PAMPA
EST. 1903
HARVESTERS
TEXAS

Employee Benefits Guide

2026 - 2027 Plan Year

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FINANCIAL

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Welcome!

Pampa Independent School District'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.

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Open Enrollment

Open enrollment for the 2026 - 2027 Plan Year

Important!

Open Enrollment Dates

July 29th - August 14th

Onsite Enrollment

- August 13th – 14th
- 8 AM to 4 PM CST

What's new for 2026?

- New Vision Carrier VSP
- FSA MAX Increased
- New TRS Medical Rates and employee Cost change
- Hospital Plan Only offers One Plan Option.
  *If previously enrolled in plan you will be moved to HIGH plan.

Step 1 - LOGIN PORTAL

Go to Login Portal:

Login | USEnrollment

- Under User ID: Enter your 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 - SIGN AND APPROVE ELECTIONS

Sign and approve benefit elections.

Review ALL elections within the Confirmation Statement for accuracy.

Eligibility

Dependents

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

Your spouse (unless legally separated)

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) can be covered until the end of the month following their 26th birthday.

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.

Qualifying Events

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.

Medical Plan Options: Summary

TRS-ActiveCare

TRS – ActiveCare Primary	Monthly Cost	Plan Highlights
Employee Only	$260.00	➢ Lowest premium of all three plans ➢ Copays for doctor visits before you meet your deductible ➢ Not compatible with a Health Savings Account ➢ No out-of-network coverage
Employee and Spouse	$1,170.00	
Employee and Children	$635.00	
Employee and Family	$1,544.00	

TRS – ActiveCare Primary +	Monthly Cost	Plan Highlights
Employee Only	$355.00	➢ Lower deductible than the HD and Primary plans ➢ Copays for many services and drugs ➢ Higher premium ➢ Primary Care Provider referrals to see specialist ➢ Not compatible with a Health Savings Account ➢ No out-of-network coverage
Employee and Spouse	$1,363.00	
Employee and Children	$796.00	
Employee and Family	$1,804.00	

TRS – ActiveCare HD	Monthly Cost	Plan Highlights
Employee Only	$281.00	➢ Nationwide network with out-of-network coverage ➢ No requirement for primary Care Providers or referrals ➢ Must meet your deductible before plan pays for non-preventative care.
Employee and Spouse	$1,227.00	
Employee and Children	$671.00	
Employee and Family	$1,616.00	

Medical Plan: ActiveCare Primary

TRS ActiveCare
TEACHER RETIREMENT SYSTEM OF TEXAS

TRS	In-Network Coverage Only
General Plan Information	
Deductible (Embedded*)	Single $2,500; Family $5,000
Coinsurance	30% Coinsurance after Deductible
Out-of-Pocket Maximum	Single $8,050; Family $16,100
Prescription Coverage	
Drug Deductible	Integrated with medical
Generic (31-Day Supply/90-Day Supply)	$15/$45 copay $0 copay for certain generics
Preferred (Max does not apply if brand is selected and generic is available)	You pay 30% after deductible
Non-Preferred	You pay 50% after deductible
Specialty	$0 if SaveOnSP eligible; You pay 30% after deductible
Insulin Out-of-Pocket Costs	$25 copay for 31-day supply; $75 for 61-90 day supply
Covered Medical Highlights	
Preventive Routine Care	Covered in Full
Primary Office Visit	$30 Copay
Specialist Office Visit	$70 Copay
Inpatient Hospital Costs	You pay 30% after deductible
Outpatient Costs	You pay 30% after deductible
Emergency Care	You pay 30% after deductible
Urgent Care Center	$50 Copay
TRS Virtual Health-RediMD	$0 per medical consultation
TRS Virtual Health- Teladoc	$12 per medical consultation

Medical Plan: ActiveCare Primary+

TRS ActiveCare
TEACHER RETIREMENT SYSTEM OF TEXAS

TRS	In-Network Coverage Only
General Plan Information	
Deductible (Embedded*)	Single $1,200; Family $2,400
Coinsurance	20% Coinsurance after Deductible
Out-of-Pocket Maximum	Single $6,900; Family $13,800
Prescription Coverage	
Drug Deductible	$200 deductible per participant (brand drugs only)
Generic (31-Day Supply/90-Day Supply)	$15/$45 copay
Preferred (Max does not apply if brand is selected and generic is available)	You pay 25% after deductible ($100 max)/ You pay 25% after deductible ($265 max)
Non-Preferred	You pay 50% after deductible
Specialty	$0 if SaveOnSP eligible; You pay 20% after deductible
Insulin Out-of-Pocket Costs	$25 copay for 31-day supply; $75 for 61–90-day supply
Covered Medical Highlights	
Preventive Routine Care	Covered in Full
Primary Office Visit	$15 Copay
Specialist Office Visit	$70 Copay
Inpatient Hospital Costs	20% after deductible
Outpatient Costs	You pay 20% after deductible
Emergency Care	You pay 20% after deductible
Urgent Care Center	$50 Copay
TRS Virtual Health-RediMD	$0 per medical consultation
TRS Virtual Health- Teladoc	$12 per medical consultation

Medical Plan: ActiveCare HD

TRS ACTIVECARE
TEACHER RETIREMENT SYSTEM OF TEXAS

TRS	In-Network	Out-of-Network
General Plan Information		
Deductible (Embedded*)	Single $3,400; Family $6,800	Single $6,800; Family $13,600
Coinsurance	30% Coinsurance after Deductible	50% Coinsurance after Deductible
Out-of-Pocket Maximum	Single $8,300; Family $16,600	Single $20,500; Family $41,000
Prescription Coverage		
Drug Deductible	Integrated with medical	Integrated with medical
Generic (31-Day Supply/90-Day Supply)	20% after deductible; $0 coinsurance for certain generics	20% after deductible; $0 coinsurance for certain generics
Preferred (Max does not apply if brand is selected and generic is available)	25% after deductible	25% after deductible
Non-Preferred	50% after deductible	50% after deductible
Specialty	20% after deductible	20% after deductible
Insulin Out-of-Pocket Costs	25% after deductible	25% after deductible
Covered Medical Highlights		
Preventive Routine Care	Covered in Full	You pay 50% after deductible
Primary Office Visit	You pay 30% after deductible	You pay 50% after deductible
Specialist Office Visit	You pay 30% after deductible	You pay 50% after deductible
Inpatient Hospital	You pay 30% after deductible	You pay 50% after deductible $500 facility per day maximum)
Outpatient Costs	You pay 30% after deductible	You pay 50% after deductible
Emergency Room	You pay 30% after deductible	You pay 30% after deductible
Urgent Care Center	You pay 30% after deductible	You pay 50% after deductible
TRS Virtual Health-RediMD	$30 per medical consultation	$30 per medical consultation
TRS Virtual Health- Teladoc	$42 per medical consultation	$42 per medical consultation

Telemedicine

Group Number: 1800MD258

Contact	
Phone	1-800-530-8666
App	1800MD Member Mobile
Website	https://1800md.com/

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

Non-Emergent Care

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

Behavioral Health Counseling

Video conferencing with a psychiatrist or licensed therapists from privacy of own home. You can schedule recurring appointments to establish an ongoing relationship with one therapist.

- Addiction
- Bipolar Disorder
- Depression
- Eating Disorders
- Postpartum Depression
- Relationship Issues
- Stress
- Trauma & PTSD
- Grief & Loss
- LGBTQ Support
- Life Changes
- Panic Disorders

Rates	
Employee Only	$6.00
Employee + Spouse/Child(ren)/Family	$6.00

Flexible Spending Account

TASC

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 the plan year 2026 - 2027 is $3,400 - 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 TASC Eligible Expenses | Healthcare | FSA | HSA | Benefits 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 $7,500 (or $5,500 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
- 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.

Dental Plan

Policy Number: 00001D044488

Lincoln Financial Group®

Plan Name	Low	High
	Plan Information	Plan Information
Eligibility	All Eligible Employees	All Eligible Employees
Deductible (Single / Family)	$50 Single / $150 Family	$50 Single / $150 Family
	Annual Maximum	Annual Maximum
Annual Maximum Per Person	$1,500	$1,250
	Dependent Coverage	Dependent Coverage
Dependent Age Limit	To Age 26, Unmarried	To Age 26, Unmarried
	Dental Services	Dental Services
Preventive Services • Oral Exam • Cleanings • X-rays	Covered at 100%	Covered at 100%
Basic Services • Amalgam Fillings • Root Canals	Covered at 80%	Covered at 80%
Major Services • Crowns • Dentures	Not Applicable	Covered at 50%
Orthodontia (Children Only)	Not Applicable	Covered at 50%
	Monthly Cost	Monthly Cost
Employee	$19.36	$35.42
Employee + Spouse	$37.50	$69.03
Employee + Children	$48.58	$89.40
Family	$66.67	$122.90

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

Provider Network: VSP Advantage

vsp vision care

Plan Name	VSP Advantage Network		
Your Coverage with VSP In Network Doctor			
Benefit	Description	Co- Pay	Frequency
WELLVISION EXAM	Focuses on your eyes and overall wellness	$10	Every 12 mos.
ESSENTIAL MEDICAL EYE CARE	Retinal imaging for members with diabetes covered-in-full	Up to $39	
PRESCRIPTION GLASSES		**$25**	**See Frames and Lenses**
FRAME+	• $170 Featured Frame Brands allowance • $150 frame allowance • 20% savings on the amount over your allowance • $150 Walmart/Sams Club/Costco frame allowance	Included in Prescription Glasses	Every 24 mos.
LENSES	• Single vision • Lined bifocal • Lined trifocal lenses	Included in Prescription Glasses	Every 12 mos.
LENS ENHANCEMENTS	• Standard progressive lenses Premium progressive lenses • Custom progressive lenses • Impact-resistant lenses • Average savings of 30% on other lens enhancements	$0 $95- $105 $150 $175 $0 $0	Every 12 mos.
CONTACTS (INSTEAD OF GLASSES)	$150 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation)	Up to $60	Every 12 mos.
ADDITIONAL SAVINGS	**Glasses and Sunglasses** • Discover all current eyewear offers and savings at **vsp.com/offers**. • 20% savings on unlimited additional pairs of prescription or non-prescription glasses/sunglasses, including lens enhancements, from a VSP provider within 12 months of your last WellVision Exam.		
	Laser Vision Correction • Average of 15% off the regular price; discounts available at contracted facilities.		
	Exclusive Member Extras for VSP Members • Contact lens rebates, lens satisfaction guarantees and more offers at **vsp.com/offers**. • Save up to 60% on digital hearing aids with TruHearing®. Visit **vsp.com/offers/special-offers/hearing-aids** for details. • Enjoy everyday savings on health, wellness, and more with VSP Simple Values.		
Monthly Cost			
Single	$6.98		
EE + 1 dependent	$13.96		
Family	$22.48		

Life & AD&D

Policy Number: 000010193064

Basic Life & Accidental Death & Dismemberment Insurance

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.

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
Benefit Age Reduction	
50% at age 70. Coverage terminates at retirement.	

Voluntary Life & AD&D

Policy Number: 000400193065

Lincoln Financial Group®

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 increments of $10,000 with a minimum of $10,000 and a maximum of $500,000. New Employee guaranteed issue $100,000. If you purchase coverage for yourself, you can also purchase coverage for your spouse in increments of $5,000 with a minimum of $5,000 and a maximum of $250,000 (50% of employee's election cannot exceed $250,000). New employees guaranteed issue $50,000. 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.

Basic Life / AD&D Plan		
Age	**Employee**	**Spouse**
Under 25	$0.08	$0.08
25-29	$0.09	$0.09
30-34	$0.11	$0.11
35-39	$0.13	$0.13
40-44	$0.18	$0.18
45-49	$0.28	$0.28
50-54	$0.44	$0.44
55-59	$0.70	$0.70
60-64	$0.87	$0.87
65-69	$1.49	$1.49
70-74	$2.40	$2.40
Ages 75+	$3.67	$3.67
Dependent Child	$1.00	

Long Term Disability

Group Number: 752174

Long-Term Disability (LTD) protects one of your most valuable assets, your paycheck. Long-term disabilities are serious and financially debilitating. So that you may have protection when it's needed the most. This insurance will replace a portion of your income if you become physically unable to work due to an illness or injury, as outlined below.

Long-Term Disability Plan	One America
General Plan Information	
Eligibility	All Eligible Employees
Who Pays for Coverage	Employee
Long-Term Disability Benefit	
Monthly Benefit Percentage	Increments of $100 with a minimum of $200 and a maximum of $8,000, not to exceed 66 2/3% of Covered Monthly Earnings
Monthly Benefit Amount	$8,000
Definition of Disability	Loss of duties and earnings
Pre-Existing Limitation	12 months

Elimination Period (Accident/Sickness)	Monthly Benefit per $100
0/7	$3.37
14/14	$2.98
30/30	$2.52
60/60	$1.64
90/90	$1.41
180/180	$1.03
First day hospitalization benefit for options 0/7, 14/14, and 30/30	

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

Group Number: 5386062

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.

Long-Term Disability Plan	MetLife
General Plan Information	
Who Pays for Coverage	Employees
Dependent Age Limit	26
Accident Benefit	
Accident Death Benefit Amount	Employee $50,000 Spouse $25,000 Child $10,000
Wellness Screening Benefit (1 day per insured per year)	$200
Sample of Covered Services	
Hospital Admission	$1,500
Daily Confinement (Up to 15 days per accident)	$300 per day
Intensive Care Unit Admission	$1,500
Daily Confinement (Up to 15 days per accident)	$300 per day
Air Ambulance	$1,250
Emergency Room Admission	$200
Hip Dislocation	Open $10,000 Closed $5,000
Shoulder Dislocation	Open $2,000 Closed $1,000
Leg Fracture	Open $4,000 Closed $2,000
Concussion	$500
Employee Cost Per Month	
Employee Only	$12.38
Employee + Spouse	$17.82
Employee + Child(ren)	$25.16
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

Group Number: 5386062

What is Hospital Indemnity Insurance?

The Hospital Indemnity insurance policy is designed to help you with certain medical expenses. Coverage is based on a set schedule of benefits for a specified number of days.

*Note: Group Limited Indemnity is NOT major medical insurance

Benefits	High
Hospital In-Patient Admission	$1,000 per admission (4 admissions per year)
Hospital Confinement Benefit	$200 / Day (15 days, maximum)
Intensive Care Unit Admission	$1,000 per admission (4 admissions per year)
Intensive Care Unit Confinement Benefit	$200 / Day (15 days, maximum)
Newborn Nursery Confinement	$50 per day (up to 2 days per year)
Wellness Screening Benefit (1 day per insured per year; up to 6 per family per calendar year)	$50

Tier	Monthly Premium
Employee Only	$22.96
Employee & Spouse	$41.19
Employee and Child(ren)	$34.54
Employee and Family	$52.77

Critical Illness Coverage

Group Number: 5386062

MetLife

Critical Illness Coverage 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. U.S. Retirement & Benefits Partners offers Critical Illness Insurance on a voluntary basis.

What benefits are available?

Critical Illness Insurance provides a benefit payment for illnesses and conditions reflected in the chart below.

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 available only if employee coverage elected

Conditions	Employee Benefit Amount: $5,000 - $25,000 Spouse Benefit Amount: 50% of Employees Benefit Child(ren) Benefit Amount: 50% of Employees Benefit	
Cancer	**1st Occurrence**	**2nd Occurrence**
Invasive Cancer	100%	100%
Non-Invasive Cancer	25%	25%
Other Conditions		
Benign Brain or Spinal Cord Tumor	100%	100%
Coma	100%	100%
Cardiac Conditions		
Heart Attack	100%	100%
Severe Burn	100%	100%
Sudden Cardiac Arrest	50%	0%
Organ Failure		
Kidney Failure	100%	0%
Major Organ Transplant	100%	0%

Critical Illness Coverage

Group Number: 5386062

Monthly premiums are calculated based on age. No underwriting required; you can enroll in this coverage without completing an Evidence of Insurability.

Employee	Per $1,000
<30	$0.57
30-39	$0.79
40-49	$1.35
50-59	$2.23
60-69	$3.43
70-79	$5.48
80-99	$5.48

Spouse	Per $1,000
<30	$0.57
30-39	$0.74
40-49	$1.27
50-59	$2.37
60-69	$4.01
70-79	$6.60
80-99	$6.60

Cancer Coverage

Group Number:E4253811

Colonial Life®

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. Cancer benefits are payable for:

- Cancer Screening
- Wellness Test Benefit
- Inpatient Benefits
- Transportation & Lodging

Group Cancer	
	Monthly Premium
Employee Only	$29.85
Employee and 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.

Permanent Life

TransAmerica

When employees are able to protect their finances and loved ones, they can worry less and focus on what's important. That's why Transamerica offers the voluntary employee benefits they need to work toward building a more secure future.

In the event of an emergency or an unimaginable loss, Transamerica Universal Life Insurance can help families with financial support to better maintain their quality of life. A death benefit can help safeguard a family's future after the insured is gone. Plus, the cash value can be borrowed against if there is an emergency in the insured's lifetime.

HIGHLIGHTS:

- No physicals or blood work
- Accumulates cash value
- Guaranteed 2% interest rate
- Loan and withdrawal options

PORTABILITY OPTION :

If an employee loses eligibility for this insurance for any reason other than nonpayment of premiums, insurance can continue through the Transamerica Portability Trust by submitting a written request to exercise this option no later than 31 days after the date of termination. The employee will be billed directly and premiums may exceed the premiums that were paid through the employer due to increased administrative costs for direct billing

Guaranteed Issue Maximum	
Employee	$200,000
Spouse	$25,000
Child Universal Life	$25,000
Child Term	$20,000

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 GAP

Option 1

Chubb's Group Supplemental Medical Expense, or GAP Supplement, insurance is specifically designed to fill the gaps of your underlying major medical plan by reimbursing you for covered out-of-pocket expenses, such as deductibles, co-pays, and co-insurance.

Hospital Expense Benefit reimburses eligible out-of-pocket expenses for covered benefits incurred during inpatient hospitalization. Includes out of pocket expenses incurred for:

- treatment in an emergency room if hospital confined within 48 hours;
- durable medical equipment received while hospital confined; and
- ambulance transportation to hospital if hospital confined within 24 hours.

Outpatient benefit reimburses eligible out-of-pocket expenses provided by or under the supervision of a Doctor: in a Doctor's office, hospital emergency room (if not admitted), outpatient surgical facility, diagnostic testing facility, or similar facilities licensed to provide outpatient treatment.

Benefits are not payable for examination by a physician. Includes out of pocket expenses for:

- durable medical equipment received as an outpatient;
- ambulance transportation to a hospital if not hospital confined.

BENEFITS	HOSPITAL EXPENSE BENEFIT	OUTPATIENT BENEFIT
Maximum Benefit Per Covered Person	**$1,500 per Calendar Year**	**$200 up to a maximum of 2 Outpatient occurrences per Calendar Year**
Maximum Benefit Per Family	**$1,500 per Covered Member per Calendar Year**	**$200 up to a maximum of 4 Outpatient occurrences per Calendar Year**

Medical GAP

Option 2

Chubb's Group Supplemental Medical Expense, or GAP Supplement, insurance is specifically designed to fill the gaps of your underlying major medical plan by reimbursing you for covered out-of-pocket expenses, such as deductibles, co-pays, and co-insurance.

Hospital Expense Benefit reimburses eligible out-of-pocket expenses for covered benefits incurred during inpatient hospitalization. Includes out of pocket expenses incurred for:

- treatment in an emergency room if hospital confined within 48 hours;
- durable medical equipment received while hospital confined; and
- ambulance transportation to hospital if hospital confined within 24 hours.

Outpatient benefit reimburses eligible out-of-pocket expenses provided by or under the supervision of a Doctor: in a Doctor's office, hospital emergency room (if not admitted), outpatient surgical facility, diagnostic testing facility, or similar facilities licensed to provide outpatient treatment.

Benefits are not payable for examination by a physician. Includes out of pocket expenses for:

- durable medical equipment received as an outpatient;
- ambulance transportation to a hospital if not hospital confined.

BENEFITS	HOSPITAL EXPENSE BENEFIT	OUTPATIENT BENEFIT
Maximum Benefit Per Covered Person	**$1,500 per Calendar Year**	**$1,500 up to a maximum of 2 Outpatient occurrences per Calendar Year**
Maximum Benefit Per Family	**$1,500 per Covered Member per Calendar Year**	**$1,500 up to a maximum of 4 Outpatient occurrences per Calendar Year**

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

Group Number: B2BPAMPA

Two 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 Deductible
- Easy Claim Process
- No Health Questions
- Coverage available for Spouses and Dependents 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	U.S. / Canada
Escort Transportation	Worldwide	

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.

Contacts

Benefit	Carrier	Phone	Website
Medical	TRS ActiveCare - BCBS	866-355-5999	www.bcbstx.com/trsactivecare
Flexible Spending Account	TASC	800-422-4661	www.tasconline.com
Dental	Lincoln Financial	800-487-1485	www.lincolnfinancial.com
Vision	VSP	800-877-7195	www.vsp.com
Group Life	Lincoln Financial	800-487-1485	www.lincolnfinancial.com
Voluntary Life	Lincoln Financial	800-487-1485	www.lincolnfinancial.com
Educators Disability	The Standard	800-368-1135	www.standard.com
Accident	MetLife	800-638-5433	www.metlife.com
Cancer	Colonial	800-325-4368	www.coloniallife.com
Critical Illness	MetLife	800-638-5433	www.metlife.com
Hospital Indemnity	MetLife	800-638-5433	www.metlife.com
Medical Gap	CHUBB / ACI	888-585-9038	www.acitpa.com
Permanent Life + Long Term Care	TransAmerica	800-400-3042	www.transamerica.com
Medical Transport	MASA	954-758-9833	www.masamts.com
Benefit Website	**https://pampaisd.mybenefitsinfo.com**		

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Benefits Guide 2026

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 a 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 payroll/benefits dept. .