

YOUR **BENEFITS,** YOUR **CHOICE.**

Group benefits for Participating Entity Employees.

Contract Year
July 1, 2021 - June 30, 2022



Village of Corrales | Town of Edgewood
Middle Rio Grande Conservancy District
Southern Sandoval County Arroyo Flood Control Authority

WHAT'S NEW FOR 2021



Medical, Pharmacy and Dental

Effective July 1, 2021, premiums for the Medical/Pharmacy and Dental coverage will increase by 3.5% and 2%, respectively. The following illustrates how employee bi-weekly premium deductions will change:

PRESBYTERIAN MEDICAL/EXPRESS SCRIPTS

Coverage	Current Deduction	New Deduction
SINGLE	\$48.95	\$50.66
COUPLE	\$99.59	\$103.08
SINGLE PARENT	\$78.63	\$81.38
FAMILY	\$143.74	\$148.77

DELTA DENTAL

Coverage	Current Deduction	New Deduction
SINGLE	\$2.92	\$2.95
COUPLE	\$5.91	\$6.02
SINGLE PARENT	\$6.49	\$6.62
FAMILY	\$8.78	\$8.96

For your specific cost change, please visit your HR Department.



Life Insurance

If you are currently enrolled for Voluntary Life insurance and currently have less than \$350,000 of life insurance, you may be eligible for an increase of up to \$50,000 this year without the need for Evidence of Insurability. This is also a great time to review your beneficiaries. Keep your information up-to-date!

KNOW YOUR BENEFIT ENROLLMENT OPPORTUNITIES

There are certain times throughout the year when you may enroll in health and supplemental insurance benefits, or change your coverage. Visit cabq.gov/benefits to learn more about choices available to you. Visit us on-line or visit your HR office for assistance enrolling.



Open Enrollment: May 10-28, 2021

This is your opportunity to change health plans, change from family to individual coverage, enroll if you had previously deferred coverage, cancel coverage for yourself **OR** an adult dependent child and more.

Open enrollment is available to all benefits eligible employees and dependents. Changes become effective July 1, 2021.



New Employees

Coverage begins on your hire date which is the first day of the pay period. You have 31 days from your hire date to complete the online enrollment process and upload verification of dependent eligibility. Employees of Participating Entities may have a different effective date. Please visit your HR department for details.

*The effective date for the Accident and Critical Illness Insurance Plans begin on the first day of the month after hire and the first day of the month subsequent to a qualified event.



Qualified Life Event

Coverage begins on the date of the qualified event. You have 31 days from the date of the qualifying event to make changes to your enrollment. For a complete list of Qualifying Life Events, visit cabq.gov/benefits. Delaying the entry of a Qualifying 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. Therefore, when the divorce decree is uploaded into PeopleSoft or provided to your HR Department, 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 final decree.



TAKE ACTION CHECKLIST

STEP 1

Choose a Health Plan

- Page 4 summarizes the available plan design options and compare key factors such as co-pays and out-of-network benefits availability. For full information, visit cabq.gov/benefits
- Consider your annual medical expenses or any upcoming medical procedures you may need as you make your selection.

STEP 2

Consider Supplemental Benefits

Things to Consider:

- Do you want dental or vision coverage? See page 5.
- Do you need STD/LTD; Voluntary life? See page 6.
- For detailed information, visit cabq.gov/benefits.

STEP 3

Take Action

- Visit your Human Resources Department for enrollment forms.

STEP 4

Stay Informed

- Visit your Human Resources Department for current information.
- Visit cabq.gov/benefits.



Update!

No major changes this year.

Health Plan

- There are no changes to the Health Plans offered by The City of Albuquerque for 2021.

Pharmacy Benefit

- There are no changes to the Pharmacy benefit offered by the City of Albuquerque for 2021.

Dental Benefit

There are no changes to the Dental Plan offered by The City of Albuquerque for 2021.

Vision Benefit

There are no changes to the Vision Plan offered by The City of Albuquerque for 2021.

Supplemental Benefits

- Voluntary Life Insurance can be increased by up to \$50,000, up to 7x Annual Salary.
- STD/LTD enrollment does **not** require Evidence of Insurability (EOI).
- Accident and Critical Illness does **not** require Evidence of Insurability.
- Legal Insurance is available.

STEP 1 Choose a Health Plan

PRESBYTERIAN Health Plan, Inc.

Plan Benefits/Coverage	Active Option	Family Option		Independent Option	
		Adult	Child (Dependent to Age 26)	In-Network	Out-of-Network ¹
Individual Deductible	\$175 Individual \$350 Family	\$175 Individual \$350 Family		\$175 Individual \$350 Family	\$500 Individual \$1,000 Family
Annual-Out-of-Pocket Maximum (includes medical through PHP and pharmacy through Express Scripts)	\$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 Care²	\$0	\$0	\$0	\$0	40%
Primary Care Provider Visit	\$35	\$40	\$10	\$40	40%
Specialist Provider Visit	\$50	\$55	\$40	\$55	40%
Urgent Care⁴	\$35 in network \$35 out network	\$40 in network \$40 out network	\$10 in network \$10 out network	\$45	\$45
Emergency Room Visit⁴	\$200 includes all services and waived if admitted				
Gender Reassignment^{1,3,4}	Covered. Services payable depending on the type of service received. See above for surgery and office visit costs.				
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.

505-923-7787

855-261-7737 Outside Albuquerque

www.phs.org/cabq



EXPRESS SCRIPTS®

Prescription Plan Administered by Express Scripts

		Active Option	Family Option	Independent Option
In-network Retail 30 days	Generic drugs	\$10	\$10	\$10
	Preferred brand-name drugs	\$35	\$30	\$35
	Non-Preferred drugs¹	\$55	\$50	\$55
Home Delivery & Walgreens 90 days	Generic drugs	\$20	\$20	\$20
	Preferred brand-name drugs	\$87.50	\$75	\$87.50
	Non-Preferred drugs¹	\$165	\$150	\$165
Specialty Drugs	Obtained via the contracted specialty pharmacy, Accredo.	30 days supply: 20% up to \$400 per medication		

1 If you choose to fill a brand-name medication when a generic equivalent is available, you will pay the generic copayment, plus the difference in cost between the brand and the generic.

* Under the Affordable Care Act, certain preventive drugs are covered for a \$0 copayment with a prescription. They are covered for both over-the-counter (OTC) medications and those requiring a prescription. For OTC medications, you must have a prescription from your doctor to present at the pharmacy in order to pay \$0. To confirm products covered, contact Member Services at 877-860-9256.

STEP 2 Consider Supplemental Benefits



Delta Dental PPOSM Point of Service Summary of Dental Plan Benefits

Benefit Period	July 1 through June 30
Deductible	\$50 Deductible per person total per Benefit Period limited to a maximum Deductible of \$150 per family per Benefit Period
Maximum Benefit Amount	\$1,500 per person total per Benefit Period (Diagnostic and Preventive Services will not reduce you Maximum Benefit Amount)
Orthodontic Lifetime Maximum	\$1,200 per person total per lifetime

	Delta Dental PPO SM Provider	Delta Dental Premier [®] Provider or Non-Participating
Covered Services	You Pay	You Pay
Diagnostic and Preventive Services		
Diagnostic and Preventive Services <i>exams, cleanings, topical fluoride, and space maintainers</i>	No Charge	20%
Basic Services		
Minor Restorative Services <i>fillings, root canals, tooth extractions</i>	15%	15%
Major Services		
Crowns, bridges, dentures and implants	50%	50%
Orthodontic Services		
Orthodontic Services <i>braces child and adult</i>	50%	50%

- Remember, stay In-Network by seeing a contracted Delta Dental PPOSM or Delta Dental Premier[®] participating provider.
- Always ask if the provider is a CONTRACTED Delta Dental PPO provider to have the least out-of-pocket costs.
- Need to find a provider? Go to www.deltadentalnm.com or search the national directory outside of New Mexico for a Delta Dental PPO provider.
- Register online through our Consumer Toolkit to see how your claims were paid and view complete benefit levels.
- Request a pre-treatment estimate before your work is started. Don't assume it will be covered just because the provider says you need it. Make sure you know your out-of-pocket costs!
- Routine visits to your dentist can improve not only your oral health, but also your overall health

Delta Dental Customer Service:
(505) 855-7111 or toll-free (877) 395-9420

Address:
2500 Louisiana Blvd. NE STE 600,
Albuquerque, NM, 87110

Web Site, Including Provider Search and complete benefit details:
www.deltadentalnm.com



Vision care plan for City of Albuquerque
Client code: 8985
davisvision.com | 1 (877) 923-2847, 8985

Frequency
Exam: Every 12 months
Lenses & lens upgrades: Every 12 months
Frame: Every 24 months
Contact, evaluation & fitting: Every 12 months

Prior to enrolling, potential members may contact: 1 (877) 923-2847 or visit davisvision.com/member and enter Client Code 8985 when prompted.
Once enrolled as a Davis Vision Member, please contact: 1 (800) 999-5431 for assistance.



Eye exam copay:
\$10

Contacts evaluation, fitting and follow-up:

Conventional lens **\$60 copay** Specialty lens **Up to \$300 after \$60 copay**



Allowance:
\$160

+Additional 20% off any coverage.¹

or

The Exclusive Collection copay:
Fashion, Designer, Premier

Covered in full



Lens copay:
\$15



Allowance:
\$130

+Additional 15% off any coverage.¹

or

The Exclusive Collection of Contact Lenses:³

Covered in full



Lens options and upgrades	Member cost
Clear plastic single-vision, bifocal, trifocal or lenticular lenses (any RX)	\$0
Polycarbonate lenses (children / adults)	\$0 or \$30
High-index lenses 1.67	\$55
High-index lenses 1.74	\$120
Polarized lenses	\$75
Progressive lenses (standard / premium / ultra / ultimate)	\$0 / \$90 / \$140 / \$175
Anti-reflective (AR) coating (standard / premium / ultra / ultimate)	\$35 / \$48 / \$60 / \$85
Ultraviolet coating	\$12
Tinting of plastic lenses (solid / gradient)	\$0
Plastic photochromic lenses (Transitions [®] Signature [™])	\$65
Scratch-resistant coating	\$0
Premium scratch-resistant coating	\$30
Scratch-protection plan (single-vision / multifocal)	\$20 / \$40
Trivex lenses	\$50
Blue light filtering	\$15
Additional savings	Member cost
Retinal imaging (member charge)	\$39
Additional pairs of eyeglasses	30% discount ¹
Laser vision correction one-time/lifetime allowance	\$200 ⁴

How to find an in-network eye care professional?

Enter your client code in the "Member Sign In" section of our website at davisvision.com/member to locate eye care professionals near you.

1. Some limitations apply to additional discounts, discounts not applicable at all in-network eye care professionals. 2. Contact lens coverage varies by product selection. Visually Required contacts are covered in full with prior approval. 3. The Davis Vision Exclusive Collection of Contact Lenses is available at participating eye care professionals. Evaluation, fitting and follow-up care for Collection contacts are covered in full. Davis Vision has done its best to accurately reflect plan coverage herein. If differences exist between this document and the plan contract, the contract will prevail. 4. Eye care professionals participating within the QualSight/Davis Vision Lask network have agreed to accept assigned benefits starting as low as \$945.00 per eye for traditional Lask surgery which reflects a 40-50% savings off of the national average. This is a significant discount in addition to the one time life allowance of \$200.00.

STEP 2 Consider Supplemental Benefits (continued)

Supplemental Benefits	Open Enrollment	Life Event	Family Coverage
 VOLUNTARY LIFE INSURANCE Life Insurance for you, your spouse and dependents. http://bit.ly/COAVoluntaryLife	✓	✓	✓
* SHORT-TERM AND LONG-TERM DISABILITY Covers illness or injuries that are not work-related. http://bit.ly/COAdisability	✓	✓	
 ** VOLUNTARY LIFE INSURANCE Life Insurance for you, your spouse and dependents. mutualofomaha.com	✓	✓	✓
** SHORT-TERM AND LONG-TERM DISABILITY Covers illness or injuries that are not work-related. http://bit.ly/COAdisability	✓	✓	

* SSACFA does not offer Short-Term Disability (STD)

** UNUM products are only available to Middle Rio Grande Conservancy District employees

CONTACTS AND RESOURCES

Offices

City of Albuquerque, Insurance and Benefits Office
 400 Marquette NW, Room 702
 PO Box 1293
 Albuquerque, NM 87103

Contact Information

(505) 768-3758 phone
 (505) 768-3760 fax
Employeebenefits@cabq.gov
www.cabq.gov/benefits



Participating Entity Employees Visit Your Entity Human Resources Department.

Benefit Providers

Product	Company Name	Group Number	Contact Information
Medical	Presbyterian Health Plan	GR A0000032	505-923-7787 855-261-7737 Outside Albuquerque www.phs.org/cabq 505-220-6562 cabqinquiry@phs.org
Prescriptions	Express Scripts	CABQ1RX	877-860-9256 customer service Express-Scripts.com
Dental	Delta Dental of New Mexico	2517	505-855-7111 877-395-9420 www.deltadentalnm.com
Vision	Davis Vision	8985	(800) 999-5431 www.davisvision.com
Life (Term) Employer Paid Life (Term) Employee Paid Short Term Disability Long Term Disability	Mutual of Omaha	0462G000BK9Y	844-359-0462 402-997-1835 Fax submitgrlife@mutualofomaha.com
Life/AD&D Short Term Disability Long Term Disability	UNUM		505-897-0421 877-897-7778 toll free www.unum.com

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