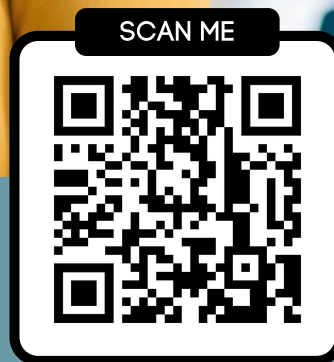


YSLETA ISD 2027 BENEFITS GUIDE



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[Ysleta ISD EBC](#)

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Benefits Representative
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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.

How to Enroll

Benefits Enrollment

On-Site Enrollment

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

How to Access Benefits Enrollment Through YISD Portal

To access the **Benefits Enrollment** portal:

1. Go to www.yisd.net.
2. From the Home page, click the **Menu icon** ≡.
3. Select **Departments**.
4. Click **Quick Links**.
5. Under **Web Applications**, click **Benefits Enrollment**.

If you are not already signed in with your **YISD credentials** on the device, you will be prompted to log in using your YISD username and password.

Once you are signed in with your YISD credentials, the **Benefits Enrollment** portal will open automatically.

Need Assistance?

For assistance logging in, please contact **Risk Management** at **915-434-0461** or **915-434-0474**.



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.

Employee Benefits Center

A guide to your benefits!

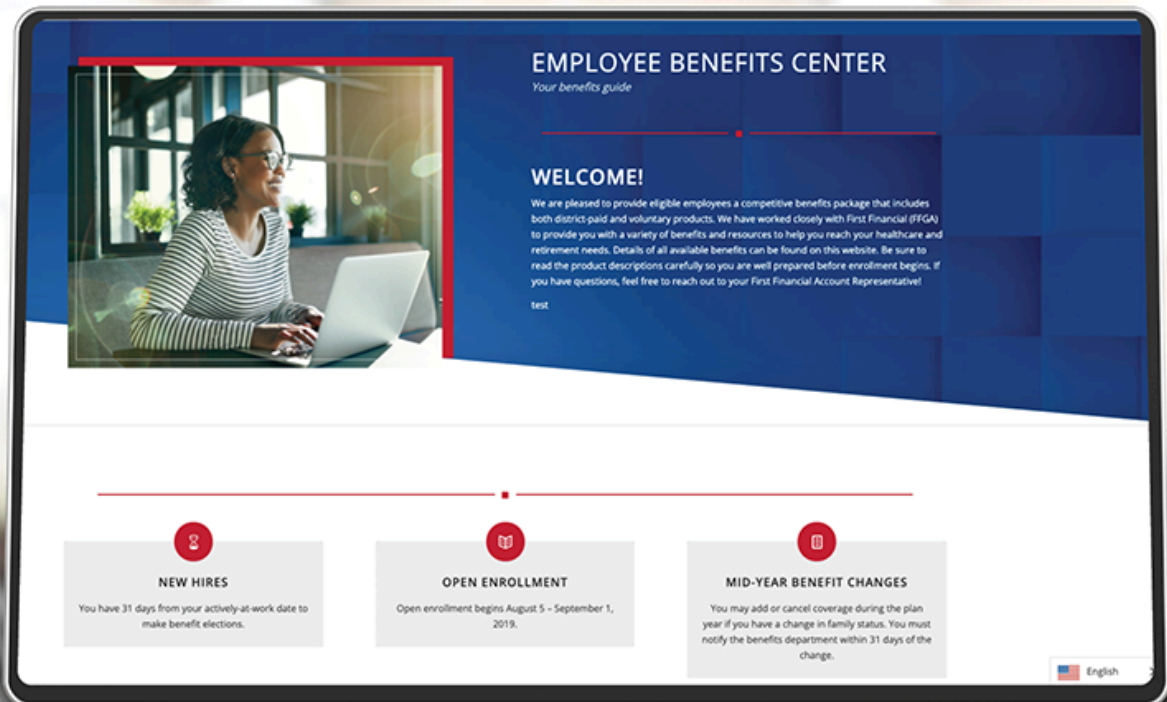
Ysleta ISD and FFGA are excited to provide you with a custom website filled with information about your benefits. Visit the Employee Benefits Center to see current benefit options from your employer as well as find claim forms, important phone numbers and enrollment information.

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



On-Site Benefits Enrollment Schedule

Campus	Onsite Enrollment Date	Open Enrollment Time
Bel Air High School 731 Yarbrough Dr.	September 9 th	7:45am – 4:30pm
Del Valle HS 950 Bordeaux Dr.	September 11 th	7:45am – 4:30pm
Eastwood High School 2430 McRae Blvd.	September 24 th	7:45am – 4:30pm
Hanks High School 2001 Lee Trevino Dr.	September 17 th	7:45am – 4:30pm
Parkland High School 5932 Quail Ave.	September 21 st	7:45am – 4:30pm
Riverside High School 301 Midway Dr	September 15 th	7:45am – 4:30pm
Ysleta High School 8600 Alameda Ave.	September 22 nd	7:45am – 4:30pm
Cesar Chavez Academy 7814 Alameda Ave.	September 3 rd	7:45am – 4:30pm
Thrive Academy 525 Greggerson Dr.	September 10 th	8:15am – 4:30pm
Valle Verde Early College HS 919 Hunter Dr.	September 23 rd	7:45am – 10:45am
Young Women's Academy 8040 Yermoland Dr.	September 25 th	7:45am – 4:30pm
Ysleta Community Learning Center 121 Padres Dr.	September 18 th	2:00pm - 4:00pm
Campus	Onsite Enrollment Date	Open Enrollment Time
Bel Air Middle School 7909 Ranchland Dr.	September 4 th	7:45am – 4:30pm
Del Valle Middle School 8674 North Loop Dr.	September 11 th	7:45am – 4:30pm
Eastwood Middle School 2612 Chaswood St.	September 18 th	7:45am – 4:30pm
Hanks Middle School 11201 Pebble Hills Blvd	September 16 th	7:45am – 4:30pm
Parkland Middle School 6045 Nova Way	September 3 rd	7:45am – 4:30pm
Riverside Middle School 7615 Mimosa Ave.	September 15 th	7:45am – 4:30pm
Ysleta Middle School 8691 Independence Dr	September 15 th	7:45am – 4:30pm
Campus	Onsite Enrollment Date	Open Enrollment Time
Alicia Chacon International 920 Burgandy Dr.	September 1 st	7:45am – 3:45pm
Capistrano Elementary 240 Mecca Dr.	September 8 th	7:45am – 3:45pm
Del Valle Elementary 9251 Escobar Dr.	September 8 th	7:45am – 3:45pm
Desertaire Elementary 6301 Tiger Eye Dr	September 10 th	7:45am – 3:45pm
Dolphin Terrace Elementary 9790 Pickrel Dr.	September 2 nd	7:45am – 3:45pm
Eastpoint Elementary 2400 Zanzibar St.	September 4 th	7:45am – 3:45pm
Eastwood Heights Elementary 10530 Janway Dr.	September 21 st	7:45am – 3:45pm
Eastwood Knolls International 10000 Buckwood Ave	September 14 th	7:45am – 3:45pm
Edgemere International 10300 Edgemere Blvd.	September 8 th	7:45am – 3:45pm
Glen Cove Elementary 10955 Sam Snead Dr.	September 22 nd	7:45am – 3:45pm
Lancaster Elementary 9230 Elgin Dr.	September 8 th	7:45am – 3:45pm
Loma Terrace Elementary 8200 Ryland Ct.	September 4 th	7:45am – 3:45pm
Mission Valley Elementary 8674 North Loop Dr.	September 14 th	7:45am – 3:45pm
North Loop Elementary 412 Emerson St.	September 17 th	7:45am – 3:45pm
North Star Elementary 5950 Sean Haggerty Dr.	September 18 th	7:45am – 3:45pm

On-Site Benefits Enrollment Schedule

Campus	Onsite Enrollment Date	Open Enrollment Time
Parkland Elementary 6330 Deer Ave.	September 9 th	7:45am – 3:45pm
Parkland Pre-K Center 9790 Pickrel Dr.	September 16 th	7:45am – 3:45pm
Pasodale Elementary 8253 McElroy Ave.	September 16 th	7:45am – 3:45pm
Pebble Hills Elementary 11145 Edgemere Blvd.	September 21 st	7:45am – 3:45pm
Presa Elementary 128 Presa Pl.	September 2 nd	7:45am – 3:45pm
Ramona Stern Academy 7755 Franklin Dr.	September 23 rd	7:45am – 3:45pm
REL Washington International 3505 Lee Trevino Dr.	September 9 th	7:45am – 3:45pm
Riverside Elementary 218 Barker Rd.	September 3 rd	7:45am – 3:45pm
Sageland Elementary 7901 Santa Monica Ct.	September 17 th	7:45am – 3:45pm
Scottsdale Elementary 2901 McRae Blvd.	September 18 th	7:45am – 3:45pm
Thomas Manor Elementary 7900 Jersey St.	September 16 th	7:45am – 3:45pm
Tierra Del Sol Elementary 1832 Tommy Aaron Dr.	September 17 th	7:45am – 3:45pm
Vista Hills Elementary 10801 La Subida Dr.	September 10 th	7:45am – 3:45pm
Ysleta Elementary 8624 Dorbandt Cir.	September 1 st	7:45am – 3:45pm
Ysleta Pre-K Center 7940 Craddock Ave.	September 14 th	7:45am – 3:45pm
Campus	Onsite Enrollment Date	Open Enrollment Time
Central Office	September 21 st	8:00am – 5:00pm
Central Office	September 22 nd	8:00am – 5:00pm
Central Office	September 23 rd	8:00am – 5:00pm
Central Office	September 24 th	12:00pm- 5:00pm
Central Office	September 25 th	7:00am – 5:00pm
Central Office	September 28 th	8:00am – 5:00pm
Central Office	September 29 th	8:00am – 5:00pm
Central Office	September 30 th	7:00am – 5:00pm

Aetna On-Site Representative Availability Schedule

Campus	Onsite Enrollment Date	Open Enrollment Time
Bel Air High School 731 N. Yarbrough Dr.	September 9 th	7:45am – 4:30pm
Del Valle High School 950 Bordeaux Dr.	September 11 th	7:45am – 4:30pm
Eastwood High School 2430 McRae Blvd.	September 24 th	7:45am – 4:30pm
Hanks High School 2001 Lee Trevino Dr.	September 17 th	7:45am – 4:30pm
Parkland High School 5932 Quail Ave.	September 21 st	7:45am – 4:30pm
Riverside High School 301 Midway Dr.	September 15 th	7:45am – 4:30pm
Ysleta High School 8600 Alameda Ave.	September 22 nd	7:45am – 4:30pm

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 the annual enrollment period you have two options available to complete your benefit enrollment. FFGA representatives will be onsite throughout the district, 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.

All elections made during Open Enrollment will take effect on January 1, 2027, and will remain in place through December 31, 2027, unless a modification is made due to a qualifying life event.

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 915-434-0461 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 PLAN OPTIONS

Aetna

Ysleta ISD offers three Aetna medical plan options, including the Platinum Plan, Gold Plan, and a HDHP option. All plans include access to the Aetna network, prescription drug coverage, preventive care covered at 100%, and \$0 CVS Virtual Care visits. Review each option carefully to determine which plan best meets your healthcare needs and budget.

PLAN BENEFITS COMPARISON

	Platinum Plan		Gold Plan	
	ACO Tier I	Other Aetna Tier II	ACO Tier I	Other Aetna Tier II
Calendar Year Deductible Individual / Family	\$1,500 / \$4,500	\$3,000 / \$9,000	\$2,500 / \$7,500	\$5,000 / \$15,000
Maximum Out of Pocket Limits	\$4,000 / \$12,000	\$8,000 / \$24,000	\$5,000 / \$15,000	\$10,000 / \$30,000
Coinsurance % Paid by Employee	20%	40%	30%	50%
Physician Office Copay	\$30	\$55	\$45	\$70
Specialist Office Copay	\$50	\$75	\$75	\$100
Preventive Care Services	Covered in full	Covered in full	Covered in full	Covered in full
CVS Virtual Care	\$0	\$0	\$0	\$0
Urgent Care	\$50	40% after deductible	\$50	50% after deductible
Emergency Room Visit	\$500 + 20% after deductible		\$500 + 30% after deductible	
Free Standing Emergency Room	\$1,000 + 20% after deductible		\$1,000 + 30% after deductible	
Hospital Inpatient	\$150 + 20% after deductible	\$350 + 40% after deductible	\$200 + 30% after deductible	\$400 + 50% after deductible
Hospital Outpatient	20% after deductible	40% after deductible	30% after deductible	50% after deductible
Lab & X-Ray	20% after deductible	40% after deductible	30% after deductible	50% after deductible
Major Diagnostics CT, PET, MRI, etc.	20% after deductible	40% after deductible	30% after deductible	50% after deductible
Prescription Drug Benefits				
	Retail	Mail Order	Retail	Mail Order
Tier 1 - Generic	\$15	\$30	\$15	\$30
Tier 2 – Preferred Brand	\$60	\$120	\$60	\$120
Tier 3 – Non-Preferred Brand	\$100	\$200	\$100	\$200

MEDICAL PLAN OPTIONS

Aetna

PLAN BENEFITS COMPARISON

	High-Deductible Health Plan (HDHP)	
	ACO Tier I	Other Aetna Tier II
Calendar Year Deductible Individual / Family	\$3,800 / \$7,600	\$7,600 / \$15,200
Maximum Out of Pocket Limits	\$3,800 / \$7,600	\$7,600 / \$15,200
Coinsurance % Paid by Employee	0%	0%
Physician Office Copay	\$0 after deductible	\$0 after deductible
Specialist Office Copay	\$0 after deductible	\$0 after deductible
Preventive Care Services	Covered in full	Covered in full
CVS Virtual Care	\$0	\$0
Urgent Care	\$0 after deductible	\$0 after deductible
Emergency Room Visit	\$0 after deductible	
Free Standing Emergency Room	\$0 after deductible	\$0 after deductible
Hospital Inpatient	\$0 after deductible	\$0 after deductible
Hospital Outpatient	\$0 after deductible	\$0 after deductible
Lab & X-Ray	\$0 after deductible	\$0 after deductible
Major Diagnostics CT, PET, MRI, etc.	\$0 after deductible	\$0 after deductible
Prescription Drug Benefits		
	Retail	Mail Order
Tier 1 - Generic	\$0 after deductible	\$0 after deductible
Tier 2 – Preferred Brand	\$0 after deductible	\$0 after deductible
Tier 3 – Non-Preferred Brand	\$0 after deductible	\$0 after deductible

All Plans

- ✓ In-network coverage only
- ✓ 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
- ✓ Preventive Services covered in full
- ✓ \$0 CVS Virtual Care visits

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MEDICAL PLAN OPTIONS

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 “Standard Savings” flag.
- Get cost estimates for tests and procedures
- Review your claims
- Check your personal health record and set reminders for important preventive screenings

	YOUR AETNA MEDICAL PLAN RATES		
	Monthly (12)	Bi-Weekly (26)	Bi-Weekly (19)
Platinum Plan			
Employee Only	\$224.98	\$103.84	\$142.09
Employee + Spouse	\$822.39	\$379.56	\$519.40
Employee + Child(ren)	\$672.86	\$310.55	\$424.96
Employee + Family	\$1,196.20	\$552.09	\$755.50
Gold Plan			
Employee Only	\$166.53	\$76.86	\$105.18
Employee + Spouse	\$729.33	\$336.61	\$460.63
Employee + Child(ren)	\$596.73	\$275.41	\$376.88
Employee + Family	\$1,060.85	\$489.62	\$670.01
HDHP			
Employee Only	\$73.41	\$33.88	\$46.36
Employee + Spouse	\$504.40	\$232.80	\$318.57
Employee + Child(ren)	\$412.69	\$190.47	\$260.65
Employee + Family	\$733.68	\$338.62	\$463.38

Note: Ysleta ISD contributes \$642.77 towards your health plan premium per month.

MEDICAL RESOURCES

for Aetna Members

CVS VIRTUAL CARE

CVS Virtual Care provides mental health and urgent care services from licensed, in-network providers. Designed for convenient access anytime, anywhere, alongside traditional in-person care.

24/7 Urgent Care

Virtually connect quickly and easily with a licensed provider for minor illnesses and injuries.

Treats conditions such as:

- Colds, Flu, Strep
- Minor Pains
- Common infections
- Medication refills

Mental Health Services

Talk with a therapist or schedule with a psychiatric mental health nurse practitioner (PMHNP) for diagnosis, treatment and medication management.

Services include:

- Anxiety, depression screening
- Medication management
- Stress and life support
- Sleep-related concerns

Get started today

Visit [CVS.com/virtual-care](https://www.cvs.com/virtual-care) to register and schedule an appointment.

AETNA CONCIERGE

Your Aetna Concierge is here for you. They'll listen, understand your needs and find solutions that are right for you.

A concierge can help you:

- Get answers about a diagnosis
- Select a doctor
- Learn about your coverage
- Plan for upcoming treatment
- Find health care solutions that fit your needs
- Learn how to use Aetna's online tools to make the right decisions
- Find network providers based on your medical needs
- Assist you in scheduling appointments

Plan for Health Expenses

Your concierge can show you:

- How to estimate costs before you make an appointment
- Differences between inpatient and outpatient care, including costs
- Your options and cost estimates in advance to help you make smarter decisions

Two ways to contact a concierge

Available Monday through Friday
from 8 AM to 6 PM ET local time



Log in at [Aetna.com](https://www.aetna.com) and chat online.



Just call the toll-free number on your Aetna member ID card.

MEDICAL RESOURCES

for Aetna Members

24/7 NURSE LINE

When it comes to taking care of your health, know you're not alone. Through your Aetna benefits, you have access to the 24-Hour Nurse Line anytime.

Why call the 24-Hour Nurse Line?

You'll get valuable information that may help you avoid a trip to the doctor, urgent care or emergency room. That can be a real time and money saver. You'll be able to make smarter health decisions because you'll have trusted information right at your fingertips.

Call **800-556-1555** to reach the 24-Hour Nurse Line and talk to a nurse.

NATURAL WELLNESS

There are many paths to your best health. Your Aetna plan can help you find a natural one. Whether you're feeling pain or stress, or just want to relax, you have options.

Via your Aetna member website You can get discounts on:

- Massage therapy
- Chiropractic Visits
- Acupuncture
- Nutrition services

AETNA HEALTH YOUR WAY

Welcome to your health and well-being resource. You have access to a digital health platform that helps you achieve your best health in a whole new way. You'll get personalized resources and challenges to help you earn rewards every year.

Two Simple Steps:

1. Take your health assessment and get your MyHealth100 score.
2. Choose a personalized pathway that can help you achieve your health goals.

Ready to explore Aetna Health Your Way today?

Sign in at [Aetna.com](https://www.aetna.com) and scroll to Well-being resources and select "Aetna Health You Way" or download the MyActiveHealth Wellness app from either the App Store or Google Play.



Medical - Resources and Special Package

CVS Virtual Care | 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.resourcesforliving.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 | 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 2027 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 | 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.

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

Dental Insurance

Metlife | www.metlife.com/dental | 877-638-2862

DENTAL PPO- THERE WILL BE A MINIMAL INCREASE TO THE PPO PREMIUMS FOR 2027.

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

Dental Monthly Premiums			
	Monthly	Biweekly (26)	Biweekly (19)
Employee Only	\$33.47	\$15.45	\$21.14
Employee + Spouse	\$71.30	\$32.90	\$45.03
Employee + Children	\$71.30	\$32.90	\$45.03
Employee + Family	\$112.84	\$52.08	\$71.27

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 | 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 | 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.

IF YOU ARE ENROLLED IN THE MEDICAL PLAN	
EMPLOYEE COVERAGE	\$25,000 (includes \$25,000 in Accidental Death and Dismemberment Coverage) (Benefits reduce at age 65 and in subsequent years)
SPOUSE COVERAGE	\$10,000 (Benefits reduce at age 65 and in subsequent years)
CHILD(REN) COVERAGE	\$5,000 (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 | 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/ysletaids 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 - NEW VENDOR

The Hartford | www.thehartford.com | 888-277-4767

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 for more information and rates.

Eligibility	Any active employee who works at least 20 hours per week on a regularly scheduled basis.
Coverage Amount	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.



Hospital Care Insurance - New Benefit

MetLife | www.metlife.com | 800-638-5433

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 care 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 care plan. As soon as you incur a qualified event, you can file a claim and start receiving benefits.

The plan pays a lump sum benefit in a previously specified amount. The money can be used for medical costs, insurance deductibles, groceries, transportation, childcare – the choice is up to you!

You must be enrolled in the Ysleta ISD medical plan to participate in this new benefit.



Critical Illness Insurance

The Standard | 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/ysletaids for more information and rates.



Accident Insurance

MetLife | 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 | 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

2026 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 HUB Investment Partners.
- 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 \$24,500 for 2026 if you are under age 50, \$32,500 if you are age 50 or over, and \$35,750 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.
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 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

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

457(b) Retirement Plans



TCG/HUB Services | 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.

Contribution Limits	
2026	2027
\$24,500	TBD
Participants aged 50 and older at any time during the calendar year are permitted to contribute an additional \$8,000.	

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

403(b) Retirement Plans

TCG/HUB Services | www.tcgservices.com | 800-943-9179
Carol 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.

Contribution Limits	
2026	2027
\$24,500	TBD
Participants aged 50 and older at any time during the calendar year are permitted to contribute an additional \$8,000.	

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

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.

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).
- Submit all claims to Nohemi Bustamante located in the Risk Management Department at aetnarep@yisd.net or call 915-434-0470.



Live Life Wellness

Program Guide

► **Join now:** 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

Questions? Contact:
info@navigatewell.com

(888) 282-0822

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
Health Screenings		
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
Wellness Challenges		
New Year's Resolutions	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
Wellness Activities to Earn Points		
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

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?

FFGA Medicare Solutions

medicareolutions@ffga.com

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

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

Let the experts at First Financial assist you through this process by calling Robert Dawson the Medicare Services Coordinator at 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

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

Samantha Flores - Onsite Benefits

Representative

915-434-0461 | sflores95@yisd.net

FFGA

Rich Sifuentes - Sr. Executive Administrator

281-272-7484 | rich.sifuentes@ffga.com

Product	Carrier	Website	Phone
Medical	Aetna	www.aetna.com	877-596-1457
Employee Assistance Program	Aetna	www.resourcesforliving.com	888-866-4827
Dental	MetLife PPO	www.metlife.com/dental	800-438-6388
Dental	MetLife DHMO	www.metlife.com/dental	800-880-1800
Vision	Superior Vision by MetLife	www.metlife.com/vision	833-393-5433
Flexible Spending Accounts	Inspira Financial	www.inspirafinancial.com	888-678-8242
Health Savings Accounts	Inspira Financial	www.inspirafinancial.com	888-678-8242
Voluntary Term Life	Metlife	www.metlife.com	800-638-5433
Permanent Life	Texas Life	www.texaslife.com	800-283-9233
Disability	The Hartford	www.thehartford.com	888-277-4767
Critical Illness	The Standard	www.thestandard.com	800-634-1743
Accident and Hospital Care	Metlife	www.metlife.com	800-638-5433
Identity Theft	iLock360	www.ilock360.com	855-287-8888
457 and 403(b) Retirement Plans	TCG Services	www.region10rams.org	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 begin for more details.

PATIENT PROTECTIONS DISCLOSURE

The Ysleta ISD Medical Plan generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members.

For children, you may designate a pediatrician as the primary care provider. You do not need prior authorization from Aetna or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the plan administrator.

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.

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 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 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, 2026. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov

COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html Phone: 1-877-357-3268
GEORGIA – Medicaid	ILLINOIS - Medicaid
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2	Illinois Medicaid Premium Assistance Information Medicaid application website: https://abe.illinois.gov HIPP Hotline Number: 217-524-8268 HIPP Email: hfs.boc.hipp@illinois.gov
INDIANA – Medicaid	IOWA – Medicaid and CHIP (Hawki)
Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dftr/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584	Medicaid Website: Iowa Medicaid Health & Human Services Medicaid Phone: 1-800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa Health & Human Services Hawki Phone: 1-800-257-8563 HIPP Website: Health Insurance Premium Payment (HIPP) Health & Human Services (iowa.gov) HIPP Phone: 1-888-346-9562
KANSAS – Medicaid	KENTUCKY – Medicaid
Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660	Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPPPROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms

LOUISIANA – Medicaid	MAINE – Medicaid
Louisiana Medicaid Website: https://www.ldh.la.gov/healthy-louisiana Medicaid Customer Service Line: 1-888-342-6207 Louisiana Medicaid email: healthy@la.gov Louisiana Health Insurance Premium Program (LaHIPP) Website: https://www.ldh.la.gov/lahipp LaHIPP phone: 1-877-697-6703 LaHIPP email: La.HIPP@la.gov LaHIPP fax: 1-888-716-9787 LaHIPP mailing address: 100 Crescent Centre Parkway, Suite 1000 Tucker, GA 30084	Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711
MASSACHUSETTS – Medicaid and CHIP	MINNESOTA – Medicaid
Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com	Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672
MISSOURI – Medicaid	MONTANA – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPProgram@mt.gov
NEBRASKA – Medicaid	NEVADA – Medicaid
Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178	Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900
NEW HAMPSHIRE – Medicaid	NEW JERSEY – Medicaid and CHIP
Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov	Medicaid Website: https://www.nj.gov/humanservices/dmahs/clients/medicaid/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)
NEW YORK – Medicaid	NORTH CAROLINA – Medicaid
Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831	Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100

NORTH DAKOTA – Medicaid	OKLAHOMA – Medicaid and CHIP
Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
OREGON – Medicaid	PENNSYLVANIA – Medicaid and CHIP
Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075	Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)
RHODE ISLAND – Medicaid and CHIP	SOUTH CAROLINA – Medicaid
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RItE Share Line)	Website: https://www.scdhhs.gov Phone: 1-888-549-0820
SOUTH DAKOTA - Medicaid	TEXAS – Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493
UTAH – Medicaid and CHIP	VERMONT– Medicaid
Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/	Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427
VIRGINIA – Medicaid and CHIP	WASHINGTON – Medicaid
Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022

WEST VIRGINIA – Medicaid and CHIP	WISCONSIN – Medicaid and CHIP
Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
WYOMING – Medicaid	
Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269	

To see if any other states have added a premium assistance program since July 31, 2026, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
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
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 and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 5/31/2029)

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
- 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, 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:	01/01/2027
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

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/.

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 period¹ to sign up for Medicare Part A or B, beginning on the earlier of

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

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

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. (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.

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

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%¹ 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.^{1 2}

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?

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

² 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.

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.

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.

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	

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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