

PAMPA ISD
PLAN YEAR 2023-2024

EMPLOYEE BENEFITS GUIDE



PAMPA ISD

WELCOME

Our District is proud to have the most dedicated, passionate, and valuable employees, which is why we offer a variety of quality benefit programs to best fit you and your family's needs. On behalf of the entire Employee Benefits team, we would like to welcome you to begin your benefits enrollment.

This booklet is designed to highlight your benefits options. It is not a Summary Plan Description (SPD). Official Plan and insurance documents actually govern your rights and benefits under each plan. For more details including covered expenses, exclusions, and limitations, please refer to the individual Summary Plan Descriptions. If any discrepancy exists between this booklet and the official documents, Summary Plan Descriptions will prevail.

If you have any questions concerning this employee guide, please contact an Employee Benefits Team Member.

CONTACT

PAMPA ISD

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IMPORTANT THINGS TO KNOW FOR 2023-2024

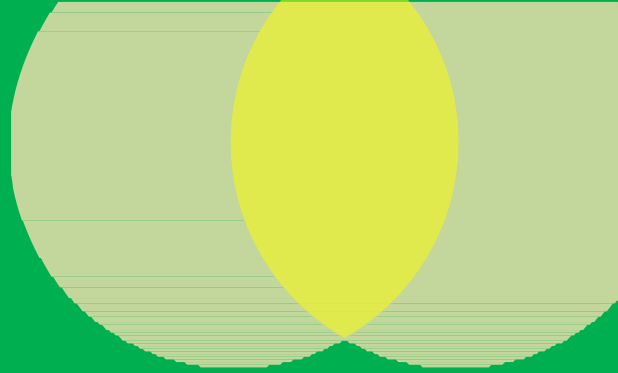
- Pampa ISD Cafeteria Plan year runs from September 1st through August 31st each year. We will automatically pre-tax all your eligible health insurance premiums as allowed by the Cafeteria Plan. Remember once the plan year starts you cannot make any changes to your coverage mid-year unless it's due to a Qualified Life Event (QLE). The QLE's are due to marriage, divorce, Medicaid/Medicare eligibility, birth/adoption of a child and involuntary loss of other coverage. You have 31 days from the event date to make any change. Please contact the Employee Benefits office right away to report the event along with supporting documents.
- MetLife will be the new carrier for the Accident, Critical Illness, and Dental plans. They will also be offering a new Hospital Indemnity policy
- Chubb Medical Gap: Chubb will be the new Medical Gap carrier
- TASC: New limits for the Healthcare Flexible Spending Accounts. You can now elect up to \$3,050 per year to utilize on out-of-pocket medical expenses.

ELIGIBILITY AND EFFECTIVE DATES

- **All full and part time PISD employees, working at least 20 hours per week and are TRS contributing members, are eligible for all benefit offerings through the district.**
- **The district provides these employees a Basic Life Insurance policy for \$10,000, at no cost.**
- **All newly eligible employees will have 30 days from date of employment (start date) to enroll in benefits.**
- **Supplemental Insurance coverage is 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 the insurance coverage is effective September 1, 2023.**

-Please ensure you enter or update a beneficiary within the enrollment portal for the Basic Group Life Insurance policy.

-Don't forget to update your contact information with the Employee Benefits Team, as well as The Beacon Select, benefits enrollment system.



SECTION 125 CAFETERIA PLAN

PURPOSE

Pampa ISD has adopted this Plan to allow you to pay for benefit options (called Qualified Benefit Plans) for yourself, your spouse, and your dependents via pre-taxed salary reduction contributions. You may choose from these “tax free” Qualified Benefit Plans in lieu of receiving taxable compensation. The Plan is intended to qualify as a “Cafeteria Plan” within the meaning of Section 125(d) of the Internal Revenue Code. This Plan allows you to reduce your taxable income in direct proportion to (a) your contribution to the cost of your elected Qualified Benefit Plans and (b) your contribution to any Account Plan.

HOW IT WORKS

Section 125 Plan reduces your taxes and increases your spendable income by allowing you to deduct the cost of eligible benefits from your earnings before tax. This plan is available to you at no cost, no action is needed from you except to enroll in benefits!

QUALIFYING FAMILY STATUS CHANGES

Cafeteria plans, also known as Section 125 plans (the IRS code that covers them), allow you to deduct certain amounts for benefits from your gross earnings before federal withholding taxes are figured.

Benefit elections will remain in effect for the plan year and cannot be revoked or changed unless you experience one of the following qualifying family status changes:

- Birth & adoption
- Marriage
- Change in spouses' employment
- Divorce
- Death
- Change in dependent eligibility
- Exhausted COBRA coverage
- Loss of coverage
- Involuntary loss of coverage

ELIGIBLE BENEFITS UNDER SECTION 125:

- Accident
- Cancer
- Dental
- FSA
- Hospital Indemnity
- Medical
- Vision

All required documentation must be submitted to the Benefits office within 30 days from the event date.



ANNUAL ENROLLMENT DATES:

MONDAY, JULY 24, 2023 – THURSDAY, AUGUST 17, 2023

- **Enrollers will be available to meet with Employees for assistance with enrolling!**
- **Employees are welcome to attend any enroll site &/or presentations listed below.**

ENROLLMENT BENEFIT SCHEDULE

Annual Enrollment Period: 7/24/2023 – 8/17/2023

WAYS TO ENROLL

- **Online via Benefits Enrollment Portal – THE BEACON SELECT**
- **In-Person at the Administration Building. All district employees are welcome to meet with an enroller. Note: We will have bilingual English/Spanish enrollers.**
- **By Phone – Call an Enrollment Representative at 888-534-2917 . Number will only be active during Open Enrollment Period.**
- **Additional Phone help: US Employee Benefit Services Group 877-730-7780.**

BENEFITS PRESENTATIONS

- **JULY 25, 2023: Administration Building Board Room at 1:30 PM**

ON-SITE ENROLLER DAYS

- **July 26, 2023: Administration Building 8:00 AM to 4:00 PM**
- **July 27, 2023: Administration Building 8:00 AM to 4:00 PM**

HOW TO ENROLL

BENEFITS ENROLLMENT PORTAL - THE BEACON SELECT



PAMPA
Independent School District



ENROLLMENT SITE



Your Benefits Enrollment

To use this website, you must have your employee ID or Social Security Number and your confidential Personal Identification Number (PIN). If you have questions or need help, please contact your Human Resources Department.

Employee ID or SSN:

PIN:

By entering your Employee ID or Username and Personal Identification Number, you are agreeing to the [Terms of Use](#).

[FORGOT PASSWORD](#)

[New employee? Click here](#)

Log in

- ▶ **Step 1 - LOGIN PORTAL**
 - Go to: pampaisd.thebeaconselect.com
 - Under User ID: Enter your Employee ID or SSN
 - Under PIN: Enter last 4 of SSN and the last two of your birth year

- ▶ **Step 2 - REVIEW PERSONAL INFORMATION**
 - Review and update your personal and dependent information.

- ▶ **Step 3 - REVIEW PLAN OPTIONS AND MAKE ELECTIONS**
 - Complete the "Decision Support Tool," a support tool that provides recommendations based on unique needs of you and your family.
 - Elect or decline each offer of coverage for you and your family.

- ▶ **Step 4 - SIGN AND APPROVE ELECTIONS**
 - Sign and approve benefit elections.
 - Review ALL elections within the Confirmation Statement for accuracy.

MEDICAL PLANS

**Plan Coverage Year:
September 1, 2023 - August 31, 2024**

PLAN CHANGES & UPDATES

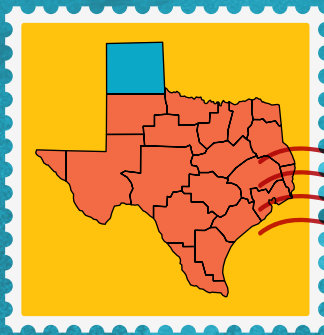
TRS ActiveCare

2023-24 Changes to Note:

- **Express Scripts (ESI)** is the new pharmacy benefits manager for TRS-ActiveCare.
- TRS made benefits changes that will reduce your out-of-pocket expenses, by lowering:
 - ❑ Primary+ PCP and mental health copays from \$30 to \$15
 - ❑ Primary+ deductible from \$3,600 to \$2,400
 - Primary and Primary+ virtual mental health visit copays from \$70 to \$0
 - ❑ Primary maximum-out-of-pocket from \$8,150 to \$7,500
- **NEW!** Participant Benefits Webinars: TRS and Blue Cross Blue Shield of Texas will host benefits webinars for you from June 26 -Aug. 14.

Get your kicks on Route 66 and your reliable health care on TRS-ActiveCare plans.

TRS-ActiveCare REGION 16



TRS-ActiveCare Plan Highlights 2023-24



Learn the 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.

2023-24 TRS-ActiveCare Plan Highlights Sept. 1, 2023 – Aug. 31, 2024



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

How to Calculate Your Monthly Premium

Total Monthly Premium

⊖ Your District and State Contributions

⊖ **Your Premium**

Ask your Benefits Administrator for your district's specific premiums.

Wellness Benefits at No Extra Cost*

Being healthy is easy with:

- \$0 preventive care
- 24/7 customer service
- One-on-one health coaches
- Weight loss programs
- Nutrition programs
- Ovia™ pregnancy support
- TRS Virtual Health
- Mental health benefits
- And much more!

**Available for all plans. See the benefits guide for more details.*

New Rx Benefits!

- Express Scripts is your new pharmacy benefits manager! CVS pharmacies and most of your preferred pharmacies and medication are still included.
- Certain specialty drugs are still \$0 through SaveOnSP.

	TRS-ActiveCare Primary	TRS-ActiveCare Primary+	TRS-ActiveCare HD
Plan Summary	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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

Monthly Premiums	Total Premium	Your Premium	Total Premium	Your Premium	Total Premium	Your Premium
Employee Only	\$401	\$	\$471	\$	\$414	\$
Employee and Spouse	\$1,083	\$	\$1,225	\$	\$1,118	\$
Employee and Children	\$682	\$	\$801	\$	\$704	\$
Employee and Family	\$1,364	\$	\$1,555	\$	\$1,408	\$

Plan Features	In-Network Coverage Only	In-Network Coverage Only	In-Network	Out-of-Network
Type of Coverage	In-Network Coverage Only	In-Network Coverage Only	In-Network	Out-of-Network
Individual/Family Deductible	\$2,500/\$5,000	\$1,200/\$2,400	\$3,000/\$6,000	\$5,500/\$11,000
Coinsurance	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible
Individual/Family Maximum Out of Pocket	\$7,500/\$15,000	\$6,900/\$13,800	\$7,500/\$15,000	\$20,250/\$40,500
Network	Statewide Network	Statewide Network	Nationwide Network	
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 (™)	\$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				
Drug Deductible	Integrated with medical	\$200 deductible per participant (brand drugs only)	Integrated with medical	
Generics (31-Day Supply/90-Day Supply)	\$15/\$45 copay; \$0 copay for certain generics	\$15/\$45 copay	You pay 20% after deductible; \$0 coinsurance for certain generics	
Preferred	You pay 30% after deductible	You pay 25% after deductible	You pay 25% after deductible	
Non-preferred	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible	
Specialty (31-Day Max)	\$0 if SaveOnSP eligible; You pay 30% after deductible	\$0 if SaveOnSP 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	

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

TRS-ActiveCare 2
<ul style="list-style-type: none"> • Closed to new enrollees • Current enrollees can choose to stay in plan • Lower deductible • Copays for many services and drugs • Nationwide network with out-of-network coverage • No requirement for PCPs or referrals

Total Premium	Your Premium
\$1,013	\$
\$2,402	\$
\$1,507	\$
\$2,841	\$

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

\$30 copay	You pay 40% after deductible
\$70 copay	You pay 40% after deductible

\$50 copay	You pay 40% after deductible
You pay a \$250 copay plus 20% after deductible	
\$0 per medical consultation	
\$12 per medical consultation	

\$200 brand deductible	
\$20/\$45 copay	
You pay 25% after deductible (\$40 min/\$80 max)/ You pay 25% after deductible (\$105 min/\$210 max)	
You pay 50% after deductible (\$100 min/\$200 max)/ You pay 50% after deductible (\$215 min/\$430 max)	
\$0 if SaveOnSP eligible; You pay 30% after deductible (\$200 min/\$900 max)/ No 90-day supply of specialty medications	
\$25 copay for 31-day supply; \$75 for 61-90 day supply	

What's New and What's Changing



This table shows you the changes between 2022-23 premium price and this year's 2023-24 regional price for your Education Service Center.

		2022-23 Total Premium	New 2023-24 Total Premium	Change in Dollar Amount	Key Plan Changes
TRS-ActiveCare Primary	Employee Only	\$380	\$401	\$21	<ul style="list-style-type: none"> Individual maximum-out-of-pocket decreased by \$650. Previous amount was \$8,150 and is now \$7,500. Family maximum-out-of-pocket decreased by \$1,300. Previous amount was \$16,300 and is now \$15,000. Teladoc virtual mental health visit copay decreased from \$70 to \$0.
	Employee and Spouse	\$1,072	\$1,083	\$11	
	Employee and Children	\$684	\$682	(\$2)	
	Employee and Family	\$1,283	\$1,364	\$81	
TRS-ActiveCare HD	Employee Only	\$394	\$414	\$20	<ul style="list-style-type: none"> Individual maximum-out-of-pocket increased by \$450 to match IRS guidelines. Previous amount was \$7,050 and is now \$7,500. Family maximum-out-of-pocket increased by \$900 to match IRS guidelines. Previous amount was \$14,100 and is now \$15,000. <p>These changes apply only to in-network amounts.</p>
	Employee and Spouse	\$1,107	\$1,118	\$11	
	Employee and Children	\$706	\$704	(\$2)	
	Employee and Family	\$1,324	\$1,408	\$84	
TRS-ActiveCare Primary+	Employee Only	\$478	\$471	(\$7)	<ul style="list-style-type: none"> Family deductible decreased by \$1,200. Previous amount was \$3,600 and is now \$2,400. Primary care provider and mental health copays decreased from \$30 to \$15. Teladoc virtual mental health visit copay decreased from \$70 to \$0.
	Employee and Spouse	\$1,168	\$1,225	\$57	
	Employee and Children	\$769	\$801	\$32	
	Employee and Family	\$1,468	\$1,555	\$87	
TRS-ActiveCare 2 (closed to new enrollees)	Employee Only	\$1,013	\$1,013	\$0	<ul style="list-style-type: none"> No changes. This plan is still closed to new enrollees.
	Employee and Spouse	\$2,402	\$2,402	\$0	
	Employee and Children	\$1,507	\$1,507	\$0	
	Employee and Family	\$2,841	\$2,841	\$0	

At a Glance			
	Primary	HD	Primary+
Premiums	Lowest	Lower	Higher
Deductible	Mid-range	High	Low
Copays	Yes	No	Yes
Network	Statewide network	Nationwide network	Statewide network
PCP Required?	Yes	No	Yes
HSA-eligible?	No	Yes	No

Effective: Sept. 1, 2023

Compare Prices for Common Medical Services

REMEMBER:

Call a Personal Health Guide (PHG) any time 24/7 to help you find the best price for a medical service. Reach them at **1-866-355-5999**.

Benefit	TRS-ActiveCare Primary	TRS-ActiveCare Primary+	TRS-ActiveCare HD		TRS-ActiveCare 2	
	In-Network Only	In-Network Only	In-Network	Out-of-Network	In-Network	Out-of-Network
Diagnostic Labs*	Office/Independent Lab: You pay \$0	Office/Independent Lab: You pay \$0	You pay 30% after deductible	You pay 50% after deductible	Office/Independent Lab: You pay \$0	You pay 40% after deductible
	Outpatient: You pay 30% after deductible	Outpatient: You pay 20% after deductible			Outpatient: You pay 20% after deductible	
High-Tech Radiology	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible	You pay 20% after deductible + \$100 copay per procedure	You pay 40% after deductible + \$100 copay per procedure
Outpatient Costs	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible	You pay 20% after deductible (\$150 facility copay per incident)	You pay 40% after deductible (\$150 facility copay per incident)
Inpatient Hospital Costs	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible (\$500 facility per day maximum)	You pay 20% after deductible (\$150 facility copay per day)	You pay 40% after deductible (\$500 facility per day maximum)
Freestanding Emergency Room	You pay \$500 copay + 30% after deductible	You pay \$500 copay + 20% after deductible	You pay \$500 copay + 30% after deductible	You pay \$500 copay + 50% after deductible	You pay \$500 copay + 20% after deductible	You pay \$500 copay + 40% after deductible
Bariatric Surgery	Facility: You pay 30% after deductible	Facility: You pay 20% after deductible	Not Covered	Not Covered	Facility: You pay 20% after deductible (\$150 facility copay per day)	Not Covered
	Professional Services: You pay \$5,000 copay + 30% after deductible	Professional Services: You pay \$5,000 copay + 20% after deductible			Professional Services: You pay \$5,000 copay + 20% after deductible	
	Only covered if rendered at a BDC+ facility	Only covered if rendered at a BDC+ facility			Only covered if rendered at a BDC+ facility	
Annual Vision Exam (one per plan year; performed by an ophthalmologist or optometrist)	You pay \$70 copay	You pay \$70 copay	You pay 30% after deductible	You pay 50% after deductible	You pay \$70 copay	You pay 40% after deductible
Annual Hearing Exam (one per plan year)	\$30 PCP copay \$70 specialist copay	\$30 PCP copay \$70 specialist copay	You pay 30% after deductible	You pay 50% after deductible	\$30 PCP copay \$70 specialist copay	You pay 40% after deductible

**Pre-certification for genetic and specialty testing may apply. Contact a PHG at 1-866-355-5999 with questions.*

www.trs.texas.gov

2023-24 Health Maintenance Organization (HMO) Plans and Premiums for Select Regions of the State

REMEMBER:

Remember that when you choose an HMO, you're choosing a regional network.

TRS contracts with HMOs in certain regions to bring participants in those areas additional options.

HMOs set their own rates and premiums. They're fully insured products who pay their own claims.

	Central and North Texas Baylor Scott & White Health Plan <i>Brought to you by TRS-ActiveCare</i>	Blue Essentials - South Texas HMO <i>Brought to you by TRS-ActiveCare</i>	Blue Essentials - West Texas HMO <i>Brought to you by TRS-ActiveCare</i>
	<p>You can choose this plan if you live in one of these counties: Austin, Bastrop, Bell, Blanco, Bosque, Brazos, Burleson, Burnet, Caldwell, Collin, Coryell, Dallas, Denton, Ellis, Erath, Falls, Freestone, Grimes, Hamilton, Hays, Hill, Hood, Houston, Johnson, Lampasas, Lee, Leon, Limestone, Madison, McLennan, Milam, Mills, Navarro, Robertson, Rockwall, Somervell, Tarrant, Travis, Walker, Waller, Washington, Williamson</p>	<p>You can choose this plan if you live in one of these counties: Cameron, Hildalgo, Starr, Willacy</p>	<p>You can choose this plan if you live in one of these counties: Andrews, Armstrong, Bailey, Borden, Brewster, Briscoe, Callahan, Carson, Castro, Childress, Cochran, Coke, Coleman, Collingsworth, Comanche, Concho, Cottle, Crane, Crockett, Crosby, Dallam, Dawson, Deaf Smith, Dickens, Donley, Eastland, Ector, Fisher, Floyd, Gaines, Garza, Glasscock, Gray, Hale, Hall, Hansford, Hartley, Haskell, Hemphill, Hockley, Howard, Hutchinson, Irion, Jones, Kent, Kimble, King, Knox, Lamb, Lipscomb, Llano, Loving, Lubbock, Lynn, Martin, Mason, McCulloch, Menard, Midland, Mitchell, Moore, Motley, Nolan, Ochiltree, Oldham, Parmer, Pecos, Potter, Randall, Reagan, Reeves, Roberts, Runnels, San Saba, Schleicher, Scurry, Shackelford, Sherman, Stephens, Sterling, Stonewall, Sutton, Swisher, Taylor, Terry, Throckmorton, Tom Green, Upton, Ward, Wheeler, Winkler, Yoakum</p>

Total Monthly Premiums	Total Premium	Your Premium	Total Premium	Your Premium	Total Premium	Your Premium
Employee Only	N/A	\$	N/A	\$	\$865.00	\$
Employee and Spouse	N/A	\$	N/A	\$	\$2,103.16	\$
Employee and Children	N/A	\$	N/A	\$	\$1,361.42	\$
Employee and Family	N/A	\$	N/A	\$	\$2,233.34	\$

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

Doctor Visits			
Primary Care	N/A	N/A	\$20 copay
Specialist	N/A	N/A	\$70 copay

Immediate Care			
Urgent Care	N/A	N/A	\$50 copay
Emergency Care	N/A	N/A	\$500 copay before deductible + 25% after deductible

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

www.trs.texas.gov

PAMPA ISD
2023-2024

2023-2024 TRS ActiveCare

**MONTHLY MEDICAL
PLAN RATES**

TRS ActiveCare Primary

	<u>Total Cost</u>	<u>EE Cost</u>	<u>ER Cost</u>
EO	\$ 401.00	\$ 126.00	\$ 275.00
ES	\$ 1,083.00	\$ 808.00	\$ 275.00
EC	\$ 682.00	\$ 407.00	\$ 275.00
EF	\$ 1,364.00	\$ 1,089.00	\$ 275.00

TRS ActiveCare Primary +

	<u>Total Cost</u>	<u>EE Cost</u>	<u>ER Cost</u>
EO	\$ 471.00	\$ 196.00	\$ 275.00
ES	\$ 1,225.00	\$ 950.00	\$ 275.00
EC	\$ 801.00	\$ 526.00	\$ 275.00
EF	\$ 1,555.00	\$ 1,280.00	\$ 275.00

TRS ActiveCare HD

	<u>Total Cost</u>	<u>EE Cost</u>	<u>ER Cost</u>
EO	\$ 414.00	\$ 139.00	\$ 275.00
ES	\$ 1,118.00	\$ 843.00	\$ 275.00
EC	\$ 704.00	\$ 429.00	\$ 275.00
EF	\$ 1,408.00	\$ 1,133.00	\$ 275.00

BCBS West Texas HMO

	<u>Total Cost</u>	<u>EE Cost</u>	<u>ER Cost</u>
EO	\$ 865.00	\$ 590.00	\$ 275.00
ES	\$ 2,103.16	\$ 1,828.16	\$ 275.00
EC	\$ 1,361.42	\$ 1,086.42	\$ 275.00
EF	\$ 2,233.34	\$ 1,958.34	\$ 275.00

PAMPA ISD
2023-2024

Supplemental Benefits



2023-2024 SUPPLEMENTAL BENEFITS

Dental Insurance- MetLife

Two plan options: Low Plan and High Plan

- Both the Low and High plans offer 2 annual exams and cleanings.
- The Deductible only applied to Basic Services on the Low Plan and Basic and Major Services on the High Plan. Preventative is covered at 100% on both.
- The Low Plan has an annual maximum of \$1500 and a deductible of \$50 for individual and \$150 for family.
- The High Plan has an annual maximum of \$1250 and a deductible of \$50 for individual and \$150 for family. It also has orthodontia coverage at a lifetime maximum of \$1250 for children under the age of 19.

Low Plan Monthly Rates

Employee Only	\$ 20.62
Employee & Spouse	\$ 39.87
Employee & Child(ren)	\$ 51.65
Employee & Family	\$ 70.89

High Plan Monthly Rates

Employee Only	\$ 37.66
Employee & Spouse	\$ 73.40
Employee & Child(ren)	\$ 95.06
Employee & Family	\$ 130.67

	LOW PLAN	HIGH PLAN
CALENDAR YEAR DEDUCTIBLE	Individual: \$50 Family: \$150	Individual: \$50 Family: \$150
ANNUAL MAXIMUM	\$1,500	\$1,250
PREVENTATIVE SERVICES	100%	100%
BASIC SERVICES	80%	80%
MAJOR SERVICES	No Coverage	50%
LIFETIME ORTHO MAXIMUM	No Coverage	\$1,000



2023-2024 SUPPLEMENTAL BENEFITS

Vision Insurance- Superior

One vision plan is available to cover your individual and family needs:

Vision Plan Highlights

Rates

Employee Only	\$6.57
Employee & One	\$13.16
Employee & family	\$21.16

Co-Pays

Exam	\$10
Materials	\$25

Services/Frequency

Exam	12 months
Frames	24 months
Lenses	12 months
Contact Lenses	12 months

	<u>In-Network</u>	<u>Out-of-Network</u>
Exam	Covered in full	Up to \$35 retail
Frames	\$130 retail allowance	Up to \$70 retail lenses (standard) per pair
Single Vision	Covered in full	Up to \$25 retail
Bifocal	Covered in full	Up to \$40 retail
Trifocal	Covered in full	Up to \$45 retail
Progressive	See plan document	Up to \$45 retail
Polycarbonate	Covered in full	Up to \$20 retail
Scratch Resistant Coating	Covered in full	Up to \$25 retail
Contact Lenses	\$130 retail allowance	Up to \$80 retail
Medically Necessary Contact Lenses	Covered in full	Up to \$150 retail
Lasik Vision Correction	\$200 allowance	

2023-2024 SUPPLEMENTAL BENEFITS

Hospital Indemnity (HI)- MetLife

This benefit is available without enrolling in any other benefit!

HI insurance provides a direct benefit in the event of hospitalization, regardless of treatment cost or other insurance coverage. You have a Low and a High Plan option to choose from.

LOW PLAN

- **Hospital Confinement:** \$100 per day- 15 days per year, per insured
- **Hospital Admission:** \$500 per admission- 4 times per calendar year
- **Hospital Intensive Care:** \$500 per day- max 4 days per year , per insured
- **Confinement Newborn Benefit:** \$25 per day- max 2 days per confinement

Low Plan Monthly Rates

Employee Only	\$ 12.18
Employee & Spouse	\$ 22.38
Employee & Child(ren)	\$ 18.77
Employee & Family	\$ 28.68

HIGH PLAN

- **Hospital Confinement:** \$200 per day- 15 days per year, per insured
- **Hospital Admission:** \$1,000 per admission- 4 times per calendar year
- **Hospital Intensive Care:** \$200 per day- max 15 days per year , per insured
- **Confinement Newborn Benefit:** \$50 per day- max 2 days per confinement

High Plan Monthly Rates

Employee Only	\$ 22.96
Employee & Spouse	\$ 41.19
Employee & Child(ren)	\$ 34.54
Employee & Family	\$ 52.77

Medical Gap Insurance- Chubb Life

This plan is designed to reduce your out-of-pocket expenses for hospitalization and listed outpatient services such as surgery.

- Low and High Plan Option to choose from.
- Both Low and High Plan pays to \$1,500 towards inpatient charges per covered individual, per plan year.
- The Low Plan pays up to \$200 towards outpatient charges up to 2 times per year.
- The High Plan pays up to \$1500 towards outpatient charges up to 2 times per year.

LOW PLAN

	Age 39 & Under	Age 40 to 49	Age 50 & Older
EE	\$ 14.75	\$ 19.75	\$ 41.38
EE+SP	\$ 27.10	\$ 36.24	\$ 76.07
EE+CH	\$ 37.79	\$ 40.59	\$ 74.18
EE+FAM	\$ 49.82	\$ 56.67	\$ 107.56

HIGH PLAN

	Age 39 & Under	Age 40 to 49	Age 50 & Older
EE	\$ 26.83	\$ 35.32	\$ 74.19
EE+SP	\$ 49.31	\$ 64.89	\$ 136.31
EE+CH	\$ 64.48	\$ 69.41	\$ 127.83
EE+FAM	\$ 86.36	\$ 98.20	\$ 188.33

2023-2024 SUPPLEMENTAL BENEFITS

Flexible Spending Accounts- TASC

Flexible Spending Accounts are pre-tax, payroll deductions for healthcare reimbursement and/or Dependent Care reimbursement plans. Each plan will rollover up to \$550 of your leftover funds to utilize the next plan year.

FSA - MEDICAL

Allows for a tax savings on most medical, dental, and vision out-of-pocket expenses. Non-covered expenses apply to all dependent family members even if not covered by a particular insurance plan. The maximum contribution amount for calendar years 2023 & 2024 is \$3,050 - this amount is deducted in equal amounts from each paycheck, before taxes are calculated, and then set aside for the employee in a special account. Please visit www.tasconline.com for a list of eligible expenses.

FSA Rules & Regulations · *The IRS requires that all FSA purchases be verified as eligible expenses. Sometimes, purchases are automatically verified when you use your card. Other times, we will request itemized receipts. *Always save your itemized receipts!*

FSA - DEPENDENT CARE

This account is an alternative to the Dependent Care Tax Credit and covers dependent and certain elder care expenses while you are at work (special requirements apply). If you work and have children, a disabled spouse, or qualifying dependent parents, you know how important it is to have reliable and affordable care for them while you are at work. A Dependent Care Account allows you to pay for these expenses and get a tax break at the same time. Expenses must be for qualifying dependents. See IRS Publication 503 child and dependent Care Expenses. Typical expenses under this account include charges for day care, nursery school, and certain elder care (unless it is for medical care) for your legal dependents. See the list of Eligible Expenses included in this guide for more details at www.tasconline.com.

The annual election amount is deducted in equal amounts from each paycheck, before taxes are calculated, and then set aside in a special account for the employee. As expenses are incurred, the employee submits a claim, and the money is reimbursed to the employee from the employee's account as the monies come in from each paycheck. The IRS does not allow the Dependent Care Account (DCA) to be pre-funded. Where accepted, the debit card may be used for payment of dependent care expenses. The maximum annual election amount is \$5,000 per household.

2023-2024 SUPPLEMENTAL BENEFITS

Disability- The Standard

Disability insurance helps to supplement your salary if you become disabled

Disability insurance is designed to protect your salary, up to 66%, should you become disabled as a result of a covered accident or illness. The plan has various waiting periods depending on your own personal needs. Coverage is guaranteed issue and requires no medical underwriting.

- Coverage is available in increments of \$100 from \$200 to \$8,000.
- Benefits are paid year-round, regardless of employee's summer or holiday breaks, Maternity is covered the same as illness.
- Benefits are payable regardless if the employee continues to receive paychecks from the district

BENEFIT WAITING PERIOD:

The benefit waiting period is the period that you must be continuously disabled before benefits become payable. 0-, 14-, 30-, 60-, 90-, and 180-day waiting periods are available.

1ST DAY HOSPITAL BENEFIT: If you are hospitalized on the first date of disability for at least 4 hours, charged room & board, and have elected 0-, 14- or 30-day period, benefits are payable on the first day of hospitalization.

Changes in Insurance

If you are insured and elect to make a change in your insurance, you may apply for a change only during the Annual Enrollment Period.

1. Increases- Insurance increases mean an election increase in the amount of your LTD Benefit, decrease in the length of your Benefit Waiting Period and an increase in your Maximum Benefit Period.

The Preexisting Condition will apply to your elected increases described below:

- A. Your LTD Benefit will be subject to the Preexisting condition Limitation if you elect:
- An increase of more than \$300 in the amount of your LTD Benefit;
 - A decrease of more than one level in the length of your Benefit Waiting Period; or
 - An increase in the length of your Maximum Waiting Period.

B. Your eligibility for the First Day Hospital Benefit will be subject to the Preexisting Condition Limitation if you elect a decrease of more than one level in your Benefit Waiting Period and that change adds First Day Hospital Benefit to your increase.

2. Decreases- Insurance decreases mean an elective decrease in the amount of your LTD Benefit, increase in the length of your Benefit Waiting Period, or decrease in your Maximum Benefit Period.

2023-2024 SUPPLEMENTAL BENEFITS

Cancer- Colonial Life

Cancer insurance is designed to provide supplemental insurance that pays for many of the costs not covered by your major medical plan and it pays in addition to other coverage you may have.

Benefits are payable for:

- Cancer Screening/Wellness Test \$100 per person /per year
- Treatments Benefit
- Transportation/Lodging Benefit

Monthly Rates

Employee Only	\$ 29.85
Employee & Family	\$ 49.55

Critical Illness- MetLife

Critical Illness insurance provides cash benefits if you or a covered family member are diagnosed with a critical illness or event while insured under this plan.

Critical Illness help cover expenses for:

- Heart Attack
- Stroke
- Invasive Cancer
- Major Organ Failure
- Arterial/Vascular Disease
- Transplant
- End Stage Renal Failure
- Benign Brain Tumor
- ALS/Alzheimer
- Advanced Parkinson's
- Traumatic Brain Injury
- Severe Burns
- Permanent Paralysis
- Additional Childhood Conditions

Critical Illness benefits are paid out in a lump sum.

- No waiting periods
- Coverage is guaranteed issue
- Premium will not increase due to aging up
- Wellness Benefit of \$100 paid per person on plan per year.

*Rates are based on the per \$1000 of coverage and the employees age at time of coverage. Employees can elect coverage on themselves as well as their spouse and dependent children under the age of 26.

2023-2024 SUPPLEMENTAL BENEFITS

Accident- MetLife

Accident insurance provides cash benefits if you or a covered family member is accidentally injured.

Accident Insurance helps cover expenses for:

- Emergency Treatment
- Fractures and Dislocations
- Hospital and Ongoing Care
- & many more expenses!

- This plan has a \$200 Wellness Benefit payable per person once a year on the plan! This will pay for the plan itself in some instances!

Plan Monthly Rates

Employee Only	\$ 12.38
Employee & Spouse	\$ 17.82
Employee & Child(ren)	\$ 25.16
Employee & Family	\$ 31.46

Medical Transport Services- MASA MTS

Two different medical emergency transport plan are available to cover you and your family.

The Medical Transport Services plan provides access to vital emergency medical transportation for a low monthly Cost.

- One low fee for peace of mind for emergent transport costs
- No deductibles
- Easy claim process
- No health questions
- Coverage available for spouses and dependents up to age 26

<u>BENEFIT COVERAGE</u>	<u>PLATINUM \$39/MONTH</u>	<u>EMERGENT PLUS \$14/MONTH</u>
Emergency Ground Transportation	US/Canada	US/Canada
Emergency Air Transportation	US/Canada	US/Canada
Repatriation	Worldwide	US/Canada
Non-Emergency Air Transportation	Worldwide	N/A
Escort Transportation	Worldwide	N/A

2023-2024 SUPPLEMENTAL BENEFITS

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

Pampa ISD provides \$10,000 in Basic Group Term Life Insurance to all full-time, active employees at no cost.

Voluntary term life and AD&D coverage is available to all full-time, active employees in increments of \$10,000 with a maximum of \$500,000 for employee, \$250,000 for spouse, and \$10,000 for child.

Guarantee Issued is offered to all new employees and eligible dependents (no health questions). However, if you chose to not enroll in coverage the first year of eligibility, or request to increase coverage more than two increment levels, you will need to medically qualify during subsequent enrollments.

- New employees have a guaranteed issue amount up to \$100,000.
- Spouses have a guaranteed issue amount of \$50,000.
- Child Coverage: Coverage for dependent children unmarried and up to age 26.
- Spouse coverage determined by employees age and both spouse and employee coverage terminates at age 70.

Age	Monthly Rate per \$1000
<25	0.08
25-29	0.09
30-34	0.11
35-39	0.13
40-44	0.18
45-49	0.28
50-54	0.44
55-59	0.70
60-64	0.87
65-69	1.49

Dependent Child Rate

\$5,000 = \$0.50

\$10,000 = \$1.00

Telemedicine- 1800 MD

1.800MD is a fast, convenient alternative to waiting days for an appointment or spending hours sitting in the doctor's office, urgent care or ER. Whether it is 2 a.m. from your toddler's room or 7 p.m. from your business trip destination, our telehealth solutions save you time and money while providing peace of mind.

Monthly Rate

\$8.00



PAMPA ISD

