

Agenda of Regular Meeting Baird Independent School District Board of Trustees

Date: Monday, October 20, 2025
Time: 6:30 PM
Location: Baird ISD Library, 600 W 7th St, Baird, Texas 79504

The Baird ISD Board of Trustees welcomes comments from the public on items of public interest. Public participation is governed by Board Policy BED(LOCAL) and is available on the district website. Individuals who wish to participate during the portion of the meeting designated for public comment shall sign up with before the meeting begins and identify the topic on which they wish to address the Board. Comment during special meetings is limited to items on the posted agenda.

Agenda Items

I. Call to Order			
II. Invocation			
III. Establish Quorum			
IV. Public Comment			
V. Reports			
A. Campus Reports			
1. Elementary	Michael Waggoner, Principal		3
2. High School	James Stevens, Principal		4
3. Athletic Report			5
B. Superintendent Report		Tim Little, Superintendent	
1. Financial Reports			6
2. Investment Report			
3. Enrollment Report			14
4. Employee of the Month			16
VI. Discussion or Action Items			

The following items are presented for discussion or possible action by the Board. At its discretion, the Board may act or chose not to act, on any of these items.

A. Discussion and possible action to approve minutes of prior meetings	17
B. Discussion and possible action to appoint a Trustee to fill the unexpired term created by the resignation of Carrie Smith.	
C. Discussion and possible action to begin the process of revising the District Mission and Vision Statements	24
D. Discussion and possible action to approve the purchase of a digital marquee sign for district communications and announcements	25
E. Discussion and possible action to review options for returning to TRS-ActiveCare as the district’s health insurance provider	26
F. Discussion and possible action regarding required cybersecurity training for the Board of Trustees	

VII. Executive Session

VIII. Action on Executive Session Items

IX. Adjourn

If, during the course of any duly posted meeting, the Board of Trustees determines that a closed or executive session is required regarding an item posted on the Agenda, that session will be held on any or all subjects and purposes permitted by Sections 551.071, 551.072, 551.073, 551.074, 551.076, 551.082, 551.084 of the Government Code (the Texas Open Meetings Act). If a final vote is required on any matter considered in the closed or executive session, it shall be taken either upon the reconvening of the public session covered by this notice or at a subsequent, duly posted, public meeting as the Board shall determine.



Principal's Report
Baird Elementary
October 20, 2025

News About School

- ADA through October 9, 2025: 95.87%
- Oct 6-10 – Fire Prevention Week
 - Baird VFD
 - Poster contest winners
- Oct 21 – 5th Callahan Co. Agriculture & Natural Resources Field Day
- Oct 27 – Fall Pictures
- Nov 1 – Trunk or Treat downtown Baird from 5:30-7:00
- Nov 3 – STEM Night for Title I; Begin 3rd Six Weeks
- Nov 6 – 2nd & 3rd STEM Field Trip

Baird High School/ Junior High October 2025 Board Report

Student accomplishments

Band at the BCMF Marching Festival 1st Division, Outstanding 1A Brass, 2nd Place - 1A Division

*We will know the results of the Regional marching competition two days before board meeting

Baird High School, under the direction of **Mrs. Grimes**, hosted the **Student Council District Convention** in Abilene on **October 9th**.

A total of **31 Baird students** organized and led presentations, managed activities, and assisted with event logistics for schools across the Big Country. Their leadership and teamwork showcased the pride and excellence of **Baird ISD**.

Important Dates:

Oct 21st- Big Country District FFA Greenhand Camp

Oct 27th- Fall Pictures and Senior Portraits

Oct 28th- ACT Testing 11th & 12th Graders

Nov 3rd- Staff Development day for HS Teachers (No Students)

Nov 4th- Election Day/FFA Show Team Entry Night

Nov 5th- HS Industry Tour- Health Care

Nov 10th & 11th- UIL State Marching Contest

Nov 11th- Veterans Day Program* (Might move it to the 13th if band makes state)

Nov 15th- Winter Formal

Nov 18th- Baird FFA Meeting

Nov 19th- HS Industry Tour- Finance

Nov 21st- Senior Pie Party

Campus Data:

	2025-2026 School Year			2024-2025 School Year	
Aver Max ADA	144	145		Aver Max ADA	138 140
ADA	137.23	138		ADA	131.14 132.25
	1st 6 wks	2nd 6 wks			1st 6 wks 2nd 6 wks
CTE FTE Tier 1	8.84	8.81		CTE FTE Tier 1	5.63 6.69
CTE FTE Tier 2	17.99	18.25		CTE FTE Tier 2	20.36 20.95
CTE FTE Tier 3	23.66	23.92		CTE FTE Tier 3	16.29 17.25
Total CTE FTE	50.49	50.98		Total CTE FTE	42.28 44.89

Baird ISD Athletics Board Report

October 2025

Cross Country

The Cross Country season has come to an end with strong performances across all levels. Two athletes — **Freshman Abby Alday** and **Sophomore Brayden Kitchens** — have qualified for the **Regional Cross Country Meet**. They will represent Baird ISD at the regional competition in **Arlington on October 20th at 12:00 PM**. Congratulations to both athletes for their outstanding achievements and dedication.

Junior High Football

The **Junior High Bears** are currently **6–0** with three district games remaining. The team continues to show steady improvement each week, demonstrating teamwork, discipline, and effort on both sides of the ball. Coaches are proud of the group's continued growth and commitment to representing Baird ISD with pride.

High School Football

The **Varsity Bears** are currently **1–6** and looking forward to a strong finish to the season. The team remains positive and motivated as they prepare for the upcoming **Homecoming game against Lingleville**. Players continue to work hard each week, showing resilience and dedication to improvement.

Basketball

Girls Basketball will officially kick off on **October 22nd**, with **Boys Basketball** beginning play the following week. Both programs have been working hard in preseason practices and are eager to begin competition. Coaches are optimistic about the upcoming season and look forward to continued community support.

Acknowledgments

Baird ISD would like to **thank the Railhead Tavern** for hosting the Homecoming meal for our athletes, band, and cheerleaders. We also extend our appreciation to **Board Member Royce McAdams** for delivering an inspiring and motivational speech during Homecoming activities. Your support and encouragement make a lasting impact on our students and programs.

0001 - FIRST NAT'L BANK BAIRD-OPER AC

Cash Ending Balance:	-1,089,488.50
Add Investment:	
CD -	.00
Total:	-1,089,488.50

0002 - FIRST NAT'L BANK WORKER COMP

Cash Ending Balance:	9.00
Add Investment:	
Total:	9.00

0003 - FIRST NAT'L BANK SHRADER SCHOL

Cash Ending Balance:	-5,250.00
Add Investment:	
Total:	-5,250.00

0005 - FIRST NAT'L BANK- I&S FUND

Cash Ending Balance:	9,471.12
Add Investment:	
Total:	9,471.12

0006 - FIRST NAT'L BANK-MMGOLD PLUS

Cash Ending Balance:	.00
Add Investment:	
Total:	.00

0008 - FBT Student Activity

Cash Ending Balance:	2,093.04
Add Investment:	
Total:	2,093.04

0009 - SERIES 2022 BOND

Cash Ending Balance:	-35,715.39
Add Investment:	
Total:	-35,715.39

TOTALS

Cash Ending Balance	-1,118,880.73
Add Investment Balance	.00
Totals	-1,118,880.73

End of Report

Comparison of Revenue to Budget
 As of October

	Estimated Revenue	Current Realized Revenue	Realized Revenue To Date	Revenue Balance	Percent Realized
General Operating Funds					
199 / 6 - GENERAL FUND 5000	6,916,998.00	-129,208.11	-129,208.11	6,787,789.89	1.87%
Totals 5000 R E C E I P T S	6,916,998.00	-129,208.11	-129,208.11	6,787,789.89	1.87%
Totals 7000	.00	.00	.00	.00	.00%
Totals General Operating Funds	6,916,998.00	-129,208.11	-129,208.11	6,787,789.89	1.87%
Special Revenue Funds					
211 / 6 - ESEA TITLE I PART A 5000	94,438.00	.00	.00	94,438.00	.00%
240 / 6 - NATIONAL SCHOOL BREAK & LUNCH 5000	439,523.00	-1,723.02	-1,723.02	437,799.98	.39%
244 / 6 - CARL PERKINS VOC. ED GRANT 5000	.00	-273.13	-273.13	-273.13	.00%
255 / 6 - TITLE II, PART A CLASS SIZE RE 5000	17,196.00	.00	.00	17,196.00	.00%
289 / 6 - TITLE IV SSAEP 5000	10,000.00	.00	.00	10,000.00	.00%
410 / 6 - IMA 5000	103,678.91	.00	.00	103,678.91	.00%
461 / 6 - DISTRICT ACTIVITY FUNDS 5000	.00	-13,196.00	-13,196.00	-13,196.00	.00%
Totals 5000 R E C E I P T S	664,835.91	-15,192.15	-15,192.15	649,643.76	2.29%
Totals 7000	.00	.00	.00	.00	.00%
Totals Special Revenue Funds	664,835.91	-15,192.15	-15,192.15	649,643.76	2.29%
Interest & Sinking Funds					
599 / 6 - INTEREST & SINKING FUND 5000	2,494,212.00	-9,471.12	-9,471.12	2,484,740.88	.38%
Totals 5000 R E C E I P T S	2,494,212.00	-9,471.12	-9,471.12	2,484,740.88	.38%
Totals 7000	.00	.00	.00	.00	.00%
Totals Interest & Sinking Funds	2,494,212.00	-9,471.12	-9,471.12	2,484,740.88	.38%
Proprietary Funds					
753 / 6 - INSURANCE 5000	.00	-9.00	-9.00	-9.00	.00%
Totals 5000 R E C E I P T S	.00	-9.00	-9.00	-9.00	.00%
Totals 7000	.00	.00	.00	.00	.00%
Totals Proprietary Funds	.00	-9.00	-9.00	-9.00	.00%
Expendable Trust Funds					
865 / 6 - STUDENT ACTIVITY FUNDS 5000	.00	-3,951.05	-3,951.05	-3,951.05	.00%
Totals 5000 R E C E I P T S	.00	-3,951.05	-3,951.05	-3,951.05	.00%
Totals 7000	.00	.00	.00	.00	.00%
Totals Expendable Trust Funds	.00	-3,951.05	-3,951.05	-3,951.05	.00%
Total Revenues 5000	10,076,045.91	-157,831.43	-157,831.43	9,918,214.48	1.57%
Total Revenues 7000	.00	.00	.00	.00	.00%
Total Revenues	10,076,045.91	-157,831.43	-157,831.43	9,918,214.48	1.57%

Comparison of Expenditures and Encumbrances to Budget
 As of October

	<u>Appropriation</u>	<u>Encumbrance</u>	<u>Current Expenditure</u>	<u>Expenditure</u>	<u>Balance</u>	<u>Percent Expended</u>
General Operating Funds						
199 / 6 - GENERAL FUND 6000	-6,821,137.00	109,917.77	1,303,347.99	1,303,347.99	-5,407,871.24	19.11%
Totals 6000 EXPENDITURES	-6,821,137.00	109,917.77	1,303,347.99	1,303,347.99	-5,407,871.24	19.11%
Totals 8000	.00	.00	.00	.00	.00	.00%
Totals General Operating Funds	-6,821,137.00	109,917.77	1,303,347.99	1,303,347.99	-5,407,871.24	19.11%
Special Revenue Funds						
211 / 6 - ESEA TITLE I PART A 6000	-94,438.00	.00	27,845.59	27,845.59	-66,592.41	29.49%
240 / 6 - NATIONAL SCHOOL BREAK & LUNCH 6000	-439,523.00	.00	35,067.11	35,067.11	-404,455.89	7.98%
244 / 6 - CARL PERKINS VOC. ED GRANT 6000	.00	.00	18,202.61	18,202.61	18,202.61	.00%
255 / 6 - TITLE II, PART A CLASS SIZE RE 6000	-17,196.00	.00	1,128.15	1,128.15	-16,067.85	6.56%
270 / 6 - REAP GRANT 6000	.00	.00	3,441.51	3,441.51	3,441.51	.00%
289 / 6 - TITLE IV SSAEP 6000	-10,000.00	.00	.00	.00	-10,000.00	-0.00%
410 / 6 - IMA 6000	-103,678.91	.00	.00	.00	-103,678.91	-0.00%
461 / 6 - DISTRICT ACTIVITY FUNDS 6000	.00	17,605.55	8,476.29	8,476.29	26,081.84	.00%
Totals 6000 EXPENDITURES	-664,835.91	17,605.55	94,161.26	94,161.26	-553,069.10	14.16%
Totals 8000	.00	.00	.00	.00	.00	.00%
Totals Special Revenue Funds	-664,835.91	17,605.55	94,161.26	94,161.26	-553,069.10	14.16%
Interest & Sinking Funds						
599 / 6 - INTEREST & SINKING FUND 6000	-1,552,138.00	.00	.00	.00	-1,552,138.00	-0.00%
Totals 6000 EXPENDITURES	-1,552,138.00	.00	.00	.00	-1,552,138.00	-0.00%
Totals 8000	.00	.00	.00	.00	.00	.00%
Totals Interest & Sinking Funds	-1,552,138.00	.00	.00	.00	-1,552,138.00	-0.00%
Construction Funds						
698 / 6 - SERIES 2022 BOND 6000	.00	7,672.00	36,184.10	36,184.10	43,856.10	.00%
Totals 6000 EXPENDITURES	.00	7,672.00	36,184.10	36,184.10	43,856.10	.00%
Totals 8000	.00	.00	.00	.00	.00	.00%
Totals Construction Funds	.00	7,672.00	36,184.10	36,184.10	43,856.10	.00%
Special Revenue Funds						
810 / 6 - SCHOLARSHIP FUND 6000	.00	.00	5,250.00	5,250.00	5,250.00	.00%
Totals 6000 EXPENDITURES	.00	.00	5,250.00	5,250.00	5,250.00	.00%
Totals 8000	.00	.00	.00	.00	.00	.00%
Totals Special Revenue Funds	.00	.00	5,250.00	5,250.00	5,250.00	.00%
Expendable Trust Funds						
865 / 6 - STUDENT ACTIVITY FUNDS 6000	.00	4,035.91	1,858.01	1,858.01	5,893.92	.00%
Totals 6000 EXPENDITURES	.00	4,035.91	1,858.01	1,858.01	5,893.92	.00%
Totals 8000	.00	.00	.00	.00	.00	.00%
Totals Expendable Trust Funds	.00	4,035.91	1,858.01	1,858.01	5,893.92	.00%

Combined Funds Board Report
Combined Funds Recap by Fund
BAIRD ISD

Total Expenditures 6000	-9,038,110.91	139,231.23	1,440,801.36	1,440,801.36	-7,458,078.32	15.94%
Total Expenditures 8000	.00	.00	.00	.00	.00	.00%
Total Expenditures	-9,038,110.91	139,231.23	1,440,801.36	1,440,801.36	-7,458,078.32	15.94%

For the Month of October

Check Nbr	Check Date	Payee	PO Nbr	Invoice Nbr	Fnd-Fnc-Obj.So-Org-Prog	Reason	Amount	EFT
001001	10-10-2025	SAM'S CLUB	016542		461-36-6399.30-999-699000	Hs vending order	232.94	N
			016542		461-36-6399.30-999-699001	Concession order	3,447.58	N
Totals for Check 001001							3,680.52	
001002	10-06-2025	ORIENTAL TRADING CO,	018360	738722960-01	461-36-6399.50-999-699000	Dr. Seuss bookmarks	235.93	N
001005	10-10-2025	ASSOCIATION OF TEXA	DEDCH		163-00-2159.00-006-600000	OCT DED UNION DUES	180.56	N
001005	10-02-2025	SIGN PRO ABILENE	018420	73171	698-81-6629.00-999-699000	SIGNS	7,672.00	N
001006	10-10-2025	ESC REGION 14	DEDCH		163-00-2159.00-003-600000	OCT DED MISCELLANEOUS	450.00	N
001007	10-10-2025	TEXAS CLASSROOM TE	DEDCH		163-00-2159.00-008-600000	OCT DED MISCELLANEOUS	62.28	N
001008	10-10-2025	BAIRD ISD OPERATING	DEDCH		163-00-2159.00-002-600000	OCT DED MISCELLANEOUS	800.00	N
001009	10-10-2025	TEXAS CHILD SUPPORT	DEDCH		163-00-2159.00-057-600000	OCT DED MISCELLANEOUS	75.00	N
001010	10-10-2025	THE OMNI GROUP	DEDCH		163-00-2159.00-032-600000	OCT DED TAX SHEL. ANNUITY	200.00	N
			DEDCH		163-00-2159.00-045-600000	OCT DED TAX SHEL. ANNUITY	1,650.00	N
			DEDCH		163-00-2159.00-071-600000	OCT DED TAX SHEL. ANNUITY	150.00	N
Totals for Check 001010							2,000.00	
001583	10-06-2025	BAND SHOPPE	018310	S1207516	199-11-6399.34-001-611000	PRINTER ERROR ON CHECK (LIN	-31.90	N
001599	10-03-2025	EMPIRE PAPER	018445	0930529 & 09305	199-11-6399.00-101-611000	CONTRACTED SERVICES	579.71	N
001600	10-03-2025	SHORTY JAKE WALLS	018444	003894	199-51-6249.00-999-699000	CONTRACTED SERVICES	522.00	N
001601	10-03-2025	WYLIE HIGH SCHOOL	018440		199-36-6412.34-001-699016	Wylie Festival - Meals	304.00	N
001602	10-10-2025	ACCURATE AIR SOLUTI	018467	1058888734	199-51-6249.00-999-699000	3944.05	3,944.05	N
001603	10-10-2025	AIRGAS USA, LLC	018480	5519688360	199-51-6319.00-999-699000	CYLINDER RENT	3.75	N
001604	10-10-2025	ALL COPY	018487	AR41324	199-11-6399.00-001-611000	CONTRACTED SERVICES	30.65	N
			018487		199-11-6399.00-101-611000	CONTRACTED SERVICES	30.65	N
			018487		199-41-6399.00-701-699000	CONTRACTED SERVICES	30.64	N
			018487		199-71-6512.00-999-699000	CONTRACTED SERVICES	561.00	N
Totals for Check 001604							652.94	
001605	10-10-2025	Au Concepts & Designs LL	018418	SO0119541	199-36-6399.21-001-691011	Helmet Decals	650.25	N
001606	10-10-2025	BAIRD ISD WORKER' CO	018468		199-51-6143.00-999-699000	WORKER COMP	15.00	N
001607	10-10-2025	BAND SHOPPE	018458	B047162	199-11-6399.34-001-611000	ULTRA LAME FLAG-SILVER	31.90	N
001608	10-10-2025	BSN SPORTS, INC	018383	931429009	199-36-6399.20-001-691010	Pre-Wrap	175.98	N
			018443	931457990	199-36-6399.20-001-691010	PO Created by Req: 018588	124.86	N
			018347	931428995	199-36-6399.26-001-691010	CC Gear	354.00	N
			018347	931428995	199-36-6399.26-001-691011	CC Gear	159.20	N
Totals for Check 001608							814.04	
001609	10-10-2025	CENTRAL BAND BOOST	018486		199-36-6412.34-001-699016	Student Meals	410.00	N
001610	10-10-2025	CISCO COLLEGE	018471	FALL 2025 251S	199-11-6222.41-001-611000	DUAL CREDIT	7,708.00	N
001611	10-10-2025	CITIZENS EMS	018482	09-25-25	199-36-6219.20-001-691000	CONTRACTED SERVICES	180.00	N

For the Month of October

Check Nbr	Check Date	Payee	PO Nbr	Invoice Nbr	Fnd-Fnc-Obj.So-Org-Prog	Reason	Amount	EFT
001612	10-10-2025	WORK ON LEARNING	018351	INV-000675	199-11-6399.00-001-611000	CLASSWORK RENEWAL	95.00	N
			018351	INV-000675	199-11-6399.00-101-611000	CLASSWORK RENEWAL	95.00	N
			018351	INV-000675	199-53-6398.12-999-699000	CLASSWORK RENEWAL	707.00	N
Totals for Check 001612							897.00	
001613	10-10-2025	CLYDE JOURNAL	018494	183	199-41-6491.00-701-699000	Publishing Required Notices	108.00	N
001614	10-10-2025	DAY NURSERY OF	018484	BISD092025	199-11-6112.00-101-611000	CONTRACTED SERVICES	164.00	N
001615	10-10-2025	ESC REGION 14	018479	039380	199-11-6239.00-999-611000	CONTRACTED SERVICES	1,010.09	N
			018479	039380	199-11-6239.00-999-621000	CONTRACTED SERVICES	275.88	N
			018479	039380	199-11-6239.00-999-625000	CONTRACTED SERVICES	37.50	N
			018479	039380	199-11-6239.01-999-611000	CONTRACTED SERVICES	390.53	N
			018479	039380	199-13-6291.00-999-611000	CONTRACTED SERVICES	437.50	N
			018479	039380	199-23-6239.00-999-699000	CONTRACTED SERVICES	93.75	N
			018479	039380	199-31-6239.00-999-699000	CONTRACTED SERVICES	43.75	N
			018477	039380	199-31-6239.01-999-699000	CONTRACTED SERVICES	175.00	N
			018479	039380	199-33-6239.00-999-699000	CONTRACTED SERVICES	687.50	N
			018479	039380	199-41-6239.00-701-699000	CONTRACTED SERVICES	161.88	N
			018479	039380	199-41-6239.01-701-699000	CONTRACTED SERVICES	99.38	N
			018477	039380	199-52-6239.00-999-699000	CONTRACTED SERVICES	750.00	N
			018479	039380	199-53-6239.00-701-699000	CONTRACTED SERVICES	1,755.00	N
			018479	039380	199-53-6239.01-999-699000	CONTRACTED SERVICES	363.88	N
			018479	039380	199-53-6239.02-999-699000	CONTRACTED SERVICES	2,562.50	N
			018479	039380	199-53-6239.03-999-699000	CONTRACTED SERVICES	1,875.00	N
018479	039380	199-53-6239.04-999-699000	CONTRACTED SERVICES	2,632.50	N			
018479	039380	211-11-6239.00-101-630000	CONTRACTED SERVICES	625.00	N			
Totals for Check 001615							13,976.64	
001616	10-10-2025	FLOYD JORGENSON	018485		199-34-6219.00-999-699000	REIMBURSEMENT SUPPLIES	8.40	N
001617	10-10-2025	FIRST FINANCIAL BANK	018463	36374	199-36-6399.22-001-691010	PO Created by Req: 018608	22.74	N
			018463	36374	199-36-6399.23-001-691010	PO Created by Req: 018608	22.74	N
Totals for Check 001617							45.48	
001618	10-10-2025	FTM ENTERPRISES LLC	018490	10162025	199-51-6299.02-999-699000	CONTRACTED SERVICES	3,124.00	N
001619	10-10-2025	GREATAMERICA	018489	40185009	199-71-6512.00-999-699000	CONTRACTED SERVICES	1,339.72	N
001620	10-10-2025	HAWLEY ISD	018451	5	199-36-6499.26-001-691014	CC-Entry Fees	180.00	N
001621	10-10-2025	HOWARD IND., INC.	018332	5466552025	199-53-6399.05-999-699000	Devices for reutrnng staff	9,996.00	N
001622	10-10-2025	JACOB STENNETT	018491		199-52-6249.01-999-699000	FOOTBALL GAME SECURITY	300.00	N
001623	10-10-2025	LAKESHORE LEARNING	018481	2025-01-06	199-11-6399.00-101-611000	SUPPLIES	569.05	N
001624	10-10-2025	MICHAEL LUNNEY	018472		199-36-6499.34-001-611000	Marching Consultant Fee	200.00	N
001625	10-10-2025	LEARNING WITHOUT TE	018412	INV243327	199-11-6321.00-101-611000	curriculum	130.90	N
001626	10-10-2025	ROBERTS TRUCK CENT	018470		199-34-6249.00-999-699000	CONTRACTED SERVICES	6,662.96	N
001627	10-10-2025	SAM'S CLUB	018337		199-36-6399.20-001-691010	Athletic Laundry	139.28	N
			018493	5413	199-41-6495.07-701-699000	MEMBERSHIP RENEWAL	245.00	N
Totals for Check 001627							384.28	

For the Month of October

Check Nbr	Check Date	Payee	PO Nbr	Invoice Nbr	Fnd-Fnc-Obj.So-Org-Prog	Reason	Amount	EFT
001628	10-10-2025	SHORTY JAKE WALLS	018469	003895	199-51-6249.00-999-699000	CONTRACTED SERVICES	576.00	N
001629	10-10-2025	TASB, INC.	018495	682713	199-41-6219.01-701-699000	Local District Updatea	115.00	N
001630	10-10-2025	TEINERT METALS INC	018438	603881	199-36-6399.20-001-691010	basketball racks	69.96	N
001631	10-10-2025	Texas Screen Printers	018464	7711	199-36-6399.20-999-691012	PO Created by Req: 018609	220.00	N
001632	10-10-2025	UNIFIRST	018496		199-51-6319.00-999-699000	SUPPLIES	117.77	N
001633	10-10-2025	COUFAL-PRATER EQUIP	018378	14285406	199-81-6629.01-999-699001	SUPPLIES	22,851.17	N
001634	10-10-2025	VERIBEST ATHLETIC BO	018324	114	199-36-6412.20-001-691016	JH Meals	350.00	N
001635	10-10-2025	WATCHFIRE ENTERPRIS	018492	12536264	199-36-6299.20-001-691099	PO Created by Req: 018639	1,594.76	N
001636	10-10-2025	WEB ELECTRONICS LTD	018282	DDG25081806	199-36-6399.21-001-691010	PO Created by Req: 018421	2,395.00	N
001637	10-10-2025	WEST CENTR TX WORK	018466	504	244-11-6499.00-001-611000	ROOT ED	12,000.00	N
ATT10	10-15-2025	ATTENTIVE	DEDCH		163-00-2159.00-126-600000	OCT WIRE PAYROLL DEDUCTION	6,579.00	N
			DEDCH		163-00-2159.00-128-600000	OCT WIRE PAYROLL DEDUCTION	1,328.14	N
					Totals for Check ATT10		7,907.14	
BSW10	10-15-2025	BAYLOR SCOTT AND W	DEDCH		163-00-2153.00-118-600000	OCT WIRE PAYROLL DEDUCTION	22,692.78	N
			DEDCH		163-00-2153.00-119-600000	OCT WIRE PAYROLL DEDUCTION	2,127.36	N
			DEDCH		163-00-2153.00-120-600000	OCT WIRE PAYROLL DEDUCTION	2,237.07	N
					Totals for Check BSW10		27,057.21	
ESC10	10-15-2025	ESC REGION 14	DEDCH		163-00-2159.00-003-600000	OCT WIRE PAYROLL DEDUCTION	450.00	N
FMBC1	10-15-2025	FBMC BENEFITS MANAG	DEDCH		163-00-2153.00-004-600000	OCT WIRE PAYROLL DEDUCTION	1,192.25	N
			DEDCH		163-00-2153.00-011-600000	OCT WIRE PAYROLL DEDUCTION	196.00	N
			DEDCH		163-00-2153.00-012-600000	OCT WIRE PAYROLL DEDUCTION	1,416.81	N
			DEDCH		163-00-2153.00-082-600000	OCT WIRE PAYROLL DEDUCTION	533.21	N
			DEDCH		163-00-2153.00-086-600000	OCT WIRE PAYROLL DEDUCTION	433.10	N
			DEDCH		163-00-2153.00-111-600000	OCT WIRE PAYROLL DEDUCTION	425.43	N
			DEDCH		163-00-2153.00-129-600000	OCT WIRE PAYROLL DEDUCTION	65.50	N
			DEDCH		163-00-2153.00-130-600000	OCT WIRE PAYROLL DEDUCTION	474.10	N
			DEDCH		163-00-2159.00-116-600000	OCT WIRE PAYROLL DEDUCTION	90.00	N
			DEDCH		163-00-2159.00-117-600000	OCT WIRE PAYROLL DEDUCTION	45.85	N
			DEDCH		163-00-2159.00-131-600000	OCT WIRE PAYROLL DEDUCTION	95.13	N
			DEDCH		163-00-2159.00-132-600000	OCT WIRE PAYROLL DEDUCTION	250.13	N
			DEDCH		163-00-2159.00-133-600000	OCT WIRE PAYROLL DEDUCTION	651.73	N
			DEDCH		163-00-2159.00-134-600000	OCT WIRE PAYROLL DEDUCTION	725.10	N
			DEDCH		163-00-2159.00-135-600000	OCT WIRE PAYROLL DEDUCTION	333.54	N
					Totals for Check FMBC10		6,927.88	
IRS10	10-15-2025	U S TREASURY	DEDCH		163-00-2151.00-000-600000	OCT WIRE PAYROLL DEDUCTION	15,883.21	N
			DEDCH		163-00-2152.01-000-600000	OCT WIRE PAYROLL DEDUCTION	7,459.71	N
			DEDCH		163-00-2152.02-000-600000	OCT WIRE PAYROLL DEDUCTION	7,459.71	N
					Totals for Check IRS10		30,802.63	
NBS10	10-15-2025	NBS	DEDCH		163-00-2159.00-113-600000	OCT WIRE PAYROLL DEDUCTION	1,233.31	N
			DEDCH		163-00-2159.00-114-600000	OCT WIRE PAYROLL DEDUCTION	416.66	N
					Totals for Check NBS10		1,649.97	

BISD Enrollment Spreadsheet 2025-2026

	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY
KG	29	28	27							
1ST	16	18	17							
2ND	26	26	26							
3RD	27	28	29							
4TH	29	30	30							
5TH	19	19	19							
BAIRD PK	9	13	13							
ABILENE PK	36	43	43							
ELEMENTARY TOTAL	191	205	204							
6TH	25	25	25							
7TH	29	29	27							
8TH	17	17	18							
9TH	13	14	14							
10TH	25	25	24							
11TH	14	14	13							
12TH	21	21	21							
SECONDARY TOTAL	144	145	142							
DISTRICT TOTAL	335	350	346							

0

Employee of the Month

This certificate is proudly presented to

Lisa Johnson

In recognition of your outstanding contributions, hard work and dedication. Thank you for all you do.



James Stevens
Supervisor

Tim Little
Superintendent

Special Meeting

Monday, October 6, 2025 7:30 AM

Baird ISD Administration Offices, 600 W 7th St, Baird, Texas 79504

Krystal Bounds: Present
Kenneth Brock: Present
Jody Gerngross: Absent
Lori Higgins: Present
Royce McAdams: Present
Michael Parker: Absent
Carrie Smith: Absent

I. Call to Order

Discussion: The meeting was called to order at 7:28am by Kenneth Brock.

II. Invocation

Discussion: Royce McAdams gave the invocation.

III. Establish Quorum

Discussion: A quorum was established.

IV. Public Comment

Discussion: No public comment was made.

V. Action Items

V.A. Discussion and possible action on nominations to the Callahan Central Appraisal District Board of Directors for the 2026 - 2027 term.

Action(s):

Motion was made to nominate Donna McAdams to the Callahan Central Appraisal District Board of Directors for the 2026-2027 term. This motion, made by Lori Higgins and seconded by Krystal Bounds, Carried.

Voting Detail:

Krystal Bounds: Yea
Kenneth Brock: Yea
Jody Gerngross: Absent
Lori Higgins: Yea
Royce McAdams: Yea
Michael Parker: Absent
Carrie Smith: Absent

Voting Summary: Yea: 4, Nay: 0, Absent: 3

Discussion: Motion was made to nominate Donna McAdams to the Callahan Central Appraisal District Board of Directors for the 2026-2027 term.

VI. Adjourn

Action(s):

Motion was made to adjourn the meeting at 4:49pm. This motion, made by Lori Higgins and seconded by Krystal Bounds, Carried.

Voting Detail:

Krystal Bounds: Yea
Kenneth Brock: Yea
Jody Gerngross: Absent
Lori Higgins: Yea
Royce McAdams: Yea
Michael Parker: Absent
Carrie Smith: Absent
Voting Summary: Yea: 4, Nay: 0, Absent: 3

Board Secretary

Regular Meeting

Monday, September 22, 2025 6:30 PM

Baird ISD Library, 600 W 7th St, Baird, Texas 79504

Krystal Bounds: Present
Kenneth Brock: Present
Jody Gerngross: Present
Lori Higgins: Present
Royce McAdams: Present
Michael Parker: Present
Carrie Smith: Absent

I. Call to Order

Discussion: The meeting was called to order at 6:31pm by Kenneth Brock.

II. Invocation

Discussion: The invocation was given by Royce McAdams.

III. Establish Quorum

Discussion: A quorum was established.

IV. Public Comment

Discussion: No public comment was made.

V. Reports

V.A. Campus Reports

V.A.1. Elementary

Discussion: Michael Waggoner presented the Elementary report.

Speaker (s): Michael Waggoner, Principal

V.A.2. High School

Discussion: James Stevens presented the High School report.

Speaker (s): James Stevens, Principal

V.A.3. Athletic Report

Discussion: Jeremy Kirk presented the Athletic report.

V.B. Superintendent Report

Speaker (s): Tim Little, Superintendent

V.B.1. Financial Reports

Discussion: Tim Little presented the Financial reports.

V.B.2. Investment Report

Discussion: Tim Little presented the Investment report.

V.B.3. Enrollment Report

Discussion: Tim Little presented the Enrollment report.

V.B.4. Facilities Report

Discussion: Tim Little presented the Facilities report.

V.B.5. Bond Report

Discussion: Tim Little presented the Bond report.

V.B.6. Employee of the Month

Discussion: The Employee of the Month was Misty Roberts.

VI. Discussion or Action Items

VI.A. Procedural

VI.A.1. Discussion and possible action to approve minutes of prior meetings

Action(s):

Motion was made to approve the minutes of prior meetings. This motion, made by Michael Parker and seconded by Lori Higgins, Carried.

Voting Detail:

Krystal Bounds: Yea
Kenneth Brock: Yea
Jody Gerngross: Yea
Lori Higgins: Yea
Royce McAdams: Yea
Michael Parker: Yea
Carrie Smith: Absent

Voting Summary: Yea: 6, Nay: 0, Absent: 1

VI.B. Business & Finance

VI.B.1. Discussion and possible action on budget amendments

Action(s):

Motion was made to approve budget amendments . This motion, made by Jody Gerngross and seconded by Krystal Bounds, Carried.

Voting Detail:

Krystal Bounds: Yea
Kenneth Brock: Yea
Jody Gerngross: Yea
Lori Higgins: Yea
Royce McAdams: Yea
Michael Parker: Yea
Carrie Smith: Absent

Voting Summary: Yea: 6, Nay: 0, Absent: 1

VI.B.2. Discussion and possible action on the annual review and adoption of the District's Investment Policy and investment strategies, as required by the Public Funds Investment Act (Texas Government Code Chapter 2256) and Board Policy CDA (LOCAL)

Action(s):

Motion was made to approve the annual review and adoption of the District's Investment Policy and investment strategies, as required by the Public Funds Investment Act (Texas Government Code Chapter 2256) and Board Policy CDA (LOCAL). This motion, made by Michael Parker and seconded by Lori Higgins, Carried.

Voting Detail:

Krystal Bounds: Yea
Kenneth Brock: Yea
Jody Gerngross: Yea
Lori Higgins: Yea
Royce McAdams: Yea
Michael Parker: Yea
Carrie Smith: Absent

Voting Summary: Yea: 6, Nay: 0, Absent: 1

VI.C. Instruction

VI.C.1. Discussion of the proposed district library book order in compliance with Senate Bill 13 (2025); no action required.

Discussion: Discussion was made of the proposed district library book order in compliance with Senate Bill 13 (2025).

VI.D. Policy and Legal Compliance

VI.D.1. Discussion and possible action on TASB Policy Update 125, LEGAL policies and LOCAL policies as attached; second reading

Action(s):

Motion was made to approve TASB Policy Update 125, LEGAL and LOCAL polices as attached. This motion, made by Michael Parker and seconded by Krystal Bounds, Carried.

Voting Detail:

Krystal Bounds: Yea
Kenneth Brock: Yea
Jody Gerngross: Yea
Lori Higgins: Yea
Royce McAdams: Yea
Michael Parker: Yea
Carrie Smith: Absent

Voting Summary: Yea: 6, Nay: 0, Absent: 1

VI.D.2. Discussion and possible action on compliance with SB12 requirements

Action(s):

Motion was made to acknowledge receipt of the SB12 requirements. This motion, made by Jody Gerngross and seconded by Krystal Bounds, Carried.

Voting Detail:

Krystal Bounds: Yea
Kenneth Brock: Yea
Jody Gerngross: Yea
Lori Higgins: Yea
Royce McAdams: Yea
Michael Parker: Yea
Carrie Smith: Absent

Voting Summary: Yea: 6, Nay: 0, Absent: 1

VI.E. Facilities and Construction

VI.E.1. Discussion and possible action regarding bidding and procurement strategy for the agricultural arena project, including consideration of proceeding with immediate bid release or delaying to package with prospective November 2025 bond projects.

Action(s):

Motion was made to allow delay of bidding for the agricultural arena project to seek better pricing if such delay did not prevent construction of the arena to be complete by July 2026. This motion, made by Lori Higgins and seconded by Michael Parker, Carried.

Voting Detail:

Krystal Bounds: Yea
Kenneth Brock: Yea
Jody Gerngross: Yea
Lori Higgins: Yea
Royce McAdams: Yea
Michael Parker: Yea
Carrie Smith: Absent

Voting Summary: Yea: 6, Nay: 0, Absent: 1

VII. **Executive Session**

Action(s):

Motion was made to enter closed session at 7:53 pm. This motion, made by Jody Gerngross and seconded by Lori Higgins, Carried.

Voting Detail:

Krystal Bounds: Yea
Kenneth Brock: Yea
Jody Gerngross: Yea
Lori Higgins: Yea
Royce McAdams: Yea
Michael Parker: Yea
Carrie Smith: Absent

Voting Summary: Yea: 6, Nay: 0, Absent: 1

VII.A. Discussion of employee concerns regarding health insurance eligibility and coverage under the District's plan (Tex. Gov't Code §§ 551.071, 551.074).

Discussion: Discussion was made of employee concerns regarding health insurance eligibility and coverage under the District's plan (Tex. Gov't Code §§ 551.071, 551.074).

VIII. **Action on Executive Session Items**

Discussion: The board came out of closed session at 8:13 pm.

VIII.A. Discussion and possible action regarding employee health insurance eligibility and coverage

Discussion: Discussion was made regarding employee health insurance eligibility and coverage.

IX. Adjourn

Action(s) :

Motion was made to adjourn at 8:14pm. This motion, made by Jody Gerngross and seconded by Krystal Bounds, Carried.

Voting Detail:

Krystal Bounds:	Yea
Kenneth Brock:	Yea
Jody Gerngross:	Yea
Lori Higgins:	Yea
Royce McAdams:	Yea
Michael Parker:	Yea
Carrie Smith:	Absent

Voting Summary: Yea: 6, Nay: 0, Absent: 1

Board Secretary

Mission Statement

As Texas embarks on the 21st century, we enter a period of dramatic change in the economic and social conditions of both the state and nation. The educational system of the state is responsible for preparing our children to live and work in this changing future.

All students need to develop essential academic skills and to acquire a knowledge base on which to build lifelong learning. All students will be taught a core curriculum of English, language arts, mathematics, science, social studies, fine arts, health, physical education, and technological literacy. All students will acquire knowledge of citizenship and economic responsibilities and an appreciation of our common American heritage, including its multicultural richness.

To the full extent of their individual abilities, students will be provided the opportunity to develop the ability to think logically, independently, and creatively and to communicate effectively.

Educating our children to be productive in a changing future necessitates an excellent educational system. A system that can accomplish this mission must be characterized by quality, equity, and accountability.

- Instruction must be provided at the highest levels of quality.
- Educational opportunities and resources must be distributed with equity for all students.
- The educational system must maintain accountability for demonstrated results and continuous improvement.

Such a system will have the vitality to prepare our children for the changes and the challenges of the future, a future that will belong to the educated.

6' x 12' EMC

7' x 14' EMC

9' x 16' EMC



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APPROVED BY:	DATE:	SALESPERSON: SM	
		DESIGNER: KH	DATE 05-09-2025

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TRS-ActiveCare
REGION 14

LEARN THE TERMS

- **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.
- **COPAY:** The set amount you pay for a covered service at the time you receive it. The amount can vary based on the service.
- **COINSURANCE:** The portion you're required to pay for services after you meet your deductible. It's often a specified percentage of the costs; e.g., 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.

2025-26 TRS-ActiveCare Plan Highlights Sept. 1, 2025 – Aug. 31, 2026



All TRS-ActiveCare participants have **three plan options**. Each includes a wide range of wellness benefits

How to Calculate Your Monthly Premium

Total Monthly Premium
- Your Employer Contribution

= Your Premium
Ask your Benefits Administrator for your district's specific premiums.

Being Healthy is Easy

- \$0 preventive care
- One-on-one health coaches
- Weight loss programs and nutrition
- TRS Virtual Health
- Mental health benefit
- Member Rewards that now include rewards (up to \$599 per year) for selecting top-performing providers and facilities
- No-cost, in-home virtual physical therapy to relieve common aches and pains with Airrosti Remote Recovery*

* No-cost after deductible is met for the TRS-ActiveCare HD plan

See the benefits guide for more details.

Primary Plans & Mental Health

- Both TRS-ActiveCare Primary and TRS-ActiveCare Primary+ offer \$0 virtual mental health visits with Teladoc.

	TRS-ActiveCare Primary	TRS-ActiveCare Primary+	TRS-ActiveCare HD
Plan Summary	<ul style="list-style-type: none"> • Lowest premium of all three plans • Copays for doctor visits before you meet your deductible • Statewide network • Primary Care Provider referrals required to see specialists • Not compatible with a Health Savings Account • No out-of-network coverage 	<ul style="list-style-type: none"> • Lower deductible than the HD and Primary plans • Copays for many services and drugs • Higher premium • Statewide network • Primary Care Provider referrals required to see specialists • Not compatible with a Health Savings Account • No out-of-network coverage 	<ul style="list-style-type: none"> • 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-preventive care

Monthly Premiums	Total Premium	Employer Contribution	Your Premium	Total Premium	Employer Contribution	Your Premium	Total Premium	Employer Contribution	Your Premium
Employee Only	\$492			\$576			\$506		
Employee and Spouse	\$1,329			\$1,498			\$1,367		
Employee and Children	\$837			\$980			\$861		
Employee and Family	\$1,673			\$1,901			\$1,721		

Plan Features	In-Network Coverage Only	In-Network Coverage Only	In-Network	Out-of-Network
Individual/Family Deductible	\$2,500/\$5,000	\$1,200/\$2,400	\$3,300/\$6,600	\$6,600/\$13,200
Coinsurance	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible
Individual/Family Maximum Out of Pocket	\$8,050/\$16,100	\$6,900/\$13,800	\$8,300/\$16,600	\$20,500/\$41,000
Network	Statewide Network	Statewide Network	Nationwide Network	
PCP Required	Yes	Yes	No	

Doctor Visits				
Primary Care	\$30 copay	\$15 copay	You pay 30% after deductible	You pay 50% after deductible
Specialist	\$70 copay	\$70 copay	You pay 30% after deductible	You pay 50% after deductible

Immediate Care				
Urgent Care	\$50 copay	\$50 copay	You pay 30% after deductible	You pay 50% after deductible
Emergency Care	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	
TRS Virtual Health-RediMD™	\$0 per medical consultation	\$0 per medical consultation	\$30 per medical consultation	
TRS Virtual Health-Teladoc®	\$12 per medical consultation	\$12 per medical consultation	\$42 per medical consultation	

Prescription Drugs			
Drug Deductible	Integrated with medical	\$200 deductible per participant (brand drugs only)	Integrated with medical
Generics (31-Day Supply/90-Day Supply)	\$15/\$45 copay; \$0 copay for certain generics	\$15/\$45 copay	You pay 20% after deductible; \$0 coinsurance for certain generics
Preferred (Max does not apply if brand is selected and generic is available)	You pay 30% after deductible	You pay 25% after deductible (\$100 max)/ You pay 25% after deductible (\$265 max)	You pay 25% after deductible
Non-preferred	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible
Specialty (31-Day Max)	\$0 if SaveOnSP eligible; You pay 30% after deductible	\$0 if SaveOnSP eligible; You pay 30% after deductible	You pay 20% after deductible
Insulin Out-of-Pocket Costs	\$25 copay for 31-day supply; \$75 for 61-90 day supply	\$25 copay for 31-day supply; \$75 for 61-90 day supply	You pay 25% after deductible

This plan is closed and not accepting new enrollees. If you're currently enrolled in TRS-ActiveCare 2, you can remain in this plan.

TRS-ActiveCare 2
<ul style="list-style-type: none"> • Closed to new enrollees • Current enrollees can choose to stay in plan • Lower deductible • Copays for many services and drugs • Nationwide network with out-of-network coverage • No requirement for Primary Care Providers or referrals

Total Premium	Employer Contribution	Your Premium
\$1,013		
\$2,402		
\$1,507		
\$2,841		

In-Network	Out-of-Network
\$1,000/\$3,000	\$2,000/\$6,000
You pay 20% after deductible	You pay 40% after deductible
\$7,900/\$15,800	\$23,700/\$47,400
Nationwide Network	
No	

\$30 copay	You pay 40% after deductible
\$70 copay	You pay 40% after deductible

\$50 copay	You pay 40% after deductible
You pay a \$250 copay plus 20% after deductible	
\$0 per medical consultation	
\$12 per medical consultation	

\$200 brand deductible
\$20/\$45 copay
You pay 25% after deductible (\$40 min/\$80 max)/ You pay 25% after deductible (\$105 min/\$210 max)
You pay 50% after deductible (\$100 min/\$200 max)/ You pay 50% after deductible (\$215 min/\$430 max)
\$0 if SaveOnSP eligible; You pay 30% after deductible (\$200 min/\$900 max) No 90-day supply of specialty medications
\$25 copay for 31-day supply; \$75 for 61-90 day supply

Compare Prices for Common Medical Services

REMEMBER:

Call a Personal Health Guide 24/7 to help you find the best price for a medical service. Reach them at **1-866-355-5999**.


Benefit	TRS-ActiveCare Primary	TRS-ActiveCare Primary+	TRS-ActiveCare HD		TRS-ActiveCare 2	
	In-Network Only	In-Network Only	In-Network	Out-of-Network	In-Network	Out-of-Network
Diagnostic Labs**	Office/Independent Lab: You pay \$0	Office/Independent Lab: You pay \$0	You pay 30% after deductible	You pay 50% after deductible	Office/Independent Lab: You pay \$0	You pay 40% after deductible
	Outpatient: You pay 30% after deductible	Outpatient: You pay 20% after deductible			Outpatient: You pay 20% after deductible	
High-Tech Radiology	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible	You pay 20% after deductible + \$100 copay per procedure	You pay 40% after deductible + \$100 copay per procedure
Outpatient Costs	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible	You pay 20% after deductible (\$150 facility copay per incident)	You pay 40% after deductible (\$150 facility copay per incident)
Inpatient Hospital Costs	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible (\$500 facility per day maximum)	You pay 20% after deductible (\$150 facility copay per day)	You pay 40% after deductible (\$500 facility copay per incident)
Freestanding Emergency Room	You pay \$500 copay + 30% after deductible	You pay \$500 copay + 20% after deductible	You pay \$500 copay + 30% after deductible	You pay \$500 copay + 50% after deductible	You pay \$500 copay + 20% after deductible	You pay \$500 copay + 40% after deductible
Bariatric Surgery	Facility: You pay 30% after deductible	Facility: You pay 20% after deductible	Not Covered	Not Covered	Facility: You pay 20% after deductible (\$150 facility copay per day)	Not Covered
	Professional Services: You pay \$5,000 copay + 30% after deductible	Professional Services: You pay \$5,000 copay + 20% after deductible			Professional Services: You pay \$5,000 copay + 20% after deductible	
	Only covered if rendered at a BDC+ facility	Only covered if rendered at a BDC+ facility			Only covered if rendered at a BDC+ facility	
Annual Vision Exam (one per plan year; performed by an ophthalmologist or optometrist)	You pay \$70 copay	You pay \$70 copay	You pay 30% after deductible	You pay 50% after deductible	You pay \$70 copay	You pay 40% after deductible
Annual Hearing Exam (one per plan year)	\$30 PCP copay \$70 specialist copay	\$15 PCP copay \$70 specialist copay	You pay 30% after deductible	You pay 50% after deductible	\$30 PCP copay \$70 specialist copay	You pay 40% after deductible

Pre-certification for genetic and specialty testing may apply. Contact a PHG at **1-866-355-5999 with questions.

2025-26 Health Maintenance Organization Plans and Premiums for Select Regions of the State

REMEMBER: When you choose an HMO, you're choosing a regional network.

TRS contracts with HMOs in certain regions to bring participants in those areas additional options. HMOs set their own rates and premiums. They're fully insured products who pay their own claims.

	Blue Essentials - South Texas HMOSM <i>Brought to you by TRS-ActiveCare</i>	Blue Essentials - West Texas HMOSM <i>Brought to you by TRS-ActiveCare</i>
	You can choose this plan if you live in one of these counties: Cameron, Hidalgo, Starr, Willacy	You can choose this plan if you live in one of these counties: Andrews, Armstrong, Bailey, Borden, Brewster, Briscoe, Callahan, Carson, Castro, Childress, Cochran, Coke, Coleman, Collingsworth, Comanche, Concho, Cottle, Crane, Crockett, Crosby, Dallam, Dawson, Deaf Smith, Dickens, Donley, Eastland, Ector, Fisher, Floyd, Gaines, Garza, Glasscock, Gray, Hale, Hall, Hansford, Hartley, Haskell, Hemphill, Hockley, Howard, Hutchinson, Irion, Jones, Kent, Kimble, King, Knox, Lamb, Lipscomb, Llano, Loving, Lubbock, Lynn, Martin, Mason, McCulloch, Menard, Midland, Mitchell, Moore, Motley, Nolan, Ochiltree, Oldham, Parmer, Pecos, Potter, Randall, Reagan, Reeves, Roberts, Runnels, San Saba, Schleicher, Scurry, Shackelford, Sherman, Stephens, Sterling, Stonewall, Sutton, Swisher, Taylor, Terry, Throckmorton, Tom Green, Upton, Ward, Wheeler, Winkler, Yoakum

Total Monthly Premiums	Total Premium	Employer Contribution	Your Premium	Total Premium	Employer Contribution	Your Premium
Employee Only	-	-	-	\$1,214.50		
Employee and Spouse	-	-	-	\$2,961.60		
Employee and Children	-	-	-	\$1,915.00		
Employee and Family	-	-	-	\$3,145.30		

Plan Features		
Type of Coverage	N/A	In-Network Coverage Only
Individual/Family Deductible	N/A	\$950/\$2,850
Coinsurance	N/A	You pay 25% after deductible
Individual/Family Maximum Out of Pocket	N/A	\$7,450/\$14,900

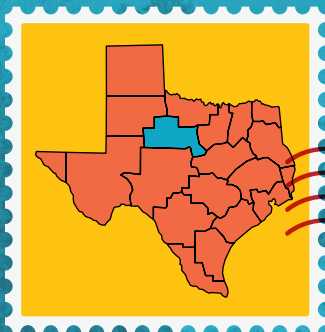
Doctor Visits		
Primary Care	N/A	\$20 copay
Specialist	N/A	\$70 copay

Immediate Care		
Urgent Care	N/A	\$50 copay
Emergency Care	N/A	\$500 copay before deductible + 25% after deductible

Prescription Drugs		
Drug Deductible	N/A	\$150
Days Supply	N/A	30-Day Supply/90-Day Supply
Generics	N/A	\$5/\$12.50 copay; \$0 for certain generics
Preferred Brand	N/A	You pay 30% after deductible
Non-preferred Brand	N/A	You pay 50% after deductible
Specialty	N/A	You pay 15%/25% after deductible (preferred/non-preferred)

With TRS-ActiveCare, the Big Country is covered by the biggest network of doctors and hospitals in Texas.

TRS-ActiveCare REGION 14



TRS-ActiveCare Plan Highlights 2024-25



Learn the Terms.

- **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.
- **Copay:** The set amount you pay for a covered service at the time you receive it. The amount can vary based on the service.
- **Coinsurance:** The portion you're required to pay for services after you meet your deductible. It's often a specified percentage of the costs; e.g., 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.

2024-25 TRS-ActiveCare Plan Highlights Sept. 1, 2024 – Aug. 31, 2025



All TRS-ActiveCare participants have **three plan options**. Each includes a wide range of wellness benefits.

How to Calculate Your Monthly Premium

Total Monthly Premium
 - Your Employer Contribution
 = **Your Premium**
Ask your Benefits Administrator for your district's specific premiums.

Wellness Benefits at No Extra Cost*

Being healthy is easy with:

- \$0 preventive care
- 24/7 customer service
- One-on-one health coaches
- Weight loss programs
- Nutrition programs
- Ovia™ pregnancy support
- TRS Virtual Health
- Mental health benefits
- And much more!

**Available for all plans. See the benefits guide for more details.*

Primary Plans & Mental Health

- Both Primary and Primary+ offer \$0 virtual mental health visits with any in-network provider.

	TRS-ActiveCare Primary	TRS-ActiveCare Primary+	TRS-ActiveCare HD
Plan Summary	<ul style="list-style-type: none"> • Lowest premium of all three plans • Copays for doctor visits before you meet your deductible • Statewide network • Primary Care Provider referrals required to see specialists • Not compatible with a Health Savings Account • No out-of-network coverage 	<ul style="list-style-type: none"> • Lower deductible than the HD and Primary plans • Copays for many services and drugs • Higher premium • Statewide network • Primary Care Provider referrals required to see specialists • Not compatible with a Health Savings Account • No out-of-network coverage 	<ul style="list-style-type: none"> • 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-preventive care

Monthly Premiums	TRS-ActiveCare Primary			TRS-ActiveCare Primary+			TRS-ActiveCare HD		
	Total Premium	Employer Contribution	Your Premium	Total Premium	Employer Contribution	Your Premium	Total Premium	Employer Contribution	Your Premium
Employee Only	\$449	-	-	\$527	-	-	\$462	-	-
Employee and Spouse	\$1,213	-	-	\$1,371	-	-	\$1,248	-	-
Employee and Children	\$764	-	-	\$896	-	-	\$786	-	-
Employee and Family	\$1,527	-	-	\$1,740	-	-	\$1,571	-	-

Plan Features	TRS-ActiveCare Primary		TRS-ActiveCare Primary+		TRS-ActiveCare HD	
	In-Network Coverage Only	Out-of-Network	In-Network Coverage Only	Out-of-Network	In-Network	Out-of-Network
Individual/Family Deductible	\$2,500/\$5,000	\$6,400/\$12,800	\$1,200/\$2,400	\$6,400/\$12,800	\$3,200/\$6,400	\$6,400/\$12,800
Coinsurance	You pay 30% after deductible	You pay 50% after deductible	You pay 20% after deductible	You pay 50% after deductible	You pay 30% after deductible	You pay 50% after deductible
Individual/Family Maximum Out of Pocket	\$8,050/\$16,100	\$20,250/\$40,500	\$6,900/\$13,800	\$20,250/\$40,500	\$8,050/\$16,100	\$20,250/\$40,500
Network	Statewide Network	Nationwide Network	Statewide Network	Nationwide Network	Nationwide Network	
PCP Required	Yes	No	Yes	No	No	

Doctor Visits			
Primary Care	\$30 copay	\$15 copay	You pay 30% after deductible / You pay 50% after deductible
Specialist	\$70 copay	\$70 copay	You pay 30% after deductible / You pay 50% after deductible

Immediate Care			
Urgent Care	\$50 copay	\$50 copay	You pay 30% after deductible / You pay 50% after deductible
Emergency Care	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible
TRS Virtual Health-RediMD™	\$0 per medical consultation	\$0 per medical consultation	\$30 per medical consultation
TRS Virtual Health-Teladoc®	\$12 per medical consultation	\$12 per medical consultation	\$42 per medical consultation

Prescription Drugs			
Drug Deductible	Integrated with medical	\$200 deductible per participant (brand drugs only)	Integrated with medical
Generics (31-Day Supply/90-Day Supply)	\$15/\$45 copay; \$0 copay for certain generics	\$15/\$45 copay	You pay 20% after deductible; \$0 coinsurance for certain generics
Preferred (Max does not apply if brand is selected and generic is available)	You pay 30% after deductible	You pay 25% after deductible (\$100 max)/ You pay 25% after deductible (\$265 max)	You pay 25% after deductible
Non-preferred	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible
Specialty (31-Day Max)	\$0 if SaveOnSP eligible; You pay 30% after deductible	\$0 if SaveOnSP eligible; You pay 30% after deductible	You pay 20% after deductible
Insulin Out-of-Pocket Costs	\$25 copay for 31-day supply; \$75 for 61-90 day supply	\$25 copay for 31-day supply; \$75 for 61-90 day supply	You pay 25% after deductible

This plan is closed and not accepting new enrollees. If you're currently enrolled in TRS-ActiveCare 2, you can remain in this plan.

TRS-ActiveCare 2
<ul style="list-style-type: none"> • Closed to new enrollees • Current enrollees can choose to stay in plan • Lower deductible • Copays for many services and drugs • Nationwide network with out-of-network coverage • No requirement for Primary Care Providers or referrals

Total Premium	Employer Contribution	Your Premium
\$1,013	-	-
\$2,402	-	-
\$1,507	-	-
\$2,841	-	-

In-Network	Out-of-Network
\$1,000/\$3,000	\$2,000/\$6,000
You pay 20% after deductible	You pay 40% after deductible
\$7,900/\$15,800	\$23,700/\$47,400
Nationwide Network	
No	

\$30 copay	You pay 40% after deductible
\$70 copay	You pay 40% after deductible

\$50 copay	You pay 40% after deductible
You pay a \$250 copay plus 20% after deductible	
\$0 per medical consultation	
\$12 per medical consultation	

\$200 brand deductible
\$20/\$45 copay
You pay 25% after deductible (\$40 min/\$80 max)/ You pay 25% after deductible (\$105 min/\$210 max)
You pay 50% after deductible (\$100 min/\$200 max)/ You pay 50% after deductible (\$215 min/\$430 max)
\$0 if SaveOnSP eligible; You pay 30% after deductible (\$200 min/\$900 max) 31 No 90-day supply of specialty medications
\$25 copay for 31-day supply; \$75 for 61-90 day supply

Compare Prices for Common Medical Services

REMEMBER:

Call a Personal Health Guide 24/7 to help you find the best price for a medical service.
Reach them at **1-866-355-5999**.


Benefit	TRS-ActiveCare Primary	TRS-ActiveCare Primary+	TRS-ActiveCare HD		TRS-ActiveCare 2	
	In-Network Only	In-Network Only	In-Network	Out-of-Network	In-Network	Out-of-Network
Diagnostic Labs**	Office/Independent Lab: You pay \$0	Office/Independent Lab: You pay \$0	You pay 30% after deductible	You pay 50% after deductible	Office/Independent Lab: You pay \$0	You pay 40% after deductible
	Outpatient: You pay 30% after deductible	Outpatient: You pay 20% after deductible			Outpatient: You pay 20% after deductible	
High-Tech Radiology	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible	You pay 20% after deductible + \$100 copay per procedure	You pay 40% after deductible + \$100 copay per procedure
Outpatient Costs	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible	You pay 20% after deductible (\$150 facility copay per incident)	You pay 40% after deductible (\$150 facility copay per incident)
Inpatient Hospital Costs	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible (\$500 facility per day maximum)	You pay 20% after deductible (\$150 facility copay per day)	You pay 40% after deductible (\$500 facility copay per incident)
Freestanding Emergency Room	You pay \$500 copay + 30% after deductible	You pay \$500 copay + 20% after deductible	You pay \$500 copay + 30% after deductible	You pay \$500 copay + 50% after deductible	You pay \$500 copay + 20% after deductible	You pay \$500 copay + 40% after deductible
Bariatric Surgery	Facility: You pay 30% after deductible	Facility: You pay 20% after deductible	Not Covered	Not Covered	Facility: You pay 20% after deductible (\$150 facility copay per day)	Not Covered
	Professional Services: You pay \$5,000 copay + 30% after deductible	Professional Services: You pay \$5,000 copay + 20% after deductible			Professional Services: You pay \$5,000 copay + 20% after deductible	
	Only covered if rendered at a BDC+ facility	Only covered if rendered at a BDC+ facility			Only covered if rendered at a BDC+ facility	
Annual Vision Exam (one per plan year; performed by an ophthalmologist or optometrist)	You pay \$70 copay	You pay \$70 copay	You pay 30% after deductible	You pay 50% after deductible	You pay \$70 copay	You pay 40% after deductible
Annual Hearing Exam (one per plan year)	\$30 PCP copay \$70 specialist copay	\$15 PCP copay \$70 specialist copay	You pay 30% after deductible	You pay 50% after deductible	\$30 PCP copay \$70 specialist copay	You pay 40% after deductible

Pre-certification for genetic and specialty testing may apply. Contact a PHG at **1-866-355-5999 with questions.

2024-25 Health Maintenance Organization Plans and Premiums for Select Regions of the State

REMEMBER: When you choose an HMO, you're choosing a regional network.

TRS contracts with HMOs in certain regions to bring participants in those areas additional options. HMOs set their own rates and premiums. They're fully insured products who pay their own claims.

	Blue Essentials - South Texas HMO SM <i>Brought to you by TRS-ActiveCare</i>	Blue Essentials - West Texas HMO SM <i>Brought to you by TRS-ActiveCare</i>
	<p>You can choose this plan if you live in one of these counties: Cameron, Hidalgo, Starr, Willacy</p>	<p>You can choose this plan if you live in one of these counties: Andrews, Armstrong, Bailey, Borden, Brewster, Briscoe, Callahan, Carson, Castro, Childress, Cochran, Coke, Coleman, Collingsworth, Comanche, Concho, Cottle, Crane, Crockett, Crosby, Dallam, Dawson, Deaf Smith, Dickens, Donley, Eastland, Ector, Fisher, Floyd, Gaines, Garza, Glasscock, Gray, Hale, Hall, Hansford, Hartley, Haskell, Hemphill, Hockley, Howard, Hutchinson, Irion, Jones, Kent, Kimble, King, Knox, Lamb, Lipscomb, Llano, Loving, Lubbock, Lynn, Martin, Mason, McCulloch, Menard, Midland, Mitchell, Moore, Motley, Nolan, Ochiltree, Oldham, Parmer, Pecos, Potter, Randall, Reagan, Reeves, Roberts, Runnels, San Saba, Schleicher, Scurry, Shackelford, Sherman, Stephens, Sterling, Stonewall, Sutton, Swisher, Taylor, Terry, Throckmorton, Tom Green, Upton, Ward, Wheeler, Winkler, Yoakum</p>

Total Monthly Premiums	Total Premium	Employer Contribution	Your Premium	Total Premium	Employer Contribution	Your Premium
Employee Only	-	-	-	\$1,011.20	-	-
Employee and Spouse	-	-	-	\$2,462.32	-	-
Employee and Children	-	-	-	\$1,593.00	-	-
Employee and Family	-	-	-	\$2,614.90	-	-

Plan Features		
Type of Coverage	N/A	In-Network Coverage Only
Individual/Family Deductible	N/A	\$950/\$2,850
Coinsurance	N/A	You pay 25% after deductible
Individual/Family Maximum Out of Pocket	N/A	\$7,450/\$14,900

Doctor Visits		
Primary Care	N/A	\$20 copay
Specialist	N/A	\$70 copay

Immediate Care		
Urgent Care	N/A	\$50 copay
Emergency Care	N/A	\$500 copay before deductible + 25% after deductible

Prescription Drugs		
Drug Deductible	N/A	\$150
Days Supply	N/A	30-Day Supply/90-Day Supply
Generics	N/A	\$5/\$12.50 copay; \$0 for certain generics
Preferred Brand	N/A	You pay 30% after deductible
Non-preferred Brand	N/A	You pay 50% after deductible
Specialty	N/A	You pay 15%/25% after deductible (preferred/non-preferred)



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

Medical Premiums		Baylor Scott and White Medical Cost Comparison				
Employee Monthly Rates	BSW Plus HMO LC5HA1Q2	BSW Premier HMO LE5HB1S2	BSW Plus HMO LC5HA1K2	BSW Plus HMO LC5HA3H2	BSW Access PPO UHB5J1M2	
Employee	\$330.08	\$284.77	\$413.63	\$485.32	\$484.22	
+ Spouse	\$1,429.47	\$1,303.19	\$1,662.38	\$1,862.18	\$1,859.13	
+ Child(ren)	\$781.37	\$702.82	\$926.24	\$1,050.51	\$1,048.61	
+ Family	\$1,826.90	\$1,671.34	\$2,113.80	\$2,359.92	\$2,356.16	

If there is any discrepancy between the plan details in this benefits guide and the official plan documents, the language in the official plan documents shall prevail as accurate. 34

MEDICAL PLAN COMPARISON

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

MEDICAL PLAN COMPARISON

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

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.