

# YSLETA ISD 2026 BENEFITS GUIDE



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# Employee Benefits Center

## A guide to your benefits!

Ysleta 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 from 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 the QR code to learn more about the plans that are available this year!*

[ffbenefits.ffga.com/ysletaisd](http://ffbenefits.ffga.com/ysletaisd)

A laptop screen displays the "EMPLOYEE BENEFITS CENTER" website. The website has a blue header with the text "EMPLOYEE BENEFITS CENTER" and "Your benefits guide". Below the header is a "WELCOME!" section featuring a photo of a woman working at a laptop. The main content area includes three callout boxes: "NEW HIRES" (with a person icon), "OPEN ENROLLMENT" (with a book icon), and "MID-YEAR BENEFIT CHANGES" (with a document icon). The bottom right corner of the screen shows a small "English" flag icon.

# How to Enroll

## Benefits Enrollment

When it's time to enroll in your benefits, your FFGA Account Representative, Rich Sifuentes, will be on-site to assist you with making your elections. Visit your EBC for more information.

### Online Enrollment

To begin online enrollment, visit <https://ffga.benselect.com/Ysletaisd>

**Enroll Now**

#### Login & PIN

- Employee ID
  - The Employee ID is either your social security number or your Employee ID.
- PIN
  - Instructions to access your initial Personal Identification Number (PIN) will be provided to you prior to open enrollment.
  - Upon initial login, the PIN will be required to be changed.
  - Remember your PIN as you will use this to sign your enrollment confirmation form and to login in the future.

#### 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 and select option 5. 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

Benefits are available to all employees currently working a minimum of 20 hours or more per week.

Benefits are effective the first of the month following your date of hire.

Employees must be actively at work on the plan effective date to be eligible.

### Existing Employees

During your benefits enrollment period you have two options available to complete your benefit enrollment. Your FFGA Account Manager will be available to assist you, or your elections can be made online.

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.

### 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 Risk Management Department at 915-434-0474 within 31 days of the change.

### Qualifying Life Events Include:

- Marriage, divorce, legal separation, annulment, death of a spouse, birth, adoption, placement for adoption or death of a dependent child.
- Gain or Loss of health coverage attributable to your spouse's employment, Medicare, Medicaid, or CHIP, as well as 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.**

# MEDICAL



## Medical Overview

### Platinum Plan

The Ysleta ISD Platinum Plan provides the richest medical benefits, in exchange for higher monthly premiums. Combining the best aspects from all other plan offerings, this plan provides copays for Primary Care and Specialists, low-cost generic drugs, and free virtual medicine. This plan also provides the lowest annual deductibles of the three plan options.

### Gold Plan

The Ysleta ISD Gold plan is designed to provide members and their families a copay-based plan offering in exchange for moderate monthly premiums. This option features low-cost generic drugs and free virtual medicine. This plan provides affordable access to care, with additional flexibility and cost transparency for services.

### HDHP Plan

The Ysleta ISD HDHP Plan serves as the High Deductible plan option, with low-cost monthly premiums in exchange for higher annual deductibles. This plan is the only option where services are covered 100% after the applicable deductible is met. This plan provides the highest premium savings to plan members, with the greatest overall annual savings potential.

## Tools to Help You Save Money and Manage Your Health

Manage your plan, health and budget better by registering for your member website at [aetna.com](http://aetna.com). By registering, you can:

- Search for doctors, hospitals, pharmacies and more in your area
  - **Tier I ACO providers** are marked with the “**Maximum Savings**” flag.
  - **Tier II All Other Aetna (Open Access Network) providers** are marked with the “**Standard Savings**” flag.
- Check your personal health record and see reminders for important preventive screenings
- Get cost estimates for tests and procedures
- Review your claims

# MEDICAL



Aetna				
Benefit Plan	Platinum Plan		Gold Plan	
Network Access	ACO Tier I	Other Aetna Tier II	ACO Tier I	Other Aetna Tier II
Calendar Year Deductible	\$1,250 Individual \$3,750 Family	\$2,500 Individual \$7,500 Family	\$2,500 Individual \$5,000 Family	\$5,000 Individual \$10,000 Family
Coinsurance	80%	60%	75%	50%
Maximum Out of Pocket Limits	\$3,750 Individual \$11,250 Family	\$7,500 Individual \$22,500 Family	\$5,000 Individual \$15,000 Family	\$10,000 Individual \$30,000 Family
Services				
Physician Office Visit	\$20 Copay	\$40 Copay	\$25 Copay	\$50 Copay
Specialist Office Visit	\$35 Copay	\$50 Copay	\$50 Copay	\$100 Copay
Annual Preventive Care	Covered in full		Covered in full	
CVS Virtual Care	\$0 Copay		\$0 Copay	
Urgent Care	\$50 Copay	60% after Ded	\$50 Copay	50% after Ded
Emergency Room Visit	\$500 Copay + 80% after Ded		\$500 Copay + 75% after Ded	
Hospital Inpatient	\$150 Copay + 80% after Ded	\$350 Copay + 60% after Ded	\$150 Copay + 75% after Ded	\$350 Copay + 50% after Ded
Hospital Outpatient	80% After Ded	60% After Ded	75% After Ded	50% After Ded
Lab & X-Ray	80% After Ded	60% After Ded	75% After Ded	50% After Ded
Major Diagnostics (CT, PET, MRI, etc.)	80% After Ded	60% After Ded	75% After Ded	50% After Ded
Pharmacy				
Retail		Mail Order	Retail	Mail Order
Tier 1 - Generic	\$10	\$20	\$10	\$20
Tier 2 - Preferred Brand	\$45	\$90	\$45	\$90
Tier 3 - Non Preferred Brand	\$70	\$140	\$70	\$140

**Note:** All medical plans do not include out-of-network coverage.

- Tier 1 provides access to the **Tenet Accountable Care Organization (ACO)**, which includes Tenet facilities and affiliated providers.
- Tier 2 offers access to **Aetna's broad national network** of providers.

Rates						
Employee Contributions	Platinum Plan			Gold Plan		
Coverage Tier	(12) Monthly	(26) Biweekly	(19) Biweekly	(12) Monthly	(26) Biweekly	(19) Biweekly
Employee Only	\$224.98	\$103.84	\$142.09	\$166.53	\$76.86	\$105.18
Employee and Spouse	\$822.39	\$379.56	\$519.40	\$729.33	\$336.61	\$460.63
Employee and Children	\$672.86	\$310.55	\$424.96	\$596.73	\$275.41	\$376.88
Employee and Family	\$1,196.20	\$552.09	\$755.50	\$1,060.85	\$489.62	\$670.01

**Note:** The District Contribution for each employee is \$642.77 per month.

# MEDICAL



Aetna		
Benefit Plan	HDHP Plan	
Network Access	ACO Tier I	Other Aetna Tier II
Calendar Year Deductible	\$3,400 Individual \$7,000 Family	\$7,000 Individual \$14,000 Family
Coinsurance	100%	
Maximum Out of Pocket Limits	\$3,400 Individual \$7,000 Family	\$7,000 Individual \$14,000 Family
Services		
Physician Office Visit	100% after Ded	
Specialist Office Visit	100% after Ded	
Annual Preventive Care	Covered in full	
CVS Virtual Care	\$0 copay	
Urgent Care	100% after Ded	
Emergency Room Visit	100% after Ded	
Hospital Inpatient	100% after Ded	
Hospital Outpatient	100% after Ded	
Lab & X-Ray	100% after Ded	
Major Diagnostics (CT, PET, MRI, etc.)	100% after Ded	
Pharmacy		Retail
Tier 1 - Generic	100% after Ded	
Tier 2 - Preferred Brand	100% after Ded	
Tier 3 - Non Preferred Brand	100% after Ded	
Mail Order		

**Note:** All medical plans do **not** include out-of-network coverage.

- **Tier 1** provides access to the **Tenet Accountable Care Organization (ACO)**, which includes Tenet facilities and affiliated providers.
- **Tier 2** offers access to **Aetna's broad national network** of providers.

Rates			
HDHP Plan Employee Contributions			
Coverage Tier	(12) Monthly	(26) Biweekly	(19) Biweekly
Employee Only	\$73.41	\$33.88	\$46.36
Employee and Spouse	\$504.40	\$232.80	\$318.57
Employee and Children	\$412.69	\$190.47	\$260.65
Employee and Family	\$733.68	\$338.62	\$463.38

**Note:** The District Contribution for each employee is \$642.77 per month.

# Medical Resources

## **CVS Virtual Care | [www.cvs.com/virtual-care](http://www.cvs.com/virtual-care) | 866-211-5678**

CVS Virtual Care provides high quality healthcare virtually 24/7 to eligible employees in English or Spanish. All three medical plans feature a \$0 copay for this service.

Providers can treat many medical conditions including but not limited to cold and flu symptoms, allergies, sinus problems, respiratory infections and order short term prescriptions.

CVS Virtual Care offers mental health services. Talk with a therapist about your anxiety or stress or schedule with a psychiatric mental health nurse practitioner for diagnosis, treatment and medication management.

## **Employee Assistance Program | [www.mylifevalues.com](http://www.mylifevalues.com) | 888-866-4827**

Username: Ysleta ISD | Password: eap

**Available to all employees and their household members (household members do not need to be covered under ANY plan)**

- 5 sessions per occurrence
- English and Spanish Assistance
- Covers Work Stress, Financial Problems, Drug and/or Alcohol Issues, Anxiety
- No Cost
- Services are confidential
- Available 24/7

## **Special Package Plan**

For those who decline medical coverage, Ysleta ISD provides the below at no cost to the employee. This plan is intended only for employees who have other comprehensive major medical coverage i.e.: Coverage through Spouse's employment, TRICARE, etc.

- In-Patient Hospital Cash Benefit (Hospital Indemnity) \$75 per day reimbursement for all in-patient stays up to 120 days per year (Available for Employee only).
- Life Insurance- \$50,000 in term basic life insurance for employee only.
- Any employee declining coverage must go through the whole enrollment process, even if you are declining coverage.

# Flexible Spending Accounts

Inspira Financial | [www.inspirafinancial.com](http://www.inspirafinancial.com) | 888-678-8242

## 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. 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 for 2026 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 and EOBS in case you need to substantiate a claim for tax purposes.

**NOTE: The IRS requires proof that all expenses are eligible. Keep all receipts and EOBS 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.

**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.

# Health Savings Account

Inspira Financial | [www.inspirafinancial.com](http://www.inspirafinancial.com) | 888-678-8242

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 health 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 health 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 or covered under your spouse's traditional (non-HDHP) health care plan.
- You cannot participate in a general purpose Flexible Spending Account (FSA).
- 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 HSA Contribution Limits

Self Only: \$4,400  
Family: \$8,750

\$1,000 catch-up contributions (age 55 or older)

# Dental Insurance

Metlife | [www.metlife.com/dental](http://www.metlife.com/dental) | 877-638-2862

## DENTAL PPO

COVERAGE TYPE PPO	IN NETWORK % NEGOTIATED FEE	OUT OF NETWORK % OF R&C FEE
<b>Individual Deductible</b>	\$50	\$50
<b>Family Deductible</b>	\$150	\$150
<b>Annual Maximum Benefit (Per Person)</b>	\$1,500	\$1,500
<b>Orthodontia Lifetime Maximum (Per Person)</b>	\$1,000	\$1,000
<b>TYPE A: PREVENTIVE</b> (cleanings, exams, x-rays)	80%	80%
<b>TYPE B: BASIC RESTORATIVE</b> (fillings, extractions)	80%	80%
<b>TYPE C: MAJOR RESTORATIVE</b> (bridges, dentures)	50%	50%
<b>TYPE D: ORTHODONTIA</b>	50%	50%

Dental Monthly Premiums			
	Monthly	Biweekly (26)	Biweekly (19)
Employee Only	\$31.43	\$14.51	\$19.85
Employee + Spouse	\$66.95	\$30.90	\$42.28
Employee + Children	\$66.95	\$30.90	\$42.28
Employee + Family	\$105.95	\$48.90	\$66.92

## Dental DHMO Plan

- Must choose from a directory of dentists
- No deductibles
- Orthodontia covered for 24 months
- No pre-existing conditions
- No annual maximums
- No waiting period

DHMO Premiums			
	Monthly	Biweekly (26)	Biweekly (19)
Employee Only	\$7.04	\$3.25	\$4.45
Employee + Spouse	\$11.73	\$5.41	\$7.41
Employee + Children	\$13.61	\$6.28	8.60
Employee + Family	\$16.42	\$7.58	\$10.37

# Vision Insurance

Superior Vision by Metlife | [www.metlife.com/vision](http://www.metlife.com/vision) | 855-638-3931

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.

Ysleta ISD provides you with a vision plan to take care of you and your family's needs. The vision plan is with Superior Vision by Metlife and there are 2 plans available for you to choose from.

## High Plan Highlights:

Eye exam every 12 months  
\$150 frame allowance every 12 months  
Progressive lenses covered in full  
\$175 Contact lense allowance  
2nd pair of glasses or contacts or one of each

## Low Plan Highlights:

Eye exam every 12 months  
\$100 frame allowance every 2 years  
Progressive lenses range from \$55 - \$95  
\$125 Contact lense allowance

Vision Monthly Premium - Low Plan		Bi-weekly (26)	Bi-weekly (19)
Employee Only	\$5.28	\$2.44	\$3.33
Employee + Spouse	\$9.18	\$4.24	\$5.80
Employee + Child(ren)	\$9.79	\$4.52	\$6.18
Employee + Family	\$14.66	\$6.77	\$9.26

Vision Monthly Premium - High Plan		Bi-weekly (26)	Bi-weekly (19)
Employee Only	\$9.25	\$4.27	\$5.84
Employee + Spouse	\$16.08	\$7.42	\$10.16
Employee + Child(ren)	\$17.15	\$7.92	\$10.83
Employee + Family	\$25.67	\$11.85	\$16.21

# Term Life & AD&D

## Employer-Paid & Voluntary

MetLife | [www.metlife.com](http://www.metlife.com) | 800-638-5433

### Employer-Paid Term Life 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. Ysleta ISD provides basic life to all eligible employees, spouses and children enrolled in the medical plan. The cost of this plan is 100% paid for by Ysleta ISD. This is a term life policy only available to you while you are an employee of the district.

<b>IF YOU ARE ENROLLED IN THE MEDICAL PLAN</b>	
<b>EMPLOYEE COVERAGE</b>	<b>\$25,000 (includes \$25,000 in Accidental Death and Dismemberment Coverage)</b> (Benefits reduce at age 65 and in subsequent years)
<b>SPOUSE COVERAGE</b>	<b>\$10,000</b> (Benefits reduce at age 65 and in subsequent years)
<b>CHILD(REN) COVERAGE</b>	<b>\$5,000</b> (Coverage from birth to age 26)

### 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 while you're an employee of the district. Plan amounts are offered in \$10,000 increments so you can choose the amount of coverage that works best for you and your family. Limitations apply, please see policy for details. Visit the Employee Benefits Center for more details.

You can purchase this coverage at a group rate	
EMPLOYEE COVERAGE	\$10,000 increments to a maximum of \$300,000
SPOUSE COVERAGE	\$10,000 increments to a maximum of \$100,000 not to exceed 100% of Employee life benefit

Age	Monthly cost per \$10,000 of Employee Coverage	Monthly cost per \$10,000 of Spouse Coverage
Under 30	\$0.29	\$0.29
30-34	\$0.29	\$0.29
35-39	\$0.29	\$0.29
40-44	\$0.49	\$0.49
45-49	\$0.88	\$0.88
50-54	\$1.37	\$1.37
55-59	\$2.06	\$2.06
60-65	\$3.23	\$3.23
65-69	\$4.90	\$4.90
70+	\$7.64	\$7.64

# Texas Life

## Permanent Life



Texas Life | [www.Texaslife.com](http://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.

Visit the Employee Benefit Center website: [benefits.ffga.com/ysletaisd](http://benefits.ffga.com/ysletaisd) for more information and rates.

### 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.
- Premiums lock in when you sign up.
- Benefits for Chronic Illness on yourself and Spouse
- Purchase on yourself, spouse, children, and grandchildren

EMPLOYEE COVERAGE	ISSUE AGE	MAXIMUM BENEFIT AMOUNT
Express Issue	18 through 49	\$300,000
Express Issue	50 through 65	\$100,000
Express Issue	65 through 70	\$10,000
SPOUSE COVERAGE	ISSUE AGE	MAXIMUM BENEFIT AMOUNT
Express Issue	18 through 50	\$50,000
Express Issue	50 through 60	\$25,000
DEPENDENT CHILD COVERAGE	ISSUE AGE	MAXIMUM BENEFIT AMOUNT
Express Issue	15 days through 25 years	\$50,000

# Disability Insurance

The Standard | [www.thestandard.com](http://www.thestandard.com) | 855-757-4717

## 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. You can choose the benefit amount, which is the amount of your income to replace, and the waiting period that you begin receiving payments.

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?

Visit the Employee Benefit Center website: [benefits.ffga.com/ysletaisd](http://benefits.ffga.com/ysletaisd) for more information and rates.

<b>Eligibility</b>	Any active employee who works at least 20 hours per week on a regularly scheduled basis.
<b>Coverage Amount</b>	You may purchase coverage that will pay a monthly flat dollar benefit of \$100 increments between \$200 and \$8,000 that cannot exceed 66 2/3% of your current base salary.



# Critical Illness Insurance

The Standard | [www.thestandard.com](http://www.thestandard.com) | 866-851-5505

## 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, unless otherwise assigned, giving you the choice of how to spend the money. Plus, there are plans available to provide coverage for you, your spouse and dependent children.

Prepare now for the unexpected with a critical illness insurance plan. The plan helps you focus on getting well rather than worrying about finances.

## HIGHLIGHTS:

- Guaranteed Issue
- Tobacco/Non-Tobacco rates
- Issue age bands
- Pre-Existing conditions are waived
- Benefits paid to employee
- Lump sum benefit options of \$10,000, \$20,000 or \$30,000

Visit the Employee Benefit Center website: [benefits.ffga.com/ysletaisd](http://benefits.ffga.com/ysletaisd) for more information and rates.



# Accident Insurance

MetLife | [www.metlife.com/insurance/accident-health](http://www.metlife.com/insurance/accident-health) | 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 may provide a benefit for costs associated with:

- Concussions
- Lacerations
- Broken teeth
- Emergency room visits
- Ambulance, ground or air
- Intensive care unit

PLAN 1 – Low Plan	MONTHLY (12)	BIWEEKLY (26)	BIWEEKLY (19)
Employee Only	\$4.09	\$1.89	\$2.58
Employee + Spouse	\$6.43	\$2.97	\$4.06
Employee + Children	\$6.81	\$3.14	\$4.30
Family	\$10.74	\$4.96	\$6.78

PLAN 2 - High Plan	MONTHLY (12)	BIWEEKLY (26)	BIWEEKLY (19)
Employee Only	\$12.10	\$5.58	\$7.64
Employee + Spouse	\$19.08	\$8.81	\$12.05
Employee + Children	\$20.67	\$9.54	\$13.05
Family	\$32.37	\$14.94	\$20.44



# Identity Theft Protection

iLock360 | [www.ilock360.com](http://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.

PLUS PLAN	MONTHLY (12)	BIWEEKLY (26)	BIWEEKLY (19)
Employee Only	\$8.00	\$3.69	\$5.05
Employee + Spouse	\$15.00	\$6.92	\$9.47
Employee + Children	\$13.00	\$6.00	\$8.21
Family	\$20.00	\$9.23	\$12.63



# 457(b) Plan Notice

2025 PLAN YEAR



## To All School District Employees:

As your 457(b) Plan Administrator, we would like to make you aware of your eligibility to participate in your employer's 457(b) retirement plan. The 457(b) plan is a voluntary plan that allows you to defer a portion of your paycheck to a savings account to use when you choose to retire.

This is a great benefit offered by your employer to help you bridge your retirement income gap and lower your taxes. Under federal tax law, you do not have to pay income taxes on your contributions or account earnings until you take the money out of the plan.

## Important Points About the 457(b) Plan

- The plan is overseen by school superintendents & chief financial officers, together with TCG Advisors.
- There is no 10% early distribution penalty tax (standard taxes still apply).
- There are no surrender charges or hidden fees.
- **You may start, stop or change your payroll deduction contribution to the Plan at any time.**
- You may contribute up to \$23,500 for 2025 if you are under age 50, \$31,000 if you are age 50 or over, and \$34,750 if you are ages 60-63.
- There are no other restrictions on your right to make contributions to the Plan.
- With this plan, you have access to FinPath, a financial wellness tool to help you with complex financial topics like retirement, banking, student loan forgiveness, budgeting, insurance, debt management and more.
- You have unlimited phone calls and online meetings with Plan Specialists.

## How to open an account

1. Go to [www.ramsretirement.com](http://www.ramsretirement.com).
2. Click on **Enroll** at the top right of the screen.
3. Search for your **Employer**.
4. Click the **457(b) Savings Plan** and follow each step until you get **confirmation notice**....& you're done!

## Need help?

We know planning for the future isn't easy. Retirement Plan Specialists are available to help review your options and assist in creating a plan for your retirement. Contact us for help opening an account.

**Schedule a 1:1 appointment at [www.ramsretirement.com/telewealth](http://www.ramsretirement.com/telewealth) or contact the Advisor Hotline at 512-600-5204.**

## Why Do I Need To Save If I Have Teacher Retirement

Your pension may not replace all of your income in retirement. The average retiree receives 60-65 percent of their income at retirement.

For example, if your current salary is \$5,000 per month and your retirement benefit equals 65 percent of your current salary, you will receive \$3,250 each month. However, TRS research indicates that retirees must receive 90-95 percent of their income in retirement to maintain their current standard of living. In the above example the member has a shortfall of \$1,750 per month.

## Why Should I Contribute To a 457(b) Plan

- Bridge your retirement income gap
- Lower your taxes
- Access professionally managed investments
- Grow savings with the power of dollar cost averaging

## Contact Us

Toll Free: 800.943.9179  
Fax: 888.989.9247

457@tcgservices.com

[www.tcgservices.com](http://www.tcgservices.com)

900 S Capital of Texas Hwy,  
Suite 350  
Austin, TX 78746

# 457(b) Retirement Plans



TCG/HUB Services | [www.tcgservices.com](http://www.tcgservices.com) | 800-943-9179  
Carol Figueroa | 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: 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

Schedule a time to meet with your local representative, Carol Figueroa: [tcgservices.com/cfigueroa](http://tcgservices.com/cfigueroa).

Contribution Limits	
2024	2025
\$23,000	\$23,500
Participants aged 50 and older at any time during the calendar year are permitted to contribute an additional \$7,500.	

# 403(b) Retirement Plans

TCG/HUB Services | [www.tcgservices.com](http://www.tcgservices.com) | 800-943-9179

Carol Figueroa | 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

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

Schedule a time to meet with your local representative, Carol Figueroa: [tcgservices.com/cfigueroa](http://tcgservices.com/cfigueroa).

## Contribution Limits

2024	2025
\$23,000	\$23,500

Participants aged 50 and older at any time during the calendar year are permitted to contribute an additional \$7,500.

# Catastrophic Sick Leave

The District shall establish a catastrophic sick leave bank that full-time employees may join through a contribution of one day of local leave each school year. Leave contributed to the bank shall be solely for the use of the participating employees. An employee who is a member of the bank may request leave from the bank if the employee or member of the employee's immediate family experiences a catastrophic illness or injury.

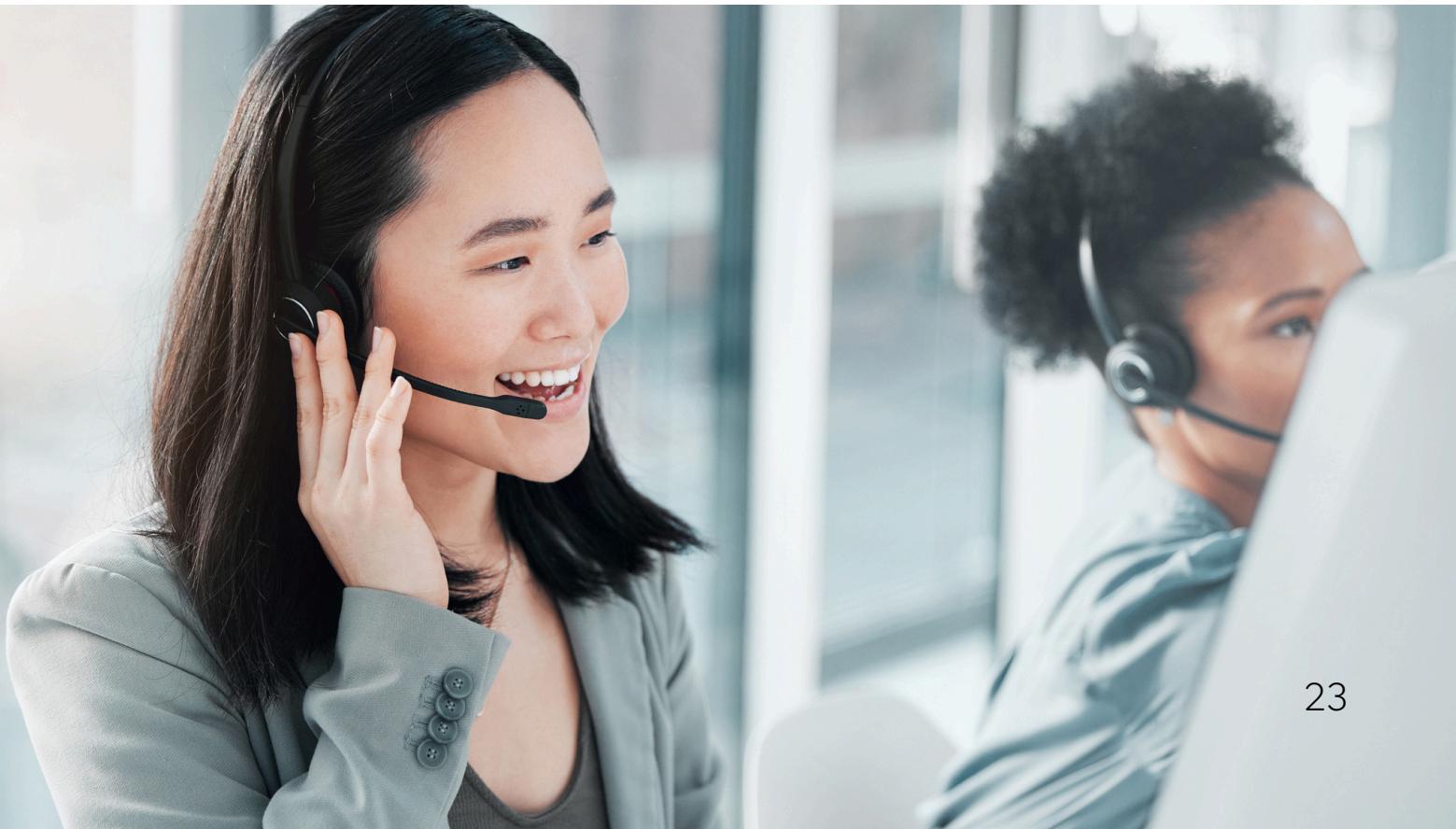
For more information, please refer to Policy DEC (Local) at [www.yisd.net](http://www.yisd.net).

# Lifestyle Advantage Program

Get fit! For participants in the Ysleta ISD medical plans and Special Package. Participate in a fitness facility and receive \$15/month reimbursement every 6 months. For spouses to participate and be eligible they must be enrolled in one of Ysleta's health plans. Dependent children are not eligible.

You must attend the fitness facility 8 times per month on different days for 6 months consecutively.

- For reimbursement obtain proof of attendance and proof of payment.
- Fill out a claim form (available in Risk Management Department and online at [www.yisd.net](http://www.yisd.net)).
- Submit all claims to Nohemi Bustamante located in the Risk Management Department at [aetnarep@yisd.net](mailto:aetnarep@yisd.net) or call 915-434-0470.



# Live Life Wellness Program Guide

## ► **Join now: [www.livelifewellnessportal.com](http://www.livelifewellnessportal.com)**

New users, follow the steps below. Returning users, enter your username and password.

1

Go to your Live Life Wellness website and select **JOIN NOW**.

2

Enable multi-factor authentication (MFA). Instructions are available on the portal after you log in.

3

Download the Navigate Wellbeing app for a convenient way to track your activities.



**Eligibility:** The program is open to all employees and spouses.

All qualifying activities must be completed by November 30, 2025.

**Earn rewards:** You could earn up to \$300 for participating! Learn how to qualify inside.

## ► **Group challenges:**

Group challenges are a great way to stay connected with your organization, engage in healthy activities, and earn points towards your wellness reward.



**New Year's Rest-olutions**  
January 20 – March 2

Registration:  
January 6 – January 26

**Mindset Makeover**  
March 31 – April 27

Registration:  
March 17 – April 6

**Falling into Rhythm**  
August 18 – September 14

Registration:  
August 4 – August 24

**Walk Your Plants Off**  
October 13 – November 9

Registration:  
September 29 – October 19

**View specific challenge details and requirements on your wellbeing portal.**

## ► 24/7 resources:

Achieve personal and program goals with the help of holistic tools and resources found on your wellbeing platform.

- Download the Navigate Wellbeing app.
- Complete video learning courses.
- Participate in group and personal wellbeing challenges.
- Create your own “snap challenges” and invite others to join.
- Spark friendly competition by adding stakes to group challenges.
- Stay connected and recognize teammates on the Social Wall.
- Browse recipes, videos, and articles.
- Sync a device or manually track your step count, activity minutes, sleep hours, nutrition information, and more!

**For more information, contact:**

**Ellie Bustos**  
915-434-0475  
aetnawellrep@yisd.net

## ► How to participate:

### Complete program activities to earn rewards

The Live Life Wellness Program will run January 1 - November 30, 2025. Complete any of the activities below to earn points and enter the chance to earn raffles throughout the year.

#### Your program activities

Visit the tracking table on your platform dashboard for more details about completion requirements, to submit a completed activity, and to review your progress in the program.

Activity name	Points	Maximum completion
<b>Health Screenings</b>		
Annual Physical Screening	10	1
Preventive Screenings	10	2
Vaccinations	10	2
Enroll in Aetna Maternity Program	25	1
Vision Exam	10	1
Wellbeing Survey	20	1
Blood Drive	5	2
Dental Check-up	10	1
Biometric Screening	40	1
<b>Wellness Challenges</b>		
New Year's Rest-olutions	15	1
Mindset Makeover	15	1
Falling into Rhythm	15	1
Walk Your Plants Off	15	1
Personal Challenges	5	5
Snap Challenge	5	4
<b>Wellness Activities to Earn Points</b>		
Create an EAP Account	5	1
Video Challenges	5	5
Photo Gallery	5	5
Social Wall	5	5
Healthy Selfie	5	3
Aetna Assessment	25	1
403b and 457b Contribution	5	1
Retirement Contribution	5	1

Questions? Contact:

[info@navigatewell.com](mailto:info@navigatewell.com)

(888) 282-0822

# 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?

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.

Let the experts at First Financial assist you through this process by calling Robert Dawson the Medicare Services Coordinator at 281-889-9382.

**Robert Dawson**  
**FFMS Coordinator**  
Cell: 281-889-9382

# Frequently Asked Questions

## What is the Section 125 plan?

This is the IRS code that allows you to deduct certain benefits like Medical, Dental, and Vision on a pre-tax basis.

## 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.

## What is a coinsurance?

Coinsurance means 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 and prescription drugs before your insurance pays for all your care. This amount does not include what you pay in premiums.

## 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 "amount you may owe" 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 require a preauthorization if it's to be covered by the plan. Your plan's summary of benefits lists what care needs to be preauthorized. If a preauthorization is not requested, the health plan may deny the service.

## 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

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.



## Manage your benefits anytime, anywhere.

All your benefits info in one place! My FFGA Benefits is your new benefits companion, right at your fingertips.

### FIND OUR APP HERE



[www.ffga.com/my-ffga-benefits](http://www.ffga.com/my-ffga-benefits)

**Ysleta ISD**  
**GROUP ID: 67170**



#### View Available Benefits & Enroll

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



#### 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

## Ysleta ISD Benefits Office

Argie Lopez- Benefits Clerk  
915-434-0474 | [alopez322@yisd.net](mailto:alopez322@yisd.net)

## Abigail Quintero FFGA Onsite Benefits Representative

915-434-0461 | [aquintero11@yisd.net](mailto:aquintero11@yisd.net)

## FFGA

Frank Martinez - Sr. Executive Administrator  
915-861-4706 | [frank.martinez@ffga.com](mailto:frank.martinez@ffga.com)

## Rich Sifuentes - Sr. Executive Administrator

915-861-6063 | [rich.sifuentes@ffga.com](mailto:rich.sifuentes@ffga.com)

Product	Carrier	Website	Phone
Medical	Aetna	<a href="http://www.aetna.com">www.aetna.com</a>	877-596-1457
Employee Assitance Program	Aetna	<a href="http://www.mylifevalues.com/aetna">www.mylifevalues.com/aetna</a>	888-866-4827
Dental	MetLife PPO	<a href="http://www.metlife.com/dental">www.metlife.com/dental</a>	800-438-6388
Dental	MetLife DHMO	<a href="http://www.metlife.com/dental">www.metlife.com/dental</a>	800-880-1800
Vision	Superior Vision by MetLife	<a href="http://www.metlife.com/vision">www.metlife.com/vision</a>	833-393-5433
Flexible Spending Accounts	Inspira Financial	<a href="http://www.inspirafinancial.com">www.inspirafinancial.com</a>	888-678-8242
Health Savings Accounts	Inspira Financial	<a href="http://www.inspirafinancial.com">www.inspirafinancial.com</a>	888-678-8242
Voluntary Term Life	Metlife	<a href="http://www.metlife.com">www.metlife.com</a>	800-638-5433
Permanent Life	Texas Life	<a href="http://www.texaslife.com">www.texaslife.com</a>	800-283-9233
Disability	The Standard	<a href="http://www.thestandard.com">www.thestandard.com</a>	855-757-4717
Critical Illness	The Standard	<a href="http://www.thestandard.com">www.thestandard.com</a>	800-634-1743
Accident	Metlife	<a href="http://www.metlife.com">www.metlife.com</a>	800-438-6388
Identity Theft	iLock360	<a href="http://www.ilock360.com">www.ilock360.com</a>	855-287-8888
457 and 403(b) Retirement Plans	TCG Services	<a href="http://www.region10rams.org">www.region10rams.org</a>	800-943-9179

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**If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see page(s) 11-12 where Notice of Creditable Coverage begins for more details.**

## **WOMEN'S HEALTH & CANCER RIGHTS ACT**

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

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

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the plan.

If you would like more information on WHCRA benefits, please call your Plan Administrator at 915-434-0472.

## **NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT**

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

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

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

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

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

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2025. Contact your State for more information on eligibility –**

ALABAMA – Medicaid	ALASKA – Medicaid
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="https://health.alaska.gov/dpa/Pages/default.aspx">https://health.alaska.gov/dpa/Pages/default.aspx</a>
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: <a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a> Phone: 916-445-8322 Fax: 916-440-5676 Email: <a href="mailto:ipp@dhcs.ca.gov">ipp@dhcs.ca.gov</a>
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid

<p>Health First Colorado Website:  <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a></p> <p>Health First Colorado Member Contact Center:  1-800-221-3943/State Relay 711</p> <p>CHP+: <a href="https://hcpf.colorado.gov/child-health-plan-plus">https://hcpf.colorado.gov/child-health-plan-plus</a></p> <p>CHP+ Customer Service: 1-800-359-1991/State Relay 711</p> <p>Health Insurance Buy-In Program (HIBI): <a href="https://www.mycohibi.com/">https://www.mycohibi.com/</a></p> <p>HIBI Customer Service: 1-855-692-6442</p>	<p>Website:  <a href="https://www.flmedicaidplrecovery.com/flmedicaidplrecovery.com/hipp/index.html">https://www.flmedicaidplrecovery.com/flmedicaidplrecovery.com/hipp/index.html</a></p> <p>Phone: 1-877-357-3268</p>
<b>GEORGIA – Medicaid</b>	<b>INDIANA – Medicaid</b>
<p>GA HIPP Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a></p> <p>Phone: 678-564-1162, Press 1</p> <p>GA CHIPRA Website:  <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a></p> <p>Phone: 678-564-1162, Press 2</p>	<p>Health Insurance Premium Payment Program</p> <p>All other Medicaid</p> <p>Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a>  <a href="http://www.in.gov/fssa/dfr/">http://www.in.gov/fssa/dfr/</a></p> <p>Family and Social Services Administration</p> <p>Phone: 1-800-403-0864</p> <p>Member Services Phone: 1-800-457-4584</p>
<b>IOWA – Medicaid and CHIP (Hawki)</b>	<b>KANSAS – Medicaid</b>
<p>Medicaid Website:  <a href="https://iowa.medicaid.iowa.gov/">Iowa Medicaid   Health &amp; Human Services</a></p> <p>Medicaid Phone: 1-800-338-8366</p> <p>Hawki Website:  <a href="https://hawki.iowa.gov/">Hawki - Healthy and Well Kids in Iowa   Health &amp; Human Services</a></p> <p>Hawki Phone: 1-800-257-8563</p> <p>HIPP Website: <a href="https://iowa.gov/health-insurance-premium-payment-hipp">Health Insurance Premium Payment (HIPP)   Health &amp; Human Services (iowa.gov)</a></p> <p>HIPP Phone: 1-888-346-9562</p>	<p>Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a></p> <p>Phone: 1-800-792-4884</p> <p>HIPP Phone: 1-800-967-4660</p>
<b>KENTUCKY – Medicaid</b>	<b>LOUISIANA – Medicaid</b>
<p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:  <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a></p> <p>Phone: 1-855-459-6328</p> <p>Email: <a href="mailto:KIHIPP.PROGRAM@ky.gov">KIHIPP.PROGRAM@ky.gov</a></p> <p>KCHIP Website: <a href="https://kynect.ky.gov">https://kynect.ky.gov</a></p> <p>Phone: 1-877-524-4718</p> <p>Kentucky Medicaid Website: <a href="https://chfs.ky.gov/agencies/dms">https://chfs.ky.gov/agencies/dms</a></p>	<p>Website: <a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or <a href="http://www.ldh.la.gov/laipp">www.ldh.la.gov/laipp</a></p> <p>Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>
<b>MAINE – Medicaid</b>	<b>MASSACHUSETTS – Medicaid and CHIP</b>

<p>Enrollment Website:  <a href="https://www.mymaineconnection.gov/benefits/s/?language=en_US">https://www.mymaineconnection.gov/benefits/s/?language=en_US</a>  Phone: 1-800-442-6003  TTY: Maine relay 711  Private Health Insurance Premium Webpage:  <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a>  Phone: 1-800-977-6740  TTY: Maine relay 711</p>	<p>Website: <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a>  Phone: 1-800-862-4840  TTY: 711  Email: <a href="mailto:masspremistance@accenture.com">masspremistance@accenture.com</a></p>
<b>MINNESOTA – Medicaid</b>	<b>MISSOURI – Medicaid</b>
<p>Website:  <a href="https://mn.gov/dhs/health-care-coverage/">https://mn.gov/dhs/health-care-coverage/</a>  Phone: 1-800-657-3672</p>	<p>Website:  <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a>  Phone: 573-751-2005</p>
<b>MONTANA – Medicaid</b>	<b>NEBRASKA – Medicaid</b>
<p>Website:  <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a>  Phone: 1-800-694-3084  Email: <a href="mailto:HHSIPPProgram@mt.gov">HHSIPPProgram@mt.gov</a></p>	<p>Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a>  Phone: 1-855-632-7633  Lincoln: 402-473-7000  Omaha: 402-595-1178</p>
<b>NEVADA – Medicaid</b>	<b>NEW HAMPSHIRE – Medicaid</b>
<p>Medicaid Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a>  Medicaid Phone: 1-800-992-0900</p>	<p>Website: <a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a>  Phone: 603-271-5218  Toll free number for the HIPP program: 1-800-852-3345, ext. 15218  Email: <a href="mailto:DHHS.ThirdPartyLiabi@dhhs.nh.gov">DHHS.ThirdPartyLiabi@dhhs.nh.gov</a></p>
<b>NEW JERSEY – Medicaid and CHIP</b>	<b>NEW YORK – Medicaid</b>
<p>Medicaid Website:  <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a>  Phone: 1-800-356-1561  CHIP Premium Assistance Phone: 609-631-2392  CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a>  CHIP Phone: 1-800-701-0710 (TTY: 711)</p>	<p>Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a>  Phone: 1-800-541-2831</p>
<b>NORTH CAROLINA – Medicaid</b>	<b>NORTH DAKOTA – Medicaid</b>
<p>Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a>  Phone: 919-855-4100</p>	<p>Website: <a href="https://www.hhs.nd.gov/healthcare">https://www.hhs.nd.gov/healthcare</a>  Phone: 1-844-854-4825</p>
<b>OKLAHOMA – Medicaid and CHIP</b>	<b>OREGON – Medicaid and CHIP</b>
<p>Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a>  Phone: 1-888-365-3742</p>	<p>Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a>  Phone: 1-800-699-9075</p>
<b>PENNSYLVANIA – Medicaid and CHIP</b>	<b>RHODE ISLAND – Medicaid and CHIP</b>

<p>Website: <a href="https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html">https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html</a>  Phone: 1-800-692-7462  CHIP Website: <a href="https://www.pa.gov/childrens-health-insurance-program-chip">Children's Health Insurance Program (CHIP) (pa.gov)</a>  CHIP Phone: 1-800-986-KIDS (5437)</p>	<p>Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a>  Phone: 1-855-697-4347, or  401-462-0311 (Direct Rite Share Line)</p>
<p><b>SOUTH CAROLINA – Medicaid</b></p>	<p><b>SOUTH DAKOTA - Medicaid</b></p>
<p>Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a>  Phone: 1-888-549-0820</p>	<p>Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a>  Phone: 1-888-828-0059</p>
<p><b>TEXAS – Medicaid</b></p>	<p><b>UTAH – Medicaid and CHIP</b></p>
<p>Website: <a href="https://www.texas.gov/health-insurance-premium-payment-hipp-program">Health Insurance Premium Payment (HIPP) Program   Texas Health and Human Services</a>  Phone: 1-800-440-0493</p>	<p>Utah's Premium Partnership for Health Insurance (UPP)  Website: <a href="https://medicaid.utah.gov/upp/">https://medicaid.utah.gov/upp/</a>  Email: <a href="mailto:upp@utah.gov">upp@utah.gov</a>  Phone: 1-888-222-2542  Adult Expansion Website: <a href="https://medicaid.utah.gov/expansion/">https://medicaid.utah.gov/expansion/</a>  Utah Medicaid Buyout Program Website: <a href="https://medicaid.utah.gov/buyout-program/">https://medicaid.utah.gov/buyout-program/</a>  CHIP Website: <a href="https://chip.utah.gov/">https://chip.utah.gov/</a></p>
<p><b>VERMONT – Medicaid</b></p>	<p><b>VIRGINIA – Medicaid and CHIP</b></p>
<p>Website: <a href="https://www.vermont.gov/vermont-health-access/department-vermont-health-access">Health Insurance Premium Payment (HIPP) Program   Department of Vermont Health Access</a>  Phone: 1-800-250-8427</p>	<p>Website: <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select">https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select</a>  <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs">https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs</a>  Medicaid/CHIP Phone: 1-800-432-5924</p>
<p><b>WASHINGTON – Medicaid</b></p>	<p><b>WEST VIRGINIA – Medicaid and CHIP</b></p>
<p>Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a>  Phone: 1-800-562-3022</p>	<p>Website: <a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a>  <a href="http://mywvhipp.com/">http://mywvhipp.com/</a>  Medicaid Phone: 304-558-1700  CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)</p>
<p><b>WISCONSIN – Medicaid and CHIP</b></p>	<p><b>WYOMING – Medicaid</b></p>
<p>Website: <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a>  Phone: 1-800-362-3002</p>	<p>Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a>  Phone: 1-800-251-1269</p>

To see if any other states have added a premium assistance program since July 31, 2025, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565

**Paperwork Reduction Act Statement**

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email [ebsa.opr@dol.gov](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)

## HIPAA NOTICE OF PRIVACY PRACTICES REMINDER

### Protecting Your Health Information Privacy Rights

Ysleta ISD is committed to the privacy of your health information. The administrators of the Ysleta ISD Medical Plan (the “Plan”) use strict privacy standards to protect your health information from unauthorized use or disclosure.

The Plan’s policies protecting your privacy rights and your rights under the law are described in the Plan’s Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting Jake Valtierra, Director of Risk Management at 9600 Sims El Paso, TX 79925, 915-434-0472.

## HIPAA SPECIAL ENROLLMENT RIGHTS

### Ysleta ISD Medical Plan Notice of Your HIPAA Special Enrollment Rights

Our records show that you are eligible to participate in the Ysleta ISD Medical Plan (to actually participate, you must complete an enrollment form and pay part of the premium through payroll deduction).

A federal law called HIPAA requires that we notify you about an important provision in the plan - your right to enroll in the plan under its “special enrollment provision” if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

**Loss of Other Coverage (Excluding Medicaid or a State Children’s Health Insurance Program).** If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents’ other coverage). However, you must request enrollment within 31 days after your or your dependents’ other coverage ends (or after the employer stops contributing toward the other coverage).

**Loss of Coverage for Medicaid or a State Children’s Health Insurance Program.** If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children’s health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents’ coverage ends under Medicaid or a state children’s health insurance program.

**New Dependent by Marriage, Birth, Adoption, or Placement for Adoption.** If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.

**Eligibility for Premium Assistance Under Medicaid or a State Children's Health Insurance Program** – If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or to obtain more information about the plan's special enrollment provisions, contact Ysleta Independent School District, Risk Management Dept. at 915-434-0472.

### **Important Warning**

If you decline enrollment for yourself or for an eligible dependent, you must complete our form to decline coverage. On the form, you are required to state that coverage under another group health plan or other health insurance coverage (including Medicaid or a state children's health insurance program) is the reason for declining enrollment, and you are asked to identify that coverage. If you do not complete the form, you and your dependents will not be entitled to special enrollment rights upon a loss of other coverage as described above, but you will still have special enrollment rights when you have a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, as described above. If you do not gain special enrollment rights upon a loss of other coverage, you cannot enroll yourself or your dependents in the plan at any time other than the plan's annual open enrollment period, unless special enrollment rights apply because of a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan.

## NOTICE OF CREDITABLE COVERAGE

### Important Notice from Ysleta ISD

#### About Your Prescription Drug Coverage and Medicare

**Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Ysleta ISD and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.**

**There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:**

- 1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.**
- 2. Ysleta ISD has determined that the prescription drug coverage offered by the medical plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.**

#### **When Can You Join a Medicare Drug Plan?**

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

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

If you decide to join a Medicare drug plan, your current Ysleta ISD coverage may be affected.

If you do decide to join a Medicare drug plan and drop your current Ysleta ISD coverage, be aware that you and your dependents may not be able to get this coverage back.

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

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

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

### **For More Information About This Notice or Your Current Prescription Drug Coverage...**

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

### **For More Information About Your Options Under Medicare Prescription Drug Coverage...**

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

For more information about Medicare prescription drug coverage:

- Visit [www.medicare.gov](http://www.medicare.gov)
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

**Remember: Keep this Creditable Coverage Notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).**

**Date:**

**01/01/2026**

**Name of Entity/Sender:**

**Ysleta Independent School District**

**Contact—Position/Office:**

**Director of Risk Management**

**Office Address:**

**9600 Sims El Paso, TX 79925**

**Phone Number:**

**915-434-0472**

## COBRA GENERAL NOTICE

### Model General Notice of COBRA Continuation Coverage Rights (For use by single-employer group health plans)

#### \*\* Continuation Coverage Rights Under COBRA\*\*

#### Introduction

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

**You may have other options available to you when you lose group health coverage.** For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

#### What is COBRA continuation coverage?

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

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

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

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

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

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

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

### **When is COBRA continuation coverage available?**

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

**For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to: Jake Valtierra, Director of Risk Management at 9600 Sims El Paso, TX 79925, 915-434-0472, [jvaltierra@yisd.net](mailto:jvaltierra@yisd.net)**

### **How is COBRA continuation coverage provided?**

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. 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.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

#### ***Disability extension of 18-month period of COBRA continuation coverage***

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

#### ***Second qualifying event extension of 18-month period of continuation coverage***

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

#### **Are there other coverage options besides COBRA Continuation Coverage?**

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, [Children's Health Insurance Program \(CHIP\)](#), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at [www.healthcare.gov/](http://www.healthcare.gov/).

#### **Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?**

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period<sup>1</sup> to sign up for Medicare Part A or B, beginning on the earlier of

- The month after your employment ends; or

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<sup>1</sup> <https://www.medicare.gov/basics/get-started-with-medicare/sign-up/when-does-medicare-coverage-start>

- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit <https://www.medicare.gov/medicare-and-you>.

### **If you have questions**

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit [www.dol.gov/ebsa](http://www.dol.gov/ebsa). (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit [www.healthcare.gov](http://www.healthcare.gov).

### **Keep your Plan informed of address changes**

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

### **Plan contact information**

Jake Valtierra, Director of Risk Management at 9600 Sims El Paso, TX 79925, 915-434-0472, [jvaltierra@yisd.net](mailto:jvaltierra@yisd.net)

## **MARKETPLACE NOTICE**

### **Health Insurance Marketplace Coverage Options and Your Health Coverage**

#### **PART A: General Information**

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice

provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

## What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options in your geographic area.

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

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

## Does Employment-Based Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the credit that lowers your monthly premium, or a reduction in certain cost-sharing, if your employer does not offer coverage to you at all or does not offer coverage that is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12%<sup>1</sup> of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee's household income.<sup>1,2</sup>

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution -as well as your employee contribution to employment-based coverage- is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

## When Can I Enroll in Health Insurance Coverage through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

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<sup>1</sup> Indexed annually; see <https://www.irs.gov/pub/irs-drop/rp-22-34.pdf> for 2023.

<sup>2</sup> An employer-sponsored or other employment-based health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services **is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.**

Marketplace-eligible individuals who live in states served by [HealthCare.gov](https://www.healthcare.gov) and either- submit a new application or update an existing application on [HealthCare.gov](https://www.healthcare.gov) between March 31, 2023 and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. **That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage.** In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit [HealthCare.gov](https://www.healthcare.gov) or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

## What about Alternatives to Marketplace Health Insurance Coverage?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023 and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit <https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/> for more details.

## How Can I Get More Information?

For more information about your coverage offered through your employment, please check your health plan's summary plan description or contact Jake Valtierra, Director of Risk Management at 9600 Sims El Paso, TX 79925, 915-434-0472, [jvaltierra@yisd.net](mailto:jvaltierra@yisd.net).

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](https://www.healthcare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

## PART B: Information About Health Coverage Offered by Your Employer

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

3. Employer name Ysleta Independent School District	4. Employer Identification Number (EIN) 74-6002473	
5. Employer address 9600 Sims	6. Employer phone number 915-434-0472	
7. City El Paso	8. State TX	9. ZIP code 79925

10. Who can we contact about employee health coverage at this job?  
Jake Valtierra, Director of Risk Management

11. Phone number (if different from above) 915-434-0472	12. Email address jvaltierra@yisd.net
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Here is some basic information about health coverage offered by this employer:

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

All employees. Eligible employees are:

Some employees. Eligible employees are:

Full Time Employees and Employees who work 20hrs or more

- With respect to dependents:

We do offer coverage. Eligible dependents are:

Eligible spouse and dependent children

We do not offer coverage.

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

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

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

## Disclaimer

The amount the plan pays for covered services provided by non-network providers is based on a maximum allowable amount for the specific service rendered. Although your plan stipulates an out-of-pocket maximum for out-of-network services, please note the maximum allowed amount for an eligible procedure may not be equal to the amount charged by your out-of-network provider. Your out-of-network provider may bill you for the difference between the amount charged and the maximum allowed amount. This is called balance billing and the amount billed to you can be substantial. The out-of-pocket maximum outlined in your policy will not include amounts in excess of the allowable charge and other non-covered expenses as defined by your plan. The maximum reimbursable amount for non-network providers can be based on a number of schedules such as a percentage of reasonable and customary or a percentage of Medicare. The plan document or carrier's master policy is the controlling document, and this Benefit Highlight does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual plan language. Contact your claims payer or insurer for more information.

This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request.

The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.



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