Employee Benefits Guide

Bryan Independent School District

PLAN YEAR 2026

18-Pay

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Contact Information

Bryan ISD is excited to offer you access to all available benefits and is happy to assist you or your dependents with questions. Below is a list of points of contact for all available benefits offered through our benefits program.

Additional information regarding benefit plans can be found at **go.bryanisd.org.** Click on My Files, choose TeamConnect, and click on Benefits. You may also contact Employee Benefits & Risk Management for benefit-related questions.

Carrier Customer Service

BENEFIT / SERVICE	CARRIER	PHONE NUMBER	WEBSITE
Michael Stires - Employee Benefits	Bryan ISD	(979) 209-1133	michael.stires@bryanisd.org
Monica Sauseda - Employee Benefits	Bryan ISD	(979) 209-1092	monica.sauseda@bryanisd.org
JR Cornejo, Sr. - Employee Benefits	First Financial Group of America	(903) 245-3889	jr.cornejo@ffga.com
Maressa Werth - Employee Benefits	Blue Cross Blue Shield of Texas	(512) 795-5998	maressa.werth@bryanisd.org
Medical	Blue Cross Blue Shield of Texas	(800) 521-2227	www.bcbstx.com
Dental	Blue Cross Blue Shield of Texas	(800) 521-2227	www.bcbstx.com
Hospital Indemnity	Aetna	(866) 851-5505	www.aetna.com
Vision	UnitedHealthCare	(800) 638-3120	www.myuhcvision.com
Flexible Spending Account	First Financial Group of America	(888) 339-3685	ffa.wealthcareportal.com
Health Savings Account	UMB Bank	(866) 853-3539	ffa.wealthcareportal.com
Long-Term Disability	The Standard	(800) 368-1135	www.standard.com
Cancer	American Fidelity	(800) 325-4368	www.americanfidelity.com
Critical Illness	The Standard	(800) 368-1135	www.standard.com
Accident	Aetna	(877) 815-9256	www.aetna.com
Voluntary Life and AD&D	The Standard	(800) 368-1135	www.standard.com
PURELIFE-Plus Life Insurance	Texas Life	(800) 283-9233	www.texaslife.com
Employee Assistance Program (EAP)	AllOne Health	(888) 993-7650	www.deeroakseap.com
Employee Health Center	City of Bryan/BISD Employee Health Center	(979) 821-7690	
TRS Mandatory Retirement	TRS	(800) 223-8778	www.trs.texas.gov
457 Retirement Plans	TCG Administrators	(800) 943-9179	http://region10rams.org
403 (b) Plan - FICA Alternative	TCG Administrators	(800) 943-9179	http://region10rams.org
COBRA	Blue Cross Blue Shield of Texas	(866) 859-5209	www.bcbstx.com
Identity Theft Protection	iLock360	(855) 287-8888	www.ilock360.com

This guide summarizes the benefit plans that are available to Bryan ISD-eligible employees and their dependents. Official plan documents, policies, and certificates of insurance contain the details, conditions, maximum benefit levels, and restrictions on benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail. These documents are available upon request through the Benefits and Risk Management Department. Information provided in this brochure is not a guarantee of benefits.

Eligibility

Who is Eligible?

All employees working full time are eligible to enroll in the Bryan ISD Employee Benefits program. You must work 20 hours a week or more to be eligible for benefits unless you are a bus driver. Bus drivers are eligible for benefits if they work 16 hours a week or more.

When Does Coverage Begin?

The effective date for your benefits elected during Open Enrollment is January 1, 2026. All newly eligible employees will be effective in Bryan ISD benefit programs on the first day of the month following the first day of employment. Newly hired employees who are benefit-eligible will have 31 days from the first day of work or the first day of eligibility to enroll in benefits. All elections are in effect for the entire plan year and can only be changed during Open Enrollment unless you experience a qualifying life event. Reminder: Health Insurance Premiums are deducted one month in advance.

For those employees wishing to resign or retire and work less than a 12-month contract and fulfill it, termination of coverage will be handled under HB973. Coverage will either be terminated at the end of the summer, August 31, or the date other coverage begins. If the contract is not fulfilled then coverage ends on the last day of the month you resigned. A 12-month employee's coverage will terminate on the last day of the month resigned or retired in.

Who is Considered an Eligible Dependent(s)?

If you are eligible for Bryan ISD benefits, your dependents are too. In general, eligible dependents include your legal spouse and children up to age 26. If your child is mentally or physically disabled, coverage may continue beyond age 26 once proof of the certificate for disability is provided. Children may include natural, adopted, step-children, foster children, children placed for adoption, and children obtained through court-appointed legal guardianship. A child not listed above but whose primary residence is your household and to whom you are legal guardian or related by blood or marriage and who is dependent upon you for more than one-half of his/her support as defined by the IRS. This also includes married children under the age of 26. If you are married to another Bryan ISD employee, you may not cover your spouse as a dependent, and only one of you may cover any dependent children. Additionally, if your child(ren) are employed by Bryan ISD, they are not eligible to be covered as dependents under your elected benefit plans.

Open Enrollment Period

With a few exceptions, Open Enrollment is the only time of the year when you can make changes to your benefit plans. All elections and changes take effect on the first day of the plan year. During Open Enrollment, you can:

- Add, change, or delete coverages.
- Add, or drop dependents from coverage.
- Enroll, or re-enroll in dependent or health care flexible spending accounts. To continue your FSA benefits or HSA contributions, you must re-enroll each plan year.

Qualifying Life Events

A Qualifying Life Event (QLE) is an increase or decrease in dependents or a change in the immediate family's insurance eligibility status. If you experience a qualifying life event and would like to make changes to your benefits, you will need to submit benefit election changes within 31 calendar days of the event date. Failure to do so will require you to wait until the next open enrollment period (unless you experience another qualifying life event).

Note: You will be required to provide written documentation of the event (e.g., a marriage license or birth certificate).

Examples of qualified life events include:

- marriage
- divorce/legal separation
- death of a spouse or dependent
- birth/adoption of a child
- the dependent child turns 26 years of age
- gain/loss of coverage
- changes in employment status for you or your spouse
- qualified medical child support orders
- entitlement to Medicare, Medicaid, or Children's Health Insurance Program (CHIP)

Benefit Costs

Bryan ISD pays the full cost of some of your benefits including Basic Life and Accident Death and Dismemberment (AD&D). The cost of most voluntary benefits you elect will be your responsibility.

	Who Pays	Tax Treatment
Medical/Dental/Rx	Bryan ISD and You	Pre-tax
Hospital Indemnity	You	Pre-tax
Vision	You	Pre-tax
Term Life and AD&D	Bryan ISD	No Tax Impact
Voluntary Life and AD&D	You	After-tax
Disability Insurance	You	After-tax
Cancer Insurance	You	Pre-tax
Accident & Critical Illness	You	Pre-tax
PURELife-Plus Life	You	After-tax
Flexible Spending Account	You	Pre-tax
Health Savings Account	You	Pre-tax
Employee Assistance Program	Bryan ISD	No Tax Impact
Identity Theft Protection	Bryan ISD or You	After-tax
TRS Retirement Mandatory	Bryan ISD and You	Pre-tax
Voluntary 403b & 457 Plans	You	Pre-tax

Section 125 Cafeteria Plans

Section 125 Cafeteria Plan Information & Rules

A Section 125 Cafeteria Plan provides a tax-saving way to pay for eligible medical or dependent care expenses. If you elect to participate, the funds are automatically deducted from your paycheck on a pre-tax basis. Bryan ISD maintains the Section 125 Cafeteria Plan to meet the requirements of the internal revenue code section 125. Those who elect to participate in the plan contribute a portion of their gross earnings each pay period to cover the cost of the benefits.

Here's How It Works

Contributions to the Section 125 Cafeteria Plans are withheld on a pre-tax basis, thereby lowering your taxable income, which means you will pay less in Federal Income and Medicare taxes. Reducing an employee's taxes can increase your spendable income by allowing you to deduct the cost of eligible benefits from your earnings before tax. Plus, this plan is available to you at no cost, and you're already eligible - all you must do is accept or reject this benefit to enroll.

Is It Right For Me?

The savings you may experience with a Section 125 Plan are outlined in the example below. For example, you could potentially take home about $70 more each month if you participated in Bryan ISD Section 125 Plan - which means savings of $840 a year!

You cannot change your benefit elections for the plan year unless the benefits office receives notification in writing within 31 days of the status change. If the benefits office is not notified within 31 days of the status change, no benefit change can be made until the next annual open enrollment.

IRS-specified changes in family status include:

- Change in legal married status.
- Change in number of dependents.
- Termination or commencement of employment.
- Dependent satisfies or ceases to satisfy dependent eligibility requirements.
- Change in residence or workplace that affects eligibility for coverage.

SECTION 125 PLAN - EXAMPLE PAYCHECK		
	WITHOUT SECTION 125	WITH SECTION 125
Monthly Salary	$2,000	$2,000
Less Medical Deductions	N/A	-$250
Taxable Gross Income	$2,000	$1,750
Less Taxes (Fed. at 20%)	-$400	-$350
Less Estimated FICA (7.65%)	-$153	-$133
Less Medical Deductions	-$250	N/A
Take Home Pay	$1,197	$1,267
YOU COULD SAVE $70 PER MONTH IN TAXES BY PAYING FOR YOUR BENEFITS ON A PRE-TAX BASIS!		

*The numbers in the example paycheck above are for illustrative purposes only.
Section 125 Plan for employees on an 18-pay schedule will vary slightly from the amounts listed above.

Medical Plan Options

Terms You Need To Know

In-Network Care

Each plan features BCBSTX In-Network and Out-of-Network coverage, individual and family deductibles, copays, co-insurance, and out-of-pocket maximums. The HDHP HSA plan offers a lower monthly cost with a higher deductible while the PPO Gold Choice plan costs more each month but offers lower deductibles and copays based on the tier the provider ranks.

Keep in mind, while you can seek services with in-network or out-of-network providers, you will always pay less if you are treated within the provider network because the plan pays a higher percentage of your covered expenses. With the PPO Gold Choice plan, you can see any provider without a referral and you're able to visit in-network or out-of-network providers to receive care. With the HDHP HSA, you must meet the annual deductible before the medical plan begins to cover your healthcare expenses. Once the deductible is met, the medical plan begins to pay a percentage of covered expenses (co-insurance) on certain in-network benefits and co-insurance for services when using an out-of-network provider, up to the out-of-pocket maximum. Prescriptions are subject to the out-of-pocket maximum.

Out-of-pocket maximums apply to both medical plans. This is the maximum amount you will pay for medical care costs in a calendar year, January 1st - December 31st. Once you have paid the in-network out-of-pocket maximum, the plans will cover the remaining eligible medical expenses at 100% for the rest of the plan year. If you utilize out-of-network provider, you are responsible for charges that are above "reasonable and customary."

When active employees enroll in the HDHP HSA Plan, they will have the opportunity to set up an HSA account at UMB Bank. UMB Bank provides unique opportunities to invest HSA funds in self-directed investment options. Once you create your account you will receive your debit card in the weeks following.

PPO Gold Choice Plan

If you are enrolled for family coverage in the PPO Gold Choice Plan, each individual within the family will not pay more than the individual deductible and individual out-of-pocket maximum. However, the family's medical costs are combined to meet the family deductible and out-of-pocket maximum.

PPO means Preferred Provider Organization, which refers to the rule of staying within the plan’s network of select providers. If you get care outside of the PPO Gold Choice network, you’ll likely have to pay more of the costs for that visit.

HDHP HSA Plan

If you are enrolled for family coverage in the HDHP HSA Plan, you must meet the full family deductible before benefits are paid 100%. Two members of the family could satisfy the family deductible by meeting their individual deductible before the plan begins to pay. The family's medical and prescription costs are combined to meet the deductible and the out-of-pocket maximum.

It is up to you to decide which plan will work best for you and your family depending on the monthly cost of coverage, the annual deductible, the out-of-pocket maximum, and the funding account you will use.

Medical Plan Options

Terms You Need To Know

Deductible
A fixed dollar amount that you pay before the plan will begin paying benefits.

Co-Insurance
A percentage of the medical plan costs that you pay after your deductible is met.

Out-Of-Pocket Maximum
The maximum amount you will pay for your benefits until treatment is covered at 100%.

In-Network
Doctors, hospitals, and other providers with whom the medical plan has an agreement to care for its members. Covered employees and dependents have a lower out-of-pocket costs when using in-network providers.

Out-Of-Network
Care received from a doctor, hospital, or provider with whom the plan does not have an agreement with. Covered employees and dependents pay more to use out-of-network providers.

Calendar Year
The period beginning January 1st of any year and ending December 31st of the same year.

Copayment or Copay
The dollar amount required to be paid by you or on your behalf at the time of service to a participating provider in connection with covered services provided as described in the medical plans.

Dependent(s)
The covered employee's family members who meet the eligibility requirements of the plans and have been enrolled by the covered employee.

Virtual Telehealth
Telehealth or virtual care encompasses a wide range of remote health services, including consultations, treatment recommendations, and remote monitoring, often using technology like video calls, phone calls, or online platforms. Primary or Specialist providers utilize these services and the co-pays are applicable.

Open Enrollment Period
Those periods of time (at least thirty-one (31) days) established by Group and the Claim Administrator from time to time, but no less frequently than once in any twelve (12) consecutive months, during which eligible persons who have not previously enrolled with the medical plans may do so.

Medical Plan Options

Bryan ISD offers medical coverage through Blue Cross Blue Shield of Texas (BCBSTX). The chart below is a brief outline of the plans and reflects your cost for services rendered. A *Silver Hospital Indemnity Plan* is offered at no cost for employees who have full coverage through another source. *This is not an insurance plan.*

Remember, you will always pay less if you are treated within the provider network because the plan pays a higher percentage of your covered expenses. To find an in-network provider you may visit www.BCBSTX.com. Please refer to the summary benefit coverage (SBC) for complete plan details.

	BCBSTX PPO GOLD CHOICE PLAN GROUP #437184				BCBSTX HDHP HSA PLAN GROUP #099852	
Benefits Coverage	In-Network Benefits			Out-of-Network Benefits	In-Network Benefits	Out-of-Network Benefits
Services Needed	What You Will Pay				What You Will Pay	
	Tier 1	Tier 2	Tier 3	You will pay the most	You will pay the least	You will pay the most
ANNUAL DEDUCTIBLE						
Individual	$2,500	$2,500	$2,500	$7,500	$4,000	$8,000
Family	$7,500	$7,500	$7,500	$15,000	$8,000	$16,000
Co-Insurance	20%	40%	40%	50%	100%	70%
MAXIMUM OUT-OF-POCKET						
Individual	$7,500	$7,500	$7,500	$15,000	$4,000	$13,000
Family	$15,000	$15,000	$15,000	$30,000	$8,000	$26,000
PHYSICIAN OFFICE VISIT						
Preventive Care	$0	$0	$0	50% co-insurance	$0	30% co-ins.
Primary Care	$20 copay	$40 copay	$60 copay	50% co-insurance	$0 after deduct.	30% co-ins.
MDLIVE Virtual Visits	$25 copay	$25 copay	$25 copay	Not Covered	$0 after deduct.	Not Covered
Specialty Care + Telehealth	$30 copay	$60 copay	$90 copay	50% co-insurance	$0 after deduct.	30% co-ins.
DIAGNOSTIC SERVICES						
X-ray and Lab Tests	$0 Office co-pay may apply	$0 Office co-pay may apply	$0 Office co-pay may apply	50% co-insurance	$0 after deduct.	30% co-ins.
Imaging (CT/MRIs/PET/etc.)	20% co-ins	20% co-ins.	20% co-ins.	50% co-insurance	$0 after deduct.	30% co-ins.
Urgent Care Services	$25 copay	$25 copay	$25 copay	50% co-insurance	$0 after deduct.	30% co-ins.
Emergency Services	$250 copay + 20% coinsurance	$250 copay + 20% coinsurance	$250 copay + 20% coinsurance	$250 copay + 20% coinsurance	$0 after deduct.	$0 after deduct.
Inpatient/Outpatient Facility	20% co-ins.	20% co-ins.	20% co-ins.	$250 admission + 50% co-insurance	$0 after deduct.	30% co-ins.
BEHAVIORAL HEALTH & SUBSTANCE ABUSE						
Inpatient	20% co-ins.	20% co-ins.	20% co-ins.	50% co-insurance	$0 after deduct.	30% co-ins.
Outpatient	$20 copay (20% coinsurance for all other services)	$40 copay (40% coinsurance for all other services)	$60 copay (40% coinsurance for all other services)	50% co-insurance	$0 after deduct.	30% co-ins.
OTHER SERVICES						
Chiropractic (35-day calendar year maximum)	$30 copay (20% coinsurance for all other services)	$60 copay (40% coinsurance for all other services)	$90 copay (40% coinsurance for all other services)	50% co-insurance	$0 after deduct.	30% co-ins. after deduct.
Airrosti (35-day calendar year maximum)	$15 copay	$15 copay	$15 copay	50% co-insurance	$0 after deduct.	30% co-ins. after deduct.

Bryan ISD medical plans are offered through Blue Cross Blue Shield of Texas, which is self-insured by the District. This allows the District greater plan design flexibility and affordability without compromising the quality of healthcare. We also offer a comprehensive menu of supplemental benefits to enrich your medical plan elections. Bryan ISD contributes $545 towards your monthly medical insurance premiums. Benefits will offer you the opportunity to enroll in the Section 125 Cafeteria Plan, more details are available in the Employee Handbook.

Finding the Care You Need

The following BCBSTX resources may help you better understand your medical benefits and provide ways to maintain or improve your health and reduce out-of-pocket costs.

Always use the lowest level of care appropriate for your immediate needs. When you log into your BCBSTX account at www.BCBSTX.com, or through the mobile app, you can locate nearby providers, facilities, and cost estimates for certain services. You will also have access to your electronic ID card.

Co-pay Comparison by Level of Care - In-Network

	BCBSTX PPO GOLD CHOICE PLAN GROUP #437184			BCBSTX HDHP HSA PLAN GROUP #099852
Tier Ranking 1 or 2	Tier 1	Tier 2	Tier 3	Not Applicable
Preventive Care	$0	$0	$0	$0
MDLIVE Virtual Visits	$25 copay	$25 copay	$25 copay	100% co-ins.
Primary Care	$20 copay	$40 copay	$60 copay	$0 after deduct.
Specialty Care	$30 copay	$60 copay	$90 copay	$0 after deduct.
Urgent Care Services	$25 copay	$25 copay	$25 copay	$0 after deduct.
Emergency Services	$250 copay + 20% coinsurance	$250 copay + 20% coinsurance	$250 copay + 20% coinsurance	$0 after deduct.
Free Standing ER Services	$500 copay + 50% coinsurance	$500 copay + 50% coinsurance	$500 copay + 50% coinsurance	$0 after deduct.

Doctor's Office / Employee Health Center

The best place for routine or preventive care is a provider who can manage your medications and treat common illnesses and medical conditions.

Urgent Care Center

Fills a critical need when seeking immediate care that is not life-threatening. Locate the nearest Urgent Care Center near you. Staffed by nurses and doctors and usually have extended hours.

MDLIVE Virtual Visits

Take control of your health when, where, and how it best works for you day or night, from home, at work, or on the go. You can speak with a doctor for help with minor acute conditions. They can also submit prescriptions to your local pharmacy.

BCBSTX Mobile App

The BCBSTX mobile app holds important information such as electronic ID cards, deductibles, and claims. It also allows you to quickly locate nearby providers, costs, and contact information for facilities.

24/7 Nurse Line

Get guidance and support from a nurse, 24 hours a day, 7 days a week, 365 days a year. This service is provided at no extra cost to you as part of your plan. BCBSTX Nurse Line is 800-581-0368.

Hospital Emergency Room (ER)

For immediate treatment of critical injuries or illness. Open 24/7. If a situation seems life-threatening, call 911 or go to the nearest emergency room.

"Freestanding" Emergency Room

In Texas, there are many "freestanding" emergency room (ER) locations. Because these ERs are not inside hospitals, they may look like urgent care centers. When you receive care at an ER, you're billed at a much higher cost than at other healthcare facilities.

Hospital Admission & ER Information

Copayment amounts will be required for facility charges for each outpatient hospital emergency room/treatment room visit as indicated on your schedule of coverage. If admitted for the ER visit, the copay will be waived and prior authorization of the inpatient hospital admission will be required.

Prescription Plan Coverage

Participants in the medical plans will receive a combined medical and prescription ID card. Participants should present their ID card each time they fill a prescription through a retail pharmacy.

Benefit Value Advisors (BVA) are specially-trained customer service representatives who assist participants by comparing costs and providing information on participating providers for certain types of healthcare services. A BVA helps you navigate your benefits, call 800-521-2227 to speak with a BVA today!

	BCBSTX PPO GOLD CHOICE PLAN GROUP #437184				BCBSTX HDHP HSA PLAN GROUP #099852	
Benefits Coverage	In-Network Benefits	In-Network Benefits	In-Network Benefits	Out-of-Network Benefits	In-Network Benefits	Out-of-Network Benefits
PRESCRIPTION DRUGS (INDIVIDUAL/FAMILY)						
Tier Ranking 1 or 2 or 3	Tier 1	Tier 2	Tier 3	Not Applicable	Not Applicable	Not Applicable
Drug Deductible	$50/ per person	$50/ per person	$50/ per person	$50/ per person	$0 after deduct.	$0 after deduct.
Retail Prescription Drugs (30-day supply)						
• Generic	$10 copay	$10 copay	$10 copay	$10 copay*	$0 after deduct.	$0 after deduct.
• Brand Preferred	$50 copay	$50 copay	$50 copay	$50 copay*	$0 after deduct.	$0 after deduct.
• Brand Non-Preferred	50% co-ins.	50% co-ins.	50% co-ins.	50% co-ins.*	$0 after deduct.	$0 after deduct.
• Specialty	$200 copay	$200 copay	$200 copay	Not Covered	$0 after deduct.	$0 after deduct.
Mail Order Prescription Drugs (90-day supply)						
• Generic	$20 copay	$20 copay	$20 copay	Not Covered	$0 after deduct.	$0 after deduct.
• Brand Preferred	$100 copay	$100 copay	$100 copay	Not Covered	$0 after deduct.	$0 after deduct.
• Brand Non-Preferred	50% co-ins.	50% co-ins.	50% co-ins.	Not Covered	$0 after deduct.	$0 after deduct.
• Specialty	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered

*plus 20% co-insurance
**plus 20% additional charge

Important Prescription Coverage Information

The formulary is the list of medications covered by the plans and is updated annually on the latest research and clinical evidence. The member's cost share or co-pays is determined by the prescription tier:

Tier 1 Generics - Safe, effective, and have the same active ingredients as a brand name medication, but for much less.

Tier 2 Brand Preferred - Lower cost or more clinically effective than non-preferred or excluded medications.

Tier 3 Brand Non-Preferred - Highest cost or medications, with clinical alternatives.

Specialty - Generally tier 3, high-complexity medications, must be purchased through a Specialty Pharmacy.

Excluded - Medications with clinical alternatives or generics that are not covered by the plan. Drugs that are not included on the drug list include new-to-market FDA-approved drugs that have not been reviewed by the plans for inclusion on the drug list.

The formulary also determines which medications require treatment protocols including:

Quantity Limits - for safety and cost reasons, the plan limits the number of drugs they cover over a certain period.

Prior Authorizations - to be sure that medications are prescribed and used correctly before the plan will cover a particular drug, your prescriber must first show that you have a medically necessary need for that particular drug and/or have met the requirements for the drug.

Step Therapy - you must first try a less expensive drug on the formulary that has been proven effective for most people with your condition before you can move a "step" to a more expensive drug. However, if you have already tried the more affordable drug and it didn't work or if your prescriber believes that it is medically necessary for you to be on a more expensive drug, they can contact the plan to request an exception.

Employee Health Center

The District is happy to provide you and your family with the **City of Bryan/BISD Employee Health Center**. Through a partnership between the City of Bryan, Bryan ISD, and CHI/St. Joseph Regional Health Center is an innovative approach to controlling the cost of health care. It is a super convenient option for employees and eligible dependents who are enrolled on Bryan ISD health insurance plans to receive medical care. If you are enrolled in the BCBSTX PPO Gold Choice, or the HDHP medical plans you and eligible dependents can visit the Health Center for a $0 co-pay. Employees enrolled in the BCBSTX Silver Hospital Indemnity plan are not covered for use at the Health Center. Call for an appointment today!

The Health Center is conveniently located and is staffed with qualified nurse practitioners, nurses, and office assistants. All medical records are owned and maintained by CHI/St. Joseph Regional Health Center. The Health Center hours are subject to change, employees will be notified of any changes via email. The Health Center location and hours are listed below:

CITY OF BRYAN/BISD
EMPLOYEE HEALTH CENTER

2308 E. Villa Maria, Suite 100
Bryan, Tx 77802

Phone: 979-821-7690
Fax: 979-821-7691
Email: sjmgcityofbryanedl@commonspirit.org

Employee Health Center Hours:

- Monday - Thursday: 7:30am - 5:30pm
  (closed during the noon hour)
- Friday: 7:30am - 3:00pm
  (open during the noon hour)
- Saturday: 8:00am - 12:00pm
  (minor acute illnesses only, appointment by telehealth)
  Saturday Clinic open September - April during peak season

Don't forget! It's included in your health premiums!

Health Center Quick Facts:

- No copay is required for a clinic visit.
- Children 2-5 years of age can be seen for acute illnesses only.
- Patients must be enrolled in the Bryan ISD medical plan and coverage must be effective.

Health Center Services:

- Medical examinations
- Minor medical treatment
- Sick Appointments
- Telehealth Appointments
- Chronic disease management
- Behavioral health services*
  *Limited to 6 FREE sessions a year.

Additional Health Benefits Under BCBSTX

Wondr Health

- Digital Weight-Loss program
- Not just another dieting program
  - No points, no plans, and no restrictions
- Behavioral science-based & clinically-proven results
- Three stages of Wondr
  - Wondr Skills, WondrUp, and WondrLast
- Apply at wondrhealth.com/bryanisd

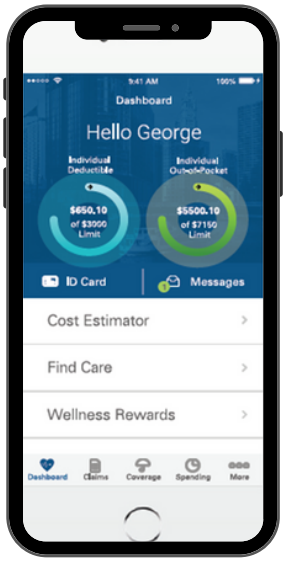
Airrosti:

- Musculoskeletal care.
- Surgical avoidance.
- Evaluations done during first consultation.
- Treatment plans available, average number of visits is 3.2.
- If treatment plans are not available, you'll be notified on the first visit.
- Two convenient locations:

Airrosti at Physicians Centre Hospital
3201 University Dr E Ste 450
Bryan, Tx 77802

Airrosti South College Station
1645 Greens Prairie Rd West Ste 503A
College Station, Tx 77845

Blue Cross Blue Shield Mobile App:



- Find an in-network doctor, hospital or urgent care facility.
- Access your claims, coverage and deductible information.
- View and email your member ID card.
- Log in securely with Face-ID or your fingerprint.
- Access Health Care Accounts and Health Savings Accounts.
- Download and share your Explanation of Benefits.
- Get Push Notifications and access to Message Center.

Text **BCBSTXAPP** to **33633** to get the app.

MDLIVE Virtual Visits:

- Go to Blue Access for Members or MDLIVE.com/bcbstx.
- Download the MDLIVE app from Apple's App Store or Google Play.
- Call MDLIVE at 888-680-8646.
- Text BCBSTX to 635-483 (MDLIVE's online assistant Sophie will help you activate your account).

Nurseline:

Need advice on health conditions? Medication? Your Options?

- Bilingual nurse (English & Spanish) available 24/7.
- 800-581-0368.
- FREE.

Medical Plan Premium Cost

The medical plan premiums listed below include medical, prescription drug benefits, and Employee Health Center services. If you choose NOT to participate in the District's medical plans, you will be enrolled into the Silver Hospital Indemnity Plan which is offered at no cost for employees who have full coverage through another source. This is not an insurance plan.

Please refer to the summary benefit coverage (SBC) for complete plan details. Medical premiums for employees on an 18-pay schedule will vary slightly from the amounts listed below.

Your medical plan options include:

- PPO - PPO Gold Choice Plan
- HDHP - HDHP HSA Plan

Health Premiums are deducted one month in advance

PLAN OPTIONS	GOLD CHOICE	HDHP HSA
Employee Only	$102.67	$32.33
Employee + Spouse	$473.33	$295.33
Employee + Child(ren)	$300.00	$158.00
Employee + Family	$550.00	$370.00

Table above reflects per paycheck amounts

BlueCross BlueShield of Texas

The District's contribution to employee medical benefit premiums is determined annually by the Board of Trustees. New employees must complete enrollment forms within the first 31 days of employment following the first date of employment. Current employees can make changes in their benefit coverage during the District's annual open enrollment. The annual open enrollment period generally begins the first full week of each November and the benefits department will share this information with all employees. Enrollment dates are subject to change. Employees should contact Benefits at 979-209-1092 for more information.

Dental Plan Options

The District's dental plan options are administered through Blue Cross Blue Shield of Texas (BCBSTX). The chart below is a brief outline of the plans and reflects your cost for services rendered. There are two different options to choose from with coverage benefits varying across the dental plans.

Remember, you will always pay less if you are treated within the provider network because the plan pays a higher percentage of your covered expenses. Your out-of-pocket cost will generally be less when seeing a contracting provider and if you visit a non-contracting provider your out-of-pocket costs may be greater. To find an in-network provider you may visit www.BCBSTX.com. Please refer to the summary benefit coverage (SBC) for complete plan details.

	BCBSTX BlueCare DENTAL PPO - PLATINUM		BCBSTX BlueCare DENTAL PPO - SILVER	
Benefits Coverage	In-Network Benefits	Out-of-Network Benefits	In-Network Benefits	Out-of-Network Benefits
ANNUAL DEDUCTIBLE				
Individual	$50	$50	$25	$25
Family	$150	$150	$75	$75
3-Month Deduct. Carryover	Yes	Yes	Yes	Yes
Prior Ins. Deduct. Carryover	No	No	No	No
DENTAL BENEFIT & SERVICES				
Annual Maximum	$1,250	$1,250	$750	$750
Preventive / Misc	100% / 80%	100% / 80%	100% / 80%	100% / 80%
Basic	80%	80%	80%	80%
Major	70%	70%	Not Covered	Not Covered
ORTHODNTIA				
Benefit Percentage	50%	50%	Not Covered	Not Covered
Adult	Yes	Yes	Not Covered	Not Covered
Dependent Child(ren)	Yes	Yes	Not Covered	Not Covered
Lifetime Maximum	$1,000	$1,000	Not Covered	Not Covered
Benefit Waiting Periods	No	No	Not Covered	Not Covered

Dental Premiums are deducted one month in advance

PLAN OPTIONS	PLATINUM	SILVER
Employee Only	$11.45	$0.00
Employee + Spouse	$30.25	$5.53
Employee + Child(ren)	$42.76	$11.69
Employee + Family	$67.69	$19.52

Table above reflects per paycheck amounts

Vision Plan Options

The District's vision plans provide Vision insurance through UnitedHealthCare. Vision plans provide coverage for routine eye exams and also pay for all or portion of the cost of glasses or contact lenses if you need them.

You can see in-network and out-of-network providers, however, keep in mind that out-of-network providers require you to pay upfront and you'll be reimbursed at a lower benefit level than if you went to an in-network provider. The chart below is a brief outline of the vision plans. Please refer to the plan summary for more plan details.

	UnitedHealthCare VISION HIGH PLAN		UnitedHealthCare VISION LOW PLAN	
Benefits Coverage	In-Network Benefits	Out-of-Network Benefits	In-Network Benefits	Out-of-Network Benefits
COPAY				
Exam(s)	$0	$100**	$10	$40**
Materials	$0	$100**	$25	$40**
FRAME BENEFIT				
Private Practice Provider	$130	$50**	$130	$45**
Retail Chain Provider	$130	$50**	$130	$45**
CONTACT LENS BENEFIT				
Selection Lens - Disposable	$0 / 4 boxes*	$125**	$25 / 4 boxes*	$105**
Non-Selection Lens	$125 Allow.*	$125**	$105 Allow.*	$105**
Necessary Lens	$0*	$210**	$25*	$210**
BENEFIT FREQUENCY				
Comprehensive Exam(s)	Every 12 months	Every 12 months	Every 12 months	Every 12 months
Spectacle Lenses	Every 12 months	Every 12 months	Every 12 months	Every 12 months
Frames	Every 24 months	Every 24 months	Every 24 months	Every 24 months
Contact Lenses	Every 12 months	Every 12 months	Every 12 months	Every 12 months

*Contact lenses are in lieu of eyeglass lenses and/or eyeglass frames
**Out-of-Network Reimbursements amounts are listed above, Copays do not apply

PLAN OPTIONS	HIGH PLAN	LOW PLAN
Employee Only	$8.65	$4.05
Employee + Spouse	$15.97	$7.47
Employee + Child(ren)	$16.72	$7.82
Employee + Family	$25.05	$11.71

Table above reflects per paycheck amounts

Vision Premiums are deducted one month in advance

United Healthcare

Benefits at No Cost

Basic Term Life & AD&D Insurance

Group Term Basic Life and Accidental Death & Dismemberment (AD&D) insurance is paid for by Bryan ISD. It protects your loved ones in the event something were to happen to you. It pays a benefit so they can afford to pay for funeral expenses, pay off debt and maintain their current standard of living. Bryan ISD truly cares about all of our employees. The ISD provides a $25,000 benefit to all full-time employees. The cost of this policy is paid for 100% by the District. This is a term life policy that is in effect while you are employed and it's administered by The Standard.

Employee Assistance Program (EAP)

Life pulls us in many different directions. Between kids, personal relationships, extracurricular activities, and family time, it seems like we don't have enough time in the day to fit it all in. When life gets you stressed, call the Employee Assistance Program that is provided by the District. Your EAP is a problem-solving resource available to you and your household members. A professional counselor will assist you in assessing your situation, finding options, making choices, or locating further help. Your EAP is available 24/7.

It's free…The District covers the cost of the initial assessment, additional problem-solving sessions, and referral services. You get six (6) free sessions with a professional counselor for covered issues. If there is a need for further counseling or treatment, your counselor will help you explore various options.

It's confidential…Your EAP has been set up with AllOne Health, an outside counseling resource to assure confidentiality. No one at work will know you have chosen to seek help unless you choose to tell them. Nothing concerning your use of EAP will appear in your file.

If you need help or guidance, AllOne Health is only a phone call away at 888-993-7650 or by visiting www.allonehealthdo.mylifeexpert.com. Click “Sign Up” to create an account using your Bryan ISD email and Bryan ISD’s company code is: **bryisd**

If you find yourself in need of professional support to deal with personal, work, financial, or family issues, your Employee Assistance Program (EAP) can help. You and your immediate family (spouse or domestic partner, dependent children, parents, and parents-in-law) can use the EAP for help with:

- Marriage and family problems
- Job-related issues
- Stress, anxiety and depression
- Parent and child relationships
- Legal and financial counseling
- Identity theft counseling
- Financial planning

- Free 30 minute telephone consultation with an attorney
- Free 30 minute in-person consultation with a plan attorney
- 25% discount off of hourly attorney fees if additional legal support is needed
- Online library of articles, tip sheets and legal FAQs
- Nearly 100 do-it-yourself legal forms available online
- Interactive online simple will preparation
- Various other related issues

Accident Insurance

No one plans to have an accident, but it can happen at any moment throughout the day, whether at work or play. The costs associated with an injury can add up. Between hospital visits, exams, treatments, and out-of-pocket costs, you could end up in financial hardship. Most major medical insurance plans only pay a portion of the bills. This policy can help pick up where other insurance leaves off and provide cash benefits to cover the expenses. It's comforting to know that an accident insurance policy can be there through all stages of your care, from the initial treatment to follow-up care.

Group Voluntary Accident coverage can pay benefits for on and off-the-job accidents, plus some benefits that correspond with medical care. The coverage can be used on its own or to fill a gap left by other coverage. It pays a benefit up to a specified amount for accidental death, dismemberment, dislocation/fracture, initial hospitalization admission, hospitalization confinement, concussion, intensive care, ambulance service, air ambulance service, medical expenses, outpatient physician's treatment, and more. Please see the plan summary for full coverage details, benefit schedules, and rates.

EMERGENCY TREATMENT	YOUR CASH BENEFIT
Ambulance	$400
Air Ambulance	$1,600
Emergency Care	$200
X-ray	$75
Initial Care Visit	$200
Medical Imaging	$225

HEALTH ASSESSMENT BENEFIT	
Every year for you & covered family members	$50

ADDITIONAL PLAN BENEFITS	
Portability	Included
Child Sports Injury Benefit	Included

ACCIDENTAL DEATH BENEFIT	
Employee	$100,000
Spouse (covered dependent)	$50,000
Child(ren) (covered dependent)	$50,000

SPECIFIC INJURIES BENEFITS	
Blood, plasma, platelets	$500
2nd or 3rd degree burns	$1,500 - $27,000
Skin Grafts	50% of burn benefit
Concussion	$200
Dental Crown	$300
Dental Extraction	$100

HOSPITAL CARE BENEFIT	
Hospitalization - Initial Day (Non-ICU & ICU Admission)	$1,500 - $3,000
Hospitalization - Daily Stay (Non-ICU & ICU Daily)	$300 - $600 (365 day max)
Rehabilitation Unit Stay (30 day Maximum)	$200

PLAN OPTIONS	COST PER PAYCHECK
Employee Only	$6.65
Employee + Spouse	$13.29
Employee + Child(ren)	$13.96
Employee + Family	$20.61

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Critical Illness Insurance

The signs pointing to a critical illness are not always clear and may not be preventable. This coverage can help offer financial protection in the event you are diagnosed. If you've heard of heart attacks, strokes, renal (kidney) failure, or invasive cancer, then you're familiar with a critical illness. It's likely you or someone you know has experienced one of these life-altering events. Oftentimes, a critical illness has a powerful impact on people's lives, affecting their livelihood and finances.

Group Voluntary Critical Illness coverage can pay benefits for non-medical, critical illness-related expenses your medical plan might not cover. Benefits are paid directly to you, unless otherwise assigned, giving you the choice of how to spend the money. Additionally, there are plans available to provide coverage for you, your spouse, and your dependent children. Prepare now for the unexpected with a critical illness insurance plan and lock in your rates now. Premiums do not increase once enrolled into benefits.

This benefit is Guarantee Issue and offers a $50 health assessment benefit. Please see the plan summary for full coverage details, benefit schedules, and rates.

EMPLOYEE + DEPENDENT(S) COVERAGE AMOUNTS	
Employee	$5,000 - $30,000 (increments of $5,000)
Dependent Spouse	$5,000 - $30,000 (increments of $5,000)
Dependent Child(ren)	FREE (50% of employee coverage)

EMPLOYEE + DEPENDENT(S) PLAN INFORMATION	
Guaranteed Issue Amount	$30,000 (employee + spouse)
Pre-existing Condition	None
Portability	Yes (no change in coverage amount)

HEALTH ASSESSMENT BENEFIT	
Every year for you & covered dependent(s)	$50

COVERED CONDITIONS	
Cancer	100%
Non-Invasive Cancer	25%
Major Organ Failure	100%
Stroke	100%
Occupational Hepatitis	100%
Benign Brain Tumor	100%

Above reflects only a few of the covered benefits offered

AGE BAND	NON-TOBACCO						TOBACCO					
	$5,000	$10,000	$15,000	$20,000	$25,000	$30,000	$5,000	$10,000	$15,000	$20,000	$25,000	$30,000
18-29	$1.15	$2.31	$3.45	$4.61	$5.76	$6.92	$1.41	$2.83	$4.24	$5.65	$7.07	$8.48
30-39	$1.87	$3.72	$5.59	$7.44	$9.31	$11.17	$2.64	$5.27	$7.91	$10.55	$13.19	$15.81
40-49	$3.29	$6.59	$9.88	$13.17	$16.47	$19.77	$5.51	$11.01	$16.52	$22.03	$27.53	$33.04
50-59	$5.36	$10.73	$16.09	$21.45	$26.81	$32.19	$10.37	$20.76	$31.13	$41.51	$51.89	$62.27
60-69	$8.99	$17.97	$26.97	$35.96	$44.95	$53.93	$19.04	$38.07	$57.11	$76.15	$95.19	$114.21
70+	$21.63	$43.24	$64.87	$86.49	$108.11	$129.73	$39.04	$78.07	$117.11	$156.15	$195.19	$234.21

Table above reflects per paycheck amounts for employee & spouse locked-in rates

Cancer Insurance

The risk of developing cancer, unfortunately, is very real. Thousands of Americans are diagnosed with cancer each day. It's impossible to anticipate a cancer diagnosis, but it is possible to prepare for it with a Cancer Insurance plan. Likely, your major medical coverage will not cover all of the costs associated with a cancer diagnosis. Cancer Insurance offers three different plan options for you to choose from.

Supplementing your major medical with cancer insurance may help you pay for related expenses, such as copays, deductibles, specialists, experimental treatment, cancer care hospitals, travel expenses, in-home care, and more. Premiums are paid through convenient payroll deduction to ensure your policy remains in force if you should need it. Benefits are paid directly to you, so you can choose how to spend the money.

This benefit offers a cancer screening/wellness benefit and the amount paid to you depends on which plan you enrolled in. Please see the plan summary for full coverage details, benefit schedules, and rates.

Benefit Highlights of American Fidelity Cancer Insurance

PLAN OPTIONS	BASIC	ENHANCED	ENHANCED PLUS
Radiation Therapy/Chemotherapy/ Immunotherapy*	$10,000	$15,000	$15,000
Administrative/Lab Work*	$50	$75	$75
Hormone Therapy*	$50	$50	$50
Blood, Plasma, and Platelets*	$200	$300	$300
Medical Imaging*	$200	$300	$300
Internal Cancer Diagnosis*	$2,500	$5,000	$5,000
Bone Marrow or Stem Cell Transplant* Patient Provided* Donor Provided*	 $500 $1,500	 $1,000 $3,000	 $1,500 $4,500
Dread Disease* Day 1-30 Day 31+	 $100 $200	 $200 $400	 $300 $600
Donor Donation	$1,000	$1,000	$1,000
Inpatient Special Nursing Services	$100	$200	$300

*Please reference the plan documents for more details

PLAN OPTIONS	BASIC	ENHANCED	ENHANCED PLUS
2nd & 3rd Surgical Opinion*	$300	$300	$300
Outpatient Hospital or Ambulatory Surgical Center*	$200	$400	$600
U.S. Government/Charity Hospital*	$100	$200	$300
Extended Care Facility*	$100	$200	$300
Home Health Care*	$100	$200	$300
Hospice Care*	$100	$200	$300
Ambulance Ground* Air*	 $200 $2,000	 $200 $2,000	 $200 $2,000
Drugs and Medicine Inpatient* Outpatient*	 $50 $50	 $100 $50	 $200 $100
Physical or Speech Therapy*	$50	$50	$50
Attending Physician*	$50	$50	$50

*Please reference the plan documents for more details

PLAN OPTIONS	BASIC	ENHANCED	ENHANCED PLUS
Diagnostic and Prevention*	$25	$50	$75
Cancer Screening Follow-Up*	$25	$50	$75
Waiver of Premium*	After 90 days of continuous disability	After 90 days of continuous disability	After 90 days of continuous disability

*Please reference the plan documents for more details

COST PER PAYCHECK	BASIC	ENHANCED	ENHANCED PLUS
Employee Only	$10.53	$16.17	$21.08
Employee + Family	$17.91	$27.51	$35.87

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Disability Insurance

Have you ever wondered what would happen to your income if you had an accidental injury, sickness, or pregnancy? Disability insurance replaces a portion of income for the time you are unable to work due to those reasons. There are eight (8) different options for various waiting periods depending on your personal needs. Maternity is covered the same as illness. Benefits are paid regardless if you are still receiving paychecks from the District. Coverage is available in increments of $100 from $300 to $8,000. Benefits are paid year-round, regardless of the employee's summer or holiday breaks.

The Standard also offers access to an Employee Assistance Program (EAP) specifically designed for employees who are enrolled in the disability benefit.

This benefit is a guaranteed issue and requires no medical underwriting. Please see the plan summary for full coverage details, benefit schedules, and rates.

Benefit Waiting Period

The benefit waiting period is the time that you must be continuously disabled before benefits become payable. Below are the waiting periods available:

- 0 days
- 14 days
- 30 days
- 60 days

First Day Hospital Benefit

If you are hospitalized on the first date of disability for at least 4 hours, charged room and board, and have elected the 14-day or 30-day elimination period, then benefits are payable on the first day of hospitalization.

Pre-Existing Condition Waiver

Benefits may be paid up to 30 days even if you have a pre-existing condition on elections of $300 or more and you have elected the 14-day or 30-day benefit waiting period. See pre-existing condition exclusion and waiver for more information.

DISABILITY COVERAGE	OPTION 1
Starting Teacher Salary	$51,000
Monthly Benefits Paid	$2,800
Cost per paycheck	$59.39
DISABILITY COVERAGE	**OPTION 8**
Starting Teacher Salary	$51,000
Monthly Benefits Paid	$2,800
Cost per paycheck	$47.44

Options 1 - 4: Maximum Benefit Period of 5 years for Accident + 3 years for Sickness

Options 5 - 8: Maximum Benefit Period of To SSNRA for Sickness and Accident

Social Security Normal Retirement Age (SSNRA)

Flexible Spending Accounts (FSA)

Flexible Spending Accounts allow you to set aside a portion of your salary, before taxes, to pay for qualified medical or dependent care expenses. It's an IRS-approved program to help you save taxes and pay for out-of-pocket medical expenses not covered under your medical plan. Because that portion of your income is not taxed, you end up with more money in your pocket. An FSA comes with a grace period option, giving you additional time to incur and claim against unused funds in the new plan year. Keep in mind that remaining balances after the grace period is exhausted will be forfeited under the use-it-or-lose-it rule.

Note: If you are enrolled in the Health Savings Account (HSA), you can only enroll in the Dependent Care FSA plan, you must re-enroll every year. Please see the plan summary for full coverage details and benefits.

Through payroll deductions, you may set aside money on a pre-tax basis in a Flexible Spending Account and reduce taxable income. Employees may reimburse themselves for eligible expenses up to the maximums listed on the table. Some FSAs have limitations:

- Health Care FSA Account - Reimburse for Medical, Dental & Vision.
- Dependent Care Account - Reimburse for dependent care expenses.

Account Type	Maximum Contributions*	Account Details
Health Care FSA	$3,300*	Used to pay for medical, dental or vision costs such as copays, co-insurance, deductibles, prescription expenses, lab exams and tests, contact lenses and eyeglasses.
Dependent Care FSA	$7,500**	Used to pay for day care expenses associated with caring for elder or child dependents that are necessary for you or your spouse to work or attend school full-time.

*Listed maximums are for 2026.
**$3,750 pre-tax contribution maximum per person if married and filing separate tax returns
Subject to change per the IRS

Health Care FSA Highlights:

- Contributions are automatically deducted from your paycheck on a pre-tax basis, which helps reduce your taxable income and increase your spendable income.
- Your full election will be available to you at the beginning of the plan year.
- Be conservative - any money left in your account at the end of the plan year will be forfeited.
- Use your benefits card to pay for qualified expenses upfront so you don't have to spend money out of pocket.
- Keep all receipts in case you need to substantiate a claim for tax purposes.

Dependent Care FSA Highlights:

- Eligible dependents must be claimed as an exemption on your tax return.
- Eligible dependents must be children under age 13 or adult-dependent incapable of self-care.
- Contributions are not loaded upfront. Funds become available as contributions are made to your account.
- Keep all receipts in case you need to substantiate a claim for tax purposes.
- Balances will be forfeited at the end of the runoff or grace period.

Health Savings Account (HSA)

If you enroll in the HDHP HSA medical plan you may be eligible to open a Health Savings Account; see additional HSA eligibility requirements posted in TeamConnect. It works in conjunction with a qualified High Deductible Health Plan (HDHP) to combine tax-free savings earmarked for qualified medical expenses. HSAs allow you to deposit pre-tax dollars into your account, earn interest on a tax-free basis, and pay zero tax on qualified expenses. The money you save in this account allows you to pay for deductibles, copays, co-insurance, prescriptions, dental care, vision care, and more that are reserved for eligible medical expenses you incur in the future. You may use the funds to pay for current and future qualified expenses for yourself and eligible dependents. Best of all, unspent HSA dollars **roll over automatically every year**, you never lose the money even if you were to change to a non-HDHP plan or leave Bryan ISD.

Your pre-tax contributions are deducted from each paycheck and deposited into your HSA. Unlike other benefit elections, you may change your HSA contribution amount at any time during the plan year.

Note: If you are enrolled in the Health Savings Account (HSA), you must re-enroll every year. Please see the plan summary for full coverage details and benefits.

2026 Maximum Annual Contributions	Your Maximum Contributions	IRS Contribution Limits
Employee Only	$4,400	$4,400
Employee + Dependents	$8,750	$8,750
Age 55+ Catch Up Contribution	$1,000	$1,000

HSA Eligibility Requirements:

To be eligible to open and contribute towards a Health Savings Account, you **MUST** meet the following requirements:

- Be covered by Bryan ISD-qualified HDHP (HDHP HSA).
- NOT covered by another medical insurance plan that is not a qualified HDHP including:
  - Individual plan or your spouse's medical plan.
  - Medicare / Medicaid.
  - Tricare.
- NOT claimed as a dependent on someone else's tax return.
- You or your spouse cannot participate in a Healthcare Flexible Spending Account, only a Limited Purpose FSA.
- A Dependent Care FSA will NOT disqualify you from opening an HSA.

FSA vs. HSA - Know the Difference

It is important to understand the difference between an FSA and HSA. See the below chart for a comparison.

	FSA	HSA
Summary	FSAs allow employees to pay for medical expenses (deductions, copays, and services not covered by their plan) tax-free.	HSAs are created at a financial institution in the employee's name and allow the employee to save and pay for medical expenses tax-free. It requires enrollment in a High Deductible Health Plan (HDHP).
Account Owner	Employer.	Employee. No effect if you change jobs or retire.
Who contributes?	You.	You.
Pre-tax contributions?	Yes. IRS Contribution Limits are as follows: $3,300 Health Care FSA $7,500 Dependent Care FSA	Yes. IRS Contribution Limits are as follows: $4,400 Employee Only $8,750 Employee + Dependents
Does interest accrue?	No.	Yes; Earnings grow tax-free.
Contributions	Money is deducted (pre-tax) from your salary every pay period. Additional individual contributions are **NOT** allowed.	Additional employee contributions up to the limit of $4,400, if you enroll only yourself or $8,750 if you enroll in coverage with dependents, **ARE** allowed.
Can I change my contribution?	Only for Qualifying Life Events, such as a marriage, divorce, birth, or during Open Enrollment.	Yes, at any time, by contacting Employee Benefits.
Disbursement of funds	Your entire annual contribution amount is available as of January 1, 2026, for a Health Care FSA, even if the account is not fully funded yet.	Funds are available to use once they are deposited (per pay period for your contributions).
Eligible Expenses & Distributions	213(d) medical expenses, dental, vision, and prescriptions. Cannot access it for non-medical reasons. Child Care expenses if Dependent Care (FSA) is elected.	213(d) medical expenses, dental, vision, Medicare and LTC premiums, COBRA (if unemployed), health premiums at age 65, and may withdraw at any time for any reason (subject to 10% penalty and tax consequences).
Claims	First Financial (Administrator) must substantiate expenses.	Employee maintains supporting records. No employer or administrator is required.
Portability & Forfeiture	You lose any unspent money when employment ends or at the end of the year.	This account goes with you even if you leave Bryan ISD, and the unused funds roll over every year.
Expiration of Funds	The "Use it or Lose it" rule applies. All money in an FSA expires at the end of the plan year.	Money in your account never expires and is always your money.

FFGA Benefit Solutions Simplified

UMB

Hospital Indemnity Insurance

Planned or unplanned, a trip to the hospital can be scary. It can be even more frightening to know that your medical insurance probably won't cover all your costs. Group Hospital Indemnity insurance can help cover unexpected out-of-pocket expenses such as copays, deductibles, co-insurance, out-of-network charges, and everyday living expenses. It pays a benefit directly to you for hospital-related events, regardless of your treatment costs or other insurance coverage you may have. You'll receive a set amount each day you're hospitalized, up to a maximum of 30 days. And, if you are confined for more than 30 days, your premium payment will be waived until the last day of the month of your hospitalization.

This benefit is a guaranteed issue and requires no medical underwriting. Please see the plan summary for full coverage details, benefit schedules, and rates.

Here's how it works

Megan is out of town on a business trip when she experiences abdominal pain and racing heartbeat. Diagnosis: ruptured gastric ulcer. She is rushed to the hospital, admitted and taken into surgery. She ends up being hospitalized for 10 days, three of which are in a critical care unit.

Megan's husband leaves their two kids with their daycare provider and rushes to be at her side. The family now faces additional costs for travel and childcare. Please see the sample illustration to the right to see how this insurance helped Megan.

SAMPLE OUT-OF-POCKET EXPENSES

Medical plan deductible/coinsurance	$3,000
Other non-medical expenses	$475
Travel expenses (flights, change fees, etc.)	$350
Childcare	$500
Total Expenses	**$4,325**
Benefit for:	
Hospital admission	$1,500
Hospital confinement (10 days x $350 per day)	$3,500
CCU confinement (3 days x $50 per day)	$150
Total paid to you	$5,150
Remaining Benefit for Other Expenses	$825

Costs are hypothetical. Actual costs will vary by state, condition, treatments received and personal factors.

PLAN OPTIONS	LOW PLAN	HIGH PLAN
Waiver of Premium	Premium waived if you are confined to a hospital for more than 30 days.	
Hospital Admission (max. 1 per calendar year)	$1,500 per admission	$2,500 per admission
Daily Hospital Confinement (max. 30 days per year)	$350 per day	$400 per day
Daily Intensive Care Unit Confinement (max. 30 days per year)	$400 per day	$450 per day

Important Note: All daily inpatient stay benefits begin on day two and count toward the plan year maximum.

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HEALTH ASSESSMENT BENEFIT	LOW PLAN	HIGH PLAN
Every year for you & covered dependent(s)*	$50	$50

*Maximum 1 day per calendar year

PLAN OPTIONS	COST PER PAYCHECK	
	LOW PLAN	HIGH PLAN
Employee Only	$14.23	$19.99
Employee + Spouse	$27.07	$37.51
Employee + Child(ren)	$21.31	$29.89
Employee + Family	$37.52	$52.05

PURELIFE-Plus Individual Life Insurance

Providing a good life for your family is no easy task. However, what if something happened to you? Would your family be able to continue covering expenses you have today like mortgage payments, childcare, credit card payments, college tuition, and other lifestyle expenses? Have you thought about burial expenses or long-term care expenses like nursing homes or assisted living care? Don't worry many families would struggle, especially if the primary wage earner died. Few families can afford nursing home care without some type of financial assistance.

Texas Life's PURE**LIFE**-Plus helps protect you and your family if something happened to you. Your family can receive cash benefits paid directly to them upon your death. They can use the funds to help cover all of life's expenses. This permanent universal life insurance helps employees address their post-retirement life insurance needs because employees can purchase a significant amount of life insurance at a reasonable cost during your working years, and thus, be able to afford the coverage after you retire.

This benefit is a guaranteed issue. Please see the plan summary for full coverage details, benefit schedules, and rates.

Coverage Amounts Available

Insured	Issue Age	Minimum Amount	Maximum Amount
Employee	17-34	$25,000	$300,000
	35-39	$15,000	$300,000
	40-49	$10,000	$300,000
	50-65	$10,000	$100,000
	66-70	$10,000	$10,000
Spouse	17-34	$25,000	$50,000
	35-39	$15,000	$50,000
	40-49	$10,000	$50,000
	50-60	$10,000	$25,000
Children	15 days - 26 years	$25,000	$50,000

*Please reference the plan documents for more information

PURELIFE-Plus Plan Highlights:

TEXASLIFE INSURANCE COMPANY

- **Owner Benefits**
  - Can help provide **peace of mind** in knowing your loved ones are protected.
  - The **affordability** of predictable premiums.
  - The **security** of long premium guarantees.*
  - The **financial stability** of a unique refund of premium provision.*
- **Accelerated Death Benefit Due to Terminal Illness Rider -** You can receive 92% of your death benefit, if you're diagnosed as terminally ill.
- **Accidental Death Benefit Rider -** Applicants can enroll in this option and your beneficiaries will receive double the death benefit if the insured dies within 180 days of an accident.*
- **Accelerated Death Benefit for Chronic Illness Rider -** Applicants can enroll in this option and receive 92% of the death benefit, if you can't do two activities of daily living or severe cognitive impairment.

Life and AD&D Insurance - Voluntary

In addition to the employer-paid Basic Life and AD&D coverage, you have the option to purchase additional Voluntary Life and AD&D insurance to cover any gaps in your existing coverage that may be a result of age reduction schedules, cost of living, existing financial obligations, etc. Plan amounts are offered in tiers so you can choose the amount of coverage that works best for you and your family. Because it's a group plan premiums are typically lower, so it's more affordable to gain the peace of mind that life insurance provides.

Bryan ISD makes it possible for you to protect your loved ones by offering you term life insurance from The Standard. We have enhanced your benefits package, allowing employees to enroll in $10,000 increments up to 5x your annual earnings to a maximum of $500,000. Spouses can enroll in $5,000 increments up to 50% of your elections. Your dependents can get $10,000 in coverage.

This benefit is a guaranteed issue and requires no medical underwriting for all new hires up to $300,000. Please see the plan summary for full coverage details, benefit schedules, and rates.

What is available for coverage

Voluntary Life and AD&D	
Employee	
Benefit Increments	$10,000
Benefit Maximum	$500,000
Guaranteed Issue*	$300,000
Spouse	
Benefit Maximum	$250,000
Guaranteed Issue*	$100,000
Children	
Benefit Maximum	$10,000
Guaranteed Issue*	$10,000

*Guarantee Issue (GI) available for new hires during their initial 31 day enrollment period. Amounts over the GI will require to submit an Evidence of Insurability (EOI). NOTE: The above coverage will begin to decrease to 50% at age 75. See plan highlights for details.

LIFE & AD&D INSURANCE	EXAMPLE
Employee Age Range	30-34
Total Death Benefit Elected	$150,000
Cost per paycheck	$9.00

LIFE & AD&D INSURANCE	EXAMPLE
Employee Age Range	30-34
Total Death Benefit Elected	$300,000
Cost per paycheck	$18.00

Life and AD&D Plan Highlights:

- **Accidental Death & Dismemberment (AD&D) -** Provides coverage for covered accidental bodily injury that directly causes dismemberment.
- **Accelerated Death Benefit -** Provides an option to withdraw 80% of your life insurance coverage when diagnosed as terminally ill.
- **Guarantee Issue -** For timely entrants enrolled within 31 days of becoming eligible, the guarantee issue amount is available without any Evidence of Insurability requirement.
- **Conversion -** If you end employment with the District, you can convert all or part of the coverage amount in force to an individual life policy without any Evidence of Insurability.
- **Waiver of Premium -** Allows you to waive premium payments if you become critically ill, seriously injured, or physically impaired. Eligible to age 60.

iLock360 Identity Theft Protection

Comprehensive identity theft protection and credit monitoring service from iLock360 helps safeguard your finances, credit, and good name. In today's always-connected world, that's more important than ever. You're at risk every time you bank online, search, shop, text, or tweet. iLock360 helps stop identity fraud before the damage can be done, and if you do become a victim, they know exactly what to do. iLock360 protects you in ways that you can't protect yourself.

Please see the plan summary for full coverage details, benefit schedules, and rates.

iLock360 Offers 3 Layers of Protection:

- **Defend -** Go ahead, and live free knowing iLock360 is searching over a trillion data points every day looking for potential threats to your identity 24/7/365.
- **Protect -** When iLock360 finds something suspicious, they will let you know of potential threats for immediate action.
- **Restore -** If you do become a victim, iLock360 will handle your case every step of the way. iLock360 will spend up to $1 million to hire the experts necessary to restore your good name.

PLAN FEATURES	Basic	Plus	Premium
CyberAlert™ monitors: • 1 - Social Security Number • 2 - Phone Numbers • 2 - Email Addresses • 5 - Credit/Debit Cards • 2 - Medical ID Numbers • 5 - Bank Accounts • 1 - Drivers License Number • 1 - Passport	✓	✓ ✓	✓ ✓
Change of Address Monitoring		✓	✓
Court/Criminal Records		✓	✓
Sex Offender Alerts		✓	✓
Payday Loan Monitoring		✓	✓
Lost Wallet Protection		✓	✓
Full-service Identity Theft Restoration		✓ ✓	✓ ✓
$1M Identity Theft Insurance		✓	✓
Social Security Number Trace		✓ ✓	✓ ✓
Daily monitoring of Experian Credit Bureau		✓	✓
Daily monitoring of TransUnion Credit Bureau			✓
Daily monitoring of Equifax Credit Bureau			✓
ScoreTracker			✓

✓ children up to age 18

PLAN OPTIONS	Basic	Plus	Premium
Employee Only	District Paid	$5.33	$10.00
Employee + Spouse	----	$10.00	$14.67
Employee + Child(ren)	----	$8.67	$13.33
Employee + Family	----	$13.33	$18.00

Table above reflects per paycheck amounts

iLOCK360 Powered By Experian

All district employees receive district-paid Basic coverage that includes only CyberAlert.

Plans with children include coverage for up to 10 children. Eligible children up to age 18. Rates reflect cost per paycheck.

Retirement Savings Program

Bryan ISD offers three retirement savings plans - a mandatory retirement plan "TRS", a Voluntary 403(b) Retirement Plan and a Voluntary 457 Deferred Compensation Plan administered through TCG Administrators. All retirement plans offer an easy way to save for your future through payroll deductions.

TRS Mandatory Retirement Plan	Voluntary 403(b) Plan	Voluntary 457 Plan
(800) 223-8778	(800) 943-9179	(800) 943-9179
www.trs.texas.gov	http://region10rams.org	http://region10rams.org

TRS Mandatory Retirement Plan

All personnel employed regularly for at least four and one-half months are members of the Teacher Retirement System of Texas (TRS). A substitute not receiving TRS service retirement benefits who work at least 90 days a year is eligible to purchase a year of creditable service in TRS. TRS provides members with an annual statement of their account showing all deposits and the total account balance for the year ending August 31, as well as an estimate of their retirement benefits.

Employees who plan to retire under TRS should notify TRS as soon as possible. Information on the application procedures for TRS benefits are available from TRS at their offices located at Teacher Retirement System of Texas, 1000 Red River Street, Austin, Tx 78701-2698, or call 800-223-8778 or 512-542-6400. TRS information is also available on the web (www.trs.texas.gov). For more information see Employment after Retirement in Texas Public Schools.

Voluntary 403(b) Retirement Plan

Public school employees have the option to enter into a tax-sheltered 403(b) retirement plan. Enrollment in this plan can be done anytime during the year. Contributions to 403(b) plans are made available through payroll deductions. The IRS limits the amount that employees can contribute to their retirement plans. A key advantage to a 403(b) retirement plan includes faster vesting of funds and the ability to make additional catch-up contributions. Bryan ISD makes it possible for you to choose from over twenty different investment vendors to invest with.

Voluntary 457 Retirement Plan

Public school employees have the option to enter into a tax-sheltered 457 retirement plan. Enrollment in this plan can be done anytime during the year. An important advantage of a 457 plan is that any contributions made through payroll deductions are NOT subject to the 10% early distribution penalty tax for payments received under age 59 1/2. Any assets rolled from another type of retirement plan such as a 401(a), 401(k), or IRA, become subject to the 10% early distribution penalty tax for payments received under age 59 1/2.

403(b) vs. 457(b) - Know the Difference

It is important to understand the difference between an 403(b) and 457(b). See the below chart for a comparison.

	403(b)	457(b)
Contribution Maximum Limits	2026: $24,500; $32,500 age 50+	2026: $24,500; $32,500 age 50+
Contributions Tax Credit	Up to $1,000 ($2,000 if filing jointly)	Up to $1,000 ($2,000 if filing jointly)
Early Withdrawal Penalty Tax?	10% unless qualified exception.	None.
Investment Options	Fixed/Variable interest annuities or mutual funds/custodial accounts.	Managed allocations or self-directed mutual funds.
Employer Investment Oversight	No.	Yes, managed by TCG Advisors and Investment Advisory Committee (comprised of superintendents & CFO's).
Distribution Restrictions	Funds can be requested upon: • Age 59 1/2 • Age 55 and/or leaving employer • Disability • Death • Financial Hardship	Funds can be requested upon: • Age 59 1/2 • Separation from employer • Disability • Death • Unforeseeable emergency
Financial Hardship/ Unforessable Emergency Distributions	Qualified for the following causes: • Medical care • Foreclosure/eviction • Tuition payment • Buying a home • Funeral costs • Home repair costs • Disaster relief	Must be an unforeseeable Emergency. Can include the following criteria is met: • Medical expenses • Funeral expenses • Foreclosure/eviction • Certain hurricanes and natural disasters
Loans	Permitted; loans from all qualified plans limited to the lesser of $50,000 or 50% of vested account balance.	Permitted; loans from all qualified plans limited to the lesser of $50,000 or 50% of vested account balance.
Required Minimum Distributions	RMD rules apply at age 72 or later, severance from service, or after death.	RMD rules apply at age 72 or later, severance from service, or after death.

Schedule a TeleWealth Meeting

www.tcgservices.com/Dzucconi

For extended hours or weekends, please email dzucconi@tcgservices.com or call 210-900-9322

HUB TCG ADMINISTRATORS

Scan for Appt.

COBRA

Life is full of unexpected events that may impact your health insurance coverage. Under the Consolidated Omnibus Budget Reconciliation Act, better known as COBRA, you have the right to continue your group medical coverage such as medical, dental, and vision insurance for a limited time.

Medical & Dental - BCBSTX
(800) 523-8422, #4
cobra@ffga.com

Vision - UnitedHealthCare
(800) 523-8422, #4
cobra@ffga.com

COBRA Highlights:

- Temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work, divorce, death or a child no longer qualifying as a dependent. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.
- Either you or your family member is responsible for notifying Employee Benefits of a divorce, legal separation, or child losing dependent status within 60 days of the event. In the case of termination, death, or reduction in hours, Employee Benefits will be responsible for letting the provider know that you have the right to continue coverage under COBRA.
- Benefits will remain identical to what you had while employed. However, you will be responsible for paying the full premium, plus any applicable fees.

Employees with questions or concerns regarding COBRA benefits should contact Employee Benefits at 979-209-1092.

Workers' Compensation

Bryan ISD provides coverage for treatment and cares for on-the-job injuries and illnesses per the Texas Workers' Compensation Act. If you have an on-the-job injury or illness, it must be reported immediately by the employee to their principal or supervisor. Employees shall be provided appropriate medical attention as soon as possible.

Under the Texas Workers' Compensation Act employees are allowed 30 days to notify his/her principal or supervisor of an occupational injury or illness. An injured employee must report the injury as soon as possible to be eligible for Bryan ISD Temporary Income Benefits (TIBs).

Temporary Income Benefits (TIBs) provide up to 70% of lost wages for up to 40 hours of work time missed due to an occupational injury. Workers' Compensation TIBs benefits are not paid until after the eighth day of lost time.

Injury Treatment

Injured employees have the freedom to choose where they seek care, however, the provider must accept workers' compensation insurance to be seen for care. Bryan ISD attempts to send all injured employees to St. Joseph Occupational Medicine & Bryan Express located at 2010 E. Villa Maria Rd., Bryan, Texas 77802. Injured employees are encouraged to call ahead at 979-821-7377 to let the provider's staff know you are enroute. If the injury is minor and can be treated there, the Medical Center provider will treat the injury. If the injury is more serious, the staff will provide direction and refer you to an authorized health physician or appropriate specialist.

Payment for Injury Treatment

Injured employees DO NOT PAY for medical treatment received under Workers' Compensation. You will NEVER receive a copay under Workers' Compensation insurance. All bills are paid by Bryan ISD through a Third-Party Administrator - Claims Administration Services, per the Texas Workers' Compensation Act for all treatment that is considered reasonable and necessary under Texas law. The office of the treating provider should obtain verification and billing information from Risk Management. The bills for services received should never be sent directly to the injured employee. If you receive a bill, contact Risk Management immediately.

Prescriptions

When an injured employee is given a prescription by a treating provider, the employee must go to a pharmacy that accepts Workers' Compensation. The pharmacy can call Risk Management for verification and billing information.

Modified Duty / Return-To-Work Program

Bryan ISD has a governed Return-To-Work Program. If you are unable to do your regular job duties, we have temporarily limited job duties that will be assigned while you are recovering from your injury. Your physician will evaluate whether it is medically appropriate for you to participate in the District's Modified Duty / Return-To-Work Program.

Required Notices

Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 12-31-2026)

PART A: General Information

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

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 in your geographic area.

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

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

Does Employment-Based Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the 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 is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12%[1] of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee's household income.[1,2]

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution -as well as your employee contribution to employment-based coverage- is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

[1] Indexed annually; see https://www.irs.gov/pub/irs-drop/rp-22-34.pdf for 2023.
[2] An employer-sponsored or other employment-based 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. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

Required Notices

When Can I Enroll in Health Insurance Coverage through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services **is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.**

Marketplace-eligible individuals who live in states served by HealthCare.gov and either- submit a new application or update an existing application on HealthCare.gov between March 31, 2023 and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. **That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage.** In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit HealthCare.gov or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

What about Alternatives to Marketplace Health Insurance Coverage?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023 and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/ for more details.

How Can I Get More Information?

For more information about your coverage offered through your employment, please check your health plan's summary plan description or contact

Bryan ISD Employee Benefits 979-209-1092 .

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.

Required Notices

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		4. Employer Identification Number (EIN)
Bryan Independent School District		74-6000439
5. Employer address		6. Employer phone number
801 S Ennis St.		979-209-1000
7. City	8. State	9. ZIP code
Bryan	TX	77803
10. Who can we contact about employee health coverage at this job?		
Assistant Director of Risk Management & Benefits - Michael Stires		
11. Phone number (if different from above) 979-209-1133	12. Email address michael.stires@bryanisd.org	

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

- As your employer, we offer a health plan to:
  - [x] All employees. Eligible employees are:

    Active, regular full-time employee working at least 20 hours a week.

  - [ ] Some employees. Eligible employees are:
- With respect to dependents:
  - [x] We do offer coverage. Eligible dependents are:

    Legal spouse and child(ren) up to age 26.

  - [ ] We do not offer coverage.

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

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

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

Scan here to view Bryan ISD benefit notices and medical plan reminders:

Notes

This employee benefits guide summarizes the benefit plans that are available to Bryan ISD eligible employees and their dependents. Official plan documents, policies and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail this benefits guide. These documents are available upon request through the Employee Benefits and Risk Management Department. Information provided in this benefits guide is not a guarantee of benefits.