Eula ISD

Employee BENEFITS GUIDE

2026–2027

Table of Contents

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.

KEY THINGS TO KNOW

Coverage will NOT automatically roll over to the new benefit year, so all employees must enroll with a licensed benefits counselor, in person, for the 2026-2027 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**

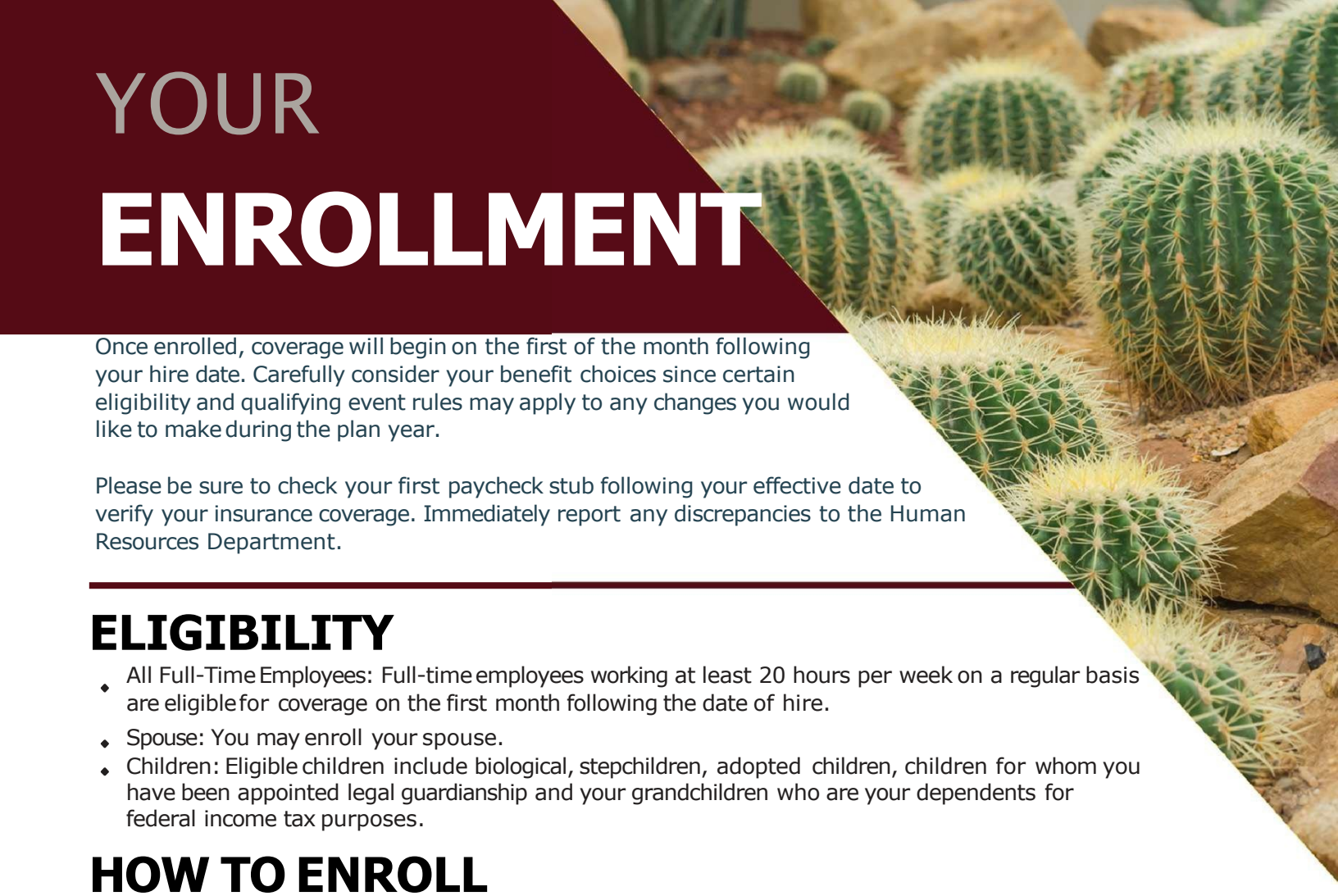
Your benefits plans include comprehensive, cost-effective and competitive benefits. This package helps protect you and your family, but it works only if you take control and make thoughtful decisions about your benefits! To get the most from your benefits, you need to make wise enrollment decisions.

You have several tools, including this benefits guide and the online enrollment website eulaisd.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, 2026.

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

Schedule an appointment with a Benefits Counselor by scanning the QR or using this link: eulaisd.fbmcbenefits.com. Alternatively, you may self-enroll with Employee Navigator. Utilize the Employee Navigator Portal to update your elections and/or your beneficiaries. Use this link to access an instructional PDF:

SCAN ME

- Portal Registration Instructions
- Company ID: Eula-ISD
- You can make elections for benefits at www.employeenavigator.com

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

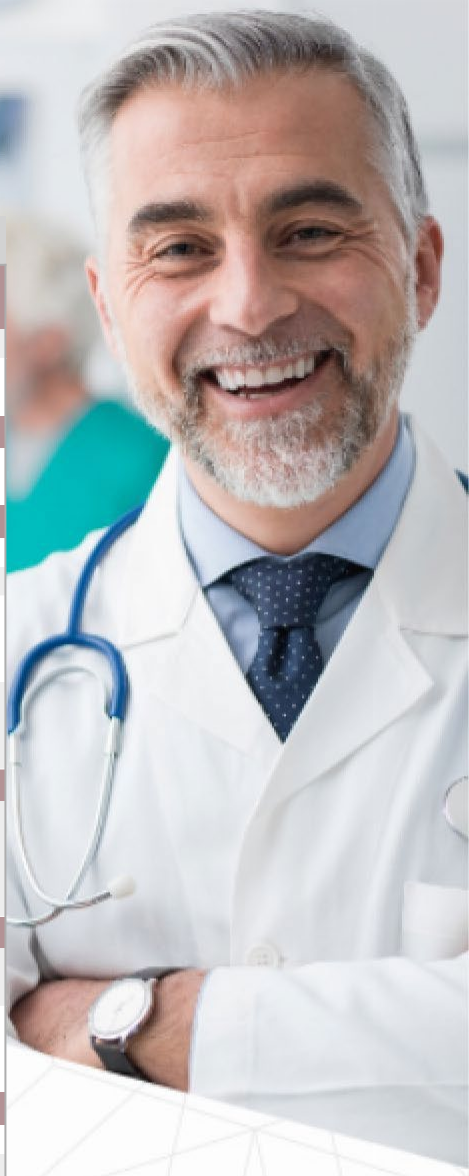
- *Social Security numbers and birth dates for your eligible family members.*
- *Expense records for medical, dental, and vision care so you can plan your benefit choices.*
- *Information about other benefit coverages or insurances you may have, such as the coverage details for your spouse's plans.*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



	BlueCross BlueShield of Texas | MTBEE623 - HMO		BlueCross BlueShield of Texas | MTBEE631 - HMO		BlueCross BlueShield of Texas | MTBEE634 - HMO	
DEDUCTIBLE AND OUT OF POCKET MAXIMUM	**IN-NETWORK**	**OUT-OF-NETWORK**	**IN-NETWORK**	**OUT-OF-NETWORK**	**IN-NETWORK**	**OUT-OF-NETWORK**
Deductible (Single/Family)	$2,500/$7,500	Not Covered	$3,500/$10,50	Not Covered	$4,250/$12,75	Not Covered
Out of Pocket Maximum (Single/Family)	$7,500/$15,000	Not Covered	$8,750/$17,50	Not Covered	$8,500/$17,00	Not Covered
COINSURANCE						
Member %	20% After Deductible	Not Covered	20% After Deductible	Not Covered	0% After Deductible	Not Covered
DOCTOR VISITS/IMMEDIATE CARE						
Primary Care Physician Office Visit	$35 Copay	Not Covered	$40 Copay	Not Covered	$40 Copay	Not Covered
Specialist Office Visit	$70 Copay	Not Covered	$80 Copay	Not Covered	$80 Copay	Not Covered
Urgent Care/Emergency Room	$75 Copay / $750 + 20% Coinsurance	Not Covered / $750 + 20% Coinsurance	$75 Copay / $750 + 20% Coinsurance	Not Covered / $750 + 20% Coinsurance	$75 Copay / $750 Copay	Not Covered/ $750 Copay
Lab/X-Ray/CT scans, PET scans, MRIs	20% Coinsurance	Not Covered	20% Coinsurance	Not Covered	No Charge After Deductible	Not Covered
PREVENTIVE CARE						
Preventive Services	No Charge; Deductible does not apply	Not Covered	No Charge; Deductible does not apply	Not Covered	No Charge; Deductible does not apply	Not Covered
MAJOR MEDICAL EXPENSES						
Outpatient Surgery	$100 + 20% Coinsurance	Not Covered	$100 + 20% Coinsurance	Not Covered	$100 Copay	Not Covered
Inpatient Hospitalization / Surgery	20% Coinsurance	Not Covered	20% Coinsurance	Not Covered	No Charge After Deductible	Not Covered
PRESCRIPTION DRUG COVERAGE						
Prescription Deductible	$0	$0	$0	$0	$0	$0
Generic - Preferred	Preferred $0/Non-Preferred $10 Copay	Not Covered	Preferred $0/Non-Preferred $10 Copay	Not Covered	Preferred $0/Non-Preferred $10 Copay	Not Covered
Generic - Non-Preferred	Preferred $10/Non-Preferred $20 Copay	Not Covered	Preferred $10/Non-Preferred $20 Copay	Not Covered	Preferred $10/Non-Preferred $20 Copay	Not Covered
Brand Preferred	Preferred $50/Non-Preferred $70 Copay	Not Covered	Preferred $50/Non-Preferred $70 Copay	Not Covered	Preferred $50/Non-Preferred $70 Copay	Not Covered
Brand Non-Preferred	Preferred $100/Non-Preferred $120 Copay	Not Covered	Preferred $100/Non-Preferred $120 Copay	Not Covered	Preferred $100/Non-Preferred $120 Copay	Not Covered
Specialty (Preferred/Non-Preferred)	$150/$250 copay	Not Covered	$150/$250 copay	Not Covered	$150/$250 copay	Not Covered
Mail Order - 90 day Supply (Generic/Brand)	$0/$30/$150/ $300 copays	Not Covered	$0/$30/$150/ $300 copays	Not Covered	$0/$30/$150/ $300 copays	Not Covered
PLAN INFORMATION						
Network Type	HMO		HMO		HMO	

Plan Explanation

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 Blue Cross Blue Shield of Texas, provides the framework for your health and well-being.

Disclaimer

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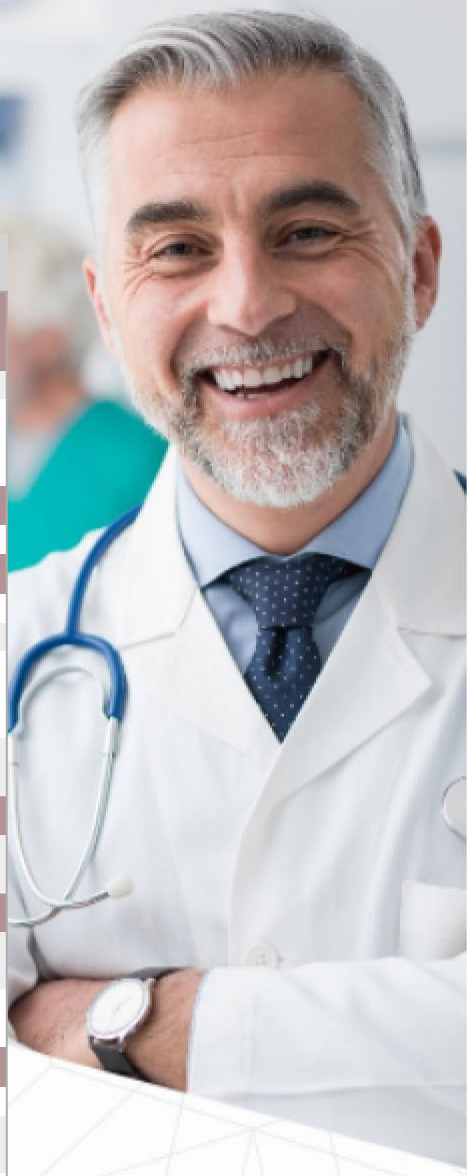
Medical



	BlueCross BlueShield of Texas | MTBEE643 - HMO		BlueCross BlueShield of Texas | MTBCB635 - PPO	
DEDUCTIBLE & OUT OF POCKET MAXIMUM	**IN-NETWORK**	**OUT-OF-NETWORK**	**IN-NETWORK**	**OUT-OF-NETWORK**
Deductible (Single/Family)	6,000/1,800	Not Covered	4,250/$12,750	50% Coinsurance
Out of Pocket Maximum (Single/Family)	8,000/18,000	Not Covered	8,500/$17,000	Unlimited Individual/Unlimited Family
COINSURANCE				
Member %	0% After Deductible	Not Covered	20% Coinsurance	50% Coinsurance
DOCTOR VISITS/IMMEDIATE CARE				
Primary Care Physician Office Visit	40 Copay	Not Covered	40 Copay	50% Coinsurance
Specialist Office Visit	80 Copay	Not Covered	80 Copay	50% Coinsurance
Urgent Care/Emergency Room	75 Copay/ $750 copay	Not Covered/ $750 copay	75/ $750 + 20% Coinsurance	50% Coinsurance/ $750 + 20% Coinsurance
Lab/X-Ray/CT scans, PET scans, MRIs	No Charge After Deductible	Not Covered	20% Coinsurance	50% Coinsurance
PREVENTIVE CARE				
Preventive Services	No Charge; Deductible does not apply	Not Covered	No Charge; Deductible does not apply	50% Coinsurance
MAJOR MEDICAL EXPENSES				
Outpatient Surgery	100 Copay	Not Covered	100 Copay +20% Coinsurance	50% Coinsurance
Inpatient Hospitalization / Surgery	No Charge After Deductible	Not Covered	20% Coinsurance	50% Coinsurance
PRESCRIPTION DRUG COVERAGE				
Prescription Deductible	$0	$0	$0	$0
Generic - Preferred	Preferred $0/Non-Preferred $10 Copay	Not Covered	Preferred $0/Non-Preferred $10 Copay	10 Copay
Generic - Non-Preferred	Preferred $10/Non-Preferred $20 Copay	Not Covered	Preferred $10/Non-Preferred $20 Copay	20 Copay
Brand Preferred	Preferred $50/Non-Preferred $70 Copay	Not Covered	Preferred $50/Non-Preferred $70 Copay	70 Copay
Brand Non-Preferred	Preferred $100/Non-Preferred $120 Copay	Not Covered	Preferred $100/Non-Preferred $120 Copay	120 Copay
Specialty (Preferred/Non-Preferred)	150/$250 copay	Not Covered	150/$250 copay	250 Copay
Mail Order - 90 day Supply (Generic/Brand)	0/$30/$150/$300 copays	Not Covered	0/$30/$150/$300 copays	Not Covered
PLAN INFORMATION				
Network Type	HMO		PPO	

Disclaimer

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Medical Premiums	Medical Cost Comparison				
Monthly Rates	**MTBEE623**	**MTBEE631**	**MTBEE634**	**MTBEE643**	**MTBCB635**
Employee	$106.96	$62.83	$99.35	$60.04	$279.37
EE + Spouse	$634.99	$549.04	$620.17	$543.60	$970.88
EE + Child(ren)	$667.60	$579.06	$652.32	$573.46	$1,013.56
EE + Family	$1,195.63	$1,065.27	$1,173.15	$1,057.02	$1,705.07

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.

Monthly Premium: $10
Consultation Fee: $0
Unlimited Consultations
Includes all family members

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**

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.

Dental

	Humana | High Plan		Humana | Low Plan	
DEDUCTIBLE	**IN-NETWORK**	**OUT-OF-NETWORK**	**IN-NETWORK**	**OUT-OF-NETWORK**
Single	$50	$50	$50	$50
Family	$150	$150	$150	$150
MAXIMUM THE CARRIER WILL PAY				
Annual Maximum	$1,000	$1,000	$1,000	$1,000
DENTAL COVERAGE				
Preventative Care % you pay	0%	0%	0%	0%
Basic Care % you pay after deductible	20%	20%	20%	20%
Major Care % you pay after deductible	50%	50%	Not Covered	Not Covered
Orthodontia % you pay	50%	50%	Not Covered; Member may receive a discount	Not Covered; Member may receive a discount
Orthodontia Lifetime Maximum	$1,000		Not Covered; Member may receive a discount	
Orthodontia Maximum Age	Dependents are covered through age 18		Not Covered	
OUT OF NETWORK EXPLANATION				
	Your insurance carrier will pay the out of network dentist what 90 out of 100 dentists in their area charge for a specific service. You may incur a small balance bill.		Your insurance carrier will pay the out of network dentist the same rate they pay an in-network dentist, which may result in a balance bill.	
PLAN INFORMATION				
Your Network	Traditional Plus PPO		Preventive Plus PPO	
Member Website	humana.com		humana.com	
Customer Service Phone Number	1-800-233-4013		1-800-233-4013	

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

Plan Explanation

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.

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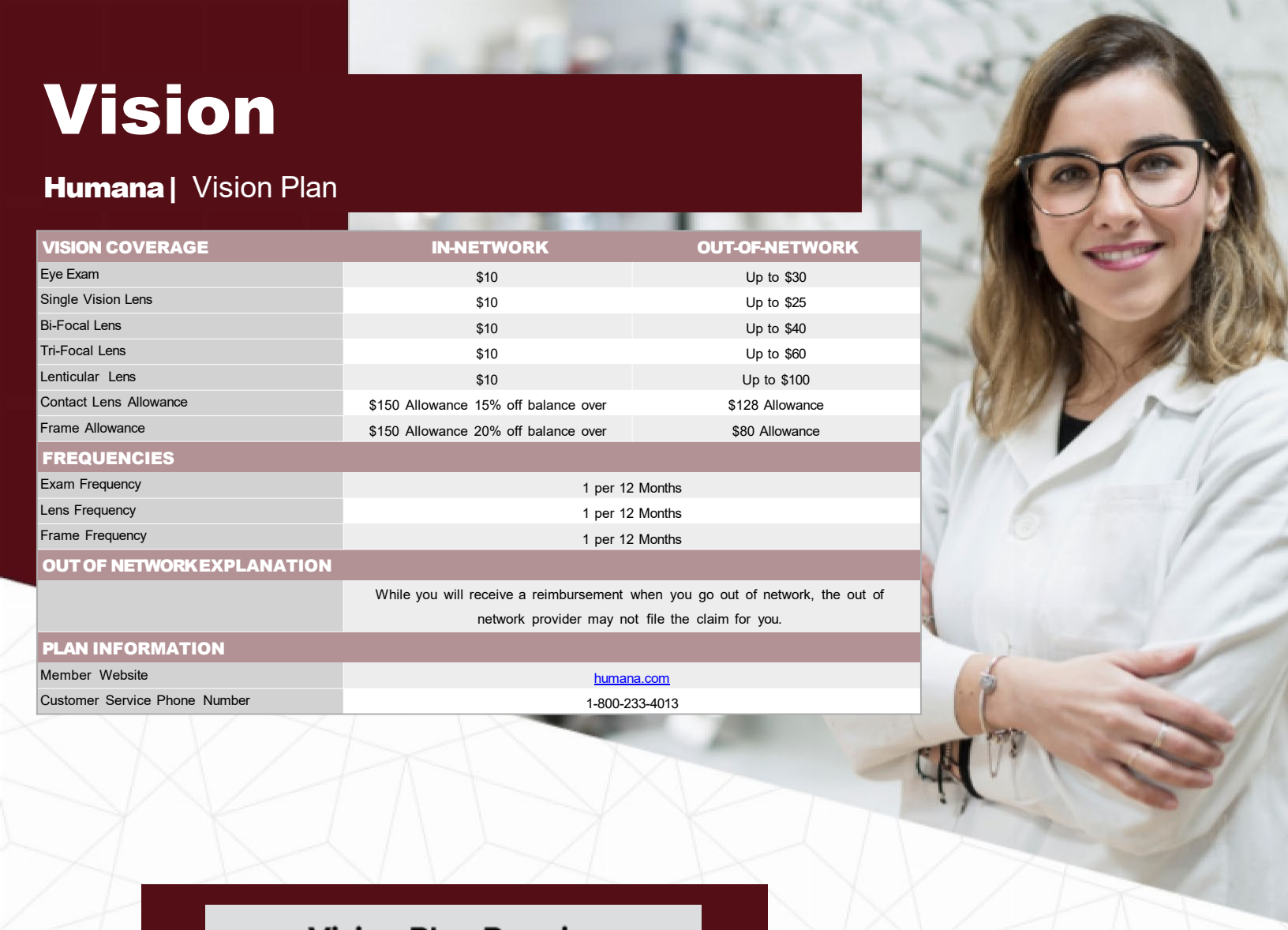
Vision

Humana | Vision Plan



VISION COVERAGE	IN-NETWORK	OUT-OF-NETWORK
Eye Exam	$10	Up to $30
Single Vision Lens	$10	Up to $25
Bi-Focal Lens	$10	Up to $40
Tri-Focal Lens	$10	Up to $60
Lenticular Lens	$10	Up to $100
Contact Lens Allowance	$150 Allowance 15% off balance over	$128 Allowance
Frame Allowance	$150 Allowance 20% off balance over	$80 Allowance
FREQUENCIES		
Exam Frequency	1 per 12 Months	
Lens Frequency	1 per 12 Months	
Frame Frequency	1 per 12 Months	
OUT OF NETWORK EXPLANATION		
	While you will receive a reimbursement when you go out of network, the out of network provider may not file the claim for you.	
PLAN INFORMATION		
Member Website	humana.com	
Customer Service Phone Number	1-800-233-4013	

Vision Plan Premium

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

Plan Explanation

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 encourges yearly exams along with the frames and lenses you want.

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NBS

FLEXIBLE SPENDING ACCOUNTS (FSA)

AT-A-GLANCE

The FSA Plan Year:

Sept. 1, 2026 - Aug. 31, 2027

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: **$3,400**
- DCFSA: **$7,500**

A **Flexible Spending Account (FSA)** lets you pay for eligible expenses with tax-free money. You contribute to an FSA with pretax 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 TO LEARN MORE

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Basic Life and AD&D

Mutual of Omaha | Basic Life and AD&D

LIFE INSURANCE BENEFITS	
Life Insurance Coverage	$10,000
Accidental Death & Dismemberment	$10,000
Beneficiary	the individual you choose to leave your life insurance benefits to when you die
Accelerated Death Benefit	80% of the amount of the insurance benefit is available to you if terminally ill, not to exceed $8,000.
PLAN INFORMATION	
Member Website	mutualofomaha.com
Customer Service Phone Number	1-800-775-6000

This is an employer paid product

Plan Explanation

You keep coverage for a set period of time, or "term". If you die during that time, 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 serious injuries. It can pay an additional amount if you die from a covered accident. The coverage amount reduces to 50% at age 70.

Disclaimer

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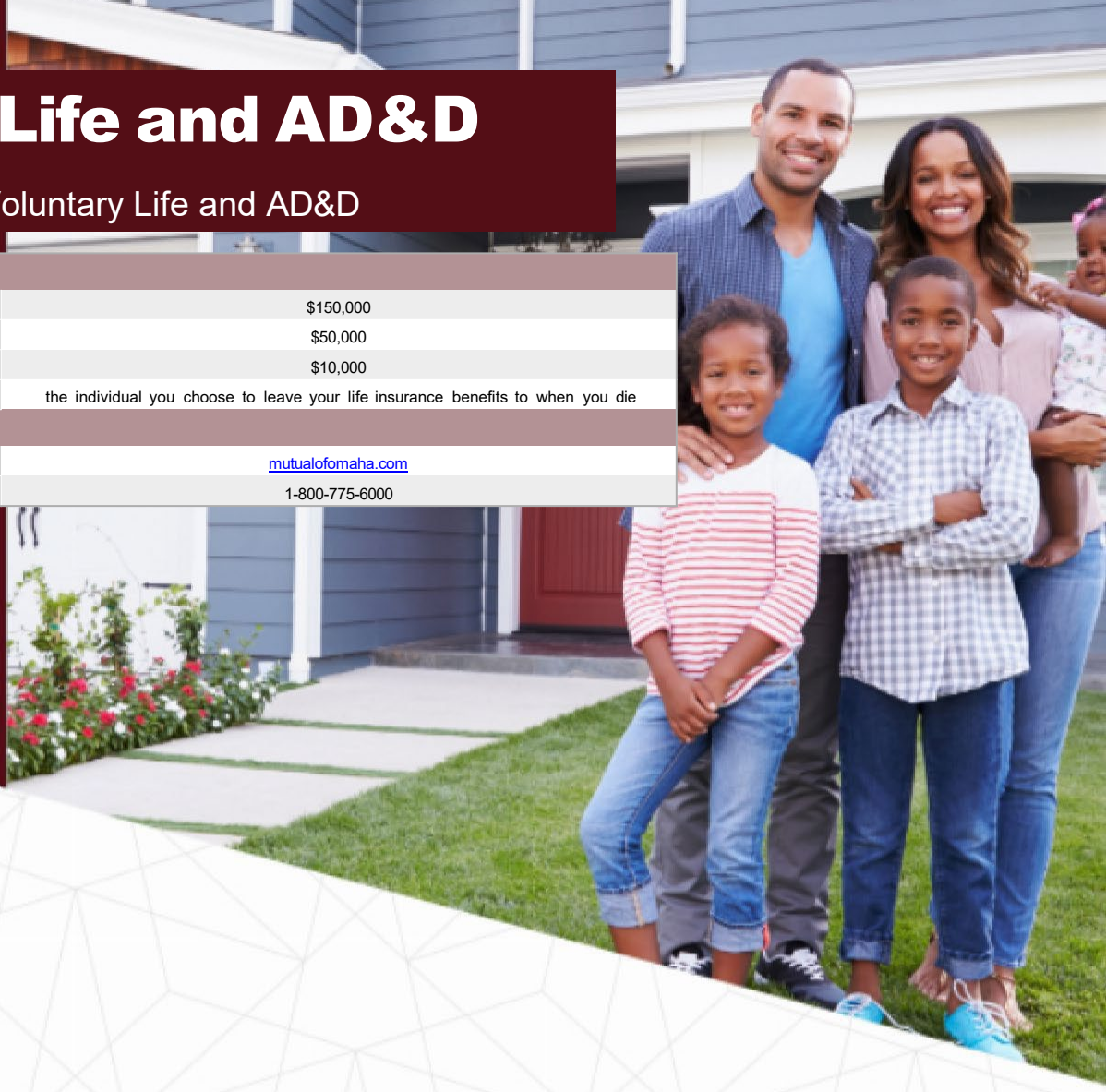
Voluntary Life and AD&D

Mutual of Omaha | Voluntary Life and AD&D

LIFE INSURANCE BENEFITS	
Employee Life Insurance Coverage	$150,000
Spouse Life Insurance Coverage	$50,000
Child(ren) Life Insurance Coverage	$10,000
Beneficiary	the individual you choose to leave your life insurance benefits to when you die
PLAN INFORMATION	
Member Website	mutualofomaha.com
Customer Service Phone Number	1-800-775-6000



For rates please speak with your benefits counselor

Disclaimer

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Long Term Disability Insurance

Mutual of Omaha | Long Term Disability

LTD INSURANCE BENEFITS	
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
When do benefits start? (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
PLAN INFORMATION	
Member Website	mutualofomaha.com
Customer Service Phone Number	1-800-775-6000

Long-term Disability Premiums

Monthly Rates	Cost Per $100 of Benefits
LTD	$1.30

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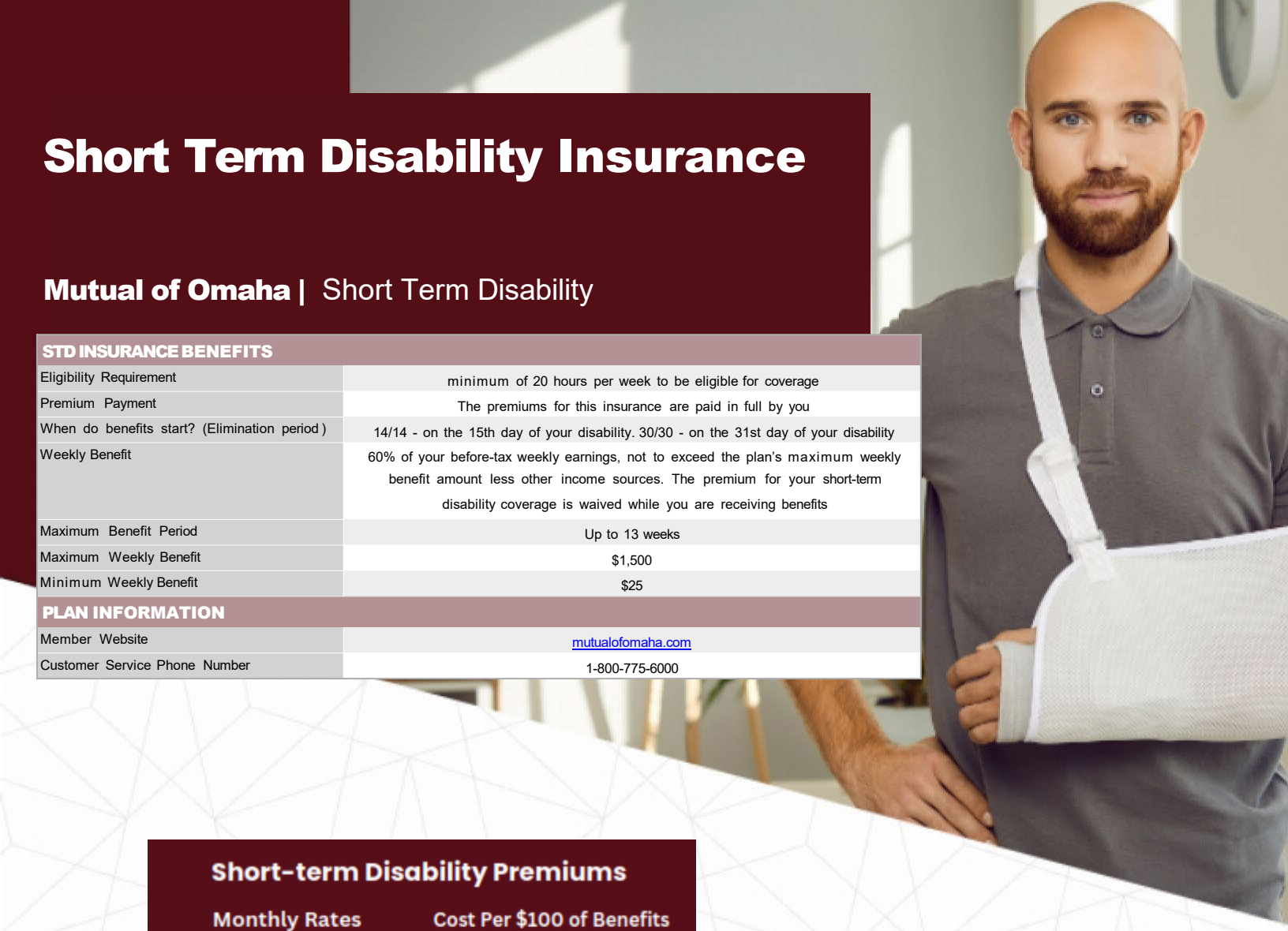
Short Term Disability Insurance

Mutual of Omaha | Short Term Disability

STD INSURANCE BENEFITS	
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
When do benefits start? (Elimination period)	14/14 - on the 15th day of your disability. 30/30 - on the 31st day of your disability
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
PLAN INFORMATION	
Member Website	mutualofomaha.com
Customer Service Phone Number	1-800-775-6000



Short-term Disability Premiums

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

Plan Explanation

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.

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MUTUAL OF OMAHA

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

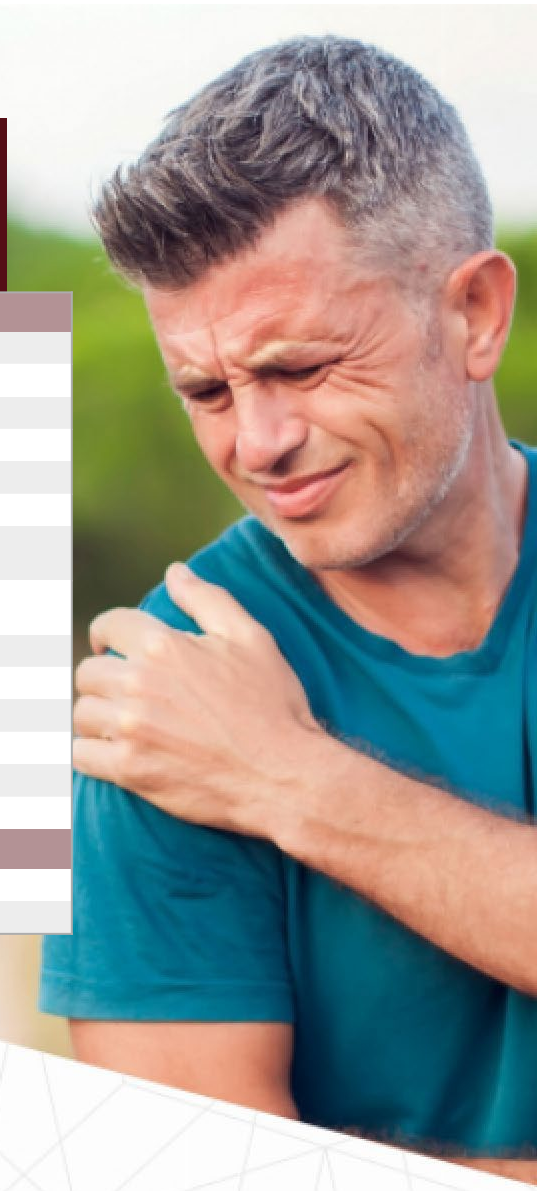
Digital Support

- 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

Accident Insurance

Mutual of Omaha | Accident

INJURY	SCHEDULED BENEFIT
Burns	Up to $25,000
Fractures (Surgical/Non-surgical)	Up to $12,000/Up to $6,000
Lacerations	Up to $1,500
Dislocations(Surgical/Non-surgical)	Up to $12,000/Up to $6,000
Dental Injury	Up to $400
Hospital Admission	$3,000
Daily Confinement (up to 365 days per accident)	$600 per day
ICU Confinement (up to 15 days per accident)	$1,000 per day
Physician Follow-Up Office Visit	$150; Up to 6 per accident
Therapy Services	$75; Up to 6 per accident
Medical Device	$300
Prosthetic Device(s)	$1,250; Up to 2 per accident
Transportation (up to 3 trips per accident)	$500 per trip
Child Care (up to 30 days per accident)	$50 per day
PLAN INFORMATION	
Member Website	mutualofomaha.com
Customer Service Phone Number	1-800-775-6000



Accident Insurance Premium

Monthly Rates

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

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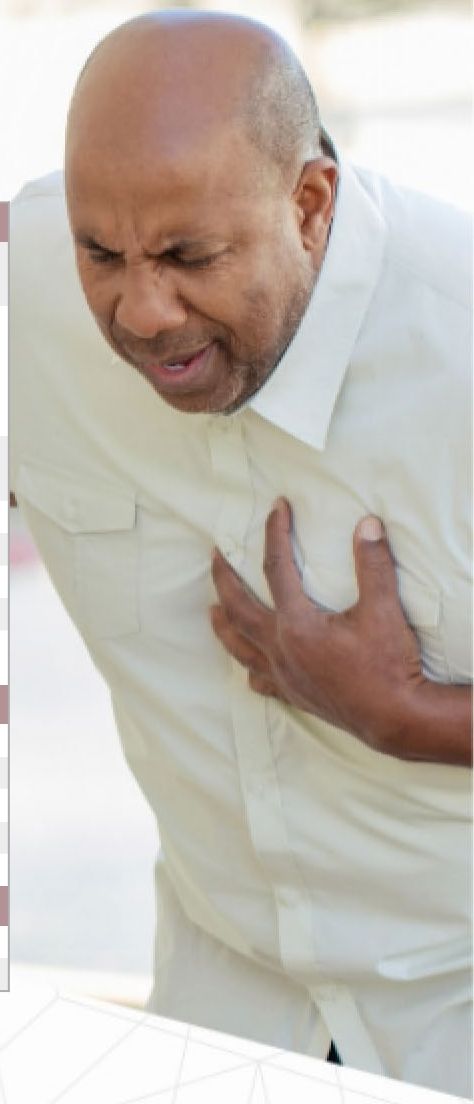
Critical Illness Insurance

Mutual of Omaha | Critical Illness



CRITICAL ILLNESS BENEFIT	
Eligibility Requirement	You must be actively working a minimum of 20 hours per week to be eligible for coverage
Dependent Eligibility Requirement	To be eligible for coverage, your dependent must be able to perform normal activities, and not be confined (at home, in a hospital, or in any other care facility), and child(ren) must be under age 26. In order for your dependents to be eligible for coverage, you must elect coverage for yourself.
Premium Payment	The premiums for this insurance are paid in full by you. Child insurance is automatic. A separate premium is not required.
Employee Coverage Guidelines	Min $5,000/Max $40,000
Spouse Coverage Guidelines	Min $5,000/100% of employee's Principal Sum, up to $40,000
Child Coverage Guidelines	100% of employee's Principal Sum, up to $40,000
Guaranteed Issue (EE/SP/CH)	$40,000/$40,000/ All child amounts are GI
Wellness Benefit (1 time per insured calendar year; up to 6 per family)	$50
ILLNESS	**% OF SCHEDULE BENEFIT**
Cancer (Invasive)	100% of the principal sum
Cancer - Carcinoma in situ	25% of the principal sum
Heart Attack (Myocardial Infarction)	100% of the principal sum
Major Organ Failure	100% of the principal sum
Stroke	100% of the principal sum
PLAN INFORMATION	
Member Website	mutualofomaha.com
Customer Service Phone Number	1-800-775-6000

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

Disclaimer

Disclaimer: This is a partial listing of your covered benefits. For a complete accurate listing of covered benefits, limitations and exclusions, refer to your certificate of coverage.

Hospital Indemnity Insurance

Mutual of Omaha | Hospital Indemnity

HOSPITAL INDEMNITY BENEFIT	
Eligibility Requirement	You must be actively working a minimum of 20 hours per week to be eligible for coverage
Dependent Eligibility Requirement	To be eligible for coverage, your dependent must be able to perform normal activities, and not be confined (at home, in a hospital, or in any other care facility), and child(ren) must be under age 26. In order for your dependents to be eligible for coverage, you must elect coverage for yourself.
Premium Payment	The premiums for this insurance are paid in full by you
Hospital Admission	$1,000 per admission
Daily Hospital Confinement	$100 per day
ICU Admission	$2,000 per admission
Daily ICU Confinement	$200 per day
Daily Newborn Nursery Care Confinement (up to 2 days per policy year)	$50 per day
Express Benefits (1 per hospital admission)	$100 per hospital admission
Wellness Rider	$50
PLAN INFORMATION	
Member Website	mutualofomaha.com
Customer Service Phone Number	1-800-775-6000

Hospital Indemnity Premium

Monthly Rates

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

Plan Explanation

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. This policy also has an Express Benefit of $100.

Disclaimer

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Cancer Insurance

Colonial | Cancer

CANCER BENEFIT	BENEFIT AMOUNT
Ambulance (ground/air) (level 2 & 3)	$250/$2,000 per trip
Anesthesia (general/local) (level 2 & 3)	25% of surgical procedures benefit/$30 per procedure/$50 per procedure
Anti-Nausea Medication (level 2 & 3)	$40/$50 per day administered or per prescription filled
Blood/plasma/platelets/immunoglobulins (level 2 & 3)	$175/$250 per day
Cancer Vaccine (level 2 & 3)	$50
Bone Marrow Donor Screening (level 2 & 3)	$50
Experimental Treatment (level 2 & 3)	$250/$300 per day
Home Health Care Services (level 2 & 3)	$75/$100 per day
Hospice (level 2 & 3)	$1,000 initial/$50 per day
Outpatient Surgical Center (level 2 & 3)	$250/$500 per day
Lodging (level 2 & 3)	$50/$75 per day
Reconstructive Surgery (level 2 & 3)	$40/$60 per surgical unit
Skilled Nursing Facility (level 2 & 3)	$100/$150 per day
Second Medical Opinion (level2 & 3)	$200/$300
Waiver of Premium (level 2 & 3)	Yes
Wellness Rider (level 2 & 3)	$100
PLAN INFORMATION	
Member website	coloniallife.com
Customer Service Phone Number	1-800-325-4368

Colonial Life Cancer Level 2				
Benefit Amount	$5,000			
$100 Wellness Benefit	EE	EE+SP	EE+CH	EE+FAM
Premiums	$25.40	$41.98	$25.40	$41.98

Colonial Life Cancer Level 3				
Benefit Amount	$5,000			
$100 Wellness Benefit	EE	EE+SP	EE+CH	EE+FAM
Premiums	$29.93	$50.99	$29.93	$50.99

Plan Explanation

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 payments directly to you based on the treatment you receive.

Disclaimer

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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.

Employees get both a safety net for their loved ones and the ability to better afford comfortable, high-quality care when they need it.

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

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.
- **Guaranteed Issue up to $100,000.**

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.

Ask your benefits counselor for more details

ID Theft Protection

Allstate | Pro+ & Pro+Cyber

ID THEFT BENEFIT	
Allstate Scam Protection	Scam resolution and expense reimbursement
Family Protection	Coverage for everyone "under roof" and "under wallet"
Credit Monitoring	Auto-on monitoring
Privacy & data monitoring	Allstate digital footprint
Identity and financial monitoring	Identity Health Status
Restoration	US-based 24/7 customer care
and much more	see plan summary for more details
PLAN INFORMATION	
Member website	allstate.com/aip
Customer Service Phone Number	1-800-789-2720

Identity Theft Protection Premiums

Monthly Rates	Pro+	Pro+ Cyber
Employee	$7.95	$9.95
EE +Family	$13.95	$17.95

Plan Explanation

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.

Disclaimer

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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	$0.00
EE + Family	$10.00

EMPLOYER PAID FOR EMPLOYEE ONLY

Ask your benefits counselor for more details

Important Notices About Your Group Health Plan Rights

Plan Year

September 1, 2026 – August 31, 2027

Date of Notice: September 1, 2026

The Federal Government requires Eula ISD to notify employees of certain laws regarding their health plans. This booklet contains the required notifications.

Eula ISD believes that the **Group Health Plan** is a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply, and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the plan administrator at Eula ISD.

You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans. You may also contact the U.S. Department of Health and Human Services at www.healthreform.gov.

The notices provided on the following pages reflect the regulations and information known on the date shown on the front page of this booklet.

However, federal rules and regulations may change, and your employer may decide to make changes to your plan after the date of these notices. Any changes could affect the content of these notices such as the Medicare Creditable Coverage Notices.

Please contact your employer if you have any questions about the notices.

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 are 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 are not eligible for Medicaid or CHIP, you will not 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 www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a state listed below, 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 www.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 are not 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 www.askebsa.dol.gov or call **1-866-444-EBSA (3272).**

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2026. Contact your State for more information on eligibility –

ALABAMA – Medicaid	FLORIDA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: http://flmedicaidtplrecovery.com/hipp/ Phone: 1-877-357-3268
LOUISIANA – Medicaid	**GEORGIA – Medicaid**
Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447	Website: Medicaid www.medicaid.georgia.gov - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
TEXAS – Medicaid	
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	

To see if any other states have added a premium assistance program since January 31, 2026, or for more information on special enrollment rights, contact either:

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

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

Continuation Coverage Rights Under COBRA

Introduction

You are receiving this notice because you recently gained coverage under a group health plan (the Plan). This notice has valuable information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it.**

Read this notice carefully to help you understand your COBRA rights. Keep in mind that when you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you when you would otherwise lose your group health coverage. It can also become available to other members of your family who are covered under the Plan when they would otherwise lose their group health coverage. This notice does not fully describe COBRA continuation coverage or other rights under the Plan. For additional and more complete information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally does not accept late enrollees.

What Is COBRA Continuation Coverage?

COBRA continuation coverage is a continuation of Plan coverage when it 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 may be required to pay for COBRA continuation coverage.

Employee

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

Your hours of employment are reduced, or

Your employment ends for any reason other than your gross misconduct.

Spouse

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 occurs:

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. In the event your spouse, who is the employee, reduces or terminates your coverage under the Plan in anticipation of a divorce or legal separation that later occurs, the divorce or legal separation may be considered a qualifying event even though the coverage was reduced or terminated before the divorce or separation.

Dependent Children

Your dependent children (including any child born to or placed for adoption with you during the period of COBRA coverage who is properly enrolled in the Plan and any child of yours who is receiving benefits under the Plan pursuant to a qualified medical child support order) 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."

Retiree Coverage

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. The employer must notify the Plan Administrator of the following qualifying events:

The end of employment or reduction of hours of employment;

Death of the employee;

or

The employee's becoming entitled to Medicare benefits.

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing 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: Abilene Aero, Inc. c/o: Benefits Dept. The Plan procedures for this notice, including a description of any required information or documentation, can be found in the most recent Summary Plan Description or by contacting the Plan Administrator. If these procedures are not followed or if the notice is not provided in writing to the Plan Administrator during the 60-day notice period, you will lose your right to elect COBRA continuation coverage.

How Is COBRA Coverage Provided?

Once the Plan Administrator receives timely 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. If COBRA continuation coverage is not elected within the 60-day election period, a qualified beneficiary will lose the right to elect COBRA continuation coverage.

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 dependent child's losing eligibility as a dependent child, COBRA continuation coverage may last 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, 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.

Also, 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).

Disability Extension

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 get 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.

The Plan procedures for this notice, including a description of any required information or documentation, the name of the appropriate party to whom notice must be sent, and the time period for giving notice, can be found in the most recent Summary Plan Description

or by contacting the Plan Administrator. If these procedures are not followed or if the notice is not provided in writing to the Plan Administrator during the 60-day notice period and within 18 months after the covered employee's termination of employment or reduction of hours, there will be no disability extension of COBRA continuation coverage. The affected individual must also notify the Plan Administrator within 30 days of any final determination that the individual is no longer disabled.

Second Qualifying Event Extension

If your family experiences another qualifying event during the 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 COBRA 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. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

The Plan procedures for this notice, including a description of any required information or documentation, the name of the appropriate party to whom notice must be sent, and the time period for giving notice, can be found in the most recent Summary Plan Description or by contacting the Plan Administrator. If these procedures are not followed or if the notice is not provided in writing to the Plan Administrator during the 60-day notice period, there will be no extension of COBRA continuation coverage due to a second qualifying event.

Are There Other Coverage Options Besides Cobra?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

If You Have Questions

Questions concerning your Plan, or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under ERISA, including COBRA, the Patient Protection and Affordable Care Act 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 www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.healthcare.gov.

Keep Your Plan Informed Of Address Changes

To protect your family's rights, let the Plan Administrator know about 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.

Plan Contact Information

Eula ISD - Benefits Department

c/o: Human Resources Department

Address: 6040 FM 603 Clyde, TX. 79510

Phone # 325-225-0380

Texas State Continuation of Group Health Coverage
<u>After</u> Maximum COBRA Period Ends

Texas law requires some group health plans to continue coverage for an additional six months after your maximum COBRA coverage period ends. For Texas State Continuation to apply, your plan must have been issued by an insurance company or HMO subject to Texas insurance laws and rules. It does not apply to employer self-funded (ERISA) health care plans, which are exempt from state insurance laws.

Texas State Continuation does not apply to Group Dental or Group Vision plans.

If you were eligible for COBRA as a result of: Employee's termination of employment or decrease of working hours	**COBRA coverage may continue for up to ....**		**Texas State Continuation after COBRA coverage ends may continue for up to ....**	**For a Total Continuation Period of up to ….**
Qualified Beneficiaries: Primary plan member (Employee) and/or dependents	18 months	+	6 months	24 months
If you were eligible for COBRA as a result of: **- Death of Employee,** **- Divorce*,** **- Loss of Dependent Child status***	**COBRA coverage may continue for up to ....**		**Texas Continuation after COBRA coverage ends may continue for up to ....**	**For a Total Continuation Period of ….**
Qualified Beneficiaries: Spouse, Ex-Spouse* or Dependent Child	36 months	+	6 months	42 months

* The Qualified Beneficiary is responsible for notifying the Plan Administrator that the Beneficiary wishes to continue group medical coverage if the Qualifying Event is due to:

Loss of Dependent Child Status
Divorce

You must notify the employer, in writing, no later than the 60th day after coverage was terminated.

EMPLOYEE RIGHTS

UNDER THE FAMILY AND MEDICAL LEAVE ACT

THE UNITED STATES DEPARTMENT OF LABOR WAGE AND HOUR DIVISION

LEAVE ENTITLEMENTS

Eligible employees who work for a covered employer can take up to 12 weeks of unpaid, job-protected leave in a 12-month period for the following reasons:

- The birth of a child or placement of a child for adoption or foster care;
- To bond with a child (leave must be taken within 1 year of the child's birth or placement);
- To care for the employee's spouse, child, or parent who has a qualifying serious health condition;
- For the employee's own qualifying serious health condition that makes the employee unable to perform the employee's job;
- For qualifying exigencies related to the foreign deployment of a military member who is the employee's spouse, child, or parent.

An eligible employee who is a covered servicemember's spouse, child, parent, or next of kin may also take up to 26 weeks of FMLA leave in a single 12-month period to care for the servicemember with a serious injury or illness.

An employee does not need to use leave in one block. When it is medically necessary or otherwise permitted, employees may take leave intermittently or on a reduced schedule.

Employees may choose, or an employer may require, use of accrued paid leave while taking FMLA leave. If an employee substitutes accrued paid leave for FMLA leave, the employee must comply with the employer's normal paid leave policies.

BENEFITS & PROTECTIONS

While employees are on FMLA leave, employers must continue health insurance coverage as if the employees were not on leave.

Upon return from FMLA leave, most employees must be restored to the same job or one nearly identical to it with equivalent pay, benefits, and other employment terms and conditions.

An employer may not interfere with an individual's FMLA rights or retaliate against someone for using or trying to use FMLA leave, opposing any practice made unlawful by the FMLA, or being involved in any proceeding under or related to the FMLA.

ELIGIBILITY REQUIREMENTS

An employee who works for a covered employer must meet three criteria in order to be eligible for FMLA leave. The employee must:

- Have worked for the employer for at least 12 months;
- Have at least 1,250 hours of service in the 12 months before taking leave; and
- Work at a location where the employer has at least 50 employees within 75 miles of the employee's worksite.

*Special "hours of service" requirements apply to airline flight crew employees.

REQUESTING LEAVE

Generally, employees must give 30-days' advance notice of the need for FMLA leave. If it is not possible to give 30-days' notice, an employee must notify the employer as soon as possible and, generally, follow the employer's usual procedures.

Employees do not have to share a medical diagnosis, but must provide enough information to the employer so it can determine if the leave qualifies for FML_A protection. Sufficient information could include informing an employer that the employee is or will be unable to perform his or her job functions, that a family member cannot perform daily activities, or that hospitalization or continuing medical treatment is necessary. Employees must inform the employer if the need for leave is for a reason for which FMLA leave was previously taken or certified.

Employers can require a certification or periodic recertification supporting the need for leave. If the employer determines that the certification is incomplete, it must provide a written notice indicating what additional information is required.

EMPLOYER RESPONSIBILITIES

Once an employer becomes aware that an employee's need for leave is for a reason that may qualify under the FMLA, the employer must notify the employee if he or she is eligible for FMLA leave and, if eligible, must also provide a notice of rights and responsibilities under the FMLA. If the employee is not eligible, the employer must provide a reason for ineligibility.

Employers must notify its employees if leave will be designated as FMLA leave, and if so, how much leave will be designated as FMLA leave.

ENFORCEMENT

Employees may file a complaint with the U.S. Department of Labor, Wage and Hour Division, or may bring a private lawsuit against an employer.

The FMLA does not affect any federal or state law prohibiting discrimination or supersede any state or local law or collective bargaining agreement that provides greater family or medical leave rights.

For additional information or to file a complaint:

1-866-4-USWAGE

(1-866-487-9243) THY: 1-877-889-5627

www.dol.gov/whd

U.S. Department of Labor | Wage and Hour Division

WH1420 REV 04/16

Women's Health And Cancer Rights Act

Enrollment Notice

If you have had or are going to have a mastectomy, you 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 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.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply:

MTBEE623 HMO	In-Network	Deductible $2,500 Individual/$7,500 Family	Coinsurance 20% after Deductible
MTBEE631 HMO	In-Network	Deductible $3,500 Individual/$10,500 Family	Coinsurance 20% after Deductible
MTBEE634 HMO	In-Network	Deductible $4,250 Individual/$12,750 Family	Coinsurance 0% after Deductible
MTBEE643 HMO	In-Network	Deductible $6,000 Individual/$18,000 Family	Coinsurance 0% after Deductible
MTBCB635 PPO	In-Network	Deductible $4,250 Individual/$12,750 Family	Coinsurance 20% after Deductible

If you would like more information on WHCRA benefits, call your plan administrator at Client Phone #325-225-0380

Annual Notice

Do you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services, including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Call your plan administrator at Client Phone #325-225-0380 for more information.

Newborns And Mother's 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 issuers 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).

Special Enrollment Notice

This notice is being provided to make certain that you understand your right to apply for group health coverage. You should read this notice even if you plan to waive health coverage at this time.

Loss of Other Coverage

If you are declining coverage 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 stops contributing toward 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).

> *Example: You waived coverage under this Plan because you were covered under a plan offered by your spouse's employer. Your spouse terminates employment. If you notify your employer within 30 days of the date coverage ends, you and your eligible dependents may apply for coverage under this Plan.*

Marriage, Birth or Adoption

If you have a new dependent as a result of a 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 marriage, birth, or placement for adoption.

> ***Example**: When you were hired, you were single and chose not to elect health insurance benefits. One year later, you marry. You and your eligible dependents are entitled to enroll in this Plan. However, you must apply within 30 days from the date of your marriage.*

Medicaid or CHIP

If you or your dependents lose eligibility for coverage under Medicaid or the Children's Health Insurance Program (CHIP) or become eligible for a premium assistance subsidy under Medicaid or CHIP, you may be able to enroll yourself and your dependents. You must request enrollment within 60 days of the loss of Medicaid or CHIP coverage or the determination of eligibility for a premium assistance subsidy.

> ***Example**: When you were hired, your children received health coverage under CHIP, and you did not enroll them in this Plan. Because of changes in your income, your children are no longer eligible for CHIP coverage. You may enroll them in this Plan if you apply within 60 days of the date of their loss of CHIP coverage.*

For More Information or Assistance

To request special enrollment or obtain more information, please contact:

Eula ISD
c/o: Human Resources

Address **6040 FM 603 Clyde, TX.**

Telephone **325-225-0380**

HIPAA Privacy Practices Notice

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

Your Rights Summary

You have the right to:

Get a copy of your health and claims records

Correct your health and claims records

Request confidential communication

Ask us to limit the information we share

Get a list of those with whom we have shared your information

Get a copy of this privacy notice

Choose someone to act for you

File a complaint if you believe your privacy rights have been violated

Your Choices Summary

You have some choices in the way that we use and share information as we:

Answer coverage questions from your family and friends

Provide disaster relief

Market our services and sell your information

Our Uses and Disclosures Summary

We may use and share your information as we:

Help manage the health care treatment you receive

Run our organization

Pay for your health services

Administer your health plan

Help with public health and safety issues

Do research

Comply with the law

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

Address workers' compensation, law enforcement, and other government requests

Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records

You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.

We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.

We may say "no" to your request, but we will tell you why in writing within 60 days.

Request confidential communications

You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.

We will consider all reasonable requests, and must say "yes" if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

You can ask us not to use or share certain health information for treatment, payment, or our operations.

We are not required to agree to your request, and we may say "no" if it would affect your care.

Get a list of those with whom we have shared information

You can ask for a list (accounting) of the times we have shared your health information for six years prior to the date you ask, who we shared it with, and why.

We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We will provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.

We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

You can complain if you feel we have violated your rights by contacting us using the information on page 1.

You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.

We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

Share information with your family, close friends, or others involved in payment for your care

Share information in a disaster relief situation

> *If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

In these cases, we *never* share your information unless you give us written permission:

Marketing purposes

Sale of your information

Our Uses and Disclosures

How do we typically use or share your health information? We typically use or share your health information in the following ways:

Help manage the health care treatment you receive

We can use your health information and share it with professionals who are treating you.

> ***Example**: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.*

Run our organization

We can use and disclose your information to run our organization and contact you when necessary.

We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.

Example: We use health information about you to develop better services for you.

Pay for your health services

We can use and disclose your health information as we pay for your health services.

Example: We share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan

We may disclose your health information to your health plan sponsor for plan administration.

> ***Example**: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.*

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

Preventing disease

Helping with product recalls

Reporting adverse reactions to medications

Reporting suspected abuse, neglect, or domestic violence

Preventing or reducing a serious threat to anyone's health or safety

Do research
We can use or share your information for health research.

Comply with the law
We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we are complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

We can share health information about you with organ procurement organizations.

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests
We can use or share health information about you:

For workers' compensation claims

For law enforcement purposes or with a law enforcement official

With health oversight agencies for activities authorized by law

For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions
We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

We are required by law to maintain the privacy and security of your protected health information.

We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

We must follow the duties and privacy practices described in this notice and give you a copy of it.

We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice
We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you.

Important Notice from (Eula ISD) 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 **Blue Cross Blue Shield of Texas** 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. **Blue Cross Blue Shield of Texas** has determined that the prescription drug coverage offered by **Blue Cross Blue Shield of Texas** Group Medical Plan 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 15 to December 7.

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 **Blue Cross Blue Shield of Texas** coverage will not be affected. You can keep the current coverage, and this plan may coordinate with Medicare Part D coverage.

Please Note: The medical and prescription drug benefits under the **Blue Cross Blue Shield of Texas** plan are bundled. You cannot drop prescription drug coverage and maintain medical coverage on a stand-alone basis.

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 **Blue Cross Blue Shield of Texas** and do not 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 nineteen 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.

Date: September 1, 2026

Eula ISD – Benefits Department

c/o: Human Resources

Address 6040 FM 603 Clyde, TX. 79510

Phone # 325-225-0380

NOTE: You will 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 Eula Independent School District 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 will 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).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

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 employment-based 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 begins 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 does not meet certain standards. The savings on your premium that you are 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. Starting January 1, 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 9.96% 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 Eula ISD c/o: Benefits Dept. Address & Phone # 6040 FM 603 Clyde, TX. 79510, 325-225-0380

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.

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.

Employer name Eula Independent School District		Employer Identification Number (EIN) 75-1423944
Employer address 6040 FM 603		Employer phone number 325-225-0380
City Clyde	State TX	ZIP code 79510
Who can we contact about employee health coverage at this job? Human Resources Department		
Phone number (if different from above)	Email address faircloths@eulaisd.net	

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

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

  All eligible employees.
  X Some employees. Eligible employees are: All employees working 20+ hours per week

- With respect to dependents:

  All eligible dependents as defined by the carrier plan documents

  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.

YOUR CONTACTS

Eula ISD
6040 FM 603
Clyde, TX 79510
325-225-0380

Benroll
Service Center
325-442-0933
HOURS: MON-FRI, 8:30 a.m. - 5:30 p.m. CST

Medical
BlueCross BlueShield of Texas
Group # TBD
800-355-5999
www.bcbstx.com

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

Dental/Vision
Humana
Group #: **828197**
800-233-4013
www.humana.com

Flexible Spending Accounts
NBS
Policy #: **NBS390873**
855-399-3035
service@nbsbenefits.com

ID Theft Protection
Allstate
Group #: 9899
800-789-2720
www.allstate.com/aip

Accident;
Hospital Indemnity;
Critical Illness w/Cancer;
Basic Life & AD&D;
Voluntary Life & AD&D;
Short-Term Disability;
Long-Term Disability;
Mutual of Omaha
Group #: G000CRFH
800-775-6000 (Customer Service)
800-877-5176 (Disability Claims)
800-775-8805 (All other Claims)
www.mutualofomaha.com

EAP
Mutual of Omaha
1-800-316-2796
mutualofomaha.com/eap

Lifetime Benefit Term
Chubb
Group #: **DBW**
855-241-9891
csmail@gotoservice.chubb.com

Cancer
Colonial
- **Option 2**
- **Option 3**
- **BCN: M0002130**

800-325-4368
www.coloniallife.com

Emergency Medical Transport
MASA
Group #: MKEUISD
800-643-9023
MASAMTS.com

FBMC
BENEFITS MANAGEMENT

Contract Administrator
FBMC Benefits Management, Inc.
Service Center
877-321-6153
HOURS: MON-FRI, 7a.m. - 6 p.m. CST

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.