

EMPLOYEE Benefits Guide

2024-2025 Plan Year
Pampa ISD



PAMPA ISD

TABLE OF CONTENTS

Welcome!	3
Open Enrollment	4
Eligibility	5
Employer Paid Basic Life & AD&D	6
Medical	7-10
Accident	11
Hospital Indemnity	12
Critical Illness	13
Medical GAP	14
Dental	15-16
Disability	117
Voluntary Life & AD&D	18
Cancer	19
Vision	20
Flexible Spending Account	21-22
Telehealth	23
Medical Transport	24
Permanent Life + Long-Term Care	25
Contact List	26-27

WELCOME

Pampa ISD's goal is to provide you and your family with the most effective, cost-efficient and comprehensive benefits package.

These programs are **reviewed annually** to ensure they are in-line with the current trends and remain in compliance with government regulations such as the Health Care Reform legislation. Each plan year, you'll see a continued dedication to offering a wide array of benefit choices so you can make the best decisions to suit your needs and those of your family. Please read this guide carefully so that you may make informed enrollment decisions.

This guide is designed to highlight your benefit options. It is not a complete Summary Plan Description. For more details including covered expenses, exclusions, and limitations, please refer to individual Summary Plan Descriptions or request information directly from the insurance carrier. If any discrepancy exists between this guide and the official documents, the Summary Plan Description will prevail.



OPEN ENROLLMENT

OPEN ENROLLMENT FOR THE 2024-2025 PLAN YEAR

Open Enrollment is the window of opportunity to review your benefit enrollments and determine if you want to make any changes for the following plan year. It is important to remind you that decisions made during Open Enrollment are generally binding for the entire plan year and cannot be changed until next year's Open Enrollment unless there is a qualified change in status (see Eligibility page for details).

Open Enrollment Dates

Monday, July 19th – Friday, August 16th

Call Center Availability

Monday – Friday 8:00 AM to 7:00 PM

888-534-2917

For more information, please join one of our educational meetings:

Monday, 7/29 2:00 PM: Onsite Education Session at Admin Building

Tuesday, 7/30, 8:00 AM – 4:00 PM: In-person Open Enrollment meetings

Wednesday, 7/31, 8:00 AM- 4:00 PM: In-person Open Enrollment meetings

Employee Benefits Website

pampaisd.mybenefitsinfo.com

WHAT'S NEW IN 2024

1. Medical insurance changes, including rates and deductibles
2. Decrease Tele-health rate
3. New Permanent Life Plan with Long Term Care

HOW TO ENROLL

You must complete your elections online via The Beacon Select, even if you are waiving benefits.

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

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.

ELIGIBILITY

INITIAL ELIGIBILITY PERIOD

The initial eligibility period begins the day you become benefit eligible (per your employer's eligibility guidelines) and ends 30 days from that date. If your enrollment is not completed on or before the end of your initial eligibility period, you will have to wait until the next Open Enrollment period to change your benefit elections (unless there is a qualifying event outlined below).

DEPENDENTS

You can enroll your eligible dependents for medical, dental, vision, voluntary life insurance, critical illness, and accident coverage. For benefit purposes, your eligible dependents are defined as:

- Your spouse (unless legally separated) or domestic partner.
- Your children, including:
 - Your naturally born children;
 - Your legally adopted child. An adopted child is considered a dependent from the moment the child is placed in the custody of the adoptive parents.
 - A stepchild, foster child, or any child of whom you have legal custody, who resides in your household in a regular parent-child relationship and is principally dependent on you for his/her support and maintenance and is named as an exemption on your most recent federal income tax return (proof may be required).
 - Any child whom you are required to provide health care coverage for under a Qualified Medical Child Support Order.

Eligible children (as defined above) are covered for medical, dental, and vision purposes until the end of the month following their 26th birthday.

QUALIFIED CHANGE IN STATUS:

Unless you experience a life-changing qualifying event, you cannot make changes to your benefits until the next open enrollment period. Qualifying events include things like:

- Marriage, divorce or legal separation
- Birth or adoption of a child
- Change in child's dependent status
- Death of a spouse, child or other qualified dependent
- Change in service area
- Change in employment status or a change in coverage under another employer-sponsored plan

Requests for a qualifying event must be received within 30 days of the event date. The change will be added to your coverage as of the date of the event. If you submit a qualifying event more than 30 days after the event, the change is subject to carrier approval.

EMPLOYER PAID BASIC LIFE & AD&D

Lincoln Financial

BASIC LIFE & ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

Basic Life/AD&D Insurance Plan



Basic Life Insurance provides your family with crucial financial protection along with a variety of support services designed to help them cope with both emotional and financial issues. It can help you preserve your dream of a secure lifestyle for your family, even if you cannot be there.

As an eligible employee, **Pampa ISD** pays the full cost of the coverage. In addition, you may designate anyone as your beneficiary.

Carrier	Basic Life / AD&D Plan
General Plan Information	
Eligibility	All Eligible Employees
Who Pays For Coverage	Employer
Basic Life Benefit	
Life Benefit Amount	\$10,000
Guarantee Issue Amount	\$10,000

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

MEDICAL PLAN: ACTIVECARE PRIMARY

TRS

TRS ActiveCare Primary	At-a-Glance
General Plan Information	
Deductible	Individual \$2,500 Family \$5,000
Coinsurance	30% after Deductible
Out-of-pocket Maximum	Individual \$8,050 Family \$16,100
Prescription Coverage	
Generics (31/90 Day Supply)	\$15 / \$45 Copay
Preferred	30% after Deductible
Non-preferred	50% after Deductible
Specialty ((31-Day Max)	30% after Deductible
Covered Medical Highlights	
Preventive Routine Care	Covered in Full
Primary Office Visit	\$30 Copay
Specialist Office Visit	\$70 Copay
Outpatient Costs	30% after Deductible
Emergency Care	30% after Deductible
Urgent Care	\$50 Copay
Employee Monthly Cost	
Employee Only	\$159.00
Employee + Spouse	\$897.00
Employee + Children	\$463.00
Employee + Family	\$1,201.00

Plan Highlights:

- Lowest premium of all three plans
- Copays for doctor visits before you meet your deductible
- Statewide network
- Primary Care Provider referrals required to see specialists
- No out-of-network coverage

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

MEDICAL PLAN: ACTIVECARE PRIMARY+

TRS

TRS ActiveCare Primary+	At-a-Glance
General Plan Information	
Deductible	Individual \$1,200 Family \$2,400
Coinsurance	20% after Deductible
Out-of-pocket Maximum	Individual \$6,900 Family \$13,800
Prescription Coverage	
Generics (31/90 Day Supply)	\$15 / \$45 Copay
Preferred	25% after Deductible
Non-preferred	50% after Deductible
Specialty ((31-Day Max)	30% after Deductible
Covered Medical Highlights	
Preventive Routine Care	Covered in Full
Primary Office Visit	\$15 Copay
Specialist Office Visit	\$70 Copay
Outpatient Costs	\$20% after Deductible
Emergency Care	\$20% after Deductible
Urgent Care	\$50 Copay
Employee Monthly Cost	
Employee Only	\$509.00
Employee + Spouse	\$1,049.00
Employee + Children	\$591.00
Employee + Family	\$1,405.00

Plan Highlights:

- Lower deductible than the HD and Primary plans
- Copays for many services and drugs
- Higher premium
- Statewide network
- Primary Care Provider referrals required to see specialists
- No out-of-network coverage

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

MEDICAL PLAN: ACTIVECARE HD

TRS

TRS ActiveCare HD	At-a-Glance	
	In-Network	Out-of-Network
Health Savings Account (HSA) Qualified		
General Plan Information		
Deductible	Single \$3,200 Family \$6,400	Single \$6,400 Family \$12,800
Coinsurance	30% after Deductible	50% after Deductible
Out-of-pocket Maximum	Single \$8,050 Family \$16,100	Single \$20,250 Family \$40,500
Prescription Coverage		
Generics (31/90 Day Supply)	20% after Deductible. \$0 Coinsurance for Certain Generics	20% after Deductible. \$0 Coinsurance for Certain Generics
Preferred	25% after Deductible	25% after Deductible
Non-preferred	50% after Deductible	50% after Deductible
Specialty ((31-Day Max)	20% after Deductible	20% after Deductible
Covered Medical Highlights		
Preventive Routine Care	Covered in Full	50% after Deductible
Primary Office Visit	30% after Deductible	50% after Deductible
Specialist Office Visit	30% after Deductible	50% after Deductible
Outpatient Costs	30% after Deductible	50% after Deductible
Emergency Care	30% after Deductible	30% after Deductible
Urgent Care	30% after Deductible	50% after Deductible
Employee Monthly Cost		
Employee Only	\$175.00	
Employee + Spouse	\$940.00	
Employee + Children	\$490.00	
Employee + Family	\$1,255.00	

Plan Highlights:

- Compatible with a Health Savings Account
- Nationwide network with out-of-network coverage
- No requirement for Primary Care Providers or referrals
- Must meet your deductible before plan pays for non-preventive care

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

MEDICAL PLAN: ACTIVECARE 2

TRS

* This plan is closed and not accepting new enrollees. If you are currently enrolled in TRS-ActiveCare2, you can remain in this plan.

TRS ActiveCare 2	At-a-Glance	
	In-Network	Out-of-Network
General Plan Information		
Deductible	Single \$1,000 Family \$3,000	Single \$2,000 Family \$6,000
Coinsurance	20% after Deductible	40% after Deductible
Out-of-pocket Maximum	Single \$7,900 Family \$15,800	Single \$23,700 Family \$47,400
Prescription Coverage		
Generics (31/90 Day Supply)	\$20 / \$45 Copay	\$20 / \$45 Copay
Preferred	25% after Deductible	25% after Deductible
Non-preferred	50% after Deductible	50% after Deductible
Specialty ((31-Day Max)	30% after Deductible	30% after Deductible
Covered Medical Highlights		
Preventive Routine Care	Covered in Full	40% after Deductible
Primary Office Visit	\$30 Copay	40% after Deductible
Specialist Office Visit	\$70 Copay	40% after Deductible
Outpatient Costs	20% after Deductible	40% after Deductible
Emergency Care	\$250 Copay plus 20% after Deductible	\$250 Copay plus 20% after Deductible
Urgent Care	\$50 Copay	400% after Deductible
Employee Monthly Cost		
Employee Only	\$738.00	
Employee + Spouse	\$2,127.00	
Employee + Children	\$1,232.00	
Employee + Family	\$2,566.00	

Plan Highlights:

- 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 Primary Care Providers or referrals

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

ACCIDENT COVERAGE

MetLife

Accident Protection coverage allows you to protect yourself financially by ensuring you are covered for specific services and care associated with an injury. The plan provides you with the financial resources to make getting back to your regular routine as easy as possible.

Carrier	Carrier		
General Plan Information			
Who Pays For Coverage	All Eligible Employees		
Dependent Age Limit	26		
Accident Benefit			
Accident Death Benefit Amount	Employee \$50,000	Spouse \$25,000	Child \$10,000
Wellness Benefit	\$200 per person		
Sample of Covered Services			
Hospital Admission	\$1,500		
Intensive Care Unit Admission	\$1,500		
Air Ambulance	\$1,250		
Ambulance	\$400		
Accident Emergency Treatment	\$200		
Employee Cost Per Pay Period			
Employee Only	\$12.38		
Employee + Spouse	\$17.82		
Employee + Children	\$25.16		
Employee + Family	\$31.46		

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

HOSPITAL INDEMNITY

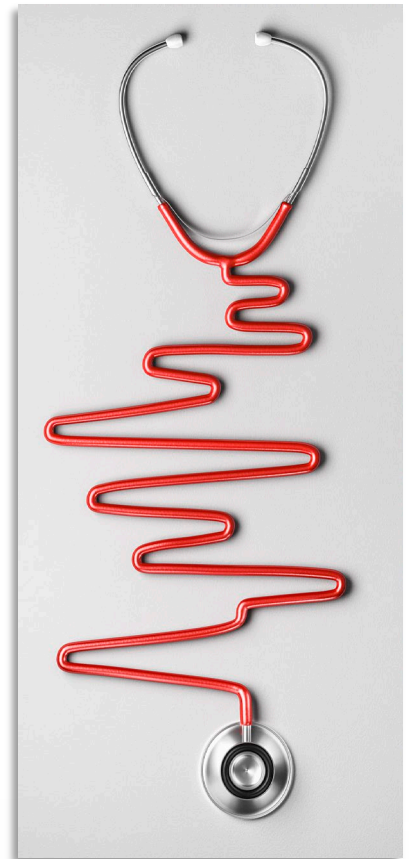
MetLife

The Hospital Indemnity insurance policy is designed to help you with certain medical expenses, providing a direct benefit in the event of hospitalization. The plan provides a benefit amount for select benefits such as inpatient hospitalization.

Benefit	Low Plan	High Plan
Critical Care Confinement Benefit	\$100/Day (up to 15 days a year)	\$200/Day (up to 15 days a year)
Daily Hospital Confinement Benefit	\$100/Day (up to 15 days a year)	\$200/Day (up to 15 days a year)
ICU Admission Benefit	\$500/per admission (up to 4 times a year)	\$1,000/per admission (up to 4 times a year)
Hospital Admission Benefit	\$500/per admission (up to 4 times a year)	\$1,000/per admission (up to 4 times a year)

Low Plan	Monthly Premium
Employee Only	\$12.48
Employee + Spouse	\$22.38
Employee + Child(ren)	\$18.77
Employee + Family	\$28.68

High Plan	Monthly Premium
Employee Only	\$22.96
Employee + Spouse	\$41.19
Employee + Child(ren)	\$34.54
Employee + Family	\$52.77



This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

CRITICAL ILLNESS COVERAGE

MetLife

Critical Illness pays a lump-sum benefit if you are diagnosed with a covered illness or condition on or after your coverage effective date. Critical Illness is a limited-benefit policy.

WHO IS ELIGIBLE FOR CRITICAL ILLNESS INSURANCE?

- **You** – Active employees working 30+ hours per week
- **Your Spouse** – Coverage available only if employee coverage elected
- **Your Child(ren)** – To age 26. Coverage is available only if employee coverage is elected.

Carrier	(Plan Name)		
General Plan Information			
Who Pays For Coverage	Employee		
Critical Illness Benefit	Employee	Spouse	Child(ren)
Benefit Amount	\$5,000 \$10,000 \$15,000 \$20,000 \$25,000	50% of EE Coverage	50% of EE Coverage
Guarantee Issue	\$25,000	50% of EE Coverage	50% of EE Coverage
Conditions	1st Occurrence	2nd Occurrence	
Cancer (Invasive)	100%	100%	
Heart Attack	100%	100%	
Kidney Failure	100%	None	
Organ Failure	100%	None	
Stroke	100%	100%	
Cancer (Non-Invasive)	25%	25%	
Non-Melanoma Skin Cancer	5%	Not Covered	
Benefit Limitations			
Pre-Existing Limitation	None		
Wellness Benefit	\$100		

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

MEDICAL GAP INSURANCE

Chubb

Medical GAP Insurance is designed to reduce your out-of-pocket expenses for hospitalization and listed outpatient services such as surgery. Pampa ISD offers a Low and a High Option

- The Low Plan pays up 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 plan year.

LOW PLAN	Age 39 & Under	Age 40 to 49	Age 50 & Over
Employee Only	\$14.75	\$19.75	\$41.38
Employee & Spouse	\$27.10	\$36.24	\$76.07
Employee & Child(ren)	\$37.79	\$40.59	\$74.18
Employee & Family	\$49.82	\$56.67	\$107.56

- The High Plan pays up to \$1,500 towards inpatient charges per covered individual, per plan year.
- The High Plan pays up to \$1,500 towards outpatient charges up to 2 times per plan year.

HIGH PLAN	Age 39 & Under	Age 40 to 49	Age 50 & Over
Employee Only	\$26.83	\$35.32	\$74.19
Employee & Spouse	\$49.31	\$64.89	\$136.31
Employee & Child(ren)	\$64.48	\$69.41	\$127.83
Employee & Family	\$86.36	\$98.20	\$188.33

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

DENTAL PLAN

MetLife Low Plan

	In-Network	Out-of-Network
General Plan Information		
Eligibility	All Full-Time Employees	
Who Pays For Coverage	Employee	
Dependent Coverage		
Dependent Age Limit	To Age 26	
Dental Services		
Preventive Services	100% Covered	100% Covered
Basic Services	80% Covered	80% Covered
Major Services	No Coverage	No Coverage
Orthodontia Services	No Coverage	No Coverage
Cost Sharing Highlights		
Deductible (Preventative Waived)	Individual \$50	Family \$150
Orthodontia Lifetime Maximum	No Coverage	
Calendar-year Annual Maximum	\$1,500	
Employee Monthly Cost		
Employee	\$20.62	
Employee + Spouse	\$39.87	
Employee + Children	\$51.65	
Employee + Family	\$70.89	

Find a Dentist:

With MetLife Dental plans, you can see any dentist. Members and their families benefit from negotiated discounts on covered services by choosing dentists in the MetLife PDP Plus. To find a dentist in MetLife's PDP Plus Network, log on to **MetLife.com** or call **1-800-275-4638**.

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

DENTAL PLAN

MetLife High Plan

	In-Network	Out-of-Network
General Plan Information		
Eligibility	All Full-Time Employees	
Who Pays For Coverage	Employee	
Dependent Coverage		
Dependent Age Limit	To Age 26	
Dental Services		
Preventive Services	100% Covered	100% Covered
Basic Services	80% Covered	80% Covered
Major Services	50% Covered	50% Covered
Orthodontia Services	50% Covered	50% Covered
Cost Sharing Highlights		
Deductible (Preventative Waived)	Individual \$50	Family \$150
Orthodontia Lifetime Maximum	\$1,000	
Calendar-year Annual Maximum	\$1,250	
Employee Monthly Cost		
Employee	\$37.66	
Employee + Spouse	\$73.40	
Employee + Children	\$95.06	
Employee + Family	\$130.67	

Find a Dentist:

With MetLife Dental plans, you can see any dentist. Members and their families benefit from negotiated discounts on covered services by choosing dentists in the MetLife PDP Plus. To find a dentist in MetLife's PDP Plus Network, log on to **MetLife.com** or call **1-800-275-4638**.

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

LONG TERM DISABILITY

The Standard

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 0/7-, 14/14- or 30/30-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.

How long will my disability benefits continue if I elect the premium benefit?

If you become disabled before age 62, LTD benefits may continue during disability until you reach age 65. Age 62 and over see below:

Age	Benefits Payable	Age	Benefits Payable
Age 62	39 Months	Age 66	21 Months
Age 63	36 Months	Age 67	18 Months
Age 64	30 Months	Age 68	15 Months
Age 65	24 Months	Age 69 & Over	12 Months

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

VOLUNTARY LIFE & AD&D

Lincoln Financial

LIFE & ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

Voluntary Life/AD&D Insurance Plan

While **Pampa ISD** offers basic life insurance, some employees may want to purchase additional coverage. Think about your personal circumstances. Are you the sole provider for your household? What other expenses do you expect in the future (for example, college tuition for your child)? Depending on your needs, you may want to consider buying supplemental coverage.

With voluntary life insurance, you are responsible for paying the full cost of coverage through a post-tax payroll deduction. You can purchase coverage for yourself in the amounts of \$20,000, \$50,000, \$100,000, \$150,000, \$250,000 or \$500,000. If you purchase coverage for yourself, you can also purchase coverage for your spouse in the amounts of \$10,000, \$25,000, \$50,000, \$75,000, \$125,000 or \$250,000 (cannot exceed 50% of employee's election). You can elect coverage for your child(ren) at a flat amount of \$10,000 (you only pay premium for one, no matter the number of children). The chart below outlines the monthly costs of purchasing additional coverage.

Voluntary Life Insurance	Rates per \$1,000	
Age	Employee	Spouse
Age <25	\$0.08	\$0.08
Age 25-29	\$0.09	\$0.09
Age 30-34	\$0.11	\$0.11
Age 35-39	\$0.13	\$0.13
Age 40-44	\$0.18	\$0.18
Age 45-49	\$0.28	\$0.28
Age 50-54	\$0.44	\$0.44
Age 55-59	\$0.70	\$0.70
Age 60-64	\$0.87	\$0.87
Age 65-69	\$1.49	\$1.49
Dependent Child	\$10,000 Benefit	

IMPORTANT NOTE: You have a one-time true open enrollment during your new hire period to elect up to the Guaranteed Issue (GI) Amounts without submitting any Evidence of Insurability (EOI). If you waive coverage during your new hire enrollment window and would like to elect coverage during a future open enrollment window, any amount elected at that time would be subject to EOI submission.

Guaranteed Issue (GI) Amounts for New Hires: \$100,000 (Employee) and \$50,000 (Spouse)

Age reduction: Terminates at retirement for Employee and terms at Employee age 70 for Spouse

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

CANCER COVERAGE

Colonial

Cancer insurance is designed to provide supplemental insurance that is designed to help reduce out-of-pocket expenses and bridge the gap between what your primary insurance does and does not cover.

BENEFITS ARE PAYABLE FOR:

- Cancer Screening
- Wellness Test Benefit
- Inpatient Benefits
- Treatment Benefits
- Transportation/Lodging Benefit



	Monthly Premium
Employee Only	\$29.85
Employee + Family	\$49.55

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

VISION PLAN

Superior Vision

	In-Network	Out-Of-Network
General Plan Information		
Eligibility	All Full-Time Employees	All Full-Time Employees
Who Pays For Coverage	Employee	Employee
Dependent Coverage		
Dependent Age Limit	To Age 26	To Age 26
Vision Services		
Eye Exam	\$10 Copay	Up to \$35 retail
Provider Frames	Up to \$130 retail allowance	Up to \$70 retail
Standard Plastic Lenses	Covered in full	Up to \$25 retail
Elective Contact Lenses	Up to \$130 retail allowance	Up to \$80 retail
Medically Necessary Contact Lenses	Covered in Full	Up to \$150 retail
Vision Service Frequency		
Eye Exam	Once Every 12 Months	Once Every 12 Months
Frames	Once Every 24 Months	Once Every 24 Months
Lenses or Contacts	Once Every 12 Months	Once Every 12 Months
	Employee Monthly Cost	
Employee Only	\$6.57	
Employee + One	\$13.16	
Employee + Child(ren)	\$21.16	

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

FLEXIBLE SPENDING ACCOUNT

TASC

WHAT ARE THE BENEFITS OF AN FSA?

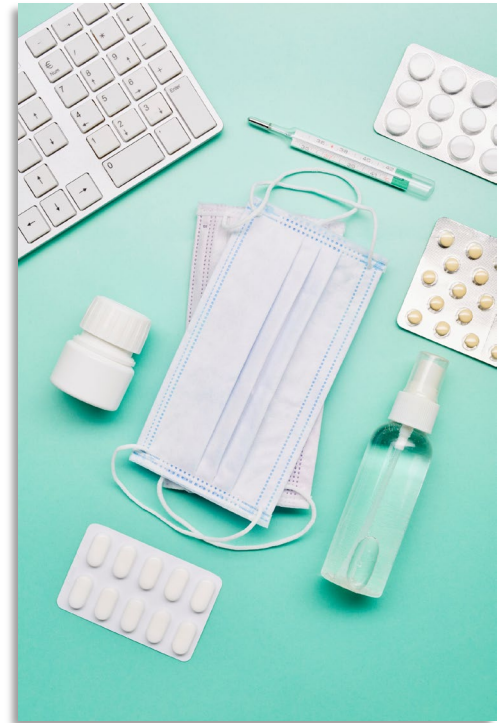
Flexible Spending Accounts are pre-tax, payroll deductions for healthcare reimbursement and/or Dependent Care reimbursement plans. Each plan will rollover up to \$550 of your leftover funds to utilize the next plan year.

FSA - MEDICAL

Allows for a tax savings on most medical, dental, and vision out-of-pocket expenses. Noncovered expenses apply to all dependent family members even if not covered by a particular insurance plan. The maximum contribution amount for calendar year 2024 is **\$3,200** - 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. A MasterCard debit card will be issued to you to pay for most expenses incurred.

Please visit www.tasconline.com for a list of eligible expenses. FSA Rules & Regulations Tip • *The IRS requires that all FSA purchases be verified as eligible expenses. Sometimes, purchases are automatically verified when you use your card. Other times, they will request itemized receipts.*

****Always save your itemized receipts!***



FSA - DEPENDENT CARE

Dependent Care FSAs allow you to contribute pre-tax dollars to qualified dependent care. The maximum amount you may contribute each year is \$5,000 (or \$2,500 if married and filing separately). Dependent Care Eligible for Reimbursement:

- Care at a licensed nursery school, day camp, or day care center
- Services from individuals who provide dependent care in or outside your home, unless the provider is your spouse, your own children under the age of 19, or any other dependent. *Important note: To qualify for reimbursement, the childcare provider must claim services on their taxes, or the employee must complete a Dependent Care Application that must be signed by the provider, or receipts provided by the provider and sent to TASC for review.
- After-school care for children under age 13
- Household services related to the care of an elderly or disabled adult who lives with you
- Any other services that qualify as dependent care expenses under IRS regulations.

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

FLEXIBLE SPENDING ACCOUNT

TASC

Eligible Medical Expenses:

- Acupuncture
- Artificial limbs
- Bandages & dressings
- Birth control, contraceptive devices
- Blood pressure monitor
- Chiropractic therapy/exams/adjustments
- Contact lens and contact lens solutions
- Co-payments
- Crutches (purchased or rented)
- Deductibles & co-insurance
- Personal Protective Equipment (PPE; facial masks, hand sanitizer, sanitizing wipes)*
- Physical exams
- Pregnancy tests
- Diabetic care & supplies
- Feminine care products
- Eye exams
- First aid kits & supplies
- Hearing aids & hearing aid batteries
- Heating pad
- Infertility treatments
- Insulin
- Lactation expenses (breast pumps, etc.)
- Laser eye surgery; LASIK

Child & Dependent Care Eligible Expenses

- Babysitting, in your home or someone else's
- Babysitting by your relative who is not a tax dependent
- Before or after school program
- Childcare
- Day Camp
- Extended care that is a supervised program before or after regular school hours
- Nanny
- Late pickup fees when attributed to care of a child
- Preschool
- Summer Day Camp
- Sick childcare
- Transportation to and from eligible care provided by your care provider
- Nursery School



Use your TASC Card® to pay for eligible expenses at the point of purchase instead of paying out-of-pocket and requesting a reimbursement.



Please visit www.tasconline.com for a full list of eligible expenses.

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

TELEMEDICINE

1-800 MD

With telemedicine services, you get the health care you need anytime, anywhere, through a nationwide network of U.S. Board Certified Doctors & Pediatricians.

Telemedicine services make it fast and easy to visit a doctor – average wait time is only 20 minutes. Telemedicine is not a replacement for your primary care physician or specialist, but it's great for non-emergency care, especially when the doctor's office is closed, or you can't get to an urgent care center.



Common Conditions Treated

Acne	Bronchitis	Nausea
Allergies	Fever	Pinkeye
Asthma	Cold & Flu	Earache

Rates

Employee Only	\$6.00
Employee + Family	\$6.00

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

MEDICAL TRANSPORT

MASA MTS

Three different medical emergency transport plans 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/domestic partners and dependents up to age 26

Benefit Coverage	Platinum \$39/Month	Emergent Plus \$14/Month
Emergent Ground Transportation	U.S./Canada	U.S./Canada
Emergency Air Transportation	U.S./Canada	U.S./Canada
Repatriation	Worldwide	U.S./Canada
Non-Emergent Air Transportation	Worldwide	
Escort Transportation	Worldwide	

Review the summary plan for complete list of benefits



Global Coverage*₁



24/7 Live Customer Support

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

PERMANENT LIFE INSURANCE + LONG TERM CARE

New Benefit!

Chubb

Two important coverages for when you need them the most.

Permanent Life + Long-Term Care (LTC) is two-in-one security. It combines **permanent life insurance** with benefits that can help with the high costs of **long-term care services**. It helps protect your family from the financial impact of losing a loved one or needing extended care. You select a benefit amount that works for you, and you **“lock in” a rate** that is designed to last a lifetime and doesn’t increase due to age.

Universal Life adjusts to your changing needs as you age. It provides a **higher death benefit** during your working years, when you may need the protection most. The death benefit then reduces after age 70, while your benefit for long-term care remains at the same high level.

Example of Benefits for Long-Term Care

For a \$50,000 policy, your benefits might pay like this:

\$50,000	You can collect 4% of your benefit amount per month for up to 25 months to help pay for long-term care services.
+\$50,000	Plus, if you collect benefits for LTC, your full death benefit can still be paid to beneficiaries.
+\$50,000	Plus, you can extend your benefits for LTC an extra 25 months, up to 50 total months.
\$150,000	Total Maximum Benefit!

Benefits for long-term care begin to pay after 90 days of confinement or services; to qualify you must meet the conditions of eligibility for benefits. Availability and names for long-term care, restoration, and extension of benefits for long-term care may vary by state. The benefit amounts shown are for sample plans and are not a guarantee.

MORE FLEXIBLE UNIVERSAL LIFE FEATURES

- Available to employees on a **guaranteed issue** basis up to \$100,000 (age 70 max).
- **Cover all children** with a term life insurance rider. They can later simply convert coverage to permanent Universal Life.
- EZ Value option: provides **automatic annual benefit increases** without additional underwriting.
- Once you have a policy, your rate is locked in and **will not increase due to age**.
- Accelerate **up to 75% of your death benefit** if a doctor determines your life expectancy is 24 months or less.
- **No medical exams** or blood work to apply – just answer a few simple questions.
- Fully **portable** – keep your coverage, at the same rate and benefits, if you change jobs or retire.
- Pay for coverage via **convenient payroll deduction**, as long as you stay with your employer.
- **Apply for family members** as well as for yourself.

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

EMPLOYEE CONTACT LIST

BENEFIT	CARRIER	PHONE	WEBSITE
Employer Paid Life	Lincoln Financial	1-800-487-1485	www.lfg.com
Medical	TRS ActiveCare- BCBS	1-800-355-5999	www.bcbstx.com/trsactivecare
Accident	MetLife	1-800-638-5433	www.metlife.com
Hospital Indemnity	MetLife	1-800-638-5433	www.metlife.com
Critical Illness	MetLife	1-800-638-5433	www.metlife.com
Medical Gap	Chubb	1-866-324-8222	www.chubb.com
Dental	MetLife	1-800-638-5433	www.metlife.com
Disability	The Standard	1-800-368-1135	www.standard.com
Voluntary Life	Lincoln Financial	1-800-487-1485	www.lfg.com
Cancer	Colonial	1-800-325-4368	www.coloniallife.com
Vision	Superior	1-800-507-3800	www.superiorvision.com
Flexible Spending Account	TASC	1-800-422-4661	www.tasconline.com
Telehealth	1-800 MD	1-800-530-8666	www.1800md.com
Medical Transport	MASA MTS	1-877-503-0585	www.masamts.com
Permanent Life	Chubb	1-866-324-8222	www.chubb.com

The information in this guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this guide was taken from various summary plan descriptions and benefit summaries. While every effort was taken to accurately summarize your benefits, discrepancies, or errors are always possible. In case of discrepancy between this guide and the official plan documents, the official plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about this summary, contact Human Resources.

Pampa ISD Benefits Team

Name	Organization	Phone	Email
Glenda Bowen	Pampa ISD	806-669-4700 ext.1414	Glenda.Bowen@pampaisd.net
Dori Miller	Pampa ISD	806-669-4700 ext. 1415	Dori.Miller@pampaisd.net
Paul Morris	USEBSG	325-675-8619	Pmorris@usebsg.com
Jilli Bryan	USEBSG	972-947-5193	Jblack@usebsg.com