

Recommended browser:
PC—Internet Explorer
Mac—Safari
(Google Chrome not compatible)

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Open Enrollment Information for

- Voluntary Benefits
- Medical Plans
- Section 125 Cafeteria Plan
- Supplemental Retirement Plans

NOTE: All new 457 RETIREMENT PLAN elections and changes will be deducted on September 13 but they will be effective on September 1, 2019.

Changes made to Flexible Spending Account (FSA) contributions, Dependent Daycare (DCA) contributions and Health Savings Account (HSA) contributions are deducted in September.

Changes to voluntary insurance benefits are deducted in August and coverage is effective September 1, 2019.

EL PASO ISD

2019-2020 OPEN ENROLLMENT BENEFIT SUMMARY

PLAN YEAR IS SEPTEMBER 1, 2019 TO AUGUST 31, 2020



OPEN ENROLLMENT:

June 24th - July 31st

Benefit Advisors onsite:

July 15th-19th, July 22nd-25th.

IMPORTANT INFORMATION TO KNOW THIS YEAR

New healthcare options available, you must actively make an election for the upcoming benefits plan year.

KEY ITEMS

NEW EPISD SELF FUNDED HEALTHCARE PLAN- EPISD is proud to announce that during this upcoming Open Enrollment, the Board of Trustees has approved a self-funded plan option that offers significant savings as compared to the current option of the TRS-AC Health Plan. The EPISD Self-Funded Health Plan is an alternate option to the TRS-AC Healthcare Plan.

TRS ACTIVECARE 2 HEALTHCARE PLAN- As of 9/1/18, TRS will no longer accept new enrollments into Activecare 2. If you are currently enrolled in this plan, you can remain in this plan. However, if you choose to move to a different healthcare plan, you will **NOT** be allowed to re-enroll in the Activecare 2 in the future.

TEXAS LIFE INSURANCE—**Express issue is available for this year** for employee, spouse, children, and grandchildren—with a chronic illness rider and terminal illness rider.

HEALTH SAVINGS ACCOUNT (HSA)—You must be enrolled in a High Deductible Health Plan (HDHP) to open an HSA, and you will need to RE-ENROLL annually for the upcoming year. The maximum annual election amount is \$3,500 for individuals and \$7,000 for family coverage.

All employees will need to enroll online to confirm their benefit needs for the upcoming plan year. Employees need to add their personal email and phone number and check all dependent names and social security numbers when enrolling.

Your company key is

elpaso

(case sensitive)

Open Enrollment Schedule

PRESENTATIONS at the Professional Development Center (PDC), 6500 K Boeing Drive

DAY	DATE	TIME	LANGUAGE
Monday	7/15/19	8:30 AM – 9:30 AM	Spanish
		10:00 AM - 11:00 AM	English
		11:30 AM – 12:30 PM	Financial Path
		1:30 PM – 2:30 PM	Spanish
		3:00 PM – 4:00 PM	English
		4:30 PM - 5:30 PM	Financial Path
Tuesday	7/16/19	8:30 AM - 9:30 AM	Spanish
		10:00 AM - 11:00 AM	English
		11:30 AM - 12:30 PM	Financial Path
		1:30 PM – 2:30 PM	Spanish
		3:00 PM – 4:00 PM	English
		4:30 PM – 5:30 PM	Financial Path
Thursday	7/18/19	8:30 AM – 9:30 AM	Spanish
		10:00 AM - 11:00 AM	English
		11:30 AM - 12:30 PM	Financial Path
		1:30 PM – 2:30 PM	Spanish
		3:00 PM – 4:00 PM	English
		4:30 PM – 5:30 PM	Financial Path
		6:00 PM – 7:00 PM	English
Friday	7/19/19	8:30 AM – 9:30 AM	Spanish
		10:00 AM - 11:00 AM	English
		11:30 AM – 12:30 PM	Financial Path
		1:30 PM – 2:30 PM	Spanish
		3:00 PM – 4:00 PM	English
		4:30 PM – 5:30 PM	Financial Path
Monday	7/22/19	8:30 AM – 9:30 AM	Spanish
		10:00 AM - 11:00 AM	English
		11:30 AM - 12:30 PM	Financial Path
		1:30 PM – 2:30 PM	Spanish
		3:00 PM – 4:00 PM	English
		4:30 PM – 5:30 PM	Financial Path
Thursday	7/25/19	8:30 AM – 9:30 AM	Spanish
		10:00 AM - 11:00 AM	English
		11:30 PM - 12:30 PM	Financial Path
		1:30 PM - 2:30 PM	Spanish
		3:00 PM – 4:00 PM	English
		4:30 PM – 5:30 PM	Financial Path
		6:00 PM – 7:00 PM	Spanish

ENROLLMENT ASSISTANCE in the BLUE LAB at PDC

DAY	DATE	TIME
Monday	7/15/18	9:00 AM - 5:00 PM
Tuesday	7/16/19	9:00 AM - 5:00 PM
Wednesday	7/17/19	9:00 AM - 5:00 PM
Thursday	7/18/19	9:00 AM – 7:30 PM
Friday	7/19/19	9:00 AM - 5:00 PM
Monday	7/22/19	9:00 AM - 5:00 PM
Tuesday	7/23/19	9:00 AM - 5:00 PM
Wednesday	7/24/19	9:00 AM - 5:00 PM
Thursday	7/25/19	9:00 AM - 7:30 PM

Contacts



BENEFIT	VENDOR	PHONE	WEBSITE	DEPENDENT ELIGIBILITY AGE
Medical	EPISD Self Funded Plan- Cigna	888.806.5042	www.cigna.com	To age 26
Medical	TRS ActiveCare- Aetna	800.222.9205	www.tractivecare.aetna.com	To age 26
Prescription Benefits	CVS/Caremark	800.222.9205	www.caremark.com/tractivecare	To age 26
Dental	MetLife	800.942.0854	www.metlife.com/dental	To age 26
Vision	Superior	800.507.3800	www.superiorvision.com	To age 26
Educator Disability	Sun Life	888.724.0525	www.sunlife.com	n/a
Individual Life Insurance	Texas Life	800.283.9233	www.texaslife.com	To age 26
Group Term Life Insurance	Sun Life	888.724.0525	www.sunlife.com	To age 26
Identity Theft Protection	iLOCK360	855.287.8888	www.iLOCK360.com	To age 18
457(b) Tax Deferred Savings Plan	TCG Services	800.943.9179	www.tcgservices.com	n/a
403(b) Annuity Plans	TCG Services	800.943.9179	www.tcgservices.com	n/a
Flexible Spending Accounts (FSAs)	First Financial Administrators	866.853.3539	www.ffga.com	FSA – To age 26
Dependent Daycare (DCAs)	First Financial Administrators	866.853.3539	www.ffga.com	To age 13
Health Savings Account EPISD CDHP Plan- Cigna	Cigna	800.244.6224	www.cigna.com	To age 26
Health Savings Account TRS ActiveCare- Aetna	First Financial Administrators	866.853.3539	www.ffga.com	To age 26
Employee Assistance Program	EAP Essential/Sun Life	800.460.4374	www.guidanceresources.com Web ID EAPEssential	n/a

This is an outline of benefits only. If there is a conflict between the terms of this outline of benefits and the contract, the terms of the contract will prevail. Please see a Benefits Advisor or review plan summary in the Reference Center at www.benefitsolver.com for additional information.

Section 125 Cafeteria Plan Rules

The 125 Cafeteria Plan allows you to deduct certain benefit premiums from your gross earnings, before federal withholding taxes are calculated. The amount you elect to have deducted “pretax” lowers your taxable income.

TWO IMPORTANT ISSUES TO KEEP IN MIND

- You must make an election each plan year to continue your eligibility for cafeteria plan benefits.
 - A benefit cannot be changed during the plan year unless you have a qualified family status change. These changes include, but are not limited to,
 - Marriage or divorce
 - Birth, adoption, or death of a spouse or child
 - Change in a spouse's or dependent's employment status
 - Involuntary loss of coverage through a group plan
 - Becoming Medicare eligible
- 
- 



Eligible Benefits Under Section 125

- Medical Insurance
- Dental Insurance
- Vision Insurance
- Health Savings Account
- Flexible Spending Account
- Dependent Daycare Account

Questions for my Benefits Advisor:

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Health Care Plan

Medical coverage is available to all eligible employees and their eligible dependents. Employees who have questions on the medical insurance can refer to documents and comparison charts by logging into www.benefitsolver.com and clicking on the Reference Center. You may contact a Cigna One Guide Representative directly for information on the EPISD self funded plan at 888.806.5042 or contact Aetna regarding the TRS Activecare Plans at 800.222.9205. Open Enrollment is the opportunity for employees to enroll in a healthcare plan for the first time, add dependents, or move from one medical plan option to another.

The rates below reflect the rates for Full-Time (30 to 40-hour) employee class; please see benefit website reference center for the rates for other classes.

EPISD Self Funded CDHP Plan	Total monthly premium	EPISD contribution	Employee cost (monthly)	Employee cost (semimonthly)
Employee Only	\$305.99	\$305.00	\$0.00	\$0.00
Employee + Spouse	\$859.00	\$435.00	\$424.00	\$212.00
Employee + Child(ren)	\$582.00	\$435.00	\$147.00	\$73.50
Employee + Family	\$1,140.00	\$435.00	\$705.00	\$352.50

TRS ActiveCare Plan 1—HD	Total monthly premium	EPISD contribution	Employee cost (monthly)	Employee cost (semimonthly)
Employee Only	\$378.00	\$378.00	\$0.00	\$0.00
Employee + Spouse	\$1,066.00	\$435.00	\$631.00	\$315.50
Employee + Child(ren)	\$722.00	\$435.00	\$287.00	\$143.50
Employee + Family	\$1,415.00	\$435.00	\$980.00	\$490.00
Family Pooling Premium (if spouse is educator at EPISD)	\$1,415.00	\$870.00	\$545.00	\$272.50
Family Split Premium Election (if spouse works in a different TRS medical district)	\$707.50	\$435.00	\$272.50	\$136.25


EPISD Self-Funded Traditional PPO Plan	Total monthly premium	EPISD contribution	Employee cost (monthly)	Employee cost (semimonthly)
Employee Only	\$486.00	\$305.00	\$51.00	\$25.50
Employee + Spouse	\$1,194.00	\$435.00	\$759.00	\$379.50
Employee + Child(ren)	\$788.00	\$435.00	\$353.00	\$176.50
Employee + Family	\$1,501.00	\$435.00	\$1,066.00	\$533.00

TRS ActiveCare SELECT Plan	Total monthly premium	Employer cost monthly	Employee cost (monthly)	Employee cost (semimonthly)
Employee Only	\$556.00	\$435.00	\$121.00	\$60.50
Employee + Spouse	\$1,367.00	\$435.00	\$932.00	\$466.00
Employee + Child(ren)	\$902.00	\$435.00	\$467.00	\$233.50
Employee + Family	\$1,718.00	\$435.00	\$1,283.00	\$641.50
Family Pooling Premium (if spouse is educator at EPISD)	\$1,718.00	\$870.00	\$848.00	\$424.00
Family Split Premium Election (if spouse works in a different TRS medical district)	\$859.00	\$435.00	\$424.00	\$212.00

****This plan is only available for employees currently enrolled in TRS ActiveCare 2.****

TRS ActiveCare 2 Plan	Total monthly premium	Employer cost monthly	Employee cost (monthly)	Employee cost (semimonthly)
Employee Only	\$852.00	\$435.00	\$417.00	\$208.50
Employee + Spouse	\$2,020.00	\$435.00	\$1,585.00	\$792.50
Employee + Child(ren)	\$1,267.00	\$435.00	\$832.00	\$416.00
Employee + Family	\$2,389.00	\$435.00	\$1,954.00	\$977.00
Family Pooling Premium (if spouse is educator at EPISD)	\$2,389.00	\$870.00	\$1,519.00	\$759.50
Family Split Premium Election (if spouse works in a different TRS medical district)	\$1,194.50	\$435.00	\$759.50	\$379.75

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EPISD EMPLOYEE BENEFITS		2019-2020 EPISD Health Plan Summary and Rates			 Cigna
EPISD Health Plan Administered by CIGNA	EPISD CDHP	EPISD CDHP	EPISD Traditional PPO	EPISD Traditional PPO	
	In Network	Out of Network	In Network	Out of Network	
Plan Year Deductible (indiv/Fam)	\$3,000 / \$6,000	\$6,000 / \$12,000	\$1,250 / \$3,750	\$3,000 / \$9,000	
Plan Year Out of Pocket Maximum (indiv/Fam)	\$3,000 / \$6,000	\$12,000 / \$24,000	\$6,000 / \$12,000	\$12,000 / \$24,000	
Coinsurance	0%	40%	20%	40%	
Office Visit Co-Pay					
Primary Care	0% after deductible	40% after deductible	\$30	40% after deductible	
Specialty Care	0% after deductible	40% after deductible	\$50	40% after deductible	
Urgent Care	0% after deductible	40% after deductible	\$50	40% after deductible	
Diagnostic Lab	0% after deductible	40% after deductible	20% after deductible	40% after deductible	
Preventive Care	100% Covered	40% after deductible	100% Covered	40% after deductible	
Cigna Telehealth	0% after deductible	Not Available	100% Covered	Not Available	
Radiology	0% after deductible	40% after deductible	20% after deductible	40% after deductible	
Inpatient Hospital	0% after deductible	40% after deductible	20% after deductible	40% after deductible	
Outpatient Hospital	0% after deductible	40% after deductible	20% after deductible	40% after deductible	
Emergency Care	0% after deductible	40% after deductible	\$500 co-pay	40% after deductible	
Urgent Care	0% after deductible	40% after deductible	\$50 co-pay	40% after deductible	
Annual Vision Exam - 1 Exam per year	0% after deductible	40% after deductible	\$0	40% after deductible	
Annual Hearing Exam	0% after deductible	40% after deductible	\$50	40% after deductible	
Hearing Aids - Max 2 devices (1 per ear) per 36 month period	0% after deductible	40% after deductible	20% after deductible	40% after deductible	
Prescription Drug Benefits					
Affordable Care Act (ACA) Preventive Drugs	0% Not Subject to deductible	50% after deductible	0% Not Subject to deductible	50% after deductible	
Non ACA Preventive Drugs Allowed by IRS (Generic/Preferred Brand/Non-Preferred Brand)	\$10/\$35/\$60 Not Subject to Deductible	50% after deductible	\$10/\$35/\$60 Not Subject to Deductible	50% after deductible	
30 day supply Retail					
Generic	0% after deductible	50% after deductible	\$10	50% after deductible	
Preferred Brand	0% after deductible	50% after deductible	\$35	50% after deductible	
Non-Preferred Brand	0% after deductible	50% after deductible	\$60	50% after deductible	
90 Day Supply - Mail				50% after deductible	
Generic	0% after deductible	50% after deductible	\$20	50% after deductible	
Preferred Brand	0% after deductible	50% after deductible	\$70	50% after deductible	
Non-Preferred Brand	0% after deductible	50% after deductible	\$120	50% after deductible	

SUMMARY INFORMATION ONLY. REFER TO CIGNA PLAN DOCUMENTS FOR DETAILS.

2019-20 TRS-ActiveCare Plan Highlights

Effective Sept. 1, 2019 through Aug. 31, 2020 | In-Network Level of Benefits¹



Medical Coverage	ActiveCare 1-HD	ActiveCare Select	ActiveCare 2
			NOTE: If you're currently enrolled in TRS-ActiveCare 2, you can remain in this plan. However, as of Sept. 1, 2018, TRS-ActiveCare 2 is closed to new enrollees.
Deductible (per plan year)			
In-Network	\$2,750 employee only/\$5,500 family	\$1,200 individual/\$3,600 family	\$1,000 individual/\$3,000 family
Out-of-Network	\$5,500 employee only/\$11,000 family	Not applicable. This plan does not cover out-of-network services except for emergencies.	\$2,000 individual/\$6,000 family
Out-of-Pocket Maximum (per plan year; medical and prescription drug deductibles, copays, and coinsurance count toward the out-of-pocket maximum)			
In-Network	The individual out-of-pocket maximum only includes covered expenses incurred by that individual.		
Out-of-Network	\$6,750 individual/\$13,500 family \$20,250 individual/\$40,500 family	\$7,900 individual/\$15,800 family Not applicable. This plan does not cover out-of-network services except for emergencies.	\$7,900 individual/\$15,800 family \$23,700 individual/\$47,400 family
Coinurance			
In-Network Participant pays (after deductible)	20%	20%	20%
Out-of-Network Participant pays (after deductible)	40% of allowed amount	Not applicable. This plan does not cover out-of-network services except for emergencies.	40% of allowed amount
Office Visit Copay Participant pays	20% after deductible	\$30 copay for primary \$70 copay for specialist	\$30 copay for primary \$70 copay for specialist
Diagnostic Lab Participant pays	20% after deductible	20% after deductible	20% after deductible
Preventive Care See below for examples	Plan pays 100%	Plan pays 100%	Plan pays 100%
Teladoc® Physician Services	\$40 consultation fee (counts toward deductible and out-of-pocket max)	Plan pays 100%	Plan pays 100%
High-Tech Radiology (CT scan, MRI, nuclear medicine) Participant pays	20% after deductible	\$100 copay plus 20% after deductible	\$100 copay plus 20% after deductible
Inpatient Hospital (preauthorization required)	20% after deductible	\$150 copay per day plus 20% after deductible (\$750 maximum copay per admission)	\$150 copay per day plus 20% after deductible (\$750 maximum copay per admission; \$2,250 maximum copay per plan year)
Out of network	Plan pays up \$500 per day after deductible	Not applicable. This plan does not cover out-of-network services except for emergencies.	Plan pays up \$500 per day after deductible
Freestanding Emergency Room	\$500 copay per visit plus 20% after deductible	\$500 copay per visit plus 20% after deductible	\$500 copay per visit plus 20% after deductible
Emergency Room (true emergency use) Participant pays	20% after deductible	\$250 copay plus 20% after deductible (copay waived if admitted)	\$250 copay plus 20% after deductible (copay waived if admitted)
Outpatient Surgery Participant pays	20% after deductible	\$150 copay per visit plus 20% after deductible	\$150 copay per visit plus 20% after deductible
Bariatric Surgery Physician charges (only covered if performed at an IOQ facility)	\$5,000 copay (does apply to out-of-pocket maximum) plus 20% after deductible	Not covered	\$5,000 copay (does not apply to out-of-pocket maximum) plus 20% after deductible
Annual Vision Examination (one per plan year; performed by an ophthalmologist or optometrist using calibrated instruments)	20% after deductible	\$70 copay for specialist	\$70 copay for specialist
Annual Hearing Examination Participant pays	20% after deductible	\$30 copay for primary \$70 copay for specialist	\$30 copay for primary \$70 copay for specialist

Preventive Care: Some examples of preventive care frequency and services:

- Routine physicals – annually age 12 and over
- Mammograms – one every year age 35 and over
- Smoking cessation counseling – eight visits per 12 months

- Well-child care – unlimited up to age 12
- Colonoscopy – one every 10 years age 50 and over
- Healthy diet/obesity counseling – unlimited to age 22; age 22 and over – 26 visits per 12 months

- Well woman exam & pap smear – annually age 18 and over
- Prostate cancer screening – one per year age 50 and over
- Breastfeeding support – six lactation counseling visits per 12 months

Note: Covered services under this benefit must be billed by the provider as "preventive care." Non-network preventive care is not paid at 100%. If you receive preventive services from a non-network provider, you will be responsible for any applicable deductible and coinsurance under the ActiveCare 1-HD and ActiveCare 2. There is no coverage for non-network services under the ActiveCare Select plan or ActiveCare Select Whole Health.

For a full listing of preventive care services, please view the Benefits Booklet at www.tractivecareetna.com for the latest list of covered services.

2019-20 TRS-ActiveCare Plan Highlights

Prescription Coverage	ActiveCare 1-HD	ActiveCare Select	ActiveCare 2
Drug Deductible (per person, per plan year)	Must meet plan-year deductible before plan pays. ²	\$0 generic; \$200 brand	\$0 generic; \$200 brand
Short-Term Supply at a Retail Location (up to a 31-day supply)			
Tier 1 – Generic	20% coinsurance after deductible, except for certain generic preventive drugs that are covered at 100%. ²	\$15 for a 1- to 31-day supply	\$20 for a 1- to 31-day supply
Tier 2 – Preferred Brand	25% coinsurance after deductible	25% coinsurance after deductible	25% coinsurance after deductible
Tier 3 – Non-Preferred Brand	50% coinsurance after deductible	50% coinsurance for a 1- to 31-day supply ³	50% coinsurance (Min. \$100; Max. \$200) ³
Extended-Day Supply at Mail Order or Retail-Plus Pharmacy Location (60- to 90-day supply) ⁵			
Tier 1 – Generic	20% coinsurance after deductible	\$45 for a 60- to 90-day supply	\$45 for a 60- to 90-day supply
Tier 2 – Preferred Brand	25% coinsurance after deductible	25% coinsurance after deductible	25% coinsurance after deductible
Tier 3 – Non-Preferred Brand	50% coinsurance after deductible	50% coinsurance for a 60- to 90-day supply ³	50% coinsurance (Min. \$215 ⁴ ; Max. \$430) ³
Specialty Medications (up to a 31-day supply)	20% coinsurance after deductible	20% coinsurance	20% coinsurance (Min. \$200 ⁴ ; Max. \$900)
Short-Term Supply of a Maintenance Medication at Retail Location (up to a 31-day supply) The second time a participant fills a short-term supply of a maintenance medication at a retail pharmacy they will pay a convenience fee. They will be charged the coinsurance and copays in the row below the second time they fill a short-term supply of a maintenance medication. Participants can avoid paying the convenience fee by filling a larger day supply of a maintenance medication through mail order or at a Retail-Plus location.			
Tier 1 – Generic	20% coinsurance after deductible	\$30 for a 1- to 31-day supply	\$35 for a 1- to 31-day supply
Tier 2 – Preferred Brand		\$60 for a 1- to 31-day supply ³	\$60 for a 1- to 31-day supply ³
Tier 3 – Non-Preferred Brand		50% coinsurance for a 1- to 31-day supply ³	50% coinsurance (Min. \$90 ⁴ ; Max. \$180) ³
What is a maintenance medication? Maintenance drugs are prescriptions commonly used to treat conditions that are considered chronic or long-term. These conditions usually require regular, daily use of medicines. Examples of maintenance drugs are those used to treat high blood pressure, heart disease, asthma and diabetes.			
When does the convenience fee apply? For example, if you are covered under TRS-ActiveCare Select, the first time you fill a 31-day supply of a generic maintenance drug at a retail pharmacy you will pay \$20, then you will pay \$35 each month that you fill a 31-day supply of that generic maintenance drug at a retail pharmacy. A 90-day supply of that same generic maintenance medication would cost \$45, and you would save \$225 over the year by filling a 90-day supply.			

A specialist is any physician other than family practitioner, internist, OB/GYN or pediatrician.

¹ Illustrates benefits when in-network providers are used. For some plans non-network benefits are also available; there is no coverage for non-network benefits under the ActiveCare Select or ActiveCare Select Whole Health Plan; see Enrollment Guide for more information. Non-contracting providers may bill for amounts exceeding the allowable amount for covered services. Participants will be responsible for this balance bill amount, which may be considerable.

² For ActiveCare 1-HD, certain generic preventive drugs are covered at 100%. Participants do not have to meet the deductible (\$2,750 - individual, \$5,500 - family) and they pay nothing out of pocket for these drugs. Find the list of drugs at info.caremark.com/trsactivecare.

³ If a participant obtains a brand-name drug when a generic equivalent is available, they are responsible for the generic copay plus the cost difference between the brand-name drug and the generic drug.

⁴ If the cost of the drug is less than the minimum, you will pay the cost of the drug.

⁵ Participants can fill 32-day to 90-day supply through mail order.

TRS-ActiveCare is administered by Aetna Life Insurance Company. Aetna provides claims payment services only and does not assume any financial risk or obligation with respect to claims. Prescription drug benefits are administered by Caremark.

2019-2020 Cost Comparison- Do The Math!

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

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

When we say, “do the math”, this is what we mean...

	EMPLOYEE ONLY COVERAGE				
Example for employees w/assignment of 30 hours or more	EPISD CDHP	Active Care 1-HD Employee Only	EPISD Traditional PPO	Active Care Select Employee Only	Active Care 2 Employee Only
Monthly Premium	\$0.00	\$0.00	\$51.00	\$121.00	\$417.00
Total Annual Premium	\$0.00	\$0.00	\$612.00	\$1,452.00	\$5,004.00
Annual Deductible	\$3,000.00	\$2,750.00	\$1,250.00	\$1,200.00	\$1,000.00
Out of Pocket Maximum (Includes deductibles, copays and co-insurance)	\$3,000.00	\$6,750.00	\$6,000.00	\$7,900.00	\$7,900.00
Combined Total Premium, Annual Deductible and Out of Pocket Max	\$3,000.00	\$6,750.00	\$6,612.00	\$9,352.00	\$12,904.00

	EMPLOYEE and SPOUSE COVERAGE				
Example for employees w/assignment of 30 hours or more	EPISD CDHP	Active Care 1-HD Employee Only	EPISD Traditional PPO	Active Care Select Employee Only	Active Care 2 Employee Only
Monthly Premium	\$424.00	\$631.00	\$759.00	\$932.00	\$1,585.00
Total Annual Premium	\$5,088.00	\$7,572.00	\$9,108.00	\$11,184.00	\$19,020.00
Annual Deductible	\$6,000.00	\$5,500.00	\$3,750.00	\$3,600.00	\$3,000.00
Out of Pocket Maximum (Includes deductibles, copays and co-insurance)	\$6,000.00	\$13,500.00	\$12,000.00	\$15,800.00	\$15,800.00
Combined Total Premium, Annual Deductible and Out of Pocket Max	\$11,088.00	\$21,072.00	\$21,108.00	\$26,984.00	\$34,820.00

This is an outline of benefits only. If there is a conflict between the terms of this outline of benefits and the contract, the terms of the contract will prevail. Please see a Benefits Advisor or review plan summary in the Reference Center at www.benefitsolver.com for additional information.

	EMPLOYEE PLUS CHILDREN COVERAGE				
Example for employees w/assignment of 30 hours or more	EPISD CDHP	Active Care 1-HD Employee Only	EPISD Traditional PPO	Active Care Select Employee Only	Active Care 2 Employee Only
Monthly Premium	\$147.00	\$287.00	\$353.00	\$467.00	\$832.00
Total Annual Premium	\$1764.00	\$3,444.00	\$4,236.00	\$5,604.00	\$9,984.00
Annual Deductible	\$6,000.00	\$5,500.00	\$3,750.00	\$3,600.00	\$3,000.00
Out of Pocket Maximum (Includes deductibles, copays and co-insurance)	\$6,000.00	\$13,500.00	\$12,000.00	\$15,800.00	\$15,800.00
Combined Total Premium, Annual Deductible and Out of Pocket Max	\$7,764.00	\$16,944.00	\$16,236.00	\$21,404.00	\$25,784.00

	EMPLOYEE PLUS FAMILY COVERAGE				
Example for employees w/assignment of 30 hours or more	EPISD CDHP	Active Care 1-HD Employee Only	EPISD Traditional PPO	Active Care Select Employee Only	Active Care 2 Employee Only
Monthly Premium	\$705.00	\$980.00	\$1,066.00	\$1,283.00	\$1,954.00
Total Annual Premium	\$8,460.00	\$11,760.00	\$12,792.00	\$15,386.00	\$23,448.00
Annual Deductible	\$6,000.00	\$5,500.00	\$3,750.00	\$3,600.00	\$3,000.00
Out of Pocket Maximum (Includes deductibles, copays and co-insurance)	\$6,000.00	\$13,500.00	\$12,000.00	\$15,800.00	\$15,800.00
Combined Total Premium, Annual Deductible and Out of Pocket Max	\$14,460.00	\$25,260.00	\$24,792.00	\$31,196.00	\$39,248.00

Questions for my Benefits Advisor:

Spending Accounts

Flexible Spending Account (FSA)—Medical

This plan allows for tax savings on most medical, dental, and vision expenses not covered by insurance. Out-of-pocket expenses apply to all dependent family members even if not covered by a particular insurance plan. The employee estimates an annual election based upon the amount of out-of-pocket expenses expected to be incurred. **The maximum election amount for 2019 is \$2,700**—this amount is deducted in equal amounts from each paycheck, before taxes are calculated, and then set aside for the employee in a special account. A MasterCard debit card will be issued to you to pay for most expenses incurred. Please consult your Benefits Advisor, or visit the Reference Center (www.benefitsolver.com) for a list of eligible expenses. REMEMBER: If you don't use it, you lose it! You MUST re-enroll every year. The FSA card is fully funded beginning September 1, 2019. A grace period allows employees to incur expenses up to 75 days after the plan year ends and employees have 90 days to file claims.



Flexible Spending Account (FSA)—Dependent Day Care

This is a plan that allows for a tax savings on day care expenses for children under the age of 13 and for dependent adults unable to care for themselves. The employee estimates an annual election for the amount of expenses to be incurred. The annual election amount is deducted in equal parts from each paycheck, before taxes are calculated, and then set aside in a special account for the employee. As expenses are incurred the employee submits a claim and the money is reimbursed to the employee from the employee's account as the monies come in from each paycheck. **The IRS does not allow the Dependent Day Care Account (DCA) to be pre-funded.** Where accepted, the debit card may be used for payment of dependent care expenses. Please see the summary plan description located on the enrollment website for more information. Note: Any money not claimed by the employee within ninety days (90) after the end of the plan year is **forfeited**. The maximum annual election amount is \$5,000 per household. If you are married and filing separately, each spouse may only elect up to \$2,500. Please consult your Benefits Advisor, or visit the Reference Center (www.benefitsolver.com) for a list of eligible expenses. (See FAQ page).



Health Savings Account (HSA)

The Health Savings Account is only available for employees that elect a High Deductible Health Plan (HDHP). This would include the EPISD SELF FUNDED CDHP plan or the TRS AC1-HD. 2019 HSA Contribution limits: Individuals (self-only coverage)—\$3,500; Family coverage—\$7,000. HSA Catch-up contributions (age 55 or older): \$1,000. The HSA is very different from the Flexible Spending Account (FSA), as it is not pre-funded and you can only utilize the account as the monies from your paycheck are received to the HSA. Also the HSA is NOT a use-it-or-lose-it plan. The monies will continue to stay in your account until utilized for qualified expenses. The HSA can be increased, decreased, started or stopped at any time throughout the plan year. These changes can be made online at www.benefitsolver.com. Employees who select a general purpose FSA, or whose spouse has a general purpose FSA, cannot have an HSA too. To enroll in the HSA plan if you are covered by an HDHP plan not tied to the district, please contact the benefits office.

EPISD Health Savings Account (HSA)

If you elect to participate in the EPISD Consumer Driven Health Plan (CDHP) and the EPISD Health Savings Account during Open Enrollment, the district will contribute \$500 per plan year to your HSA. \$250 will be deposited on September 1st and the rest of the remaining \$250 will be divided over 12 paychecks from March – August. Keep in mind that the District contributions to your HSA will count towards the IRS Annual Maximum. The Annual Maximum is \$3,500 for individual and \$7,000 for family coverage. The minimum per year to contribute to an HSA is \$240.

Questions for my Benefits Advisor:

Dental Plans

Dependent children covered up to age 26

Visiting the dentist can help you and your family keep a great smile as well as maintaining good health. These plans are designed to help you keep your teeth in the best shape possible. Below is a brief description of what each of the plans cover. For more detailed plan information, please go to www.benefitsolver.com and access the information on the Reference Center.

DHMO Plan by MetLife

- Must choose from the Directory of Dentists
- No claim forms or deductibles
- No pre-existing conditions
- No annual maximum
- Orthodontia coverage for up to 24 months for child dependents under the age of 25
- New enrollees will receive their ID card via USPS



DHMO Dental Plan (semimonthly rates)	
Employee Only	\$4.17
Employee + Spouse	\$6.95
Employee + Children	\$8.07
Employee + Family	\$9.74



PPO Low Plan by MetLife

- Freedom to choose dentist in- or out-of-network
- Out-of-pocket costs are lower if you chose from the Preferred Provider list of “in-network” dentists
- Annual deductible of \$50 per individual; \$150 per family; annual maximum benefit of \$1,000 per person
- Scheduled amount to reimburse you based on each procedure up to \$1,000 maximum per calendar year
- In-network providers have agreed to the contracted rate, reducing your out of pocket expenses by staying in-network
- Orthodontia lifetime maximum of \$1,000 per person

PPO Plan (semimonthly rates)	Low Plan	High Plan
Employee Only	\$9.21	\$13.52
Employee + Spouse	\$18.42	\$27.05
Employee + Children	\$18.79	\$27.59
Employee + Family	\$28.01	\$41.12

PPO High Plan by MetLife

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

Vision Plan by Superior Vision

Dependent children covered up to age 26

Keeping up with routine eye exams is extremely important—regardless of how perfect your vision might be. On top of providing you with prescriptions for glasses or contacts, your eye doctor can check you for diseases or infections. This plan is designed to help you and your family’s vision stay as healthy as possible. Highlights include

- Richer benefits with in-network provider
- \$20 co-pay for eye exam
- \$20 co-pay for eyeglasses or contacts
- \$150 frame allowance **OR** \$175 contact lens allowance
- This plan allows for new frames or contacts every 12 months
- New enrollees will receive their ID card via USPS
- EPISD Is in the Superior Select Southwest Network



Vision Plan (semimonthly rates)	
Employee Only	\$3.58
Employee + Spouse	\$7.15
Employee + Children	\$7.33
Employee + Family	\$10.10

For more plan information, please go to www.benefitsolver.com and access the information on the Reference Center.

This is an outline of benefits only. If there is a conflict between the terms of this outline of benefits and the contract, the terms of the contract will prevail. Please see a Benefits Advisor or review plan summary in the Reference Center at www.benefitsolver.com for additional information.

Permanent Individual Life Insurance by Texas Life Insurance

Child or Grandchild coverage can be elected up to age 26

All Employees can apply for permanent, portable life insurance from Texas Life Insurance. This is affordable life insurance that you can take with you, even when you retire or change jobs, without an increase in premium. This is easy to apply for under eligibility guidelines established for your employer. Coverage is available for employee, spouse, child(ren), and grandchild(ren).

- Employee coverage available under express issue up to \$300,000 up to age 49, \$100,000 up to age 65 and \$10,000 up to age 70
- Child(ren)/grandchild(ren) coverage available under express issue for age 15 days old to 26 years old up to \$50,000 in coverage
- Spouse coverage available under express issue up to \$50,000 up to age 49 and, \$25,000 up to age 60
- If you, your spouse and your children are between the ages of 17 and 59, your Texas Life policy includes an additional benefit that will pay your beneficiary double the face amount if the insured dies within 90 days of an accident from injuries incurred in the accident.
- View the detailed rate chart and express issue underwriting questions located in the reference center at www.benefitsolver.com
- See FAQs on page 11 for definition of “express issue”

Highlights

- Portable
- Coverage up to age 121
- Refund of premium up to 10 years if the premium ever increases
- Accelerated Death Benefit Due to Terminal Illness
- Accelerated Death Benefit for Chronic Illness

Disability Plan (Income Protection) by Sun Life

Having disability insurance can help protect your income in the event you become sick, injured, or pregnant, and the doctor says you're unable to work. This plan can help provide financial security for you and your family so you can focus on recovering. Here is how the plan works:

- Guaranteed Issue for everyone, but any new or enhanced coverage has a 12-month pre-existing condition limitation
- Pays in \$100 increments; up to 66⅔% of salary or maximum of \$7,500
- Pays until the doctor says you can return to work, or to age 70. (After age 70 pays for 1 year).
- Prices vary based on how much insurance you select, and on how long an “elimination period” you select (see rate chart at www.benefitsolver.com elimination periods tell you how long you have to wait after being diagnosed as “medically disabled” before you get paid your disability benefit; elimination periods are 7 days, 14 days, 30 days, 60 days, 90 days and 180 days
- Plan includes a Hospital Waiver—meaning if you are admitted to a hospital as an inpatient for twenty-four hours or more, the elimination period will be waived and payments will begin immediately for anyone who has chosen the 7-day, 14-day, or 30-day elimination periods
- See FAQs on page 11 for definition of “guaranteed issue” and “pre-existing” conditions



Employee Assistance Program (EAP)

The Employee Assistance Program is a total life assistance tool for you and your dependents provided by EAP Essential/Sun Life.

- Available at no charge, EAP is there 24/7/365 for confidential consultation with a medical clinician
- Program helps to manage life's challenges—whether they are issues at home or work
- To speak with a Care Coordinator, call 800.460.4374 or visit their website at www.guidanceresources.com
- Your company Web ID is [EAPessential](#)



Questions for my Benefits Advisor:

Basic Term Life with AD&D

**** NEW **** El Paso ISD provides \$20,000 of basic life and AD&D insurance at no cost to benefit-eligible employees.

Voluntary Group Term Life Insurance (GTL) by Sun Life

Dependent children covered up to age 26

Although no dollar amount can ever be placed on the value of your life, this insurance plan can provide stability and protection to your loved ones after you are gone. Here is how this plan works:

Existing Employees—**subject to underwriting**

- Employee: Eligible for 1.5x, 2x or 3x annual earnings
- Spouse: Five volume options including \$12,000, \$14,000, \$16,000, \$18,000 or \$20,000
- Child(ren): Coverage is \$2,000 (for children 14 days old to 6 months old, limited coverage of \$1,000 will be provided)
- Existing employees who currently have a Sun Life policy under the Guaranteed Issue maximum can increase their coverage by 1 level up to 3x times annual salary or a maximum of \$500,000 (whichever is lesser) without medical questions
- Coverage available for spouse and child(ren) **ONLY** if you have Sun Life Voluntary coverage for yourself.
- If you are not currently enrolled in the life insurance, you must complete an EOI (Evidence of Insurability)



Identity Theft Protection by iLOCK360

Dependent children covered up to age 18

Your identity may be your most important asset. It defines who you are, determines how much you can borrow and can be a deciding factor in employment. These factors are why your identity is a target for online criminals. In 2015, identity fraud affected 13.1 million consumers costing a total of \$15 billion. Last year, 20% of all fraud losses were due to new account fraud—meaning that fraudsters were opening new accounts under stolen identities, going beyond the usual credit card fraud many consumers anticipate. Keep your identity protected with iLOCK360's comprehensive identity protection. Here is how it works:

- All employees eligible for identity theft protection coverage
- Monitors your identity 24/7/365
- Personal email address required to sign up for this program
- Plan can protect individual or family

iLOCK360 (semimonthly rates)	Plus	Premium
Employee Only	\$4.00	\$7.50
Employee + Spouse	\$7.50	\$11.00
Employee + Children	\$6.50	\$10.00
Employee + Family	\$10.00	\$13.50



Service	Plus	Premium
CyberAlert SM monitors: <ul style="list-style-type: none">• One social security number• Two phone numbers• Five credit/debit cards• Two email addresses• Two medical ID numbers• Five bank accounts	✓ ✓	✓ ✓
Social Security number trace	✓ ✓	✓ ✓
Change of address	✓	✓
Sex offender alerts	✓	✓
Payday loan	✓	✓
Court/criminal records	✓	✓
Full service restoration and lost wallet	✓	✓ ✓
\$1M insurance	✓	✓
Daily monitoring of one credit bureau (TransUnion)	✓	
Daily monitoring of three credit bureaus (TransUnion, Equifax, Experian)		✓
ScoreTracker		✓
✓ adults ✓ children		

457(b) Retirement Savings Plan

457(b) Deferred Compensation Plan refers to Section 457(b) of the Internal Revenue Code of 1986. This is a district-sponsored voluntary retirement savings plan that allows an employee to save money for retirement on a tax-deferred basis. This plan allows you to start, stop, increase, or decrease contributions at any time. The plan contains most of the same features of the 403(b) plan, but is particularly different in one unique way: distributions from the 457(b) Deferred Compensation Plan are not subject to the 10% excise tax for early withdrawal.



In 2019, you can contribute 100% of your includible compensation up to \$19,000, whichever is less. If you are age 50 or older, you can contribute up to an additional \$6,000 for a total of \$25,000 for the year. TCG Administrators is the plan administrator; you can elect salary deductions as part of your online open enrollment process or any time during the year at www.tcgservices.com. Your initial password to enroll online is **elpas457** (case sensitive). Please note that waiving your election online does not stop your contribution and you must log in to www.tcgservices.com to stop the deduction. **All investing involves risk. Past performance is not a guarantee of future returns.**

403(b) Retirement Savings Plan

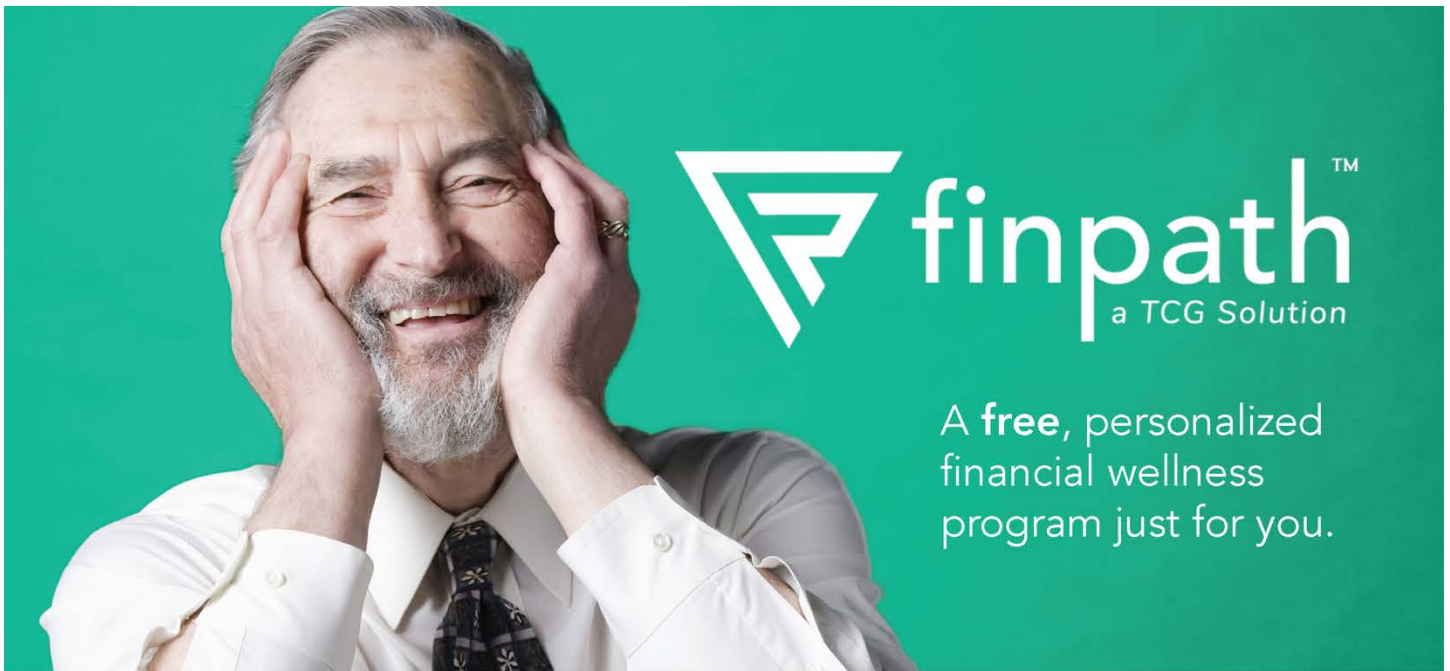
A 403(b) is a retirement savings plan generally offered by public schools and other tax-exempt organizations that allows employees to make contributions on a pretax basis. Most plans allow you to start, stop, increase or decrease contributions at any time. The employer determines the investment providers and employees must open an account with one of those providers to contribute. TCG Administrators is the plan administrator. You can view all participating 403(b) vendors at <http://region10rams.org/plans/el-paso-isd/> and elect salary deductions at www.tcgservices.com. Your initial password to enroll online is **elpas403** (case sensitive). Please note that waiving your election online does not stop your contribution and you must log in to www.tcgservices.com to stop the deduction. **All investing involves risk. Past performance is not a guarantee of future returns.**

Wellbeats

We are excited to let you know that EPISD is now offering on-demand fitness by Wellbeats at no cost to employees! This includes over 400 fitness classes like Yoga, cycling, HIIT, and strength training all lead by a team of certified fitness trainers. You have access to Mindfulness audio courses as well as 1-5 minute office breaks, and 30-day workout plans. There are also beginner level and no equipment class options. Learn more at wellbeats.com/faq or visit benefitsolver.com and look in the Reference Center or click on the Wellbeats Icon.

FinPath

FinPath is a personalized financial wellness program offered to EPISD employees at no cost. This program is designed to guide you on your path to improved personal finances. You can take an online assessment to determine your personal areas for improvement and participate in online financial classes taught by investment advisors. You will have access to wellness coaches to answer any questions you might have on your financial journey. Register for free at www.finpathwellness.com.



The FinPath online Financial Education platform includes:



Wellness Score Analyzer

Take an assessment to determine your personal areas for improvement.



FinPath University Courses

Participate in online financial classes taught by investment advisors.



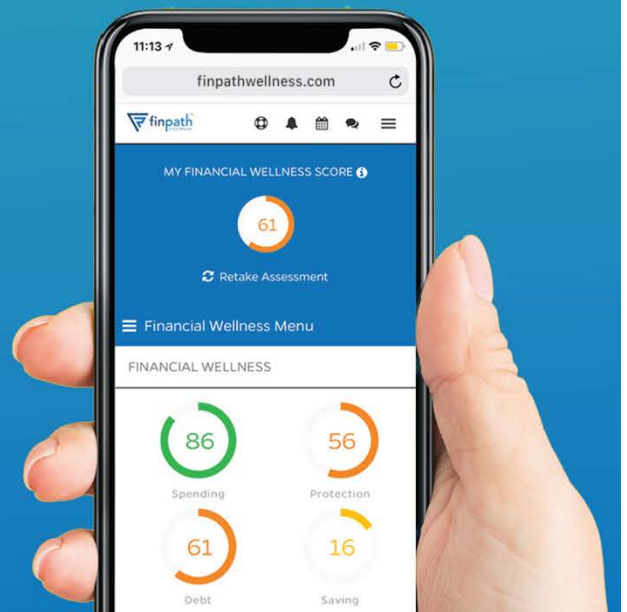
Support from Wellness Coaches

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

Make progress on your path to improved personal finances.

Register for free today at www.finpathwellness.com.

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



This is an outline of benefits only. If there is a conflict between the terms of this outline of benefits and the contract, the terms of the contract will prevail. Please see a Benefits Advisor or review plan summary in the Reference Center at www.benefitsolver.com for additional information.

Frequently Asked Questions

What is Express Issue?

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

What is Guaranteed Issue (GI)?

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

What is a "pre-existing condition"?

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

What is a deductible?

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

What is a co-pay?

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

What does out-of-pocket maximum mean?

Your out-of-pocket maximum is the most you have to pay each year toward your medical services or prescription drugs before your insurance pays for all your care. This amount does not include what you pay in premiums. The Affordable Care Act limits the out-of-pocket maximums. In 2018, for one adult using the in-network providers, it can be no more than \$7,350, and for a family, it can be no more than \$14,300.

What does EOB mean?

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

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

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

Dependent Day Care Accounts

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

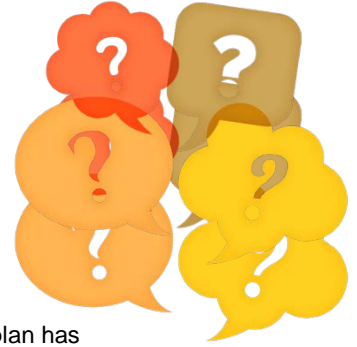
No, you may not. If you use the Dependent Day Care Account, you save money up-front on your taxes. Your per-paycheck deductions are taken out of your paycheck before you pay taxes on your income. Thus, your taxable income is less, and you pay less in taxes.

What kinds of care does this cover?

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

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

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



Mobile Phone Applications



Helpful resources in the palm of your hand!

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

Mobile Applications for Employees with the TRS Medical or First Financial Health Savings Account



Aetna Mobile App

With Aetna Mobile, your health care is always at your fingertips. You can look up the status of a claim, search for a doctor or urgent care facility, view your personal health record, view your id card information, find contact information, speak with a certified doctor via Teladoc, and more.



TRS Health App

TRS-ActiveCare Health care benefits right at your fingertips. The TRS Health App helps you easily navigate everything you need in one place. Easily contact an Aetna Concierge, find a local pharmacy, or even talk to a Doctor with the Teledoc services provided through TRS.



CVS/pharmacy

Staying healthy, saving time, spending less. Put the convenience of CVS in your pocket with the free CVS mobile app. Manage and refill prescriptions, save with ExtraCare deals, find a clinic, print photos and family health care information.



FF Flex Mobile

For those with the First Financial HSA- All of your Health Savings Account information at the tip of your fingers. With the FF Flex Mobile App you can submit claims, view account balance & history, see claim status, view alerts, upload receipts and documentation and more!

All-in-One Mobile App for Employees with Cigna Medical and/or the Cigna Health Savings Account



myCigna

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

Additional Apps for Employees with Supplemental Benefits and the First Financial Flexible Spending Account



FF Flex Mobile

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



MetLife

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



Superior Vision

Superior Vision members enjoy the wonder of sight through healthy eyes and vision when they use their benefits. With the Superior Vision app, members can: locate an in-network provider, review your benefits, see which benefits you have previously used and which are available, as well as viewing your member ID card.



Wellbeats

Discover fitness made easy using the Wellbeats app. Search from 350+ classes, workout plans, and fit tests that can be accessed wherever you go! All classes are instructed by our team of friendly, certified fitness trainers determined to get you feeling your best – no matter where you are in your fitness journey.

Enrollment Navigation

Go to www.benefitsolver.com When you enter the site for the first time click **Register** and proceed. After you have registered, you will go to **User Name** and **Password**. If password is forgotten, click **Forgot Your Password**, and proceed with prompts.

Your company key is **elpaso** (case sensitive)

AFTER YOU HAVE REGISTERED FOR THE FIRST TIME, YOU WILL GO HERE

FORGOTTEN PASSWORD

You will be prompted for SSN, company key, and DOB (MM/DD/YYYY). Follow prompts.



Click **START HERE**

You may go to the Reference Center to get more details on the available plans. You can view provider directories for the dental and vision plans if you would like to see the available network providers.

Start Here
2018-2019 Open Enrollment

67 days remaining to enroll

Enroll for benefits, change your benefits and access important benefit information with a click of this button.

VIEW CURRENT BENEFITS BY CLICKING HERE

Click **START ENROLLMENT**

The next screen contains text regarding the upcoming changes and important benefits dates. Please read the text and click **START ENROLLMENT** at the bottom of the page to proceed.

You will need to go through each benefit to select or waive each one this year. After you have completed all the benefits you will be directed to the "Review Enrollment" page. You are still able to make a change to a benefit there also. Click **EDIT** to the right of the benefit you wish to change or elect. After you review your benefits, please scroll down to the bottom of the page and click **NEXT**.

When finished making your benefit change, scroll to the bottom of the page and click **NEXT**. You will advance to the review page.

When you are finished reviewing your enrollment and making changes, click **APPROVE** at the bottom or top of the Review Enrollment page. Continue to the last step on the next page. On the next screen click **I AGREE**, and then click **PRINT** for a summary of your chosen benefits.



CHOOSE A PLAN WITH CONFIDENCE

Cigna One Guide service can help.

Whether you're a current Cigna customer or considering Cigna for the first time, we understand how confusing and overwhelming it can be to review your health plan options. And we want to help by providing the resources you need to make a decision with confidence. That's why **Cigna One Guide® is available to you now.**

Call a Cigna One Guide representative during preenrollment to get personalized, useful guidance.

Your personal guide will help you:

- › Easily understand the basics of health coverage
- › Identify the types of health plans available to you that best meet the needs of you and your family
- › Check if your doctors are in-network to help you avoid unnecessary costs
- › Get answers on any other questions you may have about the plans or provider networks available to you

The best part is, during the enrollment period, your personal guide is just a call away.*

Don't wait until the last minute to enroll.

Call **888.806.5042** to speak with a Cigna One Guide representative today.*

After enrollment, the support continues for Cigna customers.

Your Cigna One Guide representative will be there to guide you through the complexities of the health care system, and help you avoid costly missteps. Our goal is a simpler health care journey for you and your family.

Cigna One Guide service provides personalized assistance to help you:

- › Resolve health care issues
- › Save time and money
- › Get the most out of your plan
- › Find the right hospitals, dentists and other health care providers in your plan's network
- › Get cost estimates and avoid surprise expenses
- › Understand your bills

Access Cigna One Guide - after enrollment - in the way that's most convenient for you:

App



Chat



Phone



Together, all the way.®



Offered by: Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company or their affiliates.

*During enrollment, personal guides available Monday through Friday, 8:00 am–9:00 pm EST. Once your coverage begins, call the number on your ID card to speak with a personal guide. Additional customer service representatives are available 24/7.

Product availability may vary by location and plan type and is subject to change. All group health insurance policies and health benefit plans contain exclusions and limitations. For costs and complete details of coverage, see your plan documents.

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