EL PASO ISD 2027

BENEFITS GUIDE



SCAN ME

https://ffbenefits.ffga.com/elpasoisd

FFGA
Benefit Solutions Simplified

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EL PASO ISD
EMPLOYEE BENEFITS
915-230-2060
www.episd.org/benefits

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This guide contains a summary of the benefits offered by your employer. If there is a conflict between the terms of this outline of benefits and the actual contracts, the terms of the contracts will prevail.

Employee Benefits Center

A guide to your benefits!

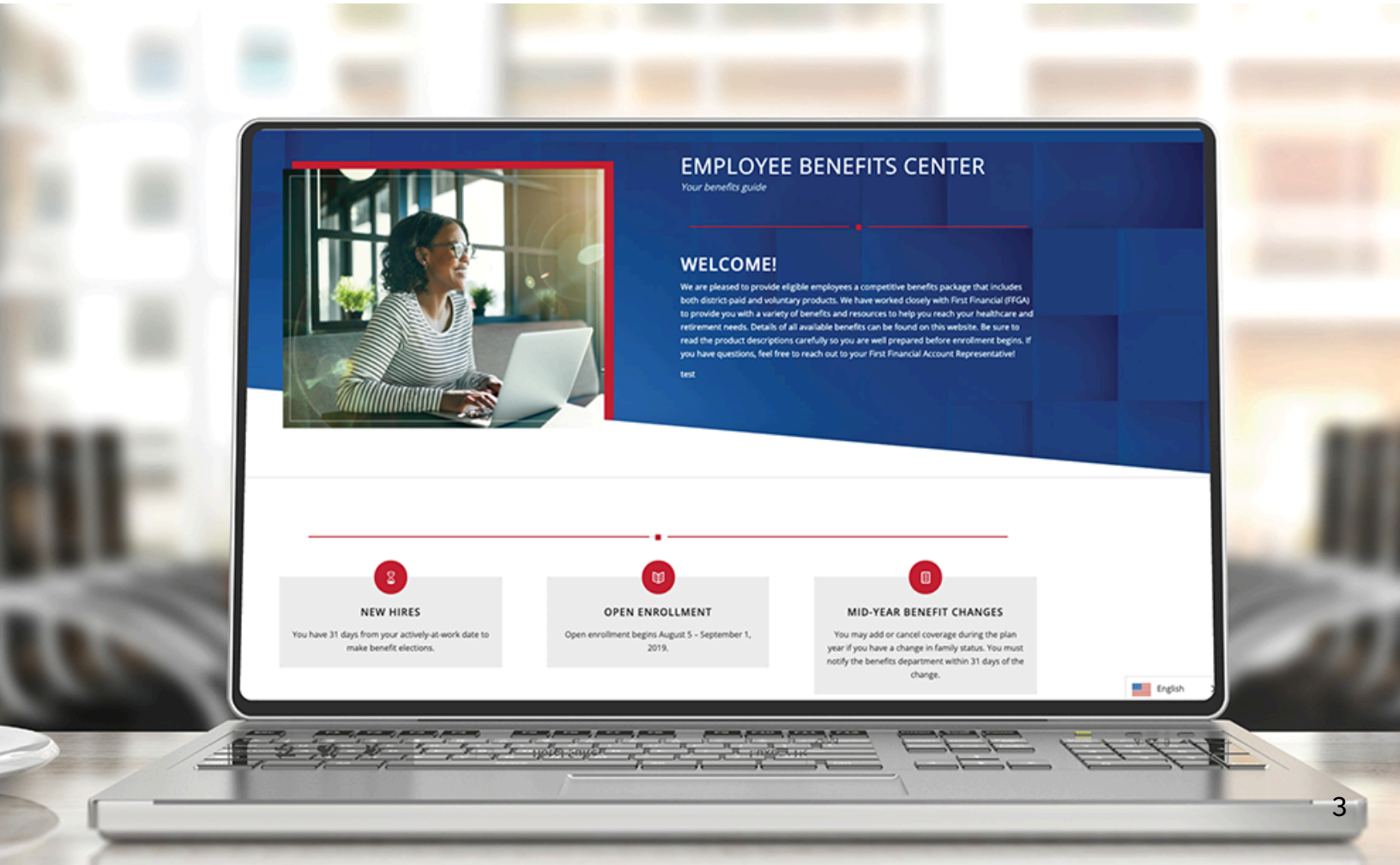
El Paso ISD and FFGA are excited to provide you with a custom website filled with information about your benefits. Visit the Employee Benefits Center to see current benefit options for your employer as well as find claim forms, important phone numbers and enrollment information.

There's no need to register for site access. Simply type the URL below into your browser and you will be directed to your Employee Benefits Center.

SCAN ME!

Scan the QR code to learn more about the plans that are available this year!

https://ffbenefits.ffga.com/elpasoisd



How to Enroll Onsite

Benefits Enrollment Is Mandatory

On-Site Enrollment

When it's time to enroll in your benefits, your FFGA Account Representative will be on-site to assist you with making your elections. Below is the schedule for Onsite Assistance.

El Paso ISD Open Enrollment Assistance Schedule

Date	Location	Time
Monday, October 26	Burges HS	10:00 AM - 6:00 PM
Tuesday, October 27	Delta Operations Center (DOC)	10:00 AM - 6:00 PM
Wednesday, October 28	Bobby Joe Hill PK-8	10:00 AM - 6:00 PM
Wednesday, October 28	El Paso HS	10:00 AM - 6:00 PM
Thursday, October 29	Transportation Westside Annex	10:00 AM - 6:00 PM
Friday, October 30	Central Office	12:00 PM - 6:00 PM
Monday, November 2	Franklin HS	10:00 AM - 6:00 PM
Tuesday, November 3	Richardson MS	10:00 AM - 6:00 PM
Wednesday, November 4	Jefferson HS	10:00 AM - 6:00 PM
Thursday, November 5	Wally Hartley PK-8	10:00 AM - 6:00 PM
Friday, November 6	Transportation Northeast Annex	10:00 AM - 6:00 PM
Saturday, November 7	PDC	9:00 AM - 2:00 PM
Monday, November 9	Chapin HS	10:00 AM - 6:00 PM
Tuesday, November 10	Bowie HS	10:00 AM - 6:00 PM
Thursday, November 12	Navarrete MS	10:00 AM - 6:00 PM
Friday, November 13	Coronado HS	10:00 AM - 6:00 PM
Saturday, November 14	PDC	9:00 AM - 2:00 PM
Monday, November 16	Austin HS	10:00 AM - 6:00 PM
Tuesday, November 17	Irvin HS	10:00 AM - 6:00 PM
Wednesday, November 18	Andress HS	10:00 AM - 6:00 PM

How to Enroll

Benefits Enrollment Is Mandatory

Online Enrollment

To begin online enrollment, visit https://ffga.benselect.com/Enroll/login.aspx.

Enroll Now

1.On your browser go to portal.episd.org this will take you to the Rapid Identity log in screen.
2.Enter your District Username
3.Enter your Password
4.Log into Rapid Identity App to get access code. If you do not have the Rapid Identity App, you may need to download it at this point.
5.Once logged in you will see your applications screen
6.Click on FFGA, this will take you directly to the benefits portal

View Current Benefits

After logging in, you will arrive at the welcome screen. Your current benefits and premium deductions will be listed on this screen.

View/Add Dependents

Click next to view your dependents. It is very important to make sure the social security numbers and birth dates listed are correct. If you plan to add dependents, you will need to enter their legal name, social security numbers and birth dates.

Begin Elections

Click next again to begin making your benefit elections. Remember, no changes to your elections can be made during the plan year unless you have either a qualified mid-year change under Section 125 or a special enrollment event.

Enrollment Assistance Center Instructions

Call 855-765-4473 opt. 5 and follow the prompts to be connected to your local FFGA branch office. Hours of operation are 8 a.m. to 5 p.m. (local time) Monday through Friday. There is an option to leave a voice message for a representative to call you back. Phone calls will be returned as soon as possible or the next business day if it is after hours.

Benefit Eligibility & Coverage

Employee Coverage

Eligibility

Eligible employees must be actively at work on the plan effective date for new benefits to be effective.

Enrollment Is Mandatory

When it's time to enroll in your benefits, FFGA representatives will be onsite to assist you with making your elections. Your elections can be made anytime during annual enrollment, onsite, online from your work or home computer and by phone.

Before enrollment, take time to educate yourself on the available benefits and what options would work best for you and your family by visiting the Employee Benefits Center.

Failure to complete open enrollment will result in a loss of medical coverage as well as HSA/FSA contributions.

Mid-year Benefit Changes

You may add or cancel coverage during the plan year if you have a change in family status. You must notify the benefits department within 31 days of the change. Please email employeebenefits@episd.org **with your name and ID number to request the change**

Qualifying Life Events Include:

- Changes in household, including marriage, divorce, legal separation, annulment, death of a spouse, birth, adoption, placement for adoption or death of a dependent child
- Loss of health coverage, attributable to your spouse's employment, losing existing health coverage including job-based, individual and student plans, losing eligibility for Medicare, Medicaid, or CHIP, turning 26 and losing coverage through a parent's plan

Declining Coverage

If you are eligible for benefits, but wish to DECLINE coverage, please complete the online enrollment either on your work or home computer. Under each option, you will need to select "waive." **You must still complete the beneficiary information.**

Section 125 Plans

Section 125 Plan Information & Rules

A Section 125 Plan provides a tax-saving way to pay for eligible medical or dependent care expenses. The funds are automatically deducted from your paycheck on a pre-tax basis.

Here's How It Works

A Section 125 Plan reduces your taxes and increases your spendable income by allowing you to deduct the cost of eligible benefits from your earnings before tax. Plus, the plan is available to you at no cost, and you're already eligible – all you must do is enroll.

Is It Right For Me?

The savings you may experience with a Section 125 Plan are outlined in the example below. For instance, you could potentially take home about $70 more each month if you participated in your employer's Section 125 Plan – that's a savings of $840 a year!

You cannot change your benefit elections for the plan year unless the benefits office receives notification in writing within 31 days of the status change. If the benefits office is not notified within 31 days of the status change, no benefit change can be made until the next annual open enrollment.

IRS specified changes in family status include:

- Change in legal married status
- Change in number of dependents
- Termination or commencement of employment
- Dependent satisfies or ceases to satisfy dependent eligibility requirements
- Change in residence or worksite that affects eligibility for coverage

Section 125 Plan Sample Paycheck		
	Without S125	With S125
Monthly Salary	$2,000	$2,000
Less Medical Deductions	-N/A	-$250
Tax Gross Income	$2,000	$1,750
Less Taxes (Fed/State at 20%)	-$400	-$350
Less Estimated FICA (7.65%)	-$153	-$133
Less Medical Deductions	-$250	-N/A
Take Home Pay	$1,197	$1,267

You could save $70 per month in taxes by paying for your benefits on a pre-tax basis!

**The figures in the sample paycheck above are for illustrative purposes only.*

Medical Coverage

Cigna



Your medical plans are offered through Cigna. From in- and out-of-network options to comprehensive prescription drug coverage and special health and wellness programs, El Paso ISD's medical plan has been designed to flexibly meet the needs of the districts employees and their families.

Physical ID cards will not be mailed; please download your digital ID card through the myCigna app.

Cigna - www.cigna.com - 1-800-244-6224

Self-Funded Consumer Driven Healthcare Plan (CDHP)

- High deductible plan - must meet deductible before plan covers expenses
- In-network and out-of-network benefits - separate out-of-network deductible/ out-of pocket maximum
- Provider network is with Cigna
- PPO Plan
- Deductible applies to medical and pharmacy
- Employee may elect to contribute funds to a Health Savings Account.
- Low-cost Telemedicine visits through MDLive- 888-632-2738
- Local On-Site Representative- Ana Luna 915-230-2068 aluna2@episd.org
- Local On-Site Health Coach to assist in managing chronic condition- Cecilia Bueno 915-230-2067 caquino@episd.org

Traditional PPO Plan

- Co-Pay plan - pay flat fees for office visits and prescriptions
- Lower In-network deductible
- In-network and out-of-network benefits - separate out-of-network deductible/ out-of pocket maximum
- Compatible with Flexible Spending Accounts
- No requirement for a Primary Care Physician
- No referrals for Specialist vists
- Low-cost for telemedicine visits through MDLive- 888-632-2738
- Local On-Site Representative- Ana Luna 915-230-2068 aluna2@episd.org
- Local On-Site Health Coach to assist in managing chronic condition- Cecilia Bueno 915-230-2067 caquino@episd.org

2027 Cigna

EPISD EMPLOYEE BENEFITS

EL PASO INDEPENDENT SCHOOL DISTRICT

Plan Features	CDHP (High Deductible)		TRADITIONAL (COPAY)	
	In Network	Out of Network	In Network	Out of Network
Deductible (Plan Year) (Individual/Family)	$3,500/ $6,600	$8,500/ $17,000	$2,500/ $5,000	$7,500/ $15,000
Out of Pocket Max (Individual/Family)	$8,300/ $16,600	$15,000/ $30,000	$8,050/ $16,100	$17,000/ $34,000
Coinsurance	30%	50%	30%	50%
Office Visit Copay				
Primary Care	30% after deductible	50% after deductible	$30 co-pay	50% after deductible
Specialty Care	30% after deductible	50% after deductible	$50 co-pay	50% after deductible
Urgent Care	30% after deductible	50% after deductible	$50 co-pay	50% after deductible
Diagnostic Lab	30% after deductible	50% after deductible	30% after deductible	50% after deductible
Prescription Copay				
Deductible	Plan Year Deductible	Plan Year Deductible	Plan Year Deductible	Plan Year Deductible
30 Day Supply Retail	Generic 20% after deductible Preferred 25% after deductible Non-Preferred 50% after deduct.	50% after deductible	Generic $15 Preferred 30% Non-Preferred 50%	50% After Ded.
90 Day Supply Retail or Home Delivery	Generic 20% after deductible Preferred 25% after deductible Non-Preferred 50% after deduct.	50% after deductible Home Delivery not covered	Generic $30 Preferred 30% Non-Preferred 50%	50% After Ded
Immediate Care				
Telemedicine Virtual Visit-MDLive	$0 for Acute Care Virtual Visits	Not Covered	$0 for Acute Care Virtual Visits	Not Covered
Radiology	30% after deductible	50% after deductible	30% after deductible	50% after deductible
Hospital (Inpatient/Outpatient)	30% after deductible	50% after deductible	30% after deductible	50% after deductible
Urgent Care Facility	30% after deductible	50% after deductible	$50 Copay + 30% after deductible	50% after deductible
Emergency Room Hospital/Free Standing	30% after deductible	30% after deductible	$500 Copay + 30% after deductible	$500 copay + 40% after deductible

Consumer Driven Healthcare Plan (CDHP)

- Compatible with Health Savings Account (HSA) and Flexible Spending Account (FSA)
- Nationwide network
- No requirement for primary care physician
- No referrals for specialists
- Preventive care covered at 100%

Traditional PPO Plan (Co-Pay Driven)

- Lower deductible
- Compatible with Flexible Spending Account (FSA)
- Nationwide network
- No requirement for primary care physician
- No referrals for specialists
- Preventive care covered at 100%

Medical Premiums

The rates below reflect the cost for employees receiving checks year-round

EPISD Self-Funded CDHP Plan				
	Total	EPISD Contribution	Employee cost Monthly	Employee Cost Semi-Monthly
Employee Only	$790.77	$616.77	$70.00	$35.00
Employee + Spouse	$1,728.77	$616.77	$1,063.00	$531.50
Employee + Children	$1,233.77	$616.77	$617.00	$308.50
Employee + Family	$2,074.77	$616.77	$1,409.00	$704.50

EPISD Self-Funded Traditional PPO Plan				
	Total	EPISD Contribution	Employee cost Monthly	Employee Cost Semi-Monthly
Employee Only	$951.77	$616.77	$165.00	$82.50
Employee + Spouse	$1,847.77	$616.77	$1,200.00	$600.00
Employee + Children	$1,343.77	$616.77	$727.00	$363.50
Employee + Family	$2,239.77	$616.77	$1,574.00	$787.00

Medical Premiums

The rates below reflect the cost for employees not receiving checks year-round. (IE Bus Drivers, Bus Monitors, Food Service Workers.)

EPISD Self-Funded CDHP Plan			
	Total	EPISD Contribution	Employee Cost 20 Checks
Employee Only	$790.77	$616.77	$42.00
Employee + Spouse	$1,728.77	$616.77	$637.80
Employee + Children	$1,233.77	$616.77	$370.20
Employee + Family	$2,074.77	$616.77	$845.40

EPISD Self-Funded Traditional PPO Plan			
	Total	EPISD Contribution	Employee Cost 20 Checks
Employee Only	$951.77	$616.77	$99.00
Employee + Spouse	$1,847.77	$616.77	$720.00
Employee + Children	$1,343.77	$616.77	$436.20
Employee + Family	$2,239.77	$616.77	$845.40

Cigna Resources

24/7/365 service - 800-244-6224

Whenever you need us, just call the toll-free number printed on the back of your Cigna ID card 24 hours a day, seven days a week, 365 days a year.

- Order an ID card, update information and check claim status
- Find a health advocate for help with improving specific health issues
- Speak with a Spanish speaking service representative or someone who can translate one of 200 languages

Preventive care covered 100% in-network

Getting and staying healthy is important. That is why certain preventive care services are 100% covered when you use an in-network doctor. These services may include:

- Colon cancer testing
- Routine mammograms and pap smear
- Screenings for blood pressure, cholesterol, and diabetes
- Immunizations for covered dependent children
- Well check ups
- Annual flu shots

*Obtaining preventive services may make you eligible for gift card incentives

Telehealth

Cigna Telehealth Connection through MDLive helps you get the care you need- including most prescriptions (when appropriate) - for a wide range of minor conditions.

- **Choose when:** 24/7/365, day or night, weekdays, weekends, and holidays
- **Choose where**: Home, work, or on the go
- **Choose how:** Phone or video chat

Cigna Veteran Support Line - 855-244-6211

This free hotline is available 24/7/365 to all veterans, their families, and caregivers. No need to be a Cigna customer. Cigna stands ready to connect with you for:

- Mental health services
- Pain management resources
- Substance use counseling
- Financial support
- Food, clothing, housing

The myCigna App

The myCigna app helps you personalize, organize, and access your important plan information on your phone or tablet. Use the myCigna App and log in anytime, just about anywhere, to:

- Manage and track claims
- View, fax, or email ID card information
- Find in-network doctors, and compare cost and quality information
- Review your coverage
- Track your account balances and deductibles
- Submit receipts for reimbursement from your Cigna HSA

Health Savings Account

Cigna | www.cigna.com | 1-920-803-4100

A Health Savings Account (HSA) is a great way to help you control your healthcare costs. It works in conjunction with a qualified High Deductible Health Plan (HDHP) to combine tax-free savings earmarked for qualified medical expenses. An HSA allows you to set aside money to pay for higher deductibles associated with a lower monthly premium HDHP. The money you save in monthly insurance premiums is reserved for eligible medical expenses you incur in the future. Eligible expenses include things like co-pays and deductibles, prescriptions, vision expenses, dental care, therapy and medical supplies.

Health Savings Account Highlights

- Balances roll over from year to year and earn interest along the way.
- Portable – you keep it even after you leave employment.
- Tax advantages – invest money in mutual funds to grow your tax savings for either future healthcare costs or retirement.
- Pay for expenses with a benefits debit card that gives you immediate access to your money at the time of purchase.
- Expenses also can be reimbursed through our online portal, online bill pay directly to your provider or submitting a distribution request form.
- Receipts are not required for reimbursement but be sure to save them for tax purposes.

Who Can Participate in an HSA?

- You must be enrolled in a qualified High Deductible Health Plan (HDHP).
- You cannot be enrolled in Tricare or Medicare, including part A, or covered under your spouse's traditional (non-HDHP) health care plan.
- You cannot participate in a general purpose Flexible Spending Account (FSA) or Health Reimbursement Arrangement.
- Limited Purpose Flexible Spending Accounts are permitted (dental and vision expenses only).
- You cannot participate if your spouse has a general purpose FSA or HRA at their place of employment.
- You cannot participate if you are being claimed as a dependent on another person's tax return.

	2026	2027
HSA Contribution Limits	• Self: $4,400 • Family: $8,750	• Self Only: $4,500 • Family: $9,000
$1,000 catch-up contributions (age 55 or older)		

Flexible Spending Accounts

First Financial Administrators, Inc. | www.ffga.com
1.866.853.3539 P.O. Box 161968 | Altamonte Springs, FL 32716

Medical FSA

A Medical Flexible Spending Account (Medical FSA) is an IRS-approved program to help you save taxes and pay for out-of-pocket medical expenses not covered under your medical plan. If your plan includes a grace period option, you have additional time to incur and claim against unused funds in the new plan year. Keep in mind that remaining balances after the grace period is exhausted will be forfeited under the use-it-or-lose-it rule.

Your maximum contribution amount is $3,400.

Medical FSA Highlights

- Contributions are automatically deducted from your paycheck on a pre-tax basis, which helps reduce your taxable income and increase your spendable income.
- Your full election will be available to you at the beginning of the plan year.
- Be conservative – any money left in your account at the end of the plan year will be forfeited.
- Use your benefits card to pay for qualified expenses upfront without spending money out of pocket.
- Keep all receipts in case you need to substantiate a claim for tax purposes.

NOTE: The IRS requires proof that all expenses are eligible. Keep all receipts in case you need to substantiate a claim for tax purposes. Your receipt must include the date of purchase or service, amount you were required to pay after insurance, description of the product or service, merchant or provider name, and the patient's name.

Dependent Care FSA

With a Dependent Care Flexible Spending Account, you can set aside part of your pay on a pre-tax basis to pay for eligible dependent care expenses like childcare, babysitters, and adult day care. Please note that if you participate in the DCA, you cannot claim the child tax credit for any day care related expenses.

You may allocate up to $7,500 per tax year for reimbursement of dependent care services.

If you are married and file a separate tax return, the limit is $3,750.

Dependent Care FSA Highlights

- Eligible dependents must be claimed as an exemption on your tax return.
- Eligible dependents must be children under age 13 or an adult dependent incapable of self-care.
- Funds become available as contributions are made to your account.
- Keep all receipts in case you need to substantiate a claim for tax purposes.
- Balances will be forfeited at the end of the runoff or grace period.

FSA Resources

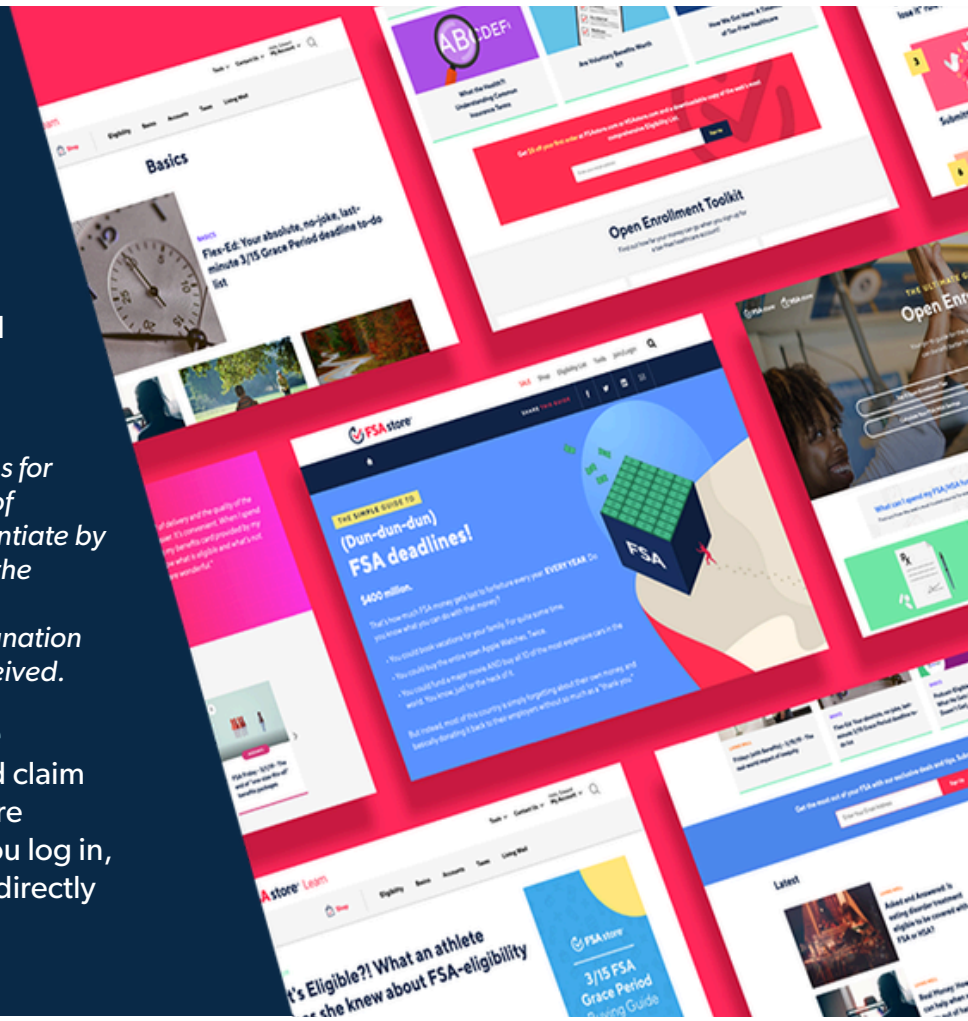
Benefits Card

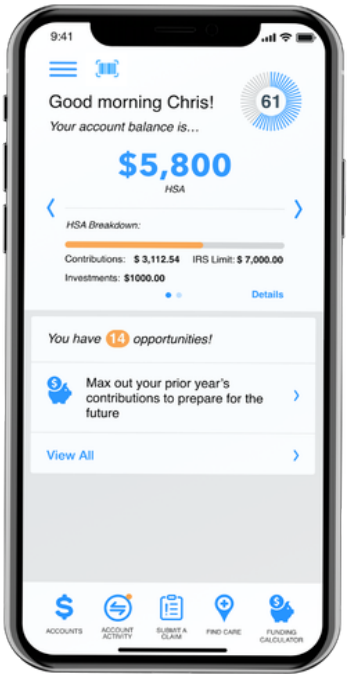
The FFGA Benefits Card is available to all employees that participate in a Medical FSA and/or a Dependent Care FSA. The Benefits Card gives you immediate access to your money at the point of purchase. Cards are available for participating employees, their spouse and any eligible dependents who are at least 18 years old.

The IRS requires validation of most transactions for FSAs. You must submit receipts for validation of expenses when requested. If you fail to substantiate by providing a receipt to FFGA within 60 days of the purchase or date of service your card will be suspended until the necessary receipt or explanation of benefits from your insurance provider is received.

View Your Account Details Online

Sign up to view your account balance, find claim forms and check claims status on our secure website. Log in at www.ffga.com. After you log in, you may sign up to have reimbursements directly deposited to your bank account.





FF Mobile Account App

With the FF Mobile Account App, you can submit claims, view account balance and history, check claims status, view alerts, upload receipts and documentation and more! The FF Mobile Account App is available for Apple® and Android™ devices on either the App Store or Google Play Store.

FSA Store

FFGA has partnered with the FSA Store to bring you an easy-to-use online store to better understand and manage your account. You can shop for eligible medical items like bandages and contact solution, browse for products and services using the Eligibility List and visit the Learning Center to find answers to commonly asked questions. Visit the store at **http://www.ffga.com/individuals/#stores** for more details and special deals.

FSA store®
Everything Flex Spending.

Dental Insurance

MetLife



Metlife | www.metlife.com/dental | 800-942-0854

Taking care of your oral health is not a luxury, it is a necessity to long-term optimal health. Dental insurance can greatly reduce your costs when it comes to preventative, restorative, and emergency procedures. Review the plan benefits to see which option is best for you and your family's dental needs. There is a small increase to the dental rates for 2027.

PPO Low Plan Highlights:

- Freedom to choose dentists in or out of network
- Out-of-Pocket costs are lower if you choose from the Metlife preferred provider list of in-network dentists
- Annual deductible of $50 per individual or $150 per family, calendar year maximum benefit of $1,000 per person
- In-network providers have agreed to the contracted rate, reducing your out-of pocket expenses by staying in network
- Orthodontia lifetime maximum of $1,000 per person

PPO High Plan Highlights:

- Freedom to choose dentists in or out of network
- Out-of-Pocket costs are lower if you choose from the Metlife preferred provider list of in-network dentists
- Annual deductible of $50 per individual or $150 per family, calendar year maximum benefit of $1,500 per person
- In-network providers have agreed to the contracted rate, reducing your out-of pocket expenses by staying in network
- Orthodontia lifetime maximum of $2,000 per person

Dental Semi-Monthly Premiums		
	Low Plan	High Plan
Employee Only	$9.76	$18.08
Employee + Spouse	$19.53	$36.18
Employee + Children	$19.91	$36.91
Employee + Family	$29.69	$55.00

Vision Insurance

Superior Vision by Metlife | www.metlife.com/vision | 833-393-5433

Proper vision care is essential to your overall well-being. Regular eye exams at any age will help prevent eye disease and keep your vision strong for years to come. EPISD employees will now have access to the Superior Vision network through Metlife. This change will allow you to have access to even more in-network providers than before!

Your employer provides you with a vision plan to take care of you and your family's needs. Below are some highlights about your vision plan.

- Richer benefits with in-network providers
- $20 copay for eye exams
- $20 copay for eyeglasses or contacts
- $150 frame allowance and a $175 contact lens allowance
- Save by using Costco or Sam's Club vision centers
- This plan allows for eye exam, new frames, and contacts every 12 months
- Plan provides for 2 pairs of glasses, double contacts, or 1 of each every 12 months

Vision Semi-Monthly Premium	
Employee Only	$3.58
Employee + Spouse	$7.15
Employee + Children	$7.33
Employee + Family	$10.10



Term Life & AD&D

Employer-Paid & Voluntary

Hartford | https://www.thehartford.com/employee-benefits | 866-294-7987

Employer-Paid Term Life & AD&D Insurance

Life insurance protects your loved ones. It pays a benefit so they can afford to pay for funeral expenses, pay off debt and maintain their current standard of living. It is one of the best ways to show you care. Your employer provides all eligible employees $20,000 in coverage. The cost of this policy is paid for 100% by your employer. This is a term life policy that is in effect while you are employed and working 10 hours or more.

Voluntary Term Life Insurance

Voluntary life insurance is term life coverage you can purchase in addition to the basic life plan provided by your employer. It will cover you for a specific period of time while you are employed. Plan amounts are offered in tiers so you can choose the amount of coverage that works best for you and your family. Because it's a group plan, premiums are typically lower, so it's more affordable to gain the peace of mind that life insurance provides. Limitations apply, please see policy for details. If electing coverage for the first time, or increasing more than 1 level, Evidence of Insurability must be completed. Benefit levels available are 1.5, 2 or 3 times your annual salary. Visit the Employee Benefits Center at ffbenefits.ffga.com/elpasoisd for more details.



Permanent Life

Texas Life



Texas Life | www.texaslife.com | 800-283-9233

Texas Life Insurance - Permanent, Portable Life Insurance

The peace of mind voluntary, permanent life insurance provides is unmatched. It is a solid companion to your group life insurance plan. Texas Life provides life insurance that you can keep for a lifetime. The plan is easy to purchase, pay for, and keep through the convenience of payroll deduction. Coverage is affordable and dependable. Plus, Texas Life has over a century of experience protecting families and giving the peace of mind only permanent life insurance can provide.

Texas Life - Permanent Life Highlights

- You own the policy, even if you change jobs or retire.
- The policy remains in force until you die or up to age 121 if you pay the necessary premium on time.
- It is a permanent, universal life policy which means you can rest easy knowing your loved ones will be well taken care of when you're gone.
- Available every year through express issue
- Chronic Illness Rider
- Terminal Illness Rider
- For more plan information, go to the employee benefit center at ffbenefits.ffga.com/elpasoisd

Disability Insurance

Hartford | www.thehartford.com/employee-benefits | 866-294-7987

Why Do I Need Disability Insurance?

Have you ever wondered what would happen to your income if you had an accidental injury, sickness, or pregnancy? That is why you need disability coverage. It replaces a portion of income for the period you are unable to work due to those reasons. There are four different elimination plans for you to choose: 0/7, 14, 30, and 60 days. The elimination period is the amount of time you must wait before your plan will pay you benefits for being disabled. Benefit amounts start at $200 per month and up to 66 and 2/3% of your monthly salary.

How do you decide if you need disability insurance? Consider these questions when making your decision:

- How much employer leave do you have?
- Do you have savings?
- Do you have other income you can rely on, such as from your spouse or from child support?
- How close are you to retirement?
- Could you go on Social Security Disability or take a Disability Retirement?
- What are your other sources of income?



Critical Illness Insurance

CIGNA | https://mycigna.com| 800-754-3207

Prepare For the Unexpected

If you've heard of heart attacks, strokes, organ transplants or paralysis, then you're familiar with critical illness. It's likely you or someone you know has experienced one of these life-altering events. Often times, a critical illness has a powerful impact on people's lives, affecting their livelihood and finances.

A critical illness plan can help with the treatment costs of covered illnesses. Benefits are paid directly to you and the plans are portable. Your plan pays a lump sum initial benefit upon the first verified diagnosis of a covered condition. Your plan also pays a lump sum recurrence benefit for a subsequent verified diagnosis of certain covered conditions. A recurrence benefit is only available if an initial benefit has been paid for the same covered condition.

Some of the covered critical illnesses with 100% initial and recurrent benefits include:

-Benign Brain Tumor
-Invasive Cancer
-Coronary Artery Bypass Graft
-Heart Attack
- Kidney Failure
- Major Organ Failure
- Alzheimer's Disease*no recurrent benefit paid
- Stroke

There are many illnesses that have a reduced benefit payable in the event of diagnosis through this plan as well. The below will pay a 25% initial diagnosis benefit and has no recurrent benefit available. Visit the employee benefit center to see all the covered diagnosis with this benefit.

-Noninvasive cancer
-Childhood diseases including cerebral palsy, cleft lip/palate, cystic fibrosis, type 1 diabetes, down syndrome, sickle cell anemia, spina bifida.
-Infectious Diseases if treated in a hospital for 5 consecutive days, including covid 19, diphtheria, rabies, and malaria. Please see information on your employee benefit center for all covered Infections Diseases.
-Progressive diseases including ALS, multiple sclerosis, muscular dystrophy, advanced Parkinson's disease, systemic lupus erythematosus.

Coverage is portable and available for yourself, spouse, and children. Coverage benefit options available of $10,000, $20,000 or $30,000. Price is based off age and coverage selected. See full rate chart on the Employee Benefit Center: ffbenefits.ffga.com/elpasoisd.

Example of how benefits are paid using $10,000 benefit amount

Covered condition/illness	Payment
Heart Attack – First verified diagnosis	Initial benefit payment of $10,000 or 100%
Kidney Failure – First verified diagnosis, 2 years later	Initial benefit payment of $10,000 or 100%
Heart Attack – Second verified diagnosis, 4 years later	Recurrence benefit payment of $10,000 or 100%

Accident Insurance

Metlife | mybenefits.metlife.com | 800-438-6388

The costs associated with an injury can add up. Between hospital visits, exams and treatment, out-of-pocket costs could put you in a financial hardship. An accident plan pays benefits directly to you so you can determine where to spend the money. It's comforting to know that an accident insurance policy can be there through all stages of your care, from initial treatment to follow-up care.

Accident coverage is available to you through payroll deduction and portable if you ever leave the district. There are 2 plans to choose from, a low plan and a high plan that provide benefits directly to you, in addition to any other insurance payments you may receive.

Some of the covered insurance/services under this plan are:

Benefit Type	Low Plan Benefits	High Plan Benefits
Fracture – depends on fracture and type of repair	$100 - $8,000	$200 - $10,000
Dislocation- depends on dislocation and type of repair	$100 - $8,000	$200 - $10.000
Second or Third Degree Burn	$100 - $10,000	$125 - $15,000
Concussion	$400	$800
Laceration – depends on length of cut and repair	$50 - $400	$75 - $700
Broken Tooth	Crown $200, Filling $50, Extraction $100	Crown $300, Filling $100, Extraction $150
Ambulance	Ground $400/Air $1,200	Ground $500/Air $1,500
Emergency Care	$50 - $250	$75 - $300
Non Emergency Care	$50	$75
Physician Follow Up	$100	$125
Surgical Repair	$200 - $2,000	$250 - $2,500
Medical Appliance	$100 - $1,000	$200 - $1,250

Benefit payment example on the low plan due to a fall at a park.

Emergency Care - $100	Fracture of Leg - $1,000
Surgical Repair - $500	Medical Appliance - $300
Physician Follow up - $200 total ($100 X 2 follow ups)	
Total Benefit Paid: $2,100	

For a list of all covered benefits associated with the accident plan, visit the employee benefits center website at ffbenefits.ffga.com/elpasoisd.

Semi Monthly Premiums		
	Low Plan	High Plan
Employee Only	$2.68	$3.85
Employee + Spouse	$5.35	$7.70
Employee + Children	$6.52	$9.38
Employee + Family	$7.67	$11.03

Hospital Indemnity Insurance

CIGNA | https://mycigna.com| 800-754-3207

Hospital stays are costly. If you or a family member find yourself in the hospital due to a sudden accident or illness, you may struggle financially, even if you have a good medical plan. With a hospital indemnity plan, you can rest assured those extra expenses won't be a financial burden.

Unlike medical plans, there are no deductibles to meet with a hospital indemnity plan. As soon as you incur a qualified event, you can file a claim and start receiving benefits. This is not medical coverage, but a great companion to help offset costs incurred with hospital admission.

Insurance benefits are paid when you have a planned or unplanned hospital stay for an illness, injury, surgery, or having a baby. The plan pays a lump sum for admission on a daily benefit for a covered hospital stay.

There are two plans to choose from. You can elect coverage for yourself, spouse, and children; both options are portable if you leave the district. The money is paid directly to you and can be used for medical costs, insurance deductibles, groceries, transportation, childcare – the choice is up to you!

Benefit	Low Plan	High Plan
Hosptial Stay - Admission	$500	$1,000
Hosptial Stay - Daily	$150	$200
Hosptial Stay - (ICU) Daily	$300	$400
Newborn Routine Care	$100	$100
Observation Unit	$100	$100
Substance Abuse Stay - Daily	$100	$200
Mental Disorder Stay - Daily	$100	$200
Rehabilitation Unit Stay - Daily	$100	$200
Hosptial Stay - ICU Admission	$1,000	$2,000

Semi Monthly Premiums

	Low Plan	High Plan
Employee Only	$3.61	$7.07
Employee + Spouse	$8.28	$16.28
Employee + Children	$5.64	$11.00
Employee + Family	$9.55	$18.68

Identity Theft Protection

iLock360| www.ilock360.com | 855-287-8888

Millions of Americans report having their identity stolen each year. People are online and mobile more than any time in history, so it's no surprise that identity theft is on the rise. And it goes far beyond simply having your credit card number stolen. While credit card fraud is one of the highest reported types of identity theft, it also includes bank, loan, phone and tax-related fraud.

Identity theft insurance won't prevent your identity from being stolen. But it will be there to alert you if any suspicious activity is noticed under your name. The plan includes credit bureau monitoring, social security number usage and lost wallet protection. Accounts are monitored daily so you can rest easy knowing your identity is being protected even while you sleep. The sooner you can take action to close your accounts, the quicker you can recover your identity.

It takes years to establish a good reputation with credit lenders and employers. Make sure it remains yours by taking advantage of the identity theft insurance offered through your employer.

The iLock360 Plus plan covers 1 major credit bureau where the Premium plan covers 3 major credit bureaus. Children are covered until the age of 18.

Semi Monthly Premiums		
	Plus Plan	Premium Plan
Employee Only	$4.00	$7.50
Employee + Spouse	$7.50	$11.00
Employee + Children	$6.50	$10.00
Employee + Family	$10.00	$13.50



457(b) Retirement Plans



TCG/HUB Services | www.tcgservices.com | 800-943-9179
Carol Martinez, Local Plan Representative | 915-539-4286

A 457(b) plan is a Tax Deferred Retirement Plan available to employees of state and local governmental agencies, including public school employees. They are similar to 401(k) plans because they allow you to place a percentage of your salary into an employer-sponsored plan that helps you save for retirement. You will not have to pay taxes on what you contribute or your earnings made until you withdraw the money.

Benefits

- Investment options: fixed annuities, variable annuities, or mutual funds
- Flexibility: start, stop, and adjust your contributions as allowed by your employer's plan
- Receive periodic account statements
- No 10% federal penalty on interest or earnings for early withdrawal
- No current federal income taxes on the money you put into the plan until it is time to take withdrawals

Your local TCG/HUB Representative is available to assist and answer your questions. Carol Figueroa, 915-539-4286 or cfigueroa@tcgservices.com. You can schedule a time to meet with Carol at tcgservices.com/cfigueroa.

Contribution Limits	
2026	**2027**
$24,500	TBD

Participants aged 50 and older at any time during the calendar year are permitted to contribute an additional $8,000.

All investing involves risk. Past performance is not a guarantee of future returns.

403(b) Retirement Plans

TCG/HUB Services | www.tcgservices.com | 800-943-9179
Carol Martinez, Local Plan Representative | 915-539-4286

The 403(b) can be an excellent way to save money for retirement. It can serve as a supplement to a traditional pension plan or other retirement plan(s), or as a stand-alone plan. The 403(b) is a tax deferred retirement plan available to employees of educational institutions and certain non-profit organizations as determined by section 501(c)(3) of the Internal Revenue Code. Contributions and investment earnings in a 403(b) grow tax deferred until withdrawal (assumed to be retirement), at which time they are taxed as ordinary income. The 403(b) is named after the section of the IRS code governing it.

How a 403(b) Works

Employees enroll and participate through their employer. Contributions to a 403(b) are made on a pre-tax basis through a Salary Reduction Agreement. This is an arrangement where the participating employee agrees to take a reduction in salary. The amount by which the salary is reduced is directed to investments offered through the employer and selected by the employee. These contributions are called elective deferrals and are excluded from the employee's taxable income. Contributions grow tax-deferred until the time of retirement when withdrawals are taxed as ordinary income. An approved vendor must be selected.

Benefits

- Tax deferred growth: no annual taxation on earnings
- Investment options: fixed annuities, variable annuities, or mutual funds
- Competitive interest rates
- Flexibility: start, stop, and adjust your contributions as allowed by your employer's plan.
- Receive periodic account statements

Your local TCG/HUB Representative is available to assist and answer your questions. Carol Figueroa, 915-539-4286 or cfigueroa@tcgservices.com. You can schedule a time to meet with Carol at tcgservices.com/cfigueroa.

Contribution Limits	
2026	**2027**
$24,500	TBD

Participants aged 50 and older at any time during the calendar year are permitted to contribute an additional $8,000.

All investing involves risk. Past performance is not a guarantee of future returns.

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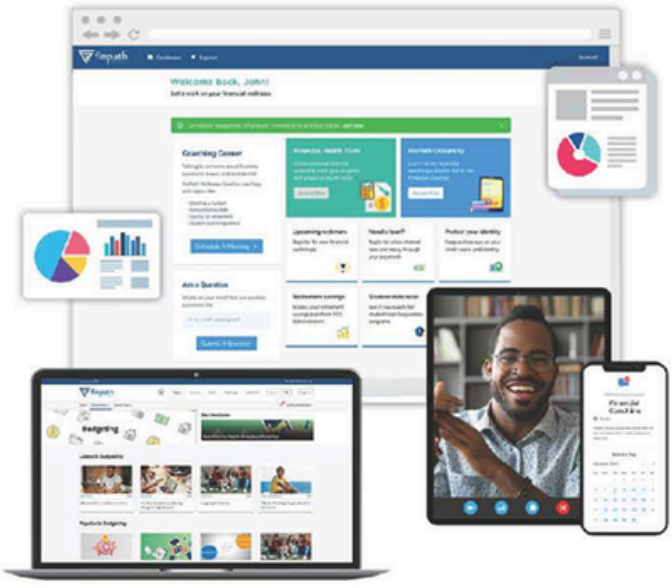

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finpathwellness.com/support

Employee Assistance Program

ComPsych| www.guidanceresources.com | 877-277-0073

Life pulls us in many different directions. Between kids, personal relationships, extracurricular activities, and family time, it seems like we don't have enough time in a day to fit it all in. When life gets you stressed, call the employee assistance line provided by your employer. It offers 24/7 access to professionals who can help you successfully face emotional issues.

An employee assistance program, or EAP, is a free, voluntary program offered by your employer. With one phone call, you will have access to short-term counseling and confidential assessments whenever you have a personal or work-related problem.

Employee assistance programs address a wide range of issues including mental and emotional well-being, substance abuse and grief, job pressures, retirement questions, child care and elder care help. Counselors are held to the highest ethical standard and are trained to keep your situation confidential. They work with you to determine the best way to address your needs and move you in a positive direction.

Covered services include:

- Confidential Counseling
- Work and Lifestyle Support
- Legal Guidance
- Financial Resources
- Digital Tools and Support



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- Relocation, mortgages, insurance
- Budgeting, debt, bankruptcy

Work and Lifestyle Support

- Child, elder, and pet care
- Moving and relocation
- Shelters, government assistance

Digital Tools and Support

- Immediate connection to counseling, work-life support, and more
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COBRA

First Financial Administrators, Inc. | www.ffga.com | 800-523-8422, option 4

Life is full of unexpected events that may impact your health insurance coverage. Under the Consolidated Omnibus Budget Reconciliation Act, better known as COBRA, you have the right to continue your group health coverage such as medical, dental, vision insurance and flexible spending accounts for a limited period of time.

COBRA Highlights

- Temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work, divorce, death or a child no longer qualifying as a dependent. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.
- Either you or your family member are responsible for notifying your employer of a divorce, legal separation or child losing dependent status within 60 days of the event. In the case of termination, death or reduction in hours, your employer will be responsible for letting the provider know that you have the right to continue coverage under COBRA.
- Benefits will remain identical to what you had while employed. However, you will be responsible for paying the full premium, plus any applicable fees.

First Financial Administrators, Inc. provides COBRA administration services for the following plans: Medical, Dental, Vision, and FSA.



Frequently Asked Questions

What is Express Issue?
Express Issue refers to minimal questions on an application, no more than 3, to qualify for benefits.

What is Guaranteed Issue (GI)?
Also referred to as Guaranteed Acceptance, or GA, means that you can't be turned down for health reasons. Guaranteed Issue is typically offered during initial enrollment for benefits.

What is a "pre-existing condition"?
A pre-existing condition is a disease or physical condition for which symptoms existed or medical advice or treatment was recommended or received prior to the effective date of coverage.

What is a deductible?
A deductible is what you must pay for your health care before your insurance pays its part. Most plans have deductibles, which start over when your "PLAN YEAR" starts over. For example, if your plan has a $1,000 deductible and you have surgery that costs $5,000, you'll pay $1,000 before your insurer helps you cover your bills.

What is a co-pay?
A copay is a fixed amount that you pay for covered services like a prescription or a doctor's visit. Some health plans also apply coinsurance to certain services. With it, you pay a percentage of the total cost of care. For example, if you have a 20% coinsurance, and your doctor's appointment costs $300, you'd pay $60. (If you've met your deductible).

What does out-of-pocket maximum mean?
Your out-of-pocket maximum is the most you have to pay each year toward your medical services or prescription drugs before your insurance pays for all your care. This amount does not include what you pay in premiums. The Affordable Care Act limits the out-of-pocket maximums. In 2021, for one adult using the in-network providers, it can be no more than $8,550, and for a family, it can be no more than $17,100.

What does EOB mean?
After you've visited your doctor or had a procedure in a hospital, you'll receive an Explanation of Benefits (EOB) form explaining how much of the charges your insurance will pay. The EOB isn't a bill itself, but it can tell you what your doctor may charge you. Look for the words "due from patient" to see how much you may owe after your insurance pays.

Before you get certain tests or procedures, do you need permission from your health insurance plan?
If your doctor says you need a test or procedure, your health plan may have to give permission if it's to be covered by insurance. Giving that permission is called preauthorization. Your plan's overview of benefits lists what care needs to be preauthorized. If you don't get it when it's required, your health plan won't pay its part of the costs.

Dependent Day Care Accounts

If I contribute to a Dependent Day Care Account, can I also write-off my daycare expenses on my taxes?
No, you may not. If you use the Dependent Day Care Account, you save money up-front on your taxes. Your per-paycheck deductions are taken out of your paycheck before you pay taxes on your income. Thus, your taxable income is less, and you pay less in taxes.

What kinds of care does this cover?
· Before-school and after-school care
· Expenses for preschool/nursery school
· Extended day programs
· Au pair services (amounts paid for the actual care of the dependent)
· Babysitter (in or out of the home)
· Nanny services (amounts paid for the actual care of the dependent)
· Summer day camp for your qualifying child under the age of 13
· Elder day care for a qualifying individual

Can I use the Dependent Day Care account to fund elder care for my mother/father/spouse?
Yes, you may use your Dependent Day Care account to fund care for individuals who qualify as your dependent who lives with you for more than half the year (and for whom you are the custodial parent in cases of divorce) your spouse, or other tax dependent, who is incapable of self-care and lives with you for more than half the year.

Medicare & Age 65



FFMS | https://www.ffga.com/medicare-solutions | 800-523-8422

Questions to Consider Before Retiring

- Do I ***plan*** to Retire?
- Am I ***eligible*** to Enroll?
- ***When*** can I enroll?
- Do I really ***want*** to enroll?
- ***Should*** I enroll now or wait?
- What happens if I ***don't*** enroll when I'm eligible?

medicaresolutions@ffga.com

Whether or not you intend to retire yet, these questions and more may occur as you approach age 65.

Planning for your future is important, and you don't have to do it alone.

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El Paso ISD
GROUP ID: 00181

View Available Benefits & Enroll

Navigate to your Employee Benefits Center to enroll and access product brochures, videos, claim forms and carrier contact info.

FSA Login and Plan Info

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My Wallet

Save provider information, family and health details and carrier cards so that you can quickly access when needed.

Contact Us

Find contact information for your First Financial account manager and local branch office for additional support.

Contact Information

FFGA
Frank Martinez, Sr. Executive Administrator
915-861-4706
frank.martinez@ffga.com

EL PASO ISD BENEFITS OFFICE
1100 N. Stanton St. 3rd Floor
El Paso, Texas 79902
915-230-2060
www.episd.org/benefits
employeebenefits@episd.org

Product	Carrier	Website	Phone
Medical	Cigna	www.cigna.com	800-244-6224
Health Savings Account	Cigna	www.cigna.com	920-803-4100
Ana Luna	Onsite Cigna Representative	aluna2@episd.org	915-230-2068
Cecilia Bueno	Onsite Cigna RN	caquino@episd.org	915-230-2067
EAP	ComPsych	www.guidanceresources.com	877-277-0073
Dental	Metlife	www.metlife.com/dental	800-942-0854
Vision	Metlife	www.metlife.com/vision	833-393-5433
Flexible Spending Accounts	FFGA	www.ffga.com	866-853-3539
Term Life Insurance	The Hartford	www.thehartford.com/employee-benefits	866-294-7987
Disability Insurance	The Hartford	www.thehartford.com/employee-benefits	866-294-7987
Permanent Life Insurance	Texas Life	www.texaslife.com	800-283-9233
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Hospital Indemnity	Cigna	www.mycigna.com	800-754-3207
Identity Theft Insurance	iLock360	www.ilock360.com	855-287-8888
Carol Martinez	TCG 457/403 Retirement	www.tcgservices.com	915-539-4286

Notes