

**January 1, 2021**

**YSLETA ISD**

**2021 HEALTH CARE COVERAGE  
COMPARABILITY REPORT**

This report was prepared to comply with Texas Education Code (TEC), Section 22.004 which requires that school districts offer employee health care coverage that is comparable to HealthSelect, the coverage provided to state employees. Ysleta Independent School District (YISD) has determined that the health care coverage offered to its employees is comparable to TRS-Active Care Plans.

The report covers the six requirements of TEC Section 22.004(d) and is available for review at the central administrative office of each campus and is posted on YISD's website.

**REQUIREMENT #1**

The Board of Trustees of YISD, in 1990, adopted a resolution authorizing the District to self-insure group health care coverage for its employees. On an annual basis YISD's auditors confirm that the District is adequately able to cover the assumed liability of the self-funded health plan.

**REQUIREMENT #2**

YISD's schedule of benefits for in network benefits, unless otherwise noted, is as follows:

PLAN TYPE	Plan I	Plan II	Plan III	Plan IV
<b>Deductible</b>	\$300 Tier 1/\$600 Tier 2	\$500 Tier 1/\$1,000 Tier 2	\$1,000 Tier 1/\$2000 Tier 2	\$3,000 Tier 1/\$7,000 Tier 2
<b>Coinsurance %</b>	80/60	80/60	80/60	100/80
<b>Out of pocket Max</b>	\$1,800	\$2,000	\$3,000	\$3,000
<b>Office Visit Co-Pays</b>	\$0 Primary/\$25 Specialty	\$5 Primary/\$25 Specialty	\$10 Primary/\$25 Specialty	100% After Deductible
<b>ER Co-Pay</b>	\$100 copay then 20%	\$150 then 20%	\$200 then 20%	100% After Deductible
<b>RX-30 day G/PB/NPB</b>	\$10/\$35/\$60	\$10/\$35/\$60	\$10/\$35/\$60, NPB subject to \$100 deductible	\$10/\$35/\$60 Preventive Drugs Only; all others must satisfy the deductible
<b>RX-90 day G/PB/NPB</b>	\$20/\$70/\$120	\$20/\$70/\$120	\$20/\$70/\$120	\$20/\$70/\$120 Preventive Drugs Only; all others subject to deductible
<b>Hospital</b>	20% after annual ded & \$150 hospital ded	20% after annual ded & \$150 hospital ded	20% after annual ded & \$150 hospital ded	100% After Deductible
<b>Lifetime Max</b>	Unlimited	Unlimited	Unlimited	Unlimited

**REQUIREMENT #3**

YISD'S premiums, including the amount paid by the District and employees is as follows:

PLAN	Plan I	Plan II	Plan III	Plan IV
<b>Employee Only</b>	\$218	\$126	\$90	\$28
<b>Employee &amp; Spouse</b>	\$808	\$594	\$544	\$311
<b>Employee &amp; Child(ren)</b>	\$718	\$523	\$475	\$268
<b>Employee &amp; Family</b>	\$1,072	\$803	\$747	\$437
<b>District Contribution</b>	\$512.91	\$512.91	\$512.91	\$512.91

All amounts in #3 are monthly.

**REQUIREMENT #4**

On January 1, 2021, the estimated number of YISD employees covered under the group health plan is 4856.

**REQUIREMENT #5**

YISD was able to complete this report, as well as the required 2021 Comparability Report Form which is on file with the Teacher Retirement System with minimal staff involvement and difficulty.

**REQUIREMENT #6**

Upon reviewing the schedule of benefits provided by HealthSelect to state employees and comparing them with the schedule of benefits YISD provides its employees, YISD has determined that it provides health care coverage to its employees that is comparable to HealthSelect. YISD has complied with all requirements of Section 22.004 of the Education Code.

Each of the benefit plan options listed is based upon a Preferred Provider Organization network of preferred health care providers that represent comparable access to quality health care providers for the plan members. Each plan offers a comprehensive plan design with benefits provided for physician, hospital and prescription drug services. Each plan includes reasonable limitations and exclusions based upon standard industry provisions used within health care benefit plans.