RANGER
Independent School District

Employee BENEFITS GUIDE

2026–2027

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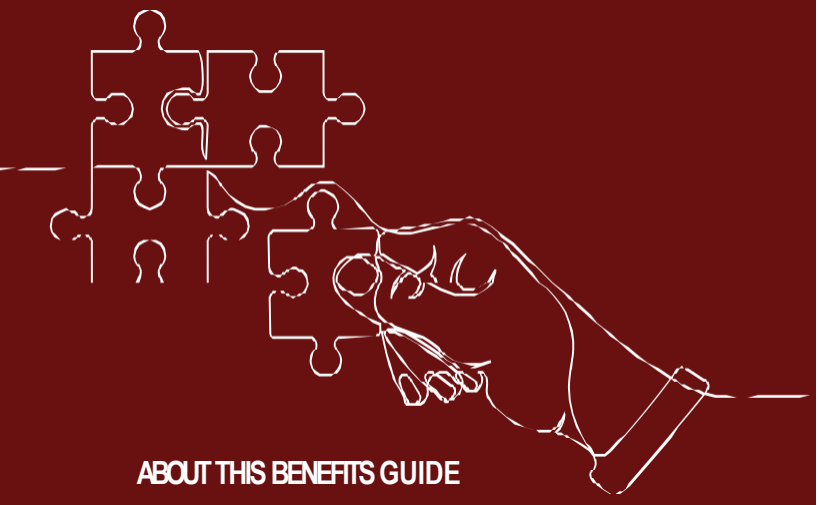
RANGER Independent School District



ABOUT THIS BENEFITS GUIDE

This benefits guide describes the highlights of Ranger ISD's 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 is any discrepancy 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 on www.EmployeeNavigator.com.

You should be aware that any and all elements of Ranger ISD's benefits programs may be modified in the future, at any time, to meet Internal Revenue Service rules, or otherwise as decided by Ranger ISD.

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please **see page 17** for more details.

WELCOME

Ranger ISD offers a comprehensive, cost-effective and competitive benefits package. This package helps protect you and your family, but it works only if you take control and make thoughtful decisions about your benefits.

Ranger ISD gives you several tools, including this summary and the online enrollment website to help you in this decision-making.

All newly eligible employees will have 30 days from date of employment (start date) 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.**

NOTE: This is an outline of benefits and eligibility only. If there is a conflict between the terms of the outline of benefits and the insurance company's contract, the terms of the contract will prevail.

KEY THINGS TO KNOW

MANDATORY ENROLLMENT

Coverage will NOT automatically roll to the new benefit year, so all employees must enroll with an enroller for the 2026 - 2027 plan year.

PLAN DOCUMENTS

To view provider plan documents, visit:

www.EmployeeNavigator.com/Ranger-ISD

ENROLLMENT

HOW TO ENROLL

August 13th and 14th
Onsite location: High School Teachers Lounge
8:30am onward

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

- 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 department immediately.

ELIGIBILITY

All **full/part-time** employees, who work **a minimum of 20** or more hours a week are eligible for all benefit offerings through the District.

NEW HIRE ENROLLMENT

Once enrolled, coverage will begin on the first of the month following your hire date except for medical benefits.

NOTE: If you select to enroll in medical coverage to be effective on your date of hire, then you are acknowledging that your monthly premium will be deducted in full.

This benefit will not be prorated based on the effective date. Example: If a new employee begins work in August with the first pay date being in September, there will be two deductions for the full medical premiums on your September pay check for August and September.

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.

(See the **Section 125 plan document** available for review from your employer for more information.)

Please be sure to check your first paycheck stub following your effective date to verify your insurance coverage. Report any discrepancies to the benefits department immediately.

IMPORTANT

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

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

MEDICAL

Your medical benefits provide you with access to people, resources, and tools to help you when you aren't feeling your best.

The plans have different levels of copays, deductibles, and out-of-pocket maximums. Make an informed decision by reading brief descriptions of your coverage options.

The medical program, administered by **Blue Cross Blue Shield of TX**, provides the framework for your health and well-being.

Remember:

Log into Blue Access for Members℠ at www.BCBSTX.com/member to use the cost estimator tool. This will help you find the best prices.

Medical Premiums	Medical Cost Comparison			
Monthly Rates	**TRS-ActiveCare Primary**	**TRS-ActiveCare Primary +**	**TRS-ActiveCare HD**	**ACTIVECARE 2 Grandfathered Plan**
Employee	$64.00	$160.00	$80.00	$538.00
+ Spouse	$981.00	$1,176.00	$1,024.00	$1,927.00
+ Child(ren)	$442.00	$605.00	$469.00	$1,032.00
+ Family	$1,358.00	$1,621.00	$1,412.00	$2,366.00

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

MEDICAL PLAN **COMPARISON**

	TRS-ActiveCare Primary	TRS-ActiveCare Primary +
PLAN FEATURES (INDIVIDUAL/FAMILY)		
Type of Coverage	In-Network	In-Network
Deductible	$2,500/$5,000	$1,200/$2,400
Coinsurance	30% After Deductible	20% After Deductible
Max Out-of-Pocket	$8,050 / $16,100	$6,900/$13,800
Network	Statewide	Statewide
Primary Care Provider (PCP) Required	Yes	Yes
DOCTORS VISITS		
Primary Care	$30 Copay	$15Copay
Specialist	$70 Copay	$70Copay
IMMEDIATE CARE		
Urgent Care	$50 Copay	$50 Copay
Emergency Room	30% After Deductible	20% After Deductible
TRS Virtual Health-RediMD	$0 per medical consultation	$0 per medical consultation
TRS Virtual Health-Teladoc	$12per medical consultation	$12per medical consultation
Preventive Care	No Charge	No Charge
Diagnostic X-Ray and Labs	Office/Independent Lab: $0 Outpatient: 30% after deductible	Office/Independent Lab: $0 Outpatient: 20% after deductible
MRI, CAT Scan, PET Scan	30% after deductible	20% after deductible
Hospital In/Out Patient	30% after deductible	20% after deductible
PRESCRIPTION DRUGS		
Drug Deductible	Integrated with medical	$200 deductible per participant (brand only)
Generics (31-Day Supply/90-Day Supply)	$15/$45 copay; $0 Copay for certain generics	$15/$45 Copay
Preferred	30% after deductible	25% after deductible
Non-preferred	50% after deductible	50% after deductible
Specialty (31-Day Max)	$0 if SaveOn^{SP} eligible; 30% after deductible	$0 if SaveOn^{SP} eligible; 20% after deductible
Insulin Out-of-Pocket Costs	$25 Copay 31-day supply; $75 Copay 61-90-day Supply	$25 Copay 31-day supply; $75 Copay 61-90-day Supply

MEDICAL PLAN COMPARISON

	TRS-ActiveCare HD		ACTIVECARE 2 GrandfatheredPlan	
PLAN FEATURES(INDIVIDUAL/FAMILY)				
Type of Coverage	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible	$3,400/$6,800	$6,800/$13,600	$1,000 / $3,000	$2,000 / $6,000
Coinsurance	30% After Deductible	50% After Deductible	20% After Deductible	40% After Deductible
Max Out-of-Pocket	$8,300/$16,600	$20,500/$41,000	$7,900/$15,800	$23,700/$47,400
Network	Nationwide	Nationwide	Nationwide	Nationwide
Primary Care Provider (PCP) Required	No	No	No	No
DOCTORS VISITS				
Primary Care	30% After Deductible	50% After Deductible	$20/$40 Copay	40% coinsurance
Specialist	30% After Deductible	50% After Deductible	$55/$85 Copay	40% coinsurance
IMMEDIATE CARE				
Urgent Care	30% After Deductible	50% After Deductible	$50 Copay	40% After Deductible
Emergency Room	30% After Deductible	30% After Deductible	$250 Copay + 20% after deductible	$250 Copay + 20% after deductible
TRS Virtual Health-RediMD	$30 per medical consultation	$30 per medical consultation	$0 per medical consultation	$0 per medical consultation
TRS Virtual Health-Teladoc	$42 per medical consultation	$42 per medical consultation	$12per medical consultation	$12per medical consultation
Preventive Care	No Charge	50% After Deductible	No Charge	40% After Deductible
Diagnostic X-Ray and Labs	30% after deductible	50% after deductible	Office/Independent Lab: No Charge Outpatient: 20% after deductible	40% After Deductible
MRI, CAT Scan, PET Scan	30% After Deductible	50% After Deductible	20% after deductible + $100 Copay	40% after deductible + $100 Copay
Hospital In/Out Patient	30% after deductible	50% after deductible	20% after deductible ($150 facility copay per incident)	40% after deductible ($500/$150 facility copay per incident)
PRESCRIPTION DRUGS				
Drug Deductible	Integratedwith medical		$200 brand deductible	
Generics (31-Day Supply/90-Day Supply)	20% after deductible;$0 coinsurance for certain generics		$20 / $45 copay	
Preferred	25% after deductible		25% after deductible ($40 min/$80 max)/ 25% after deductible ($105 min/$210 max)	
Non-Preferred	50% after deductible		50% after deductible ($100 min/$200 max)/ 50% after deductible ($215min/$430 max)	
Specialty (31-Day Max)	20% after deductible		$0 if SaveOn^{SP} eligible; 30% after deductible ($200 min/$900 Max)No 90-day supply of specialty	
Insulin Out-of-Pocket Costs	25% after deductible		$25 copay for 31-day supply; $75for 61-90 day supply	

Provided by: SunLife

DENTAL

Good dental care is critical to your overall well-being. With Dental insurance, you can get the attention your teeth need —at a cost you can afford.

TYPES OF SERVICES

- **Class A** - Routine Exams, Cleanings, Sealants, Bite-wing X-Rays, Fluoride Treatments
- **Class B** - Fillings, simple restorative services, simple extractions
- **Class C** - Endodontics, periodontics (gum treatments), oral surgery, crowns, bridges, inlays and onlays, etc.
- **Class D** - Orthodontic treatments

NOTE: The list above is an incomplete description of benefits. For full details, please review the relevant plan documents.

DENTAL PLAN PREMIUMS		
Monthly	**PPO**	**MAC**
Employee	$38.75	$22.99
EE + 1 Dependent	$72.69	$42.39
EE + 2 Dependents	$123.61	$72.70

DENTAL BENEFITS SUMMARY		
DEDUCTIBLE - Maximum 3 per family	$50	$0
PLAN CO-INSURANCE (In & Out-of-Network)		
Class A - Preventive	100%	80%
Class B - Basic	80%	50%
Class C - Major	50%	50%
Class D - Orthodontics (Children Only)	50%	50%
BENEFIT YEAR MAXIMUM	$1,000	$1,000

Provided by: SunLife

VISION

Your vision health is an important part of complete wellness. Vision benefits are designed to give you and your covered family members the care, value, and service to help maintain good vision and overall health. This plan encourages yearly exams along with the frames and lenses you want. This vision plan utilizes the VSP provider network. To find a network provider visit vsp.com and select the Choice network or call VSP at 800-877-7195.

VISION BENEFITS SUMMARY

	IN-NETWORK	OUT-OF-NETWORK
EXAM	$10 co-pay	Up to $45
FRAMES	$150 for the frame of your choice and 20% off the amount over your allowance. $80 allowance at Costco	Up to $70
LENSES (STANDARD) PER PAIR		
Single Vision	$25	Up to $30
Bifocal	$25	Up to $50
Trifocal	$25	Up to $60
Lenticular	$25	Up to $100
PREMIUM PROGRESSIVE LENS ENHANCEMENTS		
Standard	No Cost	N/A
Premium progressive	$95-$105	N/A
Custom progressive	$150-$175	N/A
Other	Average savings of 20-25%	N/A
CONTACT LENSES[1]		
Elective	$60 for your contact lens exam (fitting and evaluation) $150 for contact lenses	Up to $105
Medically Necessary	$25	Up to $210
LASIK VISION CORRECTION	Preferred pricing (see URL below for details) **sunlife.com/us**	

VISION PLAN PREMIUMS

Monthly	COST
Employee	$9.93
EE + Spouse	$19.84
EE + Child(ren)	$22.46
EE + Family	$35.01

FREQUENCIES

(Based on Date of Service)

Exam	12 Months
Frame	12 Months
Lenses	12 Months
Contact Lenses	12 Months

[1] Contact lenses are in lieu of eyeglasses and frames

provided by: National Benefit Services

FSA/HSA

FLEXIBLE SAVINGS ACCOUNT

AT-A-GLANCE

The FSA Plan Year:
- **Sep. 1, 2025 - Aug. 31, 2026**

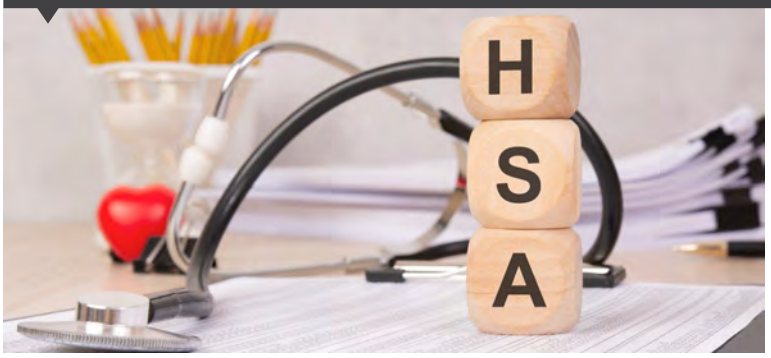
Max Annual Contribution:
- HCFSA: **$3,300**
- LPFSA: **$3,300**
- DCFSA: **$5,000**

Carryover Provision:
- HCFSA: **$660**

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

- **Healthcare FSA** - Helps pay for qualifying medical expenses not covered by insurance (co-pays, deductibles, prescription costs, etc.)
- **Limited Purpose FSA** - Can be combined with a health savings account (HSA). Helps to pay for out-of-pocket dental and vision expenses only.
- **Dependent Care FSA** - Helps pay for eligible care expenses for eligible dependents such as your children, spouse and/or relative.

HEALTH SAVINGS ACCOUNT



AT-A-GLANCE

IRS Max Annual Contribution:
- Employee: **$4,300**
- EE + Family: **$8,550**
- Catch-up: **$1,000**

(Contributions for Individuals age 55+)

A **Health Savings Account** (HSA) is a tax-advantaged bank account you can open when you are enrolled in a qualified HDHP. The HSA provides a way to save for current and future health care expenses - with tax advantages along the way. HSAs are commonly referred to as a triple-tax-advantaged account, meaning:

- Your individual contributions to an HSA can be tax-free, up to an annual maximum set by the IRS
- Earnings on contribution (through interest and investments) can be tax-free
- You can use the money in your HSA, tax-free, for eligible health care expenses, prescription costs, etc.)
- Your HSA is owned by and goes with you if you become unemployed, change jobs, or retire you can:
  - You can leave the money in your current account
  - You can transfer the money to another HSA
  - However, if you make an early withdrawal - or use your HSA for non-eligible expenses - the money may be subject to penalty or taxes.

Provided by: SunLife - Employer Paid

LIFE/AD&D

BASIC LIFE/AD&D INSURANCE

EMPLOYER PAID

Protecting your family's future is no doubt one of your highest priorities. One way to help achieve this goal is through life insurance. **Ranger ISD** provides you with a valuable Basic Life/AD&D (accidental death and dismemberment) insurance plan at no cost to you.

REDUCTIONS DUE TO AGE OR RETIREMENT

- Benefits are reduced to 65% at age 65 and to 50% at age 70.

ADDITIONAL FEATURES:

- **Death Benefit Extension** - your life insurance will continue if you become totally disabled.
- **"Living" Benefit Option** - an advanced partial payment of your Life Insurance to you that is available once during your lifetime.
- **Conversion Privilege** - if you or your covered dependent terminates the policy, you may purchase an individual policy without evidence of insurability

AT-A-GLANCE

Basic Life Insurance Benefit:

- **$10,000**

AD&D Insurance Benefit:

- **$10,000**

provided by: Sun Life

VOLUNTARY LIFE/AD&D INSURANCE

VOLUNTARY LIFE INSURANCE

In addition to your Basic Life Insurance, you have the opportunity to purchase additional life insurance protection. This benefit is designed to help provide financial security for you and your family. This coverage is an employee-paid benefit.

REDUCTIONS DUE TO AGE OR RETIREMENT

- At age 65, benefits reduce to 65% of the original amount; and at age 70, benefits reduce to 50%.
- If the employee first enrolls for Voluntary Life and AD&D Insurance at age 70 or older, the above age reductions will apply to:
  - Any Guarantee Issue Amount available without evidence of insurability; and
  - The maximum amount of insurance for which he or she is eligible.

GUARANTEED ISSUE & EVIDENCE OF INSURABILITY

- **Guaranteed Issue** - The amount of coverage you can purchase without having to provide Evidence of Insurability
- **Evidence of Insurability (EOI)** - A record of a person's past and current health events used to determine a person's overall health. EOI is only required for Voluntary Life, not AD&D

VOLUNTARY LIFE COVERAGE AMOUNTS

	EE	SPOUSE	CHILD
Guaranteed Issue	$200,000	$50,000	$10,000
Minimum	$10,000	$5,000	$2,000
Maximum	$300,000 - OR- 5 x Annual Income	$300,000	$10,000

NOTE: One Policy covers all dependent children until their 26th birthday.

VOLUNTARY AD&D INSURANCE

In addition to your basic AD&D Insurance, you have the opportunity to purchase additional accidental death and dismemberment insurance protection. This benefit is designed to help provide financial security for you and your family. This coverage is an employee-paid benefit.

REDUCTIONS DUE TO AGE OR RETIREMENT

- At age 65, benefits reduce to 65% of the original amount; and at age 70, benefits reduce to 50%.
- If the employee first enrolls for Voluntary Life and AD&D Insurance at age 70 or older, the above age reductions will apply to:
  - Any Guarantee Issue amount available without evidence of insurability; and
  - The maximum amount of insurance for which he or she is eligible.

VOLUNTARY AD&D COVERAGE AMOUNTS

	EE	SPOUSE	CHILD
Guaranteed Issue	$300,000	$300,000	$10,000
Minimum	$10,000	$5,000	$2,000
Maximum	$300,000 - OR- 5 x Annual Income	$300,000	$10,000

NOTE: One Policy covers all dependent children until their 26th birthday.

provided by: Sun Life

EDUCATOR DISABILITY INSURANCE

You always have bills to pay, even when you can't get to work due to injury, illness, or surgery. **SunLife's Educator Select Income Protection** is designed to help you make ends meet during difficult times and protect your income should you become disabled as a result of a covered accident or illness. The maximum benefit that can be elected is 60% of annual earnings.

A LOT RIDES ON YOUR PAYCHECK

Most of us take our health and ability to work for granted. You know how much you'd be missed at school, but consider how a temporary loss of income would affect your family's financial security. If a disability kept you from earning an income, how would you pay your mortgage, your car payment and other expenses? That's why Educator Select disability insurance is so important.

THE AFFORDABLE SOLUTION

SunLife Educator Select disability insurance is offered to you at a competitive group rate, with the ease and convenience of payroll deductions. Best of all, you choose the benefit amount that suits the needs of your family and you do not have to answer any health questions or have a medical exam when you apply for coverage.

BENEFIT COSTS & ELIMINATION PERIOD

The **Elimination Period** is the period of time that you must be continuously disabled before benefits become payable. Below is a list of the available waiting periods and their cost per $100 of benefit.

DISABILITY INSURANCE PREMIUMS

Monthly	COST OF LTD* (per $100 Benefit)	ELIMINATION PERIOD
Option 1	$2.70	0/7 days
Option 2	$2.39	14/14 days
Option 3	$1.78	30/30 days
Option 4	$1.60	60/60 days
Option 5	$0.88	90/90 days
Option 6	$0.63	180/180 days

NOTE: Options 1, 2, and 3 are eligible for *1st day hospital benefits. 4, 5, and 6 are not.*

Provided by: SunLife

EMPLOYEE ASSISTANCE PROGRAM

SunLife's EAP Essential plan is designed to help you lead a happier and more productive life at home and at work. It provides you and your family with access to additional benefits free of charge, courtesy of Ranger ISD.

LICENSED PROFESSIONAL COUNSELING

Your EAP is designed to help you lead a happier and more productive life at home and at work. Call for confidential access to a Licensed Professional Counselor* who can help you with:

- Stress, depression, anxiety
- Relationship issues, divorce
- Anger, grief and loss
- Job stress, work conflicts
- Family and parenting problems
- And more

WORK/LIFE BALANCE

You can also reach out to a specialist for help with balancing work and life issues. Just call and one of our Work/Life Specialists can answer your questions and help you find resources in your community.

- Child and elder care
- Financial services, debt management, credit report issues
- Identity theft
- Legal questions
- Even reducing your medical/dental bills!
- And more

OTHER BENEFITS

ACCIDENT INSURANCE

Provided by:
Symetra

You do everything you can to keep your family safe, but accidents do happen. Take comfort knowing you have help to manage the medical costs associated with accidental injuries that occur both on- and off-the-job. **Accident Insurance** provides additional coverage to help cover medical expenses and living costs when you get hurt. All funds from the policy are paid directly to you to use however you see fit.

ACCIDENT INSURANCE PREMIUMS	
Monthly	**PLAN 1**
Employee	$13.53
EE + Spouse	$19.83
EE + Child(ren)	$26.03
EE + Family	$32.32

CRITICAL ILLNESS

Provided by:
Symetra

Critical Illness Insurance protects you and your family in the event of a serious illness or other medical condition with portable coverage. Payments are made directly to the employee and can be applied to claims, household bills, or other expenses as needed.

BENEFITS SUMMARY	
Coverage Amounts Available	$10,000 - $50,000
Annual Wellness Benefit	$50 per insured/year
Guaranteed Issue Amounts	$10,000 - $50,000

Health Screening Benefit: $50 per Insured/Yr. for x-ray and laboratory tests only incurred by the employee, spouse, or child. Annual physical is included. Childhood vaccinations are included.

HOSPITAL STAYPAY

Provided by:
Symetra

Hospital StayPay Coverage can help with medical costs that your health insurance may not cover. These benefits are available for you, your spouse and eligible dependent children and are paid directly to you to use for whatever you need.

HOSPITAL STAYPAY PREMIUM			
Monthly	**PLAN 1**	**PLAN 2**	**PLAN 3**
Employee	$16.05	$20.65	$25.25
EE + Spouse	$29.07	$38.41	$47.76
EE + Child(ren)	$32.77	$42.93	$53.10
EE + Family	$45.79	$60.70	$75.61

OTHER BENEFITS

TELEMEDICINE

Provided by:
Recuro

Telemedicine services allow doctors to treat patients via video chat/webcam, phone, or email. These services have grown in popularity in recent years and offer a cost-effective way to get quick and convenient access to medical care when you need it.

Monthly	TELEMED PREMIUMS
EE + Family	$10.00

AT-A-GLANCE

- *Fast and Convenient* help for certain medical conditions and behavioral issues
- *Allows remote and on-demand access* to a healthcare provider
- *Can provide prescriptions* for certain kinds of medications
- *Unlimited consultations* and $0 fee

LEGAL INSURANCE

Provided by:
Legal Club of America

No matter how well you plan your life, you can be sure a few unforeseen challenges will arise. When they do, it's reassuring to know that help and support are close at hand. That's where **Legal Insurance** has you covered!

LEGAL INSURANCE PREMIUMS	
Monthly	Legal Club
Family	$12.00

MEDICAL TRANSPORT

Provided by:
MASA

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.

MEDICAL TRANSPORT PREMIUMS		
Monthly	EMERGENT +	PLATINUM
EE + Family	$14.00	$39.00

OTHER BENEFITS

IDENTITY THEFT PROTECTION

Provided by: Allstate

Identity theft is the fastest growing crime. With Identity Theft Protection, you can rest easier knowing you have experienced professionals in your corner helping you restore your identity.

ID THEFT PROTECTION PREMIUMS

Monthly	PRO+	PRO+ CYBER
Employee	$7.95	$9.95
EE + Family	$14.95	$19.95

UNIVERSAL LIFE INSURANCE

Provided by: Transamerica

Transamerica Universal Life Insurance provides a cash benefit after you pass that can assist with your final expenses and your dependents' care, living expenses, or college tuition.

The following are insurance plan details.

HELP PROTECT THOSE WHO DEPEND ON YOU

Help safeguard your family members' futures with benefits that can assist with your final expenses and your dependents' care, living expenses, or college tuition. With Transamerica Universal Life Insurance, you also have the opportunity to build cash value that you can borrow against if an unexpected expense arises.

THE SECURITY YOU NEED. THE FLEXIBILITY YOU DESERVE.

Life insurance should fit your needs, which is why we don't limit your options with a one-size-fits-all approach. Whether you want to ensure your ability to keep a death benefit from now until you're 100, want to add to your term life policy, or want to build cash value you can borrow from when needed, our universal life insurance policy works for just the right segment of the population: you.

SUPPLEMENTAL BENEFITS

INCLUDED RIDERS	PLAN 1
Waiver of Monthly Deductions for Layoff or Strike Rider (Rider Form Series CRLWL100)	Included
Accelerated Death Benefit for Chronic Condition Rider (Rider Form Series TRLLT500-0621) Accelerates either 4% of the death benefit amount for a monthly benefit or 20% of the death benefit amount as a one-time lump sum payment	Included
Accelerated Death Benefit for Qualified Terminal Condition Rider (Rider Form Series CRLTI100) Accelerates up to the lesser of $150,000 or 75% of the applicable death benefit	Included

PLEASE SPEAK WITH A BENEFITS COUNSELOR FOR MORE INFORMATION.

IMPORTANT NOTICES

IMPORTANT NOTICE FROM RANGER 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 **BCBSTX (TRS ActiveCare)** 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:

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

When Can You Join a Medicare Drug Plan?

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

What Happens to Your Current Coverage if You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current **BCBSTX (TRS ActiveCare)** coverage will be affected. You can keep this coverage if you elect to join a Medicare drug plan, and your **BCBSTX (TRS ActiveCare)** health plan will coordinate your benefits with Medicare for drug coverage. See pages 7-9 of the CMS Disclosure of Creditable Coverage to Medicare Part D Eligible Individuals Guidance (available at **http://www.cms.hhs.gov/CreditableCoverage/**), which outlines the prescription drug plan provisions/options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D.

*If you do decide to join a Medicare drug plan and drop your current **BCBSTX (TRS ActiveCare) or Baylor Scott & White** coverage, be aware that you and your dependents will not be able to get this coverage back.*

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

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

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

For More Information about This Notice or Your Current Prescription Drug Coverage:

Contact the person listed below for further information.
NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan and if this coverage through **BCBSTX (TRS ActiveCare)** changes. You also may request a copy of this notice at any time.

For More Information about Your Options Under Medicare Prescription Drug Coverage:

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans. For more information about Medicare prescription drug coverage:

Visit **www.medicare.gov**

Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.

Call: **1-800-MEDICARE (1-800-633-4227)**
TTY users should call: **1-877-486-2048**

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available.

For information about this extra help, visit Social Security on the web at **www.socialsecurity.gov,** or call them at **1-800-772-1213 (TTY 1-800-325-0778).**

Last Updated: **July 9, 2026**

Name of Entity: **Ranger ISD**

Contact Office: **Benefits Department**
Address: **1842 Loop 254 East, Ranger, TX 76470**
Phone: (254) 647-1187

COBRA Q&A/CONTINUATION COVERAGE RIGHTS

What is COBRA Continuation Coverage?

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage plus a 2% administrative fee.

IMPORTANT NOTICES

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

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

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

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because any of the following qualifying events happens:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because any of the following qualifying events happens:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the plan as a "dependent child".

When is COBRA Coverage Available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. When the qualifying event is the end of employment or reduction of hours of employment, death of the employee, commencement of a proceeding in bankruptcy with respect to the employer, or the employee becoming entitled to Medicare benefits (under Part A, Part B, or both), the employer must notify the Plan Administrator (NBS) of the qualifying event.

You Must Give Notice of Some Qualifying Events

For the other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's loss of eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to the Human Resources Director, including the appropriate paperwork (divorce decree; legal separation document, etc.) to support your claim if applicable.

How is COBRA Coverage Provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage.

Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

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

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

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

Disability extension of 18-month period of continuation coverage.

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

Second qualifying event extension of 18-month period of continuation coverage.

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

IMPORTANT NOTICES

If You Have Questions:

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

Keep Your Plan Informed of Address Changes:

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

National Benefits Services, LLC: COBRA Department

PO Box 219494
Kansas City, MO 64121-9494

(254) 647-1187

www.nbsbenefits.com

THE WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998 (WHCRA)

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

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

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

NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT

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

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

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

HIPAA SPECIAL ENROLLMENT NOTICE

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

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

To request special enrollment or obtain more information, contact:

Ranger ISD

Contact Office: **Benefits Department**
Address: **1842 Loop 254 East, Ranger, TX 76470**
Phone: (254) 647-1187

CHIP NOTICE

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

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

If you or your dependents are already enrolled in Medicaid or CHIP and you live in 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 **insurekidsnow.gov** to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor **askebsa.dol.gov** or call 1-866-444-EBSA (3272).

TEXAS – MEDICAID

Website: **https://hhs.texas.gov/services/health/medicaid-chip**
Phone: **1-800-440-0493**

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.

U.S. DEPARTMENT OF LABOR
Employee Benefits Security Administration
1-866-444-EBSA (3272)
dol.gov/agencies/ebsa

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
1-877-267-2323, Menu Option 4, Ext. 61565
dcms.hhs.gov

MARKETPLACE NOTICE

New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 6-30-2027)

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employmentbased health coverage offered by your employer.

What is the Health Insurance Marketplace?

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

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

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

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

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. For plan years beginning in calendar year 2026, 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

. Ranger ISD c/o: Benefits Dept. 1842 Loop 254 East Ranger, TX 76470, (254) 847-1187

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.

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

MARKETPLACE NOTICE

PART B: Information About Health Coverage Offered by Your Employer

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

3. Employer name	4. Employer Identification Number (EIN)	
Ranger ISD	75-6002295	
5. Employer address 1842 Loop 254 East	6. Employer phone number (254) 647-1187	
7. City Ranger	8. State TX	9. ZIP code 76470
10. Who can we contact about employee health coverage at this job? Ranger ISD		
11. Phone number (if different from above)	12. Email address pbearden@ranger.esc14.net	

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

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

  ■ All employees. Eligible employees are:

  Teachers, administrative personnel, substitutes, bus drivers, librarians, crossing guards, cafeteria workers, among others, are all eligible for coverage, provided no exception applies, if they are employees of the district/entity, not volunteers, and are either active contributing TRS members or are employed by a participating district/entity for 10 or more regularly scheduled hours each week.

  Substitutes and return-to-work retirees are always considered part-time regardless of the number of hours worked. However, in order to be eligible for TRS-ActiveCare benefits they must have a minimum of 10 or more regularly scheduled hours per week.

- With respect to dependents:

  ■ We do offer coverage. Eligible dependents are:

  • A spouse, including a common law spouse (A common law spouse is not considered eligible unless there is a Declaration of Informal Marriage filed with an authorized government agency.)
  • A child under 26, who is one of the following:
  • A natural child
  • An adopted child or a child who is lawfully placed for legal adoption
  • A stepchild
  • A foster child
  • A child under the legal guardianship of the employee
  • A grandchild under 26 whose primary residence is the household of the employee and who is a dependent of the employee for federal income tax purposes for the reporting year in which coverage of the grandchild is in effect.
  • "Any other dependent" (other than those listed above) under 26 in a regular parent-child relationship with the employee, meeting all four of the following requirements:
  • The child's primary residence is the household of the employee;
  • The employee provides at least 50% of the child's support;
  • Neither of the child's natural parents resides in that household; and
  • The employee has the legal right to make decisions regarding the child's medical care.*
  *This requirement does not apply to dependents 18 and over.
  • A child, 26 or over, of a covered employee may be eligible for dependent coverage, provided that the child is either mentally or physically incapacitated to such an extent that they are dependent on the employee on a regular basis as determined by TRS, and meet other requirements as determined by TRS.
  A dependent does not include a brother or a sister of an employee, unless the brother or sister is an individual under 26 who is either: (1) under the legal guardianship of an employee, or (2) in a regular parent-child relationship with

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

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

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

CONTACTS

RANGER ISD

1842 Loop 254 East,
Ranger, TX 76470
(254) 647-1187
www.EmployeeNavigator.com

SERVICE CENTER
325-442-0933

MEDICAL (TRS ACTIVECARE)
BCBSTX

GRP#'s:
- Primary: **385003**
- Primary+: **385001**
- HD: **385000**
- AC2: **385002**
- WTX Blue Ess: **295781**

Phone's:
- BCBSTX: **(866) 355-5999**
- WTXBE: **(888) 378-1633**

BCBSTX.com/TRSActiveCare
BCBSTX.com/TRShmo

DENTAL / VISION
SunLife
GRP#: 960734
(800) 247-6875
SunLife.com

LIFE / DISABILITY
SunLife

GRP#'s:
- Basic Life/AD&D: **475773**
- Vol Life/AD&D: **475774**

(866) 679-3054
SunLife.com

EDUCATOR DISABILITY
SunLife
GRP#: 475775
(866) 679-3054
SunLife.com

EMPLOYEE ASSISTANCE PROGRAM
SunLife
GRP#: 475773
(800) 854-1446
SunLife.com

ACCIDENT / CRITICAL-ILLNESS / HOSPITAL
Symetra
GRP#: 13166000
(800) 497-3699
sbclaims@symetra.com

FSA / HSA
National Benefit Services
GRP#: NBS834370
(800) 274-0503
NBSBenefits.com

MEDICAL TRANSPORTATION
MASA Global
GRP#: B2BRAISD

Phone #'s
- Global Emergency: **(800) 643-9023**
- Customer Service: **(800) 423-3226**

MASAGlobal.com

TELEMEDICINE
Recuro
(855) 673-2876 (6RECURO)
RecuroHealth.com

LEGAL
Legal Club of America
GRP#: 1027
(800) 305-6816
www.legalclub.com

ID THEFT
Allstate
GRP#: 10238
(800) 789-2720
www.myaip.com

UNIVERSAL LIFE
Transamerica
GRP#: G000053048
(888) 763-7474, option 4
www.TEBcustresp@transamerica.com

NOTES

RANGER
Independent School District

FBMC BENEFITS MANAGEMENT

Contract Administrator

FBMC Benefits Management, Inc.

7300 TX-121, Suite 300, McKinney, TX 75070

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.