Baird Independent School District

EMPLOYEE BENEFIT GUIDE

2025-26

Unlock wellness.
Elevate life.

HI THERE!

This benefits guide describes the highlights of your benefits program in non-technical language. Your specific rights to benefits under the plan are governed solely, and in every respect, by the official plan documents, and not the information in this benefits guide. If there are any discrepancies between the description of the program elements as contained in this benefits guide and the official plan documents, the language in the official plan documents shall prevail as accurate.

Please refer to the plan-specific and important legal and benefit-related documents by each of the respective carriers. You should be aware that any and all elements of your benefits programs may be modified in the future, at any time, to meet Internal Revenue Service rules, or otherwise as decided by your employer.

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KEY THINGS TO KNOW

Coverage will NOT automatically roll to the new benefit year, so all employees must enroll with a licensed Benefit Counselor, in person, for the 2025-2026 plan year.

Insurance Terms:

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.

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.

ABOUT **YOUR BENEFITS**

Your options include comprehensive, cost-effective and competitive benefits. This package helps protect you and your family, but it works only if you take control and make thoughtful decisions about your benefits! To get the most from your benefits, you need to make wise enrollment decisions.

You have several tools, including this benefits guide and the online enrollment website **bairdisd.fbmcbenefits.com**, to help you in this decision-making.

All newly eligible employees will have 30 days from their date of hire to enroll in benefits. All benefits will be effective the first day of the month following the employment start date.

Changes made to all insurance plans during annual Open Enrollment are deducted from the first payroll check in September and coverage is effective September 1, 2025.

YOUR ENROLLMENT

Once enrolled, coverage will begin on the first of the month following your hire date. Carefully consider your benefit choices since certain eligibility and qualifying event rules may apply to any changes you would like to make during the plan year.

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

ELIGIBILITY

- **All Full-Time Employees:** Full-time employees working at least **20 hours per week** on a regular basis are eligible for coverage on the first month following the date of hire.
- **Spouse:** You may enroll your spouse.
- **Children:** Eligible children include biological, stepchildren, adopted children, children for whom you have been appointed legal guardianship and your grandchildren who are your dependents for federal income tax purposes.

HOW TO ENROLL

Assisted Enrollment with a Benefit Counselor

SCAN ME

Schedule an appointment with a Benefits Counselor by scanning the QR or using the link below:
bairdisd.fbmcbenefits.com

To prepare for enrollment, you will want to have the following items available to you:

- *Social Security numbers and birth dates for your eligible family members.*
- *Expense records for medical, dental, and vision care so you can plan your benefit choices.*
- *Information about other benefit coverages or insurances you may have, such as the coverage details for your spouse's plans.*
- *Beneficiary designation information, so you can properly identify your beneficiaries for your life insurance coverage.*

IMPORTANT

Please remember that any premiums paid on a pretax basis are "locked in". Your benefit elections cannot be changed mid-plan year unless you have a qualifying life event. Some examples of this would include:

- Marriage or Divorce
- Birth or Adoption
- Death of a Dependent
- A Change in Residence that Affects Coverage
- Loss or Gain of Spouse's Employment
- CHIPRA (Children's Health Insurance Program Reauthorization Act)

MEDICAL

Your medical benefits provide you with access to people, resources, and tools to help you when you aren't feeling your best. The plans have different levels of copays, deductibles, and out-of-pocket maximums. Make an informed decision by reading brief descriptions of your coverage options. The medical program, administered by **Baylor Scott and White**, provides the framework for your health and well-being.

Medical Premiums	Baylor Scott and White **Medical Cost Comparison**				
Employee Monthly Rates	**BSW Plus HMO LC5HA1Q2**	**BSW Premier HMO LE5HB1S2**	**BSW Plus HMO LC5HA1K2**	**BSW Plus HMO LC5HA3H2**	**BSW Access PPO UHB5J1M2**
Employee	$330.08	$284.77	$413.63	$545.32	$484.22
+ Spouse	$1,429.47	$1,303.19	$1,662.38	$2,192.18	$1,859.13
+ Child(ren)	$781.37	$702.82	$926.24	$1,110.51	$1,048.61
+ Family	$1,826.90	$1,671.34	$2,113.80	$2,419.92	$2,356.16

If there is any discrepancy between the plan details in this benefits guide and the official plan documents, the language in the official plan documents shall prevail as accurate.

MEDICAL PLAN **COMPARISON**

	BSW Plus HMO LC5HA1Q2		BSW Premier HMO LE5HB1S2		BSW Plus HMO LC5HA1K2	
PLAN FEATURES (INDIVIDUAL/FAMILY)						
Type of Coverage	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible	$7,500/$15,000	Not Covered	$7,000/$14,000	Not Covered	$4,500/$9,000	N/A
Coinsurance	10% After Deductible	Not Covered	0% After Deductible	Not Covered	20% After Deductible	Not Covered
Max Out-of-Pocket	$9,200/$18,400	Not Covered	$7,000/$14,000	Not Covered	$7,000/$14,000	Not Covered
Primary Care Provider (PCP) Required	No	No	No	No	No	No
DOCTORS VISITS						
Primary Care	$30 Copay	Not Covered	0% After Deductible	Not Covered	$25 Copay	Not Covered
Specialist	$60 Copay	Not Covered	0% After Deductible	Not Covered	$50 Copay	Not Covered
IMMEDIATE CARE						
Urgent Care	$50 Copay	$50 Copay	0% After Deductible	0% After Deductible	$50 Copay	$50 Copay
Emergency Room	$500 Copay plus 10% coinsurance, Deductible does not apply	$500 Copay plus 10% coinsurance, Deductible does not apply	0% After Deductible	0% After Deductible	$500 Copay plus 20% coinsurance, Deductible does not apply	$500 Copay plus 20% coinsurance, Deductible does not apply
Preventive Care	No Charge	Not Covered	No Charge	Not Covered	No Charge	Not Covered
Diagnostic X-Ray and Labs	No Charge	Not Covered	0% Coinsurance after Deductible	Not Covered	No Charge	Not Covered
MRI, CAT Scan, PET Scan	10% Copay Deductible does not apply	Not Covered	0% Coinsurance after Deductible	Not Covered	20% Copay	Not Covered
Hospital In/Out Patient	10% Copay after Deductible for facility and physician services	Not Covered	0% after Deductible for facility and physician services	Not Covered	20% After Deductible	Not Covered
PRESCRIPTION DRUGS						
Retail (30-Day) Generic/Preferred Generic/Non-preferred	Tier 1: $0 Copay Tier 2: $10 Copay	Not Covered	0% After Deductible	Not Covered	Tier 1: $0 Copay Tier 2: $10 Copay	Not Covered
Retail (30-Day) Brand/Preferred Brand/Non-Preferred	Tier 3: $50 Copay Tier 4: $115 Copay	Not Covered	$0 Coinsurance After Deductible	Not Covered	Tier 3: $50 Copay Tier 4: $115 Copay	Not Covered
Specialty	Tier 1: $100 Tier 2: $175 Tier 3: $350	Not Covered	0% coinsurance after Deductible	Not Covered	Tier 1: $100 Tier 2: $175 Tier 3: $350	Not Covered
MAIL ORDER DRUGS						
90-day supply	**REFER TO PLAN DOCUMENTS FOR DETAILED INFORMATION**					

MEDICAL PLAN **COMPARISON**

	BSW Plus HMO LC5HA3H2		BSW Access PPO UHB5J1M2	
PLAN FEATURES (INDIVIDUAL/FAMILY)				
Type of Coverage	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible	$3,000/$6,000	Not Covered	$5,500/$11,000	$11,000/$22,000
Coinsurance	20% After Deductible	Not Covered	20% After Deductible	50% After Deductible
Max Out-of-Pocket	$6,000/$12,000	Not Covered	$7,000/$14,000	$21,000/$42,000
Primary Care Provider (PCP) Required	No	No	No	No
DOCTORS VISITS				
Primary Care	$25 Copay	Not Covered	$30 Copay	50% coinsurance
Specialist	$50 Copay	Not Covered	$60 Copay	50% coinsurance
IMMEDIATE CARE				
Urgent Care	$50 Copay	$50 Copay	$50 Copay	$50 Copay
Emergency Room	$500 Copay per visit plus 20% coinsurance	$500 Copay per visit plus 20% coinsurance	$500 Copay per visit plus 20% coinsurance	$500 Copay per visit plus 20% coinsurance
Preventive Care	No Charge	Not Covered	No Charge	50% After Deductible
Diagnostic X-Ray and Labs	No Charge	Not Covered	No Charge	50% After Deductible
MRI, CAT Scan, PET Scan	20% Copay	Not Covered	20% coinsurance	50% After Deductible
Hospital In/Out Patient	20% After Deductible	Not Covered	20% After Deductible	50% After Deductible
PRESCRIPTION DRUGS				
Retail (30-Day) Generic/Preferred Generic/Non-preferred	Tier 1: $0 Copay Tier 2: $10 Copay	Not Covered	Tier 1: $0 Copay Tier 2: $10 Copay	50% coinsurance
Retail (30-Day) Brand/Preferred Brand/Non-Preferred	Tier 3: $50 Copay Tier 4: $115 Copay	Not Covered	Tier 3: $50 Copay Tier 4: $115 Copay	50% coinsurance
Specialty	Tier 1: $100 Tier 2: $175 Tier 3: $350	Not Covered	Tier 1: $100 Tier 2: $175 Tier 3: $350	50% coinsurance
MAIL ORDER DRUGS				
90-day supply	**REFER TO PLAN DOCUMENTS FOR DETAILED INFORMATION**			

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RECURO

TELE-HEALTH

VIRTUAL VISITS:

Virtual Visits: Get 24/7 Care, Anywhere

Call your doctor's office first. They also may offer tele-health consultations by phone or online video.

With Virtual Visits, the doctor is always in. Get 24/7 nonemergency care from a board-certified doctor by phone, online video or mobile app from the privacy and comfort of your own home.

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

GET VIRTUAL CARE FOR:

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

- **Allergies**
- **Cold/Flu**
- **Fever**
- **Headaches**
- **Nausea**
- **Sinus infections**

Virtual Visits with licensed behavioral health therapists are available by appointment. Get virtual care for:

- **Anxiety**
- **Depression**
- **Stress management**
- **And more**

VIRTUAL VISIT DOCTORS CAN EVEN SEND AN E-PRESCRIPTION TO YOUR LOCAL PHARMACY.

Consultation Fee: $0
Unlimited Consultations
All family members included.

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

Activate Your Recuro Account Today:

Call Recuro at **855-6RECURO**

Go to **member.recurohealth.com**

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HUMANA DENTAL

Good health begins in your mouth. Dental Insurance pays for regular dental checkups and cleanings. It also makes treatment for cavities, root canals, and other conditions more affordable.

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

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

* IT IS THE MEMBER'S RESPONSIBILITY TO VERIFY THE PROVIDER IS IN NETWORK AT THE TIME OF SERVICE.

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

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Dental Plan Premiums

Monthly Rates	High	Low
Employee	$37.30	$25.65
EE + Spouse	$74.51	$51.96
EE + Child(ren)	$67.73	$47.05
EE + Family	$125.01	$86.52

Dental Benefit Summary

	High	Low
Your Network	Traditional Plus PPO	Preventive Plus PPO
Office Visit Copay	N/A	N/A
Calendar Year Deductible	$50/$150	$50/$150
Charges Covered for you (co-Insurance)	**In/Out-of-Network**	**In/Out-of-Network**
Preventive Care Deductible Waived	100%	100%
Basic Care	80% after deductible	80% after deductible
Major Care	50% after deductible	Not covered
Annual Maximum Benefit	$1,000	$1,000
Orthodontia Benefit	Children through age 18 pays 50% up to $1,000 Lifetime Max	Not covered; Members may receive a discount

HUMANA

VISION

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

Vision Plan Premium

Monthly Rates	
Employee	**$8.39**
EE + Spouse	**$13.87**
EE + Child(ren)	**$15.12**
EE + Family	**$21.66**

Frequencies

(Based on Date of Service)

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

*Plan covers contact lenses or frames, not both.

Vision Benefits Summary

	In-Network Allowance	Out-of-Network Allowance
Exam	$10	Up to $30
Frames	$150 allowance 20% off balance over $150	$80 allowance

Lenses (Standard) Per Pair

Single Vision	$10	Up to $25
Bifocal	$10	Up to $40
Trifocal	$10	Up to $60
Lenticular	$10	Up to $100

Covered Lens Options

	In-Network Allowance	In-Network Allowance
UV Coating	$15	Not Covered
Tint (Solid and Gradient)	$15	Not Covered
Standard Scratch-Resistance	$15	Not Covered
Standard polycarbonate - Adults	$40	Not Covered
Standard polycarbonate - Child <19	$40	Not Covered
Standard anti-reflective coating	$25	Up to $25
Premium anti-reflective coating		
• **Tier 1**	$37	Up to $25
• **Tier 2**	$48	Up to $25
• **Tier 3**	80% of charge less $20 allowance	Up to $25
Standard Progressive (add on to Bifocal)	$10	Up to $40
Premium Progressive		
• **Tier 1**	$75	Up to $40
• **Tier 2**	$85	Up to $40
• **Tier 3**	$100	Up to $40
• **Tier 4**	$55 copay, 80% less $120 allowance	Up to $40
Photochromatic / Plastic Transitions	$75	Not Covered
Polarized	80% of Charge	Not Covered

Contact Lenses

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

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NBS (NEW PROVIDER)

FLEXIBLE SPENDING ACCOUNTS (FSA)

AT-A-GLANCE

The FSA Plan Year:

Sept. 1, 2025 - Aug. 31, 2026

Claim Filing Deadlines:

Healthcare FSA has a grace period of 45 days for filing claims.

Dependent Care FSA has a grace period of 45 days for filing claims.

Max Annual Contribution:

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

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

Types of FSAs:

- **Healthcare FSA -** Helps pay for qualifying medical expenses not covered by insurance (co-pays, deductibles, prescription costs, etc.)
- **Dependent Care FSA** - Helps pay for care expenses for eligible dependents such as your children, spouse and/or relative.

"USE-IT-OR-LOSE-IT" RULE

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

SCAN THE QR CODE FOR A LIST OF FSA EXPENSES

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NBS (NEW PROVIDER)

HEALTH SAVINGS ACCOUNTS (HSA)

Unused HSA funds roll over from year to year even if you elect not to make contributions!

A triple tax advantage!
The HSA is a tax-advantaged investment vehicle that offers three separate tax benefits:

- Contributions into the HSA are pretax.
- Earned interest on investment funds is tax-free.
- Withdrawals for qualified medical expenses are tax-free.

Max Annual Contribution:

- Self: **$4,300**
- Family: **$8,550**

A **Health Savings Account (HSA)** works with a High Deductible Health Plan (HDHP), and lets you set aside a portion of your paycheck, before taxes, into an account to help you pay for qualified medical expenses that aren't covered by your plan. It can also help you plan for future medical expenses. Any leftover funds can be transferred into the HSA Investment Account year after year for future growth!

HOW DOES AN HSA WORK?

In 2025, the IRS increased the HSA maximums. You can deposit up to $4,300 for yourself or up to $8,550 for your family, into your HSA. For those 55 years and older, $1,000 catch-up (additional) contributions can be made to their HSA. This limit is set by the IRS. You can use money in your HSA to pay for insurance deductibles and medical care/supplies like dentistry, ophthalmology, and prescription drugs.

NBS MOBILE APP

When you're on the go, save time and hassle with the NBS Mobile App. Submit claims, check your balances, view transactions, and submit documentation using your device's camera.

- Designed to work just as other iOS and Android apps, making it easy to learn and use.
- Shares user authentication with the NBS portal. Registered users can download the app and log in immediately to gain access to their benefit accounts, with no need to register their phone or your account.

Note: You must be enrolled in a High Deductible Health Plan (HDHP) to make contributions to the Health Savings Account.

MUTUAL OF OMAHA (NEW PROVIDER)

LIFE/AD&D

BASIC LIFE/AD&D

How does it work?

You keep coverage for a set period of time, or "term." If you die during that term, the money can help your family pay for basic living expenses, final arrangements, tuition and more.

AD&D Insurance is embedded with the Life insurance, which can pay a benefit if you survive an accident but have certain serious injuries. It can pay an additional amount if you die from a covered accident. At age 70, amounts reduce by 50%.

EMPLOYER-PAID BENEFIT

At-A-Glance
Basic Life Insurance Benefit: **$25,000**
AD&D Insurance Benefit: **$25,000**

Additional Features:

- **Accelerated Death Benefit** - 80% of the amount of the life insurance benefit is available to you if terminally ill, not to exceed $20,000.
- **Travel Assistance**
- **EAP**
- **Hearing Discount Program**
- **Will Preparation Services**

VOLUNTARY LIFE/ AD&D

How does it work?

You choose the amount of coverage that's right for you, and you keep coverage for a set period of time, or "term." If you die during that term, the money can help your family pay for basic living expenses, final arrangements, tuition and more. AD&D Insurance is embedded with the Life insurance, and pays a benefit if you survive an accident but have certain serious injuries. It pays an additional amount if you die from a covered accident. At age 70, amounts reduce by 50%.

Why is this coverage so valuable?
On the policy effective date, all members (enrolled or eligible) may increase their benefit amount up to the guarantee issue amount without health questions or exams.

For detailed plan information and rates, please meet with your Benefits Counselor or visit bairdisd.fbmcbenefits.com.

At-A-Glance
*Get up to **$150,000** guarantee issue for yourself and **$50,000** for your spouse, and **$10,000** for children.*

No evidence of insurability is required for child coverage.

Additional Features:

- **Accelerated Death Benefit** — Terminally ill members may withdraw a portion of their Life benefit.
- **Waiver of premium** — Life insurance for dependents continues automatically, without premium payment, for five months after the death of the insured member.
- **Portability** — You may be able to keep coverage if you leave the District, retire or change the number of hours you work.

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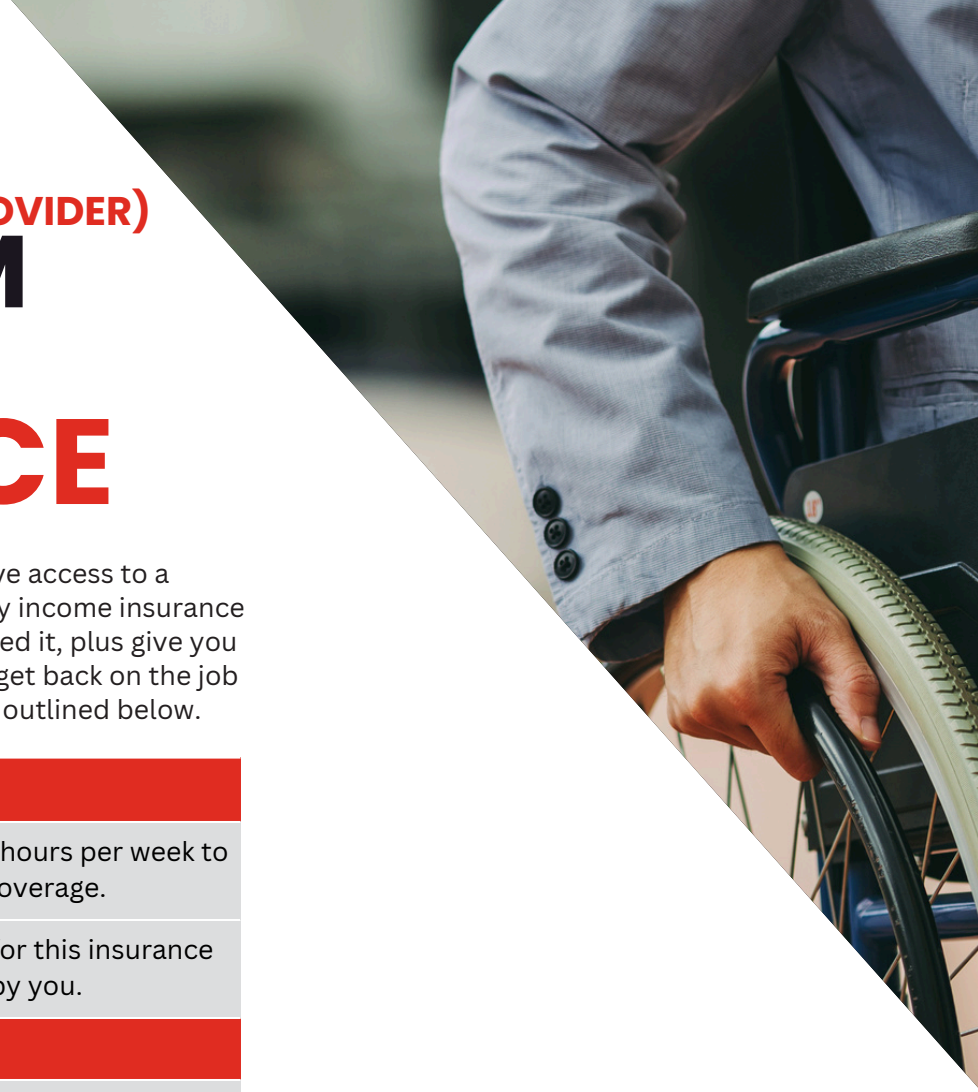

MUTUAL OF OMAHA (NEW PROVIDER)

LONG-TERM DISABILITY INSURANCE

As an active employee of the District, you have access to a disability income insurance policy. A disability income insurance policy can help provide security when you need it, plus give you peace of mind so you can recover faster and get back on the job sooner. Coverage guidelines and benefits are outlined below.

ELIGIBILITY - ALL ELIGIBLE EMPLOYEES	
Eligibility Requirement	minimum of 20 hours per week to be eligible for coverage.
Premium Payment	The premiums for this insurance are paid in full by you.
BENEFITS	
Elimination Period	90 calendar days after the onset of your disabling injury or illness or the date your short-term disability ends.
Weekly Benefit	60% of your before-tax monthly earnings, not to exceed the plan's maximum weekly benefit amount less other income sources. The premium for your long-term disability coverage is waived while you are receiving benefits.
Maximum Monthly Benefit	$6,000
Minimum Monthly Benefit	$100/10%
Maximum Benefit Period	If you become disabled prior to age 62, benefits are payable to age 65, your Social Security Normal Retirement Age or 3.5 years, whichever is longest. At age 62 (and older), the benefit period will be based on a reduced duration schedule.

Long-term Disability Premiums

Monthly Rates	Cost Per $100 of Benefits
LTD	**$1.30**

Additional Services

Travel Assistance: The Travel Assistance program is an added benefit that provides assistance for your travels over 100 miles away from home or outside the country.

Hearing Discount Program: The Hearing Discount Program provides you and your family discounted hearing products, including hearing aids and batteries. Call 1-888-534-1747 or visit www.amplifonusa.com/mutualofomaha to learn more.

For detailed plan information and rates, please meet with your Benefits Counselor or visit bairdisd.fbmcbenefits.com.

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MUTUAL OF OMAHA (NEW PROVIDER)

SHORT-TERM DISABILITY INSURANCE

As an active employee of the District, you have access to a disability income insurance policy. A disability income insurance policy can help provide security when you need it, plus give you peace of mind so you can recover faster and get back on the job sooner. Coverage guidelines and benefits are outlined below.

ELIGIBILITY - ALL ELIGIBLE EMPLOYEES		
Eligibility Requirement	minimum of 20 hours per week to be eligible for coverage.	
Premium Payment	The premiums for this insurance are paid in full by you.	
ELIMINATION PERIOD	**14/14**	**30/30**
If you become disabled, there is an elimination period before benefits are payable. Your benefits begin:	On the 15th day of your disabling injury or disabling illness.	On the 31st day of your disabling injury or disabling illness.
BENEFITS		
Weekly Benefit	60% of your before-tax weekly earnings, not to exceed the plan's maximum weekly benefit amount less other income sources. The premium for your short-term disability coverage is waived while you are receiving benefits.	
Maximum Benefit Period	Up to 13 weeks	
Maximum Weekly Benefit	$1,500	
Minimum Weekly Benefit	$25	

Short-term Disability Premiums

Monthly Rates	Cost Per $100 of Benefits
Class 1	$1.63
Class 2	$1.20

Additional Services

Hearing Discount Program: The Hearing Discount Program provides you and your family discounted hearing products, including hearing aids and batteries. Call 1-888-534-1747 or visit www.amplifonusa.com/mutualofomaha to learn more.

For detailed plan information and rates, please meet with your Benefits Counselor or visit bairdisd.fbmcbenefits.com.

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MUTUAL OF OMAHA (NEW PROVIDER)

EMPLOYEE ASSISTANCE PROGRAM

The Mutual of Omaha Employee Assistance Program (EAP) provides a variety of telephonic and web assistance designed to help you with personal problems that may affect your daily life, such as financial and legal issues, elder care, or planning for college. Materials are available in English and Spanish.

Emotional Support

- 24/7 access to licensed counselors for stress, anxiety, depression, grief, and relationship issues
- Three calls per year (per household) with our in-house Master's level EAP professionals, who will provide the caller with community resources
- Short-term confidential counseling sessions available by phone, video, or in-person
- Referrals to long-term mental health professionals when needed

Work and Lifestyle Support

- Guidance for work-related challenges like burnout, conflict resolution, and career planning
- Assistance finding child care, elder care, pet care, and relocation services
- Support for major life events such as marriage, divorce, parenting, and adoption

Legal Guidance

- 1 Legal consultation with an attorney per year (up to 30 minutes)
- 25% discount for ongoing legal services for same issue
- Access to legal document templates and tools

HOW TO GET HELP

- **Visit the Employee Assistance Program website to view timely articles and resources on a variety of financial, well-being, behavioral and mental health topics: mutualofomaha.com/eap**
- **Call: 1-800-316-2796**

Eligibility

Full-time employees and their immediate family members; including the employee, spouse and dependent children (unmarried and under 26) who reside with the employee are eligible to use the program.

Financial Resources

- Help with budgeting, debt management, student loans, and retirement planning
- Personal financial assessment tool
- Ongoing progress reports on financial health
- Inclusive financial platform powered by Enrich

Digital Support

- Online portal with articles, self-assessments, videos, and toolkits
- Mobile app for easy access to resources and scheduling appointments
- Interactive tools for stress management, mindfulness, and financial planning

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OTHER BENEFITS

MUTUAL OF OMAHA (NEW PROVIDER)
ACCIDENT INSURANCE

Accidents happen. Accident Insurance helps you handle these unexpected events by paying cash directly to you. The plan pays regardless of other coverage you have, and there are no restrictions on how you may use the money.

This plan offers 24 hour coverage on and off the job. It also includes an Express Benefit of $250. If an insured person is injured as a result of an accident, an express benefit will be paid upon notification of the accident. The benefit is payable once per accident for each insured person.

The plan also features a Health Screening benefit of $200 one time per calendar year, per covered person.

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

Accident Insurance Premium

Monthly Rates

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

MUTUAL OF OMAHA (NEW PROVIDER)
CRITICAL ILLNESS WITH CANCER

Your health insurance covers many of your treatment costs, but you still have alot of expenses that your finances are not ready for.

The levels of coverage to choose from:

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

The plan also features a Health Screening benefit of $50 one time per calendar year, per covered person.

For detailed plan information and rates, please meet with your Benefits Counselor or visit bairdisd.fbmcbenefits.com.

Age Band	Employee/Member Monthly Rates per $1000
<30	$0.40
30-39	$0.57
40-49	$1.07
50-59	$2.13
60-69	$3.88
70-79	$9.70
80-99	$9.70

At-A-Glance

- Guaranteed issue
- Fully portable
- Payroll Deducted

If there is any discrepancy between the plan details in this benefits guide and the official plan documents, the language in the official plan documents shall prevail as accurate.

OTHER BENEFITS

MUTUAL OF OMAHA (NEW PROVIDER)

HOSPITAL INDEMNITY

A trip to the hospital can be costly - and many employees aren't prepared for the out-of-pocket expenses that come with a hospital stay, even with medical coverage. **Hospital Indemnity** insurance pays cash benefits to employees in the event of a hospitalization, regardless of treatment costs or other insurance coverage. It also includes an Express Benefit of $100.

- Hospital Admission - $1,000 (up to 4X annually)
- Hospital Confinement - $100/day (up to 30 days)
- Critical Care Admission - $2,000 (in addition to hospital admission)
- Critical Care Confinement - $200/day (in addition to hospital confinement)
- Newborn Nursery Care - $50/day (2 days per policy year)

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

Pays a Health Maintenance Screening benefit of $50. 1 time per calendar year, per covered person; up to 6 per family per calendar year.

Hospital Indemnity Premium

Monthly Rates

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

CHUBB

LIFETIME BENEFIT TERM

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

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

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

www.chubb.com

At-A-Glance

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

For detailed plan information and rates, please meet with your Benefits Counselor or visit bairdisd.fbmcbenefits.com.

If there is any discrepancy between the plan details in this benefits guide and the official plan documents, the language in the official plan documents shall prevail as accurate.

OTHER BENEFITS

COLONIAL

CANCER

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

Cancer Premiums

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

ALLSTATE

ID THEFT PROTECTION

This plan covers identity theft, financial account monitoring, credit monitoring, cyber protection for mobile and desktop devices, dark web monitoring, social media and more. Allstate provides 24/7 assistance ensuring robust coverage and peace of mind.

Identity Theft Protection Premiums

Monthly Rates	Pro+ Cyber
Employee	$9.95
EE + Family	$17.95

MASA

MEDICAL TRANSPORT

Most people assume that their health insurance will cover most, if not all, the costs for these transports. Usually, the opposite is true, leaving you with financial responsibilities. **Medical Transport** coverage pays these costs so you don't have to.

Download the MASA mobile app to access your digital ID cards, review plan documents and benefits, and view your claims history. Registering is easy with your Member ID.

Medical Transport Premiums

Monthly Rates	Emergent Plus
Employee	$14.00
EE + Family	$14.00

If there is any discrepancy between the plan details in this benefits guide and the official plan documents, the language in the official plan documents shall prevail as accurate.

IMPORTANT **NOTICES**

Important Notice about Your Prescription Drug Coverage and Medicare
Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with **Baylor Scott & White** and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.
There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. **Baylor Scott & White** has determined that the prescription drug coverage offered by **Baylor Scott & White** is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage if You Decide to Join a Medicare Drug Plan?
If you decide to join a Medicare drug plan, your current **Baylor Scott & White** coverage will be affected. You can keep this coverage if you elect to join a Medicare drug plan, and your **Baylor Scott & White** health plan will coordinate your benefits with Medicare for drug coverage. See pages 7-9 of the CMS Disclosure of Creditable Coverage to Medicare Part D Eligible Individuals Guidance (available at **http://www.cms.hhs.gov/CreditableCoverage/**), which outlines the prescription drug plan provisions/options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D. *If you do decide to join a Medicare drug plan and drop your current **Baylor Scott & White** coverage, be aware that you and your dependents will not be able to get this coverage back.*

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with **Baylor Scott & White** and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go 19 months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information about This Notice or Your Current Prescription Drug Coverage:
Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan and if this coverage through **Baylor Scott & White** changes. You also may request a copy of this notice at any time.

For More Information about Your Options Under Medicare Prescription Drug Coverage:
More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans. For more information about Medicare prescription drug coverage:
Visit **www.medicare.gov**
Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.
Call: **1-800-MEDICARE (1-800-633-4227)**
TTY users should call: **1-877-486-2048**
If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available.
For information about this extra help, visit Social Security on the web at **www.socialsecurity.gov,** or call them at **1-800-772-1213 (TTY 1-800-325-0778).**
Last Updated: **July 3, 2025**
Name of Entity: **Baird ISD**
Contact-Position/Office: Human Resources Department
Address: 600 W 7th, Baird, TX. 79504
Phone Number: (325) 854-1400

COBRA Q&A/Continuation Coverage Rights
What is COBRA Continuation Coverage?
COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage plus a 2% administrative fee.
If you are an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because either one of the following qualifying events happens:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct

IMPORTANT **NOTICES**

If you are the spouse of an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because any of the following qualifying events happens:

Your spouse dies;
• Your spouse's hours of employment are reduced;
• Your spouse's employment ends for any reason other than his or her gross misconduct;
• Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
• You become divorced or legally separated from your spouse.
Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because any of the following qualifying events happens:
The parent-employee dies;
The parent-employee's hours of employment are reduced;
Your spouse's employment ends for any reason other than his or her gross misconduct;
Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because any of the following qualifying events happens:
The parent-employee dies;
The parent-employee's hours of employment are reduced;
The parent-employee's employment ends for any reason other than his or her gross misconduct;
The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
The parents become divorced or legally separated; or
The child stops being eligible for coverage under the plan as a "dependent child".

When is COBRA Coverage Available?
The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. When the qualifying event is the end of employment or reduction of hours of employment, death of the employee, commencement of a proceeding in bankruptcy with respect to the employer, or the employee becoming entitled to Medicare benefits (under Part A, Part B, or both), the employer must notify the Plan Administrator (NBS) of the qualifying event.
You Must Give Notice of Some Qualifying Events
For the other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's loss of eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to the Human Resources Director, including the appropriate paperwork (divorce decree; legal separation document, etc.) to support your claim if applicable.

How is COBRA Coverage Provided?
Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage. When the qualifying event is the death of the employee, the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), your divorce or legal separation, or a child's losing eligibility as a dependent child, COBRA continuation coverage lasts for up to a total of 36 months.

When the qualifying event is the end of employment or reduction of the employee's hours of employment, and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. For example, if a covered employee becomes entitled to Medicare 8 months before the date on which his employment terminates, COBRA continuation coverage for his spouse and children can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus 8 months).

Otherwise, when the qualifying event is the end of employment or reduction of the employee's hours of employment, COBRA continuation coverage generally lasts for only up to a total of 18 months. There are two ways in which this 18-month period of COBRA continuation coverage can be extended.

Disability extension of 18-month period of continuation coverage.
If you or anyone in your family covered under the Plan is determined by the Social Security Administration to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage.

Second qualifying event extension of 18-month period of continuation coverage.
If your family experiences another qualifying event while receiving 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if notice of the second qualifying event is properly given to the Plan. This extension may be available to the spouse and any dependent children receiving continuation coverage if the employee or former employee dies, becomes entitled to Medicare benefits (under Part A, Part B, or both), or gets divorced or legally separated, or if the dependent child stops being eligible under the Plan as a dependent child, but only if the event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

IMPORTANT **NOTICES**

IF YOU HAVE QUESTIONS:
Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact identified below. For more information about your rights under ERISA, including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit the EBSA website at **www.dol.gov/ebsa**. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.)

KEEP YOUR PLAN INFORMED OF ADDRESS CHANGES:
In order to protect your family's rights, you should keep the Plan Administrator informed of any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

NBS
COBRA Department: National Benefit Services, LLC; PO Box 219494; Kansas City, MO 64121-9494; 800-274-0503; nbsbenefits.com

THE WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998 (WHCRA)
If you or your spouse have had or are going to have a mastectomy, you/she may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

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

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

NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT

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

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

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

HIPAA SPECIAL ENROLLMENT NOTICE

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

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

To request special enrollment or obtain more information, contact:
Baird ISD
Human Resources Department
325-854-1400

CHIP NOTICE

PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit **healthcare.gov**.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in Texas, contact your state Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your state Medicaid or CHIP office or dial 1-877-KIDS NOW or **insurekidsnow.gov** to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan. If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at **askebsa.dol.gov** or call 1-866-444-EBSA (3272).

If you live in Texas, you may be eligible for assistance paying your employer health plan premiums. If you reside outside of Texas, view the entire CHIP Model Notice online at:
https://www.dol.gov/sites/default/files/ebsa/laws-and-regulations/laws/chipra/model-notice.doc
Contact your state for more information on eligibility.

TEXAS – Medicaid
Website: **https://hhs.texas.gov/services/health/medicaid-chip** Phone: **800-335-8957**

To locate the list of states, current as of January 31, 2025, or to view states that have recently added a premium assistance program since January 31, 2025, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
1-866-444-EBSA (3272)
dol.gov/agencies/ebsa

U.S. Department of Health & Human Services
Centers for Medicare & Medicaid Services
1-877-267-2323, Menu Option 4, Ext. 61565
cms.hhs.gov

MARKETPLACE **NOTICE**

New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 6-30-2026)

PART A: General Information

As a result of the Affordable Care Act, starting in 2014, there became a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employmentbased health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace starts November 1 and ends January 15, in most states.

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

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. For plan years beginning in calendar year 2025, if the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.02% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.[1]

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after- tax basis.

How Can I Get More Information? For more information about your coverage offered by your employer, please check your summary plan description or contact.

Baird ISD ATTN: Human Resources Dept., 600 W 7th, Baird, TX 79504 (325) 854-1400

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

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

MARKETPLACE **NOTICE**

PART B: Information About Health Coverage Offered by Your Employer

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

3.Employer name **Baird Independent School District**		4.Employer Identification Number (EIN) **75-6000148**	
5.Employer address **600 W. 7th**		6.Employer phone number **325-854-1400**	
7.City **Baird**	8.State **TX**	9.ZIP code **79504**	
10.Who can we contact about employee health coverage at this job? **Human Resources Department**			
11.Phone number (if different from above)	12.Email address **sprice@bairdisd.org**		

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:

☐ All employees. Eligible employees are:

☒ Some employees. Eligible employees are:

All employees working 20+ hours per week.

- With respect to dependents:

☒ We do offer coverage. Eligible dependents are:

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

☐ We do not offer coverage.

☒ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. Here's the employer information you'll enter when you visit monthly HealthCare.gov to find out if you can get a tax credit to lower your premiums.

YOUR CONTACTS

Baird ISD
600 W. 7th
Baird, TX 79504
325-854-1400

FBMC Service Center
877-897-3194
HOURS: MON-FRI, 7 a.m. - 6 p.m. CST
www.FBMC.com

Medical
Baylor Scott & White
Group #: **06964**
844-633-5325
www.bswhealthplan.com

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

Dental/Vision
Humana
Group #: **828182**
800-233-4013
www.humana.com

Flexible Spending Accounts/Health Savings Account
NBS
Group#: **NBS734542**
855-399-3035
service@nbsbenefits.com

EAP
Mutual of Omaha
800-316-2796
mutualofomaha.com/eap

Lifetime Benefit Term
Chubb
Group #: **DBT**
855-241-9891
www.chubb.com

Accident/Hospital Indemnity/Critical Illness/ Disability/Life+AD&D/Voluntary Life+AD&D
Mutual of Omaha
Group #**: G000CRFF**
800-877-5176
www.mutualofomaha.com

Cancer
Colonial
Group #
Option 3: G0026758
Option 4: G0026759
800-325-4368
www.coloniallife.com

ID Theft Protection
Allstate
Group #: **9894**
(800) 789-2720
www.allstate.com/aip

Emergency Medical Transport
MASA
Group #: **MKBAISD**
(800) 643-9023
www.masamts.com

Baird Independent School District

FBMC BENEFITS MANAGEMENT

Contract Administrator
FBMC Benefits Management, Inc.
FBMC Service Center
877-897-3194
HOURS: MON-FRI, 7 a.m. - 6 p.m. CST
www.FBMC.com

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

If there is any discrepancy between the plan details in this benefits guide and the official plan documents, the language in the official plan documents shall prevail as accurate.