Employer Sponsored

GROUP BENEFITS

Contract Year July 1, 2016 - June 30, 2017

City of Albuquerque

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This brochure is intended for summary purposes only. In all cases only the official plan documents control the administration and operation of the plans. Please be aware that some of the benefits listed in the various tables have limitations. See your Summary of Benefits and Coverage (SBC) for more details. This brochure does not constitute a contract of employment nor does it change your employment-at-will status.

Your employer retains the right to modify benefits or premiums during annual contract negotiations to obtain benefits for employees.

Rules and Regulations – Guidelines for Enrollment

These rules and regulations apply to employees of the City of Albuquerque and government entities that have elected to participate in the same insurance plans. There may be differences in eligibility between entities. For example, not all governing bodies of the entities have approved allowing an employee's domestic partner and his/her children to be eligible for insurance coverage. Entities also differ in the employer contribution towards insurance premiums. Please check with your employer's Benefits Office for clarification. Employees with family members working for any participating entity may not double cover any family member on the same group insurance plan.

Who is Eligible

- Regular employees (including those on probation)
- Elected officials
- Legal spouse of an employee
- Domestic Partner of an employee*
- Children who are under age 26 AND meet at least one of the following criteria:
  - Natural child of the employee, spouse or domestic partner
  - Placed in the employee's home and in process of being adopted by the employee, spouse or domestic partner
  - Adopted by the employee, spouse or domestic partner
  - Court order that requires the employee, spouse or domestic partner provide health insurance coverage for the child
  - Court document that shows the employee, spouse or domestic partner has full, permanent custody of the child
  - Children over age 26 may **continue** participating in the group insurance plans if they are physically or mentally handicapped and are not eligible for any other plan. This continuation is subject to normal enrollment guidelines and documentation approved by the insurance carrier.

***** A domestic partner is defined as a person of the same or opposite sex who lives with the employee in a long-term relationship of indefinite duration and has not been married to anyone during the previous 12 months. There must be an exclusive mutual commitment similar to that of marriage, in which the partners agree to be financially responsible for each other's welfare and share financial obligations. These benefits are also available to the domestic partner's children provided that the child meets the definition of eligibility stated above. Note the criteria and required documents in the *Changing Benefit Elections* section.

Benefit Options

Options vary by participating entity but may include:

Medical Insurance	Long Term Disability Insurance
Dental Insurance	Auto & Home Insurance
Vision Insurance	Legal Insurance
Term Life Insurance	Long Term Care Insurance
Short Term Disability Insurance	Flexible Spending Accounts (Medical, Dependent Care, Parking/Transit)

Coverage Options

Employee Only	Employee Plus Spouse or Domestic Partner
Single Parent	Family

Changing Benefit Elections and Qualifying Life Events

Many of the rules for enrollment and eligibility are made by the Internal Revenue Service because they allow your salary to be reduced by the premiums you pay before taxes are calculated (Internal Revenue Code Section 125.) Only medical, dental, vision and flexible spending account benefits listed on the previous page are deducted on a pre-tax basis. Other benefit options are post-tax. Important rules to know are:

Once you have made an election during your initial enrollment period of 31 days from your hire date then you are **locked into that decision until the next open enrollment.**
Exceptions to this are qualifying life events. Please note: Qualifying Life Events do not allow you to change your Presbyterian Gym Membership election. The only time to elect participation, or disenrollment, is during open enrollment.

You must provide documentation of the Life Event and log into PeopleSoft Employee Self Service (ESS) to enroll within **31 days of the Life Event.** Documents should be scanned and you will be prompted to upload them during your Life Event entry in ESS. Qualifying Life Events and acceptable documents are:

- **Marriage** - Marriage certificate
- **Domestic Partnership meeting eligibility requirements** – Affidavit* and three proofs of financial interdependence
- Termination of Domestic Partnership agreement – Affidavit of Termination of Domestic Partnership form must be complete.
- **Divorce** – Court issued, date stamped, divorce decree (Ex-spouses are ineligible for coverage after the divorce except through COBRA. Divorce not reported timely may result in full responsibility of claims and loss of COBRA rights.)
- **Birth** – Hospital certificate or state issued birth certificate
- **Death** – Death certificate
- **Change in employment status** affecting benefits eligibility (for you or your spouse) - Letter/form from employer that is notification of the job change, coverage ending or new eligibility period of your Spouse/Domestic Partner's employer
- **Open Enrollment** – If you are adding a dependent for which you have not yet established proof of your relationship then you must do so at this time.
- **Involuntary loss of coverage** – Official notification of involuntary loss
- **Dependent child losing eligibility** - Official notification of loss
- **Dependent change of residence** that affects benefits eligibility - Documentation of the change or a letter explaining the change
- Dental Insurance Only – **dependent child between the ages of 2 and 3** may be added to a plan in which you are already enrolled – you must submit a written request

* The **Affidavit of Domestic Partnership** is a City form and legal document in which both the employee and the domestic partner swear that they meet the following criteria:

- Both are unmarried and have been for at least 12 months
- Reside in the same residence for at least 12 months and intend to do so indefinitely
- Meet the age requirements for marriage in the state of New Mexico
- Are not related by blood to the degree prohibited in a legal marriage in the State of New Mexico
- Are financially responsible for each other's welfare and share financial obligations

In addition to the notarized affidavit, **three** of the following documents are also required.

- Joint lease/mortgage or ownership of property
- Jointly owned motor vehicle, bank or credit account (only one qualifies)
- Domestic partner named as beneficiary of the employee's life insurance
- Domestic partner named as beneficiary of the employee's retirement benefits
- Domestic partner named as primary beneficiary in the employee's will
- Domestic partner assigned as power of attorney or legal designee by the employee
- Both names on a utility bill
- Both names on an investment account
- Adding a Domestic Partner can be done through Employee Self Service (ESS.) The Affidavit of Domestic Partnership can be found on the City's website in the forms section of HR>Employee Benefits.

The Federal Government does not recognize domestic partners as qualified dependents and therefore the premium paid for their coverage cannot be pre-tax. In addition, the employee must pay tax on the portion of the premium paid by the city for the domestic partner and his/her covered children. Employees wanting to change benefit elections involving a domestic partner must adhere to the same rules regarding qualifying events.

Delayed Enrollment-Missing the initial enrollment period, 31-day qualifying event period or the annual open enrollment period, may result in **delayed enrollment**, a delay in notification of loss of coverage and **paying for coverage no longer provided (such as for an ex-spouse**.) Alternatively, delayed entry may result in double deductions for premiums due for backdated coverage. The effective date will depend on the event.

Name/Address Changes: It is important to keep your employer and the insurance plans informed when you experience a name and/or address change to prevent a disruption of service and receipt of important policy information. Please make updates yourself through PeopleSoft Employee Self Service. An employee's name change requires uploading a Social Security Card with the new name on it.

Effective Date of Coverage, Changes and/or Terminations

New Employees – Coverage begins on your hire date which is the first day of the pay period. Pay periods begin on Saturday and are two weeks long. New Employee Orientation (NEO) is usually held on Monday following the beginning of a pay period. You have 31 days from your hire date to complete the online enrollment process and upload verification of dependent eligibility.

- **Qualifying Life Events** – Coverage begins on the first day of the pay period following your event date. Three exceptions to this are for the birth of a child, marriage and divorce. The coverage begins on the date of birth if documentation and online entry are completed within the 31-day enrollment period. Delaying the entry of a Life Event may result in extra deductions for premiums due. Losing or gaining eligibility for Medicaid allows a 60-day enrollment period.

  An ex-spouse or domestic partner is not eligible to continue participation in the insurance program, except through COBRA (see the next page.) Therefore, when the divorce decree is uploaded into PeopleSoft and the Divorce Life Event is entered, the end of coverage will be back dated to the day following the court stamped date on the decree.
- **Reinstatement** – An employee who is terminated from the City and subsequently reinstated is eligible to re-enroll in benefits through ESS by selecting the Life Event "I had a Life Status Change Not Listed Above." The required document is the letter of reinstatement. The effective date of coverage will be the first day of the pay period following the reinstatement.
- **Open Enrollment** – This is a three week (or longer) period established annually (usually in May/June) that allows all benefits eligible employees to make changes to their benefit elections without having experienced a qualifying life status change. Annual premium changes also occur at this time and will automatically be updated on your second paycheck in July without you having to make a new election.

Benefit changes elected during open enrollment are effective on July 1st or if you are cancelling coverage then the last day of coverage will be June 30th. It is the only time to make benefit changes without a Qualifying Life Event.

Effective 7/1/2016 Presbyterian Health Plan is offering the option of a gym membership for no additional premium. The only time to elect participation, or disenrollment, is during open enrollment.

Termination of Coverage

Insurance ends at the end of the pay period in which the event occurs. Exceptions to this are

Retirees'-coverage stops at the end of the month prior to the PERA retirement date

Dependents reaching the age limit lose coverage at the end of the month after their 26th birthday

Ex-spouses lose coverage the day after the divorce is final

Domestic Partners lose coverage the end of the pay period in which the termination notice is signed.

Double Coverage
Neither you, nor your spouse, domestic partner nor dependent child who works for the City, or one of our participating entities (i.e. Sandoval County,) may be double covered on medical, dental, vision or voluntary term life. The only exception to this is when you or your spouse/domestic partner is retiring and the only alternative to double coverage is a gap in coverage. Double coverage can last no longer than two weeks with proper documentation.

Insurance Premium and Benefit Plan Participation Payments
The city pays a substantial portion of medical, dental and vision premiums regardless of the coverage options you elect. Your benefit payments are deducted for coverage during the same two week period for which you are paid. Your earnings are reduced by your portion of the medical, dental and vision insurance premiums before Federal, State and FICA taxes are calculated, thereby saving you money.

Leave Without Pay/FMLA/Military Leave
Employees are responsible for paying their Group Health Premiums regardless of receiving a paycheck**.** This means if your employment status is "active" and you do not receive a paycheck then you will be responsible for paying the employee AND the employer portion of your medical, dental, vision premiums, and also your current deduction(s) for other supplemental benefits in that period. You will be responsible for making payment arrangements through the Insurance and Benefits Office (contact information is provided in the back of this booklet.) Payment arrangements depend on the situation and will be looked at on an individual basis. Failure to either make payment arrangements or to make timely payments will result in cancellation of benefits back to the end of the pay period for which the premiums were paid.

NOTE: You are exempt from having to pay the employer's portion if you are on military leave or approved leave under The Family Medical Leave Act.

COBRA
The Consolidated Omnibus Budget Reconciliation Act (COBRA) is the federal law that allows the employer to offer continued participation in medical, dental, and/or vision group insurance coverage if your employment terminates (18 months maximum) or your covered dependent loses eligibility (36 months maximum.) The Insurance & Benefits Office monitors when dependent children are approaching the end of eligibility on the last day of the month in which they turn 26 and will automatically cancel their coverage and have the notification of COBRA options mailed to them. Domestic partners of employees are eligible to continue coverage under COBRA when their eligibility ends under the active employee plans. Electing to continue coverage must be made within 60 days of the date eligibility was lost on the active employee plans or from the notification of the loss of coverage. Therefore, continued coverage will be offered to children losing eligibility or ex-spouses of employees whenever you submit documentation of the qualifying event. However, all the months since the coverage ended must be paid in order to reinstate coverage. The cost of the coverage is 102% of the full monthly premium. You will receive written notification of your rights and responsibilities after you upload documentation into PeopleSoft when you or your dependent experience an event that qualifies. Additional information is available in the Insurance and Benefits Office and on the City's website.

Employee Health Services and The Employee Assistance Program (EAP)

The most valuable asset of the City of Albuquerque is its employees.

Both City employees and the organization benefit when employees reach out to employee health services. We will assist both you and your family no matter what department you work with.

Employee counseling, crisis intervention, referral services, are for both employees and family members living in the home. Professional counselors offer assistance with concerns about relationships, grief, parenting, work issues, depression, anxiety, stress, and everything else life may toss your way.

We provide personal training for exercise and strength, body composition analysis, cardiovascular endurance testing, back strengthening, and a variety of health education classes: CPR, AED training, weight management, fitness testing, basic first aid, stress management, violence prevention, conflict resolution, and more.

Consultations for supervisors and managers who are concerned about employee's attendance, performance and behavior are also provided.

The only part of life we have control over is what we think. We can help you become very good at living well so you can look back on your life and feel respect for yourself, knowing you gave it your best, you played to win.

There is nothing more important than employee health.

(505) 768-4613

24/7/365 Emergency On-Call Counselors

1-800-348-3232

Confidentiality

Your privacy is protected by strict confidentiality laws and regulations. The details of your discussions with our staff may not be released to anyone without your prior consent. Participation with employee health services and the EAP will not jeopardize your job or career.

"The next best thing to being wise oneself is to live in a circle of those who are."
- C.S. Lewis

*NOTE:
Unfortunately, AMAFCA and COG employees are not eligible for services.

BetterHealth
CITY OF ALBUQUERQUE
Better you.

City of Albuquerque Employee Wellness Program

Improve Nutrition, Increase Physical Activity, Avoid Tobacco

What's NEW?

- **Gym Membership** – No additional premium. See next page for details.
- **BetterHealth Ambassadors*** – 23 employees were selected to serve in 2016 as liaisons between the City of Albuquerque BetterHealth Program and employees at their work locations, promoting health and wellness among coworkers and engaging them in wellness initiatives. The application process for 2017 will begin in October 2016.
- **BetterHealth through Good Measures*** – Good Measures combines the expertise of a registered dietitian with the power of a robust website and app to help employees and family members make positive changes in their eating and exercise behavior. This program can be effective for you if you want to maintain good health or if you have nutrition-sensitive medical conditions such as prediabetes, diabetes, high cholesterol, hypertension, arthritis, celiac disease, excess weight, and obesity.
- ***Check. Change. Control.*** – A four-month program developed by American Heart Association to reduce hypertension.
- **Mother's Room in City Hall*** – The room includes two private pumping stations, a refrigerator to store breast milk, and a nearby sink to wash supplies. Commercial grade breast pumps are available to mothers using Ameda Purely Yours Express breast pumps. These employees simply bring their own tubing.
- **Nuvita Better YOU*** – The Better YOU program includes personalized coaching, cardio, nutrition, and mobility tools to help employees and family members triumph over the part of them that holds them back. Better YOU employs a lifestyle focused approach for achieving weight loss, improving blood pressure, and reaching other personal health goals. Participants chart their progress with their own cardio monitor, web portal and mobile app.
- **Wellness at Work Personal Health Assessment**** – Employees, spouses, and domestic partners enrolled in the city's Presbyterian Health Plan receive a $25 Big 5 gift card for completing the confidential health assessment. See Big 5 flyer in this booklet.

Gym Memberships for July 1, 2016 to June 30, 2017

- ***Current employees*** *must enroll in Presbyterian Health Plan with Gym Membership by June 10, 2016.*
- ***New employees*** *must enroll in Presbyterian Health Plan with Gym Membership within 31 days of employment.*
- IRS considers gym memberships as a taxable benefit. Federal income tax deductions will occur on the second pay check of each month.
- Gyms include Healthways Prime Fitness Network, Defined Fitness, and Sports & Wellness. Sports & Wellness is offered at a reduced rate of $49 per month.
- The Healthways Prime Fitness Network includes 29 gyms in ABQ Metro Area & Santa Fe

» Anytime Fitness (ABQ, Rio Rancho, Santa Fe)

» B-Firm Toning Gym (ABQ)

» Body in Rhythm (Belen)

» BodyShock Fitness Studio (Los Lunas)

» Center for Ageless Living – Health & Wellness Program (Los Lunas)

» Country Strong Fitness (Moriarty)

» Curves (ABQ, Bernalillo)

» Elite Muscle Gym & Fitness Center (Belen)

» Elite Physique Gym (Rio Rancho)

» Extreme Fitness (Belen)

» Family Fitness (Edgewood)

» Fitness Plus (Santa Fe)

» Hardkor Fitness (Belen)

» Jazzercise at Belen Fitness Center

» Jazzercise at Bosque Farms Fitness Studio

» Main Street Muscle & Fitness Center (Los Lunas)

» New Heart (ABQ)

» New Mexico Sports & Fitness Center (Santa Fe)

» Paradigm Physical Therapy (Los Lunas)

» Paradigm Physical Therapy and Wellness (Bernalillo)

» Planet Fitness (Basic Membership - ABQ, Los Lunas, Rio Rancho, Santa Fe)

» Powerflex Gym (ABQ)

» Simms Fitness (ABQ)

» The Open Gym (ABQ)

» The Sports Clubs (Rio Rancho)

» UFC Gym (ABQ, Rio Rancho)

» Westside Fit Body Bootcamp (Rio Rancho)

» XPAC Fitness Center (ABQ)

» YMCA (ABQ)

» Other Gyms Added After March 2016

Other Popular and Effective Wellness Offerings

- **Annual Health & Benefits Fair and Screenings** at Albuquerque Convention Center in the fall.
- **Blood Pressure Learning Academy** - June 10 , 2016, 11am-1pm, Albuquerque Museum. The 2-hour educational event includes a cooking demonstration and lunch for participants.
- **Cancer Screenings**
  - » **Colorectal Cancer Screening Assessments** at select Open Enrollment meetings and Annual Health Fairs. There are several screening options available, including simple take home options.
  - » **Mobile Mammography Van** - Available at various work locations in May and October.
- **Flu Shots** - Available at various work locations for employees and dependents age 18 and over.
- **Mobile Health Center** - For employees and family members age 2 and over enrolled in the city's Presbyterian Health Plan. Nine locations. No Co-Pay! Services range from preventive wellness exams to urgent care. Call 220-6562 to schedule an appointment.
- **Quit for Life Tobacco Cessation Program** - For employees, spouses, and domestic partners. To enroll, call 1-866-784-8454 or visit www.quitnow.net

How do I get Involved?

- Stay up to date on wellness initiatives by referring to announcements on eweb at http://eweb.cabq.gov or visiting http://www.cabq.gov/humanresources/employee-benefits/better-health-program

Contact Us in HR Department, Insurance and Benefits Division

- Lisa McNichol Gatan, Health and Wellness Coordinator, lgatan@cabq.gov, 768-2921
- Shannon Brady, Wellness Assistant, sbrady@cabq.gov, 768-3732

**Unfortunately AMAFCA and MRCOG are not eligible for four programs.*

***AMAFCA and MRCOG may complete the health assessment but do not receive gift card.*

Complete Your
Personal Health Assessment

And receive $25 Big 5 Sporting Goods Gift Card

Step 1 – Using your Internet browser, go to the Presbyterian home page: *www.phs.org*

Step 2 – Click on the red myPRES Login tool in the upper right hand corner of the page.

- If you have already registered with myPRES, simply enter your User Name and Password, then click "Sign In" (skip ahead to Step 3)
- If you have not yet registered with myPRES, click on "Register for myPRES" located beneath "Login to myPRES" and complete the following on the myPRES Patient & Member Registration page.

1. ENTER YOUR PERSONAL INFORMATION – Have your member ID card available. Enter your name and 11-digit ID number as they appear on your card. Click "Submit."

2. CREATE YOUR myPRES ACCOUNT

- Create your User ID. Type in a user name that you will be able to remember.
- Enter a password you will be able to remember. Your password must contain at least one number and a combination of letters and/or special characters (example: newpas$x1). You must include at least 8 characters. Click "Submit."
- Proceed to Step 3.

Step 3 – IF YOU'RE ALREADY REGISTERED FOR myPRES and have signed in: Click on the turquoise Wellness At Work button.

Step 4 – Within a month after you have completed the PHA you will receive a letter instructing you to take the letter to the Insurance & Benefits office to receive your gift card.

If you have questions about accessing the personal health assessement website, please call the phone number located on the back of your Member ID card.

The PHA Provides:

- ✔ An analysis of your health behaviors
- ✔ A personalized profile of your health risks
- ✔ Steps you can take to improve your health

CABQ Employees, Spouses & Domestic Partners enrolled in the city's Presbyterian Health Plan are invited to complete the Personal Health Assessment.

Personal health information you provide is confidential. Aggregate data is used to plan wellness programs.

City of Albuquerque
Biweekly Insurance Rates FY2017
July 1, 2016 - June 30, 2017

Medical Insurance	Employee pays 20% City pays 80%		
Presbyterian My Care Health Plan			
	Employee*	City	Total
Single	39.58	158.32	197.90
Couple	80.53	322.12	402.65
S/Parent	63.58	254.30	317.88
Family	116.22	464.88	581.10

Vision Insurance	Employee pays 20% City pays 80%		
VSP			
	Employee*	City	Total
Single	0.44	1.76	2.20
Couple	0.88	3.52	4.40
S/Parent	0.94	3.77	4.71
Family	1.53	6.13	7.66

Short-Term Disability Insurance		Employee Paid
Hartford	Weekly Benefit = 60% base salary	
Age	**Rate per $10 of Weekly Benefit**	
	Monthly Rate	BW Rate*
<25	0.564	0.2603
25-29	0.480	0.2215
30-34	0.526	0.2428
35-39	0.421	0.1943
40-44	0.401	0.1851
45-49	0.449	0.2072
50-54	0.563	0.2598
55-59	0.672	0.3102
60-64	0.781	0.3605
65+	0.859	0.3965

Long-Term Disability Insurance		Employee Paid
Hartford	Monthly Benefit = 60% base salary	
Age	**Rate per $100 of BW Salary**	
	Monthly Rate	BW Rate*
<30	0.218	0.1006
30-39	0.338	0.1560
40-44	0.446	0.2058
45-49	0.641	0.2958
50-54	0.835	0.3854
55-59	0.997	0.4602
60+	1.030	0.4754

*** Biweekly = monthly times 12 divided by 26**

Dental Insurance	Employee pays 20% City pays 80%		
Delta Dental			
	Employee*	City	Total
Single	2.92	11.68	14.60
Couple	5.91	23.62	29.53
S/Parent	6.49	25.95	32.44
Family	8.78	35.14	43.92

Legal Insurance			Employee Paid
Arag Legal	Employee*		
Single	8.63		
Employee +1	10.75		
Family	11.03		

Basic Life and AD&D			
Hartford (100% Paid by City $.315 per $1,000)			
Amount of coverage is 140% of gross annual salary			
Minumum		Maximum	
$25,000		$50,000	

Voluntary Term Life			Employee Paid
Hartford Biweekly Rates Per $1,000			
Age	Smoker	Non Smoker	
<30	0.0443	0.0215	
30-34	0.0550	0.0275	
35-39	0.0882	0.0443	
40-44	0.1218	0.0658	
45-49	0.2258	0.1271	
50-54	0.3381	0.1880	
55-59	0.4925	0.2709	
60-64	0.6248	0.3486	
65-69	0.9230	0.5198	
70-74	1.7577	0.9786	
75+	2.7290	1.5194	
*Spouse age limit is 75			
Hartford Dependent Child Term Life			
Coverage	Rate		
$2,500	0.24		
$5,000	0.48		
$7,500	0.72		
$10,000	0.96		

Flexible Spending Account		
BASIC (medical, dependent care, parking or transit fee)		
$4.30	City Paid Monthly Flex and Debit Card	
$3.25	City Paid Monthly Parking Transit	

Medical Plans

Plan Benefits

Each of the medical plan options provides comprehensive medical coverage for enrolled members. On the next pages you will find a general description of each of the plans, followed by a Benefits-At-A-Glance chart comparing key benefits of both plans.

In order to choose the plan that is right for you and your family, review the benefit levels for each plan, as well as the medical providers available to you.

Keep in mind this information is a summary only, and you should refer to each plan's official Summary Plan Description for full details, including all limitations and exclusions.

Learn More

You can find more information at **http://eweb.cabq.gov/**

Your Choices

You have the option to choose between three medical plans with Presbyterian Health Plan My Care Plan.

Cost of Coverage

No matter which plan you choose, your employer will pay a portion of the premium. Your portion of the cost is taken on a per pay period basis. Your cost depends on the plan you choose as well as what family members you enroll.

PRESBYTERIAN
Health Plan, Inc.

Presbyterian Video Visits

Being seen by a medical provider for your non-urgent medical questions just got a whole lot easier, more convenient, and affordable. Are you a Presbyterian Health Plan member and need to see a provider right now? At your convenience, talk with a medical provider day or night using your smartphone, tablet, or computer webcam. Think of it as your own virtual provider visit, and this great service is no cost for City of Albuquerque Presbyterian Health Plan members.

Video Visits are a convenient way for you to get the medical care you need to treat common health issues. You can use Video Visits when you're home, at work, traveling, or when you need to see a provider right away. You can speak with a provider 24 hours a day, 365 days a year. And your visit is secure, confidential, and compliant with all medical privacy regulations.

Important: If this is a medical emergency, call 911 or go to the nearest emergency room.

Presbyterian Video Visit providers cannot prescribe narcotics or lifestyle medications. Please consult with your health plan provider for these types of medications.

No cost for City of Albuquerque Presbyterian Health Plan members!

For more information on Presbyterian Video Visits, please visit www.phs.org/videovisits

Medical Benefits at a Glance

Plan Benefits/Coverage	Active Option	Family Option		Independent Option	
		Adult	Child (Dependent to Age 26)	In-Network	Out-of-Network [1]
Individual Deductible	$100 Individual $200 Family	$100 Individual $200 Family		$100 Individual $200 Family	$500 Individual $1,000 Family
Annual Out-of-Pocket Maximum	$6,350 Individual $12,700 Family max	$6,350 Individual $12,700 Family max		$6,350 Individual $12,700 Family max	$12,700 Individual $25,400 Family max
Preventive Care [2]	$0	$0	$0	$0	40%
Primary Care Provider Visit	$35	$40	$10	$40	40%
Specialist Provider Visit	$50	$55	$40	$55	40%
Behavioral Health Provider Visit	$35	$40	$10	$40	40%
Chiropractic and Acupuncture Each limited to 20 visits per plan year	$50	$55	$40	$55	40%
Outpatient Speech, Physical, and Occupational Therapy Up to 24 visits per year combined	$50	$55	$40	$55	40%
Diagnostic Lab and X-Ray	$0	$0	$0	$0	40%
Imaging and Scanning [3,4]	$125 PET/MRI $75 CT scan	$200 PET/MRI $125 CT scan	$100 PET/MRI $75 CT scan	$125 PET/MRI $75 CT scan	40%
Urgent Care [4]	$35 in network $50 out network	$40 in network $50 out network	$10 in network $30 out network	$45	$55
Emergency Room Visit [4]	$150 includes all services and waived if admitted				
Emergency Medical Transportation [4]	$50 ground/$100 air				
Hospital Inpatient Stay [3,4] Hospice/Skilled Nursing Care [3,4]	$500 per admission	$500 per admission	$350 per admission	$500 per admission	40%
Outpatient Surgery [3,4]	20% up to $500 per visit	20% up to $500 per visit	20% up to $200 per visit	20% up to $500 per visit	40%
Maternity Care – Prenatal and Postnatal	$35 per visit up to $200	$40 per visit up to $300 [5]		$40 per visit up to $300 [5]	40%
Infertility Services [4]	50%				Not Covered
Durable Medical Equipment [3,4]	50%				
Home Healthcare	$0				40%
Prescription Drugs					
Retail 30 days – Generic (Preferred)	$10	$10		$10	Not Covered
Retail 30 days – Brand (Preferred)	$35	$30		$30	
Retail 30 days – Brand (Non-Preferred)	$55	$50		$50	
Retail 30 days – Specialty Pharmaceuticals	20% up to $400 per medication				
Mail 90 days – Generic (Preferred)	$20	$20		$20	Not Covered
Mail 90 days – Brand (Preferred)	$87.50	$75		$75	
Mail 90 days – Brand (Non-Preferred)	$165	$150		$150	
Unique Service Reimbursement	$150 per year	$0 per year		$250 per year	

[1] Out-of-network benefits are limited to reasonable and customary charges. You are responsible for any balance due above reasonable and customary charges. Deductible applies to all out-of-network services.
[2] For a complete list of preventive services, visit www.healthcare.gov/what-are-my-preventive-care-benefits.
[3] Prior authorization required.
[4] Subject to annual deductible.
[5] Per pregnancy. Delivery subject to inpatient cost sharing and prior authorization.

Effective 7/1/2016

My Care Plan Options
Choosing a Plan

PRESBYTERIAN
Health Plan, Inc.

Presbyterian Health Plan has a long tradition of serving the employees of the City of Albuquerque and participating entities.

Choosing the best health coverage for you and your family can be confusing, but we can help make it simple. **One easy way to start evaluating which plan is best for you is to use Presbyterian's My Care plan comparison tool at www.phs.org/CABQ**. You can also review the plan information below and the detailed benefit grid on the next page.

The premium you pay each month is the same for all three My Care plan options, so it's important to understand which plan best fits your unique healthcare needs.

Plan Benefits/Coverage	Active Option	Family Option	Independent Option
Medical copays for employees and dependents over age 26	Lowest copays	Slightly higher copays for the most common services ($5-$10)	
Medical copays for dependents under age 26	Same copays as for employees and dependents over age 26	Significantly lower copays for many services (e.g., $30 less for PCP visit)	Same copays as for employees and dependents over age 26
Prescription copays for brand-name drugs	Slightly higher copays for brand-name prescriptions ($5 for 30-day supply)	Lowest copays for brand-name prescriptions	
Out-of-state coverage *Dependent students may receive limited medical care at a Student Health Center.*	Urgent or emergent care only		Receive in-network benefits when using the MultiPlan/PHCS network when outside of New Mexico
Out-of-network coverage	Urgent or emergent care only		Available at higher out-of-pocket cost
Maternity care *Prenatal and postnatal (not including delivery)*	Up to $200 in copays per pregnancy	Up to $300 in copays per pregnancy	
Unique Services Reimbursement Plan *Per family per calendar year. *See Group Subscriber Agreement for complete list of reimbursable services.*	**Up to $150 reimbursement** for gym membership fees, vision care, scan and ambulance copays, sterilization, birth control and LASIK	No reimbursement	**Up to $250 reimbursement** for prescription drugs, vision care, alternative therapies and hearing aids

The benefit information provided is a brief summary, not a comprehensive description of benefits, limitations and/or exclusions. For more information, contact us at (505) 923-7787 or refer to the Group Subscriber Agreement, which can be found online at www.phs.org/CABQ.

Understanding How Your Cost Sharing Works

PRESBYTERIAN
Health Plan, Inc.

You don't need to be surprised by your costs when you receive medical care. Taking time to read definitions and examples can help you understand your costs. We also recommend you watch a short video on cost sharing at www.phs.org/CABQ and log in to myPRES to use our Treatment Cost Calculator. Please call your dedicated customer service team with questions. They can explain the examples below to you.

- **Out-of-Pocket Maximum:** The maximum dollar amount that you will pay in a plan year for covered services. All out-of-pocket costs for covered services go toward your maximum such as copayments, coinsurance and deductibles. After you have met the out-of-pocket maximum, the plan will pay 100% of covered services.
- **Deductible:** The amount that you pay before your plan pays. The deductible does not apply to all services.
- **Coinsurance:** The percentage amount of a covered healthcare service that is partially paid by you and partially paid by the health plan.
- **Copayment (Copay):** The fixed dollar amount you are required to pay for a healthcare service.

COST SHARING EXAMPLE 1 – Outpatient Surgery Using an In-Network Provider
Applies to all options – Active, Family and Independent.

Total Billed Charges	$2,500	Total amount for service (without plan discount).
Allowed Amount	$2,000	Amount plan and provider agreed on per contract.
Deductible Owed	$100	This would be $0 after the individual or family deductible is met. Deductible does not apply to all services.
Amount Owed After Deductible	$1,900	Allowed amount minus deductible owed.
Member Coinsurance	$380	Per benefit grid, member pays 20% up to $500. If copay, this would be a flat dollar amount.
Plan Pays	$1,520	Plan pays remaining 80%. If copay, plan pays remaining balance after copay.
Total Amount Member Pays	$480	Deductible owed + coinsurance or copay.

COST SHARING EXAMPLE 2 – Outpatient Surgery Using an Out-of-Network Provider
Cost sharing applies to Independent Plan only – the Active/Family Options only cover out-of-network services in emergencies.

Total Billed Charges	$2,500	Total amount for service (without plan discount).
Allowed Amount	$2,000	Pre-determined "reasonable and customary" amount.
Deductible Owed	$500	This would be $0 after the individual or family deductible is met. Deductible does not apply to all services.
Amount Owed After Deductible	$1,500	Allowed amount minus deductible owed.
Member Coinsurance	$600	Per benefit grid, member pays 40%. If copay, this would be a flat dollar amount.
Plan Pays	$900	Plan pays remaining 60%. If copay, plan pays remaining balance after copay.
Unpaid Amount	$500	Difference between total charged and total allowed.
Total Amount Member Pays	$1,100 – up to $1,600	Deductible owed + coinsurance or copay + the provider may bill you for the $500 difference because they don't have a health plan contract requiring them to write off the difference.

Money-saving tip for those who select the Independent Option: When using MultiPlan for your **out-of-state services,** they will be applied at the in-network benefit level. Find out-of-state providers at www.multiplan.com/Presbyterian.

Understanding More About Your Health Plan
More Great Services

PRESBYTERIAN
Health Plan, Inc.

Healthy Solutions
Presbyterian Healthy Solutions provides private, confidential health coaching by phone and email for you and your enrolled dependents over the age of 18 at no extra cost to you. This coaching service is for asthma, COPD, managing weight, cholesterol, blood pressure, heart health, or diabetes:

- How your weight can affect the way you feel physically or emotionally.
- What is a healthy weight for your body type?
- For those with diabetes, how combining diet, exercise, and medicine (when prescribed) can help control your weight and blood sugar level.
- Recognizing high blood pressure.

Connect with a health coach to learn more, or get started and commit to a healthier life today!
Call **1-800-841-9705** or email **HealthySolutions@phs.org**.

The Quit for Life® American Cancer Society smoking cessation program
Enrollment is easy – just call 1-866-QUIT-4-LIFE (1-866-784-8454) to get started. A registration specialist will verify eligibility to enroll and transfer you to a Quit Coach to get started. For more information, please visit www.quitforlife.net.

Wellness at Work
We want you to be the healthiest you can be. Presbyterian's *Wellness at Work* is new online tool that can provide you with the most up-to-date health information and resources to help you create a personalized health improvement plan.

Wellness at Work features a powerful Personal Health Assessment (PHA) tool that helps members identify personal health risks, provides recommendations for improving those risks, and offers easy-to-use tools to help make healthy lifestyle changes.

Wellness at Work is *available* exclusively *through myPRES*.

Discounts for acupuncture, massage therapy, chiropractic and more
Presbyterian Health Plan partners with BenefitSource to bring you member-only discounts for alternative medicine and other services. Simply present your Presbyterian member ID card to a participating provider and receive as much as 35 percent off services like massage therapy, hearing hardware, and acupuncture and chiropractic treatments.

For a list of participating providers, fee schedules and more, visit www.benefitsource.org or call (505) 237-1501 or toll-free 1-888-862-8659. In addition to discounts, some of these services may be eligible for reimbursement under the Unique Services Reimbursement Plan (USRP) on the Active and Independent Plans.

Our Mail Service Pharmacy Benefit can save you time and money
Provided by Walgreens, your mail-order pharmacy benefit allows you to order up to a 90-day supply of maintenance prescriptions (as prescribed by your physician) and have them conveniently delivered to your home or other specified address.

Keep your story moving with a new fitness membership.

As a Presbyterian Health Plan member, you and your enrolled dependents (ages 18 and up) now have **free access** to more than 8,500 national, regional, and local fitness, recreation, and community centers.* These facilities include all Defined Fitness locations in Albuquerque, Rio Rancho, and Farmington, as well as the nationwide Prime Fitness network.

DEFINED FITNESS™

Defined Fitness is one of New Mexico's premier health clubs, offering a wide variety of group exercise classes, supervised child care and state-of-the-art strength training and cardiovascular equipment. All locations feature an aquatic complex with an indoor pool, hot tub, dry sauna, and steam room.

prime℠

The Prime Fitness network provides group exercise classes and amenities such as pools, sport courts, tracks and more. You can visit participating locations nationwide as often as you like, including select YMCAs, Snap Fitness, Curves®, and more. When you use Prime Fitness, your fitness travels with you.

Visit **defined.com** or **phcprime.healthways.com** for a list of participating locations. After your enrollment with Presbyterian, you'll receive detailed instructions on how to get started.

It's never been easier to keep your story moving.

PRESBYTERIAN Health Plan, Inc.

**This benefit applies to all Commercial Individual and Small Group members. Some fees may apply. Large employer groups (51 or more employees) have the option to purchase this benefit for their employees for a minimal additional fee.*

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Understanding More About Your Health Plan
No-Cost Healthcare Solutions

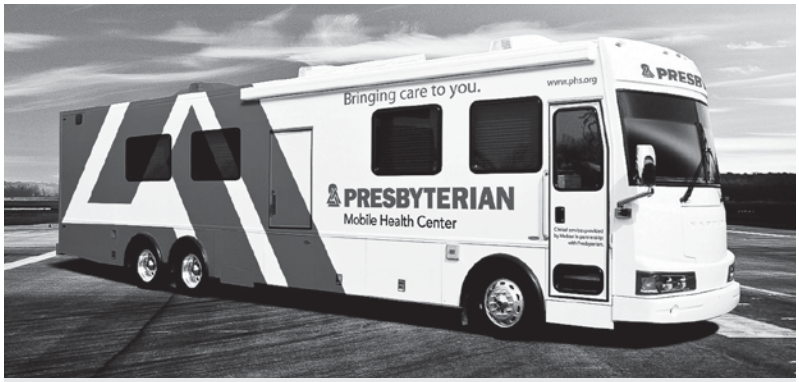
PRESBYTERIAN
Health Plan, Inc.

All Presbyterian Health Plan members through the City of Albuquerque and its participating entities have access to a growing statewide network. This includes an integrated health system of eight hospitals, a large medical group and a health plan network of more than 10,000 providers and facilities throughout New Mexico and border communities (listed at phs.org/directory).

Presbyterian's Mobile Health Center: Bringing care to you

It is important that you have a regular primary care provider (PCP), but with your health plan you also have access to the Presbyterian Mobile Health Center offering non-work-related routine healthcare and urgent care services exclusively to you and your enrolled dependents. The Mobile Health Center, a 45-foot van, travels to different locations, giving you the option to visit the health center wherever it is. Appointments are available for **no copay** on a scheduled or walk-in basis (as time permits). Standard out-of-pocket expenses will apply if you are referred outside the Mobile Health Center for more specialized services.

- The Mobile Health Center is staffed and equipped to diagnose and treat symptoms such as:
  - colds
  - coughs
  - sore throats
  - flu symptoms
  - ear aches
  - pink eye
  - sinus infections
  - urinary tract infections
  - strains and sprains
  - cuts
  - removal of stitches



$0 copayment for covered employees, spouses and dependent children.
Call (505) 220-6562 for an appointment.

- The staff can also administer:
  - your annual physical exam
  - select vaccinations
  - lab tests
  - ongoing screenings for A1C, cholesterol, blood glucose and blood pressure

- For schedules and locations, visit www.cabq.gov/mobilehealthcenter. Simply walk in or call to schedule an appointment: (505) 220-6562.

Presbyterian Health Plan membership has its benefits.

Online convenience. Manage your insurance and medical care online though *myPRES*, an easy-to-use, secure website just for Presbyterian members.

- Look up your benefit information securely
- Estimate out-of-pocket costs for common medical procedures with our Treatment Cost Calculator
- Pay a physician or hospital bill
- View your medical claims and explanation of benefits
- View your ID card or request a replacement

Talk to a nurse 24/7. Members have access to the PresRN nurse advice line that gives you a direct link to our experienced registered nurses (RN) for answers to your health questions and concerns. Call (505) 923-5570 or 1-866-221-9679 any day, including holidays.

Locally based customer service. Our friendly representatives, located in Albuquerque, are available to answer benefit questions Monday through Friday from 7:00 a.m. to 6:00 p.m. or via email at any time to cabqinquiry@phs.org.

Full access to Presbyterian's system. With more than 850 doctors in 40 specialties and eight hospitals across New Mexico, Presbyterian offers specialized healthcare in the areas of women's health, pediatric services, heart wellness, cancer care and more.

(505) 923-7787
1-855-261-7737

phs.org

PRESBYTERIAN
Health Plan, Inc.

Understanding More About Your Health Plan

Information/Tips for New Employees

PRESBYTERIAN
Health Plan, Inc.

- You will receive an ID card for yourself and one for each dependent. Check the spelling of names and contact your HR department to make corrections.

- You will also be mailed a Benefit Guide that summarizes the most important aspects of your health plan coverage. You can also go online at www.phs.org/cabq to find more detailed plan materials such as your Group Subscriber Agreement.

- We recommend finding a Primary Care Provider in the network before you need an appointment. If you are seeing a provider now who is not a Presbyterian Health Plan network doctor, call the dedicated customer service number or go to www.phs.org and select *Find a Doctor*. You will need to contact the provider's office to schedule an appointment.

Presbyterian Customer Service Center: Dedicated to you.

Our friendly representatives, centrally located in Albuquerque, are available to answer your benefit questions Monday through Friday from 7:00 a.m. to 6:00 p.m. You can contact our Customer Service Center by calling the dedicated customer service number **(505) 923-7787** (also on the back of your member ID card) or by sending an email to **cabqinquiry@phs.org**. We also offer automated options on our customer service phone line to help you get the information you need quickly.

Dental Plan

Plan Benefits

The dental plan option provides comprehensive dental coverage for enrolled members. On the next pages you will find a general description of the options, followed by a Benefits-At-A-Glance chart comparing key benefits of the plan.

In choosing a dental plan it is important to consider the types of services covered and the dental providers available to you. Benefits are based on four main classifications of services:

- **Diagnostic and Preventive** usually includes: cleanings, exams, X-rays, sealants and fluoride treatments
- **Basic** usually includes: fillings, root canals, periodontics, extractions, oral surgery and general anesthesia
- **Major** usually includes: crowns, bridges and dentures
- **Orthodontics** usually includes: diagnostic and retention treatment

Keep in mind this information is a summary only, and you should refer to the plan's official Summary Plan Description for full details, including all limitations and exclusions.

Learn More

You can find more information at **http://eweb.cabq.gov/**

Cost of Coverage

No matter which plan you choose, your employer will pay a portion of the premium. Your portion of the cost is taken on a per pay period basis. Your cost depends on the plan you choose as well as what family members you enroll.

DELTA DENTAL

City of Albuquerque and Participating Entities

July 2016

2016-2017 Annual Open Enrollment

Two Networks Means More Choice Delta Dental PPO℠ Point of Service

The City of Albuquerque employee dental plan offers one plan design featuring two provider networks (both "in-network"):

Delta Dental PPO℠

Delta Dental PPO dentists have agreed to the deepest discounts. Selecting a dentist that participates in this network will result in a higher level of benefits and the lowest out-of-pocket cost. For example, Diagnostic and Preventive Services are covered at 100% when selecting a Delta Dental PPO dentist.

The dollar amount resulting from the patient co-insurance percentage will be less when one of these dentists is selected.

Delta Dental Premier®

The Delta Dental Premier network provides enrollees with the most extensive access to providers. Because the Delta Dental PPO network does not include specialty dentists in every category, and because some enrollees already have established relationships with their dentists, Delta Dental Premier dentists may also be selected for any service.

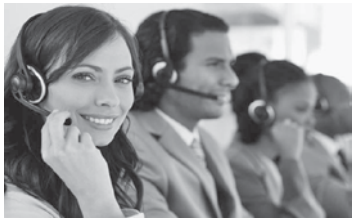
Refer to the example below for an idea of the cost associated with each network.

$$ Savings Illustration $$

	Delta Dental PPO Provider	Delta Dental Premier Provider
Dentist Submitted Charge	$1,177	$1,177
Delta Dental Maximum Approved Fee (network-specific)	$810	$1,026
You Pay (Co-insurance for Basic Service)	50% of $810 **$405**	50% of $1,026 **$513**

Example assumes a single procedure for a Crown-Full Cast High Noble Metal (CDT Code 2790) when selecting a New Mexico general dentist. Submitted costs and Maximum Approved Fees vary by dentist, location, provider network, and date of service. Amounts shown are illustrative only.

Remember: The highest level of benefits, lowest out-of-pocket cost, and important member protections apply when services are received in-network. For a listing of participating providers, visit our website, **www.deltadentalnm.com**



Customer Service

M-F 505) 855-7111 or
(877) 395-9420 (Toll-Free)
customerservice@deltadentalnm.com

Quick Bites

Pre-Treatment Estimates, Be in the Know

Are you anticipating a potential costly procedure such as a crown or root canal? Did you know that you have an option to have a pre-treatment estimate prior to scheduling that service so that you can plan both financially and get the most out of your plan?

This is an advance estimate of the benefits payable before dental services are received. You should know your out-of-pocket costs before simply saying "go ahead" with the procedure (s).

How much of your benefit maximum is left in the year? Have you met your deductible? Is it truly a covered procedure? These are questions that can be answered before you get that potential surprise bill! This is not required or an additional expense to your services. If not an emergency, why not put yourself at some ease by knowing your expenses?

Talk with your dentist and ask him/her to submit a pre-treatment estimate. Delta Dental will respond in writing not only to your provider but also to you as the member. Be a wise consumer and avoid potential additional expenses.

Dental Benefits At-A-Glance

This is a highlight of the benefits only. Refer to your member certificate or group subscriber agreement for specific details, including limitations and exclusions.

	In-Network	
	Delta Dental PPO	**Delta Dental Premier**
Annual Benefit Maximum (per plan year) Preventive Care Security (PCS) included. Benefits paid for Diagnostic and Preventive Services *never* reduce the Annual Benefit Maximum	$1,500 per person	
Annual Deductible	$50 per person, $150 family **(per plan year)**	
Lifetime Orthodontic Benefit Maximum	$1,200 per person	
Diagnostic and Preventive Services[1]		
Examples of Diagnostic and Preventive Services include: Cleanings, Exams, Radiographic images, Topical fluoride, Sealants, Emergency treatment for the relief of pain	Plan pays 100% no deductible applies	Plan pays 80% no deductible applies
Basic Services		
Examples of Basic Services include: Fillings, Stainless steel crowns, Root canals, Periodontics, Oral surgery, Prescription medications for dental related conditions	Plan pays 85% subject to deductible	Plan pays 85% subject to deductible
Major Services		
Examples of Major Services include: Specified implant services, Crowns, Partial or complete dentures, Bridges	Plan pays 50% subject to deductible	Plan pays 50% subject to deductible
Orthodontic Services		
Diagnostic, active and retention treatment for adults and children	Plan pays 50%	Plan pays 50%

The benefit levels shown are subject to the applicable Delta Dental Maximum Approved Fees, which are less for Delta Dental PPO dentists than Delta Dental Premier dentists. Because the cost of dental care is less when treatment is received from a Delta Dental PPO dentist, receiving services from these dentists, whenever possible, will result in lower out-of-pocket costs.

Out-of-pocket costs may be significantly higher if services are received from a dentist who does not participate in one of Delta Dental's provider networks. Maximum Approved Fees are greatly reduced for out-of-network services, and non-participating dentists may balance patients up to the full amount of their submitted charges.

Enrolled persons are entitled to a PRE-TREATMENT ESTIMATE OF BENEFITS anytime more costly procedures are anticipated. When requested by a dental provider, an advance estimate of benefits payable can be provided by Delta Dental before dental care services are received. Pre-treatment estimate is strongly recommended and there is no charge for this service.

1. *People with specific at-risk health conditions may be eligible for additional prophylaxes (cleanings) or topical fluoride treatment. The patient should talk with his or her dentist about treatment.*

Your VSP® Vision Benefits Summary

Welcome to VSP Vision Care. Your VSP vision benefit offers you the best in eyecare and eyewear.

- **Personalized care.** You'll get quality care that focuses on your eyes and overall wellness with VSP. Plus, your satisfaction is guaranteed when you see a VSP doctor.
- **Eyewear.** Choose the eyewear that's right for you and your budget. From classic styles to the latest designer frames, you'll find hundreds of options for you and your family.
- **Choice of providers.** You can choose any eyecare provider—your local VSP doctor, a retail chain affiliate provider, or any other provider. Once your benefit is effective, visit **vsp.com** for your complete benefit description.

Using your VSP benefit is easy.

- **Find the right eyecare provider for you.** To find a VSP doctor or affiliate provider, visit **vsp.com** or call **800.877.7195**.
- **Review your benefit information.** Visit **vsp.com** to review your plan coverage before your appointment.
- **At your appointment, tell them you have VSP.** There's no ID card required for your appointment.

That's it! We'll handle the rest—there are no claim forms to complete when you see a VSP doctor or retail chain affiliate provider.

For your complete benefit description, visit **vsp.com** or call **800.877.7195**.

VSP® Vision care for life

CAT#00765 JOB#8124CM 11/11

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City of Albuquerque and Participating Entities and VSP provide you with an affordable eyecare plan.

VSP Coverage Effective ..... July 1, 2013

Doctor Network .....VSP Choice

Your Coverage with a VSP Doctor

WellVision Exam® focuses on your eye health and overall wellness

- $10 copay..... ***every plan year***
- Routine retinal screening (Optomap) guaranteed pricing, not to exceed $39

Prescription Glasses

- $15 copay

Lenses..... ***every plan year***
- *Single vision, lined bifocal, and lined trifocal lenses.*
- *Polycarbonate lenses for dependent children.*

Frame ..... every other plan year
New in 2014, you automatically get an extra $20 to spend when you choose a featured frame brand like bebe®, ck Calvin Klein, Flexon®, Lacoste, Nike, Nine West, and more. Visit vsp.com to find a doctor who carries these brands.
- *$105 allowance for a wide selection of frames (members can choose from any frame on the market)*
- *$125 allowance for featured frame brands*
- *20% off the amount over your allowance.*
- *$70 allowance at Costco.*

~OR~

Contacts (instead of glasses)..... *every plan year*
- *Up to $60 copay for your contact lens exam (fitting and evaluation)*
- *$115 allowance for contacts (members can chose from any available prescription contact lens materials)*

~AND~

Diabetic Eyecare Plus Program
Allows you to obtain medical eyecare services related to Type 1 and 2 diabetes. There is a $20 copay for medical eyecare exams.

Extra Discounts and Savings

Glasses and Sunglasses
- *Average 20 - 25% savings on all non-covered lens options*
- *20% off additional glasses and sunglasses, including lens options, from any VSP Preferred Provider within 12 months of your last WellVision Exam*

Contacts
- *15% off cost of contact lens exam (fitting and evaluation)*

Your Coverage with Other Providers

Visit vsp.com for details, if you plan to see a provider other than a VSP doctor.

Exam	*Up to $45*
Single vision lenses	*Up to $30*
Lined bifocal lenses	*Up to $50*
Lined trifocal lenses	*Up to $65*
Frame	*Up to $70*
Contacts	*Up to $100*

Your coverage with a retail chain affiliate provider may be different than the coverage with a VSP doctor. Once your benefit is effective, visit vsp.com for details.

VSP guarantees service from VSP doctors only. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail.

Life and Accidental Death and Dismemberment Insurance

Benefit Summary

City of Albuquerque and Albuquerque Bernalillo County Water Utility Authority

Employee Basic Life and AD&D	Your Employer provides, at no cost to you, Basic Life and AD&D Insurance in an amount equal to 1.4 times your base annual salary, rounded to the next higher $1,000 to a maximum of $50,000. Life Insurance pays your beneficiary a benefit if you die while you are covered.
Employee Voluntary Life and AD&D	You can purchase Voluntary Life and AD&D Insurance in increments of $10,000 to the greater of $250,000 or 7 times your base annual salary Guaranteed Issue. The maximum amount cannot exceed the lesser of 7 times your base annual salary or $500,000. If you purchase any amount of Voluntary Life Insurance, you will be automatically enrolled in $20,000 of Voluntary AD&D Insurance. Base Annual Salary is as defined in The Hartford's contract with your employer.
Spouse Voluntary Life and AD&D Child(ren) Voluntary Life	Spouse Coverage: If you enroll in Employee Voluntary Life, you may choose to purchase Spouse! Domestic Partner Voluntary Life and AD&D Insurance in increments of $10,000 up to 100% of the amount of coverage you have elected for yourself to a maximum of $500,000. The guarantee issue amount is dependent upon the employee coverage amount. *Coverage Amount* — *Guaranteed Amount* $50,000 to $90,000 — $10,000 $100,000 to $140,000 — $20,000 $150,000 to $190,000 — $30,000 $200,000 to $240,000 — $40,000 $250,000 to $500,000 — $50,000 Child(ren) Coverage. If you enroll in Employee Voluntary Life you may choose to purchase Child(ren) Voluntary Life coverage in increments of $2,500 to a maximum of $10,000 per child. No medical information is required. Children are covered from live birth to age 26. Children from live birth to age 6 months are limited to a reduced benefit of $500. Children age 26 or older may be covered if they were disabled prior to attaining age 26
Eligibility	All Active Full Time and Part Time regular Employees and Elected Officials of the City of Albuquerque or Albuquerque Bernalillo County Water Authority who work at least 20 hours per week on a regularly scheduled basis.
Enrollment	**Basic:** As an eligible Employee, you are automatically covered by Basic Life and AD&D Insurance, you do not have to enroll. Voluntary: You may enroll in Voluntary Life and AD&D Insurance when first eligible as a new hire, during Annual Enrollment, and upon the occurrence of a Qualifying Event.
Am I guaranteed coverage?	Voluntary: For New Hires: You must provide evidence of insurability and be approved by The Hartford to receive coverage above the guaranteed issue amount of $250,000. If you are already participating in this coverage, you may increase your current coverage by $10,000 to a maximum of $250,000 without providing evidence of good health during open enrollment. Additional coverage amounts will require evidence of insurability that is satisfactory to The Hartford before the excess can become effective. If you are electing coverage for the first time during Annual Enrollment, any amount of coverage you elect will require evidence of insurability. You may need to complete a *Personal Health Application.* These are available from The Hartford.
Can I keep my Life Coverage if I leave my employer?	Yes, subject to the contract, you have the option of: Conversion or Portability. You must apply and pay the premium within 31 days of the termination of your Life Insurance. Evidence of Insurability will not be required.

The Hartford is The Hartford financial Services Group, Inc. and its subsidiaries, including issuing companies Hartford Life Insurance Company and Hartford Life and Accident Insurance Company. Policies sold in New York arc underwritten by Hartford Life Insurance Company. Home Office of both companies: Simsbury, CT. All benefits are subject to the terms and conditions of the policy. Policies underwritten by the issuing companies listed above detail exclusions, limitations, reduction of benefits and terms under which the policies may be continued in force or discontinued,

What is the Living Benefits Option?	If you are diagnosed as terminally ill with a 12 month life expectancy, you may be eligible to receive payment of a portion of your Life Insurance. The remaining amount of your Life Insurance would be paid to your beneficiary when you die.
Do I still pay premiums if I become disabled?	Yes, however if you become totally disabled before age 60 and your disability lasts for at least 9 months, your life insurance premium may be waived. The premium for dependents would also be waived if you are disabled and approved for waiver of premium. Coverage for your dependents ends if the policy terminates.
Exclusions and Limitations	Coverage may be reduced when you reach certain ages. Death by suicide within two years. AD&D insurance does not cover losses caused or contributed by: sickness, disease, infection, intentional self-inflicted injury, suicide, or suicide attempt, war or act of war, injury sustained while in the armed forces, taking prescription or illegal drugs unless prescribed by a licensed physician, injury sustained while committing or attempting to commit a felony, the injured person's intoxication. Other exclusions may apply depending upon your coverage. Please see your certificate of insurance for details, available at www.cabq.gov/humanresources/employeebenefits/insurance-benefits

GROUP BENEFITS

Voluntary Short Term and Long Term Disability Insurance

What is Voluntary Disability Insurance?	Voluntary Disability Insurance pays you a portion of your Salary if you cannot work because of a disabling illness or injury.
What is disability?	**Short Term Disability:** Disability is defined in The Hartford's contract with your employer. Due to accidental bodily injury, sickness, mental illness, substance abuse or pregnancy you are unable to perform the essential duties of your occupation, and as a result, you are earning less than 20% of your pre-disability Weekly Earnings or You are able to perform some, but not all, of the essential duties of your occupation and as a result, you are earning less than 80% of your pre-disability Weekly Earnings. **Long Term Disability:** Disability is defined in The Hartford's contract with your employer. Typically, disability means that you cannot perform one or more of the essential duties of your occupation due to injury, sickness, pregnancy or other medical conditions covered by the insurance, and as a result, your current monthly earnings are 80% or less than your pre-disability earnings. Once you have been disabled for 24 months, you must be prevented from performing one or more of the essential duties of any occupation and as a result, your current monthly earnings are 60% or less than your pre-disability earnings.
Eligibility	You are eligible if you are an active full time employee of the City of Albuquerque or a Participating Entity who works at least 20 hours per week on a regularly scheduled basis.

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including issuing companies Hartford Life Insurance Company and Hartford Life and Accident Insurance Company. Policies sold in New York are underwritten by Hartford Life Insurance Company. Home Office of both companies: Simsbury, CT. All benefits are subject to the terms and conditions of the policy. Policies underwritten by the issuing companies listed above detail exclusions, limitations, reduction of benefits and terms under which the policies may be continued in force or discontinued.

How much coverage would I have?	**Short Term Disability:** You may purchase coverage that would pay you a benefit of 60% of your weekly salary. The maximum benefit you could receive is $1,155 per week. **Long Term Disability:** You may purchase coverage that pays you a benefit of 60% of your salary to a maximum monthly benefit of $5,000 per month. This plan includes a minimum benefit of the greater of: 10% of the benefit based on Monthly Income Loss before the deduction of Other Income Benefits or $100 per month. Salary is defined as in The Hartford's contract with your employer.
When can I enroll?	You may purchase Voluntary Short Term Disability and Voluntary Long Term Disability Insurance when first eligible as a new hire and during Annual Enrollment.
How long do I have to wait before I can receive my benefit?	**Short Term Disability:** Once you are approved for coverage, you will be eligible to collect your voluntary short term disability insurance benefit starting on the 30th day after your accident or sickness. **Long Term Disability:** You must be disabled for at least 180 days before you can receive a Voluntary Long Term Disability Insurance benefit payment.
Are there other limitations to enrollment?	The guaranteed issue amount is the amount of Insurance that you may elect without providing evidence of insurability. If you enroll during this enrollment period, you will be required to provide evidence of insurability that is satisfactory to The Hartford before coverage can become effective. If you are currently enrolled, evidence of insurability is not required to maintain your current coverage.
Can the duration or amount of my benefit be reduced?	Your benefit duration may be reduced once you reach certain ages as specified in the contract with your employer. In addition, as described below within the Important Details, your Short-Term Disability and Long-Term Disability benefits may be reduced by other income you receive. Other Income examples that reduce your benefit: Social Security Disability Insurance, Workers Compensation, Unemployment Benefits, Settlements or judgments for income loss, Retirement benefits such as a pension plan.
How long will my disability payments continue?	**Short Term Disability**: Your benefit could continue for up to 22 weeks, so long as you remain disabled. **Long Term Disability:** For as long as you remain disabled, or until you reach your Social Security Normal Retirement Age (As stated in the 1983 revision of the United States Social Security Act), whichever is sooner. If your disability occurs at age 65 or above, your payments may be reduced.
Exclusions and Limitations	You cannot receive benefit payments for disabilities that are caused or contributed to by: war or act of war, the commission of or attempt to commit a felony, intentional self-inflicted injury, Any case where your being engaged in an illegal occupation was a contributing cause to your disability. You must be under the regular care of a physician to receive benefits. Mental Illness, Alcoholism, and Substance Abuse: You can receive benefit payments for Long-Term Disabilities resulting from mental illness, alcoholism and substance abuse for a total of 24 months for all disability periods during your lifetime. Any period of time that you are confined in a hospital or other facility licensed to provide medical care for mental illness, alcoholism and substance abuse does not count toward the 24 months lifetime limit. Pre-existing Conditions: your insurance limits the benefits you can receive for pre-existing conditions.

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Additional Services

Benefit Highlights

City of Albuquerque and Participating Entities

Does my life insurance coverage include any additional services?

Your life coverage comes with value added services that help with challenges that come before and after a claim.

- **Funeral Planning and Concierge Services** [1] provides a suite of online tools to guide you through key decisions before a loss, including help comparing funeral-related costs. After a loss, this service includes family advocacy and professional negotiation of funeral prices with local providers—often resulting in significant financial savings.

  For more information on Funeral Planning and Concierge Services
  Call 1-866-854-5429
  Or visit www.everestfuneral.com/hartford Use Code: **HFEVLC**

- **EstateGuidance** ®[2] **Will Services** helps you protect your family's future by creating a will online—backed by online support from licensed attorneys. Your will is customized and legally binding.

  For more information on EstateGuidance® Will Services
  Visit www.estateguidance.com/wills Use Code: **WILLHLF**

- **Beneficiary Assist** ®[2] **Counseling Services** offers compassionate expertise to help you or your beneficiaries (those you name in your policy) cope with emotional, financial and legal issues that arise after a loss. Includes unlimited phone contact with a counselor, attorney or financial planner for up to a year, and five face-to-face sessions.

  For more information on Beneficiary Assist ® Counseling Services
  Call 1-800-411-7239

- **Travel Assistance Services with ID Theft Protection and Assistance** [3] includes pre-trip information to help you feel more secure while traveling. It can also help you access medical professionals across the globe for medical assistance when traveling 100+ miles away from home for 90 days or less when unexpected detours arise. The ID theft services are available to you and your family at home or when you travel.

  For more information on Travel Assistance Services or ID Theft Services
  Call 1-800-243-6108
  Collect from other locations: 202-828-5885
  Fax: 202-331-1528
  Or email idtheft@europassistance-usa.com

  Travel Assistance Identification Number: **GLD-09012**

  You'll be asked to provide your employer's name, a phone number where you can be reached, nature of the problem, Travel Assistance Identification Number, and your company policy number which can be obtained through your Human Resources/Personnel department.

  If you have a serious medical emergency, please obtain emergency medical services first, and then contact Europ Assistance USA for follow-up.

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Prepare today.
Help protect tomorrow.

Important Details

[1] Funeral Planning and Concierge Services are offered through Everest Funeral Package, LLC (Everest). Everest is not affiliated with The Hartford and is not a provider of insurance services. Everest and its affiliates have no affiliation with Everest ReGroup, Ltd., Everest Reinsurance Company or any of their affiliates.
[2] EstateGuidance® and Beneficiary Assist® services are provided through The Hartford by ComPsych®. ComPsych is not affiliated with The Hartford and is not a provider of insurance services. A simple will does not cover credit shelter trust, printing or certain other features. These features are available at an additional cost to you.
[3] Travel Assistance and ID Theft Protection and Assistance are provided by Europ Assistance USA. Europ Assistance is not affiliated with The Hartford and is not a provider of insurance services.

This benefit highlights sheet is an overview of the non-insurance services being offered and is provided for illustrative purposes only and is not a contract. It in no way changes or affects the services as actually provided. Only the service provider can fully describe all of the provisions, terms, conditions, limitations and exclusions of your non-insurance service coverage.

OPEN ENROLLMENT FOR SHORT-TERM AND LONG-TERM DISABILITY INSURANCE.

During Open Enrollment 2016, you have an opportunity to elect Short-Term and /or Long-Term **disability coverage** without having to provide evidence of insurability!

That means you can get the coverage you need to help take care of your loved ones, without the hassle of medical requirements while you're enrolling.

Watch this video to learn more about **Disability insurance** and why it's important.

THE HARTFORD

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Prepare. Protect. Prevail. With The Hartford.*

Flexible Spending Accounts

You may choose to participate in one or both the flexible spending accounts:

- Medical Reimbursement Account*
- Dependent Care Account

With the **Medical Reimbursement Account** you can save 15%-40% on your out-of-pocket expenses that are not covered by the medical, dental or vision plans. Simply calculate your estimated expenses for the year and have that amount set aside in a Medical Reimbursement Account. The money is taken from your check before taxes, so you don't pay most federal, state, Social Security and Medicare taxes on that amount.

The **Dependent Care Account** allows you to set aside tax-free dollars for eligible day care expenses for your dependents. A Dependent Care Account is a great way to defer child care costs. Someone in a 15% tax bracket with the maximum $5,000 election would save $1,132 in one year using BASIC Flex.

Dependent Eligibility:

- You and/or your spouse must be employed or actively seeking employment or attending school full time.
- Dependent care expenses paid during a sick leave, holiday or vacation are not eligible.
- Child must be a dependent under 13 years of age and be in your custodial care more than 50% of the calendar year. If your child turns 13 during the plan year, expenses are no longer eligible for reimbursement.
- A spouse or dependent that is incapable of self-care and regularly spends at least eight hours per day in your home (i.e. an invalid parent).

Service Requirements:

- Provider cannot be a minor child or dependent for income tax purposes (i.e. an older child).
- Service provider must claim payments are income and comply with state regulations.
- Services must be for the physical care of the child, not for education, meals, etc.
- Overnight camps are not eligible.
- Expenses paid for Pre-K are eligible but kindergarten is not.

How the Accounts Work

A debit card will be issued to you if you sign up for the Flexible Spending Account. The debit card may be used to pay for eligible expenses. If you forget to use your debit card or if a vendor does not accept debit cards as a method of payment, you may pay for your expense out of pocket and submit a claim for reimbursement. BASIC will reimburse you via check or direct deposit (if you have signed up for direct deposit).

Plan Limits:

- **Medical Reimbursement Account:** Minimum is $260 ($10 per pay check). Maximum is $2,550 per eligible employee per year. If you and your spouse are employed by the City each can contribute $2,550.
- **Dependent Care Account:** Minimum is $260 ($10 per pay check). Maximum is $5,000 (married filing jointly or single) or $2,500 (married filing separately) each year.

The US Treasury Department has modified its Flexible Spending Account (FSA) "use-it-or-lose-it" provision to allow carryover of FSA funds. This provision does not apply to Dependent Care Account funds.

This is great news for you, because:

- You can carryover up to $500 of your unused Medical Reimbursement Account funds at the end of the plan year.
- This eliminates the risk of losing Medical Reimbursement Account funds if you elect $500 or less.

If you chose not to participate in the past because of the "use-it-or-lose-it" mandate, now is the time to take another look. The benefit will automatically take effect on your account should you decide to participate in the Medical Reimbursement Account.

LEARN MORE

You can find more information at:
http://eweb.cabq.gov/

www.basiconline.com

The full amount of your Medical Reimbursement Account election is available on the first day of your plan year.

The Dependent Care Account is a pay-as-you-go account. You may only be reimbursed up to the amount you have contributed into the account.

You should check with a tax advisor to see what your savings might be if you participate in the Flexible Spending Account program.

Note that you are unable use certain tax credits if you use the FSA accounts.

This is an example of how you can save tax dollars with an FSA:

	With FSA	Without FSA
Annual Income	$40,000	$40,000
Estimated health care expense	$2,500	$0
Taxable Income	$37,500	$40,000
Estimated Federal Tax	$5,625	$6,000
Estimated Social Security Tax	$2,869	$3,060
Healthcare expenses	$0.00	$2,500
Net pay	$29,006	$28,440
Savings with FSA	$506	N/A

Tax Savings Calculator
To use our calculator to estimate your tax savings when you choose to participate in the FSA visit:
www.basiconline.com/fsasavingscalculator

Eligible FSA medical expenses include:

- Ambulance; crutches; eye glasses
- Copays and deductibles
- Nursing care; Physical Therapy
- Orthodontics
- Birth Control
- Smoking cessation programs, nicotine patches/gum
- Diabetic Supplies

For a reference of FSA eligible expenses go to www.basiconline.com.

When in doubt ask BASIC.

We realize that the IRS regulations can be confusing at times. Please call BASIC, prior to election, if you have any questions about the eligibility of any item, event, service or treatment. Our Customer Service Representatives will be happy to advise you on the regulations that apply so you can make the best election for your situation.

We want your FSA plan to benefit you in every way possible.

BASIC FLEX

For Questions: 800.444.1922 ext 1

City Sponsored Benefit

FISCAL YEAR 2016

- City pays administrative fees
  - No employee cost to join
- Medical Reimbursement Limit
  - Up to $2,550
- Dependent Care Limit
  - Up to $5,000

ADVANTAGES

- Save Payroll Taxes
  - 15%-40% savings on:
    - Out-of-pocket medical, dental and vision
    - Day care expenses

24/7 ACCESS TO ACCOUNT BALANCES

- Online Access
- Free Mobile App
- Toll Free Number

SPEEDY TURNAROUND ON CLAIMS

- Direct Deposit Available
- Claims processed Daily

Examples of ***ineligible health care expenses*** include cosmetic surgery, marriage counseling, and prepayment of services.

Examples of ***ineligible dependent care expenses*** include transportation expenses, convalescent or nursing home expenses and overnight camp expenses.

You must enroll each year if you want to continue participating in the Flexible Spending Account program.

***Employees or employees spouses who are contributing or receiving contributions into an HSA, are not permitted to participate in the Medical Reimbursement Account. Employees may still sign up for the Dependent Care Account.**

BASIC PARKING

Parking and Transit Plan

You can also save money on your parking and transit costs (up to 40%) by joining the Parking and Transit Plan administered by BASIC.

You can pay for your work-related parking and mass transit costs with tax-free dollars.

The City pays the cost for you to participate in this plan.

Plan Limits:

- **Parking**: $250 per month
- **Transit:** $130 per month

Any unused funds continue to roll over month-to-month as long as you are an active employee. Requests for reimbursement must be made within six months of the pre-tax contribution.

Enrolling
City-Owned Lots:
Contact the Parking Division of the Municipal Development Department at 924-3950. By enrolling via the Parking Division, your monthly salary reduction will automatically be applied to your payment due for parking.

Non-City Lots:
Log onto the PeopleSoft Employee Self Service site to sign up for Parking & Transit. To receive reimbursement for non-City lot parking, expenses must be submitted to BASIC within 180 days of incurring the expense. You will receive your reimbursement by direct deposit only.

Eligible Expenses
Parking expenses on or near the premises of the City of Albuquerque or a location from which you commute to work by train, bus, van or carpool.

Parking and transit expenses resulting from travel to or from meetings, visits to other City departments or other locations are **ineligible** for reimbursement.

TRAVELERS

City of Albuquerque employees can take advantage of special program rates and payroll deduction

AUTO AND HOME INSURANCE PROGRAM

You could get the coverage that fits your needs for your auto, home and personal possessions and the savings advantage of special program rates from Travelers. With over 150 years of experience along with high ratings from the industry's leading rating companies, you can trust Travelers for peace-of-mind protection. In fact, 9 out of 10 customers who have had a claim would recommend Travelers to others.*

Travelers Program features

- Special program rates
- Convenient payroll deduction
- Money-saving discounts
- Accident forgiveness for loyal policyholders
- Year-round application
- 24/7 claim reporting
- Portable policies

Licensed insurance representatives at Travelers can help you find the coverage you need and can help you determine your savings. You can request a quote or switch at any time, even if your current policy isn't expiring soon.

Call Travelers: 1.888.695.4640
Visit: travelers.com/cabq

Auto insurance

Travelers – the company that wrote the first automobile policy in 1897 – offers special program rates and multiple money-saving discounts and advantages that could save you money on your auto insurance. Below are basic descriptions of just some of the coverages offered by Travelers.

Bodily injury liability – Generally pays for injuries to others if you are responsible for an accident.

Property damage liability – Can pay for damages to other people's property if you are responsible for an accident.

Medical payments – Can pay for medical expenses for injuries you and your passengers sustain in an accident.

Uninsured/Underinsured motorists – Can cover bodily injury to you and your passengers when the person who caused the accident has insufficient coverage.

Collision – Pays for damages to your car when it hits or is hit by another car or object.

Comprehensive – pays for damages to your car resulting from theft, fire, vandalism, hail, animal contact or other covered causes.

Additional optional coverages – You can add on Extended Transportation Expense, Towing and Labor, Auto Loan/Lease Coverage, Repair or Replacement Collision Coverage. Plus, Travelers offers higher deductible options that could lower your premium.

Home insurance

Travelers offers a wide selection of coverage options to help you protect the things you value most. Home insurance coverage typically includes:

Dwelling – Can cover damages to your home's physical structures.

Other structures – Can cover damage to building, such as a detached garage or shed.

Personal property – Can cover your personal belongings, whether they're in your home or elsewhere.

Personal liability – Can protect you in the event someone is injured or another person's property is damaged and you are responsible.

Additional living expenses – Can provide temporary living expenses in case your house becomes uninhabitable due to a covered loss.

Additional protection

Travelers can provide additional peace of mind with the following protection:

- Condominium
- Renters
- Valuable items
- Boat and yacht
- Personal umbrella liability coverage
- Identity fraud expense reimbursement
- Wedding

Convenient payment options

Choose from multiple payment options, including:

- Automatic payroll deduction
- Electronic funds transfer from your checking or savings account
- Recurring credit card
- Phone
- Online
- Direct bill

Travelers Free Quote Service
Call 1.888.695.4640
Visit travelers.com/cabq

*Travelers 2012 personal and business insurance auto and property policyholder claim surveys.

TRAVELERS

travelers.com/cabq

The Travelers Indemnity Company and its property casualty affiliates. One Tower Square, Hartford, CT 06183

This material is for informational purposes only. All statements herein are subject to the provisions, exclusions and conditions of the applicable policy. For an actual description of all coverages, terms and conditions, refer to the insurance policy. Coverages, discounts, special program rates, advantages and billing options are subject to availability and individual eligibility. Not all features available in all areas.

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PL-16366 New 3-13

Legal Insurance from ARAG®

Designed for City of Albuquerque

Save Time and Money with Legal Insurance

Legal insurance helps you address everyday situations like dealing with traffic tickets, resolving warranty issues or buying a home. When you need help, don't waste time looking for the right attorney or paying costly attorney fees, which average **$323 per hour.**[1] ARAG offers top-performing legal insurance which features:

In-Office Services: Meet with an experienced attorney who can advise and represent you when you need someone on your side.

Telephone Advice: Talk to a knowledgeable professional over the phone when you need information and direction to address your legal matters.

Online Resources: The ARAG Legal Center provides online tools and useful information to help you learn more about your legal issues on your own.

Identity Theft Protection!

At ARAG, we constantly work to give members even more value for their money. That's why we've included identity theft protection.* This service can track your credit activity or online identity and you're notified immediately of suspicious activity.

What Do I Get for My Money?

- You will receive in-office access to a nationwide network of more than **10,000 credentialed attorneys**.
- You can call a Network Attorney for **unlimited legal advice** to help prepare documents, letters or a Will.
- You can use **DIY Docs®** to help you create any of 300+ state-specific, legally valid documents online.

What Does it Cost?

UltimateAdvisor®

Individual: $8.63 Biweekly

Two-Party: $10.75 Biweekly

Family: $11.03 Biweekly

[1]Average attorney rates in the United States of $323 per hour for attorneys with 11 to 15 years of experience, Survey of Law Firm Economics, The National Law Journal and ALM Legal Intelligence, July 2014.

Get more coverage details >

Legal Insurance from ARAG®

Designed for City of Albuquerque

UltimateAdvisor® Legal Insurance Plan Details:

Count on a wide range of coverage and services, like the examples shown below, that address the family, legal and financial matters you may encounter in life:

For your organization's complete list of covered matters and coverage levels, visit ARAGLegalCenter.com, Access Code 16742coa.

Consumer Issues
- Auto Repair
- Buy/Sell a Car
- Consumer Fraud
- Contractors

Estate Planning
- Wills
- Living Wills
- Powers of Attorney
- Estate Administration

Debt
- Bankruptcy
- Debt Collection
- Garnishments

Civil Damage Defense
- Libel/Slander
- Pet-Related Matters

Small Claims Court
- Case Assistance

Family
- Adoption
- Divorce
- Domestic Violence
- Guardianship
- Insanity/Infirmity
- Name Change
- Pre-Marital
- School Hearings

Real Estate
- Buy/Sell a Home
- Building/Zoning
- Refinance a Home
- Easements
- Foreclosure
- Neighbor Disputes

Criminal Matters
- Habeas Corpus
- Juvenile
- Parental Responsibility

Taxes
- IRS Tax Audit
- IRS Tax Collection

Traffic without DUI
- Suspension/Revocation
- Restoration
- Traffic Tickets

Disputes with a Landlord
- Contracts/Lease
- Eviction
- Security Deposit

Benefit Disputes
- Medicare/Medicaid
- Social Security
- Veterans

General Matters
- Affidavits
- Demand Letters
- Property Disputes
- Promissory Notes

You'll also receive a minimum **25% reduced fee** on Network Attorney's fees for any other non-covered, non-excluded issues.

But wait, there's more!

When you select **UltimateAdvisor**, you'll also receive:

- Coverage for **Child Support, Child Custody** and **Alimony**
- Coverage for **Criminal Misdemeanor**
- **Financial Education and Counseling Services.**
- **Other Coverage - 4 more hours** for all other non-covered, non-excluded personal legal matters.

Top Plan Uses:

1 Consumer Protection
Get advice from an attorney for auto repairs, contractors, buying a car or addressing other types of fraud.

2 Estate Planning
Meet with an attorney to protect your life's work with a will, living will or the appropriate powers of attorney.

3 Property Protection
Our Network Attorneys can help you address neighbor disputes, boundary disagreements and personal loans.

4 Family
When your family faces a challenge in life, whether it's helping an ailing parent, adopting a child or overcoming divorce, our Network Attorneys are ready to provide assistance and representation.

"I have used ARAG 3 times and recommended it to many of my colleagues. I didn't anticipate the legal situations that arose when I signed up, and was so happy it was there to get me through some very tough situations."

Read unbiased reviews from real plan members at ARAGLegalCenter.com

For more information call 800-247-4184 or visit ARAGLegalCenter.com, Access Code 16742coa.

Connect @ARAGLegal:

Limitations and exclusions apply. Insurance products are underwritten by ARAG Insurance Company of Des Moines, Iowa, GuideOne® Mutual Insurance Company of West Des Moines, Iowa or GuideOne Specialty Mutual Insurance Company of West Des Moines, Iowa. Service products are provided by ARAG Services, LLC. This material is for illustrative purposes only and is not a contract. For terms, benefits or exclusions, call our toll-free number.

*Eligibility, coverage, limitations and exclusions are governed be a separate coverage document. Please see the identity theft plan summary for details.

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Living life the way you want to.

That's what independence and planning is all about.

Thanks to your employer, you and your eligible family members now have the opportunity to apply for long term care insurance at discounted rates. And, during the initial open enrollment period, eligible actively at work employees[1] can benefit by having to answer fewer health questions.

Important new benefit now available – Long term care insurance from John Hancock

Long term care has touched many of our lives. Perhaps you have a family member who has spent time in a nursing home. Or maybe you know someone who needs the regular assistance of a home health aide. When you have seen a long term care situation up close, you know the many issues that are involved.

Many people mistakenly believe they are already covered.

Long term care insurance pays for personal assistance with activities such as eating, bathing, using the toilet, and moving around — or for supervision due to a cognitive impairment. This assistance is typically not covered by health or long term disability insurance. As for government programs, Medicaid is designed to cover only those with limited resources (i.e. people whose assets are below state-required levels).

Protect your retirement

You save and invest to reach many goals. A comfortable retirement, travel, or even a second home. By making a John Hancock long term care insurance policy part of your financial retirement plan, you're taking an important step toward helping to meet and protect the goals you have set out over the course of a lifetime.

Long term care insurance can help protect your investments so you won't have to spend down or withdraw assets to pay for the high cost of long term care expenses.

Consider the facts:

40% of people who need long term care are working adults between ages of 18 and 64.[2]
On a national average, one year in a nursing home or 24-hour home care can cost more than $66,000 today.[3]

Long term care insurance important at any age

You are never too young to start planning for the future. Although several people believe long term care situations result from the effects of aging, many are caused by an unforeseen accident or illness. That is why it is important to plan for long term care now, to ensure you have coverage in place if you ever need care.

Long term care insurance premiums are based on age and health. If you are young and healthy, when you apply, your chances of qualifying for the coverage and receiving lower premiums, is better than if you wait.

(continued)

1. Eligible actively at work employees are defined as being between the ages of 18-64 and working a minimum of 30 hours a week.
2. Source: America's Health Insurance Plans, "Guide to Long-Term Care Insurance," 2004.
3. Source: Congressional Budget Office, "Financing Long-Term Care for the Elderly," April 2004.

A John Hancock long term care insurance policy enables you to:

- Get the support you need when you need care
- Create a plan of care customized to your needs and preferences[3]
- Receive discounts at thousands of care providers nationwide[4]
- Get assistance with selection of providers most appropriate to your needs[4]
- Receive care in the place of your choice; such as your home, an assisted living facility, adult day care center, nursing home, or Hospice facility
- Stay at home as long as possible with:
  - homemaker services[6] (for example: shopping and cooking)
  - home modifications (for example: wheelchair ramps)[7]
  - 24-hour emergency medical response monitoring systems[7]

Look for more information on this exciting new benefit in the weeks to come. If you have any questions please contact:

your VALIC Financial Advisors
Robert "Corey" Finch Cell: 505.250.6825

4. This is part of the Voluntary Care Coordination benefit.
5. This is part of the Advantage Provider Program.
6. Homemaker Services are incidental to care received. Refer to state-specific sample policy for complete details.
7. Included as part of the built-in Stay at Home Benefit.

Long term care insurance is underwritten by John Hancock Life Insurance Company, Boston, MA. 02117

LTC-CS4012 10/06

Policy Series: LTC-06
In Idaho: LTC-06 ID
In North Carolina: LTC-06 NC
In Oklahoma: LTC-06 OK
In Texas: LTC-06 TX

Supplemental Retirement Plans
Your 457 Deferred Compensation Program

Deferred Compensation seeks to provide **"Extra"** money you need for a more enjoyable and comfortable retirement lifestyle.

What is Deferred Compensation?

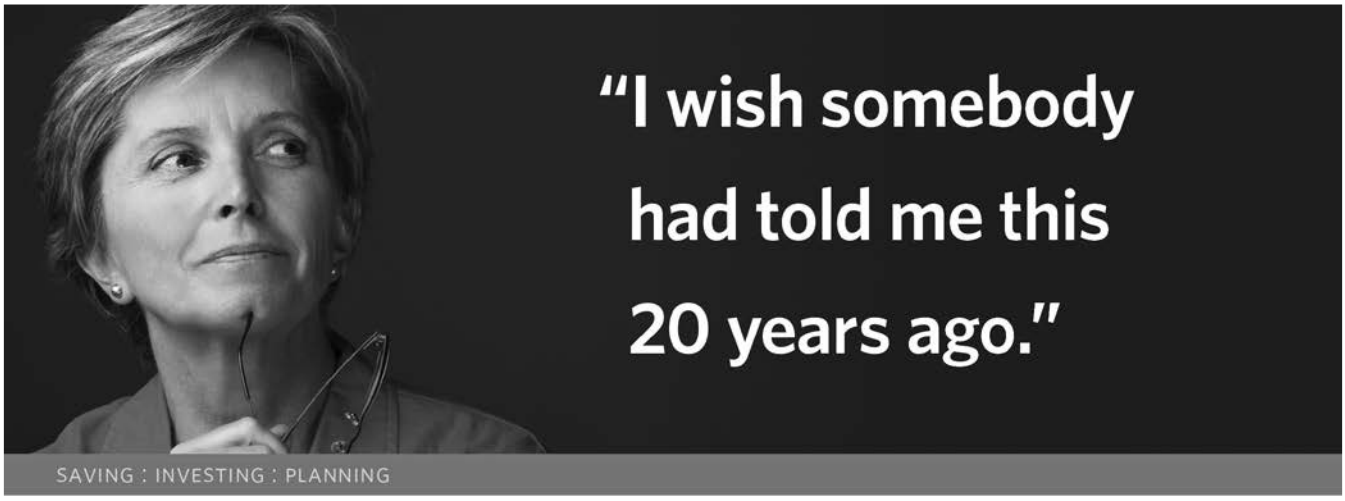
- Voluntary, IRS-approved retirement savings plan
- Pre-Tax and Tax Deferred – build retirement savings for tomorrow and reduce today's taxes (income taxes are due in the year in which the money is withdrawn usually during retirement when you are in a lower tax bracket)
- Under Section 457 of the IRC, you may defer each year a maximum of 100% of your "gross compensation" or an annual dollar limit, whichever is less. The dollar limit for the calendar year is $18,000
- Contributions are conveniently made through payroll deductions so your taxes are reduced each pay period
- Plans allow you to increase, decrease, stop and restart contributions as often as you wish, without fees or penalties

Benefits of Deferred Compensation

- Reduce current income taxes while investing for retirement
- Earnings accumulate tax-deferred
- Dollar cost average through convenient payroll deduction
- 50 or older or within 3 years of normal retirement age you are allowed to make additional "catch-up" contributions
- It's portable – if you change jobs you can consolidate your savings in another public sector employer's 457 plan, a qualified 401 plan, a tax sheltered 403b annuity plan, or traditional IRA
- If you retire or leave service early, there is no penalty for withdrawal
- Supplemental investments are helpful for those employees where no contribution is made to social security
- Deferred compensation accounts can be used to purchase withdrawn service, military service and air time with PERA
- **Modify Deferred Compensation Contributions online through Employee Self Service (ESS)**

Contact your Plan Representative for more information.

Your Benefits Department offers these Deferred Compensation Providers continued:



CLICK
VALIC.com

CALL
1-800-426-3753

VISIT
your VALIC financial advisor

Find out how participating in a retirement plan can help you get ready for the future.

Securities and investment advisory services offered through VALIC Financial Advisors, Inc., member FINRA and an SEC-registered investment advisor.

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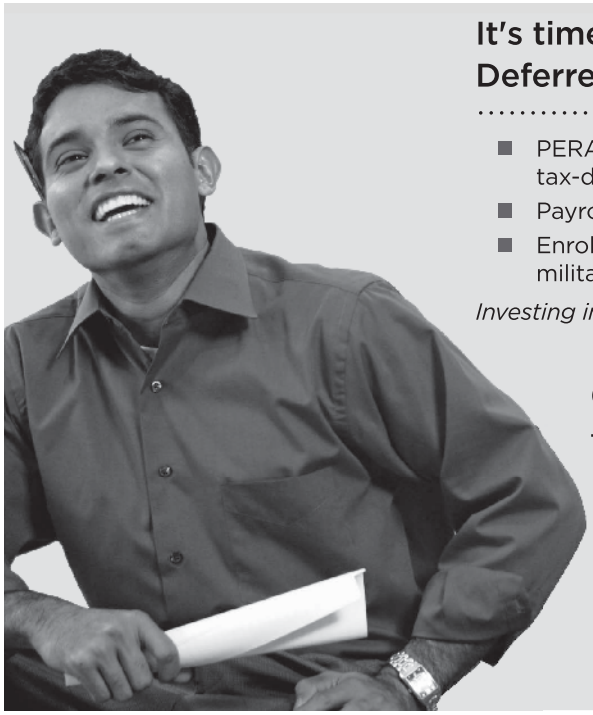
robert.finch@valic.com

VALIC®

The State of New Mexico Deferred Compensation Plan

Is your pension plan going to help provide what you need for a financially secure retirement?



It's time to find out about your New Mexico Deferred Compensation Plan

- PERA (Public Employees Retirement Association) optional tax-deferred retirement plan
- Payroll deduction, employer sponsored
- Enrollments, investments, purchase of withdrawn service credit, military or airtime from PERA

Investing involves market risk, including possible loss of principal.

Call **Clayton Puckett** at **505-362-8814** to learn more!

Information from registered Retirement Specialist is for educational purposes only and is not intended as legal, tax or investment advice.

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ICMA RC
Building Retirement Security

ICMA-RC – A Smart Choice for Over 40 Years

Since 1972, our sole mission has been to help public sector employees like you build retirement security. We've served the Albuquerque metro area since 1993.

Ask us about:

- Personalized services that help you decide how much to save, how to invest, and when you can retire
- Convenient paycheck contributions to your 457 plan and an IRA
- Financial plans for step-by-step guidance

How can we help you?

Your ICMA-RC representatives:

Geoffrey Hathhorn
Retirement Plans Specialist
202-604-5608
ghathhorn@icmarc.org

Dennis Dexel
Retirement Plans Specialist
505 899-5011
ddexel@icmarc.org

Get online tips and tools – **www.icmarc.org/realize**

AC: 23707-0215-7634

Contacts and Resources

Employer

Offices	Contact Numbers
City of Albuquerque Insurance and Benefits Office 400 Marquette NW, Room 702 PO Box 1293 Albuquerque, NM 87103	(505) 768-3758 phone (505) 768-3760 fax Employee-benefits@cabq.gov
Public Employees Retirement Association (PERA) Albuquerque Office – 2500 Louisiana Blvd NE, Suite 400 www.pera.state.nm.us	(505) 383-6550 phone (505) 476-9300 Santa Fe (800)342-3422 toll free
New Mexico Retiree Health Care Authority Albuquerque Office – 4308 Carlisle Blvd, NE, Suite 104 www.nmrhca.state.nm.us	(505) 222-6400 phone (800) 233-2576 toll free (505) 884-8611 fax

Benefit Vendors

Product	Company Name	Group Number	Contact Information
Medical Mobile Health Center	Presbyterian Health Care	1365-H001	505-923-7787 855-261-7737 www.phs.org/cabq 505-220-6562
Dental	Delta Dental	2517-0001	505-855-7111 877-395-9420 www.deltadentalnm.com
Vision	VSP	30039275	800-877-7195 www.vsp.com
Life (Term) City paid Life (Term) Employee Paid	The Hartford	402612	800-523-2233 Customer Service 866-854-5429 Funeral Planning 888-755-1503 Claims www.hartford.com/employee benefits
Short Term Disability	The Hartford	402612	800-523-2233 Customer Service 866-945-7801 Claims www.thehartfordatwork.com
Long Term Disability	The Hartford	402612	800-523-2233 Customer Service 800-289-9140 Claims www.thehartfordatwork.com
Flexible Spending Accounts (Medical, Dependent Care, Parking/Transit)	Basic		800-444-1922 www.basiconline.com
Auto & Home	Travelers		888-695-4640 www.travelers.com/cabq

Contacts and Resources

Product	Company Name	Group Number	Contact Information
Legal Insurance with ID Theft Protection	ARAG	16742	800-247-4184 www.ARAGLegalCenter.com Access Code: 16742coa
Long Term Care	John Hancock		Bryan Wilfon (505)301-4022 Bryan.wilfon@valic.com
Deferred Compensation IRC 457	ICMA-RC	300476	800-669-7400 Customer Service 505-842-8610 Geoffrey Hathhorn 505-899-5011 Dennis Dexel www.icmarc.org
Deferred Compensation IRC 457	Nationwide	007844	505-362-8814 Clayton Puckett 866-827-6639 ext. 44418 Voice Mail www.newmexico457dc.com
Deferred Compensation IRC 457	VALIC		Robert "Corey" Finch (505) 250-6825 Bryan Wilfon (505) 301-4022 Customer Care 1-800-448-2542 www.valic.com

Richard J. Berry, Mayor

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