturity benefit is paid
- Pays an Accelerated Death Benefit for Terminal Illness
- Affordable premiums; payroll deducted

Medical Transport

Provided by: **MASA Global**

Most people assume that their health insurance will cover most, if not all, 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

Hospital Indemnity

Provided by: **Allstate**

New Provider

Hospitalization Insurance can help with medical costs that your health insurance may not cover. These benefits are available for you, your spouse and eligible dependent children and are paid directly to you to use for whatever you need.

All three levels of coverage include a Wellness Benefit of $100 per Insured/Yr

Benefits Summary

	LOW	MEDIUM	HIGH
1st day Stay Benefit (**Max:** 1 Admit/Calendar Yr)	$1,250	$1,450	$2,950
Daily Hospital Confinement (**Max:** 365 Days)	$150/Day	$150/Day	$300/Day
Daily ICU Confinement (**Max:** 365 Days)	$250/Day	$250/Day	$250/Day

Hospital Indemnity Premiums

MONTHLY	LOW	MEDIUM	HIGH
EE	$19.19	$21.02	$34.68
EE+Spouse	$32.08	$35.78	$63.53
EE+Child(ren)	$35.74	$39.77	$69.96
Family	$48,63	$54.53	$98.81

IMPORTANT: This is a fixed indemnity policy, NOT health insurance. This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

Important Notices

Important Notice from Hawley 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)** 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:

- 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.
- **BCBSTX (TRS ActiveCare)** have determined that the prescription drug coverage offered by **BCBSTX (TRS ActiveCare)**, 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) or Baylor Scott & White** 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) or Baylor Scott & White** 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: **Hawley ISD**

Contact Office: **Benefits Department**
Address: **210 Avenue E, Hawley, TX 79525**
Phone: **(325) 298-2952**

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.

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

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 Benefits 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:

Hawley ISD

Contact Office: **Benefits Department**
Address: **210 Avenue E, Hawley, TX 79525**
Phone: **(325) 298-2952**

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
dcms.hhs.gov

Marketplace Notice

Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 12-31-2026)

PART A: General Information

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

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 in your geographic area.

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

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

Does Employment-Based 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.[1,2]

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution -as well as your employee contribution to employment-based coverage- is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

[1] Indexed annually; see https://www.irs.gov/pub/irs-drop/rp-22-34.pdf for 2025.

[2] An employer-sponsored or other employment-based 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. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

When Can I Enroll in Health Insurance Coverage through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services **is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.**

Marketplace-eligible individuals who live in states served by HealthCare.gov and either- submit a new application or update an existing application on HealthCare.gov between March 31, 2023 and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. **That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage.** In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit HealthCare.gov or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

What about Alternatives to Marketplace Health Insurance Coverage?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023 and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/ for more details.

How Can I Get More Information?

For more information about your coverage offered through your employment, please check your health plan's summary plan description or contact
Hawley ISD; c/o: Benefits Dept. 210 Avenue E; Hawley, TX 79525; (325) 298-2952; mcox@hawley.esc14.net
_____.
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.

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 Hawley ISD		4. Employer Identification Number (EIN) 75-6001759
5. Employer address 210 Avenue E		6. Employer phone number (325) 298-2952
7. City Hawley	8. State TX	9. ZIP code 76525
10. Who can we contact about employee health coverage at this job? Hawley ISD		
11. Phone number (if different from above)	12. Email address mcox@hawley.esc14.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.

- 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 led 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.

☐ 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.

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

13. **Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?**

☐ **Yes** (Continue)
13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage?_____ (mm/dd/yyyy) (Continue)
☐ **No** (STOP and return this form to employee)

14. Does the employer offer a health plan that meets the minimum value standard*?
☐ Yes (Go to question 15) ☐ No (STOP and return form to employee)

15. For the lowest-cost plan that meets the minimum value standard* **offered only to the employee** (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/ she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.
a. How much would the employee have to pay in premiums for this plan? $_____
b. How often? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Quarterly ☐ Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

16. What change will the employer make for the new plan year?_____
☐ Employer won't offer health coverage
☐ Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.* (Premium should reflect the discount for wellness programs. See question 15.)
a. How much would the employee have to pay in premiums for this plan? $_____
b. How often? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Quarterly ☐ Yearly

• 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 (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)

Contacts

HAWLEY ISD

210 Avenue E, Hawley, TX 79525
(325) 298-2952
HawleyISD.FBMCBenefits.com

FBMC Service Center

(844) 337-4968

Medical (TRS ActiveCare II HMO)

▶ **BCBSTX**

GRP#'s:

- Primary: **385003**
- Primary+: **385001**
- HD: **385000**
- AC2: **385002**
- WTXBE: **295781**

Phone #'s

- BCBSTX: **(866) 355-5999**
- WTXBE: **(888) 378-1633**

BCBSTX.com

Dental / Vision

▶ **Ameritas**

GRP#: **400662**
(800) 487-5553
Ameritas.com

Life / Disability

▶ **OneAmerica**

GRP#: **618798**

Phone #'s

- Life: **(800) 553-3522**
- Disability: **(855) 517-6365**

OneAmerica.com

Accident/Critical Illness/ Hospital Indemnity/Group Whole Life

▶ **Allstate**

- Critical Illness, Hospital Indemnity, Accident **GRP#: OC0000601003**
- Whole Life **GRP#: E4995**

Customer Service: **(800) 521-3535**
www.allstatebenefits.com/mybenefits

FSA / HSA

▶ **National Benefit Services**

GRP#: **NBS588245**
(800) 274-0503
NBSBenefits.com

Medical Transportation

▶ **MASA Global**

GRP#: **B2BHAWISD**

Phone #'s

- Global Emergency: **(800) 643-9023**
- Customer Service: **(800) 423-3226**

MASAGlobal.com

Employee Assistance Program (EAP)

▶ **One America**

GRP#: **618798**
(855) 387-9727
GuidanceResources.com

FBMC
BENEFITS MANAGEMENT

Contract Administrator

FBMC Benefits Management, Inc.

Service Center: (844) 337-4968

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.