



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. Employees who are enrolled in a Copay plan for 2025 and elect the High Deductible Health Plan (HDHP) with a Health Savings Account (HSA) for 2026 are eligible to receive HSA seed money from YISD.

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. 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



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.



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
HSA Seed Money*	Employee Only \$500 Family \$1,000	
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	Mail Order
Tier 1 - Generic	100% after Ded	
Tier 2 - Preferred Brand	100% after Ded	
Tier 3 - Non Preferred Brand	100% after Ded	

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.

***Who is eligible for HSA seed money?**

Employees who are enrolled in a Copay plan for 2025 and elect the High Deductible Health Plan (HDHP) with a Health Savings Account (HSA) for 2026 are eligible to receive HSA seed money from YISD.

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.