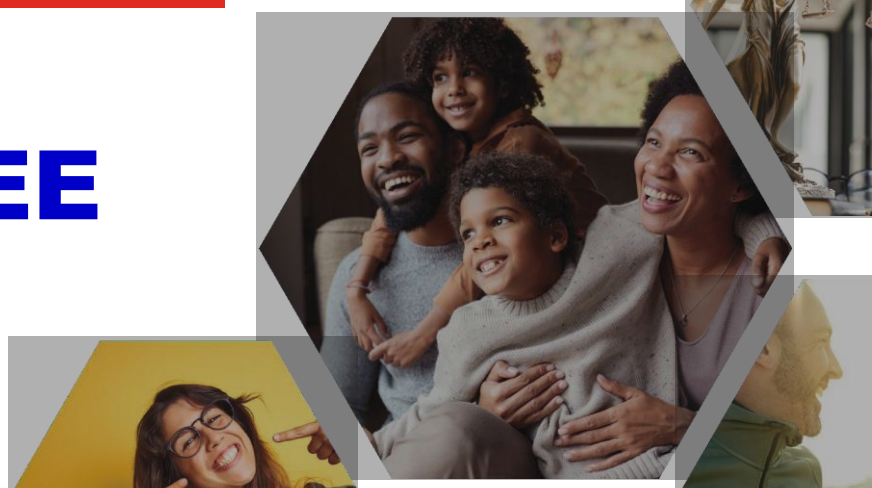
Miles ISD
Achieving Excellence

EMPLOYEE BENEFIT GUIDE



September 1, 2024 – August 31, 2025

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About this Benefits Guide

This benefits guide describes the highlights of Miles 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 are any discrepancies 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.

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

Welcome

Miles 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.

Miles 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 their date of hire 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 September 1, 2024.

Key Things to Know

Mandatory Enrollment

Coverage will **NOT** automatically roll to the new benefit year, so all employees must enroll with a licensed benefit counselor, in person, for the 2024-2025 plan year.

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, 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.

Enrollment

Enrollment

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

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.

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

Eligibility

Full-time employees working at least **20 hours per week** on a regular basis are eligible for coverage on the first day of the month following their date of hire.

Spouse: You may enroll your spouse.

Children: Eligible children include biological, stepchildren, adopted children, children for whom you have been appointed legal guardianship and your grandchildren who are your dependents for federal income tax purposes.

How to Enroll

Licensed Benefit Counselors will be present on **August 5 through August 7**. You will need to meet with a Counselor on these dates to renew, drop, or change your current benefit elections.

Prepare to Enroll

Please have the following information with you at the time of enrollment.

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: **Baylor Scott and White**

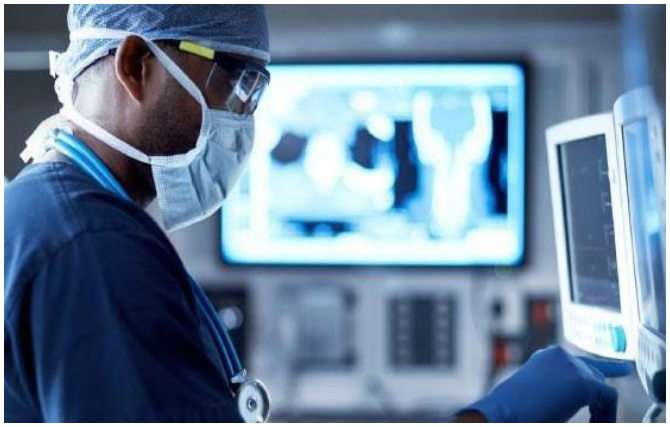
Medical

Miles ISD has contributed $300 toward anyone electing Medical. If not electing Medical, Miles ISD will contribute $225 toward ancillary benefits.

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.

Miles ISD offers five 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 Baylor Scott and White of TX, provides the framework for your health and well-being. To better meet the varying needs of our employees, Miles ISD offers the medical plans described below and on the next page.



Medical Premiums

Medical Cost Comparison

Rates may change if enrollment is 10% above or below current participation

Employee Monthly Cost	BSW Plus HMO 70 LC4HA4D2	BSW Plus HMO 80 LC4HA2I2	BSW Plus HMO 80 LC4HA1M2	BSW Plus HMO 90 LC4HA1Q2	BSW Access PPO 90 UHB4J1Q2
Employee	$414.51	$333.68	$284.06	$230.41	$323.14
Employee + Spouse	$1,691.62	$1,466.32	$1,328.01	$1,178.46	$1,436.94
Employee + Child(ren)	$938.75	$798.62	$712.60	$619.57	$780.35
Employee + Family	$2,153.30	$1,875.77	$1,705.40	$1,521.18	$1,839.59

provided by: **Baylor Scott and White**

Medical Plan Comparison

Per Calendar Year	BSW Plus HMO 70 LC4HA4D2		BSW Plus HMO 80 LC4HA2I2		BSW Plus HMO 80 LC4HA1M2	
PLAN FEATURES (Individual / Family)						
Type of Coverage	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible	$1,000 / $2,000	N/A	$3,500 / $7,000	N/A	$5,500 / $11,000	N/A
Coinsurance	30% after deductible	Not Covered	20% after deductible	Not Covered	20% after deductible	Not Covered
Max Out-of-Pocket	$4,500 / $9,000	Not Covered	$6,000 / $12,000	Not Covered	$7,000 / $14,000	Not Covered
Primary Care Provider (PCP) Required	No	No	No	No	No	No
DOCTOR VISITS						
Primary Care	$35 Copay	Not Covered	$25 Copay	Not Covered	$30 Copay	Not Covered
Specialist	$70 Copay	Not Covered	$50 Copay	Not Covered	$60 Copay	Not Covered
IMMEDIATE CARE						
Urgent Care	$50 Copay	$50 Copay	$50 Copay	$50 Copay	$50 Copay	$50 Copay
Emergency Care	$500 Copay per visit plus 30% coinsurance	$500 Copay per visit plus 30% coinsurance	$500 Copay per visit plus 20% coinsurance	$500 Copay per visit plus 20% coinsurance	$500 Copay per visit plus 20% coinsurance	$500 Copay per visit plus 20% coinsurance
Preventive Care	No Charge	Not Covered	No Charge	Not Covered	No Charge	Not Covered
Diagnostic X-Ray and Lab	No Charge	Not Covered	No Charge	Not Covered	No Charge	Not Covered
MRI, CT Scan, PET Scan	30% Coinsurance	Not Covered	20% Coinsurance	Not Covered	20% Coinsurance	Not Covered
Inpatient Hospital	30% Coinsurance after deductible	Not Covered	20% Coinsurance after deductible	Not Covered	20% Coinsurance after deductible	Not Covered
Outpatient Surgery	30% Coinsurance after deductible	Not Covered	20% Coinsurance after deductible	Not Covered	20% Coinsurance after deductible	Not Covered
PRESCRIPTION DRUGS						
Retail (30-day supply) Generic / Preferred Brand	Tier 1:$10 Tier 2:$50 Copay per prescription	Not Covered	Tier 1:$10 Tier 2:$50 Copay per prescription	Not Covered	Tier 1:$10 Tier 2:$50 Copay per prescription	Not Covered
Retail (30-day supply) Non-Preferred Brand	$95 Copay per prescription	Not Covered	$95 Copay per prescription	Not Covered	$95 Copay per prescription	Not Covered
Specialty (30-day max)	Tier 1: $250 Tier 2: $250 Tier 3: 20% coinsurance	Not Covered	Tier 1: $250 Tier 2: $250 Tier 3: 20% coinsurance	Not Covered	Tier 1: $250 Tier 2: $250 Tier 3: 20% coinsurance	Not Covered
MAIL ORDER DRUGS						
Mail Orders (90-day supply)	2.5X retail	Not Covered	2.5X retail	Not Covered	2.5X retail	Not Covered

provided by: **Baylor Scott and White**

Medical Plan Comparison

Per Calendar Year	BSW Plus HMO 90 **LC4HA1Q2**		BSW Access PPO 90 **UHB4J1Q2**	
PLAN FEATURES (Individual / Family)				
Type of Coverage	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible	$7,500 / $15,000	N/A	$7,500 / $15,000	$15,000 / $30,000
Coinsurance	10% after deductible	Not Covered	10% after deductible	30% after deductible
Max Out-of-Pocket	$9,450 / $18,900	Not Covered	$9,450 / $18,900	$28,350 / $56,700
Primary Care Provider (PCP) Required	No	No	No	No
DOCTOR VISITS				
Primary Care	$30 Copay	Not Covered	$30 Copay	30% after deductible
Specialist	$60 Copay	Not Covered	$60 Copay	30% after deductible
IMMEDIATE CARE				
Urgent Care	$50 Copay	$50 Copay	$50 Copay	$50 Copay
Emergency Care	$500 Copay per visit plus 10% coinsurance	$500 Copay per visit plus 10% coinsurance	$500 Copay per visit plus 10% coinsurance	$500 Copay per visit plus 10% coinsurance
Preventive Care	No Charge	Not Covered	No Charge	30% after deductible
Diagnostic X-Ray and Lab	No Charge	Not Covered	No Charge	30% after deductible
MRI, CT Scan, PET Scan	10% Coinsurance	Not Covered	10% Coinsurance	30% after deductible
Inpatient Hospital	10% after deductible	Not Covered	10% after deductible	30% after deductible
Outpatient Surgery	10% after deductible	Not Covered	10% after deductible	30% after deductible
PRESCRIPTION DRUGS				
Retail (30-day supply) Generic / Preferred Brand	Tier 1:$10 Tier 2:$50 Copay per prescription	Not Covered	Tier 1:$15 Tier 2:$60 Copay per prescription	30% after deductible
Retail (30-day supply) Non- Preferred Brand	$95 Copay per prescription	Not Covered	$120 Copay per prescription	30% after deductible
Specialty (30-day max)	Tier 1: $250 Tier 2: $250 Tier 3: 20% coinsurance	Not Covered	Tier 1: $200 Tier 2: $300 Tier 3: 15% coinsurance	30% after deductible
MAIL ORDER DRUGS				
Mail Orders (90-day supply)	2.5X retail	Not Covered	2.5X retail	30% after deductible

provided by: **Recuro Health**

Tele-Health

New Provider

Employer Paid

Virtual Visits: Get 24/7 Care, Anywhere

Access board-certified physicians 24/7, 365 days a year for **you and your family!** Doctors will discuss your symptoms, confirm a diagnosis, and prescribe any needed medication. Video and telephone-based visits are available, with an average wait time of just ten minutes.

Consultation Fee: $0
Unlimited Consultations

Don't risk crowded waiting rooms, expensive urgent care or ER bills, or waiting weeks or more to see a doctor, when you can speak with a Virtual Visits doctor within minutes.

Virtual Urgent Care visits, provided by Recuro Health, are a convenient alternative for treatment of more than 80 health conditions, including:

- **Acne/Rashes**
- **Allergies**
- **Cold / Flu / Cough**
- **GI Issues**
- **Ear Problems**
- **Fever / Headaches**
- **Insect Bites**
- **Nausea / Vomiting**
- **Pink Eye**
- **Respiratory Issues**
- **UTIs**
- **And More**

Activate Your Recuro account today:

Call Recuro at: **855-6RECURO**
Go to: **member.recurohealth.com**

Virtual Behavioral Health visits with licensed behavioral health therapists are available by appointment. Virtual Visit doctors can even send an e-prescription to your local pharmacy.

Licensed Counseling: $85
Psychiatry Initial Visit: $225
Psychiatry Follow-Up Visit: $99

Get virtual care for:

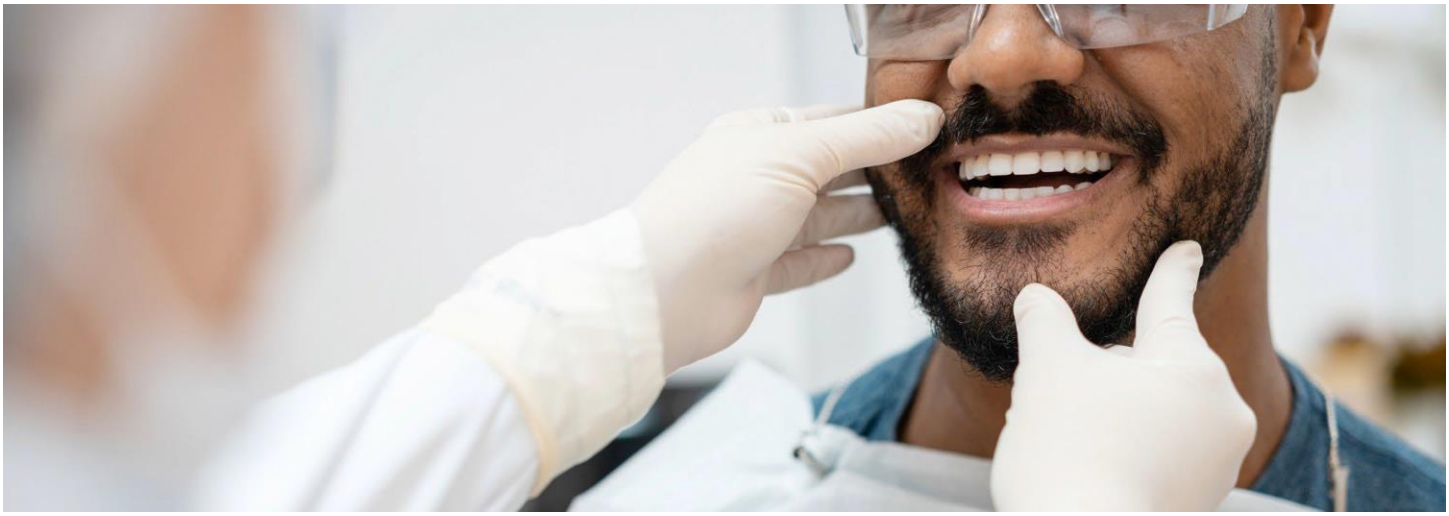
- **ADHD / ADD**
- **Anger Management**
- **Anxiety**
- **Bipolar Disorder**
- **Sleeping Disorders**
- **Smoking Addiction**
- **Substance Abuse**
- **Depression**
- **Stress**
- **Eating Disorders**
- **Grief & Loss**
- **PTSD**
- **OCD**
- **And More**

Prescription Benefit provides a curated list of prescriptions, with access to 90% of the generic medications prescribed by telemedicine.

- **Discounted Prescription**
- **No Copays**
- **Major Pharmacies**
- **Dependent Coverage**
- **Nationwide Access**
- **65,000+ Pharmacies**

provided by: **Humana**

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.

With the High and Low plans, you enjoy negotiated discounts from our Humana network dentists. After deductibles, you pay coinsurance percentages for each covered service up to your annual max.

Need help finding a network dentist? Log on to www.Humana.com or call 800-233-4013.

*There is an Extended Annual Max which allows an additional 30% coverage for preventative, basic, and major services after the calendar year maximum is met (excludes orthodontia)

*It is the members responsibility to verify the providers in network at the time of service

Dental Plan Premiums

Monthly Cost	High	Low
Employee	$30.84	$21.20
EE+Spouse	$61.61	$42.96
EE+Child	$56.00	$38.90
EE+Family	$103.36	$71.54

Dental Benefits Summary

	High	Low
Your Network	Traditional Plus PPO	Preventive Plus PPO
Office Visit Copay	N/A	N/A
Calendar-Year Deductible	$50/$150	$50/$150
Charges covered for you (co-insurance)	**In/Out Network**	**In/Out Network**
Preventive Care Deductible waived	100%	100%
Basic Care	80% after deductible	80% after deductible
Major Care	50% after deductible	Not covered
Annual Maximum Benefit	$1,000 *	$1,000
Orthodontia Benefit	Child orthodontia through age 18. Pays 50% of covered ortho up to $1,000 lifetime maximum	Not covered; Members may receive a discount

provided by: **Humana**

Vision

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

Vision Plan Premiums

Monthly Cost	
Employee	$7.46
EE+1Dependent	$12.90
EE+Family	$18.30

FREQUENCIES
(Based on Date of Service)

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

*Plan covers contact lenses or frames, not both.

Vision Benefits Summary

	IN-NETWORK ALLOWANCES	OUT-OF-NETWORK ALLOWANCES
EXAM	$10	Up to $30
FRAMES	$150 allowance, 20% off balance over $150	$80 allowance
LENSES (STANDARD) PER PAIR		
Single Vision	$10	Up to $25
Bifocal	$10	Up to $40
Trifocal	$10	Up to $60
Lenticular	$10	Up to $100

COVERED LENS OPTIONS

UV Coating	$15	Not covered
Tint (Solid and Gradient)	$15	Not covered
Standard Scratch-Resistance	$15	Not covered
Standard polycarbonate– Adults	$40	Not covered
Standard Polycarbonate Child <19	$0	Not covered
Standard Anti-Reflective Coating	$25	Up to $25
Premium Anti-Reflective Coating		
- Tier 1	$37	Up to $25
- Tier 2	$48	Up to $25
- Tier 3	80% of charge less $20 allowance	Up to $25
Standard Progressive (add- on to Bifocal)	$10	Up to $40
Premium Progressive		
- Tier 1	$75	Up to $40
- Tier 2	$85	Up to $40
- Tier 3	$100	Up to $40
- Tier 4	$55 copay, 80% of charge less $120 allowance	Up to $40
Photochromatic / Plastic Transitions	$75	Not covered
Polarized	80% of charge	Not covered

CONTACT LENSES

Elective - Conventional	$150 allowance, 15% off balance over $150	$128 allowance
Disposable	$150 allowance	$128 allowance
Medically Necessary	$0	$210 allowance

provided by: **TASC**

FSA

Flexible Savings Account

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

Healthcare FSA – Helps pay for qualifying Medical expenses not covered by insurance (co-pays, deductibles, prescription costs, etc.)

Dependent Care FSA - Helps pay for care expenses for eligible dependents such as your children, spouse and/or relative.

"Use-it-or-Lose-it" Rule

As required by the Internal Revenue Service (IRS), an FSA has a "use-it-or-lose-it" provision stating that any unused funds at the end of the plan year (plus any applicable grace period) will be forfeited. When electing an FSA during open enrollment, the employee must specify how much he or she would like to contribute to the FSA for the year. The goal is to choose an amount that will cover medical or dependent care expenses, but that is not so high that the money will be forfeited at the end of the year. The set grace period will be 1.5 months.

Due to IRS regulations, effective September 1, 2024, 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 pre-tax payroll deductions. The maximum annual contribution from all sources cannot exceed $3,200.

At-A-Glance

The FSA Plan Year:

- **Sept. 1, 2024 - Aug. 31, 2025**

Claim Filing Deadlines:

- **Health Care FSA**

Grace period of 45 days for filing Claims.

- **Dependent Care FSA**

Grace period of 45 days for filing claims.

2024 Max Annual Contribution:

- HFSA: **$3,200**
- DCFSA: **$5,000**

Eligible Expenses

Acupuncture and Chiropractic Services
Artificial limbs or teeth
Birth control pills, condoms, contraceptive devices, and sterilization procedures
Childbirth classes
Co-pays, co-insurance, and deductibles, crutches, wheelchairs, and other durable medical equipment.
Dental exams, cleanings, fillings, and other qualified services.
Eye exams and vision correction surgery.
Eyeglasses, contact lenses, and solutions.
Hearing devices
Hospital bills
Insulin, diabetic supplies, and test kits
Medical tests and other medical services
Mileage to and from medical services
Orthodontia
Over-the-counter health care items, such as bandages and thermometers
Physical exams and medical screenings
Prescription drugs
X-rays
… and hundreds more

provided by: **Lincoln**

Term Life and AD&D

Basic Life/AD&D

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. Miles ISD provides you with a valuable basic life insurance plan at no cost to you.

At-A-Glance

Basic Life Insurance Benefit:

- $50,000

AD&D Insurance Benefit:

- $50,000

How Does It Work?

You keep coverage for a set period of time, or "term." If you die during that term, the money can help your family pay for basic living expenses, final arrangements, tuition and more. AD&D Insurance is embedded with the Life insurance, 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. The coverage amount reduces by 50% at age 70 and terminates at retirement.

When You Need to File a Claim

Handling a Life insurance claim takes a special touch. All of our Life Benefits employees complete annual grief training helping them to empathize with beneficiaries and recognize when they need special attention. We're focused on settling claims quickly.

What Else Is Included

- **Travel Connect** – Services which give you and your family access to emergency medical assistance when you're on a trip 100+ miles from home.
- **Life/Key Services** – Services which provide access to counseling, financial, and legal support.

Voluntary Life/AD&D

EMPLOYEE PAID

In addition to your Basic Life Insurance, you have the opportunity to purchase additional Voluntary Life/AD&D insurance protection from Lincoln Financial. 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 embedded with Life insurance and pays a benefit if you survive an accident but have certain serious injuries. It pays an additional amount if you die from a covered accident. The coverage amount will reduce to 50% at age 70 and terminates at retirement.

Why is this coverage so valuable?

On the policy effective date, all members (enrolled or eligible) may increase their benefit amount up to the guaranteed issue amount without health questions.

At-A-Glance

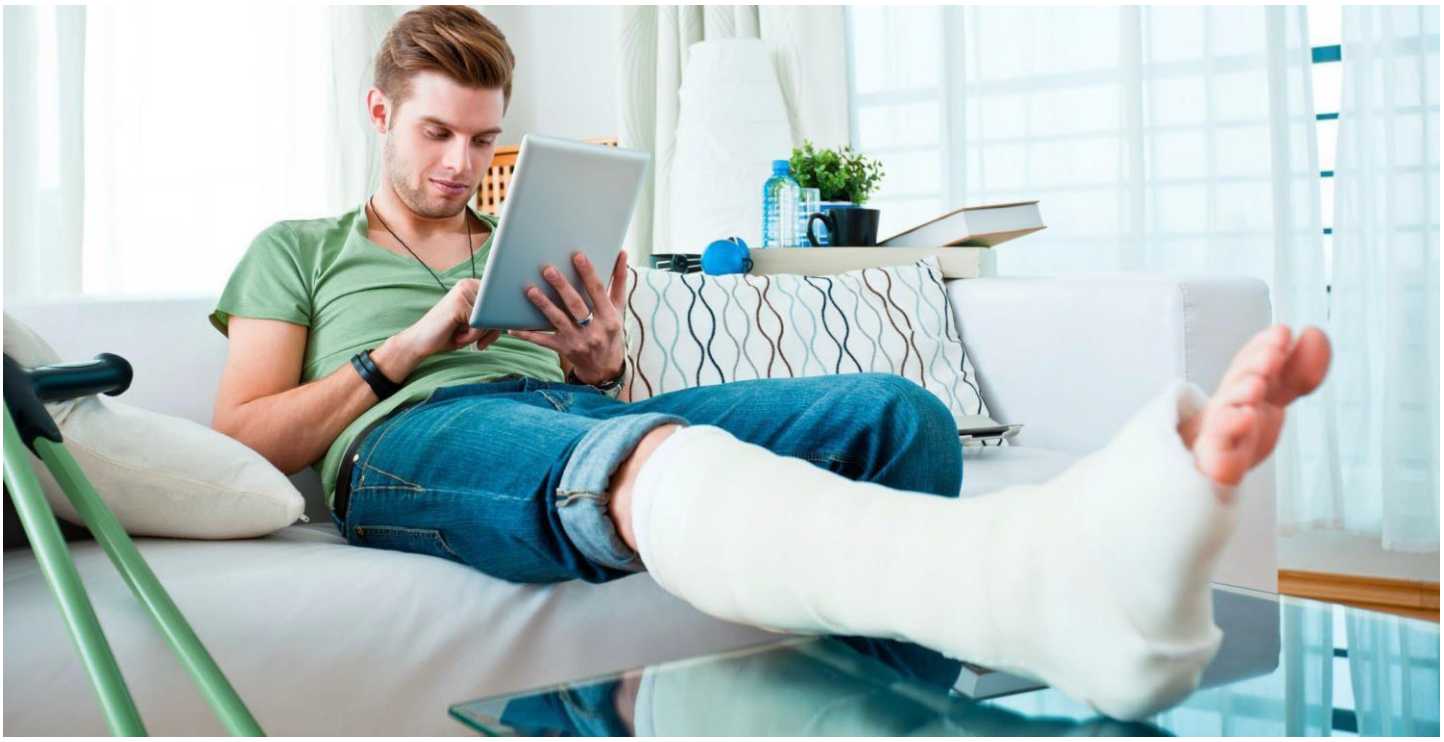
- Get up to $150,000 guarantee issue for yourself and $50,000 for your spouse, and $10,000 for children.
- No evidence of insurability is required for child coverage.

What Else Is Included

- **Accelerated Death Benefit** — An option to withdraw a percentage of your life insurance coverage when diagnosed as terminally ill.
- **Waiver of Premium** — Life insurance for dependents continues automatically, without premium payment, for five months after the death of the insured member.
- **Portability** — You may be able to keep coverage if you leave the District, retire, or change the number of hours you work.

provided by: **The Standard**

Educator Disability



Educator Disability Income Protection

from The Standard helps school employees (grades K-12) protect their income by meeting their specific needs, including leaves of absence, coverage during school breaks and vacations, and summer earnings. Educator Options provides a monthly benefit to eligible employees who are partially or totally disabled due to a covered physical disease, injury, pregnancy, or mental disorder.

Get The Coverage You Need

The coverage includes features that allow you to design a flexible plan that best meets your needs. You can select:

- The elimination period, which is the amount of time you would need to wait between the day a disability begins and the date you start receiving benefits.
- The duration amount, which is the length of time you could receive benefits.

The Affordable Solution

The Standard's long-term disability insurance 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.

NOTE: Options 0/7, 14/14, & 30/30 are eligible for 1st Day Hospital benefits.

Educator Disability Premium
Benefit Duration - to Age 65 for Illness or Accident

Monthly Cost	Cost Per $100 of benefit
0/7	$3.37
14/14	$2.98
30/30	$2.52
60/60	$1.64
90/90	$1.41
180/180	$1.03

Educator Disability Premium
Benefit Duration - 5 Years for Illness & Age 65 for Accident

Monthly Cost	Cost Per $100 of benefit
0/7	$3.17
14/14	$2.75
30/30	$2.37
60/60	$1.54
90/90	$1.32
180/180	$1.00

This benefit is only available to employees enrolled in the Educator Disability plan

provided by: **The Standard**

Employee Assistance Program

Your mobile app is now available!

Free • Convenient • On-the-Go Help

- **Review Member Benefits**
- **Confidential support** from Licensed Professional Counselors for personal, family and work issues
- **Work/Life Services** locates the right help with childcare/eldercare, legal/financial, relocation and more
- **One-Touch Calling:** Talk to a Licensed Professional Counselor
- **Quick Email Contact:** Ask a question or address an issue
- **24/7 EAP+Work/Life Website**
  - View EAP+Work/Life Orientation Video
  - Enhance your skills with Online Trainings
  - View our Webinars
  - Take Health and Well-being Assessments
  - Browse topics from caregiving to retirement planning
  - Access calculators for budgeting, loans, college, etc.

Remember, Health Advocate is available to employees, spouse/domestic partner, dependent children to age 26, and all household members at no cost.

888.293.6948

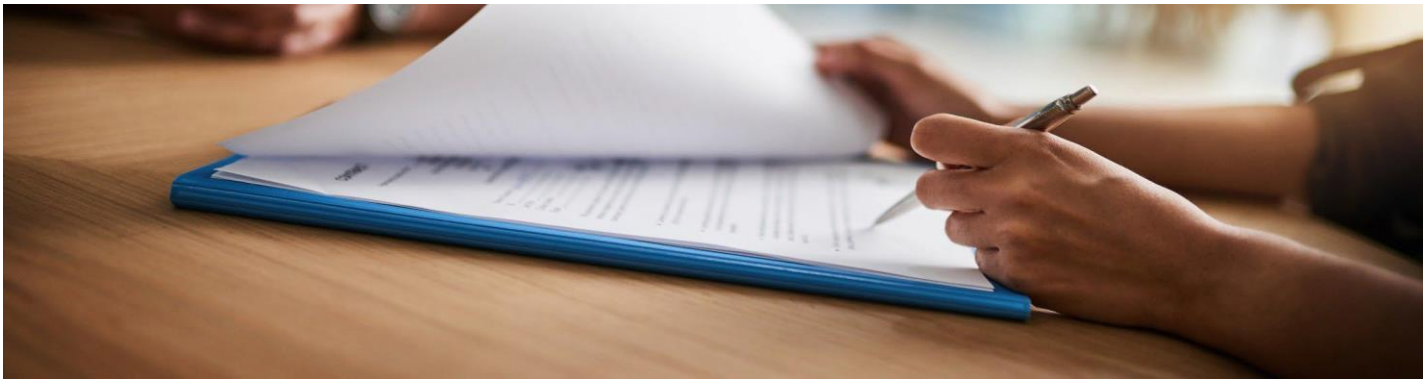
Organization Name: The Standard - EAP - 3 Visits

Email: answers@HealthAdvocate.com

Web: HealthAdvocate.com/standard3

HealthAdvocate℠

Other Benefits



Accident Insurance provided by: MetLife

Accidents happen. MetLife **Accident Insurance** helps you handle these unexpected events 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.

An Organized Sports benefit is included with all tiers of coverage. If a covered child aged 18 or younger is injured while playing an organized sport, MetLife pays an additional 25% of the total benefits for treatment received.

The plan also features a Health Screening Benefit of $200. 1 time(s) per calendar per, per covered person.

The plan pays out a benefit for Injury, Emergency, Surgery, Hospitalization, Follow-Up Care, and other Value-Added Benefits.

Accident Premium

Monthly Cost	HIGH
Employee	$15.02
EE+Spouse	$22.29
EE+Child(ren)	$30.10
EE+Family	$37.65

Critical Illness w/ Cancer provided by: MetLife

Your health insurance covers many of your treatment costs, but you still have a lot of expenses that your finances are not ready for. **Critical Illness Insurance** can assist you with these costs by paying a benefit directly to you.

The levels of coverage to choose from:

- **$5,000 to $40,000 for Employee**
- **100% of the Employee's Initial Benefit for Spouse**
- **100% of the Employee's Initial for Dependent Child(ren)**

For rates, please meet with your Benefit Counselor.

The plan also features a Health Screening Benefit of $50. 1 time(s) per calendar per, per covered person.

At-A-Glance

- ***Health Maintenance Screening Benefit:*** **$50 per insured/year**
- Guaranteed issue, fully Portable, Payroll Deducted

Covered conditions include but not limited to:

- **Heart Attack / Stroke**
- **Cancer (Invasive & Non-Invasive)**
- **End Stage Renal Failure**
- **Major Organ Failure**
- **Advanced ALS**
- **Advanced Alzheimer's Disease**
- **Advanced Parkinson's Disease**
- **Childhood Diseases**

Other Benefits

Hospital Indemnity provided by: **MetLife**

A trip to the hospital can be costly - and many employees aren't prepared for the out-of-pocket expenses that come with a hospital stay, even with medical coverage. **Hospital Indemnity insurance** pays cash benefits to employees in the event of a hospitalization, regardless of treatment costs or other insurance coverage. It's an affordable way for employees to keep their finances on track.

Hospital Indemnity Premium

Monthly Cost	
Employee	$19.13
EE+Spouse	$34.42
EE+Child(ren)	$29.05
EE+Family	$44.35

- Hospital Admission - **$1,000 (up to 4x per year)**
- Hospital Confinement - **$100/day (pays for up to 30 days)**
- ICU Admission - **$1,000 (pays in additional to Hospital Admission benefit)**
- ICU Confinement - **$100/day (pays in addition to Hospital Confinement for up to 15 days)**
- Confinement for Newborn Nursery Care - **$25/day (2 days per confinement)**

The plan also features a Health Screening Benefit of $50. 1 time(s) per calendar per, per covered person.

Lifetime Benefit Term Provided by: **Chubb**

Lifetime Benefit Term

Chubb's fully portable Chubb Lifetime Benefit Term offers the stability of guaranteed premiums and benefits. It provides both permanent term life insurance and benefits for caregiving services.

Employees receiving care have more choices than ever and can receive benefits whether caregiving is provided by a professional or by a family member and can freely move between the two types of care.

Employees get both a safety net for their loved ones and the ability to better afford comfortable, high-quality care when they need it.

Coverage is available for your spouse, children, and dependent grandchildren.

For rates, please meet with your Benefit Counselor.

At-A-Glance

- Long-Term care (LTC) benefits that stay the same throughout your life.
- Use part of your death benefit to help manage costs if you're diagnosed with a terminal illness.
- Keep your coverage at the same price and benefits if you change jobs or retire.
- **Guaranteed Issue up to $100,000.**

Other Benefits

Cancer

provided by: **Colonial**

When you hear that you have cancer, you think about a lot of things. The one thing you don't want to think about is how to pay for all the expenses that come from your medical care and recovery. **Cancer Insurance** makes payment directly to you based on the treatment you receive.

Medical insurance plans may cover many of the expenses associated with a cancer diagnosis. However, there are many nonmedical costs associated with recovery such as transportation to treatment, childcare and lost wages due to your inability to work.

Cancer Premium

Monthly Cost	Plan 3	Plan 4
Employee	$22.55	$29.15
EE+Family	$37.50	$48.45

This plan will pay out a benefit for Hospital Confinement, Care Facility, Nursing, Attending Physician, Radiation/Chemotherapy, Medication, Blood/Plasma/Platelets, Experimental Treatment, Prosthesis, Stem Cell Transplant, Transportation, Lodging, Surgery, Anesthesia, Second Medical Opinion, and Many More…

The plan also features a Health Screening Benefit of $75. 1 time(s) per calendar per, per covered person.

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.

Emergency Ground and Air Transportation in U.S./Canada

- **One Low Fee for Peace of Mind**
- **No Deductibles**
- **Easy Claim Process**
- **No Health Questions**

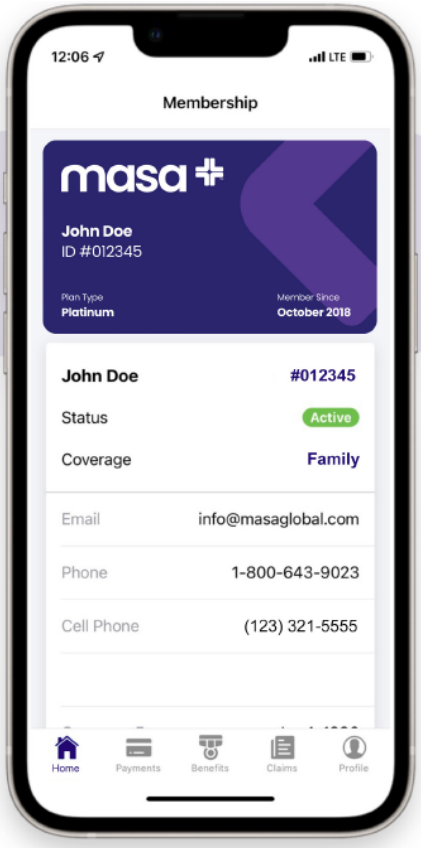
Medical Transport Premiums

Monthly Cost	EMERGENT PLUS
Employee	$14.00
EE+Family	$14.00

Download the MASA mobile app today.

Registration is easy with your member ID.

*Access your digital ID cards
*View plan documents and benefits
*View your claims history



Other Benefits

New Provider Identity Theft provided by: Allstate

With Allstate Identity Protection Pro+ and Pro+Cyber, you get comprehensive identity monitoring and fraud resolution designed to help you protect yourself and your family against today's digital threats, With Pro+Cyber, you get cybersecurity features designed to identify and address vulnerabilities before they can be exploited.

	Pro+	Pro+ Cyber
Employee	$7.95	$9.95
Employee + family	$13.95	$17.95

Financial protection	Pro+		Pro+ Cyber	
	Individual	Family	Individual	Family
	Up to $1M coverage includes:		Up to $1M coverage includes:	Up to $2M coverage includes:
Identity theft expense reimbursement†	✓		✓	
Stolen fund reimbursement†	✓		✓ (up to $1M sublimit for this category of protection)	
401(k)/HSA fraud reimbursement†	✓		✓ (up to $1M sublimit for this category of protection)	
Deceased family member fraud expense reimbursement†	✓		✓	
Home title fraud expense reimbursement†	✓		✓	
Professional fraud expense reimbursement†	✓		✓	
Personal ransomware expense reimbursement†			✓	

Important Notices

Important Notice from Miles 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 Baylor Scott & White 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. Baylor Scott & White has determined that the prescription drug coverage offered by Baylor Scott & White 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 Baylor Scott & White coverage will be affected. You can keep this coverage if you elect to join a Medicare drug plan, and your Baylor Scott & White 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 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 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 Baylor Scott & White 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: **August 1, 2024**

Name of Entity: Miles ISD
Contact-Position/Office: Human Resources Department
Address: 1001 Robinson St. Miles, TX. 76861
Phone Number: 325-468-2861

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.

NBS

COBRA Department

P.O. Box 2077

Omaha, NE 68103-2077

888-868-3539

The Women's Health and Cancer Rights Act of 1998 (WHCRA)

If you or your spouse have had or are going to have a mastectomy, you/she may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA).

For individuals receiving mastectomy related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

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

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

Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section.

However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable).

In any case, plans and insurers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

HIPAA SPECIAL ENROLLMENT NOTICE

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

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

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

To request special enrollment or obtain more information, contact:

Miles ISD

Human Resources Department

325-468-2861

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, 2021, or to view states that have recently added a premium assistance program since January 31, 2021, 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

New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149

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, 2024, 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. Starting January 1, 2024, if the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 8.39% 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.

Miles ISD ATTN: Human Resources Dept., 1001 Robinson St. Miles, TX. 76861 (325) 468-2861

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

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

Marketplace Notice

PART B: Information About Health Coverage Offered by Your Employer

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

3. Employer name **Miles Independent School District**		4. Employer Identification Number (EIN) **75-1394232**
5. Employer address **1001 Robinson St.**		6. Employer phone number **325-468-2861**
7. City **Miles**	8. State **TX**	9. ZIP code **76861**
10. Who can we contact about employee health coverage at this job? **Human Resources Department**		
11. Phone number (if different from above)	12. Email address **Kati.briley@milesisd.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:

☒ Some employees. Eligible employees are:

All employees working 20+ hours per week.

- With respect to dependents:

☒ We do offer coverage. Eligible dependents are:

1. Your spouse;
2. A child under the age of 26 meeting the Definition of Dependent;
3. A child any age who is medically certified as Disabled and dependent on the parent;
4. A child of your child who is your Dependent for federal income tax purposes at the time application for coverage of the child is made;
5. Any other child included as an eligible Dependent under the Contract.

☐ 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

Miles ISD
1001 Robinson St
Miles, Tx 76861
325-468-2861

FBMC
7300 State Hwy 121 Ste. 300.
McKinney, Texas 75070
www.FBMC.com

Medical
Baylor Scott and White of TX
Group #: **06965**
844-633-5325
www.bswhealthplan.com

Tele-Health
Recuro Health
855-673-2876
www.recurohealth.com

Dental/Vision
Humana
Group #: **847935**
800-233-4013
www.humana.com

Flexible Spending Accounts
TASC
Employer #: **4722-0644-1119**
800-422-4661
www.tasconline.com

Basic Life and AD&D
Group #: **33017**

Voluntary Life and AD&D
Lincoln Financial
Group #: **33018**
800-487-1485
www.lincolnfinancial.com

Educator Disability
The Standard
Group #: **760453**
888-937-4783
www.standard.com

Employee Assistance Program
HealthAdvocate Organization Code:
The Standard-EAP-3 Visits
888-293-6948
Email: answers@HealthAdvocate.com
www.HealthAdvocate.com/st andard3

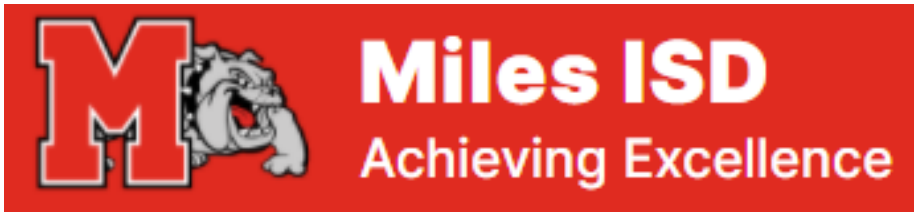
Medical Transport
MASA/MTS
Group #: **B2BMILEISD**
800-643-9023
www.masamts.com

Cancer
Colonial
Group #
Option 3: **G0060213**
Option 4: G0060214
BCN:E5658646
800-325-4368
www.coloniallife.com

Hospital Indemnity Accident Critical Illness
MetLife
Group #: **5386099**
800-638-5433
www.metlife.com

Lifetime Benefit Term
Chubb
Group #: **ZDB**
855-241-9891
csmail@gotoservice.chubb.com

Identity Theft
Allstate
Group #: **9891**
800-789-2720
www.allstate.com/aip



Contract Administrator

FBMC BENEFITS MANAGEMENT

FBMC Benefits Management, Inc.
7300 State Hwy 121 Ste. 300 • McKinney, Texas 75070
Monday - Friday, 7 a.m. - 6 p.m. CST

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