

El Paso ISD 2022-2023

OPEN ENROLLMENT BENEFITS GUIDE



Frank Martinez, Sr. Account
Administrator

First Financial Group of America
<https://ffbenefits.ffga.com/elpasoisd/>



EL Paso ISD
Employee Benefits
915-230-2060

<https://www.episd.org/benefits>

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

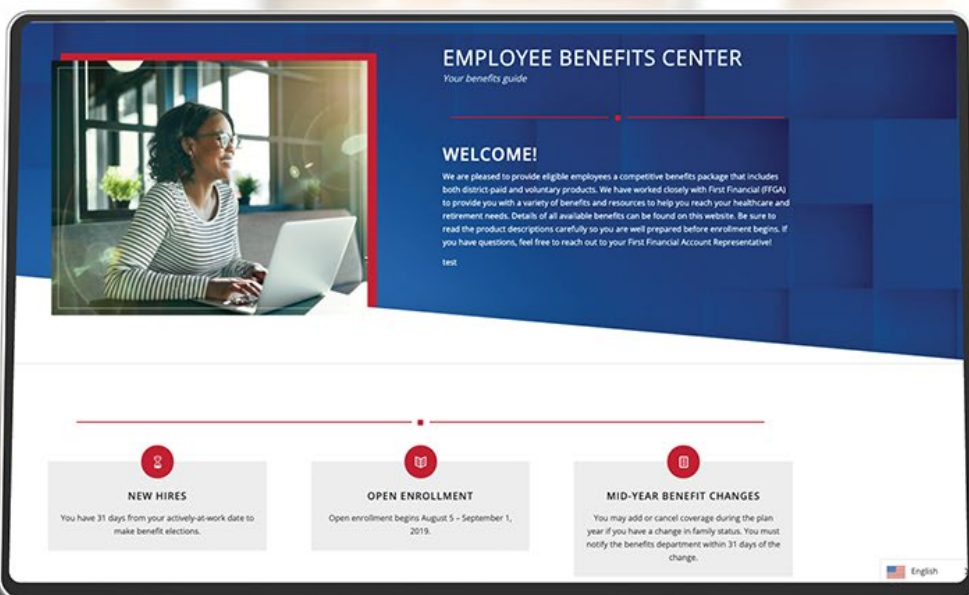
EMPLOYEE BENEFITS CENTER

YOUR ONE-STOP-SHOP FOR BENEFIT INFORMATION

El Paso ISD and First Financial 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 instructions on how to file a claim, 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.

<https://ffbenefits.ffga.com/elpasoisd/>



ENROLLMENT ASSISTANCE

ON-SITE ENROLLMENT

When it's time to enroll in your benefits, your First Financial Account Representative will be on-site to assist you with making your elections. **Representatives will be onsite from 8:00 AM – 4:00 PM.**

Informational meetings will be held at each site from 9:00 AM – 10:00 AM and 2:00 PM – 3:00 PM.

Monday 7/4/2022 Holiday	Tuesday 7/5/2022 Barron Richardson	Wednesday 7/6/2022 Franklin Hornedo	Thursday 7/7/2022 Coronado Haskins	Friday 7/8/2022 Borges MacArthur
Monday 7/11/2022 Andress Charles	Tuesday 7/12/2022 Irvin Whitaker	Wednesday 7/13/2022 Chapin Bobby Joe Hill	Thursday 7/14/2022 Jefferson	Friday 7/15/2022 No Onsite Enrollment
Monday 7/18/2022 Austin Crockett	Tuesday 7/19/2022 CCTE Henderson	Wednesday 7/20/2022 El Paso Wiggs	Thursday 7/21/2022 Bowie Hart	Friday 7/22/2022 Murphree
Monday 7/25/2022 NE Transportation Annex	Tuesday 7/26/2022 No Onsite Enrollment	Wednesday 7/27/2022 Westside Transportation Annex	Thursday 7/28/2022 Central Office Mesita	Friday 7/29/2022 Central Office DOC (7:00 AM – 4:30 PM)

ONLINE ENROLLMENT – See page 28 for instructions on how to enroll

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

LOGIN

- Login: Your Employee ID or Social Security Number (no dashes)
- PIN: The last four digits of your Social Security Number and the last two digits of the year you were born (six digits total)

ENROLLMENT ASSISTANCE CENTER INSTRUCTIONS

Call 855-765-4473 opt. 5 and follow the prompts to be connected to your local First Financial 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.

ELIGIBILITY

ELIGIBILITY

Eligible employees actively working 10 hours or more, must be actively at work on the plan effective date for new benefits to be effective. Employer contribution and eligibility vary based off hours worked.

When it's time to enroll in your benefits, your First Financial Account Representative will be available to assist you with making your elections. Your elections can be made anytime during annual enrollment online from your work or home computer. 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 qualifying life event. You must notify the benefits department within 31 days of the change.

QUALIFYING LIFE EVENTS INCLUDE:

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

DECLINING COVERAGE

If you are eligible for benefits, but wish to DECLINE coverage, please complete the online enrollment either on your work or home computer. Under each option, you will need to select “waive.” **It is extremely important for you to complete the beneficiary information.**

Questions for my Benefits Representative:

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on its right side, suggesting it's resting on a surface.

SECTION 125 PLANS

SECTION 125 PLAN INFORMATION AND RULES

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

HERE'S HOW IT WORKS

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

IS IT RIGHT FOR ME?

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

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

IRS specified changes in family status include:

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

SECTION 125 PLAN SAMPLE PAYCHECK		
	WITHOUT S125	WITH S125
Monthly Salary	\$2,000	\$2,000
Less Medical Deductions	-N/A	-\$250
Taxable Gross Income	\$2,000	\$1,750
Less Taxes (Fed/State at 20%)	-\$400	-\$350
Less Estimated FICA (7.65%)	-\$153	-\$133
Less Medical Deductions	-\$250	-N/A
Take Home Pay	\$1,197	\$1,267
YOU COULD SAVE \$70 PER MONTH IN TAXES BY PAYING FOR YOUR BENEFITS ON A PRE-TAX BASIS!		

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

EL PASO ISD SELF-FUNDED HEALTH PLAN ADMINISTERED BY CIGNA

Under this health plan, there are two options to choose from. Both options provide access to a National Network of Medical Providers and out-of-network options to comprehensive prescription drug coverage and special health and wellness programs. EPISD'S self-funded plan has been specifically designed to provide an improvement in benefits and family affordability, as well as exceptional customer service 24/7.

Contact Information

Cigna | www.cigna.com | 1.800.244.6224

Self Funded Consumer Driven Healthcare Plan (CDHP)

- High deductible plan – must meet deductible before plan covers expenses
- In-network and out-of-network benefits – separate out-of-network deductible/out-of-pocket maximum
- Provider network is with Cigna
- Texas Tech UMC providers, clinics, and hospitals save you the most money
- Deductible applies to medical and pharmacy
- District contributes up to \$1,000 a year to your individual Health Savings Account if you elect the HSA plan
- HSA contribution 100% deposited on first check of September if selected during Open Enrollment
- Employee may elect to contribute additional funds to their Health Savings Account. No employee contribution is required in order to receive the District's contribution.
- Low-Cost Telemedicine visits through MDLive – 888-632-2738
- EPISD Benefits Staff assists with claim questions
- Local On-Site Representative- Sergio Alarcon 915-230-2068 salarco1@episd.org
- Local On-Site Health Coach to assist in managing chronic conditions- Cecilia Aquino 915-230-2067 caquino@episd.org

Traditional PPO Plan

- Co-pay plan – pay flat fees for office visits and prescriptions
- Lower in-network deductible
- Texas Tech UMC providers, clinics, and hospitals save you the most money
- ER only \$250 flat fee at UMC
- In-network and out-of-network benefits- Separate out-of-network deductible/out-of-pocket maximum
- Compatible with Flexible Spending Accounts (FSA)
- No requirement for a Primary Care Physician
- No referrals for Specialist visits
- No cost for telemedicine visits with and MDLive – 888-632-2738
- EPISD Benefits Staff assists with claim questions
- Local On-Site Representative- Sergio Alarcon 915-230-2068 salarco1@episd.org
- Local On-Site Health Coach to assist in managing chronic conditions- Cecilia Aquino 915-230-2067 caquino@episd.org

MEDICAL

Rates

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

EPISD Self-Funded CDHP Plan	Employee cost (monthly)	Employee cost (semimonthly)
Employee Only	\$0.00	\$0.00
Employee + Spouse	\$434.00	\$217.00
Employee + Child(ren)	\$129.00	\$64.50
Employee + Family	\$743.00	\$371.50

EPISD Self-Funded Traditional PPO Plan	Employee cost (monthly)	Employee cost (semimonthly)
Employee Only	\$33.00	\$16.50
Employee + Spouse	\$826.00	\$413.00
Employee + Child(ren)	\$372.00	\$186.00
Employee + Family	\$990.00	\$495.00

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

EPISD Self-Funded CDHP Plan	Employee cost (prorated monthly)	Employee cost (semimonthly)
Employee Only	\$0.00	\$0.00
Employee + Spouse	\$548.21	\$274.11
Employee + Child(ren)	\$162.95	\$81.47
Employee + Family	\$938.53	\$469.26

EPISD Self-Funded Traditional PPO Plan	Employee cost (prorated monthly)	Employee cost (semimonthly)
Employee Only	\$41.68	\$20.84
Employee + Spouse	\$1,043.37	\$521.68
Employee + Child(ren)	\$469.89	\$234.95
Employee + Family	\$1,250.53	\$625.26

2022-2023



EPISD EMPLOYEE
BENEFITS



EL PASO
INDEPENDENT
SCHOOL DISTRICT

Plan Features	CDHP (High Deductible)			TRADITIONAL (COPAYS)		
	In Network	In Network Tier 1 UNM/TXTECH	Out of Network	In Network	In Network Tier 1 UNM/TXTECH	Out of Network
Deductible (Plan Year) (Individual/Family)	\$4,500/ \$9,000	\$3,000/ \$6,000	\$14,000/ \$28,000	\$5,000/ \$10,000	\$1,000/ \$3,000	\$7,000/ \$14,000
Out of Pocket Maximum (Individual/Family)	\$7,000/ \$14,000	\$3,000/ \$6,000	\$28,000/ \$56,000	\$10,000/ \$20,000	\$5,000/ \$10,000	\$14,000/ \$28,000
Coinsurance	20%	0%	40%	20%	10%	40%

Office Visit copay

Primary Care	20% after deductible	0% after deductible	40% after deductible	\$30	\$10	40% after deductible
Specialty Care	20% after deductible	0% after deductible	40% after deductible	\$50	\$30	40% after deductible
Urgent Care	20% after deductible	0% after deductible	40% after deductible	\$50	\$50	40% after deductible
Diagnostic Lab	20% after deductible	0% after deductible	40% after deductible	20% after deductible	10% after deductible	40% after deductible

Immediate Care

Telemedicine Virtual Visit-MDLive	0% after deductible (\$40 fee applies to deductible)	0% after deductible (\$40 fee applies to deductible)	40% after deductible	\$20 copay	\$10 copay	\$40 copay
Radiology	20% after deductible	0% after deductible	40% after deductible	20% after deductible	10% after deductible	40% after deductible
Inpatient Hospital	20% after deductible	0% after deductible	40% after deductible	20% after deductible	10% after deductible	40% after deductible
Outpatient Hospital	20% after deductible	0% after deductible	40% after deductible	20% after deductible	10% after deductible	40% after deductible
Free Standing ER	20% after deductible	0% after deductible	40% after deductible	\$500 copay plus 20% after deductible	\$250 copay	40% after deductible
Hospital ER	20% after deductible	0% after deductible	40% after deductible	\$500 copay plus 20% after deductible	\$250 copay	40% after deductible

Consumer Driven Healthcare Plan (CDHP)

- Lowest premiums
- Compatible with Health Savings Account (HSA)
- Nationwide network
- No requirement for primary care physician
- No referrals for specialists
- Preventive care covered at 100%
- Eligible for Cigna Incentives (Motivate Me)
- \$1,000 Employer HSA contribution

Traditional PPO Plan (Co-Pay Driven)

- Lower deductible
- Compatible with Flexible Spending Account (FSA)
- Nationwide network
- No requirement for primary care physician
- No referrals for specialists
- Preventive care covered at 100%
- Co-pays for most services and prescriptions drugs
- Eligible for Cigna Incentives (Motivate Me)

MEDICAL – COST COMPARISON

2022-2023 Cost Comparison

Do the Math

Employee Benefits wants to make sure that while reviewing the different Health Plan Options, you compare the total cost of selecting your plan option and the level of coverage by including:

- the total annual premium, plus
- the annual deductible, plus
- the out of pocket maximum

When we say, “DO THE MATH”, this is what we mean...

Employee Only

	Monthly Premium	Total Annual Premium		Annual Deductible	Out of Pocket Max	Combined premium, deductible, and out of pocket
CDHP	\$0	\$0	HSA Eligible w/District Contribution	\$4,500	\$7,000	\$7,000
CDHP Tier 1 If you choose to use Texas Tech and/or UMC	\$0	\$0	HSA Eligible w/District Contribution	\$3,000	\$3,000	\$3,000
Traditional	\$33	\$396	FSA Enrollment Eligible	\$4,000	\$8,100	\$8,496
Traditional Tier 1 If you choose to use Texas Tech and/or UMC	\$33	\$396	FSA Enrollment Eligible	\$1,000	\$5,000	\$5,396

Employee Plus Spouse

	Monthly Premium	Total Annual Premium		Annual Deductible	Out of Pocket Max	Combined premium, deductible and out of pocket
CDHP	\$434	\$5,208	HSA Eligible w/District Contribution	\$9,000	\$14,000	\$19,208
CDHP Tier 1 If you choose to use Texas Tech and/or UMC	\$434	\$5,208	HSA Eligible w/District Contribution	\$6,000	\$6,000	\$11,208
Traditional	\$826	\$9,912	FSA Enrollment Eligible	\$8,500	\$16,000	\$25,912
Traditional Tier 1 If you choose to use Texas Tech and/or UMC	\$826	\$9,912	FSA Enrollment Eligible	\$3,000	\$10,000	\$19,912

MEDICAL – COST COMPARISON

Employee Plus Children

	Monthly Premium	Total Annual Premium		Annual Deductible	Out of Pocket Max	Combined premium, deductible and out of pocket
CDHP	\$129	\$1,548	HSA Eligible w/District Contribution	\$9,000	\$14,000	\$15,548
CDHP Tier 1 If you choose to use Texas Tech and/or UMC	\$129	\$1,548	HSA Eligible w/District Contribution	\$6,000	\$6,000	\$7,548
Traditional	\$372	\$4,464	FSA Enrollment Eligible	\$8,500	\$16,000	\$20,464
Traditional Tier 1 If you choose to use Texas Tech and/or UMC	\$372	\$4,464	FSA Enrollment Eligible	\$3,000	\$10,000	\$14,464

Employee Plus Family

	Monthly Premium	Total Annual Premium		Annual Deductible	Out of Pocket Max	Combined premium, deductible and out of pocket
CDHP	\$743	\$8,916	HSA Eligible w/District Contribution	\$9,000	\$14,000	\$22,916
CDHP Tier 1 If you choose to use Texas Tech and/or UMC	\$743	\$8,916	HSA Eligible w/District Contribution	\$6,000	\$6,000	\$14,916
Traditional	\$990	\$11,880	FSA Enrollment Eligible	\$8,500	\$16,000	\$27,880
Traditional Tier 1 If you choose to use Texas Tech and/or UMC	\$990	\$11,880	FSA Enrollment Eligible	\$3,000	\$10,000	\$21,880

MEDICAL

CIGNA RESOURCES

24/7/365 service

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

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

Preventive care covered 100% in-network

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

- Testing for colon cancer
- Routine Mammograms and Pap Smear
- Screenings for blood pressure, cholesterol, and diabetes
- Immunizations for covered dependent children
- Well check ups
- Annual flu shots

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

Telehealth for 24/7 care

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

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

Cigna Veteran Support Line

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

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

The myCigna® App

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

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

HEALTH SAVINGS ACCOUNTS

Cigna | www.cigna.com | 1.920.803.4100

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

- El Paso ISD will contribute \$1,000 to your HSA, deposited on your September 15th check, if you elect the El Paso ISD CDHP plan and enroll in the HSA plan

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
- 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 Flexible Spending Account (FSA) or Health Reimbursement Arrangement
- You cannot participate if your spouse has a FSA or HRA at their place of employment. Contact your tax advisor for more clarification.

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

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

FLEXIBLE SPENDING ACCOUNTS

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

MEDICAL FSA

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

Your maximum contribution amount for 2022 is \$2,850.

HIGHLIGHTS

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

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

DEPENDENT DAYCARE FSA

With a Dependent Daycare 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 \$5,000 per tax year for reimbursement of dependent daycare services.
If you are married and file a separate tax return, the limit is \$2,500.**

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.
- Cannot file for child credit at tax time

FSA RESOURCES

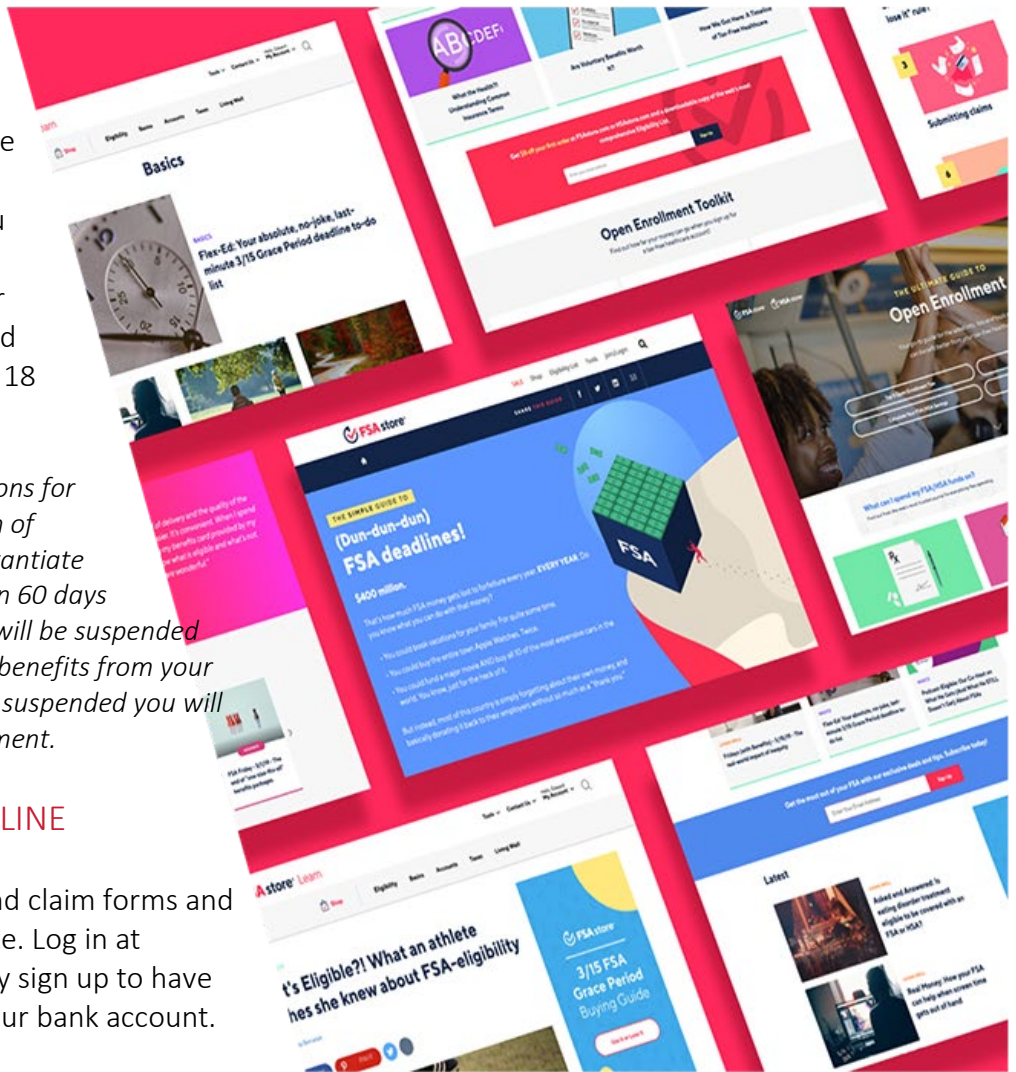
BENEFITS CARD

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

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

VIEW YOUR ACCOUNT DETAILS ONLINE

Sign up to view your account balance, find claim forms and check claims status on our secure website. Log in at www.ffga.com. After you log in, you may sign up to have reimbursements directly deposited to your bank account. View the [Portal Log-in Guide](#) now!

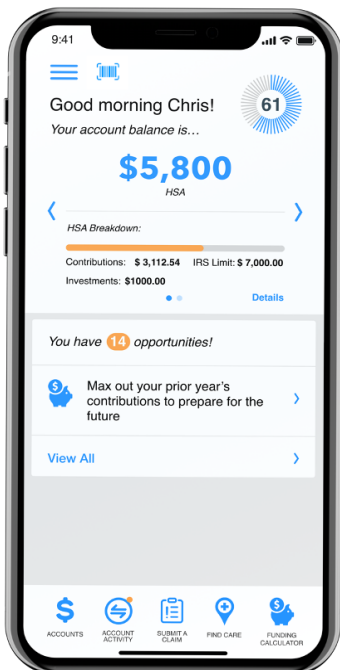


FF MOBILE ACCOUNT APP

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

FSA STORE

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



METLIFE DENTAL INSURANCE

MetLife | www.metlife.com/dental | 1.800.942.0854

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

PPO Low Plan

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

PPO High Plan

- Freedom to choose dentists in or out of network
- Out-of-Pocket costs are lower if you choose from the MetLife preferred provider list of in-network dentists
- Annual deductible of \$50 per individual, or \$150 per family; annual maximum benefit of \$1,500 per person
- Preventive care is paid at 100% after deductible is met
- Basic restorative care is paid at 80% up to annual maximum
- Major services are covered at 50% up to annual maximum
- Orthodontia lifetime maximum of \$2,000 per person **12 month waiting period for new enrollees without prior coverage to enrollment
- 6 month waiting period for major restorative services without prior coverage to enrollment

DENTAL SEMI-MONTHLY PREMIUMS		
	LOW PLAN	HIGH PLAN
EMPLOYEE ONLY	\$9.21	\$15.58
EMPLOYEE + SPOUSE	\$18.42	\$31.17
EMPLOYEE + CHILD(REN)	\$18.79	\$31.80
EMPLOYEE + FAMILY	\$28.01	\$47.39

METLIFE VISION INSURANCE

MetLife | www.metlife.com/vision | 1.855.638.3931

Proper vision care is essential to your overall wellbeing. Regular eye exams at any age will help prevent eye disease and keep your vision strong for years to come.

Your employer provides you with a vision plan to take care of you and your family’s needs. Here are just a few of the areas where you will save money with your plan:

- Richer benefits with in-network provider
- \$20 co-pay for eye exam
- \$20 co-pay for eyeglasses or contacts
- \$150 frame allowance **and** a \$175 contact lens allowance
- Double contact allowance or obtain two pairs of glasses
- Save by using Costco or Sam’s Club vision centers
- This plan allows for eye exam, new frames, and contacts every 12 months

For more plan information, go to the Employee Benefit Center at <https://ffbenefits.ffga.com/elpasoisd/>

VISION SEMIMONTHLY PREMIUMS	
EMPLOYEE ONLY	\$3.58
EMPLOYEE + SPOUSE	\$7.15
EMPLOYEE + CHILDREN	\$7.33
EMPLOYEE + FAMILY	\$10.10

Questions for my Benefits Representative:

UNUM TERM LIFE & AD&D INSURANCE

UNUM | www.unum.com | 1.866.679.3054

EMPLOYER-PAID BASIC TERM LIFE & AD&D INSURANCE

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

VOLUNTARY TERM LIFE INSURANCE

Voluntary life insurance is term life coverage you can purchase in addition to the basic life plan provided by your employer. It will cover you for a specific period of time while you are employed. Plan amounts are offered in tiers so you can choose the amount of coverage that works best for you and your family. Because it's a group plan, premiums are typically lower, so it's more affordable to gain the peace of mind that life insurance provides. Limitations apply, please see policy for details. If electing coverage for the first time, or increasing more than 1 level, This year only, no Evidence of Insurability must be completed. Benefit levels available are 1.5, 2, or 3 times your annual salary.

If currently enrolled in optional term life with Sunlife, your current coverage is guaranteed with no EOI.

TEXAS LIFE – PERMANENT LIFE

Texas Life | www.texaslife.com | 1.800.283.9233

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.

HIGHLIGHTS

- You own the policy, even if you change jobs or retire.
- The policy remains in force until you die or up to age 121 if you pay the necessary premium on time.
- It is a permanent, universal life policy which means you can rest easy knowing your loved ones will be well taken care of when you're gone.
- Available every year through express issue
- Chronic Illness Rider
- Terminal Illness Rider
- Coverage available for self, spouse, children, and grandchildren

UNUM DISABILITY INSURANCE

UNUM | www.unum.com | 1.888.673.9940

Have you ever wondered what would happen to your income if you had an accidental injury, sickness, or pregnancy? That is why you need disability coverage. It replaces a portion of income for the period you are unable to work due to those reasons. There are 4 different elimination plans for you to choose from, 0/7, 14, 30 and 60 days. The elimination period is the amount of time you must wait before your plan will pay you benefits for being disabled. Benefit amounts start at \$200 per month and up to 66 and 2/3% of your monthly salary.

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

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

METLIFE CRITICAL ILLNESS INSURANCE

Metlife | mybenefits.metlife.com | 1.800.438.6388

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, 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. Visit the Employee Benefits Center and view policy for more details.

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

METLIFE ACCIDENT INSURANCE

Metlife | mybenefits.metlife.com | 1.800.438.6388

The costs associated with an injury due to accident 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, is portable should you leave the district, and may provide a benefit for costs associated with concussions, lacerations, broken teeth, ER visits, Ambulance (Ground or Air) and ICU visits.

SEMI-MONTHLY PREMIUMS		
	LOW PLAN	HIGH PLAN
EMPLOYEE ONLY	\$2.68	\$3.85
EMPLOYEE + SPOUSE	\$5.35	\$7.70
EMPLOYEE + CHILD(REN)	\$6.52	\$9.38
EMPLOYEE + FAMILY	\$7.67	\$11.03

AETNA HOSPITAL INDEMNITY INSURANCE

Aetna | www.myaetnasupplemental.com | 1.800.607.3366

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

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

There are 2 plans to choose from and you can elect coverage on yourself, spouse, and children. The money can be used for medical costs, insurance deductibles, groceries, transportation, childcare – the choice is up to you!

SEMI-MONTHLY PREMIUMS		
	LOW PLAN	HIGH PLAN
EMPLOYEE ONLY	\$3.61	\$7.07
EMPLOYEE + SPOUSE	\$8.28	\$16.28
EMPLOYEE + CHILD(REN)	\$5.64	\$11.00
EMPLOYEE + FAMILY	\$9.55	\$18.68

iLOCK 360 IDENTITY THEFT PROTECTION

iLock360 | www.ilock360.com | 1.855.287.8888

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

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

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

The Plus plan covers 1 major credit bureaus where the Premium plan covers 3 major credit bureaus.

iLOCK SEMI-MONTHLY PREMIUMS		
	PLUS	PREMIUM
EMPLOYEE ONLY	\$4.00	\$7.50
EMPLOYEE + SPOUSE	\$7.50	\$11.00
EMPLOYEE + CHILD(REN)	\$6.50	\$10.00
EMPLOYEE + FAMILY	\$10.00	\$13.50

Questions for my Benefits Representative:

[illegible]

457(b) RETIREMENT PLANS

TCG/HUB Services | www.tcgservices.com | 1.800.943.9179

Edgar Ortiz | Local Plan Representative | 1.915.241.3593

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

BENEFITS

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

CONTRIBUTION LIMITS

Participants may contribute up to \$20,500 for year 2022. Participants aged 50 and older at any time during the calendar year are permitted to contribute an additional \$6,500 in 2022, for a total of \$27,000.

A local TCG/HUB Representative is available to assist and answer your questions. Edgar Ortiz, 915-241-3593 or eortiz@tcgservices.com. Schedule a time to meet with Edgar at <https://tcgservices.com/eortiz/>

Questions for my Benefits Representative:

[illegible]

403(b) RETIREMENT PLANS

TCG/HUB Services | www.tcgservices.com | 1.800.943.9179
Edgar Ortiz | Local Plan Representative | 1.915.241.3593

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

HOW A 403(B) WORKS

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

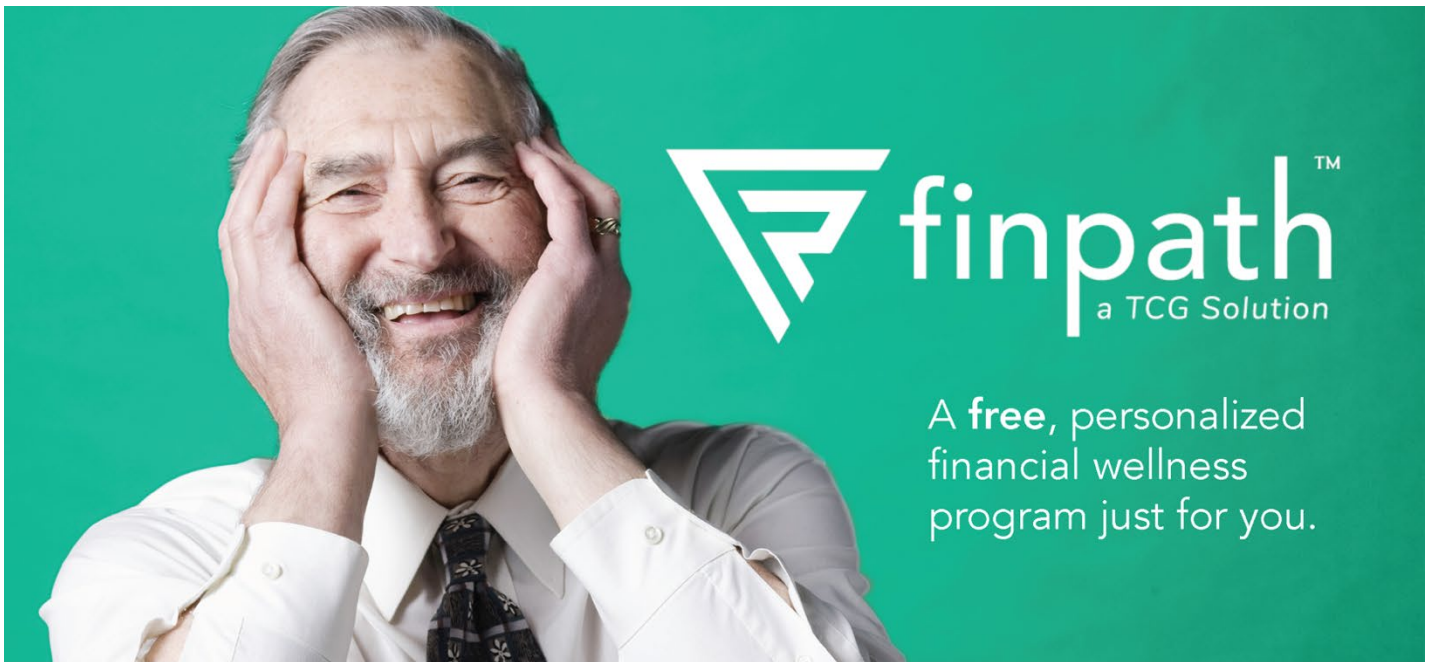
BENEFITS

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

CONTRIBUTION LIMITS

Participants may contribute up to \$20,500 for year 2022. Participants aged 50 and older at any time during the calendar year are permitted to contribute an additional \$6,500 in 2022, for a total of \$27,000.

A local TCG/HUB Representative is available to assist and answer your questions. Edgar Ortiz, 915-241-3593 or eortiz@tcgservices.com. Schedule a time to meet with Edgar at <https://tcgservices.com/eortiz/>



The FinPath online Financial Education platform includes:



Wellness Score Analyzer

Take an assessment to determine your personal areas for improvement.



FinPath University Courses

Participate in online financial classes taught by investment advisors.



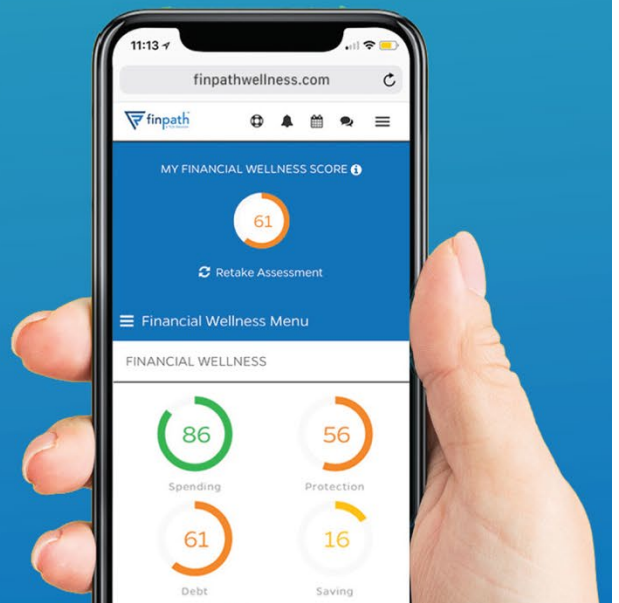
Support from Wellness Coaches

Get direct access to a coach who will answer any specific questions.

Make progress on
your path to improved
personal finances.

Register for free today at
www.finpathwellness.com.

TCG ADVISORS ACCEPTS FIDUCIARY RESPONSIBILITY FOR PLAN RECOMMENDATIONS.
REMEMBER ALL INVESTING INVOLVES RISK.



EMPLOYEE ASSISTANCE PROGRAM

EAP Cigna | www.mycigna.com | 1.800.244.2424

EAP HealthAdvocate | www.unum.com/lifebalance | 1.800.854.1446

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

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

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

COBRA

First Financial Administrators, Inc. | www.ffga.com | 1.800.523.8422, option 4

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

HIGHLIGHTS

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

FREQUENTLY ASKED QUESTIONS

What is Express Issue?

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

What is Guaranteed Issue (GI)?

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

What is a "pre-existing condition"?

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

What is a deductible?

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

What is a co-pay?

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

What does out-of-pocket maximum mean?

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

What does EOB mean?

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

Before you get certain tests or procedures, do you need permission from your health insurance plan?

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

Dependent Day Care Accounts

If I contribute to a Dependent Day Care Account, can I also write-off my daycare expenses on my taxes?

No, you may not. If you use the Dependent Day Care Account, you save money up-front on your taxes. Your per-paycheck deductions are taken out of your paycheck before you pay taxes on your income. Thus, your taxable income is less, and you pay less in taxes.

What kinds of care does this cover?

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

Can I use the Dependent Day Care account to fund elder care for my mother/father/spouse?

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

MOBILE PHONE APPLICATIONS

Helpful resources in the palm of your hand

There are plenty of free phone applications that can help you with your health insurance benefits. You can download them on your apple or android device and use them when you need them



MyCigna

The myCigna app gives you an easy way to personalize, organize and access your important health information-on the go. A must have for Cigna customers, it's a little app with big features. ID Cards, Claims, Account Balances for your HSA, Prescription Drug Coverage Information, Health Care Professional Directory, Coverage, Health Wallet and Health Incentives.



FF Mobile

All of your Flexible Spending Account information at the tip of your fingers. With the FF Flex Mobile App you can submit claims, view account balance & history, see claim status, view alerts, upload receipts and documentation and more



MetLife

Securely access your account to find a dentist in your area, view your id card, change your dental office, view your plan and claim summary. Additional products and features will be added with future updates.



UNUM Customer App

Easily manage your claim or leave 24/7 on all of your mobile devices. Upload documents straight from your device, report a new claim or leave, and check the status of your existing claim or leave.



Aetna

Manage your benefits on the go , right from your phone with the Aetna app. You can view your plan and submit claims and necessary documentation. It's a smarter, simpler and more convenient way to take charge of your benefits.



HeathAdvocate EAP

This app will be your go-to resource for life's day to day challenges. Utilize this app to connect to Care Managers anonymously that can help you navigate through personal, family and work related concerns.



CONTACT INFORMATION

EL PASO ISD BENEFITS OFFICE

1100 N. Stanton St. 3rd Floor

El Paso, TX 79902

915.230.2060

www.episd.org/benefits

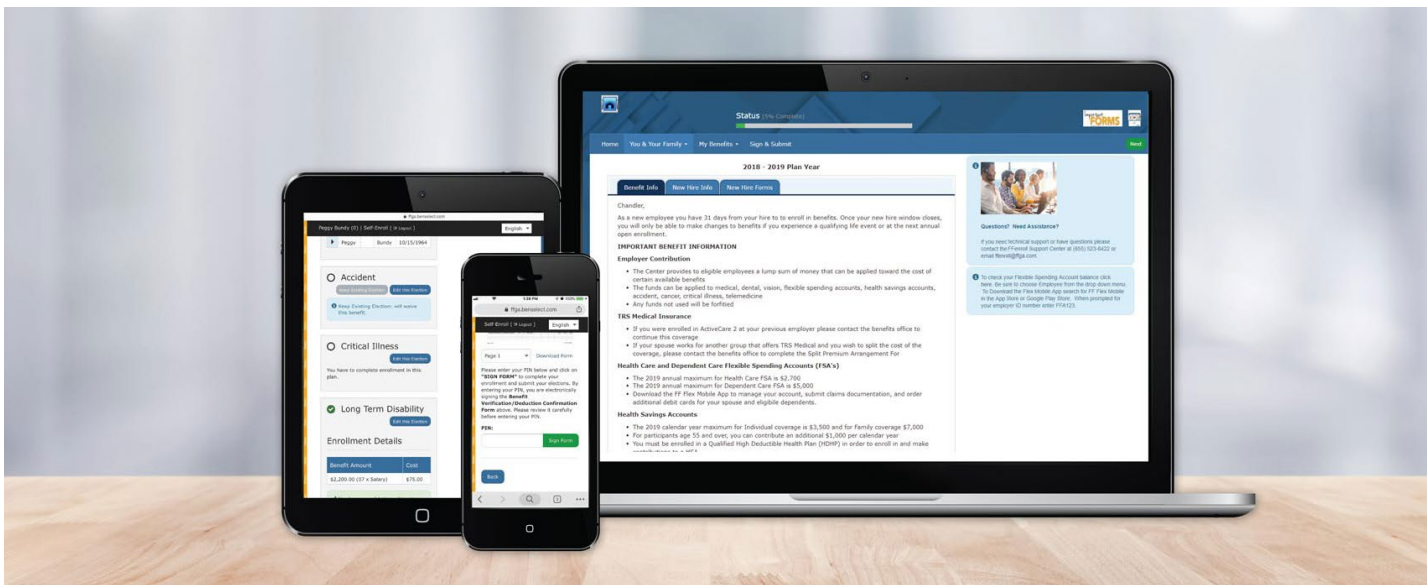
employeebenefits@episd.org

FIRST FINANCIAL GROUP OF AMERICA

Frank Martinez, Sr. Account Administrator

915-861-4706 / frank.martinez@ffga.com

CONTACTS			
BENEFIT	CARRIER	WEBSITE	PHONE
Medical	Cigna	www.cigna.com	800.244.6224
Health Savings Account	Cigna	www.cigna.com	920.803.4100
EAP	Cigna	www.mycigna.com	800.244.2424
Sergio Alarcon	Onsite Cigna Representative	salarco1@episd.org	915.230.2068
Cecilia Aquino	Onsite Cigna RN	caquino@episd.org	915-230-2067
EAP	UNUM	www.unum.com/lifebalance	800.854.1456
Dental	MetLife	www.metlife.com/dental	800.942.0854
Vision	MetLife	www.metlife.com/vision	855.638.3931
Term Life Insurance	UNUM	www.unum.com	866.679.3054
Disability Insurance	UNUM	www.unum.com	888.673.9940
Permanent Life Insurance	Texas Life	www.texaslife.com	800.283.9233
Accident Insurance	MetLife	www.Mybenefits.metlife.com	800.438.6388
Critical Illness	MetLife	www.Mybenefits.metlife.com	800.438.6388
Hospital Indemnity	Aetna	www.myaetnasupplemental.com	800.607.3366
Identity Theft Insurance	iLock360	www.ilock360.com	855.287.8888
Financial Wellness	FinPath	www.finpathwellness.com	800.943.9179
457/403b Retirement Plans	TCG Services	www.tcgservices.com	800-943.9179
Edgar Ortiz	Local TCG Representative	eortiz@tcgservices.com	915.241.3593



How to Enroll

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, <https://benefits.ffga.com>. You have the option to enroll online at your convenience during your enrollment period.

LOG IN

Visit <https://ffga.benselect.com/Enroll>

Login: Your Employee ID or Social Security Number (no dashes)

PIN: The last four digits of your Social Security Number and the last two digits of the year you were born (six digits total)

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 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.

COMPLETE ELECTIONS

Once all benefits have been elected or waived, be sure to complete your elections by signing the enrollment confirmation. Your enrollment is complete when you see "Congratulations!" at the top of the screen.