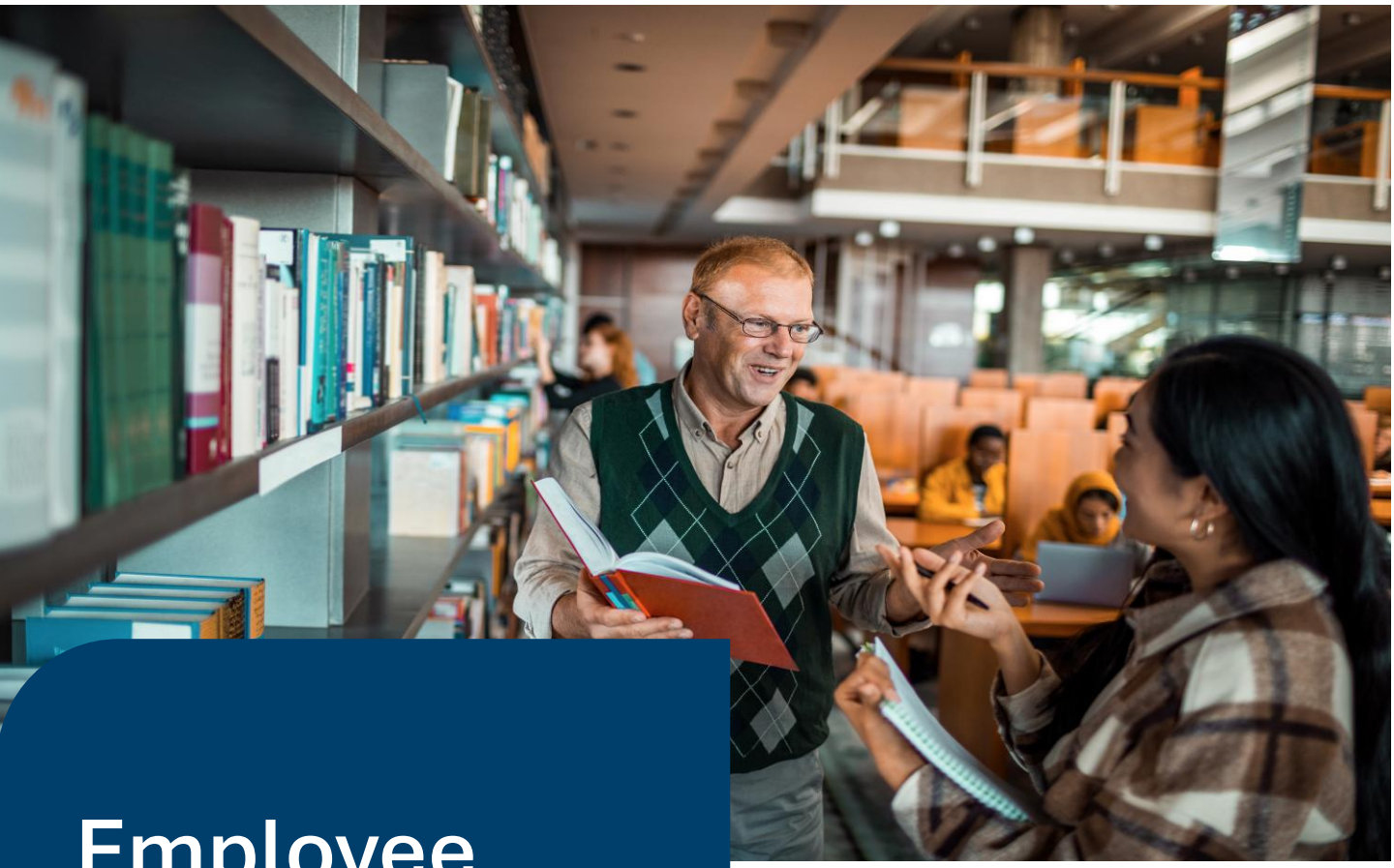
JACKSBORO
INDEPENDENT SCHOOL DISTRICT



Employee Benefits Guide

2026 - 2027 Plan Year

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Welcome!

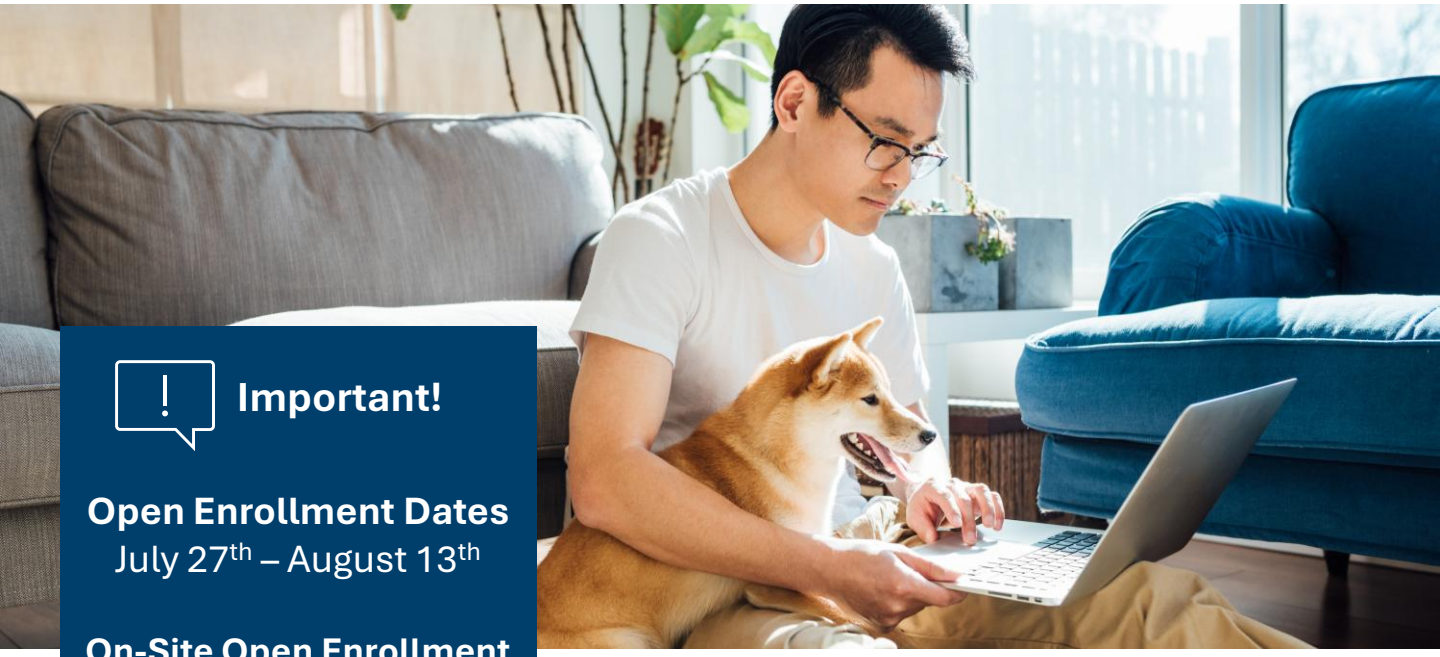
Jacksboro Independent School District's goal is to provide you and your family with the most effective, cost-efficient and comprehensive benefits package.

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

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

Open Enrollment

Open enrollment for the 2026 - 2027 Plan Year



Important!

Open Enrollment Dates
July 27th – August 13th

On-Site Open Enrollment
Jacksboro High School
1400 N Main Street
August 4th: 9am – 4pm

What's new for 2026?

- TRS Premium Increase
- FSA Max Increase
- HSA Max Increase for Individuals and Family

Step 1 - LOGIN PORTAL

Go to: **https://app.thebeaconselect.com/JacksboroISD**
Under User ID: Enter your full SSN **(without dashes)**

Under PIN: Enter last 4 of SSN and the last two of your birth year

Step 2 - REVIEW PERSONAL INFORMATION

Review and update your personal and dependent information.

Step 3 - REVIEW PLAN OPTIONS AND MAKE ELECTIONS

Elect or decline each offer of coverage for you and your family.

Step 4 - SIGN AND APPROVE ELECTIONS

Sign and approve benefit elections.

Review ALL elections within the Confirmation Statement for accuracy.

Call Center: (972) 772-0900
The Call Center will be available during annual open enrollment 8:30 a.m. to 5 p.m.

Eligibility

Dependents

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

Your spouse (unless legally separated).

Your children, including:

- Your naturally born children;
- Your legally adopted child. An adopted child is considered a dependent from the moment the child is placed in the custody of the adoptive parents.
- A stepchild, foster child, or any child of whom you have legal custody, who resides in your household in a regular parent-child relationship and is principally dependent on you for his/her support and maintenance and is named as an exemption on your most recent federal income tax return (proof may be required).
- Any child whom you are required to provide health care coverage for under a Qualified Medical Child Support Order.
- Eligible children (as defined above) can be covered until the end of the month following their 26th birthday.

Initial Eligibility Period

The initial eligibility period begins the day you become benefit eligible (per your employer's eligibility guidelines) and ends 30 days from that date.

Qualifying Events

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

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

Requests for a qualifying event must be received within 30 days of the event date.

Medical Plan Options: Summary

TRS-ActiveCare

TRS – ActiveCare Primary	Monthly Cost	Plan Highlights
Employee Only	$193.00	• Lowest premium of all three plans • Copays for doctor visits before you meet your deductible • Not compatible with a Health Savings Account • No out-of-network coverage • Primary Care Provider referrals to see specialist
Employee and Spouse	$1,159.00	
Employee and Children	$591.00	
Employee and Family	$1,557.00	

TRS – ActiveCare Primary +	Monthly Cost	Plan Highlights
Employee Only	$293.00	• Lower deductible than the HD and Primary plans • Copays for many services and drugs • Higher premium • Primary Care Provider referrals to see specialist • Not compatible with a Health Savings Account • No out-of-network coverage
Employee and Spouse	$1,362.00	
Employee and Children	$761.00	
Employee and Family	$1,830.00	

TRS – ActiveCare HD	Monthly Cost	Plan Highlights
Employee Only	$195.00	• Compatible with a Health Savings Account • Nationwide network with out-of-network coverage • No requirement for Primary Care Providers or referrals • Must meet your deductible before plan pays for non-preventative care
Employee and Spouse	$1,164.00	
Employee and Children	$594.00	
Employee and Family	$1,563.00	

Medical Plan: ActiveCare Primary

TRS

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

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

Medical Plan: ActiveCare Primary +

TRS

TRS	In-Network
General Plan Information	
Deductible	Single $1,200; Family $2,400
Coinsurance	20% Coinsurance after Deductible
Out-of-Pocket Maximum	Single $6,900; Family $13,800
Prescription Coverage	
Drug Deductible	$200 deductible per participant (brand drugs only)
Generic (31-Day Supply/ 90-Day Supply)	$15 / $45 copay
Preferred (Max does not apply if brand is selected and generic is available)	25% Coinsurance after deductible ($100 max) 25% coinsurance after deductible ($265 max)
Non-preferred	50% Coinsurance after deductible
Specialty (31-Day Max)	30% Coinsurance after deductible $0 if SaveOnSP eligible
Insulin Out-of-Pocket Costs	$25 copay for 31-day supply; $75 for 61–90 day supply
Covered Medical Highlights	
Preventive Routine Care	Covered in Full
Primary Office Visit	$15 Copay
Specialist Office Visit	$70 Copay
Inpatient Hospital	20% Coinsurance after deductible
Outpatient Surgical Procedure (facility)	20% Coinsurance after deductible
Emergency Care	20% Coinsurance after deductible
Freestanding Emergency Room	$500 Copay + 20% Coinsurance after Deductible
Urgent Care Center	$50 Copay

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

Medical Plan: ActiveCare HD

TRS

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

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

Medical Plan: ActiveCare 2

TRS

Closed to new enrollees		
TRS	**In-Network**	**Out-of-Network**
General Plan Information		
Deductible	Single $1,000; Family $3,000	Single $2,000; Family $6,000
Coinsurance	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Out-of-Pocket Maximum	Single $7,900; Family $15,800	Single $23,700; Family $47,400
Prescription Coverage		
Drug Deductible	$200 brand deductible	$200 brand deductible
Generic (31-Day Supply/ 90-Day Supply)	$20 / $45 copay	$20 / $45 copay
Preferred (Max does not apply if brand is selected and generic is available)	25% coinsurance after deductible	25% coinsurance after deductible
Non-preferred	50% Coinsurance after deductible	50% Coinsurance after deductible
Specialty (31-Day Max)	30% Coinsurance after deductible	30% Coinsurance after deductible
Insulin Out-of-Pocket Costs	$25 copay for 31-day supply; $75 for 61–90 day supply	Insulin Out-of-Pocket Costs
Covered Medical Highlights		
Preventive Routine Care	Covered in Full	40% Coinsurance after deductible
Primary Office Visit	$20 - $40 Copay	40% Coinsurance after deductible
Specialist Office Visit	$55 - $85 Copay	40% Coinsurance after deductible
Inpatient Hospital	20% Coinsurance after deductible ($150 facility copay per day)	40% Coinsurance after Deductible ($500 facility copay per incident)
Outpatient Surgical Procedure (facility)	20% Coinsurance after deductible ($150 facility copay per incident)	40% Coinsurance after Deductible ($150 facility copay per incident)
Emergency Care	$250 Copay plus 20% coinsurance after deductible	$250 Copay plus 20% after deductible
Urgent Care Center	$50 Copay	40% Coinsurance after deductible

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

Telemedicine

1.800MD

Jacksboro ISD provides employer paid telemedicine services through 1.800MD. You get the health care you need anytime, anywhere, through a nationwide network of U.S. Board Certified Doctors & Pediatricians. 1.800MD is available 24 hours a day, seven days a week and 365 days a year.

Non-Emergent Care

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

Common Conditions Treated		
• Sprains and Strains	• Urinary Tract Infections	• Respiratory Infections
• Allergies	• Minor Burns	• Pinkeye
• Arthritic Pain	• Cold & Flu	• Earache
• Skin Infections	• Sinusitis	• Gastroenteritis

Three Simple Steps To Get Started:

To activate your account visit www.1800md.com

1. Register – Setup your profile. Enter the member number and the group number on your membership card

2. Request a Consult - Talk to 1.800MD. Consult with one of their board-certified physicians via secure bi-directional video or phone.

3. Receive Care – Get a diagnosis. Receive diagnosis and treatment by their physicians to get quality care and peace of mind wherever you are.

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

Health Savings Account

EECU

EECU

Health Savings Account (HSA) Overview

A Health Savings Account (HSA) is a tax-favored savings account for individuals and families covered by a High-Deductible Health Plan (HDHP) created for the purpose to set aside pre-tax dollars to pay for qualified medical expenses.

High-Deductible Health Plan (HDHP)

To obtain the benefits of an HSA, the law requires that the savings account be combined with a qualified High-Deductible Health Plan (HDHP). The minimums and maximums on HDHP's are determined annually by the IRS and are subject to change. For 2026, the minimum annual deductible and maximum out-of-pocket requirements are:

Level of Coverage	Minimum Annual Deductible	Maximum Out-of-Pocket
Single	$1,700	$8,500
Family	$3,400	$17,000

Qualified Medical Expenses

Funds you withdraw from your HSA are tax-free when used to pay for qualified medical expenses as described in Section 213(d) of the Internal Revenue Service Tax Code. A list of these expenses are available on the IRS website, www.irs.gov in IRS Publication 502, "Medical and Dental Expenses." Any funds you withdraw for non-qualified medical expenses will be taxed at your income tax rate plus 20% tax penalty, unless you are 65 or older, disabled or deceased. Remember, the IRS may modify its list of eligible expenses from time to time. As always, consult your tax advisor should you require tax advice.

Contributing To An HSA

Individuals and families are offered the opportunity to save for current and future health care with a Health Savings Account (HSA). Contributions to an HSA are 100% tax-deductible from your gross income. The Internal Revenue Service (IRS) annually reviews and sets the contribution limits for HSA's. For 2026, the maximum contribution limits are:

Type of Coverage	Maximum Annual Contribution Limit
Single	$4,400
Family	$8,750
Catch-Up Contribution (Age 55+)	Additional $1,000

Flexible Spending Account

TASC

FSA - Medical

Allows for a tax savings on most medical, dental, and vision out-of-pocket expenses. Noncovered expenses apply to all dependent family members even if not covered by a particular insurance plan. **The maximum contribution amount is $3,400 - this amount is deducted in equal amounts from each paycheck before taxes are calculated and then set aside for the employee in a special account.**

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

FSA Rules & Regulations Tip • The IRS requires that all FSA purchases be verified as eligible expenses. Sometimes, purchases are automatically verified when you use your card. Other times, TASC will request itemized receipts.

***Always save your itemized receipts!**

FSA – Dependent Care

Dependent Care FSAs allow you to contribute pre-tax dollars to qualified dependent care. **The maximum amount you may contribute each year is $7,500 (or $3,750 if married and filing separately).** Dependent Care Eligible for Reimbursement:

- Care at a licensed nursery school, day camp, or day care center
- Services from individuals who provide dependent care in or outside your home, unless the provider is your spouse, your own children under the age of 19, or any other dependent
- After-school care for children under age 13
- Household services related to the care of an elderly or disabled adult who lives with you
- Any other services that qualify as dependent care expenses under IRS regulations.

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

Dental Plan

Humana

Humana.

Dental	Traditional (Low Plan)	Traditional Plus (High Plan)
	Plan Information	Plan Information
Eligibility	All Eligible Full-Time Employees	All Eligible Full-Time Employees
Calendar Year Deductible (Single / Family)	$50 Single / $150 Family	$50 Single / $150 Family
	Annual Maximum	Annual Maximum
Calendar Year Maximum Per Person	$1,750	$1,750
Lifetime Maximum Per Person (Child Ortho Service)	$1,000	$1,000
	Dependent Coverage	Dependent Coverage
Dependent Age Limit	To Age 26	To Age 26
	Dental Services	Dental Services
Preventive Services • Oral Exam • Cleanings • Bitewing X-rays • Fluoride for Children	Covered at 90% (deductible waived)	Covered at 100% (deductible waived)
Basic Services • Fillings • Simple Extractions	Covered at 50%	Covered at 80%
Major Services	Covered at 50%	Covered at 50%
Orthodontia	Covered at 50%	Covered at 50%

Tier	Monthly Cost	
Employee	$22.17	$38.46
Employee + Spouse	$42.45	$73.51
Employee + Children	$53.85	$93.60
Family	$74.24	$128.76

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

Vision Plan

Humana

Humana.

Humana	In-Network	Out-of-Network
General Plan Information		
Eligibility	All Eligible Full-Time Employees	All Eligible Full-Time Employees
Who Pays for Coverage	Employee	Employee
Dependent Coverage		
Dependent Age Limit	To Age 26	To Age 26
Vision Services		
Eye Exam	$10 Co-Pay	Up to $30
Frames Allowance	Up to $150 + 20% Off Balance	Up to $80
Standard Plastic Lenses	$10 Co-pay	$25 up to $100
Elective Contact Lenses	Up to $150 + 15% off Balance	Up to $105
Medically Necessary Contact Lenses	Covered in Full	Up to $210
Vision Service Frequency		
Eye Exam	One per 12 months	One per 12 months
Frames	One per 12 months	One per 12 months
Contacts	One per 12 months	One per 12 months

Tier	Monthly Cost
Employee	$8.97
Employee + Spouse	$15.31
Employee + Child(ren)	$16.20
Family	$24.30

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

Basic Life & AD&D

Lincoln Financial

Basic Life & Accidental Death & Dismemberment Insurance

Basic Life Insurance provides your family with crucial financial protection along with a variety of support services designed to help them cope with both emotional and financial issues. It can help you preserve your dream of a secure lifestyle for your family, even if you cannot be there. As an eligible employee, **Jacksboro ISD** pays the full cost of the coverage. In addition, you may designate anyone as your beneficiary.

Basic Life / AD&D Plan	Lincoln Financial
General Plan Information	
Eligibility	All Eligible Employees
Who Pays for Coverage	Employer
Basic Life Benefit	
Guarantee Issue Amount	$20,000
Benefit Age Reduction	
At Age 70	50%

Voluntary Life & AD&D

Lincoln Financial

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

With voluntary life insurance, you are responsible for paying the full cost of coverage through a post-tax payroll deduction. You can purchase coverage for yourself in increments of $10,000 with a maximum of $500,000.

If you purchase coverage for yourself, you can also purchase coverage for your spouse in increments of $5,000 with a maximum of $250,000 (cannot exceed 50% of employee's election). You can elect coverage for your child(ren) at a flat amount of $10,000 (you only pay premium for one, no matter the number of children). The chart below outlines the monthly costs of purchasing additional coverage.

Voluntary Life & Accidental Death and Dismemberment		
Age	Employee Rates per $1,000	Spouse Rates per $1,000
24<	$0.080	$0.080
25-29	$0.090	$0.090
30-34	$0.110	$0.110
35-39	$0.130	$0.130
40-44	$0.180	$0.180
45-49	$0.280	$0.280
50-54	$0.440	$0.440
55-59	$0.700	$0.700
60-64	$0.870	$0.870
65-69	$1.490	$1.490
70-74	$2.370	$2.370
75+	$3.640	$3.640
Dependent Child	$0.100 per $1,000; $10,000 Benefit	

IMPORTANT NOTE: If you are currently enrolled in this plan and would like to increase your coverage (up to Plan Maximum) you can elect up to two increments of coverage during Open Enrollment, with no Evidence of Insurability (EOI). An EOI will be required for an increase in coverage greater than two increments.

Educator Disability

The Standard

Disability insurance protects one of your most valuable assets, your paycheck. This insurance will replace a portion (66 2/3%) of your income if you become physically unable to work due to an illness or injury.

You'll select an **elimination period**—how long you must be disabled before benefits begin—with options ranging from **0/7 to 180 days**. Plans with a **0/7, 14/14 or 30/30 elimination period** include a **First Day Hospitalization benefit**, which allows benefits to begin the day you are hospital confined for a minimum of four hours. **Hospital confined** – you are admitted to a hospital as an in-patient, and for which you are charged room and board.

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

Maximum Benefit Period:			
Age	Benefits Payable	Age	Benefits Payable
Less than age 63	To normal retirement age or 42 months if greater	Age 66	21 Months
Age 63	To normal retirement age or 36 months if greater	Age 67	18 Months
Age 64	30 Months	Age 68	15 Months
Age 65	24 Months	Age 69 & over	12 Months

Benefit Elimination Period (Accident/Sickness)	Rates per $200 of Monthly Benefit
0/7	$6.74
14/14	$5.96
30/30	$5.04
60/60	$3.28
90/90	$2.82
180/180	$2.06
First day hospitalization benefit for options 0/7, 14/14, and 30/30	

Please Note: First day hospitalization benefit typically requires inpatient admission and may not apply to outpatient hospital visits. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

Accident Coverage

Accident

MetLife

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

Accident	
General Plan Information	
Who Pays for Coverage	Employee
Dependent Age Limit	26
Accident Benefit	
Accident Death Benefit Amount	Employee $60,000 Spouse $30,000 Child $12,000
Sample of Covered Services	
Hospital Admission	$1,500
Intensive Care Unit Admission	$1,500
Air Ambulance	$2,000
Emergency Room Admission	$300
Coma	$20,000
Hip Dislocation	$5,000 (closed) $10,000 (open)
Shoulder Dislocation	$1,000 (closed) $2,000 (open)
Leg Fracture	$2,000 (closed) $4,000 (open)
Concussion	$500
Monthly Cost	**Standard Plan**
Employee Only	$15.02
Employee + Spouse	$22.29
Employee + Child(ren)	$30.10
Family	$37.65

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

Hospital Indemnity

MetLife

What is Hospital Indemnity Insurance?

Hospital Indemnity insurance pays a **lump-sum benefit** directly to you if you're admitted to the hospital for a covered sickness or injury. This cash benefit can be used for anything you need—medical bills, travel, childcare, or everyday expenses—giving you added financial protection during a hospital stay.

*Note: Group Limited Indemnity is NOT major medical insurance

Benefits	
Hospital Admission	$1,000 / First Day (4 admissions per calendar year)
ICU Admission	$1,000 / First Day (4 admissions per calendar year)
Hospital Confinement Benefit	$100 / Day (30 days per calendar year)
Intensive Care Unit Confinement Benefit	$100 / Day (30 days per calendar year)
Newborn Nursery Confinement	$25 / Day (2 days per confinement)
Wellness Screening Benefit (1 day per insured per year)	$50

	Monthly Premium
Employee Only	$19.13
Employee & Spouse	$34.42
Employee and Child(ren)	$29.05
Employee and Family	$44.35

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

Critical Illness Coverage

MetLife

What is Critical Illness Insurance?

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

Who is eligible for Critical Illness Insurance?

- You –All Eligible Full-Time Employees.
- Your Spouse –Coverage available only if employee coverage elected
- Your Child(ren)–to age 26. Coverage available only if employee coverage elected
- **Benefit amounts from $5,000 - $40,000**

Benefits		
Cancer	1st Occurrence	2nd Occurrence
Invasive Cancer	100%	50%
Non-Invasive Cancer	100%	50%
Other Conditions		
Kidney Failure	100%	N/A
Benign Brain or Spinal Cord Tumor	100%	50%
Coma	100%	50%
Cardiac Conditions		
Heart Attack	100%	50%
Sudden Cardiac Arrest	100%	N/A

Monthly Premium per $1,000 of elected benefit amount				
Attained Age	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
Under 30	$0.57	$1.14	$0.89	$1.45
30-39	$0.79	$1.53	$1.10	$1.85
40-49	$1.35	$2.62	$1.67	$2.94
50-59	$2.23	$4.60	$2.55	$4.92
60-69	$3.43	$7.44	$3.74	$7.75
70+	$5.48	$12.08	$5.79	$12.39

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

Cancer Coverage

Colonial Life

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

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

Low Cancer Plan	
	Monthly Premium
Employee Only	$22.55
Employee and Family	$37.50

High Cancer Plan	
	Monthly Premium
Employee Only	$29.15
Employee and Family	$48.45

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

Permanent Life & Long-Term Care

Chubb

CHUBB®

Two important coverages for when you need them the most.

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

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

How LifeTime Benefit Term Can Be Used				
Three Options	**Life Situation**	**Death Benefit**	**Long Term Care**	**Total Benefits**
1. Life Insurance	You lead a full life and do not need Long Term Care (LTC)	$100,000	— — —	$100,000
2. Long Term Care (LTC) insurance	You lead a full life and need assisted living or nursing home care	— — —	$100,000	
3. Split your Death Benefit for LTC & life insurance	You lead a full life but also need some LTC funds (Example: 4% of $100,000 for 12 months)	$52,000	$48,000	
Additional Death Benefits				
Restore your Death Benefit	If you deplete your entire Death Benefit due to LTC, we restore your Death Benefit to 50% of your original death benefit, not to exceed $50,000	$50,000	— — —	$50,000
			Option 1, 2 or 3 + Restoration of Death Benefit = **TOTAL COVERAGE**	**$150,000**

This example is for illustrative purposes for employee-only coverage.

More Flexible Universal Life Features

- Coverage up to $225,000
- **Cover all children** with a term life insurance rider. They can later simply convert coverage to permanent Universal Life.
- Once you have a policy, your rate is locked in and **will not increase due to age.**
- Accelerate **up to 50% of your death benefit** if a doctor determines your life expectancy is 24 months or less.
- **No medical exams** or blood work to apply – just answer a few simple questions.
- Fully **portable** – keep your coverage, at the same rate and benefits, if you change jobs or retire.
- Pay for coverage via **convenient payroll deduction**, as long as you stay with your employer.
- **Apply for family members** as well as for yourself.

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

Medical Transport

MASA

Two different medical emergency transport plans are available to cover you and your family. The Medical Transport Services plan provides access to vital emergency medical transportation for a low monthly cost.

One low fee for peace of mind for:

- Emergent Transport Costs
- No Deductible
- Easy Claim Process
- No Health Questions
- Coverage available for Spouses and Dependents to age 26

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

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

Identity Theft Protection

AURA

Why do you need Identity Theft Protection?

- Nearly **90% of employees** who used an employer-offered Cyber Wellness solution to aid in identity theft report a higher quality of life
- Employees with access to identity theft solutions are **3 times more likely** to be aware of suspicious activity -- empowering them to take control faster
- **Almost 93% of employees** with an employer-offered remediation solution said it lessened the negative impacts of ID theft
- **91% of employees** who leveraged the employer-offered service after an ID theft recommended the solution to co-workers

Comprehensive Identity Protection:

- Address Monitoring
- Bank Account Number Monitoring
- Credit/Debit Card Account Number Monitoring
- Email Monitoring
- Drivers License Number Monitoring
- Passport Number Monitoring
- Phone Number Monitoring
- SSN Monitoring
- Lost Wallet Vault
- Child's Info
- 3 Bureau Credit Report Monitoring
- 3 Bureau Annual Credit Report & Score Credit Inquiry
- 1 Bureau Monthly Credit Score Tracker
- HSA & 401K Monitoring
- Bank Account Takeovers
- Credit/Debit Card Transaction Alerts
- Scams, Malware & Phishing Monitoring
- Online Privacy
- Social Report/Digital Exposure Report

Service Features:

- Near Real Time Alerts
- $1 Million Insurance with Stolen Funds
- Mobile App
- Alerts – Credit Score & Account Access
- Touch ID
- US-Based Customer Service
- IBM Watson AI
- Canada Coverage

Monthly Premiums

Plan	Total	Premier
Employee Only	$7.90	$9.85
Family	$13.90	$17.85

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

Pet Insurance

Rainwalk

RAINWALK PET INSURANCE

Why choose Rainwalk?

Rainwalk offers great-value pet insurance that provides robust coverage for accidents and illnesses with limited exclusions. They provide broad, transparent, generous coverage. Pet parents won't be nickeled and dimed on confusing sub-limits and exclusions. With features like curable clauses for pre-existing conditions and no lifetime limits on chronic conditions, pet parents can rest assured that Rainwalk will be there when needed most.

What Pet Insurance Covers		
Surgery	Hospitaliztion	MRI & X-Rays
Tooth Extractions	Allergy Treatment	Cancer
Vaccinations up to $100	Blood Tests and Diagnostics	Microchipping
Prescriptions & medications	Hereditary Conditions	End-of-life Expenses

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

Contacts

Benefit	Carrier	Phone	Website
Medical	TRS ActiveCare - BCBS	1-866-355-5999	www.bcbstx.com/trsactivecare
Telemedicine	1.800MD	1-800-530-8666	www.1800MD.com
Health Savings Account	EECU	817-882-0800	www.eecu.org
Flexible Spending Account	TASC	1-800-422-4661	www.tasconline.com
Dental	Humana	1-800-448-6262	www.humana.com
Vision	Humana	1-800-448-6262	www.humana.com
Group Life	Lincoln Financial	877-275-5462	lincolnfinancial.com
Voluntary Life	Lincoln Financial	877-275-5462	lincolnfinancial.com
Educators Disability	The Standard	1-800-368-1135	www.standard.com
Accident	MetLife	1-800-438-6388	www.metlife.com
Hospital Indemnity	MetLife	1-800-438-6388	www.metlife.com
Critical Illness	MetLife	1-800-438-6388	www.metlife.com
Cancer	Colonial Life	800-325-4368	www.coloniallife.com
Permanent Life + Long Term Care	Chubb	1-855-241-9891	www.chubb.com
Identity Theft Protection	Aura	1-844-931-2872	www.aura.com
Pet Insurance	Rainwalk	1-844-520-0041	www.rainwalkpetinsurance.com

Benefit Website **jacksboroisd.mybenefitsinfo.com**

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Jacksboro ISD Benefits Guide 2026 - 2027

The information in this guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this guide was taken from various summary plan descriptions and benefit summaries. While every effort was taken to accurately summarize your benefits, discrepancies or errors are always possible.

In case of a discrepancy between this guide and the official plan documents, the official plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about this summary, contact Human Resources.