IMPORTANT HEALTH COVERAGE TAX DOCUMENTS

As an employee that was enrolled in minimum essential health coverage provided by Bexar County ESD No. 10 Health and Welfare Plan you are entitled to a Form 1095-B for the 2025 tax year, which serves as proof of the coverage offered to you. This statement was previously mailed to individuals; however, due to new regulations designed to reduce paperwork and administrative burden, we are no longer required to distribute paper copies. You are not required to file this statement with your personal taxes. However, if you would like to request a free copy of your Form 1095-B for your records, you may do so by:

- Emailing us at: tfaktor@bcesd10.org
- Calling us at: 210-661-3144
- Mailing a request to: 6658 FM 1346
  San Antonio, Texas 78220

A paper copy will be mailed to the address on file within 30 days of receiving the request. If you prefer to receive an electronic copy of your Form 1095-B, please include your preferred email with the request.